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Details of child or young person		
Name	Date of birth	Gender
		<input type="checkbox"/> M <input type="checkbox"/> F
Order type	Order Expiry	
Name of current carer/s		

Review details	
Date of review	Person completing file review
CSSC	CSO and STL details

Assessment Sources	
<input type="checkbox"/> Genogram <input type="checkbox"/> Eco Map <input type="checkbox"/> Child Strengths and Needs (CSN) <input type="checkbox"/> Parental Strengths and Needs (PSN) <input type="checkbox"/> Case Plan <input type="checkbox"/> Cultural Support Plan <input type="checkbox"/> Review Report <input type="checkbox"/> Evolve Initial Assessment/Reports <input type="checkbox"/> Criminal history document <input type="checkbox"/> Previous kinship assessments	<input type="checkbox"/> Collaborative and Assessment Plan (CAP) <input type="checkbox"/> Placement Agreement <input type="checkbox"/> Safe Contact Tool <input type="checkbox"/> Client Information Form (CIF) <input type="checkbox"/> Positive Behaviour Support Plan <input type="checkbox"/> Medical Reports/Assessments (e.g. speech, OT) <input type="checkbox"/> Education Support Plan (ESP) <input type="checkbox"/> Court documents (including CP Hx Table) <input type="checkbox"/> Record of FGM (or other documents completed as part of FGM process) <input type="checkbox"/> Other _____

Family profile	
<i>Genogram, screen shot child's profile in ICMS, CIF</i>	
Does the child have any siblings subject to child protection orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Current safety and support network**

*Refer to Eco Map*

**Overview**

*Refer to Case Plan, CAP, CSN*

Does the child have any special needs (include all (c) or (d) ratings, selected within any domain of the completed CSN)? For each identified need, outline the level and nature of supports currently available to the child, and their proposed guardian.

**Summary of child protection history**

*Refer to Case Plan, CAP*

**Family contact arrangements**

*Refer to Case Plan, CSN, Safe Contact Tool*

Outline the current contact arrangements between the child and the child's parents and appropriate members of the child's family.

**Cultural considerations**

*Refer to CSN, Case Plan, Cultural Support Plan*

**Placement history information**

*Screenshot Placement Event or see CIF*

Current/historical SOCs

Reason/s for previous placement breakdowns?

**Educational/vocational training**

*Refer to CSN, ESP, Case Plan and Education Tab in ICMS for summary*

**Strengths/recreational interests/engagements**

Does the child have any special strengths and interests as indicated by the completed CSN? If applicable, outline the level and nature of supports currently provided to the child.

**Medical history**

*Refer to CSN, Child Health Passport for a summary*

Physical health needs (assessment, treatment, admissions, engagement, etc.)

Mental and emotional wellbeing (assessment, treatment, admissions, engagement, etc.)

### Behaviour

*Include strengths and challenges. Refer to CSN for summary.*

Current assessed level of support needs:

☐ Moderate

☐ High

☐ Complex

☐ Extreme

Current behaviour supports in place:

☐ Positive Behaviour Support Plan (or equivalent)

☐ Therapeutic Support Plan (or equivalent)

☐ Evolve documents

☐ Other therapeutic intervention documents

Strengths

Challenges

**Youth Justice history**

*Refer to CSN for summary*

☐ Dual Orders      ☐ N/A

Comments:

**Substance misuse issues**

*Refer to CSN for summary*

YP's attitude towards AoD

Needs for support (AoD intervention)