

REACH Program Logic

AIM: REACH provides support to families in the ACT and surrounding region where a child under the age of 12 is experiencing mental health concerns and may have co-occurring neurodiversity. Through providing ‘whole-of-family’ support over 3-12 months, REACH aims to improve parenting skills, family functioning, increase access to other supports; and improve child mental health and wellbeing. A mental health or neurodiversity diagnosis is not required to access the program.

Inputs (what we invest)	Planned work		Outcomes		
	Activities (what we do)	Outputs (product of our work)	Short	Medium	Long (Impact)
<p>Organisational infrastructure, technology and support</p> <p>Skilled and experienced staff team:</p> <ul style="list-style-type: none"> • Team Leader (1 FTE) • Administrative (1 FTE) • Clinical / therapeutic (2 FTE, including 0.1 for Active Hold support) • Case Managers / Group facilitators (2 FTE) <p>Program funding for active holding (waitlist support), individual family support, group work, and brokerage</p> <p>Program vehicles</p> <p>Community relationships, partnerships and trust, including referral pathways</p> <p>Program materials and resources</p> <p>Accessible and child-friendly service location</p>	<p>FAMILY SUPPORT ACTIVITIES 3-12 months, depending on need and type of supports provided:</p> <p>Referral processes</p> <p>Active holding support to families on waitlist</p> <p>Intake and assessment:</p> <ul style="list-style-type: none"> • Identifying family needs and goals • Matching families to appropriate program supports <p>Outreach to families:</p> <ul style="list-style-type: none"> • Child and family therapeutic support • Case management support to navigate and access other supports, including child assessments and/or NDIS • Brokerage for assessments <p>Group program for parents</p> <p>Support families to transition out of program once goals have been achieved</p> <p>INTERNAL ACTIVITIES</p> <p>Administration and program support Stakeholder engagement Program promotion and communication Governance and reporting Professional development and supervision Monitoring and evaluation activities</p>	<p>Referral pathways and ## of referrals received Delivery of referral processes, including active hold ## of families receiving active hold support</p> <p>Implementation of intake processes, including assessment, and matching to program supports</p> <p>Case-loads:</p> <ul style="list-style-type: none"> • Category A (weekly support required): Up to 5 families per 1 FTE therapist or case manager • Category B (fortnightly or less frequent support required): Up to 10 families per 1 FTE therapist or case manager <p>## children and families supported through outreach ## Parenting groups delivered (up to 4 programs per year) ## parents participating in group program</p> <p>## Families supported to transition out of the program when goals are achieved</p> <p>Maintenance of stakeholder relationships, including partnerships, case conferences and information-sharing</p> <p>## program promotion and communication activities</p> <p>Delivery of internal team processes, including PD and supervision</p> <p>## staff recruited / retained</p> <p>Data collected for evaluation activities and reporting</p>	<p>(1-4 MONTHS)</p> <ul style="list-style-type: none"> • Increased trust in program • Increased hope and motivation • Improved family knowledge and understanding of child mental health and neurodiversity, and their child’s needs • Improved parenting confidence, strategies and skills • Improved peer connections for parents (through group program) • Improved navigation, referrals / access to resources, supports and services, including child assessment and NDIS 	<p>(UNTIL/UPON PROGRAM EXIT)</p> <ul style="list-style-type: none"> • Improved family communication • Reduced family conflict • Improved child mental health • Improved family capability to navigate, advocate for and engage with supports, services and systems 	<ul style="list-style-type: none"> • Improved child and family wellbeing • Improved long-term family functioning • Reduced youth mental health issues • Improved future help-seeking <p>RELEVANT ACT WELLBEING FRAMEWORK DOMAINS</p> <ul style="list-style-type: none"> • Health • Safety • Living Standards • Social Connection • Access and Connectivity

PROBLEM STATEMENT:

While the onset of mental ill-health usually appears during adolescence, schools and services report that children are presenting with psychological distress at earlier ages. These consultations indicate that children under the age of 12 in the ACT experience difficulties accessing mental health supports, if they also have a potential or diagnosed neurodiversity. A range of systemic barriers exist that create challenges for children and families to access assessments, including affordability, and long waiting times to access specialists. Barriers to assessments and diagnosis can lead to children being excluded from accessing mental health support. Furthermore, children who are neurodivergent are also often excluded from mental health services.¹ These barriers to support can increase stress and pressures upon families, further exacerbating mental health concerns, parental wellbeing, and impacting family functioning.

THEORY OF CHANGE:

Service and system level gaps and barriers contribute to and exacerbate the pressures and stresses experienced by families. The REACH Program seeks to bridge this system gap. Providing early, inclusive and tailored therapeutic and case management support can assist families to identify and build their strengths and skills, and to navigate, engage and access appropriate assessment and ongoing support. Providing a strengths-based, non-judgemental group program that values families’ lived experiences and provides parenting strategies can support improved peer connection, increased hope, and contribute to improved social connection and belonging, as well as increased parenting capability. In providing this integrated, multifaceted support, the program activities expect to improve child mental health and wellbeing, and long-term family functioning.

PRINCIPLES AND THEORIES:

Child-centred, family-focused
Strengths-based
Trust
Non-judgemental
Inclusion and diversity
Valuing lived experience
Socioecological / holistic

EXTERNAL FACTORS:

Economic, social and political environment and priorities
Government and funding priorities and adequacy
Changes in other service systems – e.g. NDIS, education, health
Changes in the mental health service system
Workforce constraints and challenges
Access to assessments and diagnosis in paediatric and private sector

¹ ACT Government. (2022). *Understanding the Missing Middle: Children and young people with moderate to severe mental health concerns who experience difficulties accessing services*. Canberra: Office for Mental Health & Wellbeing.