

|  |  |
| --- | --- |
| **Client’s Full Name:** |  |
| **Date of Commencement:** |  | **Date of Exit:** |  |
| **Child Safety Officer:** |  | **CSSC:** |  |
| **Family Action Plan Date:** |  | **ICH FIS Worker:** |  |
|  |
| **Reason for FIS Closure** |
| **Lack of engagement by client/s** | Yes [ ]  No [ ]  |
| **Goals have been met/mostly met** | Yes [ ]  No [ ]  |
| **Other (If ‘Yes’, please specify below)** | Yes [ ]  No [ ]  |
|  |
|  |
| **Previous Progress Reports Provided to Child Safety** |
|  |
|  |
| **Overall Assessment of Whether Goals Have Been Met** |
| **Child Developmental Outcomes** | Goal/s: |
| Summary of progress towards goal statement over period of ICH FIS engagement |  |
| Goal Attainment | **Not Met** [ ]  | **Approaching** [ ]  | **Met** [ ]  |
| **Emotional Availability, Attachments & Relationships** | Goal/s: |
| Summary of progress towards goal statement over period of ICH FIS engagement |  |
| Goal Attainment | **Not Met** [ ]  | **Approaching** [ ]  | **Met** [ ]  |
| **Parenting Values and Expectations** | Goal/s: |
| Summary of progress towards goal statement over period of ICH FIS engagement |  |
| Goal Attainment | **Not Met** [ ]  | **Approaching** [ ]  | **Met** [ ]  |
| **Parental Emotional Regulation & Problem Solving** | Goal/s: |
| Summary of progress towards goal statement over period of ICH FIS engagement |  |
| Goal Attainment | **Not Met** [ ]  | **Approaching** [ ]  | **Met** [ ]  |
| **Connection to Culture, Community and Family** | Goal/s: |
| Summary of progress towards goal statement over period of ICH FIS engagement |  |
| Goal Attainment | **Not Met** [ ]  | **Approaching** [ ]  | **Met** [ ]  |
| **Real World Problems** | Goal/s: |
| Summary of progress towards goal statement over period of ICH FIS engagement |  |
| Goal Attainment | **Not Met** [ ]  | **Approaching** [ ]  | **Met** [ ]  |
|  |
| **Engagement With Family** |
| If not detailed above, outline dates of engagement/attempted engagement with family. Particularly relevant if closure is due to non-engagement. |
|  |
|  |
| **Other Services Involved** |
| **Service** |  | **Service** |  |
| Contact Person |  | Contact Person |  |
| Contact Details |  | Contact Details |  |
| **Service** |  | **Service** |  |
| Contact Person |  | Contact Person |  |
| Contact Details |  | Contact Details |  |
|  |
| **Safety and Wellbeing Scale** |
| *10 corresponding with enough safety for FIS believing no further involvement by Child Safety is needed. 0 corresponding with limited or no safety within the family home and children not being able to reside safety in the home.* |
| **Initial Safety and Wellbeing Scale (completed at beginning of intervention)** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Current Safety and Wellbeing Scale Assessment** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Rationale |  |
|  |
| **Overall Comments and Recommendations***(Engagement with FIS, recommendations about further work to occur, referrals made or recommended and an overall assessment of clients progress towards Goals, referencing Acts of Protection/Belonging and Client Strengths/Resources as well as Complicating factors).* |
|  |

|  |  |
| --- | --- |
| **Case Worker name, signature and date:**  |  |
| **FIS Manager name, signature and date:** |  |