

LINKS Evaluation: Responses to Recommendations Action Plan

Recommendation		Actions to address recommendation	Implementation timeframe	Status as at November 2020
1. Address early discontinuation and referral appropriateness	1.1 Referrals to LINKS to occur early in a new placement if possible, with clear guidelines about requirements for placement stability	Approval from Commissioning to modify the referral criteria to allow for earlier inclusion in the LINKS program.	As soon as possible	Approved and completed
	1.2 Additional efforts (eg pre-screening assessments, information to referring agencies about how to recognise trauma symptoms) may be needed to reach the intended client group of children , particularly in relation to on-entry experiences of trauma symptomatology	Delivery of training on trauma related behaviours to Caseworkers from FSPs via MS Teams	As soon as is practical for service providers in the local sectors.	Completed - training available via prerecorded webcasts. The webcasts were recorded from live training that has already occurred.
	1.3 Consider the need for a different intake/triage process for those with highly unstable placements at referrals (eg initial family support to stabilise the placement prior to starting a LINKS program, induction session for carers to address mental health or other issues that might impact on placement stability or induce household disruption).	Multiple facets of referrals are considered at the time of intake/triage. If there are obvious alternative pathways that would be more suitable for the young person these are recommended to the Case Worker Through liaison with the Case Worker, re-referral will be accepted if the primary goal of	Ongoing	Ongoing - no additional action required

		treatment subsequently becomes trauma focused.		
	1.4 A carer's induction session , suggested by staff, may be useful to acknowledge and address some of the issues identified under point 1.3 above, regarding household disruption and carers' wellbeing prior to program commencement.	Previously addressed through infographics, fact sheets and videos. Additionally team members extend the timeframe of the first few appointments to help orientate families/caregivers	Provide access to program information to carers prior to their program start	Ongoing - no additional actions required
	1.5 Routine collection of data about who is making referrals into LINKS will assist in understanding about where further promotional targeting may be needed	This information is currently captured within data collection and is available for analysis	Within 1 month	Completed
2. Fidelity and adaption	2.1 Treatment fidelity to be assessed regularly for all therapists, and associated data used routinely to drive practice improvements	Fidelity Checklists for all modalities are utilised. Team reflections within team meetings to improve reporting practices.	Within 3 months	Completed
	2.2 Routine use of the documented enhancements to program materials will ensure the service is ideally suited to fit the cultural needs of Aboriginal and Torres strait Islander clients into the future.	Teams utilise culturally informed aids in their engagement and therapeutic delivery – for example formal aids such as the Winangay cards and informal methods – for example drawing	Current and ongoing	No further action required
	2.3 Consider staff coaching as a specific skill-development approach to enhancing staff use of	TFCBT groups are attended by all MHC/AMHC as skill building supervision opportunities.	Current and ongoing	No further action required

	the treatment programs, in addition to peer and/or clinical supervision	Managers have had completed formal coaching training to develop their skills. PDP for 2020/2021 will be developed by each team member. Penrith Manager will be participating in EMDR and Trauma Informed Supervisor Masterclass		
3. Service integration and enhancement	3.1 Explore ways to improve the system interface between the NDIS and DCJ to better (e.g. more promptly) cater to LINKS clients who have disabilities	LINKS teams regularly liaise with, and utilise the Engagement Team within DCJ	Current and ongoing	Timely referrals are made to NDIS with assistance from DCJ NDIS Engagement Team. No further action required
	3.2 Ensure ongoing demand is being met by scaling up staff training in the 4 programs offered through LINKS	Training is ongoing. All opportunities are being utilised. Scaling up speed is dependent upon funding	Current and ongoing as opportunities allow within COVID context	No additional action required
	3.3 Review the appropriateness of imposed service duration restrictions (ie up to 6 months) in light of client complexity, mid-point increases in some symptomatology (as noted in Report 1), time needed to effectively engage with clients (particularly for Aboriginal and Torres Strait Islander clients where	The 6 months limit is not part of the program any longer. The young person remains in the program until such time as their goals are met.	Ongoing	Completed

	initial trust and rapport building may need additional time), and the demands of the programs (eg delivery of PCIT often requires more than six months-mastery of skills is determined by client's pace of learning).			
4. Continue routine data collection for continuous practice improvement and longer term evaluation	4.1 Adopting a continuous practice improvement approach to client data collection and consideration of program fidelity data, we recommend the establishment of mechanisms for sharing data routinely with clinicians to guide implementation decisions and to promote accuracy and sustainment of data recording.	Data will be collated into dashboards on a monthly basis to share with the teams within team meetings and broader DCJ service as part of the Comms strategy.	Within the next 3 months	Dashboards for monthly and quarterly reporting currently under development and will inform continuous improvement activities.
	4.2 While this evaluation supports conclusions about cost effectiveness of LINKS, and it is likely that the costs to deliver LINKS are likely to be recouped though the reduced costs to the system of lower numbers of placement changes and fewer ROSH reports, these conclusions would be strengthened through consideration of longer term effects. Monitoring the likely health and welfare benefits and	Data can be extracted from CS up until a young person turns 18. Consideration to what conclusions could be drawn might fit well within the current dashboard discussions Liaison with Insights, Analysis and Research	Beginning within the next 3 months	Dashboards for monthly and quarterly reporting currently under development and will include outcomes reporting. Data will enable future economic benefit analysis.

	associated cost savings from participation in the service will contribute to evidence about value of LINKS in terms of lifetime wellbeing of participants.			
5. Scale up	<p>5.1 Given evidence of the effectiveness (including cost effectiveness) of LINKS, extensions of the service beyond the two current locations seems viable. Evidence-based programs offer the best therapeutic solution for highly vulnerable young people living in OOHC, many with histories of significant trauma. The LINKS model demonstrates evidence-based practice in service delivery for this target group, including for the large number of Aboriginal and Torres Strait Islander young people in OOHC.</p>	<p>Funding for LINKS over the forward estimates to 2023-24 was announced in November 2020 as part of the 2020-21 NSW Government budget process.</p>	<p>Ongoing. Continuation of the LINKS program will enable promising early results to continue to be quantified.</p> <p>The scoping for the expansion of LINKS is underway.</p>	<p>Expansion of LINKS is being considered by Child and Family in terms of both:</p> <ol style="list-style-type: none"> 1. The performance of Elver and OurSPACE two additional trauma treatment services at an earlier stage of their lifecycle than LINKS 2. In the context of scoping the insourcing and outsourcing of out-of-home care services. <p>LINKS is currently funded at \$2.8M in 2020-21. Any expansion would require a budget bid as there is no uncommitted funding</p>

				sources to support expansion.
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