

LINKS Process, Outcome and Economic Evaluation (Report 2): Recommendations – Action Plan

	Recommendation	Action	Timeframe for Action
Referral appropriateness	1. Referrals to LINKS to occur early in a new placement if possible, with clear guidelines about the requirements for placement stability.	<ul style="list-style-type: none"> - Roadshow visits to DCJ and FSPs to provide information on LINKS and highlight importance of early referral – link to trauma symptoms - Comms/email message to DCJ and FSPs highlighting this message - Include this information in the referral? - Update web sites – include this info 	Dec 19 - Ongoing
	2. Additional efforts (e.g., pre-screening assessments, information to referring agencies about how to recognise trauma symptoms) may be needed to reach the intended client group of children, in particular in relation to on-entry experiences of trauma symptomatology.	<ul style="list-style-type: none"> - Project to utilise trauma measures and follow up carers rolled out in Western districts –“Early Referral Project” – possible trial in Western Sydney/Nepean that could feed into possible LINKS referral at early stage. - Webinars/presentations on trauma for DCJ and FSPS presented by LINKS clinicians - New LINKS Training and Support (Royal Commission Funded) website – include information about trauma and prompt to refer to LINKS - Articles included in ‘Mental Note’ PSS Newsletter 	Dec 19 - Ongoing
	3. Consider need for a different intake/triage process for those with highly unstable placements at referral (e.g., 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 placements stability or induce household disruption).	<ul style="list-style-type: none"> - Try to capture this when accepting referral – often further discussions with the CW and gathering more info. - Strong links with PSP teams – strengthen this. Regular meetings with PSP. 	Dec 19 - Ongoing

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		<ul style="list-style-type: none"> - Attendance at panels where these may be flagged – ACA Panel. 	
	4. Staff suggested a carers' induction session may be useful to acknowledge and address some of these issues with carers prior to program commencement.	<ul style="list-style-type: none"> - Usually carried out with the clinician initially on a 1:1. - Carers provided with LINKS materials, videos and FAQs at entry to service. 	Ongoing
	5. Collect data about who is making referrals (greater specification for the 'external' category).	<ul style="list-style-type: none"> - Addressed after Report One 	Completed
Fidelity and adaptation	6. Treatment fidelity to be assessed regularly for all therapists and associated data used routinely to drive practice improvement.	<ul style="list-style-type: none"> - Review treatment fidelity checklists in supervision as standing item - Conduct own quarterly reviews of gathered data – reflect as management team and in group supervision as to how to improve on this 	Ongoing
	7. Consider staff coaching as a specific skill-development practice enhancement approach, in addition to peer and/or clinical supervision.	<ul style="list-style-type: none"> - Training tiers for intervention – reaching accreditation and mastery levels eg PCIT and EMDR - Participation in training/supervision groups incorporating role plays 	Ongoing
Improve data collection	8. Include additional categories in the database for 'reason for exit' to assist future data analysis as at present the 'other reason' variable accounts for around 40% of exits.	<ul style="list-style-type: none"> - Addressed after Report One 	Completed
	9. Add additional response options for 'external referral' to better understand who the external source of referral was made by.	<ul style="list-style-type: none"> - Addressed after Report One 	Completed
	10. Ensure completion of all items in standardised outcome measurement tools.	<ul style="list-style-type: none"> - All measures that can be completed are collected at exit 	Ongoing
Service integration and enhancement	11. Explore ways to improve the system interface between NDIS and DCJ to better (e.g., more promptly) cater to LINKS clients who have disabilities.	<ul style="list-style-type: none"> - Utilise the DCJ Engagement team currently involved in supporting DCJ with NDIS roadblocks 	Ongoing

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		<ul style="list-style-type: none"> - Timely delivery of reports to support NDIA applications 	
	<p>12. Review the appropriateness of imposed service duration restrictions (i.e., 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, and the demands of the programs (e.g., delivery of PCIT often requires more than six months – mastery of skills is determined by client’s pace of learning).</p>	<ul style="list-style-type: none"> - Have been more flexible with these restrictions – negotiated previously with TFM governance Team prior to Report One. This has been business as usual in terms of service delivery since that time. - Documentation – noting reasons for extensions and barriers 	<p>Ongoing Addressed after Report One</p>