



Interim Care Model (ICM)

This factsheet has been developed for use by Department of Communities and Justice (DCJ) and Service Providers requesting placements in the Interim Care Model (ICM) under the Permanency Support Program. They are intended as a guide only to assist Agencies with Primary Case Responsibility and ICM Service Providers to understand key elements of the model.

What is the Interim Care Model?

The Interim Care Model (ICM) is a short term placement (up to 3 months) for children in out-of-home care (OOHC) with low and medium needs currently placed in alternative care arrangements (ACA) or at risk of imminent entry into an ACA because a suitable kinship or relative, foster care placement or other permanency option is not available.

What are the aims of ICM?

The model aims to provide children and young people with as close to a home-like environment as possible. It is complemented by continued intensive casework activities delivered by the agency with case responsibility to support transition to kinship or relative care, foster care placement and/or work towards the child's permanency goals.

What is the target group for ICM?

The client group is children in the Permanency Support Program who have been assessed as suitable by DCJ and:

- (a) have low or medium needs
- (b) are aged between 9 and 14 years, and
- (c) are in, or would otherwise be at imminent risk of entering an Alternative Care Arrangement.

DCJ recognises that in some circumstances there may be children and young people that are outside of this age range that may be suitable for this service model (including sibling groups). In such circumstances the Interim Care Referral Unit (ICRU) in consultation with the agency with primary case responsibility will determine the appropriateness of an Interim Care placement on a case by case basis.

How long can a child remain in ICM?

An ICM placement is for up to 3 months in duration only.

Can the placement be extended?

To seek approval to extend ICM placements for more than 3 months:

- the Interim Care Referral Unit (ICRU) will convene an **Extension Review Meeting** prior to the 3 month timeframe
- the agency with primary case responsibility (DCJ or service provider) will complete the attached **Extension of Placement form** in preparation for the review meeting

This information will then be submitted to the Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services, for approval.

How do I make a referral for ICM?

A referral can only be made by sending a request to the Child and Family District Unit (CFDU) after exploring all other PSP options. A referral is to be accompanied by an up to date Client Information Form (CIF) and Child Assessment Tool (CAT).

- CFDU will forward the referral to the ICRU if it meets the eligibility criteria.
- The ICM Referral Process can be seen in the flowchart at the end of the factsheet.

Who holds primary case responsibility for a child in ICM?

When a child is placed in ICM Primary Case Responsibility is retained by the referring agency (as per the [Permanency Case Management Policy Rules and Practice Guidance](#)).

What are the expectations for the agency with primary case responsibility?

During an ICM placement the agency with primary case responsibility is expected to:

- provide casework support to the child
- provide intensive casework activities around exit planning
- provide weekly home visits
- liaise regularly with the ICM Service Provider
- attend regular meetings for the child
- drive casework activities to achieve permanency outcomes
- support transition in and out of ICM.

How is ICM funded?

In most other Permanency Support Program (PSP) placement types children and young people are placed with a service provider who also has primary case responsibility. The service provider receives funding via PSP packages to meet the costs of providing case management as well as services and supports to address the needs of children and young people in their care.

In the Interim Care Model (ICM) children are supported by two agencies, the:

- Agency with Primary Case Responsibility, and
- ICM service provider.

As different PSP packages are paid to both the Agency (with Primary Case Responsibility) and the ICM Service Provider it is imperative that each stakeholder understands the funding arrangements and which costs they are responsible for.

Whilst Primary Case Responsibility may be provided by either a PSP Service Provider or the Department of Communities and Justice (DCJ), unlike a service provider DCJ will not receive any PSP packages.

Service Providers with Primary Case Responsibility

The Service Provider with Primary Case Responsibility receives the following packages to meet each child's assessed needs:

1. Case Plan Goal Packages (Restoration, Adoption, Guardianship, Long Term Care)
2. Baseline - Case Coordination (Not in Placement)
3. Child Needs Packages
4. Other Specialist Packages (as applicable)
 - Cultural Plan (Aboriginal), CALD, 4+ Sibling Placement Option, Complex Needs

DCJ with Primary Case Responsibility

When DCJ holds Primary Case Responsibility they will not receive any PSP packages but will be expected to meet the costs and all tasks associated with Primary Case Responsibility (including case plan goal, child needs and any other specialist packages).

ICM Service Provider:

The ICM Service Provider provides direct care to children in an ICM placement and receives the following PSP packages to meet the child's assessed needs:

1. Baseline Package – Interim Care
2. Other Specialist Packages (as applicable)
 - Complex Needs (for extraordinary costs by approval), would need to be discussed with the DCJ contract manager before utilising funding or making arrangements for services.

What does the funding include?

The Agency with Primary Case Responsibility meets the costs associated with:

- Exit/transition planning
- educational supports¹
- travel and contact arrangements
- outings as part of case management
- life story work
- clinical services (such as counselling, psychology, behaviour therapy, psychiatric care)
- cultural planning and activities
- tasks associated with progressing the case plan goal - family contact, parenting and restoration assessments, genealogy, court related costs, guardianship or adoption applications and assessments, relationship counselling, carer training, Behavioural Support Plans, cultural planning, Family Finding, health and education plans.

The Interim Care Model Service Provider meets the costs associated with:

- needs on a day to day basis including personal care
- extracurricular activities such as sport, recreation, music, lessons and training
- outings
- transport to school and appointments²
- shoes and clothing
- education³
- medical and dental expenses
- additional flexible funding for therapeutic supports and casework.

¹ This may include tutoring, or when a laptop is required as part of an education plan.

² This may be negotiated with the agency with Primary Case Responsibility if scheduling is effected by multiple placements.

³ This may include items such as fees, books, excursions.

What are the minimum service requirements for ICM?

The Service Provider must ensure that the Interim Care homes:

- a) work closely with DCJ and agency with primary case responsibility to facilitate immediate placements
- b) provide a safe and home-like environment for children and young people that facilitates the delivery of age-appropriate activities and experiences. This includes communal indoor and outdoor area
- c) provide opportunities for children to personalise their own space
- d) encourage children to participate in household routines
- e) identify a key primary contact for each child. The primary contact could be, but not limited to, a primary authorised carer, the house parent or case manager. The primary contact should work with the agency with primary case responsibility to coordinate activities and identify roles and responsibilities on the child's entry into Interim Care. The roles and responsibilities should be reviewed as required
- f) provide day to day care and supervision in line with the young person's case plan, as agreed with the agency with primary case responsibility
- g) support children to participate in routines and maintain or develop community relationships, including cultural, sport and other social activities, as agreed with the agency with primary case management responsibility
- h) work collaboratively with the agency with primary case responsibility to support the child or young person's case plan goals, including transitioning to permanency outcomes or foster care placements. This includes providing regular updates to the case managing agency on the child or young person's needs and views
- i) provide stability through a small pool of consistent and appropriately trained staff and/or authorised carers per house who are predictable and reliable
- j) use authorised carers as a preference over direct care staff wherever possible
- k) staff and/or carers are required to provide supervision and support for Children and Young People within business and after hours. Staff and/or carers are also required to provide or arrange transport for Children and Young People when required
- l) ensure staff and/or carers participate in regular house meetings
- m) for models using direct care staff, Interim Care houses must:
 - i. be staffed during the 'day worker' hours (as defined in the Award) or between the hours of 7am to 9pm with a minimum of two staff when Children and Young People are present in the house. This could include Direct Care staff and the house parent.
 - ii. have one sleepover staff member with flexibility for this staff member to undertake an awake night shift when required to meet emergency placement and child-related needs
 - iii. employ one house parent per Interim Care home who will spend the majority of their time on-site. The house parent must have a minimum qualification of a Bachelor's degree.

For further details on primary and secondary case responsibility, refer to the [Permanency Case Management Policy](#) and the [Aboriginal Case Management Policy](#). Further information on PSP Packages refer to DCJ's [PSP Funding Model and Service Packages](#).

Prior to referral: The Agency with primary case responsibility must demonstrate that they have exhausted all steps to secure a more suitable placement and that children will be at imminent risk of entering an ACA if an ICM placement is not secured. A transition plan and exit option along with what is hoping to be achieved for the child within the 3 month ICM placement, must be identified.

Referral for Interim Care Model Placement

| Step 1 | Step 2 | Step 3 | Step 4 |
|---|--|--|--|
| Agency with primary case responsibility Refer child to CFDU for a placement | DCJ CFDU Email to ICRU requesting ICM placement if child meets eligibility criteria: 9-14yrs, low-med CAT, imminent risk of entering ACA. Referral info required: recent CAT, recent CIF, and child profile | ICRU Team Confirm eligibility of child and ICM vacancy. Provide feedback to DCJ or Service Provider and CFDU within 4 hours if eligible ¹ . Send child profile, including CIF and CAT to ICM Service Provider if vacancy available or impending | ICM Service Provider Conduct placement matching and provide response to ICRU within 4 hours of receiving referral ² |

Referral Meeting

A referral meeting may need to be held to discuss the needs of the child, to assist ICM Service Provider to determine matching. This to include agency with primary case responsibility, ICM Service Provider, ICRU, and where possible the child's existing therapeutic supports etc

Extension of placement

ICRU convenes an Extension Review Meeting in weeks 10-11. The agency with primary case responsibility completes the **Extension of Placement form** in preparation for the meeting. ICRU submits the form to the Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services, for approval. In exceptional circumstances, placements can be approved beyond 6 months.

Placement if vacancy is available and accepted

| Step 1 | Step 2 | Step 3 |
|--|--|---|
| ICRU Team Advise CFDU and CW (DCJ/FSP) of placement acceptance | Agency with primary case responsibility Arrange transition of child into placement | ICRU team Support weekly monitoring meetings with ICM Service Provider and relevant casework team |

Please note – It is a requirement of placement, for agency with primary case responsibility and ICM service provider to attend weekly monitoring meetings with. Focus of these meetings to be on the progress of CYP within the placement, progress towards what was hoping to be achieved for CYP, support required and monitoring progress towards transition to a suitable placement. Refer to Monitoring Functions document for further detail.

¹: Dispute resolution or escalation point: should a decision or recommendation be made and there is disagreement this can be escalated through the relevant Directors or Principal Officers for review.

²: Dispute resolution or escalation point: should a decision or recommendation be made and there is disagreement this can be escalated through the relevant Directors or Principal Officers for review.

Prior to referral: The Agency with case management must demonstrate that they have taken all steps to secure a more suitable placement and that CYP will be at imminent risk of entering an ACA if ICM placement is not secured. An exit option and what is hoping to be achieved for CYP within the 3 month ICM placement, must be identified.

Once in Placement

| Step 1 | Step 2 | Step 3 |
|---|---|---|
| Agency with primary case responsibility Is responsible to work with ICM service provider and provide direction on day to day care | ICM Service Provider Provide day to day care for the child in placement, provide weekly communication for progress of the child to agency with primary case responsibility & ICRU, notify Helpline and case managing agency of any incidents ³ | ICRU Team Support and monitor the case work activities for each child to ensure that they are progressing toward their exit plan. |

Points of Escalation

Pathway for escalations during placement:

- Concerns around practice escalate to ICRU > DCJ (MCS), if needed will then proceed to Director/PO
- Concerns with contracting escalate to Contract Manager & ICRU to support resolution
- Critical events to be managed in line with the [Critical Events Policy](#)

Meetings and frequency once child is in placement

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|--|--|---|---|---|
| Prior to entry Transition meeting Plan the timeframe, activities and needs for the child before and once moved into the placement. Chaired by ICRU | Entry & Exit planning meeting Meeting held within first 7 days in placement. Review information relevant to the child and planning for exit. Chaired by ICRU | ICM Goals meeting These meetings will happen at weeks 3, 6, and 9. Measuring casework activities in line with exit plan, time to also escalate barriers. Chaired by ICRU <i>Point of Escalation</i> | Weekly House meetings Weekly meetings where ICM service provider and agency with primary case responsibility meet to discuss how the child is going in the placement, house dynamics and information sharing. Chaired by either ICM Service Provider or ICRU <i>Point of Escalation</i> | Placement Extension meeting This meeting will occur between week 10 & 11 of placement, to discuss the request for extension. Chaired by ICRU <i>Point of Escalation</i> |
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³: PSP Critical events policy <https://www.facs.nsw.gov.au/-/data/assets/file/0004/676453/PSP-Critical-Events-Policy-v02-Oct-2020.pdf>