

Intensive Family Preservation Service Provision Guidelines

Child Safety and Permanency Directorate
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1 Purpose

This guideline outlines the key policy and operational requirements for a service provider to deliver the outcomes of the Intensive Family Preservation (IFP) Services.

The program's focus is to improve children's safety, placement permanency and wellbeing.

The IFP service is based on a partnership between families, the NSW Department of Family and Community Services (FACS) and non-government service providers working to preserve the family structure and strengthen its functioning while keeping children safe.

2 Background

FACS is required by the *Children and Young Persons (Care and Protection) Act 1998* and the *Community Welfare Act 1987* and associated regulations, to work with children and young people, their families, and the wider community to minimise the risk of significant harm (ROSH) to children and young people.

Provided it can be achieved safely, FACS's priority is to:

- keep families together - family preservation
- maintain placement stability – placement preservation
- support family reunification – restoration.

Within this context IFP services provide intensive, in-home crisis intervention, practical assistance, counselling and skill development to support:

- a family so that children at risk of significant harm and risk of placement in out-of-home care (OOHC) can stay with their family, or
- an authorised carer, where a child in OOHC has been placed in their care, to reduce the risk of placement breakdown, or
- a family restoration following a child's entry into OOHC.

The FACS IFP service model is informed by Homebuilders®, an evidence-based family preservation model that teaches families new problem-solving skills to prevent future crises and prevent unnecessary placement in OOHC.

3 Program aims and outcomes

3.1 Aims

The IFP service is based on the understanding that it is in the child's best interests to remain in the care of their family, wherever this is a safe option. The IFP service aims to:

- keep children in their home in a safe, stable and nurturing family environment
- improve parenting capacity and family functioning
- improve children's wellbeing
- prevent unnecessary placement in OOHC, provided this is consistent with the paramount concern of protecting children from significant harm.

3.2 Outcomes

While the primary outcome of IFP is to keep children within a safe and stable family structure, a family's participation in the program may achieve further goals such as:

- improved child safety and wellbeing through:
 - ◆ reduction in risk and safety concerns for the child
 - ◆ placement stability for the child
 - ◆ no entry or re-entry into OOHC
- improved family functioning including:
 - ◆ strengthened family bonds and reduced family conflict
 - ◆ increased parenting skills
 - ◆ better household living conditions
 - ◆ development of sustainable household routines
 - ◆ expanded social support for families
 - ◆ problem solving and budgeting skills
 - ◆ expanded network of supports.

4 Eligibility criteria

4.1 Family eligible for referral

Families with children aged from birth to 18 years are eligible for referral to IFP services if they meet the following criteria.

The family or authorised carer meets ALL of the four following criteria:

- at least one parent/authorised carer is willing and available to work with the IFP service towards reaching the agreed case goals
- key child/children aged 14 -18 years agree to receive and participate in the IFP service
- the family has some strengths, or available resources or social supports that can be used to increase the children's safety and enhance parenting capacity
- intensive case management and support, particularly in relation to health and wellbeing, parenting, household management (including budgeting), practical support and social integration, are needed to address the family issues that place the child at ROSH

AND the child/children have been assessed as being at risk of significant harm, AND at least one of the following criteria must apply:

- a Safety Assessment and a Risk Assessment has 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/children are considered to be at risk of entering OOHC without intensive intervention, or

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- a child is living with an authorised carer AND there are significant concerns for placement stability, identified through a risk assessment, or
- a child is in OOHC, and a restoration assessment indicates that intensive support is required.

4.2 Family NOT eligible for referral

IFP is not suitable for all families. Referrals must not be made where:

- the risk of significant harm is so high that an IFP service is unlikely to adequately ensure child safety
- an allegation of abuse or neglect, which may be a criminal offence has been made, and either or both parents/authorised carers may be complicit
- a parent/authorised carer has been charged with the abuse or neglect of a child and it is found that the other parent/authorised carer 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/authorised carer, or the offender still has access to the child
- the safety of workers or others when working with the family would be seriously compromised and the service provider cannot reasonably manage the risk to their staff.

5 IFP service timeframes

An IFP service intervention is time-limited. It comprises:

- an initial period (average up to three months) of intensive casework service delivery including 24-hour on call assistance followed by, if needed
- a further "step-down" period (for up to three months) of less intensive, but individually-tailored casework and assistance services.

During the intensive phase a caseworker will typically meet at least twice a week with family members, preferably in their home; phone contacts will occur between meetings. The family's needs determine the frequency of home visits. In general, it is anticipated that the frequency will reduce over the course of the intensive support phase.

Some families will achieve their case goals and be able to exit the program much earlier than the above timeframe. Others may reach the end of this timeframe without significant improvement. As family functioning improves or the end of the planned service duration approaches, IFP services should undertake exit planning.

In exceptional circumstances, but only after consultation with and approval from the local FACS Manager Client Services (MCS), IFP services may be extended to a family for a further three months.

6 Service provider responsibilities

As each family situation is different, service providers have the flexibility to determine the types of services they offer children and their families to meet their individual and specific needs. The responsibilities of the agencies FACS funds to deliver IFP services are outlined in their Program Level Agreement (Contract) and this guideline.

For services to be effective, FACS IFP service providers need to:

- consult with children and their family
- address the children and their family's culture and community
- promote the rights of children and their family
- meet reporting and record keeping requirements
- use FACS mandated tools
- use competent and suitably trained staff.

Service providers have a legal responsibility to protect the confidentiality of privileged information they receive. Service providers should:

- maintain the privacy of the children, young people and the family
- keep information confidential, and only exchange information in accordance with the [Children and Young Persons \(Care and Protection\) Act 1998](#) Chapter 16A and s.149b-k
- have policies and procedures in place to receive, record and resolve issues or complaints a family, authorised carer or child may raise.

6.1 Consultation

Service providers need to undertake genuine, ongoing consultation with children, young people and their families, and:

- enable families to participate in decisions about how their needs are best met
- assess each family's needs individually and provide an appropriate service mix to children and their family that matches their specific needs
- ensure decisions are transparent and communicated respectfully.

Service providers are expected to be able to provide evidence that they have consulted with children and families about the services they provide and how those services are delivered.

6.2 Culture and community

Where the family or child is of Aboriginal or Torres Strait Islander background, service providers should make every effort to ensure the services provided take account of the context and support system, and the Aboriginal or Torres Strait Islander concept of family and community.

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Where the family or child is of migrant or refugee background, service providers:

- should make every effort to ensure the services provided take account of the cultural, linguistic and religious backgrounds of children, young people and their families
- must organise and use interpreters where required.

6.3 Reporting and records

By law, service providers must make a new ROSH report to FACS when they have reasonable grounds to suspect that a child/young person receiving their service is at risk of significant harm. Service providers must use the [NSW Online Mandatory Reporter Guide](#) to guide decisions about reporting a new concern or escalation of a current concern.

Service providers are required to:

- use the [Strengths and Stressors Tool](#) or similar evidence based tool - preferably within a fortnight of family's entry and then before the family exits from IFP
- inform FACS about a family's or authorised carer's progress towards achieving their case plan goals and the program exit plan, including possible transition to generalist or other specialist support services
- collect and record information in a non-judgemental manner
- maintain accurate and updated records of service use
- provide FACS information for performance monitoring and program improvement purposes, including submitting the mandatory IFP Data Collection Tool (MS Excel), on a quarterly basis
- keep the CSCs within its catchment up to date about current or upcoming vacancies.

6.4 Staffing and training

Service providers need to make sure their staff:

- are suitable persons to provide services to children
- have the appropriate qualifications, skills and knowledge required to deliver IFP services
- deliver services in accordance with the intent of evidence-based service model
- respect the privacy of children and their family.

7 FACS responsibilities

FACS works with service providers to plan and deliver effective IFP services. In so doing, FACS:

- keeps the safety and needs of children as its paramount concern
- shares information with service providers
- works collaboratively to resolve issues and disputes.

7.1 Child safety

If FACS receives a ROSH report about a child or young person, while the family is receiving an IFP service, FACS reviews the case, and consults with the IFP Service Provider, to decide if family preservation remains a viable option.

FACS will also conduct home visits and Risk Reassessments of families in the IFP program to determine the level of ongoing risks to a child. This work may involve joint home visits where appropriate and agreed by both agencies.

7.2 Information

As part of participating in case meetings FACS is expected to share relevant documentation and information with service providers. However, if a person has provided information in confidence to FACS, neither their identity nor information from which their identity can be deduced can be revealed.

FACS obtains the children's and family's consent before exchanging the information with service providers.

7.3 Dispute resolution

Where families receiving services raise issues with FACS or where FACS and the service provider disagree, FACS will use the dispute resolution process described in the Funding Deed.

Service providers should use the local FACS CSC as the first point of contact for raising an issue or dispute.

8 Referral process

Only FACS may refer a family or authorised carer to an IFP service. Where there is sufficient evidence the family will respond positively to actions under the program, the FACS MCS decides the most appropriate service provider, based on the child and family's needs, and service availability (vacancy).

When making a referral, a FACS caseworker:

- completes risk assessment relevant to referral on a case by case basis. For preservation, always a Safety and Risk Assessment (SARA); FACS may allow an IFP service provider's caseworker to attend the home visit, if the parent or authorised carer has given consent
- confirms the status of court matters or legal orders
- confirms the family or authorised carer meets the eligibility criteria
- obtains the consent for referral from at least one parent and the child/children, if they are aged 14 -18 years
- gives the service provider the agreed IFP Referral form and a copy of the consent form.

FACS discusses the referral, and the family's or authorised carer's needs with the IFP service provider, and confirms the service provider:

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- understands the safety, risk and wellbeing issues for the children
- understands the family's or authorised carer's needs
- has an appropriate vacancy
- will contact or make persistent efforts to contact the family on the day of referral, or at the latest, by end of the next working day.

After the service provider accepts and signs the referral form, CSC will retain a signed copy for records.

FACS establishes a meeting time to develop a case plan with the service provider and the family or authorised carer to occur within three working days.

At the meeting, FACS outlines the reasons for the referral and the identified issues, and the family or authorised carer discuss the concerns and contribute to the case plan. The plan must include an 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.

If at the meeting, the family or authorised carer is not prepared to accept the safety, risk and wellbeing issues and concerns raised about the home environment and the proposed IFP actions, the family is considered ineligible for an IFP service and the referral is withdrawn.

9 Court orders

The Children's Court may make a Parent Capacity Order (PCO) or a Parent Responsibility Contract (PRC) requiring a parent to participate in a program to build or improve parenting skills and encouraging them to accept greater responsibility for the child or young person.

Where families or children have other orders in place, the IFP services may:

- focus on family preservation, through supervision and the provision of support services
- be a part of allocating a Guardianship Order
- address family preservation and restoration and include the allocation of parental responsibility to the Minister, relative or third party.

10 Case management

10.1 No court order

Where there is no Court order, the service provider is responsible for case management and the development of the case plan. The service provider consults with FACS, parents, children, other relevant family members and agencies.

10.2 Court order

Where a Court order is made, FACS retains legal liability and case management responsibility. FACS develops the case plan jointly with the service provider and consults with parents, authorised carers, children, other relevant family members and agencies. The IFP service provider reports to the relevant Manager Casework (MCW) about:

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- the family's compliance with the Court order and progress towards achieving the case plan goals; this is required at three monthly intervals for the duration of any Court order
- the level (intensity) of service provided and when the "step-down" or exit is planned.

If the Court order expires or is rescinded, the IFP service provider becomes responsible for case management. The IFP service may ask the MCW at the relevant CSC for general advice about the family, and the MCW should provide this input for an agreed period of time.

10.3 Risk assessment

In cases where FACS holds legal liability and case management, FACS will make periodic home visits to conduct Risk Reassessments or Restoration Assessments. The FACS caseworker should consult with the IFP service's caseworker about these home visits.

Where FACS determines that little or no progress has occurred toward case plan goals and following two Risk Reassessments with a final risk level of "High" or "Very High", FACS will decide if family preservation remains viable or stronger intervention is required.

10.4 Progress reports and outcomes

The service provider is expected to report to FACS about whether the family or authorised carer is on track to meet the plan's goals. Depending on the nature of progress, and also at any time while a service is underway, the MCS, in consultation with the IFP service provider may decide that:

- the level of service intensity needs to change to meet the children's or family's different needs
- the IFP service is not effective in improving the safety and wellbeing of the child and the service will cease
- the children need to be placed in OOHC
- a transfer to a different service provider would better meet the children's or family's needs.

10.5 Transfer

FACS wants stability and continuity of service provision for families and children, so a transfer to another service within the same catchment area will occur in only exceptional circumstances and with FACS's agreement.

If a family or authorised carer plans to move to a different IFP catchment area or different CSC area, where possible, the service provider must:

- identify a service provider in the family's proposed new location, and confirm the new service provider's capacity to deliver the service required
- negotiate a transfer of the family/authorised carer's information to the new service provider
- advise their local CSC about the transfer.

If the service provider cannot identify a suitable new service provider, they must tell the local FACS MCS.

10.5.1 Court order in place

If there is a Court order or FACS has case management, the CSC:

- identifies alternate IFP service arrangements
- arranges a case meeting between FACS, the service providers and any other relevant parties including the children and their family; where a face to face meeting is not possible, arrangements may be made via teleconference
- makes sure that all parties understand the new arrangements and provides the required documentation.

10.5.2 No Court order in place

If there is no Court order FACS is not involved in transfer arrangements. However, both the referring and receiving IFP services need to advise their CSCs about the transfer.

11 Vacancy management

IFP service providers keep the CSCs in their catchments up to date about current or upcoming vacancies, either on a fortnightly basis or at agreed times.

When a vacancy occurs, it is FACS's responsibility to refer the next suitable family.

12 Contracts and Funding Deeds

FACS will negotiate contracts with IFP service providers. The number of families or authorised carers with whom a service provider may work will be specified in the contract.

IFP service providers must meet with FACS District Contract staff on a quarterly basis to:

- identify any barriers to service provision and opportunities to improve services
- report on progress against the requirements defined in their Funding Deed and contract
- manage vacancies so services are delivered in accordance with funded capacity.

13 Resources

13.1 Templates and tools

Consent to a referral to an IFP service form

Intensive Family Preservation (IFP) Services Referral form

[Strengths and Stressors tool](#)

IFP Data Collection Tool

13.2 Links

[Working with Aboriginal People and Communities – A Practice Resource](#)

[CALD services and referral information](#)

[NSW Online Mandatory Reporter Guide](#)