



## Early Intervention and Placement Prevention (EIPP) IFS/IFP – Family Information Sheet

**IFS/IFP : KEY DATA AT ENTRY - to be completed by worker when family is starting with the program**

1.	Family ID:									
2.	Family Name/s:									
3.	Program Received:	<input type="checkbox"/> IFS <input type="checkbox"/> IFP								
4.	Date referral received:	Date:								
5.	Date family worker first met with family: (i.e. met face to face with at least one parent/carer)	Date:								
6.	Was first meeting date within 72 hrs of referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
7.	Date family started receiving service: (i.e. eligibility confirmed and family consented to participate and started)	Date:								
8.	How many parents/carers are in this family?	Number:								
9.	How many children are in this family, in total and by age?	<table border="1"> <thead> <tr> <th>Age</th> <th>Total number of children</th> </tr> </thead> <tbody> <tr> <td>0 – 5 yrs</td> <td></td> </tr> <tr> <td>6 -12 yrs</td> <td></td> </tr> <tr> <td>13-15 yrs</td> <td></td> </tr> </tbody> </table>	Age	Total number of children	0 – 5 yrs		6 -12 yrs		13-15 yrs	
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0 – 5 yrs										
6 -12 yrs										
13-15 yrs										
10.	Date of first assessment with Strengths & Stressors (or similar) tool: (only if family is likely to stay 3-6mths or more – attach the Strengths & Stressors (or similar) tool to this form and use again at exit)	Date:								
11.	How many of the participating parent/carers have a disability? (see definition in Glossary)	Number:								
12.	How many of the participating children have a disability? (see definition in Glossary)	Number:								
13.	Do any family members self identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
14.	Do any family members speak a language other than English at home?	Number:								
15.	Were either of the parents in the family under 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
16.	What date did the family step down from receiving 'intensive service delivery'? (where the caseworker is available 24/7 on call)	Date:								

**IFS/IFP : KEY DATA AT EXIT - to be completed by worker when family is leaving the program**

17.	Date family exited from program:	Date:								
18.	How many parents/carers from this family participated in the program?	Number:								
19.	How many of the children in this family participated in the program in total and by age?	<table border="1"> <thead> <tr> <th>Age</th> <th>Total number of children</th> </tr> </thead> <tbody> <tr> <td>0 – 5 yrs</td> <td></td> </tr> <tr> <td>6 -12 yrs</td> <td></td> </tr> <tr> <td>13-15 yrs</td> <td></td> </tr> </tbody> </table>	Age	Total number of children	0 – 5 yrs		6 -12 yrs		13-15 yrs	
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20.	How long did this family stay in the program (tick one)? (use Strengths & Stressors (or similar) tool if family stayed 3 months or longer)	<input type="checkbox"/> less than 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> Over 12 months								
21.	Did this family stay in the program for the planned duration, or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
22.	<p>Were the following service components (<i>delivered or resourced by this EIPP IFS/IFP program</i>) provided to this family while in the program?</p> <p>Advice &amp; referral <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Practical support <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Assessment/case planning <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Coordinated specialist assessment &amp; referrals <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Casework <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Broker - childcare/preschool <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Brokerage (other): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Home visiting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Counselling <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Practical Skills Group <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parenting Skills Group <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent Support Group <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
23.	Main reason family exited from program: (tick one only)	<input type="checkbox"/> Case plan goal achieved <input type="checkbox"/> Eligibility criteria no longer met <input type="checkbox"/> Family declined <input type="checkbox"/> Family not located <input type="checkbox"/> Family relocated out of area <input type="checkbox"/> Family withdrew <input type="checkbox"/> Family not engaging with services								
24.	Date of final ( <i>exit</i> ) assessment – using Strengths and Stressors (or similar):	Date:								
25.	For the clients assessed on entry and exit, did you use the Strengths and Stressors tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered 'No' skip question 27.								
26.	<p>Compare the first time and final time ratings on Strengths and Stressors tool. Were <u>any items</u> in these domains rated as:            -3, -2, or -1 the first time, then rated +1 or +2 the final time?            (i.e. any item in domain assessed as changing from a stressor to a strength)</p>	ENVIRONMENT <input type="checkbox"/> Yes <input type="checkbox"/> No SOCIAL SUPPORT <input type="checkbox"/> Yes <input type="checkbox"/> No PARENTAL CAPABILITIES <input type="checkbox"/> Yes <input type="checkbox"/> No FAMILY INTERACTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No FAMILY SAFETY <input type="checkbox"/> Yes <input type="checkbox"/> No CHILD WELL- BEING <input type="checkbox"/> Yes <input type="checkbox"/> No								
27.	Were increased strengths assessed in the family, using the Strengths and Stressors (or similar) tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No								

**Worker to ask the following questions - when family is leaving the program**

28.	How strongly do you agree or disagree with each? ( <i>strongly disagree , disagree , neither , agree , strongly agree</i> )	Parent/carer 1	Parent/carer 2
	a. I learnt new things to help me with parenting	<input type="checkbox"/> strongly disagree <input type="checkbox"/> disagree <input type="checkbox"/> neither <input type="checkbox"/> agree <input type="checkbox"/> strongly agree	<input type="checkbox"/> strongly disagree <input type="checkbox"/> disagree <input type="checkbox"/> neither <input type="checkbox"/> agree <input type="checkbox"/> strongly agree
	b. I learnt new things about services or other things in my community for children and families	<input type="checkbox"/> strongly disagree <input type="checkbox"/> disagree <input type="checkbox"/> neither <input type="checkbox"/> agree <input type="checkbox"/> strongly agree	<input type="checkbox"/> strongly disagree <input type="checkbox"/> disagree <input type="checkbox"/> neither <input type="checkbox"/> agree <input type="checkbox"/> strongly agree

Note: when you transfer this data across to the IFS/IFP Data Collection Tool, a new record will be created for each family. The record number is found at the bottom of the screen, between the 'previous family' and 'next family' buttons. Keep a note here of the record number allocated to this family, it will help you locate the family data later: \_\_\_\_\_