

LINKS Process Evaluation (Report 1): Recommendations Implementation Report

| Recommendation | Action undertaken | Timeframe for implementation | Status | |
|---------------------------------|--|---|---|--|
| Referral appropriateness | 1. Increase FACS caseworker awareness and understanding of LINKS to promote referral of suitable families. | Communications to the districts and FSPs: Case studies , Information on funding Service parameters | Ongoing Awareness improved but there is still room for more work in this space to capture early entry into care and for young people who have internalising behaviours related to trauma | |
| | 2. Improve documentation requesting referral information about the family. | At the point of referral caseworkers are requested for additional information Referral form modified to include explicit information that the family and young person were aware of the referral | Ongoing | Actions meeting needs |
| | 3. Provide more information to carers from caseworkers at the point of referral. | FAQ document Video Conversations | Provided at the time of first appointment and revisited as required | Actions meeting needs |
| | 4. Increase awareness of the existence of LINKS among eligible carers. | Carers reflecting on their experiences at carer forums Belinda Edwards presented to My Forever Family carer representatives on 6 th March 2020 and provide details for LINKS referral | Ongoing | Actions meeting needs – we now have families initiating discussions with their CW about a LINKS referral |
| | 5. Referrals to LINKS to occur early in a new placement if possible, with clear guidelines about the requirements for placement stability. | Communications to referring services | Ongoing | Some limits to effectiveness due to referrals requiring an outcome through the Children’s Court |

LINKS Process Evaluation (Report 1): Recommendations Implementation Report

| | | | | |
|-------------------------|---|---|-------------------|--|
| | 6. Collect data about who is making referrals (greater specification for the 'external' category). | Met through analysis of database | Undertaken by TFM | M&E team observation: Regarding Recommendations 6 and 7: Some eligibility criteria relevant to this point has changed since report 1 and is discussed in Report 2. The LINKS data capture, created by the M&E team, is 600 columns long and could not be edited. When trying to insert new columns or amend drop down options it would crash. The LINKS service provider has created a new database but this was only implemented at the start of 2020 so new information could not be captured for the evaluation reports as the data extraction date had already passed. |
| | 7. 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. | Database modified | Completed | This recommendation was repeated in report 2 recommendations |
| Carer engagement | 8. Improve carer engagement and involvement in the programs, including for the child-focused programs, to promote maintenance of treatment effects. | Invitation to carers to participate Providing examples of other carer's comments about the benefits of participation Flexible group times and locations outside of CSCs Psychoeducation provide about the usefulness of groups to all carers | Ongoing | Barriers still exist and more thinking is required. Placements in crisis have carers who are at the limit of coping skills |

LINKS Process Evaluation (Report 1): Recommendations Implementation Report

| | | | | |
|---------------------------------|---|---|----------------|--|
| | 9. Consider carer booster training at exit. | Nil action as outside the scope of the pilot | Unaddressed | Will look to offer this after final data collection |
| Cultural appropriateness | 10. Collect and examine data about specific adjustments being made by clinicians to the programs to better understand core elements that are predictors of program success for different groups of clients. | Adjustments for indigenous families – additional time to build relationships | Not applicable | Data is in the data capture for analysis if required. Addressed by PRC in Report 2. |
| Adaptation | 11. Provide clarification to clinicians about core components of each program, and areas where adaptation by clinicians is permitted. | Nil adaptation. This was a misunderstanding by the evaluation team. Rectified after first report | Not Applicable | Addressed by PRC in Report 2. |
| | 12. Adopt a system whereby clinicians keep an accessible, documented record of adaptations made to programs and of the ways such adaptations have been communicated with LINKS team members. | N/A | | |
| | 13. Adopt an objective measure of treatment fidelity (along the lines of observing videotapes, as per EMDR). | Fidelity rating scales routinely used Utilising supervision to reflect on fidelity, barriers to fidelity, and measures of completeness | Ongoing | Ongoing |

LINKS Process Evaluation (Report 1): Recommendations Implementation Report

| | | | | |
|--------------------------------|---|--|-----------|---|
| | 14. Treatment fidelity to be assessed regularly and used routinely to drive practice improvement. | Fidelity ratings used to focus conversations in supervision | Ongoing | This recommendation was repeated in report 2 recommendations |
| | 15. Consider staff coaching as a specific skill-development practice enhancement approach, in addition to peer and/or clinical supervision, if not already offered. | Staff given external training and reflection/coaching space in fortnightly team meetings | Ongoing | This recommendation was repeated in report 2 recommendations |
| Improve data collection | 16. Add additional response options for the 'reasons for exit' question to reduce the number of responses allocated to the 'other' category. | Addressed in data collection | M&E | <p>M&E team's observation: Regarding recommendations 16, 17 and 18): Could not alter the data collection tool (as discussed above). As part of the service provider response to data collection recommendations, they have built a new database in Access to capture additional information and improve data collection overall.</p> <ul style="list-style-type: none"> This recommendation was repeated in report 2 recommendations |
| | 17. Add additional response options for 'external referral' to better understand who the external source of referral was made by. | Modification to data collection completed | Completed | This recommendation was repeated in report 2 recommendations |
| | 18. Ensure completion of all items in standardised outcome measurement tools. | All data is collected where it can be | Ongoing | This recommendation was repeated in report 2 recommendations |

LINKS Process Evaluation (Report 1): Recommendations Implementation Report

| | | | | |
|--|--|---|--|--|
| | | When young person or family declines this is not able to be collected | | |
|--|--|---|--|--|