



GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) Taskforce Implementation Program

ICA Culturally Safe Care Principles

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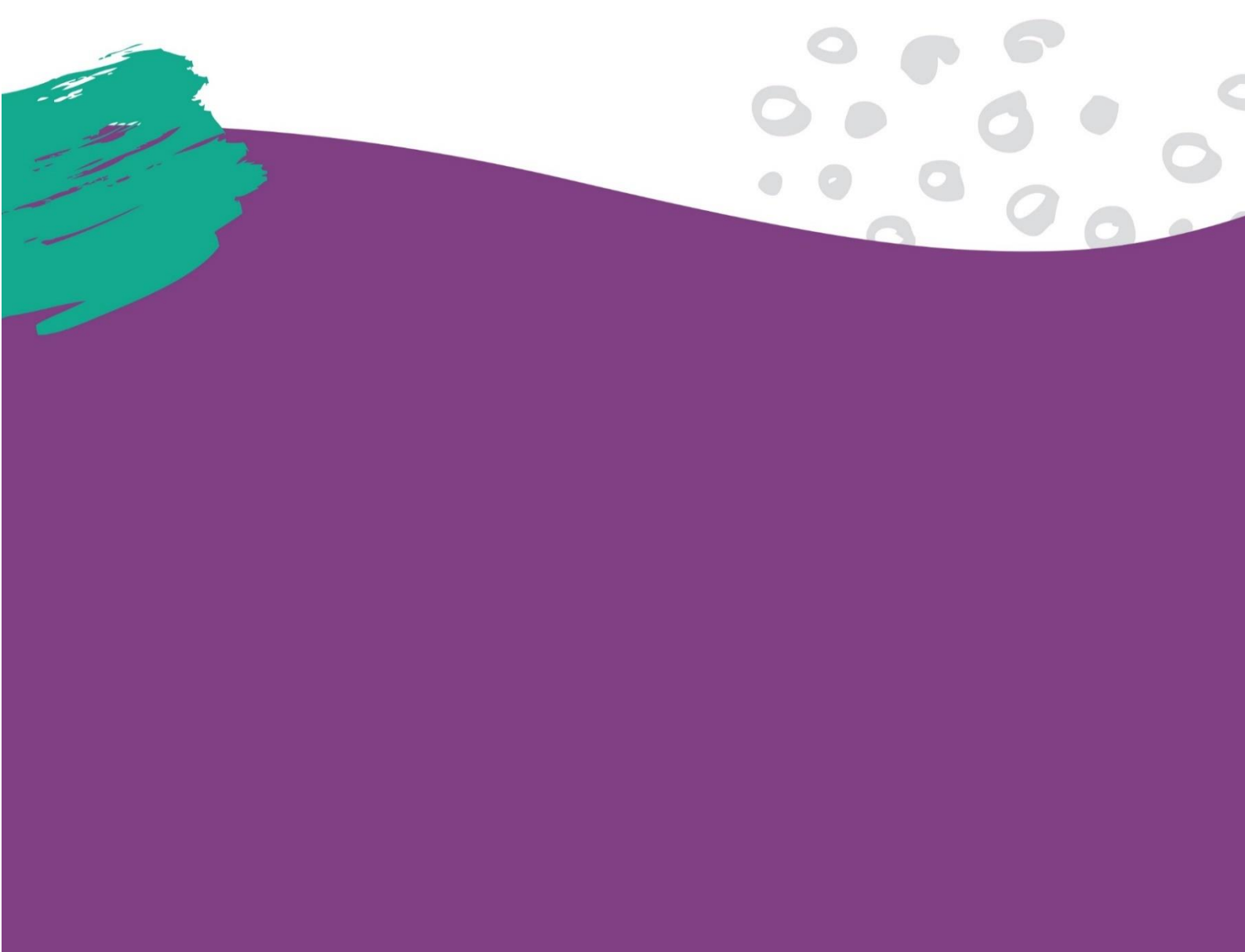




Table of contents

1	Introduction	3
2	Background: Case for change	5
2.1	Why does change need to happen?	5
2.2	What is needed?	6
3	Cultural safety framework	8
4	ICA Culturally Safe Care	9
4.1	Social and emotional wellbeing for infants, children and adolescents	9
4.2	ICA Culturally Safe Care Principles.....	12
5	Integration with the system	22
5.1	Workforce and organisational culture	23
5.2	Service design and delivery	24
5.3	Infrastructure, environment and technology	24
5.4	Partnerships and relationships	25
5.5	System performance.....	26
6	Terminology	28
	Appendix A Service Guarantee	30

1 Introduction

The Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years (the ICA Taskforce) articulated a vision for the future ICA mental health system, which is culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander children, their family and carers. This document introduces an understanding of social emotional wellbeing (SEWB) and defines **key Infant, Child and Adolescent (ICA) Culturally Safe Care Principles** (herein referred to as ‘the Principles’), including how they can be implemented within the future ICA mental health system. The Principles will guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander peoples (herein ‘Aboriginal peoples’) across the ICA mental health system. They will help to improve the experience and outcomes of all children, families and carers; guide service design; and drive performance.

The seven principles listed below outline how care should be provided by all public ICA mental health services:

1. **Spiritual** – We respect you, your connection to inner-self and your culture.
2. **Accessible** – Your journey of healing begins now.
3. **Responsive** – You are precious and your time matters.
4. **Trauma-informed** – Let us better understand the journey walked to now.
5. **Wrap-around** – Let us walk this journey side by side.
6. **Empowering** – Your story, your health – you are the driver.
7. **Connected to the community** – Your relationships and place in the community matter to us.

The development of this document has been Aboriginal led in partnership with other clinicians and system leaders

This document was developed through the establishment of a Working Group that was responsible for designing the Principles. The Working Group provided a forum for people with knowledge and experiences of ICA mental health services to share their expertise to inform the design and development of this document, with a broad range of voices including clinicians, people from Aboriginal Medical Services, Aboriginal Mental Health Workers (AMHWs) and people with living and/or lived experience of mental health issues. Members from the Working Group participated across three different workshops that were led by Aboriginal peoples. The Principles and what they will look like in practice were developed by Aboriginal peoples, with input from others.

A structured review process was followed to ensure this document could be reviewed and iterated based on feedback from both the Working Group and other advisory groups to

ensure it best meets the needs of children, families and carers across WA. The Principles remain subject to further iterations during a future implementation phase, supported by communications and lived experience expertise, to support its roll-out.

Purpose of this document

The purpose of this document is to describe how the ICA mental health system and services can better support Aboriginal children, families and communities. This is not to be achieved through a discrete new service or services, rather, through a suite of principles which will underpin the delivery of quality, culturally safe, responsive health care, and are explicitly embedded into all aspects of the system. As a result, all Models of Care will demonstrate alignment with the Principles.

This document outlines how the Principles will be embedded into the ICA mental health system. The way the Principles are integrated into the system are detailed in Section 5 and describe the desired future state of the ICA mental health system. To reach this state, significant investment and transformation is required which will take time. Further, the successfulness of the transformation and the implementation of the Principles themselves are subject to sufficient funding.

The ICA Culturally Safe Care Principles are accompanied by the Service Guarantee Principles

The Principles, alongside the Service Guarantee will outline how care is delivered by services to respond to the needs of Aboriginal children, family and carers. Both sets of principles guide care across the whole ICA mental health system. The Service Guarantee Principles are outlined in Appendix A Service Guarantee.

A note on language and terminology

The intention of this document has been to use language that is clear and inclusive. However, it is recognised that there is not always consensus around the language associated with ICA mental health.

For this document, the term children, family and carers has been used and is inclusive of all children, family, carers, supporters, and community members. Section 6 of this document contains a list of the key terminology used within this document.

The term 'Aboriginal peoples' has been used throughout the document and is intended to refer to all Aboriginal and Torres Strait Islander peoples.

2 Background: Case for change

2.1 Why does change need to happen?

Aboriginal infants, children and adolescents face a wide range of life stressors and have disproportionately high rates of mental health issues

In Australia, the prevalence of mental health issues is disproportionately high for Aboriginal children and adolescents, with studies indicating that approximately 33 per cent of Aboriginal children and adolescents experience high to very high levels of psychological distress.¹ Aboriginal peoples face a wide range of life stressors that contribute to high rates of mental ill-health these include intergenerational trauma, racism and socioeconomic disadvantage.² These stressors contribute to Aboriginal 0-17 year-olds being disproportionately represented in mental health-related emergency department (ED) attendances, accounting for approximately 13 per cent of all mental health-related ED attendances for this age cohort. This is notably higher than the proportion of Aboriginal 0–17-year-olds in the general population (6.65 per cent). Further, the number of contacts that Aboriginal 0-17 year old's had with community mental health treatment services has more than tripled since 2010 (212 per cent), compared to a growth of 85 per cent for non-Aboriginal 0-17 year olds.³ Currently, mental health services do not adequately support Aboriginal infants, children and adolescents. Services face increased demand, are under supported and are not at the scale required to reach enough children with culturally safe and responsive care.

Aboriginal infants, children, adolescents, and their family and carers do not have appropriate access to mental health services

Access to care is not the same for non-Aboriginal and Aboriginal children, families and communities. Aboriginal infants, children and adolescents in regional and remote areas, experience higher rates of mental health issues, although they have significantly less access to services.⁴ There are several barriers that restrict Aboriginal children and families from having equitable access to services, including:

- a lack of service provision and availability, including in remote areas
- workforce challenges, including limited Aboriginal staff
- distance to services
- financial costs, including the cost of transport and time from work
- concerns about confidentiality and privacy

¹ Australian Institute of Health and Welfare (2018) Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing

² Mental Health Commission Western Australia (2020) Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (Supporting Paper), Western Australia; Australian Institute of Health and Welfare (2018) Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing

³ Mental Health Commission, Mapping the infant, child, and adolescent public mental health service system in WA, Taskforce Insights Series, Paper 2

⁴ Our Children Can't Wait (Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA)

- the level of cultural competency, security and stigma within services
- past and present experience of discrimination and racism.

Improving access to services for infants, children and adolescents in regional and remote areas has been called out as an urgent priority in a number of reports and reviews, including *Our Children Can't Wait*, and *Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas*.⁵

Aboriginal children, family and carers experience challenges when interacting with ICA services, including receiving care that is not culturally safe

Some children, families and carers have poor experiences with services, report feeling a lack of understanding, and feel misunderstood, disempowered, disrespected and judged. The ICA Taskforce found that Aboriginal peoples faced challenges when accessing mental health services. For Aboriginal peoples, their first interaction with the system and staff can 'make or break' their experience and willingness to access services in the future. Clinicians and service providers from the Mid-West, Pilbara, Kimberley and other regions identified that some existing mental health services are not culturally responsive and negatively impact how accessible they are to Aboriginal children and families. They also identified that there are too few services which understand, respect and embrace Aboriginal culture in their models of service.

2.2 What is needed?

ICA mental health services need to be culturally safe and build a reputation for delivering high-quality care to Aboriginal children, family and carers

The ICA mental health system needs to provide care that is culturally safe and responsive to Aboriginal children, families and carers. Aboriginal peoples will often 'vote with their feet' and openly share their experiences of services with their family, friends and community. Some children and families find current ICA services can be unresponsive to their needs, not culturally safe, or in some cases, are discriminatory. Given this, services need to establish a reputation for providing high-quality and culturally appropriate, holistic mental health care. Aboriginal peoples should have confidence before they enter the system that they will receive a quality, safe, responsive and secure service. This can be achieved by establishing a strong reputation and relationship between services and the Aboriginal community.

A set of principles that are embedded across the whole ICA mental health system are required to ensure all care is culturally safe and appropriate

There is a need for clear system-wide principles that outline the key features of culturally safe and responsive care for Aboriginal children, families and carers in their interactions with the ICA mental health system. These principles guide the cultural security of policy, practice and systems, and will:

- Enable services to be accommodating, flexible and adaptive to the needs of Aboriginal children and their families regardless of age, gender and location.

⁵ Our Children Can't Wait (Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA)

- Promote greater accessibility, engagement and patient outcomes through a better understanding of the cultural needs of Aboriginal children with mental health needs.
- Outline what Aboriginal children, families, carers and the wider community can expect services to look and feel like.
- Create accountability for staff, services and the system, providing a basis for measuring performance and addressing key issues.

To improve outcomes the Principles need to be integrated across the whole ICA mental health system. The Principles need to be considered during the design, delivery and review of services. In practice, the Principles need to: guide how services are designed, with the goal of making them culturally safe, accessible and effective for Aboriginal children and their family and carers; shape the way staff and services deliver care and interact with Aboriginal peoples, including clinical approaches, processes, infrastructure, workforce and technology; and be included in key performance indicators, outcome monitoring, and be reflected as a priority for the system.

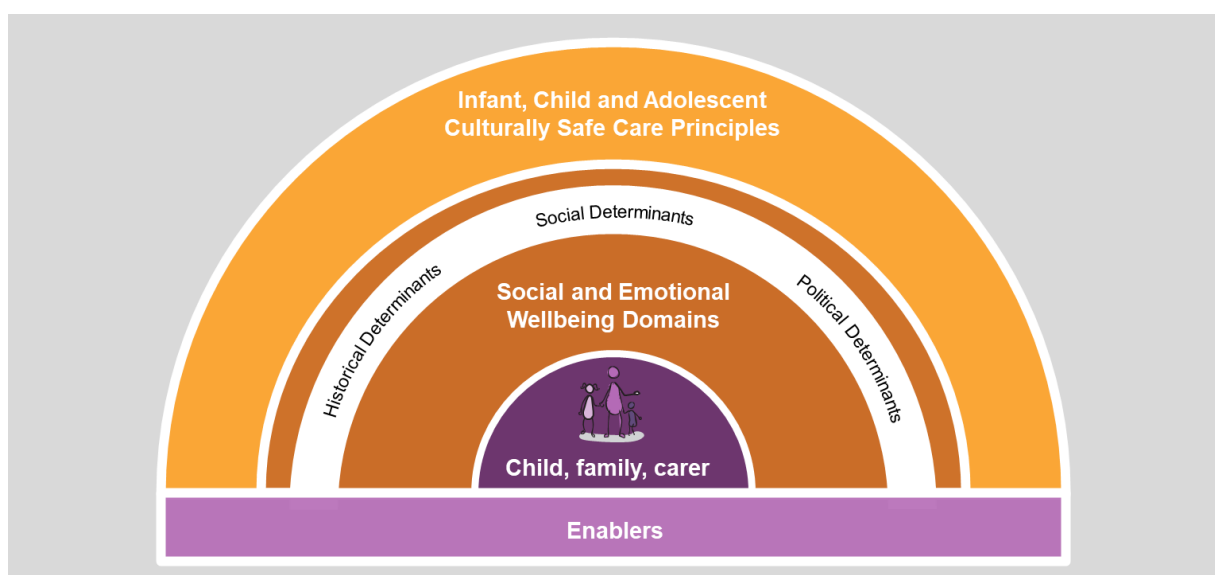
3 Cultural safety framework

Cultural safety exists when an Aboriginal person can access services with assurance the environment and staff are welcoming and embracive of who they are as an Aboriginal person, and without fear of experiencing discrimination based on their age, sexuality, gender, skin colour and cultural beliefs. When Aboriginal children, their family and carers receive culturally safe care they experience the following outcomes:

- Care that is easy to access, timely and improves their **social and emotional wellbeing**.
- Care that **meets their needs**, recognises their **connection to culture** and does not re-traumatise them.
- Care that **empowers them to make decisions** and feel comfortable to **define their own culturally safe requirements**.
- Care that makes them **feel respected, heard and valued** in all their interactions with ICA mental health staff and services.

In order to support improved experiences and outcomes for Aboriginal children and their families, this document introduces a framework to achieve cultural safety for ICA services. The framework (Figure 1) is composed of three elements: an understanding of infant, child and adolescent **social and emotional wellbeing**, which place the child at the centre; key **cultural safety principles** for ICA mental health service delivery, which place SEWB at its heart; and key **enablers of systemic cultural safety** of the public ICA mental health system, which put culturally safe people at its core.

Figure 1 | Cultural safety framework



4 ICA Culturally Safe Care

4.1 Social and emotional wellbeing for infants, children and adolescents

SEWB has a deeply personal and cultural meaning for Aboriginal peoples, however, in general it refers to all factors that contribute to the health of an Aboriginal individual, family and community. It is broader than the physical and mental health of individuals and is a holistic concept which associates positive infant, child, adolescent, family and community wellbeing with the connection of a child with their family, kin and community, in addition to land, culture, spirituality and ancestry. There are seven recognised domains of SEWB that are described in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. These domains are influenced by historical, political and social determinants. A positive sense of SEWB is essential for Aboriginal peoples to lead successful and fulfilling lives.⁶ Ensuring that the ICA mental health system fosters these SEWB domains and determinants is critical in providing culturally safe care to Aboriginal children, families and carers.

The term social and emotional wellbeing is used by many Aboriginal peoples to describe the social, emotional, spiritual and cultural wellbeing of a person and is preferred to the term 'mental health'. The concept of mental health varies between Aboriginal and non-Aboriginal communities. Many Aboriginal peoples prefer to refer to mental health as 'social and emotional wellbeing' to better capture the importance of the complex connection to land, culture, spirituality, ancestry, family and community. The term 'mental health and mental illness' can be perceived as medical terms that focus too much on problems and do not properly describe all the factors that make up and influence a child's life.⁷ To this end, SEWB is at the heart of the ICA mental health system, from which the Principles are linked.

Concurrent with conceptions of SEWB, Aboriginal communities are deeply oriented to the wellbeing and security of children. The strengths of Aboriginal cultural traditions, as they apply to family life and raising children are not completely compatible with conventional academic wisdom despite emerging evidence. Four protective factors that are at the centre of Aboriginal culture are identified in *Strengths of Australian Aboriginal cultural practices in family life and child rearing*⁸:

⁶ Gee G, Dudgeon P, Schultz C, Hart A, and Kelly K, 'Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective'. Chapter 4, in Dudgeon P, Milroy M, and Walker R (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, Commonwealth of Australia, Canberra, 2014

⁷ Gee G, Dudgeon P, Schultz C, Hart A, and Kelly K, 'Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective'. Chapter 4, in Dudgeon P, Milroy M, and Walker R (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, Commonwealth of Australia, Canberra, 2014

⁸ S. Lohoar, N. Butera and E. Kennedy, *Strengths of Australian Aboriginal cultural practices in family life and child rearing*. CFCA paper No. 25. 2014

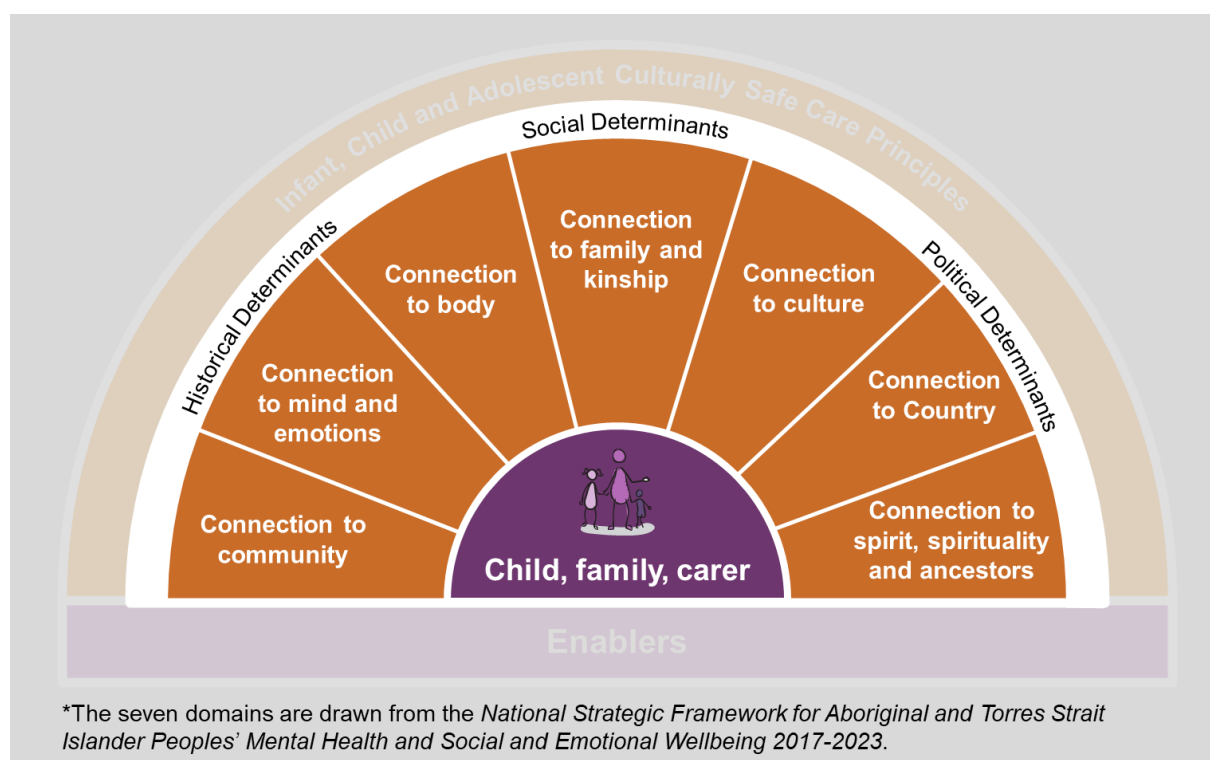
- **A collective community focus on child rearing helps children** – Aboriginal peoples value interdependence, group cohesion and community loyalty. Raising children is considered to be a shared responsibility of all community members.
- **Children need the freedom to explore and experience the world** – Aboriginal communities offer their children every opportunity to explore the world around them to help them develop the necessary skills to negotiate their pathways to adulthood.
- **Older family members are important to family functioning** – Older family members are highly respected for their contributions to family life in Aboriginal communities, particularly in helping children to understand the practical aspects of life and society.
- **Spirituality helps families cope with challenges** – Families and communities who engage in spiritual practices benefit from a greater sense of identity, and individuals are more likely to connect with, support and help protect one another.

SEWB has been central to Aboriginal mental health for hundreds of generations. Recently mental health services have begun to recognise its value in addressing Aboriginal mental health and other needs. There is a wide range of existing principles, frameworks and literature that describe SEWB. This document does not seek to re-describe SEWB, and instead will build on the seven domains outlined in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. The framework was written by a group of writers led by Professor Pat Dudgeon and included input from Mr Christopher Holland, Professor Helen Milroy, Dr Graham Gee, Professor Ian Ring and Ms Kerrie Kelly. The model of Social and Emotional Wellbeing⁹ is at the heart of the future ICA mental health system and has seven domains.

The seven SEWB domains represent the optimal sources of wellbeing and connection that support a strong and positive Aboriginal culture. These are influenced by historical, social and political determinants that impact on the lives of Aboriginal children, families and carers. These are outlined in Figure 2 and described below.

⁹ Gee G, Dudgeon P, Schultz C, Hart A, and Kelly K, 'Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective'. Chapter 4, in Dudgeon P, Milroy M, and Walker R (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, Commonwealth of Australia, Canberra, 2014

Figure 2 | Social and emotional wellbeing domains and determinants



A short description of each of the domains is provided below:

- **Connection to community** – a connection to community provides opportunities for individuals and families to connect, support each other and work together.
- **Connection to mind and emotions** – the ability to manage thoughts and feelings.
- **Connection to body** – feeling physically strong and healthy and able to physically participate as fully as possible in life.
- **Connection to family and kinship** – connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.
- **Connection to culture** – a connection to a culture provides a sense of continuity with the past and helps underpin a strong identity.
- **Connection to Country** – connection to Country helps underpin identity and belonging.
- **Connection to spirit, spirituality and ancestors** – spirituality provides a sense of purpose and meaning.

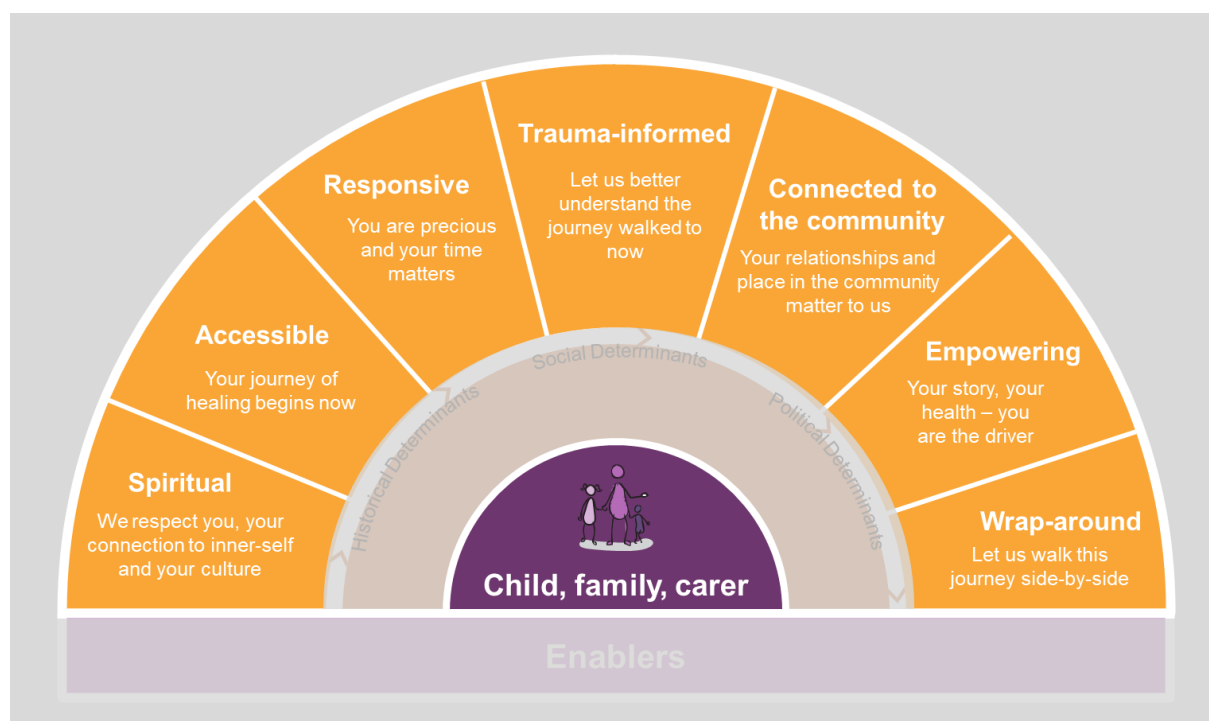
For Aboriginal peoples, the SEWB of infants, children and adolescents is influenced by historical, social and political determinants. These determinants refer to the conditions in which people are born, grow, live, work and age and the impact they have on an individual's wellbeing. Social, political and historical determinants include but are not limited to education, unemployment and a range of problems resulting from colonisation; including grief and loss; trauma and abuse; violence; removal from family and cultural dislocation; substance abuse; racism and discrimination; and social disadvantage.¹⁰

¹⁰ Zubrick S, Shepherd C, Dudgeon P, Gee G, Pardies Y, Scrine C, Walker R, 'Social Determinants of Social and Emotional Wellbeing' in Dudgeon P, Milroy M, and Walker R (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, Commonwealth of Australia, Canberra, 2014, pp.93-94; 99-104.

4.2 ICA Culturally Safe Care Principles

The SEWB of children and their family is at the heart of the Principles. These Principles will guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal children and their families across the ICA mental health system. Seven specific principles have been defined for the ICA mental health system and will be utilised as a guide for all public ICA mental health services and staff that engage with Aboriginal children, their families and carers. Figure 3 summarises the seven principles. These principles reflect the minimum expectations and entitlements of all children and families from ICA mental health services. In the subsequent subsections, each principle is further defined; outlining why it matters, what it looks like in practice and what will it feel like for infants, children, adolescents and their families.

Figure 3 | Infant, Child and Adolescent Culturally Safe Care Principles



4.2.1 Spiritual: We respect you, your connection to inner-self and your culture

Spiritual wellbeing is the connection to inner-self and emotions. It is influenced by the feeling of connectiveness a person has to their Country, culture, language, customs and belief systems.

Why does it matter?

Spirituality is central to Aboriginal peoples and culture. Aboriginal peoples consider their Country and land as more than a physical environment – it is a deeply symbolic and spiritual place. The connection between an individual and their Country reinforces peoples' identity and sense of belonging. For many Aboriginal peoples, poor connection to spirituality can adversely affect their mental health. These people may show a weakened spirit and/or a disconnection from their community. The ICA mental health system, services and staff must

consider an individual's spiritual and cultural needs during care and treatment to provide a culturally safe service. This will support Aboriginal self-determination which is an 'ongoing process of choice' to ensure that Aboriginal communities are able to meet their social, cultural and economic needs.¹¹

What does it look like in practice?

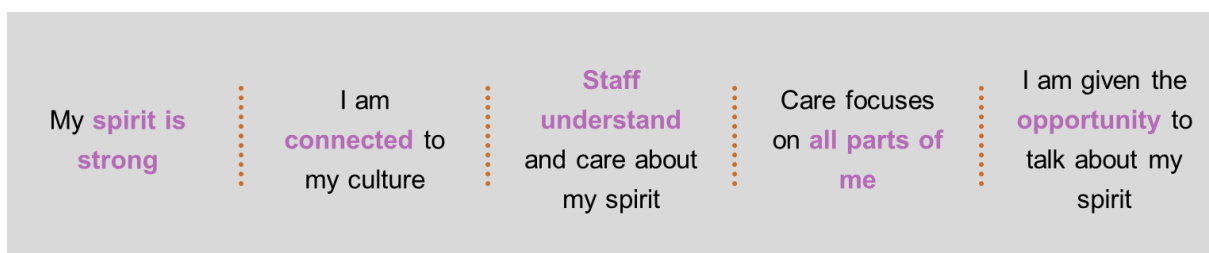
Services and staff acknowledge that culture and spirit are at the heart of Aboriginal wellbeing and allow Aboriginal children, their families and carers to express their cultural and spiritual belief systems and needs. They will be invited to share their spiritual wellbeing in a safe place, with staff that are appropriately trained without fear of being dismissed or invalidated. In practice this may include:

- Encouraging staff to consider children's spiritual wellbeing alongside their physical and mental health during intake, assessment, treatment planning and transition. For example, asking Aboriginal children, their families and carers 'how is your spirit?'
- Educating staff on spiritual wellbeing and its importance for Aboriginal children, their families and carers. Clinicians understand what spirit means, how it impacts Aboriginal peoples' mental health and how to provide care that improves someone's spirit.
- Developing formal resources and tools that help Aboriginal children, their families and carers communicate and express their spiritual and cultural needs to Country, culture, language, customs and belief systems.
- Developing, delivering or working with existing programs which support children and their families understand and develop their spirituality, however, that is understood and expressed.

What will it feel like for infants, children, adolescents and their families?

Aboriginal children, families and carers will be supported and invited by equipped ICA mental health staff to discuss their spiritual wellbeing, connection to Country and impact it may have on their mental health. Figure 4 below provides some examples of how Aboriginal children, families and carers might feel.

Figure 4 | Examples of how Aboriginal children, families and carers may feel



4.2.2 Accessible: Your journey of healing begins now

Accessible care ensures that Aboriginal children, their family and carers know where to ask for help, can easily access care and feel confident doing so. Intake and assessment

¹¹ Australian Human Rights Commission. Right to self-determination. Available from: <https://humanrights.gov.au/our-work/rights-and-freedoms/right-self-determination>

processes are streamlined, easy to navigate and are culturally appropriate for Aboriginal peoples.

Why does it matter?

As discussed in Section 2.1, Aboriginal infants, children, adolescents, and their family and carers do not have appropriate access to mental health services and miss out on receiving care that improves their mental health and wellbeing. It is vital for children, their parents and carers to be supported to access care that has no barriers or obstacles. The healing journey for Aboriginal children, their family and carers begins when they first interact with the system, whether that be within the hospital, Community ICAMHS or other community services. For Aboriginal peoples, their first interaction with the system and staff can often 'make or break' their experience, and impact their willingness to reach out for help in the future. Care needs to be easily accessible for all Aboriginal peoples across WA.

What does it look like in practice?

ICA mental health services will promote a 'no door policy' which is an extension of the 'no wrong door policy' that reduces the barriers for children, their family and carers to accessing care. Aboriginal peoples will be supported to access services and will feel culturally safe when doing so, in practice this may include:

- Promoting the availability of mental health services, such as Community ICAMHS, school-based supports, community services, private services, and encouraging help-seeking behaviours. Messaging should be transparent about eligibility, opening hours, fees and what to expect.
- Ensuring that Community ICAMHS Hubs and clinics are open after hours and Aboriginal children, families and carers can receive face-to-face support outside of standard business hours. For children in crisis, that cannot access Community ICAMHS they should be directed to CAMHS Crisis Connect.
- Welcoming all Aboriginal peoples in a safe, respectful and non-judgemental way, and giving them the option to be greeted by an Aboriginal clinician, mental health worker or staff member.
- Providing outreach services that connect with Aboriginal children, their family and carers in their community, schools and homes where applicable with the aim of reducing the barriers to accessing Community ICAMHS.
- Developing a reputation and relationship with the community, such that Aboriginal peoples trust and respect ICA mental health services. Further, people feel confident they will receive quality care and their children will be safe.
- Improving the capability and capacity of ED staff to provide primary mental health care and referrals to Community ICAMHS. This acknowledges that EDs are often the first responders to children experiencing a mental health crisis.

What will it feel like for infants, children, adolescents and their families?

ICA mental health services will be easily accessible and culturally appropriate for all Aboriginal children, families and carers. Figure 5 below provides some examples of how Aboriginal children, families and carers may feel in a system that has accessible services.

Figure 5 | Examples of how Aboriginal children, families and carers may feel



4.2.3 Responsive: You are precious and your time matters

Responsiveness refers to care that is timely and meets the unique and different needs of each Aboriginal child, their family and carers. Referrals to Community ICAMHS are clear, concise and without obstacles, and once in the care of Community ICAMHS, supports are tailored to the needs of the child.

Why does it matter?

Currently, many Aboriginal peoples must navigate the mental health system alone and are unable to access the correct pathways and supports. This results in many Aboriginal children not being able to access the care they need, when they need it. High referral wait times prevent access to timely care and impact on Aboriginal peoples' willingness to access care in the future. To promote equity, the ICA mental health system needs to take into consideration the higher level of suicide attempts and suicides in the Aboriginal community and consider a more flexible approach to care that is responsive to the needs of Aboriginal children, families and carers. The ability to take a flexible, needs-based approach to care for children will improve the experience of those interacting with the system.

What does it look like in practice?

Care needs to be timely, culturally informed, age-appropriate and adaptive to meet the needs of Aboriginal children, their family and carers. In practice this may include:

- Ensuring that referrals are quick, easy to complete and result in timely care. Referral pathways are automated and can come from Aboriginal Community Controlled Health Organisation (ACCHOs), other ICA mental health services, and the child, family or carer.
- Providing the Aboriginal child, family and carer with resources and supports while they wait for care. Including providing them with the opportunity to connect with a peer support worker.
- Engaging AMHWs in the care of Aboriginal children, their family and carers at the first point of contact and empowering the child to choose if they would like the AMHW to be involved in their care going forward.
- Providing genuine empathetic mental health and SEWB support to Aboriginal children, their family and carers when they are presenting in crisis, particularly at EDs.
- Adapting care to be via the telephone if support is more urgent and it is not necessary to meet in person – noting that for Aboriginal peoples living in regional and remote areas they can live significant distances from the local Community ICAMHS Hub or clinic.

- Providing and connecting Aboriginal children, families and carers to cultural ways of healing that meet clinical integrity but to suit the child, their family and carer, including connecting them with traditional healers. Cultural ways of healing include bush camps, yarning, access to traditional foods and medicines.
- Designing processes that are responsive to Aboriginal culture and customs. That is, adapting rules around not making appointments, with an understanding that there are many reasons why Aboriginal peoples may not consistently attend their appointments.
- Ensuring that Aboriginal children, families and carers can talk with and receive care from Aboriginal staff.

What will it feel like for infants, children, adolescents and their families?

A responsive service is critical to ensuring that Aboriginal children, families and carers receive timely and tailored care that meets their needs when they need it. Figure 6 below provides some examples of how Aboriginal children, families and carers might feel in a system that has accessible services.

Figure 6 | Examples of how Aboriginal children, families and carers may feel



4.2.4 Trauma-informed: Let us better understand the journey walked to now

Trauma-informed care recognises the past and seeks to not re-traumatise people who carry trauma. It includes looking ‘outside the box’ and adapting the delivery of therapy models for the child, family and carer.

Why does it matter?

Colonisation, subsequent policies and dispossession, such as the forced removal of children, has had devastating consequences on Aboriginal children and families. It has disrupted culture and impacted on the cultural identity of Aboriginal peoples, and in doing so is a risk-factor for many Aboriginal peoples who have mental health needs. Given the high level of intergenerational trauma experienced by Aboriginal peoples, trauma-informed practices must be taken into consideration in the design and delivery of services. They also have experiences with mental health and other services that are unhelpful, offer false promises and in some cases are racist and discriminatory. It is crucial that ICA mental health staff do not re-traumatise people, and instead are willing to be compassionate, honest and supportive.

What does it look like in practice?

The concept of trauma-informed care has evolved over time and has become a focus of mental health and other services. To ensure that mental health care is culturally safe and promotes the SEWB of Aboriginal children, their family and carers, services and staff need to deliver care that does not re-traumatise people. In practice this may include:

- Conducting regular trauma-informed competency training that enables staff to deliver safe care with a focus on minimising the likelihood of re-traumatisation. There should also be a focus on educating ICA mental health system staff about colonisation and the impact that it has had on Aboriginal culture, identity and the potential impact it can have on the mental health of Aboriginal peoples. Staff should be supported to learn this through their ongoing training and professional development.
- Taking a holistic approach to care that treats the whole child, family and carer, including acknowledging and listening to their journey without solely focusing on their 'mental health issue'.
- Developing mechanisms that reduce the need for Aboriginal children, their family and carers to repeat and retell their story. For example, collecting and sharing information with relevant services and staff about the child, family and carer while considering confidentiality and privacy.
- Ensuring spaces and processes are as de-institutionalised as possible by avoiding the use of bright white lights, white walls and clinical jargon.
- Reducing staff turnover so that the child, family and carer can build long lasting and trusting relationships. Continuity of clinicians is an important enabler in receiving high-quality and culturally safe mental health care.

What will it feel like for infants, children, adolescents and their families?

Trauma-informed care, delivered by skilled staff will limit the need for Aboriginal peoples engaging with the ICA mental health system service to retell their story and will reduce the risk of re-traumatising children, families and carers. Figure 7 below describes how Aboriginal children, families and carers might feel while receiving trauma-informed care.

Figure 7 | Examples of how Aboriginal children, families and carers may feel



4.2.5 Wrap-around: Let us walk this journey side by side

Wrap-around care involves integrated services that collaborate and place the child, family and carers at 'the centre' of care. Focusing care on the child, family and carers improves their experience and reduces formal transitions between services.

Why does it matter?

Wrap-around care is an important principle that underpins how mental health care should be delivered to all children, their family and carers, particularly for Aboriginal children, families and carers. Children that require mental health support often have a variety of needs, mental health and otherwise. These needs vary from child to child, can be complex and usually do not 'neatly fit into one box'. As a result, they need to access multiple services and interact with different staff. This can be difficult, time consuming and can impact on their recovery

experience, particularly for Aboriginal children, family and carers who can have more complex needs and live in regional areas. To provide culturally safe care that improves the SEWB of Aboriginal children, their families and carers, the ICA mental health system needs to ensure that care is child-focused and needs-based rather than service-driven and problem-based.

What does it look like in practice?

Successful wrap-around support relies on processes and governance mechanisms as well as a passionate and dedicated workforce. These features enable culturally safe care and in practice may include:

- Improving working relationships within and between services. Formal and informal channels of communication between staff that support child-focused care should be encouraged.
- Developing care plans that clearly articulate what services and staff are involved in a child's care, and their specific roles and responsibilities.
- Sharing information between services and staff so that they are informed and can provide complementary care. Information sharing should be respectful of the child's privacy and wishes, especially in regional and remote areas that have small communities.
- Breaking down silos and encouraging shared care and communication. There needs to be a conscious effort to integrate services that are operating in isolation, particularly statewide services that have limited engagement in regional and remote areas.
- Acknowledging the cultural differences between different regions, and adapting care accordingly.
- Reducing administration and process burdens between services. Specifically, this might include creating accelerated referral pathways, opening lines of communication and minimising formalities and red tape.
- Ensuring there are processes and procedures that promote wrap-around support and put the child, family and carer first. This will create consistency in the experience of different children, families and carers, and will limit the impact of staff-turnover.

What will it feel like for infants, children, adolescents and their families?

Aboriginal children, families and carers will benefit from services that wrap-around them and reduce their need to navigate the system. As such, their experience is more likely to be culturally safe and appropriate. Figure 8 below provides some examples of how Aboriginal children, families and carers might feel when they receive wrap-around support.

Figure 8 | Examples of how Aboriginal children, families and carers may feel



4.2.6 Empowering: Your story, your health – you are the driver

Empowerment and self-determination refer to the input and inclusion of the child, family and carer in their care. This includes, having the opportunity to shape the care you receive while feeling valued and heard in the process.

Why does it matter?

All people, including Aboriginal children, their family and carers have a right to influence the care that they receive and heal in their own way. Aboriginal peoples have diversity within their own regions, communities, and language groups and as such each person has a unique set of needs. The voice of people receiving care is valuable in ensuring that their care is culturally safe and responsive. Mental health care needs to be tailored to individuals, leaning on their experiences, knowledge and wishes.

The voice and input of Aboriginal children, their family and carers into their care needs to be respected and valued. As discussed above in Section 2.1, some Aboriginal peoples have reported that when interacting with mental health services, they feel disempowered and not listened to. All people interacting with the ICA mental health system, particularly Aboriginal peoples should be given the space to shape the care that they receive.

What does it look like in practice?

Empowering the child, their family and carer involves more than just asking for their input. Their input should be invited, valued and materially shape the care that they receive. In practice this may include:

- Providing AMHWs the space to provide input alongside the child, family and carer. This acknowledges that AMHWs are employed on the basis they have the expertise and knowledge to best support Aboriginal clients to access and navigate the system.
- Ensuring that Aboriginal children, their family and carers are involved in the development of their care plan and participate in their own care. Care will recognise that Aboriginal peoples are on a journey to self-determination and will allow them the space to lead.
- Asking the child if they would like their family and carers present and or involved in their care. This respects the wishes of the child themselves and acknowledges that not all children will want their parents to know about their care, or be involved in it.
- Involving Aboriginal children and families in the design, review and evaluation of services. They should be given the opportunity to provide input and feedback before, during and after their care.

What will it feel like for infants, children, adolescents and their families?

Meaningfully involving Aboriginal children, their family and carers in their own care is a critical part of ensuring that care is culturally safe. All children, families and carers will consistently have the opportunity to define the care they receive and how they receive it. Figure 9 below provides some examples of how Aboriginal children, families and carers might feel as a result.

Figure 9 | Examples of how Aboriginal children, families and carers may feel



4.2.7 Connected to community: Your relationships and place in the community matter to us

Connection to community provides Aboriginal peoples with a sense of continuity with the past, helps underpin a strong identity and creates a sense of belonging. Communities can take many forms, however, they all provide the opportunity for children, families and carers to connect with each other, support each other and work together.¹²

Why does it matter?

Involving the community in a child's care and ensuring that the child's reputation in the community is respected are vital to providing mental health care that is culturally appropriate and makes Aboriginal peoples feel safe, respected and valued. Connections to community are an important source of resilience for Aboriginal peoples, including infants, children and adolescents. The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing acknowledges that 'stronger connections to culture and Country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health' including community safety.¹³ A strong connection to community builds a sense of cultural identity and can reduce suicide rates.¹⁴ The ICA mental health system needs to recognise the importance of the community for Aboriginal peoples, and incorporate and leverage the community when caring for Aboriginal children, their family and carers.

What does it look like in practice?

Communities are critical sources of support and resilience that promote SEWB. The direct and indirect involvement of the community during a child's care are protective factors that support the mental health and SEWB of the child. In practice this may include:

- Partnering with multiple care givers within a child's life. The child should be supported to identify who they would like to be involved in their care. This might include but is not limited to their birth parents, cultural parents, siblings, cousins, aunty and/or uncle.

¹² Dudgeon P, Bray A, Blustein S, Calma T, McPhee R, Ring I, and Clarke R (2022). Connection to community. Produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse. Australian Institute of Health and Welfare, Australian Government.

¹³ Department of Health (2015) Implementation plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, Department of Health, Australia Government

¹⁴ Gibson M, Stuart J, Leske S, Ward R and Tanton R (2021a) 'Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness', *Medical Journal of Australia*, 214(11):514–518, doi:10.5694/mja2.51084.

- Engaging community connections in treatment plans and the provision of care, and identifying opportunities to foster a child’s relationship with community members. This may include strengthening links to school, sport, art and other cultural activities.
- Promoting community awareness and an understanding of infant, child and adolescent mental health needs, impacts and supports. General mental health promotion should be provided in communities to reduce stigma and normalise help-seeking behaviours.
- Leveraging existing community capabilities and partnerships with Aboriginal-led community services. ACCHOs are well placed to deliver primary care because they are familiar with the local context of the community, are easily accessible and are led by Aboriginal peoples.
- Where possible, ICA mental health services should participate and support community development activities, which seek to foster community strength, address key issues which are determinants of SEWB, and, if necessary, contribute to ‘postvention’ activities.

What will it feel like for infants, children, adolescents and their families?

Ensuring that Aboriginal children, their family and carers are connected to their community is a critical part of ensuring that the care they receive is culturally safe and improves their mental health and SEWB. Figure 10 below provides some examples of how Aboriginal children, families and carers may feel while receiving support.

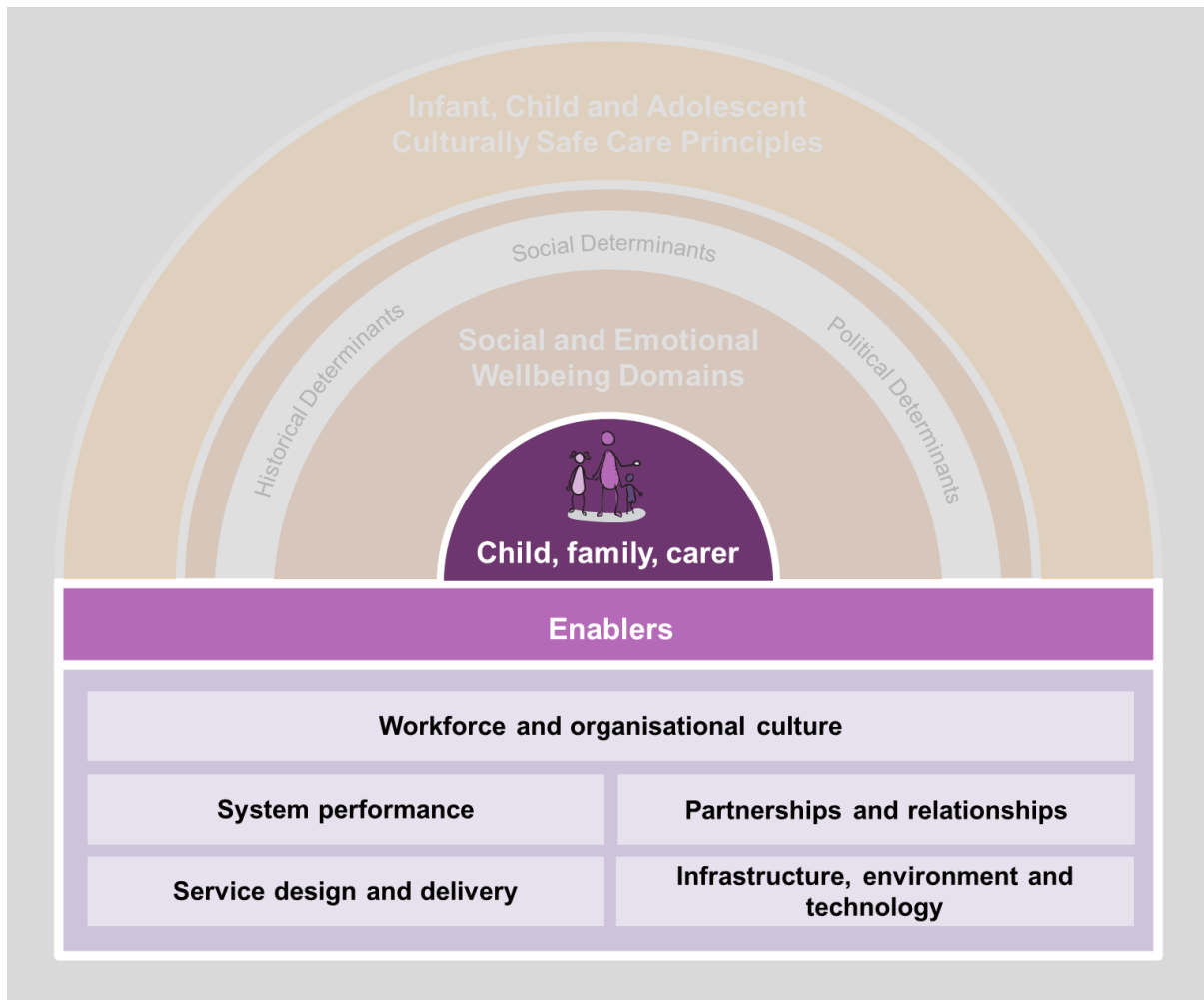
Figure 10 | Examples of how Aboriginal children, families and carers may feel



5 Integration with the system

To translate the Principles across the ICA mental health system into improved outcomes, a dedicated program of system improvement is required. This section outlines the key systemic enablers that are required to ensure the Principles are successfully and sustainability embedded in the future ICA mental health system. The considerations below are not exhaustive and aim to complement the above actions in this document, the actions in the Service Guarantee, and the implementation considerations in the Community ICAMHS Model of Care. These enablers include: workforce and organisational culture; service design and delivery; infrastructure, environment and technology; partnerships and relationships; and system performance and are highlighted in Figure 11 below.

Figure 11 | Enablers of system wide culturally safe care



5.1 Workforce and organisational culture

A capable and resourced workforce including Aboriginal clinicians and AMHWs, professional development, peer workers and after-hours support is required to deliver high-quality mental health care.

Workforce and organisational culture	To integrate the Principles, the ICA mental health system and services will...
<p>The Principles are communicated to staff and included in employment documentation</p>	<ul style="list-style-type: none"> ▪ Communicate the Principles across the ICA mental health system to all services and staff. Messaging will outline the intent and importance of the Principles, and what they will look like in practice. ▪ Incorporate the Principles into job description forms, job advertisements and other employment documentation to outline the importance of delivering culturally safe care and hold staff accountable for culturally safe care.
<p>AMHWs and other Aboriginal staff are leveraged as a key part of the workforce</p>	<ul style="list-style-type: none"> ▪ Attract, retain and support AMHWs to be involved in the care of Aboriginal children, families and carers who interact with the ICA mental health system. ▪ The roles, responsibilities and career pathways of AMHWs in the ICA mental health system are described in detail in the Aboriginal Mental Health Worker Model. ▪ Attract, retain and support Aboriginal peoples to perform a range of roles, including service and system leadership, clinical, peer and administrative roles.
<p>Staff receive ongoing and frequent cultural safety training</p>	<ul style="list-style-type: none"> ▪ Provide staff with continuous cultural safety training and professional development. Training will be delivered by Aboriginal peoples and will build cultural competency. Where possible, training will be delivered face-to-face. ▪ Encourage Aboriginal ICA mental health staff to formally and informally upskill non-Aboriginal staff to the extent that they feel comfortable, and it is within their role expectations.
<p>Staff learn from Aboriginal children, families and carers</p>	<ul style="list-style-type: none"> ▪ Encourage two-way learning between ICA mental health staff and children, family and carers interacting with the system. Staff will listen to understand, not listen to respond and will value the knowledge of Aboriginal peoples.
<p>Organisational policy and procedures to address discrimination</p>	<ul style="list-style-type: none"> ▪ Strengthen and assertively implement policies which restrict discriminatory behaviours amongst staff and contractors, including procedures for the management of racism experienced by staff and consumers.

5.2 Service design and delivery

The Principles and a focus on SEWB of children and their families will be at the heart of service design and provision.

Service design and delivery	To integrate the Principles, the ICA mental health system and services will...
<p>Aboriginal peoples will have input into the design of services they receive</p>	<ul style="list-style-type: none"> ▪ Co-design services with Aboriginal children, family and carers and ensure their experiences and knowledge are captured. All Aboriginal peoples interacting with the ICA mental health system should have a voice. ▪ Develop culturally appropriate ways of delivering services by using Aboriginal-led research and best practice case studies. ▪ Involve Aboriginal ICA mental health system staff, including AMHWs in decision-making activities and meetings, particularly in regional and remote areas.
<p>Services are delivered in a culturally safe way that promotes SEWB</p>	<ul style="list-style-type: none"> ▪ Services will be provided in ways that are flexible to the unique needs of Aboriginal children and families, including after hours and outreach delivery. ▪ Where possible, services will be provided on-Country and closer to home, minimising the need for children and/or families to leave their communities to access specialist care. ▪ If preferred by children and their families, care will be provided by Aboriginal and culturally safe staff, in their own language where possible, supported by AMHWs and peer workers. ▪ Encourage Aboriginal community-led organisations to provide care, including through the commissioning of services and/or the co-location of services.

5.3 Infrastructure, environment and technology

Physical and digital infrastructure are important enablers for delivering high-quality and culturally safe ICA mental health services.

Infrastructure, environment and technology	To integrate the Principles, the ICA mental health system and services will...
<p>Care is delivered in a welcoming environment</p>	<ul style="list-style-type: none"> ▪ Ensure that the physical space is safe, welcoming and culturally inclusive. The environments may have the following features to make Aboriginal children, their families and carers feel comfortable accessing the service: <ul style="list-style-type: none"> ○ visible Aboriginal flags and art ○ signs in the local language and in plain English

Infrastructure, environment and technology	To integrate the Principles, the ICA mental health system and services will...
	<ul style="list-style-type: none"> ○ limited bright white lights, white walls and other institutionalised elements ○ private spaces that ensure confidentiality ○ allowing for culturally safe entrances in regional and remote contexts.
Services respect the Country on which they are provided	<ul style="list-style-type: none"> ▪ Consider the environmental impacts and minimise harm on lands, waters and wildlife, and, where possible, services include a living environment, including plants and other living things.
Technology is used to improve access for people living in regional and remote areas	<ul style="list-style-type: none"> ▪ Use technology to connect with Aboriginal children, their families and carers in regional and remote parts of WA. Technology (including telehealth) will be used to complement in person appointments.

5.4 Partnerships and relationships

Formal and informal partnerships within and between services are crucial to ensuring the experience of every child, family and carer is seamless and improves their mental health and SEWB.

Partnerships and relationships	To integrate the Principles, the ICA mental health system and services will...
ICA mental health services partner to provide integrated care	<ul style="list-style-type: none"> ▪ Form partnerships between ICA mental health services. Services that should interact with each other include but are not limited to: <ul style="list-style-type: none"> ○ Acute Care and Response Teams ○ CAMHS Crisis Connect ○ Child and Adolescent Forensic Service ○ Community ICAMHS ○ Complex Attention and Hyperactivity Disorders Service ○ Eating Disorders Service ○ Emergency Departments and Child Safe Spaces ○ Gender Diversity Service ○ Inpatient wards ○ Pathways ○ Statewide Perinatal and Infant Mental Health Program ○ Touchstone.
ICA mental health services partner with community services and organisations to provide holistic care	<ul style="list-style-type: none"> ▪ Form partnerships between services in the ICA mental health system and other services and organisations. Services that should interact with each other include but are not limited to: <ul style="list-style-type: none"> ○ ACCHOs

Partnerships and relationships	To integrate the Principles, the ICA mental health system and services will...
	<ul style="list-style-type: none"> ○ Aboriginal Medical Services ○ community organisations ○ Department of Communities, including Child Protection and Family Support, Housing and Community services ○ Department of Education ○ Department of Justice – Youth Justice Services (including Banksia Hill Detention Centre) ○ disability service providers ○ general practitioners ○ non-government organisations ○ private mental health services ○ police ○ schools (e.g. school counsellors, psychologists, school health nurses and teachers).
<p>Services work together in the care journey and communicate openly and frequently</p>	<ul style="list-style-type: none"> ▪ Collaborate with Aboriginal community led services and other services to work together across all stages of care, including early identification, intake and assessment, provision of care and transition planning. ▪ Create open channels for formal and informal communication to better support Aboriginal children, families and carers. Services will be mindful of ensuring that the child, family and carer’s privacy is respected, particularly in small local communities.

5.5 System performance

The structure of the ICA mental health system is an important enabler that drives the environment in which care is delivered. This includes having Aboriginal peoples in leadership positions and involved in the design, review and evaluation of services.

System performance	To integrate the Principles, the ICA mental health system and services will...
<p>Outcomes are measured qualitatively and quantitatively</p>	<ul style="list-style-type: none"> ▪ Incorporate qualitative and quantitative sources of information to monitor and evaluate the impact and effectiveness of services. Monitoring and evaluation activities need to be flexible and reflect the difficulties in measuring cultural safety and SEWB. ▪ Acknowledge that some changes to the system will be significant and their impact will take time to realise. These changes will need to be measured over the long term and short-term outcomes should be caveated. ▪ Encourage that feedback for reviews and evaluations is collected through face-to-face conversations and yarning rather than surveys.

System performance	To integrate the Principles, the ICA mental health system and services will...
<p>The Principles are included in Health Service Provider Executive key performance indicators</p>	<ul style="list-style-type: none"> ▪ Include the Principles in the key performance indicators of executives and leaders. This will hold them accountable and ensure that the experience of Aboriginal children, families and carers is made a priority for the system.
<p>Aboriginal peoples hold leadership and management roles</p>	<ul style="list-style-type: none"> ▪ Include Aboriginal peoples in governance structures and oversight committees. This will ensure that the perspective of Aboriginal peoples is represented at all levels and is factored into decision-making. Having Aboriginal peoples in leadership positions will promote transparency and accountability.

6 Terminology

Table 1 below contains a list of the key terminology used within this document.

Table 1 | Key terms used within this document

Term	Its intended meaning and use
Aboriginal peoples	Aboriginal and Torres Strait Islander peoples
ACCHO	Aboriginal Community Controlled Health Organisation
AMHW	Aboriginal Mental Health Worker
Carer	A person who provides care to another person, such as a child who is living with mental ill-health. They may have statutory responsibility for a child, be a family member who supports a child in their family or be another peer or community supporter.
Children/Child	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age.
Clinicians	Professionals engaged in the provision of mental health services, including but not limited to Aboriginal mental health workers, administrative staff, allied health workers, nurses, paediatricians, psychiatrists, psychologists, and others.
Community ICAMHS hub	A central 'hub' in each region within WA that leads the provision of mental health supports and is a single point of entry for all children, families and carers.
Community ICAMHS clinic	A local clinic or spoke that can deliver care close to home for children, families and carers. The Community ICAMHS hubs will coordinate and support these clinics.
ED	Emergency departments
Family	A child's family of origin and/or their family of choice. It may include but not be limited to a child's immediate family, extended family, adoptive family, peers, and others that share an emotional bond and caregiving responsibilities.
ICA	Infant, child and adolescent
ICAMHS	Infant, Child and Adolescent Mental Health Service
ICA mental health system	The public specialist infant, child and adolescent mental health services. This relates to services funded and provided by the WA Government.
The Principles	The Infant, Child and Adolescent Culturally Safe Care Principles are intended to guide the delivery of culturally safe, responsive and quality health care to Aboriginal and Torres Strait Islander peoples.
Mental ill-health	This is a broad term that is used to include mental health issues, mental health needs, and mental illness. It relates to an experience of mental health issues impacting thinking, emotion, and social abilities, such as psychological distress, in addition to diagnoses of specific mental health disorders, such as depression and anxiety.

Term	Its intended meaning and use
Model of care	A model of care broadly defines the way health care is delivered, informed by evidence-based practice. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.
Peer support worker	A peer support worker is someone with lived experience who is there to support the child, families and carers. They may provide emotional and psychological supports; be in attendance at appointments; or be an advocate and/or champion for the child, family and carers.
People with lived experience	A child or young person who is or has lived with the impacts of mental ill-health and a person who is or has provided care to a child who is living with mental ill-health.
the Principles	Infant, Child and Adolescent Culturally Safe Care Principles
Service Guarantee	The Service Guarantee outlines what children, families and carers will expect to experience in their interactions with the ICA mental health system.
SEWB	Social and emotional wellbeing
Staff	People who work within the ICA mental health system.

Appendix A Service Guarantee

All children, families and carers are empowered to achieve and maintain their best possible mental health and wellbeing regardless of who they are or where they are from

You can easily access the care you need



All children, families and carers have flexible access to public services which feel welcoming and receive the right service at the right time without barriers.

You are at the centre of the care that you receive



All children, families and carers receive care that is tailored to their needs and preferences, where they are informed and have choice about their care.

You have a voice in your care



All children, families and carers can actively contribute to the design and delivery of the services they might receive, and feel that their care is responsive to their needs.

Your family and carers are partners in your care



Families and carers are empowered and involved in their child's care in a way that is safe, appropriate and collaborative, while respecting the child's wishes.

Your care wraps around you



All children, their families and carers experience care that is effectively coordinated in an integrated service system, resulting in harmonious supports.

Care improves your wellbeing



All children, their families and carers receive care that is meaningful to their goals and supports their recovery in line with their definition of wellbeing.

You have lasting support and care



All children, families and carers are supported through their care journey to access or transition between services based on their needs.

You receive care from resourced and capable services



Care is provided by services that are fully resourced, with the capacity, capability and infrastructure necessary to provide tailored care.



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