The Integrated Multi-agencies for 
Parents And Children Together Program

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<tr>
<th>Organisation</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT Health Directorate- Policy and Government Relations (formerly ‘ACT Health Policy Unit’)</td>
<td>Jo Brown, Susan Helyar, Josephine Smith</td>
</tr>
<tr>
<td>Aboriginal &amp; Torres Strait Islander Policy</td>
<td>Vladimir Williams</td>
</tr>
<tr>
<td>Acute Support Program – Community Health</td>
<td>Sue Mander</td>
</tr>
<tr>
<td>ACT Health Directorate- Division of Mental Health, Justice Health and Alcohol &amp; Drug Services (formerly ‘Alcohol and Drug Program – Community Health’)</td>
<td>Carol Guy</td>
</tr>
<tr>
<td>Calvary Health Care Maternity Unit ACT</td>
<td>Daniella Bulic, Sandra Reddy</td>
</tr>
<tr>
<td>ACT Health Directorate- Division of Women, Youth and Children Community Health Programs (formerly ‘Child Youth and Women’s Health Program- Community Health’)</td>
<td>Adele Clifton, Linda McDonald, Jenny McLoughlin, Liz Sharpe, Glen Williams</td>
</tr>
<tr>
<td>ACT Health Directorate- Division of Mental Health, Justice Health and Alcohol &amp; Drug Service, Mental Health (formerly ‘Mental Health ACT’)</td>
<td>Therese Foster, Rhiannon Mulcahy, Keith Smith</td>
</tr>
<tr>
<td>ACT Community Services Directorate- Office of Children Youth and Family Support, Care and Protections Group (formerly ‘Office of Children Youth &amp; Family Support’)</td>
<td>Joe Hutchison, Rosanne Nash, Denise Lamb</td>
</tr>
<tr>
<td>ACT Health Directorate- Division of Women, Youth and Children, Women’s and Babies (formerly ‘The Canberra Hospital Maternity Unit’)</td>
<td>Chris Fowler</td>
</tr>
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Forward and Disclaimer
These guidelines contain information to assist clinicians who are providing care to families in the ACT who experience issues that leave them vulnerable; who are pregnant or have children less than 2 years of age, that have been identified as having a serious mental health issue, or are receiving opioid replacement treatment, who have intensive support needs, and complex issues in their lives.

These guidelines aim to provide a process that will enable clinicians to identify a client who may benefit from a multi-agency response in the provision of their health care. These guidelines will be reviewed biennially and otherwise updated as required. The most current version of the guidelines and the clinician checklist will be available on the ACT Health Directorate website (http://health.act.gov.au) and the Community Services Directorate website (http://dhcs.act.gov.au), and the OCYFS Operational Tool.

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Feedback or comments about this publication can be directed to the Executive Director of Division of Women Youth and Children Canberra Hospital and Health Services, Health Directorate (formerly ‘Child Youth and Women’s Health Program, ACT Health’).
INTRODUCTION

Independent research over the last seven years in neuroscience, developmental psychology, epidemiology, population health, molecular biology and economics has converged identifying that the ‘earliest experiences of children reach long into adulthood’ and that the ‘roots of economic productivity and health risks in adulthood are found in early childhood’ (Norrie McCain, Mustard and Shanker, 2007, P.17). Norrie et.al (2007), concluded that ‘early experiences shape brain development; brain development strongly influences learning, behaviour and health throughout life; the early years including during a woman’s pregnancy are a period of heightened opportunities and increased risks; families and communities matter and early development programs can make significant difference’ (p.54).

The risks for certain infants or children are further increased by parental substance misuse and/or psychopathology that has a considerable impact on the parenting / parented experience. Family violence may co-occur within these families, further increasing the risks to that infant or child.

The interventions required to improve the outcomes for children in families that have multiple and complex problems need to:

- be strengths based
- be targeted but avoid labelling
- be tailored to the client’s needs
- include case management
- have a broad plan (based on the assessment of all the families’ needs) with specific interventions
- provide practical support and access to services

1. Vulnerable Families Project

1.1 Background

In April 2006 the ACT Community Services Directorate, Office of Children Youth and Family Support (formerly ‘Department of Disability Housing and Community Services’) with the support of the Minister Katy Gallagher, commissioned a study into the individual cases of deaths and near deaths of five children in the ACT over the previous 6 months. The Murray-Mackie study was completed in August 2006.

Gwenn Murray, a criminologist, and Craig Mackie, a lawyer, who are nationally recognised experts in child protection and child death review are the authors of the study. Specifically, Gwenn Murray and Craig Mackie were commissioned to conduct a study of five young children, 3 of whom had died and 2 who had experienced near death situations while in the care of their natural parents. Recommendations were made as a result of this study and specifically to address the:

- interaction between and coordination of various government services
- needs of very young and unborn children including the need for legislative change to support pre-natal reporting of suspected abuse
- specific needs of children affected by family violence and parental substance abuse
- need for specific policy, practice and training of staff in best practice responses to very young children
- need to focus on child centred practices, collaborative practices and improved reporting and information systems.

The Murray-Mackie study specifically draws attention to antenatal reporting, vulnerable infants, drug-affected babies, discharge meetings at hospitals, urine and medical testing of children and the enforcement of urine testing of parents.

The Vulnerable Families Project was based on the recommendations of the Murray-Mackie Study, the ACT Children’s Plan, and ‘Turnaround’ principles, and adopted by the ACT Government in the establishment of the program. The project is a partnership between ACT Health Directorate and the ACT Community Services Directorate- Office for Children, Youth and Family Support and also includes General Practice and Community Pharmacy.

1.2 Target population

The Vulnerable Families Project is an innovative, ACT Government initiative aimed at improving the service system response for pregnant women, their partners and their families who have been identified as having a significant mental health issue, and/or are receiving opioid replacement treatment, whose complex issues and intensive support needs indicate the need for a multi service response.
2 The Integrated Multi-agencies for Parents and Children Together (IMPACT) Program

2.1 Background

The Vulnerable Families Project created the IMPACT Program. The IMPACT Program is not a standalone service, but a system wide approach, which facilitates agencies and services to work collaboratively, within a set of agreed principles, to better meet the needs of vulnerable families. The Vulnerable Families Project was an integrated initiative supported by:

- An ACT Government commitment
- Sponsorship by the Director General of ACT Health Directorate
- A high level cross-sectoral steering committee
- A governance structure for the model

A good practice framework outlines the core principles, and the code of practice puts these principles into practice. By working at all of these levels in the service system, the Vulnerable Families Project aims to achieve system change as well as achieving improved outcomes for the client.

2.2 Access to the IMPACT Program

Any agency, a client, or their family, may initiate a referral to the program. The IMPACT Coordination and Liaison Service can assist all of the agencies to complete a referral. Referral to the program is voluntary and requires the consent of the client. The IMPACT Program is a long-term approach for services working with the client during a pregnancy or until the youngest child turns 2 years of age. The Program targets improved service coordination and response in order to achieve the outcomes that have been developed in collaboration with the client.

2.3 Eligibility Criteria

The IMPACT Program provides the coordination of care to clients who are active clients of Mental Health within the ACT Health Directorate- Division of Mental Health, Justice Health and Alcohol & Drug Service and/or clients who receive Opioid Replacement Treatment, who are pregnant or have children less than two years and who:

- Have a constellation of risk factors that increase the likelihood of reducing their child’s safety and wellbeing
- Require additional assistance to access, negotiate, mobilise and maintain involvement with services

2.4 Philosophy of the IMPACT Program

The philosophy of the IMPACT Program includes the following:

- A belief that in the ACT, keeping children safe is a shared community responsibility
- A commitment to the right of children to live with their families and to be protected by them
• A commitment to offering a collaborative, multidisciplinary team approach to providing services that reduce the risks of harm due to external factors that impact on parents ability to care for their children
• A focus on, and commitment to, early intervention in the lives of children
• Acknowledges that the health and wellbeing of parents is a significant factor in parenting
• Effective case management and coordination
• A commitment to building upon and sharing skills, expertise and knowledge within the multidisciplinary team across sectors
• Collaboration across government and non government organisations in the ACT as issues are often too complex for any one agency to address alone

2.5 IMPACT Program Code of Practice

This Code of Practice underpins the IMPACT Program and puts into action the principles of the IMPACT Program known as the ‘Good Practice Framework’. This aims to build a practical and achievable code of practice for agencies working together with clients referred into the IMPACT Program. It has been based on the best practice principles developed by the “Turnaround” Program and is consistent with the vision for children cited in the ACT Children’s Plan.

The Code is used:
• To build responsiveness to the needs of families who experience issues that leave them vulnerable
• To assist and support these families as early as possible in the emergence of problems by linking them with services to strengthen child, youth and family functioning
• To assist agencies and workers working with these families in the program to develop a community of practice around integrated service delivery
• To provide practical assistance for workers in their partnerships with other services
• To make a contribution to addressing system change.

This Code of Practice attempts to articulate what is required to achieve genuine system change and to conceptualise the IMPACT Program as an integrated approach to service provision. As this is not a stand-alone support service, all agencies involved are an integral part of the IMPACT Program.

2.6 Principles of practice framework for the IMPACT Program

The principles of practice include:
1. Community based response
2. A commitment to planning
3. Clients and their families are active partners in the process
4. Child centred practice
5. Strength based
6. Multi-disciplinary team approach
7. Commitment to service
8. Cultural competence that recognises diversity
9. Strong collaboration that is based on mutual respect and active participation
10. Early identification and timeliness of response
11. Outcome focused.
2.7 Policies and Procedures

The three overarching documents that support the philosophy, principles and practices of the IMPACT Program and acknowledge the shared responsibility for promoting positive outcomes for children and young people in the ACT are:

- Sharing Responsibility: Service Partnership Agreement between Department of Disability, Housing and Community Service and ACT Health (2007)
- Sharing Responsibility: a framework for service collaboration for the care, protection and well-being of children and young people in the ACT (Nov. 2005)
- Memorandum of Understanding between ACT Health and the ACT Department of Disability, Housing and Community Services 2009-2011: A joint approach to the investigation of adverse events that involve care managed by ACT health and the Department of Disability, Housing and Community Services.

The relevant legislation supporting Information sharing and documentation is:

- The Children and Young People Act (2008)


2.8 Mandatory Reporting

Within the IMPACT Program, mandatory reporting under The Children and Young People Act (2008) is an individual obligation that applies to specified health professionals and people that provide services directly to children. Whether an obligation to report arises depends on the individual. If the individual forms a suspicion that a child is at risk, on reasonable grounds, then the legal obligation on the reporter is triggered. The reporter is not obliged to make a report if they reasonably believe that a report about a child arising from those circumstances has already been made.

The overarching policy that supports staff in ACT Health Directorate is:

- Child Protection Policy (2013)
3. The IMPACT Model

3.1 Background

The IMPACT Model consists of a number of elements. These include the:
- IMPACT Partnership Meeting
- IMPACT Multi-agency Meeting
- IMPACT Coordination and Liaison Team.

The IMPACT Program is under the operational Governance of the Division of Women, Youth & Children Community Health Programs (WYCCHP). The IMPACT Model relies on working collaboratively across government and non-government agencies in the ACT to provide integrated services and supports to the target group by engaging with:
- Lead Agencies (see definition)
- Key Worker/s (see definition)

3.2 IMPACT Partnership Meeting

The role of the meeting is:
1. To continue to develop and maintain strong partnerships with participating organisations for the IMPACT Program across the Health Directorate, the Office for Children, Youth and Family Support, General Practice, Community Pharmacy and Winnunga Nimmityjah Aboriginal Health Service.
2. To monitor, review and promote best practice for the target population within agencies and across government and non government sectors.

The IMPACT Partnership Meeting aims to work collaboratively in partnerships that encourage the provision of integrated services, and to promote consistent policies and procedures across partnerships to ensure the exchange of information and service provision. The meeting provides a forum for system issues that are unable to be resolved by the IMPACT Program Multi-agency Meeting or IMPACT Coordination and Liaison Meeting

Other information:
- The meeting is Chaired by the Director Community Health Programs, Division of Women, Youth and Children Community Health Programs
- The Membership includes representatives from the Health Directorate including Alcohol and Drug Services, Mental Health, and Women Youth and Children’s Health, as well as the Community Services Directorate, General Practice, Community Pharmacy and Winnunga Nimmityjah Aboriginal Health Service.
3.3 IMPACT Multi-agency Meeting

The IMPACT Multi-agency Meeting has both governance and client focused roles and responsibilities.

The roles and responsibilities of the meeting include:
- Discussing each family’s service provision and support options, taking into consideration the family’s self identified goals/needs
- Processing the information collected by the IMPACT Program to allow informed decision-making
- Identifying or clarifying the lead agency and key worker
- Contributing to the development and review of individualised IMPACT Plans and Transition / Exit plans that brings together a range of services and support agencies. Exit planning will begin on entry into the program
- Information sharing, including multidisciplinary risk assessment and monitoring
- Acting as a reference group and a source of advice and support for lead agencies and key workers in their service provision
- Sharing information in a collaborative, integrated way for the benefit of the family
- Mutual accountability and shared responsibility for the planning and review of client service provision.

The Multi-agency Meeting membership includes senior clinical and middle managers with decision-making and resource allocation delegations.

3.4 Lead Agency

A lead agency has the primary case management responsibility, including funding, accountability and service delivery.

The roles and responsibilities of the lead agency are:
- Demonstrating a commitment to client service provision by providing the resources that are required to implement the IMPACT Plan. This includes staff education, training, clinical supervision, debriefing, and provision of services that reflect best practice
- Ensuring continuity of care and where possible the continuity of worker
- Working in partnership with other agencies or organisations
- Providing an ‘alert’ to the IMPACT Program and other involved agencies as required if there are specific concerns
- Facilitating the development and implementation of the holistic individualised IMPACT plan for individuals and their families that meets their identified needs
- Implementing agreed review processes including reporting procedures or guidelines
- Managing difficulties that may arise, in accordance with their standard procedures
- Implementing and monitoring agreed file and data management practices
- Ensuring the caseloads of key workers allow time for collaborative practice and the intensive work required for the client group
3.5 Key Worker

A key worker is a worker within an agency that has the primary responsibility for the implementation of a client’s management plan.

The roles and responsibilities of the key worker include:

- Being aware of community resources and appropriate referral pathways
- Engaging with IMPACT Program clients according to the principles of the program
- Ensuring the client is kept fully informed about the IMPACT Program processes and any changes in their service provision or supports
- Assist the IMPACT Program client to develop their IMPACT Plan and to make decisions that are in the best interest of their unborn infant or child
- Coordinating, implementing and reviewing the IMPACT Plan to meet the client’s identified needs.
- Work in partnerships with other agencies through case management, information sharing and liaison.
- Providing ongoing assessments, reviews and formal feedback to the IMPACT Program, about amendments to, progress of their clients IMPACT plan and any unresolved program issues
- Providing a central point of contact for the client and other agencies providing their service provision and supports
- Conducting case conferences ensuring that they are a positive experience for all participants
- Facilitating communication between the team members and assisting with program issue resolution

Where a client has more than one key worker, close liaison is required to ensure that a collaborative and integrated approach is reflected in the management plan. Roles and responsibilities are to be clearly defined to prevent duplication of services and conflicting information or advice.
4. The IMPACT Pathway

4.1 The IMPACT Coordination and Liaison Team

This program consists of a multidisciplinary team. The team meets on a fortnightly basis for a Coordination and Liaison Team Meeting which aims to promote the coordination, planning and implementation of service provision to families within the target group. The meeting aims to work in partnership with target families being mutually accountable with shared responsibility to improve the antenatal care of pregnant women and the safety and well being of their infants once born.

The roles and responsibilities of the IMPACT Coordination and Liaison team include:

1. Facilitating the provision of collaborative and integrated services
2. Standardising assessment & referral information
3. Centralised coordination
4. Collaborative planning
5. Standardising forms and systems
6. Quality control and evaluation
7. Shared professional training
8. Participation in relevant research

IMPACT Program Coordinator responsibilities include:
- Collect and collate assessments and service provision information for presentation at the IMPACT Program Multi-agency Meeting
- Share information within the program in an clearly defined way
- Identification of the key worker and lead agency
- Contribute to the identification of service provision options and the IMPACT Plan
- Collect data and maintain a health record for all clients of the program
- Provide a central point of contact and act as a resource
- Commence discharge planning at entry and review on exit from the program
- Provide interim case management for those clients who are not already actively engaged with a service provider
- Provide education to assist key workers in their management of IMPACT Program clients
- Provide feedback to referrers
- Secretariat to the IMPACT Program Multi-agency Meeting

IMPACT Program Liaison Officers responsibilities include:
- If no key worker or lead agency has been identified on referral assist with identification
- Provide a central contact point and resource for key workers within their organisational area
- Share information within the program in a clearly defined way
- Act as a conduit between their organisation and the IMPACT Program
- Provided education to assist key workers in their management of clients with the IMPACT Program
- Collect data for the program
4.2 Referral

Referrals are made to the IMPACT Program by e-mail, fax or by phone using an IMPACT referral form. (See Appendix B: IMPACT Consent, Referral, Assessment form).

- Consent for referral and information sharing is required at the point of referral
- The referrer is to provide comprehensive assessment information as available. This will reduce the need for reassessment, facilitating early intervention and interim case management. The referral includes the client’s identified needs or goals, in order of priority, to assist the IMPACT Program to focus on the client’s individualised service and support options. See Flow Chart 2: IMPACT Pathway. P.20.

4.3 Eligibility

The IMPACT Coordinators assess referrals against the program eligibility criteria. If eligibility is uncertain, the Coordinators may choose to take it to the Manager of Child Health Targeted Support Services, and/or the referral may be tabled at the IMPACT Coordination and Liaison Meeting and/or the IMPACT Multi-agency Meeting for discussion. If a client is deemed to be ineligible, feedback is given to the referrer about other possible service and support options.

New referrals will be prioritised according to:
- Risks associated with a pregnancy that decrease the likelihood of optimal outcomes
- Age of the infant as the younger the infant the higher the vulnerability that may be experienced
- Level of vulnerability and need within the family shown by the balance between risk and protective factors experienced by the family

If eligible, the IMPACT Program collects the information required to coordinate care. This information is collated into a report for the IMPACT Multi-agency Meeting.

4.4 Partnership Agreement

Once eligibility is established, the IMPACT Program Coordinator will contact the family to clarify how information will be used within the IMPACT Program and initiate a partnership agreement. The partnership agreement specifies the principles that will be used to promote active partnership between families and the program. See Appendix C: IMPACT Program Partnership Agreement.

4.5 Engagement

Following referral, the IMPACT Program will offer families assistance through the existing service networks. Assertive outreach gives families time to make the decision to engage with the IMPACT Program. The coordinators will be available for joint visits if key workers require their assistance. Assertive outreach can be facilitated by:
- Offering the family a home visit where necessary or an appointment as soon as possible after referral
- Offering appropriate referrals to existing services
If contact by the IMPACT Program is declined by the client, permission is obtained from the client to re-establish contact at a later stage. This information will then be relayed to the referrer. If the family contacts the IMPACT Program at a later stage, the referral will be given priority.

If initial contact is unable to be established (after at least three attempts) between the IMPACT Program and the referred individual / family, an attempt is made to set up a joint visit / appointment with an existing service provider to facilitate consent. If this is unsuccessful a standardised letter inviting contact will be sent and feedback will be provided to the referrer.

4.6  Assessment

The assessment process begins at the point of referral. The referrer will have gained client / consumer consent for any recent assessments to be shared with the IMPACT Program at the point of referral. This will allow the IMPACT Program to gain access to current information without the need for reassessment. The IMPACT Coordinators collect and collate information from the referrer, the client, government and non-government services. This information is tabled at the Multi-agency Meeting to facilitate discussion and the identification of individualised service and support options.

4.6.1 Assessment principles and procedures

The most recent assessment is to be provided at time of referral. Consent by the client/ consumer is obtained prior to referral for the sharing of assessment information within the IMPACT Program. This will ensure that upon receiving the referral, the IMPACT Program is able to access any current assessments to avoid the need for reassessment. If there is no recent assessment available, the referrer is requested to complete the IMPACT Assessment on the IMPACT Program Consent, Referral and Assessment form. The IMPACT Program can provide limited assessments for clients who are yet to access ACT services.

4.6.2 Specialist assessments

Within many agencies, specialist assessments are completed to facilitate specialist service provision. These assessments are not usually shared. With the consent of the client, the IMPACT Coordination and Liaison team aims to collect and share this information within the treating team to inform service providers of the needs arising from a specialist assessment and to reduce the likelihood of clients receiving conflicting clinical advice from multiple service providers.

The IMPACT Coordination and Liaison team are able to assist with the collation of specialist assessments if available. These specialist assessments may include:

- Alcohol & Drug Assessment
- Mental Health Assessment
- Maternity Record and/or assessment
- Maternal & Child Health Assessment
- Child Protection Risk and Needs Assessment
- Allied Health Assessment
- Edinburgh Depression Scale (EPDS)
4.7 Interim Case Management

Following acceptance into the IMPACT Program, interim case management will be provided for those clients who are awaiting the provision of services from an ACT service provider. This will enable early intervention strategies to be implemented prior to the Multi-agency Meeting. This interim period is from the point of referral until the initial Multi-agency Meeting, at which time case management will be handed over to the lead agency and key worker.

4.8 The IMPACT Multi-agency Meeting

The Multi-agency Meeting is one of the key strategies to facilitate the collaboration and integration of services and supports to clients. The IMPACT Program Coordinator convenes the Multi-agency Meeting. It occurs twice a month for two and a half hours. It provides a forum for discussion of information provided by involved government and non-government services to identify options to meet the clients identified needs and goals. The membership of the meeting includes government health services likely to have contact with the client and the IMPACT Program team. Documentation completed for and reviewed at the meeting includes:

- Multi-agency Meeting Attendance Form (see Appendix D)
- IMPACT Plan (see Appendix E)
- Submission Form (see Appendix G)

4.8.1 Initial referral

The IMPACT coordinators present new referrals to the meeting. The referrals are discussed, service and support options identified, and the key worker/s and lead agency clarified.

4.8.2 Service and support options

Using the information identified by the individual / family on the referral form and through the assessment process with the Partnership Agreement, the Multi-agency Meeting will explore the needs of the family and make recommendations of services and support options available. This information is documented on the proposed IMPACT Plan (see Appendix E). After the meeting, the Plan is provided to the lead agency / key worker. The key worker will meet with the individual / family to provide them with a copy of their plan and discuss the recommendations identified. The key worker will feedback as required to the IMPACT Coordinators.

4.8.3 Reviews

Clients due for review are discussed at the IMPACT Multi-agency Meeting. Reviews are generated in two ways. Reviews can be according to a:

- Regular schedule of reviews of the IMPACT Program (See Appendix F: IMPACT Review Schedule) or
- ‘Out of sequence’ review ‘triggered’ by a request from a key worker or the IMPACT Coordinators
The IMPACT Multi-agency Meeting schedules initial review dates. Prior to the IMPACT Multi-agency Meeting, the IMPACT Coordinators reviews the progress of the IMPACT plan, using information provided by involved agencies on Submissions to Multi-agency/Conference / Family Meeting (see Appendix G). This notes the most recent information on clients including planned follow up. The outcome of this review is recorded on a revised IMPACT Plan and distributed to all involved agencies after the meeting.

4.9 Case Conferencing / Family Meetings

Case conferences / family meetings are an integral part of the case management and the review processes used by the IMPACT Program. Clients are more likely to be committed to a plan if they have been actively involved in its development. It is important that they be given every opportunity to actively participate and contribute to the decision making process. The IMPACT Program encourages workers to convene case conferences / family meetings to promote effective collaboration, using clear and open communication between services and professionals. IMPACT Program encourages the inclusion of the client in the process to progress service and support options that meet the needs of families.

Case conferencing is particularly useful where:
- A significant change in a clients circumstances occurs
- There is change in plan direction or in the level and type of service and support provision required
- Decisions need to be made

The outcomes of case conferencing or family meetings will be integrated into the IMPACT Plan

4.10 IMPACT Program transition and exit planning

Clients will exit from the program in a planned manner for a number of reasons, including:
- Moving interstate
- The youngest child turns 2 years of age
- The youngest child has been placed in a final out of home care arrangement

Clients may also exit from the program in an unplanned manner, including
- The client withdraws consent to participate in the program
- The client is no longer able to be contacted and ceases engagement with all known services

If exit planning is declined or unable to proceed, or the client exits in an unplanned manner, the exit is identified as an “Unplanned Exit”. See 4.10.4

Clients typically require transition planning at times when they move between operational areas (e.g. postnatal discharge from hospital to community based services).

When clients’ transition / exit from the IMPACT Program, it is important that emphasis is placed upon the acknowledgment and celebration of the client’s journey and success.
4.10.1 Purpose of transition and exit planning

The purpose of transition and exit planning is to implement consistent planning processes, streamline documentation, client / consumer information ensuring the best possible outcome for the client / family.

These processes are underpinned by the following values:
- A client / consumer focus
- Clear communication processes and tools
- Shared responsibility by all involved in providing services and support to the client that is collaborative and integrated
- A focus on quality, safety and risk management
- A focus on timeliness and efficiency
- Clear role delineation for staff

Staff work within the framework of a multi-disciplinary and multi-agency team to consider and manage all aspects of the transition and exit planning process. It is, however, coordinated between the IMPACT Program Coordinator and the lead agency / key worker who are responsible for ensuring that all aspects of planning have been addressed and must include:
- A focus on tailoring transition and exit planning to suit individual client / consumer needs or goals
- A continuum of care approach with a primary care focus
- Discussion at the IMPACT Multi-agency Meeting
- A case conference convened by the lead agency if appropriate

4.10.2 Key principles of a Planned Exit or Transition Planning

The key principles for the effective transition or exit from the program are outlined in Principles of Practice Framework (Refer to section 2.6 Code of Practice). These principles are often supported by the operational guidelines of the involved agencies and are to be used in conjunction with them.

4.10.3 Processes for a Planned Exit or Transition Planning

**Client focus and participation**
The engagement and participation of clients and, with consent, their significant others, is central to the planning of a safe and appropriate transitions or an exit from the program. Clients and their significant others will receive information, advice and education to enable them to understand and contribute to their individualised transition / exit plan and make decisions for their future.

**Transition Planning**
Transition planning is offered to clients and may require a case conference or professionals meeting. The outcomes of these meetings are integrated into the IMPACT Plan. Clients / families or service providers receive increase contact from the IMPACT Program during times of transition in an effort to facilitate the process.
Exit Planning
All clients are offered exit planning ideally prior to the proposed exit date. The process is usually completed between the IMPACT Program Coordinator, the client and the key worker. The IMPACT Program recognises the importance of acknowledging the client’s journey and their achievements while with the program. The ongoing needs of the client are identified by the client and discussed. Actual or potential service or support options are explored. Information is summarized on the Transition / Exit Plan (see Appendix H) which is completed and signed off by the client.

If a client is on Opioid Maintenance and transitions / exits then the IMPACT Alcohol and Drug Liaison officer is responsible for ensuring that services are transferred between pharmacies or interstate if required. The lead agency or key worker will notify them of the client / consumers requirements.

IMPACT Multi-agency Meeting
The Transition / Exit Plan is then presented at the IMPACT Program Multi-agency meeting where it is discussed and endorsed. A copy of the plan is then distributed to all involved agencies. The Exit process can be completed at a home visit or over the phone with the client. The Multi-agency Meeting may choose to endorse a client exit to occur out of session without further presentation to the meeting.

4.10.4 Unplanned Exit
An unplanned exit occurs when a client withdraws consent to participate in the IMPACT Program and is unwilling to discuss future planning or withdraws from services and is unable to be contacted after three attempts. On these occasions the involved agencies and the Multi-agency Meeting are notified of the client’s exit from the IMPACT Program. If the lead agency / key worker / worker is known to have ongoing contact they are contacted by phone and asked to notify the client of the exit and offered any assistance / information requested. This is recorded as an “Unplanned Exit” on the IMPACT statistical database.

4.11 IMPACT Program Re-entry
A client / consumer can re-enter the IMPACT Program at any time until their youngest child is two years old. The need for re-assessment will depend on the circumstances of the client at the time of the re-entry.
Flow Chart 1: IMPACT Pathway

Client
---
Referral Agencies
---
Referral

**IMPACT Program**
- **Contacts** the client to consent and identify their needs.
- **Collects assessments and other information** from: referrer; government / non-government agencies; health professionals; key worker/s; Community Pharmacy and General Practitioner.
- General assessments and specialist assessments are collected.
- New referrals prepared for presentation at the IMPACT Multi-agency Meeting
- Interim case management is instigated if required. Priority appointments or home visits e.g. social worker, antenatal visits are arranged

**IMPACT Program Multi-agency Meeting**
- Presentation of new referrals to the meeting by IMPACT Coordinators
- Review and discussion of existing client IMPACT Plans utilising the information provided by involved agencies. Further service and support options may be identified and suggested for the IMPACT Plan.
- Confirmation of Lead Agency / Key Worker for each client.
- Consensus is reached about the IMPACT Plan and a review date is set.

**Service & Support Options**

**Lead Agency – Key Worker**
- identification of a Key worker
- Negotiate IMPACT Agreed plan with client and other agencies
- Case conferencing if appropriate
- Implementation of the IMPACT Plan
- Review of IMPACT Plans

**Key worker** negotiates service & support options with client and agencies involved. Instigates other referrals if appropriate – creation of an initial IMPACT Plan – agreed by client and team

**IMPACT Plan**

**Implementation of the IMPACT Plan:**
- Review of plan with client and agencies involved. Notification of non-compliance / other issues to IMPACT Coordination and Liaison team and if required the IMPACT Multi-agency Meeting. Case conferencing may occur if required.
5. COMMUNICATION & ACCESS

5.1 Active engagement strategies

The IMPACT Program is voluntary and active engagement strategies will be used to raise the rate of participation of the client target group in the program. This is essential for the successful coordination of service and support options to improve the outcomes of children within targeted families. To maximise the participation in and retention to the IMPACT Program, various strategies suggested by Watson (2005) will be used:

- Provide a central point of contact for advice and information for the service provision / support for the target group
- Accept referrals and providing feedback and advice as required
- Provide a timely response and sensitive follow up after prioritisation
- Provide practical support as early as possible
- Offer individualised services especially during times of transition
- Provide sustained individualised contact with clients and service providers through pregnancy and up until the infant is 2 years of age
- Offer services that facilitate easy access including home visiting, community outreach at a mutually agreed venue, co-location of services, weekend / evening services, brokerage or free childcare
- Provide services that are respectful, supportive and non-punitive
- Facilitate family empowerment by involvement in decision making that includes family goals / needs and matching these with available resources thus setting reasonable and realistic expectations for all parties
- Facilitate standardised review and transition processes
- Promote the IMPACT Program to create community awareness
- Ensure workers receive adequate training (including cultural appropriateness), have manageable caseloads and receive adequate supervision and support
- Utilise joint protocols to facilitate consistent information, service provision and support across sectors
- Engage with key service providers as partners
- Reminder of appointments and frequent contact

5.2 Brokerage

Brokerage funds are designated funds made available to purchase, organise and manage the delivery of services or supports to address the individual needs of the client. It enables a more individualised response to families. There is no brokerage available within the IMPACT program but the IMPACT Program Coordination and Liaison Team will provide referral information to agencies / workers to assist in accessing brokerage funding if possible.

5.3 Specific populations

In the ACT there is a wide range of cultural and linguistic backgrounds including Aboriginal and Torres Strait Islander populations. Within these backgrounds is a diversity of socio-economic status, educational level, religious practice, political views and cultural beliefs.
Culturally appropriate enquiries may need to be made to identify the impact of this diversity on families and their children. Specific service providers or interpreters may need to be used to assist with communication, identification of appropriate service / support options and plans that are acceptable to individuals or their families. Professional interpreters will be offered to families where English is identified as their second language.

5.4 Consumer and system feedback mechanisms

Within the IMPACT model are processes for consumer and system feedback. These processes are used by the service for quality control and service improvements. The mechanism integrates the ACT Listening and Learning Framework within the IMPACT Governance structure. See Flow Chart 2. Consumer and System Feedback p.23.

5.5 After hours service provision and crisis management

The IMPACT Program is a coordination service and does not provide after hours or crisis services. These services are provided by a variety of service providers specified in Section 7.

5.6 Education strategy

Education will be provided to staff in the Health Directorate, other agencies and non-government organisations to provide information about the service, referrals and processes. Existing educational and meeting structures will be utilised by IMPACT Program team members in their operational areas. Presentations will be made to non-government agencies. These presentations will be supported by written information.
Flow Chart 2. - Consumer and System Feedback

Director Community Health Programs, Divisions of Women, Youth and Children Community Health Programs

If unresolved

IMPACT MULTI-AGENCY MEETING

If unresolved

IMPACT MULTI-AGENCY MEETING

Unresolved

MEDIATION

Resolved

IMPACT PROGRAM
ACT Listening and Learning Framework

KEY WORKER

VERBAL COMPLAINT / FEEDBACK

WRITTEN COMPLAINT / FEEDBACK

CLIENT

SYSTEMS ISSUES

IMPACT PROGRAM

Director Community Health Programs, Division of Women, Youth and Children Community Health Programs
6. STAFFING AND INFRASTRUCTURE REQUIREMENTS

6.1 Staffing

The program is staffed by a small multidisciplinary team of professionals that functions as the IMPACT Coordination and Liaison Team. The coordinators and liaison team members can provide outreach into clinical areas and client homes.

The IMPACT Program is under the operational Governance of the Division of Women, Youth & Children Community Health Program (WYCCHP). The coordinators are located with the Child at Risk Health Unit (CARHU) at the Canberra Hospital and the liaisons are located within their service.

The coordination service comprises of two FTE RN 3 / HPO4 positions. The associated liaison team comprises of three 0.6 FTE R/N 3 / HPO4 positions:

- 0.6 FTE Mental Health worker;
- 0.6 FTE Alcohol & Drug worker and
- 0.6 FTE OCYFS worker.

6.3 Clinical Supervision and support

Clinical supervision is essential to the development and maintenance of the high standards of professional service. The amount and type of supervision provided will vary according to services and professional groups. The clinical supervision of staff is provided within clinical areas as per workplace requirements. The IMPACT Program will provide information, advice and support to key workers participating in the program.

6.4 Workplace safety

The Community Services Directorate and the Health Directorate are committed to providing and maintaining a healthy and safe workplace. Both Directorates recognises that the health, safety and welfare of employees, contractors, clients / consumers, carers and visitors are of primary importance. The health, safety and welfare of employees, contractors, and others in the workplace is as important as the safety of our clients, our responsibilities for service delivery and operational management. All staff employed by the Health Directorates are required to adhere to the Occupational Health and Safety Policy.
7. AFTER HOURS OPTIONS

**Mental Health**
Mental Health Crisis Team ACT Phone: 1800 629 354
Hour of Operation: 7 days a week for 24 hours a day
Services provided: assessments, intensive treatment and support to consumers of the ACT.

Mental Health Triage NSW Phone: NSW 1800 677 114

**Alcohol & Drug Services**
Alcohol & Drug Service ACT Phone: 6207 9977
Hours of Operation: 7 days a week for 24 hours
Services Provided: Information and support

**Care & Protection Services**
Care & Protection Services ACT Phone: After Hours 1300 556 729
Hours of Operation: Before and After hours options
Services Provided: Information and Advice

N.S.W. DOCS Phone: 13 2111

**Parenting – Health Direct**
Hours of Operation: 7 days a week for 24 hours
Services Provided: Medical advice and general information regarding health

**Maternity Services**
Delivery Suite - The Canberra Hospital Phone: 6244 2222
Calvary Health Care Phone: 6201 6111
Hours of Operation: 7 days a week for 24 hours
Services Provided: Information and service provision

**Emergency Departments**
The Canberra Hospital Phone: 6244 2222
Calvary Health Care Phone: 6201 6111
Hours of Operation:
Services provided: Emergency medical care and support, psychiatry liaison; Social work (TCH)

**Poisons Information Service - National** Phone: 13 1126
Hours of Operation: 7 days a week for 24 hours
Services Provided: Poisons Information Enquiries

**Domestic Violence** Phone: 6280 0900
Hours of Operation: 7 days a week for 24 hours
Services Provided: Information and Support

**Lifeline** Phone: 13 1114
Hours of Operation: 7 days a week for 24 hours
Services Provided: Information and Support
APPENDICES

Appendix A: The IMPACT Program Principles in Practice

The following outlines what each of these principles mean in practice.

1. Community based response

   It is important to recognising the community context in which families who experience issue which may make them vulnerable live. We will so this by:
   - Identifying and recognising relevant social supports for clients and their families and find ways of including them positively in the IMPACT Program client’s life
   - Working actively with the IMPACT Program client to build on natural supports within their families and social networks
   - Working with family connections to encourage and support good relationships
   - Working respectfully and non-judgementally with clients, their families and social networks
   - Work through the IMPACT Partnership meeting to build understandings and commitment to IMPACT Program clients across government and non-government sectors.

2. A commitment to planning

   Planning together will be a key feature of our work and this will include:
   - Developing a partnership with the client, their natural supports, organisations/agencies involved and the IMPACT Program to establish ways of doing things well
   - Contributing to the development of a mutually agreed plan for each IMPACT Program client, that is clear about decision making and individual roles and responsibilities
   - Collaborating in assessment, planning and review of plans including participation in relevant family and professional meetings
   - Communicating with other agencies any relevant changes or developments that affect the client’s IMPACT plan
   - Contributing to the development of shared protocols for information sharing and decision making, and working within these protocols
   - Working through the IMPACT Multi-agency and Steering Committee meetings to evaluate service provision and to address systemic issues that interfere with collaborative ways of working

3. IMPACT Program clients, their families and key supports are active partners in the process

   We will ensure that this is achieved by:
   - Building on the strengths of IMPACT Program clients, their families and natural supports actively involving them in identifying their strengths, needs / goals and responding to their ideas and initiatives
   - Establishing creative ways to involve IMPACT Program client’s families and key supports to ensure they are supported to assist the client.
   - Being proactive about seeking the agreement of the IMPACT Program client to share information with their family, key supports
and with other agencies, in accordance with the Privacy Act and other relevant legislation

4. Child Centred Practice

Child Centeredness recognises the child needs to be parented in the context of the family and a community. Child centred practice requires:

- Recognition of the critical time frames in childhood including assisting children and young people as early as possible – early in life and early in the life of the problem (National Crime Prevention, 1999)
- Taking into account the developmental needs of children in all interventions
- Promoting a collaborative approach to influencing children’s multiple environments (family and home, school, community and society) and their interaction

Principles that guide practice (Institute of Child Protection Studies):

- Special attention should be given to link very young children and their families with services and supports to strengthen children’s physical, cognitive and social functioning.
- Every effort should be made to assist and support children as early as possible in the emergence of problems by linking them with services to strengthen child, youth and family functioning.
- Assessment processes, actions, decisions and planning involving children should take account of their developmental level across a spectrum of life worlds including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care.
- Knowledge and expertise should be actively shared between professionals who are involved with children at each stage in assessment, case planning and service implementation: an ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support.
- All interventions should as far as possible seek to create and strengthen the positive everyday networks which surround children including the provision of appropriate information which will enable these networks to increase protection and support.

5. Team approach

We recognise that working together as a team is crucial to achieving the best outcomes for clients of the IMPACT Program. We will work towards this by:

- Investing the time and energy required to build effective mutually respectful relationships and a sense of team
- Contributing to a ‘whole of service system’ response by sharing the responsibility for working with the IMPACT Program client, their family and natural supports by being actively involved in making and keeping agreements and bringing matters of concern to the attention of the relevant agency or the team
- Actively initiate discussion and share information within agreed protocols/ legislative requirements keeping those involved with the IMPACT client informed
- Recognising the importance of the key worker in supporting the client and implementing the agreed plan
- Actively seek resources that are reputable, responsible and appropriate identifying and negotiating costs.
- Creating a learning environment for the team, each other, the client and families

6. Commitment to service

The IMPACT Program aims to build a long-term commitment to working with vulnerable families and improving the integration of services that support these families. Regular planning and review meetings will held to ensure clarity about the strategies to be employed in providing services to clients. Issues arising will be negotiated in the context of this commitment to service.

To assist in the creation of a different service experience for the IMPACT Program client this principle requires all agencies working with IMPACT Program clients to:

- Listen to and respect the experiences, and perspectives of all partners in the IMPACT Program (i.e. IMPACT Program staff, the client and the organisations / agencies involved)
- Actively work to engage and then maintain engagement with the client / family supporting them during difficult times, to reduce the risks to infants or children in their care and to reduce the likelihood of disengagement
- Recognise that IMPACT Program clients are likely to have complex needs and challenges for service providers. Personal safety should always be maintained. Some challenges can be anticipated, planned for and managed however others will be in a response to a crisis.
- Set clear boundaries and expectations to assist the IMPACT Program and its clients to respond to breaches appropriately.
- Keep all involved with the client / family informed and assist in the making of team decisions in the best interest of the client.
- Be mindful of the safety of all partners in the IMPACT Program and taking actions on mandated responsibilities where required and where possible it is discussed with the client.

7. Cultural competence

All agencies recognise that the cultural contexts (social, religious, spiritual, ethnicity) in which we all live are crucial and that this will be acknowledged by:

- Recognising the traditional Indigenous custodians of the area and engaging with Indigenous IMPACT Program clients and key supports in ways which recognise and respect Elders and extended family networks, and which support Indigenous child rearing practices.
- Recognising and understanding the cultural backgrounds and experiences of IMPACT Program client with culturally and linguistically diverse backgrounds
- Taking time to explore, openly discuss and understand the cultural context for each client entering the IMPACT Program by including this in Multi-agency Meetings, conferences and family meetings.
- Understanding our own personal and organisational cultural contexts and how these might impact on our work with IMPACT Program client
- Building awareness into the way in which we work with and engage the IMPACT Program client and their natural supports
- Being well informed and, wherever possible, trained in cultural competence and how culture impacts on or effects the relationship between workers, agencies and the IMPACT Program client and his/her family
- Addressing barriers within organisations or agencies that are not culturally appropriate or relevant including policies, procedures or work practices
- Actively engaging services which can bridge cultural understandings and support the cultural experience of the IMPACT Program client and their family.

8. Strong collaboration
   This principle recognises that no single agency can deliver everything an IMPACT Program client’s needs. Collaboration between agencies is more likely to result in achieving outcomes. Strong teamwork will assist in achieving changes in the system that will benefit all IMPACT Program clients. We will achieve strong collaboration by:
   - Actively participating in the IMPACT Program partnerships to facilitate assessment, referral, planning and reviewing of service provision.
   - Learning about and respecting partners in a way that builds mutual trust and confidence
   - Sharing responsibility for identifying the need for and making individual service and system changes by working together to respectfully identify issues, barriers and finding solutions
   - Sharing responsibility for the development of joint protocols, tools and strategies
   - Participating in and/or providing joint opportunities for training

9. Early identification and timeliness of response
   Intervening early in the cycle of events in the life of the IMPACT Program client will be an important part of making a difference to the IMPACT Program client’s experience. To achieve this we will:
   - Promote the IMPACT Program to eligible families during pregnancy and early parenting
   - Handle referrals as quickly as possible so entry to the program or a service is a good experience for the IMPACT Program client
   - Actively engage with the client to establish and review the IMPACT Plan in a timely way especially during times of transition or when exiting the IMPACT program.
   - Respond rapidly when asked and/or when preventative action can occur
   - Be willing to work with the IMPACT Program client for long period in ways that are creative and innovative.

10. Outcome focused
    Better outcomes for IMPACT Program clients are the central focus of The Vulnerable Families Project. All partners in the IMPACT Program are committed to working towards the outcomes agreed with the IMPACT Program client and their family. This will be demonstrated by:
- Actively engaging and empowering families to set realistic goals and assist in their achievement by being flexible and working creatively and respectfully with clients
- Ensuring regular review and feedback on goals and outcomes
- Celebrating achievements and working constructively with setbacks
- Recognising that the outcomes may not be what we expect as workers
- Regular review and feedback on progress
- Using governance structures to ensure the resources are available within the system to achieve best possible outcomes
Appendix B: IMPACT Consent, Referral and Assessment Form

ACT Government Health Directorate
Consent, Referral & Assessment Form
IMPACT

IMPACT Program
Phone: 1800 211 274 Fax: (02) 6244 3770

Eligibility: To be eligible a person must answer yes in one of the following areas.

Is this person
1. Pregnant?  
   ☐ Yes  
   ☐ No
2. Parenting a child less than two years of age?  
   ☐ Yes  
   ☐ No
3. The partner to a pregnant woman?  
   ☐ Yes  
   ☐ No

AND

is

This person or a family member a consumer from Mental Health ACT?  
☐ Yes  ☐ No

AND/OR

Does this person or a family member receive opioid maintenance?  
☐ Yes  ☐ No

If after answering ‘yes’ to more than one of the above questions proceed with the IMPACT Program Consent, Referral and Assessment Form. Please ensure the client has understood the Privacy Information at the bottom of this page.

CLIENT ACKNOWLEDGEMENT AND CONSENT:

☐ I have received the IMPACT Program information
☐ I understand the purpose of the IMPACT Program as outlined in the important privacy information below
☐ I consent to the IMPACT Program obtaining service provision information and recent assessments from professionals and agencies involved with myself and my children

My children:
Name: __________________________ DOB: / / 
Name: __________________________ DOB: / / 
Name: __________________________ DOB: / / 
Name: __________________________ DOB: / / 

Name: __________________________ Signature: __________________________ Date: / /

Address:

Contact Numbers: (Home): __________________________ (Mobile): __________________________

Referrer: __________________________ Signature: __________________________ Date: / /

Address: __________________________ Contact No: __________________________

Agency: __________________________ Mobile: __________________________

IMPORTANT PRIVACY INFORMATION

The information on the referral form is personal information that is collected by ACT Government Health Directorate IMPACT Program for the purposes of:
- Assessing your eligibility for the IMPACT Program
- Identifying and contacting appropriate IMPACT Program team members
- Coordinating the provision of services to you, your children and your partner (if applicable)

ACT Government Health Directorate requires this information in order to assist the IMPACT Program in the coordination and provision of services to you. You are not required by law to provide this information or to consent to the proposed use or disclosure of information. However if you do not provide the relevant information and consent to its use and disclosure for the purposes of the IMPACT Program, you will not be eligible for involvement with the IMPACT Program.

The information you provide on this form, and any information you later disclose to the IMPACT Program, will be stored and managed in accordance with the requirements of the Privacy Act 1988 (Commonwealth), ACT Health Records (Privacy and Access) Act 1997, Territory Records Act 2002 and any other relevant legislation. The information will only be disclosed with your consent or in order to comply with legal requirements.
ACT Government Health Directorate
Consent, Referral & Assessment Form
IMPACT

Additional details of Client:
DOB: ______/_____/______ Sex: □ Male □ Female Country of Birth: ____________________________
Interpreter required? □ Yes □ No If yes, language spoken: _____________________________
Identifies as: □ Aboriginal □ Torres Strait Islander □ Neither □ Both
If pregnant E.D.B.: ______/_____/______ or Gestation in weeks: ________________
Alternate Contact Name: ____________________________ Phone Number: ____________________
Relationship to Child: ____________________________ Mobile: ____________________________

Significant Others:

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To facilitate the timely commencement of IMPACT Program coordination please work with the client to identify what they would like the program to assist them with:
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
Comments: ____________________________

Assessment Information: In order to assist with the processing of your referral please send any recent assessment or other relevant information. If no assessment is available please complete the IMPACT Assessment attached.
□ Assessment is attached OR □ IMPACT Assessment Completed

IMPACT Program Coordinator contacted? □ Yes Date & Time of contact: ____________________________
Comments: ____________________________

Signature: ____________________________ Print name: ____________________________ Designation: ____________________________

Page 2 of 3
**ACT Government Health Directorate**

**Consent, Referral & Assessment Form**

**IMPACT**

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<th>Fax</th>
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**Psychosocial History:** Can include such things as: Family supports; Relationships; Substance use; Domestic Violence/Abuse; Housing; Income / employment; Transport and recent stresses; Cultural considerations.

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**Personal Medical History:** Can include such things as: Allergies; Illnesses; Diseases; Medications; Mental health; Substance use; and Disabilities.

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**Maternity / Parenting History:** Can include such things as: Birth history; Antenatal care; Complications of pregnancy / birth / birth experience; Adjustment to parenting and Involvement with Care & Protection services.

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**Professional/Agencies Involved with client and / or their family:**

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<th>Professional/Agency</th>
<th>Name</th>
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Completed by: ___________________________  Date: _____________
Appendix C: IMPACT Program Partnership Agreement

IMPACT Program Partnership Agreement

This agreement is between the IMPACT Program and families who are suitable for the coordination and services provided by the program. The agreement will ensure families receive appropriate support, information and services. The IMPACT Program is not a stand-alone service, families and the agencies providing services to them are all important partners of the IMPACT Program.

The IMPACT Program principles include:
- The wellbeing of parents is important in parenting
- Children should live with their families and be protected by them
- Working together in partnership for the benefit of children whose wellbeing is a shared community responsibility
- Using a team of people to help children and families to build on their strengths
- Responding to children and their families as soon as we can
- Treating each other with respect even though we may be different

We agree to be active partners using the principles outlined above. We have a mutual understanding of how information held by the IMPACT Program for the purposes of the coordination and delivery of services will be used and disclosed relating to family members. If pregnant, I agree for my infant, after birth to be involved with the IMPACT program.

Family members include:
Name: ___________________ D.O.B. _________ / _________ / _________
Name: ___________________ D.O.B. _________ / _________ / _________
Name: ___________________ D.O.B. _________ / _________ / _________
Name: ___________________ D.O.B. _________ / _________ / _________

Significant Other: Name: ___________________ D.O.B. _________ / _________ / _________

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<th>Title</th>
<th>Name</th>
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<td>Family member / Client / Consumer</td>
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<td>Significant Other</td>
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<td>IMPACT Program Representative</td>
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This agreement is between:

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<th>Address and Contact Details</th>
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<td>IMPACT Program representative</td>
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<td>Others able to attend (specify)</td>
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### Appendix D: IMPACT Multi-agency Meeting Attendance

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<th>UNR</th>
<th>Surname</th>
<th>Given name</th>
<th>DOB</th>
<th>Gender</th>
<th>Date of Meeting</th>
<th>Dispute resolution</th>
<th>Contact Frequency</th>
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**Reason for discussion of this client at the meeting**: □ Initial service options □ Review of plan □ Other – specify / comment:

**Agencies Attending Meeting**

- The Canberra Hospital
- Calvary Hospital
- Mental Health ACT
- Alcohol & Drug Program
- CY&WHP
- OCYS
- General Practice
- Community Pharmacy
- Other

**IMPACT**

MULTI-AGENCY MEETING

ACT Government Health Directorate
Appendix E: IMPACT Plan

ACT Government Health Directorate

IMPACT Plan

Date completed:  

Stage:  

- Initial
- Agreed Plan
- Review [No
- Transition / Exit plan

Child’s Estimated Date of Birth:  

Gestation:  

(w = weeks; d = days)

Lead Agency 1:  

Key Worker (Parent/Carer)  

(Select Child):  

Lead Agency 2:  

Key Worker (Parent/Carer)  

(Select Child):  

Name (Child 1):  

DOB:  

Key Worker (Select Child):  

Name (Child 2):  

DOB:  

Key Worker (Select Child):  

Client/Consumer identified goals/needs 1.  

Achieved

Recommendations/Actions Required

Who will progress?  

By when?

Client/Consumer identified goals/needs 2.  

Achieved

Recommendations/Actions Required

Who will progress?  

By when?

Client/Consumer identified goals/needs 3.  

Achieved

Recommendations/Actions Required

Who will progress?  

By when?

Client/Consumer identified goals/needs 4.  

Achieved

Recommendations/Actions Required

Who will progress?  

By when?

Client/Consumer identified goals/needs 5.  

Achieved

Recommendations/Actions Required

Who will progress?  

By when?

Person Documenting plan:  

Agency:  

Date of proposed review:

Are there any needs that remain unmet?
ACT Government Health Directorate

IMPACT Plan – Sign Off Sheet

**IMPACT**

<table>
<thead>
<tr>
<th>Comments:</th>
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<tbody>
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</tbody>
</table>

Lead Agency: ________________________________ Key Worker (child/children): ________________________________ Key Worker (parent/carer): ________________________________

**ENDORSEMENT OF IMPACT PLAN:**

<table>
<thead>
<tr>
<th>Stage:</th>
<th>Initial Service and Support Options</th>
<th>Agreed Plan</th>
<th>Review (No)</th>
<th>Transition/exit plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Signature: _________________________</td>
<td>Role: _______</td>
<td>Contact: _______</td>
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<tr>
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<td>Signature: _________________________</td>
<td>Role: _______</td>
<td>Contact: _______</td>
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**Meeting Date:**

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**IMPACT PLAN – Sign Off Sheet**

65290(0112)
### Appendix F: IMPACT Review Schedule

As part of the IMPACT Program clients will be reviewed on a regular basis. At the initial IMPACT Multi-agency Meeting where the client is discussed a review date is set for 6 weeks time. The ongoing review dates are scheduled according to the stage of pregnancy or the age of the youngest child within the family. The IMPACT Coordination Team will keep a register of reviews and remind key workers when their clients are due. A review report will be prepared by the key worker and submitted to the IMPACT Coordination Team five working days prior to the multi-agency meeting. Reviews will be presented and discussed at the multi-agency meeting. Any professional participant in the IMPACT Program may add a client to the multi-agency meeting agenda for review if any triggers are present. The reason for the request for review will be clearly stated and outcomes from the meeting notified to the person who requested the review.

<table>
<thead>
<tr>
<th>Multidisciplinary Meeting</th>
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</thead>
<tbody>
<tr>
<td><strong>Standard Reviews by Meeting</strong></td>
</tr>
<tr>
<td>Review in 6 weeks after initial Multi-agency Meeting</td>
</tr>
<tr>
<td>Review when Pregnant:</td>
</tr>
<tr>
<td>- By 26 weeks</td>
</tr>
<tr>
<td>- By 34 weeks</td>
</tr>
<tr>
<td>Review when infant / child is:</td>
</tr>
<tr>
<td>- After discharge</td>
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<tr>
<td>- 6 weeks</td>
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<tr>
<td>- 3 months</td>
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<tr>
<td>- 6 months</td>
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<tr>
<td>- 9 months</td>
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<tr>
<td>- 12 months</td>
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<tr>
<td>- 18 months</td>
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<tr>
<td>- 22 months Discharge Planning</td>
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<tr>
<td>- 24 months Discharge</td>
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<tr>
<th>Case Conferences (as required)</th>
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<tbody>
<tr>
<td>Initial Case Conference on referral to MHOR Support</td>
</tr>
<tr>
<td>Antenatal Case Conference 30-32 weeks gestation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Triggers for MHOR Support Multi-agency Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client non-compliance or inability to contact / locate</td>
</tr>
<tr>
<td>Change in client circumstance that requires input</td>
</tr>
<tr>
<td>Change in lead agency or key worker circumstances that requires reallocation or input</td>
</tr>
<tr>
<td>Care &amp; Protection Involvement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Discharge Case Conference</th>
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<tbody>
<tr>
<td>Review Case Conference 6 weeks after initial discussion and then as required by the Lead Agency - Key Worker</td>
</tr>
</tbody>
</table>
Appendix G: Submission to Multi-agency/Conference/Family Meeting IMPACT Program

Print, sign and fax this document to the IMPACT Program – (02) 6244 3770

Meeting Details:

Type of Meeting:  □ Conference  □ Family Meeting  □ Multi-Agency Meeting

Information on any involvement with the unborn baby, child and their family:

What support / services are available to the family from your agency?

Name of person completing form:  Designation:

Signature: ___________________________  Date:

Agency:
### Transition/Exit Report

**IMPACT**

**Date of Meeting:** ____________  **Reason for Meeting:** □ Transition  □ Exit from Program

**Attendees:**  □ Information distributed to all agencies involved

<table>
<thead>
<tr>
<th>Agency</th>
<th>Representative</th>
<th>Service Provided</th>
<th>Contact Frequency</th>
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<tbody>
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**Apologies:**

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<th>Representative</th>
<th>Service Provided</th>
<th>Contact Frequency</th>
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If meeting was not held, please state the reason:

**Reason for Transition/Exit:** □ Client goals met  □ Client moving from jurisdiction  □ Client no longer meets eligibility criteria  □ Client withdrawal  □ Other (specify)
<table>
<thead>
<tr>
<th>Client:</th>
<th>Date of Birth:</th>
<th>Date of Meeting:</th>
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<tbody>
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</table>

**Summary of Agency Involvement:**

**Achievements:**

**Transition/Exit Plan:**

<table>
<thead>
<tr>
<th>Name of Person completing plan:</th>
<th>Signature:</th>
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<table>
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<th>Agency:</th>
<th>Date:</th>
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**Client/Consumer agreement to plan:**

**Notification to:**  □ Agencies  □ IMPACT Coordination Team

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REFERENCES


Bibliography


Integrated Case Management: a users guide (1999) accessed on line on the 22.9.2007 MCF.ChildYouthMentalHealth@gov.bc.ca


NSW Integrated Perinatal and Infant Care program: Perinatal Psychosocial Assessment NSW Health Department (Feb 2002)
