



# Intensive Family Preservation Service Provision Guidelines

Policy, Programs and Strategy Directorate  
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## Foreword

Welcome to the second edition of the Intensive Family Preservation (IFP) Service Provision Guidelines. These guidelines give detailed guidance on the policies and procedures for Family and Community Services (FACS) and agencies that have an agreement with FACS to provide IFP services.

Following the recommendations made by Justice James Wood in the 2008 [\*Special Commission of Inquiry into Child Protection in NSW\*](#), the NSW Government committed to implement [\*Keep Them Safe: A Shared Approach to Child Wellbeing\*](#). Under *Keep Them Safe*, the IFP service has been developed as the highest level of intervention within a continuum of early intervention and placement prevention services designed to work with children and their families to improve family functioning and to reduce entries into out-of-home care (OOHC).

The IFP service offers an intensive level of casework and a broad spectrum of support services to families in crisis, for a period of up to 12 months. The service is targeted at children who are at imminent risk of removal from their families, but where an assessment is made that there is a reasonable prospect of improvement within the family with the right support. Families can only be referred to the IFP service by FACS, or through a Court order.

We believe the service represents a vital part of FACS' approach to safeguarding the wellbeing of children, by allowing eligible families every opportunity to address their needs before placement of their child in OOHC becomes necessary.

## **1. Background to the guidelines**

### **1.1 Purpose**

The NSW Department of Family and Community Services (FACS) works with children and young people, their families, and the wider community, to minimise the risk of significant harm. Within that context, these guidelines give FACS and IFP service providers the core policy, operational framework and requirements for delivering IFP services in NSW.

The guidelines are a companion resource to be used alongside the service providers' and FACS' own policies and procedures. These guidelines cover entry into the program, assessment, referral, case management and closure for children and their families receiving IFP services in NSW.

The guidelines describe the key elements of the IFP service which are considered to reflect best practice. As such, they are not designed to be prescriptive, but to outline core elements and requirements for service delivery. This document represents an average level of service across families of differing needs. Each family's needs must be assessed individually and appropriate service mixes provided to match their individual needs.

### **1.2 Definitions**

A [glossary](#) is included to explain terms and concepts which are used in the guidelines.

### **1.3 Forms and support material**

The forms referred to in the guidelines are provided to support referral and case management processes.

## **2. Overview of the Intensive Family Preservation program**

### **2.1 Supporting families to improve outcomes for children and to prevent their placement in OOHC**

FACS considers that OOHC placements must be made only as a last resort, and is committed to working with families wherever possible to minimise the likelihood of such an event occurring. Research shows that working intensively with families can help them to improve the conditions under which their children or young people live, and to improve parents' ability to provide the best possible care for their children. The NSW Government's Child Protection framework operates under the principle that the least intrusive option must be followed in securing the best interests of children and young people<sup>1</sup>.

The IFP service is FACS' highest-intensity placement prevention program. It is designed to work with families in crisis, whose children are at imminent risk of removal and placement in OOHC. To make the decision to refer a family to the IFP service, FACS must have sufficient evidence to indicate that the family will respond positively to action under the program.

IFP services are coordinated and provided by non-government service providers, which are funded specifically to provide such services using a holistic approach to addressing families' needs. An IFP service intervention consists of a period of twelve weeks of intensive casework and 24-hour on call assistance, followed by a period of up to 40 weeks of

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<sup>1</sup> *Children and Young Persons (Care and Protection) Act 1998, S9c*

continuous, multi-faceted and individually-tailored casework and assistance services. Since every family's situation is different, the IFP program allows service providers flexibility to determine the types of services offered to children and their families, consistent with their individual needs.

## **2.2 Program aims, outcomes and principles**

### **2.2.1 Program Aims**

The IFP service aims to:

- Keep children at home in a safe, stable and nurturing family environment
- Improve parenting capacity and family functioning
- Improve children's well-being
- Prevent unnecessary placement in OOHC where this is consistent with the paramount concern of protecting the child from significant harm

### **2.2.2 Program Outcomes**

The primary intended outcome of an IFP service is that children at risk of significant harm and imminent risk of placement in OOHC can stay at home with their family in a safe, stable and nurturing environment. Other outcomes will depend on the goals identified for each child and their family and may include a combination of the following:

- Improved family functioning including:
  - Increased social support for families
  - Improved parenting skills
  - Improved skills in problem solving, financial management/budgeting
  - Improved household living conditions
  - More sustainable household routines
  - Crisis situation stabilised
  - Maintain and strengthen family bonds and reduce family conflict
  - Independently access supports needed to effectively manage stressful or crisis situations
- Reduction in risk and safety concerns for the child
- The needs of particular family members are recognised and addressed
- Improved child safety and wellbeing

### **2.2.3 Program Principles**

The values and objectives of IFP services reflect many years of research and practice in the area of family preservation, both in Australia and internationally. FACS has examined a number of similar services, and has identified a set of core principles which are common to effective service delivery, and are appropriate for NSW. They are as follows:

- It is best for children to be raised by their own family whenever possible
- Safety is the highest priority
- Reducing barriers to service improves family outcomes

- Family members are colleagues and partners in the program
- Providing information and teaching skills empowers families to become self-sufficient
- It is not always possible to predict which situations are most amenable to change
- The service should motivate families and instil hope
- All people have the ability to change
- A crisis is an opportunity for change
- The service respects families for their diverse culture, ethnicity, and religious beliefs
- Family members do not usually intend to harm one another
- People are doing the best they can
- Inappropriate intervention can do harm
- Positive engagement in an appropriate education setting is a critical factor in a child's wellbeing

### **2.3 Achieving the best outcome for children and young people**

The IFP service is based on the understanding that it is in the best interests of the child to remain in the care of their family, wherever this is a safe option. It is important for placement in OOHC to remain an option in cases where the risk of significant harm is unacceptable.

#### **2.3.1 Aboriginal and Torres Strait Islander children and young people and their families**

Services for Aboriginal children and young people and their families should make every effort to understand the context and support system, and the concept of family and community for Aboriginal people.

Agencies should also ensure that:

- Aboriginal caseworkers are actively targeted for recruitment
- Training is provided for staff and carers to make casework practices more culturally responsive to Aboriginal issues

The following Practice Resource is available to organisations working with Aboriginal families and communities:

- [Working with Aboriginal children and families](#)

#### **2.3.2 Children and young people and their families from culturally and linguistically diverse backgrounds**

Culturally capable service providers are able to identify and implement appropriate strategies to create avenues that take into account the cultural, linguistic and religious backgrounds of children, young people and their families. Some practical aspects of cultural capability include:

- Casework staff structures that reflect the cultural diversity of target populations
- Clear policies and strategies in place for working with families from culturally diverse backgrounds e.g. arrangements for providing language services (including Auslan)
- Caseworkers and professional service providers that are able to provide information and resources that are linguistically and culturally appropriate

- Training is provided for Intensive Family Preservation service staff in culturally reflective casework practices.

FACS funded agencies are responsible for organising their own interpreter provisions, including the Telephone Interpreter Service (TIS) or another language service provider, and for managing their own expenditure as part of their annual funding.

### **2.3.3 Participation of children and their families in decision-making**

Service providers, including FACS, should carry out genuine, ongoing consultation and help children and young people and their families participate in making decisions that affect them, including having a say about the type and mix of services they will receive.

The input of parents and the child (where developmentally appropriate) or young person should be sought, encouraged, listened to and met in all aspects of service delivery. The IFP service should give information to parents and their children in a manner and language that they can understand. This will help their participation and active engagement in working towards successfully achieving the family preservation goals.

### **2.3.4 Promoting the rights of children and their families**

Service providers should:

- Ensure that the privacy of children and their families is respected, confidentiality is maintained and information is collected and exchanged in accordance with the [Children and Young Persons \(Care and Protection\) Act 1998](#)
- Have policies and procedures in place to appropriately process complaints and appeals families and their children have within clearly stated timeframes.

## **3. Service Delivery**

### **3.1 FACS' role in Intensive Family Preservation service delivery**

The Community Services Centre (CSC)'s role in Intensive Family Preservation service delivery:

- Complete the Structured Decision Making (SDM) Safety Assessment
- Complete the SDM Risk Assessment. This may include attending home visits with NGO's IFP caseworker [\[See 3.3.3 Referral Process\]](#)
- Ensure referrals meet IFP eligibility criteria [\[See 3.3.2 Eligibility Criteria\]](#) and coordinate referrals to IFP services
- Obtain engagement and consent from at least one parent and the child/children if they are aged 12-15 years
- Provide relevant documents and information to the IFP service provider in accordance with privacy and confidentiality requirements
- Participate in a case planning meeting with the family and the IFP service provider
- Where there is a Court order; develop a case plan, transfer case management responsibility to the IFP service provider and complete SDM Risk Reassessment at intervals in accordance with the SDM policy [\[See 3.4 Transfer of case management responsibility\]](#)

- Where there is no Court order, close the case once the IFP service provider has developed a case plan and accepted case management responsibility [\[See 3.4 Transfer of case management responsibility\]](#)

The Regional Partnerships and Planning Team's role in Intensive Family Preservation service delivery:

- Administer the funding deed and program level agreement,
- Conduct annual performance review and monitor service delivery.

### **3.2 Service provider's role in Intensive Family Preservation service delivery**

- Advise the CSC of any current or forthcoming vacancies on a fortnightly basis or in a timeframe negotiated between the service provider and CSC
- Where agreed, attend home visits with a FACS Caseworker to assist with the SDM Risk Assessment. [\[See 3.3.3 Referral Process\]](#)
- Confirm with the CSC when referrals are received and keep relevant documents on file
- Contact, or make persistent efforts to contact the family on the day of referral, or at the latest, by the end of the next working day following the referral
- Conduct a case planning meeting, within three working days of receiving the referral.
- Where there is a Court order, monitor and report to FACS about compliance with the order and progress towards goals
- Where there is no Court order, develop a case plan in consultation with FACS, parents, child/young person and other relevant family members and agencies
- Accept case management responsibility and provide active casework services for all aspects of the case when transferred from FACS
- Coordinate efficient delivery of services, including an effective rostering system that allows caseworkers to be available to clients 24 hours seven days a week for the first twelve weeks of the program, and provide for replacements while a caseworker is on leave
- Use the NSW Online Mandatory Reporter Guide (MRG), where there are concerns that a child/young person is at risk of significant harm, to make a decision about whether to report to the Child Protection Helpline. [\[See 3.8 Reporting Risk of Significant Harm\]](#)
- Participate in consultation processes with FACS in order for them to complete SDM Risk Reassessment, where required.
- Undertake exit planning including referral to less intense "step down" services where appropriate
- Comply with all requirements of the funding deed and program level agreement with FACS including operational and financial reporting.

### **3.3 Referral**

#### **3.3.1 Confidentiality and exchange of information**

As part of a referral process, FACS will exchange information with contracted service providers and any other relevant 'prescribed agencies' where consent has been obtained from the child's parent(s) or primary carer. This information may include the following:

- Client profile including name(s), birth date, health, education, family details (including siblings) and the outcomes of relevant prior assessments
- Professional reports, including recommendations for follow-up<sup>2</sup>
- Current case plan (if developed by FACS)
- Information about the child or young person's parents, extended family, significant others, siblings and former carers.

FACS must not reveal the identity, or information from which the identity can be deduced, of a person who has provided information in confidence. For example, people who provided information under Chapter 16A or who made a report under Sections 24, 25 or 27 of the Act. Documents must be redacted or summarised to protect these persons' identity and information from which their identity can be deduced before documents are provided to the IFP service.

FACS, contracted service providers and any other prescribed agencies have a legal responsibility to protect the confidentiality of privileged information they receive from disclosure to any non-prescribed bodies or individuals. Any exchange of information must comply with policy, procedural and legislative requirements.

### 3.3.2 Eligibility Criteria

Families with children aged from birth to 15 years are eligible for referral to Intensive Family Preservation services if they meet the following criteria:

- The child is assessed as being at risk of significant harm AND
- A Safety Assessment and a Risk Assessment have been completed and the Safety Decision is either "Safe" or "Safe with plan" and the family's final risk level is "High" or "Very High". AND
- The child is considered to be at imminent risk of entering OOHC without intensive intervention AND
- The child is living at home (there may or may not be an existing Court order such as a supervision order) OR
- The child has been in an emergency OOHC placement and is to be or has been returned to the household with a Children's Court order (for provision of support services or supervision) OR
- The child is living independently of their family but not in an OOHC placement (e.g. the child may be living in a Youth Support Accommodation Assistance Program service)

AND (all of the following criteria **must** be met):

- At least one parent/carer is willing and available to work with the Intensive Family Preservation Service towards reaching the agreed case plan goals and shows a capacity to change AND
- Any child/children aged 12-15 years agree to receive and participate in the IFP service AND

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<sup>2</sup> As the Children's Court Clinic report is a report of the Court it cannot be released to third parties without the permission of the Children's Court. If CS is of the belief that the release of the report to the NGO is required to assist with the intervention, an application is to be made by CS to the Children's Court for release of the report.

- There are some family strengths, resources, or social supports available that can be used to increase safety for the children and enhance parenting capacity AND
- Other services have tried and failed, or less intensive services would not be sufficient to solve the problems that are likely to escalate to placement in OOHCA AND
- Intensive case management and support, particularly in relation to health and clinical intervention, parenting, household management (including budgeting), practical support and social integration, are required to address the family issues that place the child at risk of significant harm.

Referrals should **not** be made where:

- The risk of significant harm is so high that an IFP service is unlikely to adequately ensure child safety
- A parent has been charged by police with any allegation of abuse or neglect and it is found that the other parent is incapable or unwilling to protect the child/children against further harm
- Intra-familial sexual abuse has been substantiated, or after a report of sexual abuse, the outcomes of the Safety Assessment and Risk Assessment (SARA) determine that the child is 'in need of care and protection' and there is no protective parent, or the offender still has access to the child
- There is abuse which may be a criminal offence and either or both parents may be complicit
- The service does not have the resources to adequately assure the safety of workers or others when working with the family
- Parents refuse services or are otherwise unavailable to take up the services offered.

### **3.3.3 Referral Process**

Referral is only made if child protection action has been completed, there is no pending court action and eligibility has been determined,

When a vacancy occurs, the next family that is identified as suitable should be referred i.e. a waiting list should not be maintained. However, there is limited flexibility to tentatively reserve upcoming openings for a short period of time for placement prevention referrals in which a Court order stipulates that the child/ren may remain in the home only if an IFP service is provided. Where this occurs, the referring CSC must put measures in place to ensure child safety until the referral is made to the IFP service who accepts case management responsibility and the family enters the program.

Referrals for an IFP service can only be made through a Court order or by FACS, following completion of a SDM Safety Assessment and SDM Risk Assessment.

Risk Assessment may be conducted jointly. That is, the NGO's IFP caseworker may attend the home visit(s) conducted by the FACS Caseworker completing the Risk Assessment if the parent's consent is obtained. This option can streamline the assessment and referral process and facilitate early decision making and transfer of case management responsibility to the IFP service. In these cases, FACS leads and is responsible for completing the Risk Assessment, with input from the IFP service. This option should be negotiated between FACS and the IFP service on a case by case basis. It must be made clear to the IFP service that they have no delegation to exercise any child protection function on the Secretary's behalf and their participation relates only to contributing to the Risk Assessment and

informing the work they will undertake with the family if a referral eventuates. There should also be an understanding as to what will happen to confidential documentation should a referral not eventuate. This may require the return or destruction of material provided by FACS.

Following the Safety and Risk Assessments, FACS determines if the case meets the IFP program eligibility criteria and obtains consent for referral from at least one parent and the child/children if they are aged 12-15 years.

Where there is a choice of suitable services with a vacancy, the Manager Client Services decides the most appropriate service provider. This will be based on the child and family's needs and service availability. FACS contacts the IFP service and provides them with the completed referral letter and form including relevant client information.

The IFP service arranges a meeting with the family and FACS within three working days to develop a case plan. At the meeting, FACS will outline the reasons for the referral and the issues that have been identified. The family will be given an opportunity to discuss the concerns raised by FACS and contribute to the case plan which may only be at a high level at this stage but will include an express agreement that the IFP service will refer the case back to FACS if the risk for the children or young people in the family becomes unacceptable. The [NSW Online Mandatory Reporter Guide](#) should be used where there are concerns that a child/young person is at risk of significant harm, to make a decision about whether to report to the Child Protection Helpline [[See 3.8 Reporting Risk of Significant Harm](#)].

Where there is dispute by the family, all parties should endeavour to come to an agreement by breaking the issues down and working out what is feasible and acceptable. If the family is unwilling to accept any of the concerns raised, then this would exclude the family from being eligible for an IFP service, at which point the service provider should withdraw the referral acceptance.

After the initial case plan is developed and agreed, FACS will provide the IFP service with the Case Management Transfer letter.

### **3.4 Transfer of case management responsibility**

Responsibility for case management is transferred to the IFP service on acceptance of the *Change of details advice for child or young person letter*. This is usually completed at the conclusion of the meeting where the initial case plan is developed.

Where there is no Court order, the IFP service develops the case plan in consultation with FACS. FACS closes the case once case management responsibility has been transferred to the IFP service.

Where there is a Court order, a case plan will have been developed by FACS and updated at the meeting with the family and service provider. FACS retains a **legal liability** even after case management responsibility is transferred to the IFP service and will therefore keep the case open and complete SDM Risk Reassessment at intervals in accordance with the SDM policy. [[See Case management transfer and case closure flow chart](#)].

If the Court order expires or is rescinded, FACS may close the case however before doing so they will contact the IFP service, which is in line with the practice commitment in the [Child wellbeing and Child Protection – NSW Interagency Guidelines \(Section 3.7.5\)](#). It is best if case closure is discussed at a case meeting, although sometimes this is not possible, and decisions may be passed on by phone, fax, email or letter.

Once the CSC has closed a case, the IFP service may ask the Manager Casework in the relevant CSC for general advice about case management or casework with the family. The CSC should be available to give this input for a time-limited period after case closure. The maximum time after which CSC input will cease should be determined at the local level.

### **3.5 Refinement of case plan**

To finalise the relevant mix and intensity of services to be delivered, the service provider will:

- Consider the familial or external risk factors (i.e. problem areas/behaviours, including frequency, intensity and duration)
- Review the social/environmental conditions impacting on the child/ren and the family
- Consider family dynamics and, in particular, each member's potential contribution to solving family problems
- Identify the strengths of the child/ren and other family members
- Select the priority areas for intervention
- Set achievable and measurable goals with a family preservation focus
- Determine the actions and services required to achieve the goals and who will be responsible for undertaking or providing them.

### **3.6 Case management**

Once the IFP service accepts case management responsibility, they will assign a case manager to plan, coordinate and implement the best service mix to address the needs of the family, as identified in the case plan.

Case management will incorporate any SDM Safety Plan and intensity or duration of service requirements provided by FACS at the time of referral.

Case management is to be time limited and goal directed with a view to achieving definable and measurable improvements in parent strengths, attitudes, behaviour, skills, knowledge and ability.

To achieve family goals the IFP service will adopt a whole-of-family focus, working with the parents and child/ren and other members of the family/kinship network, as deemed appropriate.

A range of practical supports and counselling/skills training is to be offered and their delivery coordinated. This includes direct supply of services, advice, referral to other service providers and linkages to community networks and activities such as mother's groups, father's groups, after-school activities for children, education and training opportunities.

Direct supply of services includes a period of twelve weeks of intensive casework during which face to face meetings occur 3 to 5 times a week and on-call assistance is available 24-hours a day, seven days a week. This period is followed by up to 40 weeks of less intensive but individually tailored casework primarily delivered during home visits.

Referral to other service providers may include advocacy on behalf of the child/ren and their family. Mediation and negotiation between the child/ren and their family and other service providers may also be required where a crisis or conflict arises.

Practical support can include assistance with:

- housing and assistance to access government financial support
- basic furniture and household goods such as whitegoods
- transportation
- meeting essential financial expenses (eg. utility bills)
- house cleaning
- clothing
- child care
- respite care.

Supportive counselling / skills training includes:

- parenting programs to enhance parenting skills for managing the changing developmental needs of children and young people, and managing challenging behaviours across the age spectrum
- managing daily household tasks
- budgeting
- modifying personal behaviour and anger management
- problem-solving and conflict resolution.

### **3.7 Court orders**

Court orders within IFP typically relate to supervision or to the provision of support services, particularly where a child is returning to their family from an emergency OOHC placement.

Although case management responsibility is transferred to the IFP service, FACS retains other responsibilities where there is a Court order and will therefore maintain an open case.

The IFP service will report to the Manager Casework at the CSC which has the open case. This includes:

- A written report on compliance with the Court order and progress towards the case plan goals after the initial three months of service delivery (or earlier if FACS requires)
- Further reports at three monthly intervals for the duration of any Court orders or while FACS has an open case
- A progress/status report at any other time that the service provider or FACS feels is necessary.

The case plan goals should be reviewed at the end of the planned intervention period, which usually aligns with the duration of the Court order. To allow the CSC to prepare a report to the Court, a case review by the IFP service will preferably be completed three months before the order expires. The IFP service should then send a report to the CSC which may find that:

- The IFP goals have been met
- A transition to generalist or other specialist support services is recommended (decided together with the parents and children, as appropriate)
- Consideration should be given to extending the IFP service
- The IFP service goals have not been met.

Depending on the nature of progress reports to the CSC, and at any time while a service is underway, a decision may be made by:

- The CSC, to cease the IFP service and take action to place the child/ren in OOHC
- The IFP service, to increase or decrease the level of service intensity, duration or mix to meet changes in the needs of the child/ren and/or family. This must be reflected in the case plan and involve consultation with FACS if the change impacts or is related to the Court order.
- The IFP service, after authorisation by the Manager Casework at the relevant CSC, to move the child/ren and family out of the service to another provider, or to less intensive support services.

For as long as they maintain an open case, FACS will conduct periodic Risk Reassessment(s) in accordance with the SDM policy. This requires a home visit and should be completed in consultation with the IFP service's caseworker.

Where little or no progress has occurred toward case plan objectives following two Risk Reassessments with a final risk level of "High" or "Very High", FACS should consider whether stronger intervention action is required and if a family preservation approach remains viable.

Once the CSC closes a case, the IFP service is expected to continue providing services to the family as stated in their program level agreement and funding deed with FACS.

### **3.8 Reporting Risk of Significant Harm**

A service provider is legally mandated to make a new Risk of Significant Harm (RoSH) report to FACS any time that they have reasonable grounds to suspect that a child/young person they are providing a service to is at risk of significant harm. They must do this under section 23 of the [Children and Young Persons \(Care and Protection\) Act 1998](#).

IFP services should refer to the [NSW Online Mandatory Reporter Guide](#) to determine whether to make a report to FACS' Child Protection Helpline. This applies where there is a significant escalation in existing concerns or a new concern arises that is different from that for which the original referral was made.

A new (RoSH) report may also be warranted where the existing concerns remain serious despite the provision of IFP services. However, if there has been no escalation, it may be more appropriate to discuss the lack of progress with the referring CSC.

Where FACS receives a (RoSH) report about a child/young person, whilst the family is receiving a service, it will review the case to consider if a family preservation approach remains viable.

FACS may take the following actions:

- If the risk of harm to the child/ren is not significantly increased or urgent, FACS may negotiate with the service provider to continue or modify the IFP case plan
- If risk of harm to the child/ren has significantly increased and/or the child/ren are now in immediate danger, FACS may take action to ensure the child/ren's immediate safety, which may include court action. In some cases, IFP services may continue to work with the family, if appropriate.

### **3.9 Exit planning and extension of time in the program**

Families may receive IFP services for a period of up to 52 weeks. Some will achieve their case plan goals and be able to exit the program much earlier than this. Others may reach this timeframe without significant improvement.

IFP services should aim to exit families from the program as soon as possible once case plan goals have been achieved. As family functioning improves or the end of the planned service duration approaches, IFP services should undertake exit planning including referral to less intense “step down” services where appropriate.

If the maximum 52 week timeframe is approaching and the family has not made significant progress towards their goals, the IFP service may negotiate with the referring CSC for an extension. Extensions should be time limited, only granted in exceptional circumstances and take the following into consideration:

- How likely is it that an extension will result in the goals being achieved
- Are different intervention strategies or services needed
- Could the family be referred to a less intensive service to complete any remaining work?

FACS may also determine that time in the program is to be extended while there is a Court order in place and they have an open case plan.

Any service extension is to be included in a revised case plan agreed to by the family.

### **3.10 Vacancy management**

The IFP service provider is responsible for informing the CSCs within its catchment of any current or forthcoming service vacancy on a fortnightly basis or at an agreed timeframe and maintaining accurate and updated records of service use as per the funding deed. The CSC will provide regular updates to the Regional Partnership and Planning team on vacancy management.

### **3.11 Service provider withdraws services**

The IFP service provider may end their service intervention before the agreed end date **if any** of the following apply:

- The case plan goals have been met earlier than expected
- The child/ren are removed from the family (long-term) and placed in care
- The family chooses to no longer continue working with the service or, despite the service provider’s persistent efforts, do not work sufficiently towards the agreed goals
- The family relocates to another area (whether or not a transfer is made to a new service provider)
- Safety issues make it unsafe for the IFP service staff or others involved in service delivery to the family.

Any decision to stop services should be made after discussing it with the child/ren and family, and any interagency partners who are actively engaged in carrying out case plan goals.

Service providers should advise FACS about any decision to stop services due to worker safety concerns and must consult FACS about any decision to stop services where FACS has an open case either due to a Court order or for any other reason.

If the IFP service has ongoing concerns for the safety of the children after the family has withdrawn or become uncooperative, the [NSW Online Mandatory Reporter Guide](#) is used to determine whether to make a report to the Child Protection Helpline. [[See 3.8 Reporting Risk of Significant Harm](#)].

### **3.12 Transfer to another IFP service**

The same IFP service will continue intervention with a family as far as possible. A transfer to another service within the same catchment area would occur only in exceptional circumstances and with the agreement of FACS.

Transfers to another catchment may only happen if the child/ren and their family move and state that they are not returning, and where the existing service provider can no longer practicably provide the service. In such cases, if there is a Court order and/or FACS has an open case, the service provider will advise the CSC who will make alternate IFP arrangements where possible or take appropriate action.

A case meeting between FACS, the service provider/s and any other relevant parties will be held to make this decision. Where a case is transferred between service providers from one CSC to another, the forwarding CSC will transfer the open case to the relevant CSC. These arrangements are best carried out in a case meeting with the child, their family and other relevant parties, to ensure a smooth transfer. Where a meeting is not possible, arrangements may be made via teleconference.

Where there is no Court order and FACS does not have an open case, FACS will not be involved in transfer arrangements. However, the referring and receiving IFP services will both need to advise the CSCs within their catchment so that the vacancy register can be updated.

### **3.13 Dispute Resolution**

The funding deed commits both FACS and service providers to work together in the planning and delivery of funded programs, however sometimes disputes may arise. Agencies may have matters that:

- They wish to raise with FACS
- Other service providers raise with them about a program and/or become aware of matters raised between service providers about the Intensive Family Preservation service
- Clients raise with them

The dispute resolution process to be followed is detailed in the funding deed: Dispute Resolution – section 20, and Dispute Resolution Process – attachment 1 and in the [Child wellbeing and Child Protection – NSW Interagency Guidelines](#) – section 2. These procedures apply to interagency or client disputes and to those with FACS.

The local FACS CSC should be the first point of contact for raising a dispute.

## 4. Resources

The following links may help IFP service providers and includes documents on FACS' website.

### 4.1 Helpful links

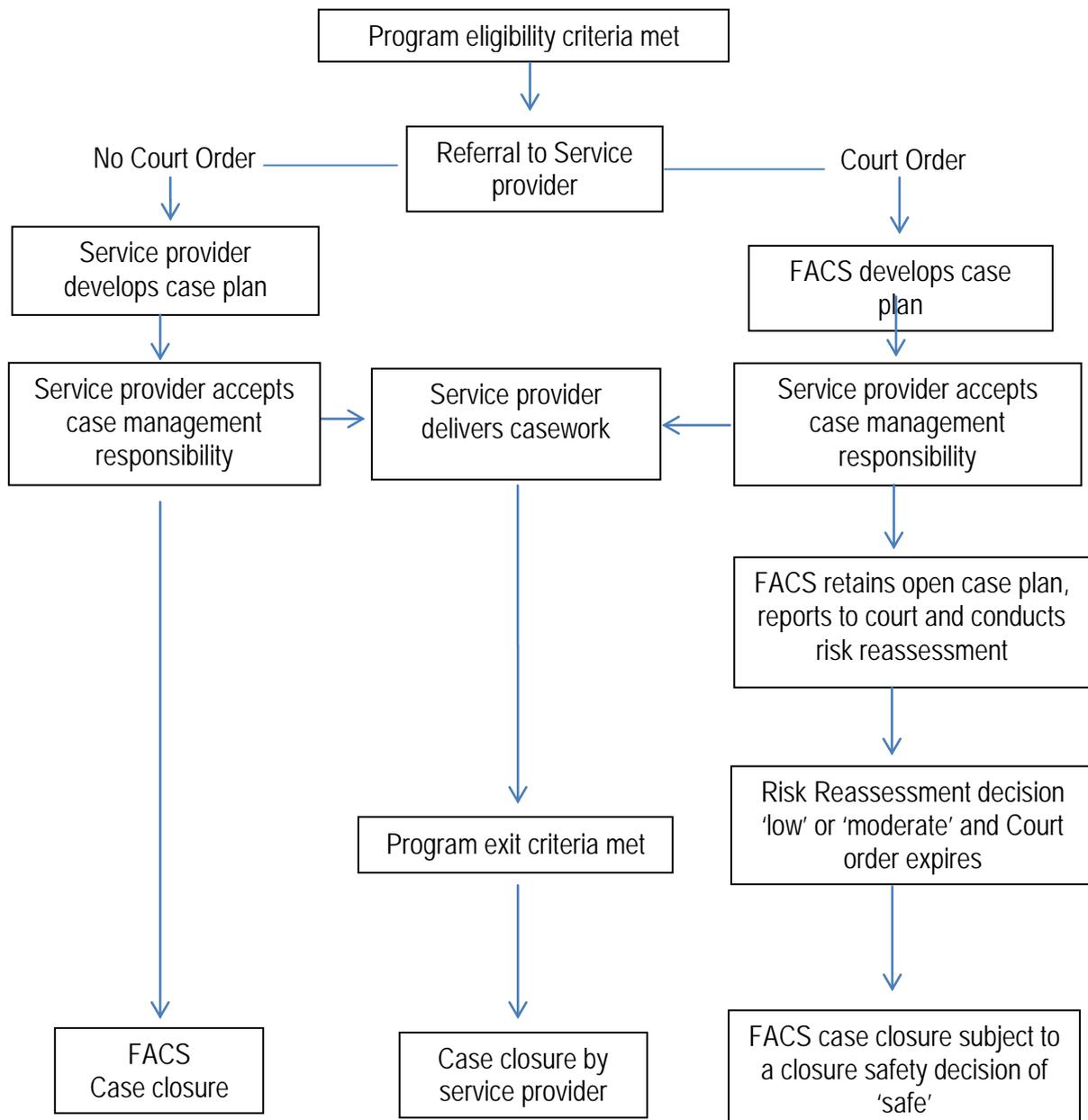
- [Charter of Rights for Children and Young People in Care](#)
- [Report into Child Protection in NSW](#)
- [Keep Them Safe](#)
- [Care and Protection Practice Framework](#)

### 4.2 Forms, letters and templates

- Verbal consent for provision of information for referral to an Intensive Family Support or Preservation Service Form
- Written consent for provision of information for referral to an Intensive Family Support or Preservation Service Form
- Intensive Family Support or Preservation Referral Form
- Referral letter from FACS to NGO
- Change of details advice for a child / young person letter

### 4.3 Flowchart

#### Case Management Transfer and Case Closure Flow Chart



## 4.4 Glossary of terms

<b>Case closure</b>	Case closure is a considered casework decision that signals the end of an agency's involvement with a matter.
<b>Case management</b>	The process of assessment, planning, implementation and monitoring that aims to strengthen families and decrease risks to children and young people through integrated and coordinated service delivery. It is an agency's responsibility to ensure that all components are addressed and reviewed on a regular basis.
<b>Case meetings</b>	Held to help with information sharing, case review, decision-making and interagency coordination. The meeting's purpose will depend on the particular type of plan or action needed and is the primary vehicle for case planning. May be held with people attending or via telephone.
<b>Case plans</b>	<p>An accurate and up-to-date record of the decisions, services and actions to address the needs of a child or young person.</p> <p>Developed from the start of involvement and reviewed at regular intervals. Need to consider what is to be achieved through intervention and the intended outcome for the child or young person.</p> <p>Case plans must be documented and identify the goal, objectives and tasks with clearly identified responsibilities and time frames. Goals must be realistic and achievable within the available resources. The child or young person and other key stakeholders should be told what the goals are.</p>
<b>Case planning</b>	<p>Identifies strategies that will address the physical, emotional, educational, social, religious and cultural needs of a child or young person and their family.</p> <p>An interactive process that ensures all parties participate and are clear about the goal and objectives of intervention, the issues to be addressed and their responsibilities for the tasks involved.</p>
<b>Casework</b>	Practical day-to-day involvement with children, young people, their carers and families. It generally involves implementing the case plan, and coordinating and monitoring services and supports.
<b>Child</b>	A person who is under the age of 16 years.
<b>Court Order</b>	The Children's Court has the authority to make a variety of orders about the care and protection of a child or young person. These include assessment orders, interim care orders, supervision orders, orders allocating parental responsibility for a child or young person, orders prohibiting an act by a person with parental responsibility, contact orders, orders for the provision of support services, orders to attend therapeutic or treatment programs and variation and rescission of orders.
<b>Cultural competence</b>	<p>Set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs &amp; Benjamin, 1991).</p> <p>Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services [for those specific</p>

groups of people]; ...hereby producing better outcomes (Davis, 1997 ).

There are five essential elements that contribute to a system's ability to become more culturally competent. The system should:

- (1) value diversity
- (2) have the capacity for cultural self-assessment
- (3) be conscious of the 'dynamics' inherent when cultures interact
- (4) institutionalise cultural knowledge
- (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.

<b>Funding</b>	The money that FACS allocates to an agency to provide, arrange and manage services.
<b>Funding Deed</b>	The document that a service provider signs about its delivery of IFP program services.
<b>Goal</b>	Defines the purpose of the intervention and helps structure the corresponding objectives and tasks, allowing all parties, including the child or young person, to get a clear picture of the intended outcome. The appropriateness of the case plan goal and the amount of progress being made to achieve it should be regularly reviewed through ongoing, regular reviews. The case plan goal can change as the child and family's circumstances change over time.
<b>Imminent</b>	'Imminent' means impending, about to happen or could happen at any moment.
<b>Monitoring</b>	<p>Monitoring is the process that ensures objectives stay relevant to meeting the identified case plan goal and that the tasks in the case plan are undertaken.</p> <p>Monitoring requires getting regular feedback from the client, carers, and service providers to find out if services are delivered in the way set out in the case plan and if needs have changed over time.</p>
<b>Objective</b>	Milestones to be met to achieve the case plan goal. There is usually more than one objective in a case plan and they all must be specific, time framed, achievable and results orientated. Objectives should be written as an 'outcome statement' such as 'increase parenting capacity', to make it easier to develop the tasks, measures and responsibilities needed for achievement.
<b>Out-of-home care (OOHC)</b>	Care and control of a child or young person at a place other than their usual home by a person that is not their parent. It includes care and control under an order of the Children's Court or when they are a protected person for more than 14 days or for a total of more than 28 days in any 12-month period.
<b>Outcomes</b>	Outcomes are benefits for participants during or after their involvement with the IFP services. For children and young people it might be that they are no longer at risk of significant harm.
<b>Prescribed body</b>	Means an agency, organisation, government department or public authority that is required to share information relating to the safety welfare or well-being of a child or young person under section 248 of the Act. Prescribed bodies include NSW Police, a Division of the Government Service or a public authority, a government school or a registered non-government school, a TAFE establishment, a public health organisation, a private health facility and any other body or class of bodies prescribed by the regulations.

<b>Program Level Agreement</b>	The mechanism which translates into contractual terms both FACS and the funded agency's plans for service provision. It describes the types of activities and expected achievements of the project over a specified period.
<b>Relative</b>	The definition of 'relative' in the <a href="#">Children and Young Persons (Care and Protection) Regulation 2000</a> refers to: <ul style="list-style-type: none"> <li>• parents, siblings, grandparents, step-parents, step-sisters, aunts, uncles (whether by consanguinity or affinity) of the other person</li> <li>• if the other person has parental responsibility (but not including the Minister or a person who has parental responsibility other than in his or her personal capacity)</li> <li>• if the child or young person has been placed in the care or custody of the other person in accordance with the <i>Adoption of Children Act 1965</i>.</li> </ul>
<b>Review</b>	Assesses whether the case plan goal has been met and if a change to the plan is needed. Case plans should be reviewed when a child or young person enters care, for a placement change or when an unplanned change in circumstances for either the child or their family occurs. Ideally, the review process should include a meeting with all relevant parties.
<b>Service closure</b>	The act of shutting, or closing down, an IFP program or service.
<b>Service provider</b>	The organisation that is contracted to provide the services as outlined in the service agreement and service specification.
<b>Task</b>	Discrete activities that are measurable and have definite time limits for completion. Responsibility for achieving each task should be assigned to individual people with their agreement, including the child or young person, their parents and service providers.
<b>Transition</b>	Preparing and supporting a child or young person moving to another service, placement (transfer of case management) or leaving care.
<b>Young person</b>	A person aged above 16 years but under the age of 18 years (or any person under the age of 18 years under the <i>Crimes Act 1900</i> and <a href="#">Commission for Children and Young People Act 1998</a> ).

## 4.5 Acronyms

<b>CALD</b>	Culturally and linguistically diverse
<b>CSC</b>	Community Services Centre
<b>FACS</b>	Family and Community Services
<b>IFP</b>	Intensive Family Preservation
<b>MRG</b>	Mandatory Reporter Guide
<b>NGO</b>	Non-government organisation
<b>OOHC</b>	Out-of-home care
<b>RoSH</b>	Risk of Significant Harm
<b>SARA</b>	Safety Assessment and Risk Assessment
<b>SDM</b>	Structured Decision Making