Intensive Family Support
service model

IMPORTANT NOTE: 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. It is not the case that each family will get every component of service. Some may need a limited mix of components while others may need all components. Also, it is not the case that every family should receive the quantities specified in this model. Some may receive more and others less of each component.

However, when a large number of families with a typical range of characteristics are considered, their average service mix should conform to this model over time. This service model’s primary application is for large scale service planning and resource allocation. It should not be used to determine the mix of service components provided to individual families.

The document describes the key elements of an Intensive Family Support Service which are considered to reflect best practice. As such, the service model is not designed to be prescriptive but outlines core elements and requirements for service delivery.

Policy and Planning Division
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1 Introduction

This paper describes the key components of an Intensive Family Support Service (IFS). The service provides intensive, in-home crisis intervention, practical assistance, counselling, and skill development for families who have children at risk of significant harm and are at risk of placement in out-of-home care (OOHC). The service aims to strengthen family functioning and prevent placement in out-of-home care whilst ensuring the safety and wellbeing of the child.

One of the key directions for reform in *Keep Them Safe: A shared approach to child wellbeing* was the expansion of the prevention and early intervention services for families with varying levels of need. The IFS model one of five prevention and early intervention service models that Community Services has developed in response to this reform direction. It is intended that the models will assist CSGP services in realigning their programs to better meet *Keep Them Safe* objectives.

The IFS service model describes a form of family preservation service delivered at a less intensive level than under the Intensive Family Preservation (IFP) service model, which is based on the Homebuilders® model\(^1\). The IFS model includes all the components of the IFP model but differs in terms of the intensity of service delivery and target group.

2 Evidence base

A literature review conducted by the Community Services Parenting and Research centre in 2008 concluded that programs adhering closely to the Homebuilders® Model are effective in preventing placement in OOHC and subsequent episodes of maltreatment.\(^2\) The Homebuilders® Model targeted families facing imminent removal of a child. The evidence to support the effectiveness of family preservation services for families where children are not at imminent risk of OOHC placement is less strong.

However, there is an identified gap in the service spectrum for families with children at risk of significant harm who are subject to ongoing child protection intervention but are not at imminent risk of removal. To address this gap, child welfare authorities in other jurisdictions are beginning to develop less intensively delivered family preservation services.

The IFS service model is based on a ‘lighter’ version of the Queensland Department of Child Safety’s Intensive Family Preservation Service, as recommended by the Boston Consulting Group in its review of the NSW OOHC system\(^3\). Boston Consulting recommended investing in intensive family preservation services to avoid OOHC for children who are at risk of entering care but are not at imminent risk.

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1 Institute for Family Development, 2007 *Homebuilders® Standards*, Washington State, USA
2 Department of Community Services, Centre for Parenting and Research, January 2008, *Literature Review - Family Preservation Services*
3 Queensland Government, Department of Communities (Child Safety Services) – Family Intervention Services, Grant Funding Information Paper, 2008 - 2009
Similarly, in the United States, the Washington State Legislature has developed a new, less intensive service, known as Family Preservation Services, based on the Homebuilders® model. The service is designed for families who are at substantial risk of having their children placed in out-of-home care, rather than imminent risk.4

Due to the limited evidence base for this service model, services operating under the IFS model require close monitoring and evaluation to determine the model’s effectiveness in preventing OOHC placement and improving family functioning.

3 Aims

Intensive Family Support Services aim 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 families from re-entering the child protection system and prevent unnecessary placement in OOHC

4 Outcomes

The primary intended outcome of an Intensive Family Support service is that the child or children at significant risk of harm 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 of harm and safety concerns for the child
- the needs of particular family members are recognised and addressed
- improved child safety and wellbeing

5 Service components

5.1 Overview of model

The IFS program is a program of up to 6 months duration in most cases, but up to 12 months where needed, with high intensity support within the first 12 weeks.

4 Personal communication from Dr Shelley Leavitt, Associate Director, Institute for Family Development, Washington State, USA.
Caseworkers will have low caseloads to enable them to work intensively with families, and will have access to brokerage funds for a variety of practical support and supportive counselling/skills training that meet the assessed needs of parents and/or children. Key characteristics of the Intensive Family Support program include:

- Service delivery primarily in the home or community
- Time-limited duration of service: 12 weeks of intensive caseworker support to the family and up to 40 weeks of tailored support that consolidates and builds on improvements made within the first 12 weeks.
- Intensive service delivery within the first 12 weeks that will involve caseworkers being available to families 24 hours a day, seven days a week. During this time a caseworker will typically meet with family members up to two times a week, with telephone contact between meetings. The frequency of home visits will be determined by the needs of the family. In general, it is anticipated that the frequency will reduce over the course of the 12 week intensive support phase of the program.
- Less intensive service delivery for up to 40 weeks following the initial intensive intervention phase.

Benchmark average unit costs for the IFP model are at Appendix 1.

### 5.2 Types of supports

The IFS service will adopt a whole-of-family focus, working with the parents and child/children and other members of the family/kinship network as deemed appropriate. The service will offer interventions to address the most critical and priority needs of the family as identified in the case plan developed by Community Services at the time of referral. Support is to be goal directed, with a view to achieving definable and measurable improvements in parent strengths, attitudes, behaviour, values, skills knowledge and ability.

IFS should offer a range of practical support and counselling/skills training that meet the assessed needs of families. Services may be directed towards both parents and/or children.

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

It is also important that IFS services include coordination of specialist assessments and referrals (e.g. specialist health and mental health, alcohol and other drug services, domestic violence, and disability services). In addition, services should also provide or coordinate access to activities that promote personal development, health, recreation, and self-worth and community involvement of family members. Referrals may also be provided for ‘step down’ services to support less intensive intervention as required, e.g. generalist family support services, play groups.

5.3 Target clients

Target clients for IFS services are children who are:
• aged 0-15 years, and
• living with their parents or other immediate family members who are their direct carers or living independently of their family but not in an out-of-home care placement (e.g. a Youth Supported Accommodation Assistance Program (YSAAP) service), and
• assessed as being at risk of significant harm, and
• at risk of placement in out-of-home care, and Community Services considers that involvement of an IFS service will enable the child to continue living at home.

The target group differs from the high risk target group for IFP in the following ways:
- imminent removal is not being considered. This means that court proceedings to reallocate parental responsibility would not occur immediately if the family did not receive access to IFS services
- less intensive support is assessed as being required to address the risk and safety concerns for the child.

Children in this target group may come to the attention of Community Services either as new clients who have been assessed as being at risk of significant harm, or they may have been the subject of ongoing child protection involvement and the risk of significant harm has not decreased as a result of previous interventions.

Without IFS these children will likely be subject to further child protection intervention and may be at risk of entering OOHC.

Essential to distinguishing the target group from IFS to IFP is the safety concerns for the child or young person. Given that IFS services offer less casework hours within the first 12 weeks, the safety and child protection concerns can not be too great for this type of service. The casework hours available to families in Intensive Family Support services must be enough to achieve the changes needed to keep the target children safe and achieve the agreed family preservation goals.

5.4 Eligibility criteria

Parents and children, as appropriate, will need to consent to any intervention and commit to following the agreed case plan goals.

Children from birth to 15 years of age and their families are eligible for referral to IFS services if:
- The child is living at home and is assessed as being at risk of significant harm, and there is a significant risk that, without intensive family support, child protection intervention may escalate to protective court action, including entry to statutory OOHC, or

- the child is living at home and there is an existing court order (such as a supervision order) and there is a significant risk of the child entering OOHC; or

- a child has been in an emergency OOHC placement and is to be or has returned to their family with a Children’s Court order (for provision of support services or supervision)

Additionally, all of the following criteria must be met:

- at least one parent/carer is willing and available to work with the IFS service towards reaching the agreed case plan goals and shows a capacity to change.
- any child/children aged 12-15 years agree to receive and participate in the IFS service
- there are some family strengths, resources, or social supports available that can be used to increase safety for the children and enhance their parenting capacity
- other services have tried and failed, or less intensive services would not be enough to resolve the problems that are likely to escalate to placement in OOHC
- intensive case management and support, particularly in relation to health and clinical intervention, parenting skills, 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:

- children are not at risk of significant harm and risk of OOHC placement
- a less intensive support service would be sufficient (e.g. marital/individual counselling, a general family support service)
- the risk of significant harm is so high that an IFS service is unlikely to have the resources to adequately ensure the child’s safety. This includes matters where risk of significant harm is assessed as sufficiently serious, that an OOHC placement is the only viable option.
- one parent has been charged 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 confirmed, or after a report of sexual abuse, a risk of harm assessment confirms the child is ‘in need of care and protection’ related to the sexual abuse, 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 for the services offered.

5.5 Characteristics of families suitable for referral:

The complexity of individual family circumstances will vary considerably. Some of the social and personal characteristics of the families referred may include the following:

• The family is in crisis, and one or more of the following factors is present:
  o family or domestic violence
  o drug and alcohol or substance abuse
  o high and extreme levels of conflict and disruption between family members
  o financial stress including gambling addiction, high debt, low or limited sources of income, unemployment or under-employment
  o poor and inappropriate housing for the needs of the family

• The parent(s) exhibit social, personal and cognitive impairment caused by mental health issues, or disability or disabling emotional stress, including grief and loss. Note: other Government agencies should retain primary case management as the situation relates to identified issues within the current MOU arrangements.

• The child has complex or high needs which impact on the coping skills and personal resources of the family or parent(s).

• There is serious and persistent disputation between separated partners/parents including significant legal matters e.g. family law disputes.

• The family is experiencing significant social isolation from community services and other extended family supports.

• The parents or other family members have a previous personal history and involvement in the care and protection system, characterised by high levels of resistance, fear, or misunderstanding/s about the system.

• There are inter-generational parenting difficulties and a lack of effective parent role models within the family’s immediate support and social structures.

• The children, parents and other family members have chronic health needs.

• The family has limited access to reliable forms of transport.

• The child is experiencing conflict within their family and support is necessary to maintain the viability of continued care by parents.
The child and family are disengaged from involvement in educational activities and schooling.

The child is likely to leave home.

The child does not have access to other extended family supports.

The child is involved in substance abuse

Additional support is required to maintain the child living with their parents

5.6 **Referral process**

Referrals for IFS services can only be made by Community Services. Community Services will have an open case plan when a child is referred to an IFS service. A caseworker must complete a risk of significant harm assessment and then consult with their manager casework to decide if the child and his or her family are eligible for referral. To be referred the child and his or her family must meet the criteria outlined in 5.4 and the decision must be approved by the manager casework.

When the manager casework decides that a child and their family are eligible for an IFS service, the caseworker will consult with the Child and Family Regional unit (CFRU). The caseworker or the manager casework will be responsible for forwarding the referral form, client information and other relevant referral details to the CFRU. The caseworker will place copies of these papers on the child’s file.

A decision about which agency to refer to will be based on service availability and the best match between the available service options and the needs of the child and their family.

The CFRU will be responsible for:

- identifying a service with a vacancy
- contacting the contracted service provider
- giving relevant client information to the service provider (after quality assurance of the information)
- telling the community service centre of the outcome.

Where there is a choice of suitable services, the manager casework will decide the most appropriate service provider. This will be based on the child and family’s needs, the current case plan and service availability.

Consistent with the Homebuilders® Model, the CFRU will make referrals to service providers when there is a vacancy in the service on a first come first served basis and they will not maintain a waiting list. 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 home only if IFS services are provided.

Whenever this occurs, the referring caseworker must put measures in place to ensure child safety.
Community Services may indicate the intensity and duration of services required at the time of referral to an IFS service. A caseworker or manager casework will begin follow-up contact with the service provider to organise a case meeting, which includes the family, within three working days of the referral to the service.

Community Services will give the service any other relevant and available information at that meeting to support their response to the child and their family. This may include copies of any care orders (such as supervision orders), health records, outcomes of previous assessments, professional reports and the current case plan.

6. Staffing

6.1 Program manager

Key responsibilities of the IFS program manager include:

- oversees the running of the service in accordance with this service model, evidence-based practice and NSW Service Provision Guidelines
- maintains a focus on improving outcomes for children and their families
- assists caseworkers in setting goals with the family that are focused on skill development and placement prevention and that can be accomplished during the time available.
- assists caseworkers in transition planning for the family from intensive to lower intensity services
- develops policies and procedures for the program
- actively promotes a positive culture within the service
- maintains an effective rostering system that allows caseworkers to be available to clients, 24 hours seven days a week as required for the first twelve weeks of the program and provides for replacements while a caseworker is on leave.
- promptly communicate vacancies to the CFRU to maintain desired caseloads for caseworkers
- effectively supervises all staff to support them in providing a consistent high quality service
- provides induction training to new staff, and ongoing staff development and training
- ensures that service delivery is culturally appropriate for families
- manages critical incidents
- develops and maintains relationships with specialist services within the community, particularly those which are likely to be used frequently (e.g. health and mental health services, alcohol and other drug services, and domestic violence services).

Essential requirements for the IFS program manager position are:

- a degree in Social Work or Psychology
• demonstrated experience in working with children and young people and their family in a child protection context
• demonstrated experience in working with families with multiple, complex needs
• demonstrated experience in supervising and training staff dealing with complex family situations that may include acute family crisis.

6.2 Caseworker

Key roles of the IFS caseworker include:
• makes persistent efforts (multiple phone calls, visits the family home etc) to contact the family on the day of referral, or at the latest, within 24 hours of referral. If the family is unable to meet within 24 hours of referral the caseworker must make persistent efforts to make contact with the family no later than the end of the day following the referral
• ensures that the strengths and needs of the child and their family are assessed
• is available 24 hours per day, seven days per week crisis home visiting/telephone counselling support as needed for the first 12 weeks of service
• maintains contact with the child and their family for the duration of their involvement with the service
• ensures the child or young person has an individual and comprehensive case plan based on their identified strengths and needs that sets out clear goals in all case planning areas, a description of key tasks to be undertaken, and allocation of responsibilities and timeframes
• sets specific goals with family members that are related to reducing the risk of placement, and that can be addressed within the service timeframe
• works collaboratively with the child’s family and appropriate cultural and community representatives to ensure that all relevant parties are involved in case planning, review processes and family conferencing as required
• coordinates the range of services identified in the case plan so that they are provided in a timely and effective way
• consults with the program manager if case plan goals are not being achieved within set timeframes or if there is any other concern about the child and/or his or her family
• maintains comprehensive records from the moment of referral, documenting contact with the family, reasons for key decisions and important events and achievements during the program are also recorded
• undertakes comprehensive transition planning to assist the family to maintain their improvements with less intensive support.

Essential requirements for the IFS caseworker position are:
• a degree in Social Work or Psychology
• demonstrated experience working with children and young people and their family in a child protection context
• demonstrated experience in working with families with multiple, complex
needs and that may be experiencing acute crisis

7  Agency roles and responsibilities

7.1  Community Services role in IFS service delivery

A summary of Community Services role in IFS service delivery is as follows:
• ensures referrals meet eligibility criteria.
• determines the child and their family’s eligibility for Intensive Family Support
services against the referral criteria, as part of or after a risk of harm
assessment
• coordinates referrals to IFS through the CFRU
• informs the IFS service about the intensity and duration of services likely to
be required
• attends a case planning meeting with the family and the service provider
• provides relevant documents and information to the service provider
• transfers case management to the service provider as appropriate
• monitors service delivery and administers the service agreement.

7.2  Service provider’s role in IFS service delivery

A summary of the service provider’s role in Intensive Family Support service delivery
is as follows:
• develops a case plan after consulting with Community Services, parents,
children and other relevant family members, and other agencies (as
appropriate), and conducting further assessment if necessary to determine
the best service mix and intensity
• provides active case management for all aspects of the case when
transferred from Community Services
• coordinates 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 provides for
replacements while a caseworker is on leave.
• monitors and reports to Community Services about compliance with any
existing court orders and progress made towards achieving specific family
preservation goals (where Community Services has an open case)
• makes a risk of significant harm report to the Child Protection Helpline
(whether or not Community Services has an open case) where:
• a new risk of harm concern arises of a different type from the original referral
• there is a significant escalation in existing concerns
• the risk of significant harm concerns remain serious despite services being
provided
• advises the CFRU of vacancies
• complies with all requirements of the service agreement with Community Services.

• confirms with the CFRU when the service receives referral and client information forms from Community Services, and keeps all such information on file.

8 Service provision guidelines

8.1 Transfer of case management

It is important that a decision about transferring case management to a relevant family support service is made as soon as possible. This helps support an effective, timely and coordinated response to all the needs of the child and their family.

Case management will transfer to an Intensive Family Support service if:

• Community Services child protection action is complete and there is no court action
• other long-term orders, such as a supervision order which places the child or young person under the Director-General’s supervision, are in place
• joint case planning is done with the service before case transfer
• there is an express agreement in the case plan that if the risk for the children or young people in the family becomes unacceptable, the case will be referred back to Community Services.

Community Services has legal liability for cases, even if their management is transferred to an Intensive Family Support service where there are current care orders, or if Community Services is yet to close the case, as liability cannot be transferred. If care orders are current, Community Services must keep an open case plan (i.e. an open case on KiDS) as part of its legal liability. Once the order expires, Community Services will close the case.

If Community Services transfers case management to a service, it is responsible for giving the Agency progress reports on the compliance and progress of these care orders. This requirement will be included in the contracted agency’s service specifications.

8.2 Case closure

Community Services will close a case if a referral to an Intensive Family Support service takes place without care proceedings (i.e. after a secondary risk of harm assessment or if there are no existing care orders).

Community Services will meet with the service before closing a case, which is in line with the practice commitment in the NSW interagency guidelines for child protection intervention 2006 (Section 3.7.5). It is best if case closures are discussed at a case meeting, although sometimes this is not possible, and decisions may be passed on by phone, fax, email or letter.

If Community Services has closed a case, the service provider may ask the manager casework in the relevant CSC for general advice about case management or
casework with the family. Community Services will be available to give this input for a time-limited period after case closure.

If a service is working with a family where a child's care order is about to expire, Community Services will start closing the case as described above. Once Community Services closes a case, the Intensive Family Support service is expected to continue providing services to the family as stated in their service specifications and service agreement with Community Services.

8.3 Assessment after referral

Community Services will give all relevant information to the service provider on referral, so that they can begin services, start case management (if appropriate) and do any further assessments to find out the service needs of the child and their family. Community Services should provide information such as care orders, the care plan, the outcomes of relevant prior assessments and the most current case plan, including any cultural care plan which identifies factors of cultural, linguistic and/or religious significance.

The service provider will carry out the assessment with the family and consult Community Services and other services as appropriate, to finalise the relevant mix and intensity of services to be delivered. The assessment will:

- confirm the nature and seriousness of the risk of harm to the child and 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 problems that the family faces
- identify the strengths of the child and other family members
- select the priority areas for intervention
- set achievable and measurable goals with a family preservation focus.

Depending on the family size and the situation’s complexity, a full assessment may need a number of visits or interviews with family members to work out the best service mix and intensity. The Intensive Family Support service, in their role as case manager, must develop a case plan that reflects the assessment’s outcomes, together with other written information from Community Services and details gained from the initial case meeting and other dialogue.

Service intervention may be home-based, community-based or a combination of these. Services in the community, such as parenting, child behaviour management, father’s groups, mother’s groups and playgroups, are expected to augment home-based services such as individual or family casework during home visits.

8.4 Case management

Case management responsibility will transfer from Community Services to the Intensive Family Support service provider, in some cases, at or after referral (see Section 1.1 Transfer of case management).
Where a service has case management, each family will have an assigned case manager to plan, coordinate and implement the best service mix.

Case management in Intensive Support Services is time limited and goal directed. An essential feature of case management is referral to other suitable community services and advocacy on behalf of the child and their family. Mediation and negotiation between the child and their family or family members and other service providers, will also be an important role in situations where a crisis or conflict arises.

Intensive Family Support services will supply direct services, as well as coordinate and make active referrals to other service providers and appropriate community-based programs as necessary. Intensive Family Support services are encouraged to forge partnerships with other service providers, schools and businesses. They should also link with existing broadly-based community activities, such as mother’s groups, father’s groups, after-school activities for children, education and training opportunities and work-based training and skills building, to improve the service mix and promote family preservation goals.

8.5 Reporting progress to Community Services

The Intensive Family Support service will report to Community Services on how they comply with existing care orders and the progress towards family preservation goals, where Community Services holds case management. The service will give these reports to the manager casework at the CSC which has the case plan open. This will be stated in the Service Agreement. They also need to tell Community Services if the Intensive Family Support service can no longer be provided or is no longer needed.

Monitoring and reporting is the responsibility of the service to which Community Services made the referral and cannot be given to a third party. Monitoring will include:

- a report on the progress and compliance with care orders or the case plan (where Community Services holds case management) to the manager casework at the relevant Community Services CSC, after the initial three months of Intensive Family Support service delivery (or earlier if Community Services requires, because the planned service duration is shorter)

- further reports at three monthly intervals to the manager casework for the duration of any care orders or Community Services case management

A progress/status report to the manager casework at any other time that the family Intensive Family Support service provider feels is necessary.

The case plan goals will be reviewed at the end of the planned intervention period, which usually aligns with the duration of any care orders. To allow Community Services to check the current care order, a case review will preferably be done three months before the order expires. The service provider must then send a report to Community Services which may find that:

- the Intensive Family Support goals have been met
- a transition to generalist or other specialist support services is needed (decided together with the parents and children, as appropriate)
- there is a need for an Intensive Family Support service extension and revised goals and conditions
  - the family preservation service goals have not been met.
Depending on the nature of progress reports to Community Services, in monitoring a care order or case management, and at any time while a service is underway, a decision may be made by:

- Community Services to cease the Intensive Family Support service and take action to place the child in out-of-home care
- the provider to increase or decrease their level of service intensity, duration or mix to meet changes in the needs of the child and/or family. The case plan will be updated to show any changes
  - the provider after Community Services authorisation, to move the child and family out of the service to another provider, or to support less intense services.

As a condition of funding, the provider must report against the service objectives and goals in their service agreement. If there are no care orders in place or case management is transferred to the Intensive Family Support service, Community Services will close the case. The service will then need to report on family preservation goals to meet the reporting requirements stated in their service specifications.

### 8.6 Reporting risk of significant harm

A service provider is legally mandated to make a new risk of significant harm report to Community Services any time that they have reasonable grounds to suspect that a child or a class of children 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*.

‘Reasonable grounds’ refers to the need to have an objective basis to deduce that a child may be at risk of significant harm, and includes:

- any new incident or evidence that is consistent with section 23 of the Act
- factors that triggered previous risk of harm report/s about the child that re-emerge or reoccur through a new incident or evidence.

Intensive Family Support service providers are legally required to make a new risk of significant harm report to Community Services if they suspect that a child is currently at risk of harm based on what they can reasonably judge and supported by their professional training and/or experience.

This applies whether or not a current care order is in place. A new risk of significant harm report will enable Community Services to take further statutory action, if appropriate.

A new risk of significant harm report may be warranted in the following cases:

- a risk of significant harm concern of a different type from that for which the original referral was made
- a significant escalation in existing concerns
  - the existing risk of significant harm concerns remain serious despite family preservation services.
Where Community Services receives a risk of significant harm report about a child or a sibling, whilst their family is receiving a service, it will review the case to see if a family preservation approach remains viable.

The following actions may be taken depending on the risk assessment outcome of the latest report:

if risk of significant harm to the child is not significantly increased or urgent, Community Services may negotiate with the service provider to continue or modify the family preservation case plan goals

- if risk of significant harm to the child has significantly increased or is now urgent, Community Services may carry out an emergency removal, start proceedings in the Children’s Court or seek a variation to existing care orders. In some cases, Intensive Family Support services may continue to work with the family, if appropriate.

8.7 Vacancy management

The Intensive Family Support service is responsible for telling the child and family regional unit of any service vacancy, as agreed in the vacancy management plan, and keeping accurate and timely records of service use to meet the service agreement.

Any plan to extend a service beyond the agreed time will be done together with the regional unit and the CSC where a current care order is in place.

As far as possible and to ensure adequate throughput, Intensive Family Support services will work closely with the regional unit to meet the original agreed time for service provision. Extensions will only be considered in cases where continuing the service is critical to a successful family preservation outcome. Any service extension must be included in a revised case plan agreed with the family and either the regional unit or the manager casework (where there are current care orders).

8.8 Service provider withdraws services

The Intensive Family Support service provider may end their service intervention before the agreed end date if any of the following apply:

- the child/children are removed from the family (long-term) and placed in out-of-home care or another placement (such as with kin)
- the family chooses to no longer continue working with the service
- 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 family preservation service staff or others involved in service delivery to the family
- despite the service provider’s persistent efforts, the family do not make themselves available for the services offered or are assessed as not working sufficiently towards the agreed goals
- the child and family meet the case plan goals faster than expected and are 'stepped down' to other services, such as less intense family support services, before the agreed end date.

Any decision to stop services must be made after discussing it with the child and family, and any interagency partners who are actively engaged in carrying out case plan goals. Services need to consult Community Services about a decision to stop services only in cases with a current care order (Community Services has an open case plan) or if Community Services holds case management. For other cases the length of time the service provider works with the family will generally meet their service specifications.

### 8.9 Case transfers

The same Intensive Family Support service provider will continue intervention with a family as far as possible. A transfer to another service within the same catchment area would occur only in the most extraordinary circumstances.

Transfers to another catchment may only happen if the child and their family move home stating that they are not returning and where the existing service provider can no longer practicably supply the service.

In such cases, the service will make all appropriate efforts to transfer the family to another service provider who can give equal or related services. The safety, welfare and wellbeing of the child together with their family’s needs, will be the main concern when negotiating case management transfer.

Community Services must authorise any decision to transfer case management between service providers if it has an open case plan (i.e. care orders are current).

A case meeting between Community Services, the service provider and any other relevant parties will be held to make this decision. Where a case is transferred between service providers from one Community Services region to another, the forwarding CSC will transfer any open case plan to the relevant CSC in the new region. 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.

When there is no care order and Community Services does not have an open case plan or hold case management, a Community Services caseworker will not be involved in the transfer arrangements. The referring and receiving Intensive Family Support services will both need to advise the child and family regional unit of the transfer proposal, to update the vacancy management system.

### 9 Participation and rights of children and their families

#### 9.1 Participation of children and their families

The service provider, including Community Services, will carry out genuine, ongoing consultation and help children and their families participate in making decisions that affect them, including having a say about the type and mix of services they will get.
The input of parents and the child (as age appropriate) should be sought, encouraged, listened to and met in all aspects of service delivery. The IFS service will 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.

9.2 Promoting the rights of children and their families

Services will:

- Inform children and their families and extended family and kinship networks where appropriate (in a manner which is appropriate to their age, developmental capacity and cultural and linguistic background). This includes information about their rights under the Children and Young Persons (Care and Protection) Act 1998 and information about complaint and appeals processes.

- Provide services consistent with the Charter of rights and ensure the agency advances and complies with the principles of the Charter.

- 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 within clearly stated timeframes.

10 Ongoing quality enhancement

Program managers should ensure caseworkers receive initial and ongoing training, supervision and support necessary to deliver quality services.

Client data will be collected and regularly transmitted to Community Services so that it can be used to evaluate and improve program outcomes.

Performance indicators are still under development and may include (but are not limited to):

- Number of families assisted by the program
- Percentage of families completing the program
- Number of risk of significant harm reports on IFS referred families post intervention (for example at three, six and 12 months post intervention)
- Number of OOHC placements post IFS intervention.

In addition, indicators relating to the family’s sense of well-being post intervention may be included.
Appendix 1 - Caseloads and unit costs

1. Introduction

It is important to note that all caseloads and unit costs presented in this paper refer to unit costs and caseloads where the client stays on the program for the maximum duration. It is expected that not all families will stay the maximum duration of the program and that, on average families, would stay in the program for less than the maximum duration.

The input parameters used such as caseworker hours available, childcare costs and number of home visits are average parameters expected over time. Average inputs are used to take into account the variance that exists within the target group and varying lengths of stay from client to client.

The average is the expected value within a data set or in this case, for example, the expected length of stay over time having observed the lengths of stay of families in the program over time. Graph 1 illustrates the concept of an average for length of stay.

Chart 1 Example average length of stay

As can be seen from the example above, Family 1 stayed for the entire duration of the program while Families 2 to 5 stayed less than the maximum duration of the program. This means that families that stay for less than the maximum duration do not fully use up the resources available to them and these may become available to other higher needs families.

2. Intensive Family Support unit costs and caseloads

The Intensive Family Support Program caseloads and unit costs sets out the development of 2009/10 benchmark average unit costs for:
- Benchmark average casework costs
- Brokerage

Average costs for a direct worker have been calculated by ‘loading’ indirect and other associated costs onto the direct worker cost. The unit costs for service delivery vary depending on the service and support needs of each client.

The costs for service delivery vary depending on the service and the support needs of the family. Average service parameters for a family are used for each category of service, which in turn determines the service costing for each component. An annualised cost per family placement has been used i.e. the program cost that would be required if a family were to be served for a full year.

Average unit costs are based on the true cost to deliver a service, irrespective of funding sources. For example, a service could receive 30% of funding from one department and 70% from another. Variations in input cost levels, workforce profile and service intensity will impact on benchmark average unit costs.

Table 1 provides 2009/10 estimates of the benchmark average costs per family in IFS program.

**Table 1 Benchmark average costs per family: Intensive Family Support Program**

<table>
<thead>
<tr>
<th>Program – Ave. unit cost per family</th>
<th>Benchmark average cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casework cost</td>
<td>$22,083</td>
</tr>
<tr>
<td>Wrap-around services</td>
<td>$4,000</td>
</tr>
<tr>
<td>Brokerage</td>
<td>$1,154</td>
</tr>
<tr>
<td>Parenting program</td>
<td>$1,200</td>
</tr>
<tr>
<td>Childcare cost</td>
<td>$5,220</td>
</tr>
<tr>
<td><strong>Ave. total cost per family</strong></td>
<td><strong>$33,657</strong></td>
</tr>
</tbody>
</table>

Table 2 provides a summary of the parameters underpinning these benchmark average cost estimates of the IFS.

**Table 2 Summary parameters for benchmark average cost**

<table>
<thead>
<tr>
<th>A. Ave. direct caseworker cost (Table 9)</th>
<th>B. Ave. casework hours (Table 4)</th>
<th>C. Ave. casework cost (A*B)</th>
<th>D. Ave. wrap around services (Table 7)</th>
<th>E. Ave. brokerag</th>
<th>F. Ave. parentin</th>
<th>F. Ave. childcare cost (Table 8)</th>
<th>Benchmark average cost per family (C+D+E+F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$129.9*</td>
<td>170</td>
<td>$22,083</td>
<td>$4,000</td>
<td>$1,154</td>
<td>$1,200</td>
<td>$5,220</td>
<td>$33,657</td>
</tr>
</tbody>
</table>

* This cost includes supervisor/manager loading. Each caseworker is loaded with 1/6 of a supervisor’s base salary. Please see Table 10 for further details.
Table 3 shows the benchmark average number of families one caseworker can serve in a year.

**Table 3 Benchmark average families per caseworker per year**

<table>
<thead>
<tr>
<th>Ave. caseload per caseworker per year</th>
<th>A. Ave. service hours available per caseworker (Table 12)</th>
<th>B. Ave. casework hours (Table 4)</th>
<th>Benchmark average families served per annum (A/B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFS</td>
<td>1,301</td>
<td>170</td>
<td>8</td>
</tr>
</tbody>
</table>

The following sections provide parameters underpinning these benchmark average cost estimates of the IFS program.

### 2.1 Average caseworker hours

The IFS program is a structured and intensive program delivered professionally to families and youth experiencing life-controlling issues that require medium term, ongoing support. The structure of IFS is as follows:

- 12 weeks of intensive family support services
- 40 weeks of family support and follow up

Caseworkers delivering the IFS program facilitate, coordinate and case manage a range of concrete and clinical supports. Concrete supports include skill development, such as parenting, self-management, household management and budgeting. The clinical supports include referrals, as needed for each family member, to counselling, mental health services, drug and alcohol services. Average caseworker hours of the intensive family support services is estimated in Table 4.

Table 4 presents the per family average caseworker hours of the IFS program.

**Table 4 Average casework hours per family**

<table>
<thead>
<tr>
<th>Ave. casework: Intensive Family Support</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. First 12 weeks: Hours per family</td>
<td>90</td>
</tr>
<tr>
<td>B. Remaining year 1: Hours per family</td>
<td>50</td>
</tr>
<tr>
<td>C. Casework support hours per family</td>
<td>30</td>
</tr>
<tr>
<td>Ave. total casework hours per family</td>
<td>170</td>
</tr>
</tbody>
</table>

The first 12 weeks of IFS is considered critical in reducing the level of risk of harm that the family is experiencing. During this time it is estimated that the caseworker will conduct home visits, on average, 18 home visits. For the remaining of year one (40 weeks), the caseworker would conduct an average of one visit every month.

Table 5 presents the estimated time required for an average home visit and Table 6 presents a typical home visiting schedule.

**Table 5 Estimated time required for an average home visit**

<table>
<thead>
<tr>
<th>Home visiting</th>
<th>Estimate ave. hours per home visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Preparing for visit</td>
<td>0.8</td>
</tr>
<tr>
<td>B. Travel (2 ways @ 0.5 hr)</td>
<td>1</td>
</tr>
<tr>
<td>C. Duration of home visit</td>
<td>2</td>
</tr>
<tr>
<td>D. Writing up reports</td>
<td>1</td>
</tr>
<tr>
<td>Ave. total time required (hrs) (A+B+C+D)</td>
<td>5</td>
</tr>
</tbody>
</table>
Table 6 Typical home visiting schedule

<table>
<thead>
<tr>
<th>Home visiting</th>
<th>A. Ave. number of visits per family</th>
<th>B. Ave. number of hours per visit</th>
<th>Ave. number of hours per family per year (A*B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 12 weeks</td>
<td>18*</td>
<td>5</td>
<td>90</td>
</tr>
<tr>
<td>Remaining year 1: 40 weeks</td>
<td>10</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Ave. total home visiting hours per family</td>
<td>10</td>
<td>5</td>
<td>140</td>
</tr>
</tbody>
</table>

* This is the total number of home visits in the first 12 weeks. It is expected that in the initial six weeks in the program, on average, two home visits per week would be conducted, then one home visits per week in the next six weeks before moving into the step down component of the program.

On average, 30 casework support hours have been allocated per family per year and typically include the following caseworker activities:

- Assessment and referral
- Develop and implement family action plan
- Monitoring and exit planning

It is important to note that time taken to perform administrative tasks are included in the loaded caseworker cost (Table 9).

2.2 Average wrap-around and brokerage

Wrap-around services include provision of basic furniture, whitegoods, house cleaning and transport and payments to referred services. The average cost of wrap-around services is $4,000 per family for the first 12 weeks of the program.

In addition, IFS program brokerage provides material aid, financial aid and specialist services. Brokerage is provided in addition to the wrap-around services. Table 7 provides the average brokerage cost estimate per family per year. It is important to note that brokerage should be used according to each individual family’s needs. The items and costings structure listed in the table below are an example only and are not prescriptive.

Table 7 Average brokerage cost

<table>
<thead>
<tr>
<th>Average brokerage</th>
<th>Ave. cost per family per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Material aids</td>
<td>$231</td>
</tr>
<tr>
<td>B. Respite care</td>
<td>$462</td>
</tr>
<tr>
<td>C. Specialist service - counselling</td>
<td>$231</td>
</tr>
<tr>
<td>D. Support service - interpreter</td>
<td>$231</td>
</tr>
<tr>
<td>Ave. cost per family per year (A+B+C+D)</td>
<td>$1,154</td>
</tr>
</tbody>
</table>

2.3 Average parenting programs

Parenting programs allow parents to participate in programs that seek to enhance parenting skills and support the development and understanding of parental relationships. Parenting programs can also help parents with children with behavioural issues and/or disabilities. The average cost of a 12-week parenting skills program is $1,200 per family.
2.4 Average child care

Subsidised child care is provided to families in the IFS program with children aged 0 – 5 years.

Those families eligible in the IFS program are provided with subsidised child care for one year per child. The amount of the IFS subsidy is the cost to the family after the CCB. An average of 1.5 children per family per year is assumed. Table 8 presents the average Intensive Family Support child care costs.

Table 8 Average childcare costs per family per year

<table>
<thead>
<tr>
<th>Average Child care</th>
<th>Average cost per family: Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Child care weeks per year</td>
<td>48</td>
</tr>
<tr>
<td>B. Days per week</td>
<td>2.5</td>
</tr>
<tr>
<td>C. Days per child per year (A*B)</td>
<td>120</td>
</tr>
<tr>
<td>D. Full cost per day after CCB</td>
<td>$29</td>
</tr>
<tr>
<td>E. Cost per child per year (C*D)</td>
<td>$3,480</td>
</tr>
<tr>
<td>F. Number of children per family aged 0-5 years old</td>
<td>1.5</td>
</tr>
<tr>
<td>Ave. cost per family per year (E*F)</td>
<td>$5,220</td>
</tr>
</tbody>
</table>

Note: Direct staff are generally taken to be 'caseworkers' but it is acknowledged that different job titles, such as 'family workers' and 'case coordinators' are sometimes use.
3 Benchmark average caseworker costs

The benchmark average direct cost per caseworker (one FTE) consists of the total labour cost (per FTE) and total non-labour costs (per FTE) associated with casework activity. The total labour costs per FTE comprise the salary of the direct worker as well as a loading for the labour costs of indirect support staff (eg. supervisors, administrative staff, etc), and salary oncosts. Total non-labour costs per FTE include operating costs and agency overheads associated with the defined workforce profile (that is, apportioned on a per FTE basis).

The average cost per direct client hour is estimated by dividing the total loaded cost per worker by the number of service hours available for working with clients. In addition to the benchmark average levels of caseworker unit costs and costs per direct client hour, a range of lowest and highest unit costs are shown, based on acceptable cost variations within the sector. All cost estimates and parameter values are based on the survey conducted by the Economics Unit in December 2008, and other service data reported by lead agencies.

Table 9 provides estimates of the benchmark average loaded caseworker unit cost in total, and per direct client hour, for 2008-09.

Table 9 Benchmark average caseworker unit costs

<table>
<thead>
<tr>
<th>Caseworkers - Benchmark average unit cost per FTE</th>
<th>Benchmark average Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit Labour Costs (per FTE)</strong></td>
<td></td>
</tr>
<tr>
<td>Caseworker base salary</td>
<td>$55,349</td>
</tr>
<tr>
<td>Direct supervisor allocation (Table 10)</td>
<td>$12,002</td>
</tr>
<tr>
<td>Admin and other indirect support allocation</td>
<td>$21,570</td>
</tr>
<tr>
<td>Salary Oncosts (Table 11)</td>
<td>$15,445</td>
</tr>
<tr>
<td><strong>A. Ave. total unit labour costs</strong></td>
<td><strong>$104,370</strong></td>
</tr>
<tr>
<td>Motor vehicle</td>
<td>$13,571</td>
</tr>
<tr>
<td>IT/computer</td>
<td>$5,043</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>$1,343</td>
</tr>
<tr>
<td>Stationery/postage/printing</td>
<td>$1,650</td>
</tr>
<tr>
<td>Depreciation and equipment maint.</td>
<td>$2,009</td>
</tr>
<tr>
<td>Staff training</td>
<td>$3,721</td>
</tr>
<tr>
<td>Accommodation</td>
<td>$10,619</td>
</tr>
<tr>
<td>Corporate overheads &amp; other</td>
<td>$26,753</td>
</tr>
<tr>
<td><strong>B. Ave. total unit non-labour costs</strong></td>
<td><strong>$64,708</strong></td>
</tr>
<tr>
<td><strong>Ave. total loaded cost per FTE (A+B)</strong></td>
<td><strong>$169,080</strong></td>
</tr>
<tr>
<td>Labour cost factor</td>
<td>62%</td>
</tr>
<tr>
<td>Non-labour cost factor</td>
<td>38%</td>
</tr>
<tr>
<td>Total available hours</td>
<td>1,626</td>
</tr>
<tr>
<td>% of time - non client related</td>
<td>20%</td>
</tr>
<tr>
<td>Service hours available (Table 12)</td>
<td>1,301</td>
</tr>
<tr>
<td><strong>Ave. cost Per direct client hour</strong></td>
<td><strong>$129.9</strong></td>
</tr>
</tbody>
</table>

In order to determine the total Loaded Cost per FTE and Cost per Direct Client Hour, various parameters were used, as shown in Table 10 and Table 11.

Table 10 Average labour parameters
Average labour

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Benchmark average level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor base salary (per FTE)</td>
<td>$72,010</td>
</tr>
<tr>
<td>Supervisor to caseworker staff ratio</td>
<td>1:6</td>
</tr>
<tr>
<td>Ave. cost per caseworker</td>
<td>$12,002</td>
</tr>
</tbody>
</table>

Table 11 Average salary oncosts

<table>
<thead>
<tr>
<th>Average salary oncosts</th>
<th>Benchmark average % of Base Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superannuation</td>
<td>9.00%</td>
</tr>
<tr>
<td>Long service leave</td>
<td>2.85%</td>
</tr>
<tr>
<td>Worker’s compensation</td>
<td>4.00%</td>
</tr>
<tr>
<td>Leave loading</td>
<td>1.35%</td>
</tr>
<tr>
<td>FBT</td>
<td>0.17%</td>
</tr>
<tr>
<td>Ave. Total Salary Oncosts</td>
<td>17.37%</td>
</tr>
</tbody>
</table>

Table 12 Average calculation of working hours for direct and client-related works

<table>
<thead>
<tr>
<th>Average work availability</th>
<th>Benchmark average Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days in a year</td>
<td>365</td>
</tr>
<tr>
<td>Less</td>
<td></td>
</tr>
<tr>
<td>Weekends</td>
<td>104</td>
</tr>
<tr>
<td>Public holidays</td>
<td>10</td>
</tr>
<tr>
<td>Recreation leave</td>
<td>20</td>
</tr>
<tr>
<td>Sick leave</td>
<td>10</td>
</tr>
<tr>
<td>Training</td>
<td>7</td>
</tr>
<tr>
<td>Ave. days available</td>
<td>214</td>
</tr>
<tr>
<td>Available hours (@38 hours per week)</td>
<td>1,626</td>
</tr>
<tr>
<td>% time spent on non client related activities</td>
<td>20%</td>
</tr>
<tr>
<td>Ave. no. effective service hours</td>
<td>1,301</td>
</tr>
</tbody>
</table>

Table 12 above shows the estimated average effective hours for caseworkers. In order to estimate hourly costs for different types of staff, it is necessary to know the way in which they use their working time. The costing manual has categorised caseworker time utilisation as:

- **Average work availability:**
  - total available time for work activities

- **Average non-client related casework hours:**
  - activities that do not concern specific clients, but are essential to the overall running of the service e.g. team meetings, supervision and general administration

- **Average client related casework hours:**
  - face-to-face contact
- client-related activities that do not actually involve contact with the child and family but are directly related to client work e.g. telephone calls to coordinate care and travel time

It is assumed that a worker devotes 76-84 percent of time to direct service delivery and client-related activities and 16-24 percent to training, staff meetings, supervision, etc.