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| Intensive Therapeutic Transitional Care (ITTC) Outreach Exit Summary |

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| Exit Summary Report |
| This summary is developed as a result of outreach services provided by an ITTC unit to a child or young person requiring additional support to either maintain a placement or transition to a more appropriate one. The report outlines the reason for referral, intended goals and outcomes, as well as the results of assessments, intervention, observations and strategies developed and undertaken as a result of outreach support. The report is intended for the agency providing case management to the child or young person that is the subject of the report. The purpose of the exit summary is to outline the services provided as well as the recommendations for future assessments and/or support to assist a child, young person, their carer or family in moving forward. The report should be completed by the Therapeutic Specialist and sent to the agency with case management (the referring agency) and CFDU within 7 days of ceasing service provision.  |

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| Date of Report | Click or tap to enter a date. |

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| ITTC Outreach Timeframe | Click or tap to enter a date. | Click or tap to enter a date. |

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| Section 1:  | Child or Young Person’s Details |

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| Child / Young Person’s Details |
| Name  | Click or tap here to enter text. | Preferred Name | Click or tap here to enter text. |
| Gender | Choose an item. | Pronoun | Choose an item. |
| Do they have an intersex status? [ ]  Yes [ ]  No |
| Date of Birth | Click or tap here to enter text. | Age  | Choose an item. | Choose an item. |
| ChildStory ID | Click or tap here to enter text. | Legal Status | Choose an item. |
| Case Plan Goal |  Choose an item. |
| Cultural Background | [ ]  Aboriginal [ ]  Torres Strait IslanderClick or tap here to enter text. | [ ]  Culturally and Linguistically Diverse Click or tap here to enter text. |
|  Cultural Obligations Click or tap here to enter text. |
| Language/s spoken |  Click or tap here to enter text. Is an interpreter required? [ ]  Yes [ ]  No |
| Religion |  Choose an item. |
| Current Address | Click or tap here to enter text. |

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| Section 2:  | Service Provider Details |

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| ITTC Service Provider  |
| Service Provider | Choose an item. | Location |  Choose an item. |
| Therapeutic Specialist  | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| CFDU | Choose an item. |

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| Referring Agency  |
| Service Provider Name | Choose an item. | Choose an item. |
| Caseworker  | Click or tap here to enter text. | Phone | Click or tap here to enter text. |

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| Section 3:  | Reason for Referral |

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| **Reason for ITTC Outreach Referral** |
| Attach the initial Referral Form which outlines the concerns raised by the caseworker at the time of referral. NB: If there were any additional supports identified as part of outreach planning include these here. Click or tap here to enter text. |

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| Section 4:  | Assessment, Support and Intervention |

The section should include the assessments, support and/or intervention that were provided as part of ITTC Outreach as well as their associated outcomes.

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| Measure of Wellbeing Choose an item. |
| Type of support | **Click or tap here to enter text.** |
| Objective / Goal | **Click or tap here to enter text.** |
| Action Taken | Outcome |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Measure of Wellbeing Choose an item. |
| Type of support | **Click or tap here to enter text.** |
| Objective / Goal | **Click or tap here to enter text.** |
| Action Taken | Outcome |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Measure of Wellbeing Choose an item. |
| Type of support | **Click or tap here to enter text.** |
| Objective / Goal | **Click or tap here to enter text.** |
| Action Taken | Outcome |
| Click or tap here to enter text. | Click or tap here to enter text. |

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|  Section 5:  | Strengths, Goals, Challenges and/or Barriers |

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| **Strengths and Goals** |
| Outline the child or young person’s strengths and goals identified as part of ITTC outreach and how they may be built on / implemented in the future. This should also include those of the carer, family or direct care worker if they have also received support as part of outreach. Click or tap here to enter text. |

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| **Challenges and/or Barriers** |
| Outline the challenges or barriers that have been identified as part of ITTC outreach and any mitigating strategies to assist in moving forward. This should also include those of the carer, family or direct care worker if they have received support as part of outreach. Click or tap here to enter text. |

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| Section 6:  | Risk Management |

Outline any risks that were identified as a result of outreach and how these risks may be mitigated for any future support provided.

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| Risk Management |
| Are there any risk factors for the child / young person, carer, family or direct care staff moving forward? | Risk | Mitigating Strategies | Responsibility |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |

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| Section 7:  | Recommendations for future support |

The following section includes any recommendations for further assessments and/or intervention.

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| **Recommendations** |
| Document any recommendations for further support that may be required. Outline specific professionals to undertake this work in the next section. **Click or tap here to enter text.** |

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| Section 8:  | Recommended services for further support |

 Outline any professionals that referrals should be made to including the reasons why.

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| Referrals for Other Services / Professionals  |
| Service / Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Nature of involvement | Click or tap here to enter text. |
| Service / Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Nature of Involvement | Click or tap here to enter text. |
| Service / Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Nature of Involvement | Click or tap here to enter text. |