



Government of Western Australia
Mental Health Commission



Head to Health Kids Hub

DRAFT

Model of service

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1. Background

Investing in a child's mental wellbeing results in better outcomes later in life, reducing future demand and need for youth and adult mental health services (Head to Health Kids National Service Model). Signs of mental illness or developmental difficulties can be present years before more severe symptoms exist and early identification, support and intervention can help prevent future issues for infants, children and their families.

The traditional Aboriginal understanding of mental health is holistic and does not refer to the individual but encompasses the social, emotional and cultural wellbeing of the whole community (Western Australian Suicide Prevention Framework 2021–2025). The social and emotional wellbeing of Aboriginal people is strongly influenced by their connection to family, Elders, community, culture, Country, and spirituality. For the purposes of this document, mental health and social and emotional wellbeing will be used interchangeably.

Through the 2021-22 Budget, the Australian Government has committed \$54.2 million (over four years from 2021-22) to lay the foundations of a network of Head to Health Kids Hubs (Kids Hubs) for children aged 0-12 years. The State and Commonwealth Governments have committed to establish a Kids Hub in Western Australia (WA) - as part of the Bilateral Schedule on Mental Health and Suicide Prevention: Western Australia. These Kids Hubs arose from a key priority action in the National Children's Mental Health and Wellbeing Strategy to establish integrated child and family hubs across Australia.

The Kids Hubs aim to reduce the substantial barriers children aged 0-12 and their families face in accessing services and provide integrated, comprehensive, and multidisciplinary care. Kids Hubs aims to improve early intervention outcomes for children's mental health and wellbeing, and complement and enhance existing services provided to children and their families.

The hubs are designed to operate as a secondary level child mental health and wellbeing service, targeting children at risk of social, emotional, and developmental wellbeing issues and their families, ie mild to moderate emerging complexity. The Kids Hubs will complement existing local supports and provide a holistic approach to wellbeing, inclusive of the whole family.

The WA Kids Hubs aligns to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, to prioritise the development of age-appropriate mental health services and programs for the 0-15 age group, and in particular for infants and children in this age cohort who are highly vulnerable. This mirrors the [Head to Health Kids National Service Model](#) which aims to prioritise health service access to cohorts of children who are at increased risk of mental ill health and behavioural difficulties. The Kids Hubs aligns with the Infant, Child and Adolescent (ICA) Taskforce Final vision of the future infant child and adolescent mental health system with a greater emphasis on early intervention and an enhanced primary care sector and it is complementary to the new models of care for

community ICA mental health services. The Kids Hubs also aligns to the priority reforms under the National Agreement on Closing the Gap, as well as the WA State Priorities Mental Health, Alcohol and Other Drugs 2020 – 2024, and the Sustainable Health Review.

The City of Swan was chosen for the location of the first WA Kids Hub. Community engagement helped inform the development of this Kids Hubs model of service. This model adapts the [Head to Health Kids National Service Model](#) to the local needs of the City of Swan area.

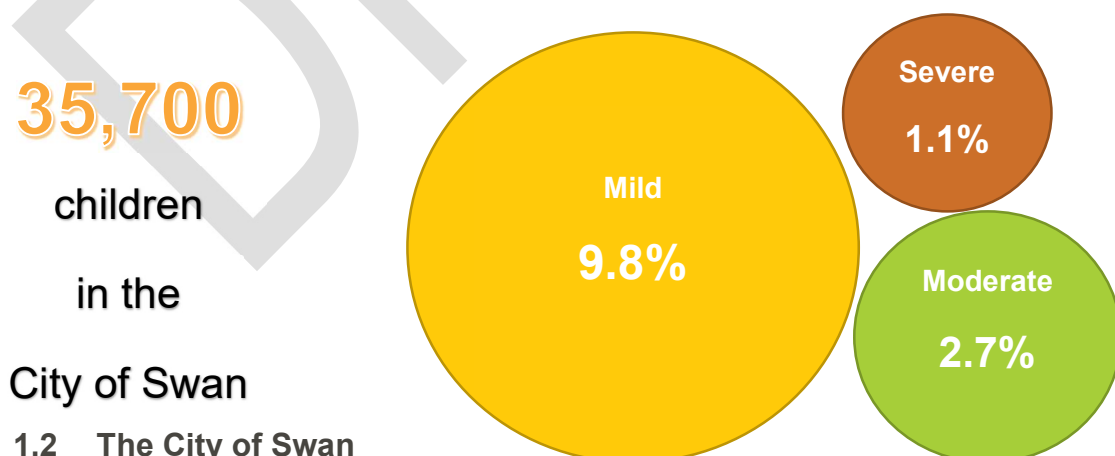
Kids Hubs services and supports are intended for infants and children aged 0-12, and their families. It is recognised in the Australian Government model that the wellbeing of children in this early age group must be considered in context of their family and caregivers, by addressing the wellbeing needs of the family as a whole and providing coordinated and integrated services and supports.

For noting: infants and children 0-12 years will be referred to as children unless specifically referring to a sub cohort; and families and caregivers will be used interchangeably.

1.1 Statistics and data

Approximately 50% of adult mental illness begins before children reach 14 years of age.¹ 48.9% of children with a mental illness have accessed services for emotional or behavioural problems in the past 12 months.²

There are approximately 35,700 children aged 0-14 in the City of Swan. For children aged 4-11, approximately 13.6% have a mental disorder in a 12 month period. 72.1% of these with a mild disorder, 19.7% with moderate and 8.2% with severe.⁴ Data is indicative that the WA Child and Adolescent Mental Health Service mostly services children in the severe cohort.



1.2 The City of Swan context

¹ Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):617-27.

² Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J et al. 2015. The mental health of children and adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health.

In the City of Swan, there are approximately 35,700 children aged 0-14. The City of Swan has a slightly higher population of Aboriginal and Torres Strait Islanders people (3.5% compared to 2% in Greater Perth), with 5.5% in Midland.³ 23.2% of people speak a language other than English at home which is slightly higher than the Greater Perth area (20.9%).⁴ The main languages other than English spoken at home include Filipino/Tagalog, Vietnamese, Punjabi, Arabic and Gujarati.⁴ There was a similar proportion in of resident's in employment, compared with Greater Perth and a smaller proportion of high income households and a lower proportion of low income households.⁵

1.3 Community engagement summary (including service mapping)

A consultant was procured to engage community and sector professionals to inform this model of service and associated future commissioning processes. A report brought together the thoughts and experiences of key stakeholders in the City of Swan community and outlined key recommendations which are summarised in Appendix 1.

Further individual conversations with local service providers found that a range of services for 0-12 year olds currently exist however, gaps exist due to resources or eligibility requirements. There were strong themes of neurodevelopmental needs, a need for counselling and psychology and help navigating mental health services. Flexibility was raised by many providers stating there needs to be a no wrong door approach, that it is important to take the time to build trust with families and a strong need for outreach, not only to other services but also to families at a place most suitable for them. There was also a need for case coordination, and child and parenting programs.

The Child and Adolescent Mental Health Service offers support, advice and treatment to young people and their families who are experiencing mental health issues, however, due to resources, prioritise children and adolescents with more severe mental health issues.

The Child Development Service require children to have a developmental issue and due to limited resources services are prioritised for 0-7 year olds. This service identified current gaps in service coordination and parenting programs that the Kids Hubs could address.

³ [Aboriginal & Torres Strait Islander origin | City of Swan | atlas.id](#)

⁴ [Home | City of Swan | Community profile \(id.com.au\)](#)

⁵ [Household income | City of Swan | Community profile \(id.com.au\)](#)

2. Service principles, aims, and overview

2.1 Service principles

The National Service Model is founded on the following principles:

1. **Child-centred and family focussed** – Focussed on the mental health, wellness, and safety of the child. Providing flexible, tailored care that considers the critical role and needs of the whole family.
2. **Strengths based** – All services have a perspective that builds on the positive attributes of the child and family, building a holistic child and family centred approach.
3. **Integrated** – Supporting children and families to connect to pathways of care through integration with existing community child and family health and wellbeing services and school supports that are accessible and appropriate. Ensuring families experience services as part of a single pathway meeting their needs, with smooth transitions, including between health, education, and social care components.
4. **Needs based** – Service delivery based on the individual child and family's needs, with the focus on the child's functioning and a reduced focus on a clinical diagnosis to access services.
5. **Equitable and inclusive** – A free, welcoming, compassionate, culturally safe, and appropriate environment that is inclusive for all children, families and carers accessing services or supports.
6. **Evidence-informed best practice and continuous quality evaluation** – Using data, evidence, research, and child and family experience of care and feedback indicators to create a continuous feedback loop between research, clinical practice and the outcomes for children and families. The service will take into account the broader dynamic landscape that might impact on local needs and offerings.
7. **Clinical governance and accountability** – Appropriate governance to ensure quality standards and clinical competence and reporting requirements are maintained and responded to.

In addition to the National Model Principles the localised engagement highlights the following principles:

8. **Flexibility** - Being adaptable to the needs of the child and their family. Understanding that every child and their family has differing needs to be addressed. Flexibility includes outreach of Kids Hubs services and in reach of local services and supports.
9. **A stepped approach** - Provision of support, treatment and care that caters to differing levels of need, offering some supports during waiting times.

10. **No wrong door** - Every child and their family receive support. Referrals are not required, and complementary supports are offered to families whose primary needs may be addressed by an alternate service.
11. **Embed culture** - Empowering the Aboriginal and Torres Strait Islander (Aboriginal) community to be partners in service decision making, with culture and Social and Emotional Wellbeing principles embedded in every aspect of the service
12. **Non-judgemental environment** - A welcoming environment that is non-stigmatising, inclusive, and that fosters trust.
13. **Valuing community** - Recognising the importance of community initiatives such as support groups, cultural activities, Lived Experience peers, and other non-specialist supports in promoting the wellbeing of children and their families.
14. **Capacity building** - Regular training of service staff, education for local services and knowledge building for local community to understand how to identify early signs of mental distress, how to work with children and their families to promote mental wellbeing.

2.2 Service aims

To provide a sustainable universal access program for all children and their families to safe, free, multidisciplinary mental health and wellbeing care in the City of Swan. Care will complement and enhance existing services provided to children with mild to moderate mental health and wellbeing issues, and their families. The Kids Hubs will:

- Improve early intervention and prevention for children's mental health and wellbeing with improved collaboration between care/service providers.
- Provide better, easier and free access for children and their families to appropriate health and wellbeing supports.
- Facilitate system integration through improved collaboration between care/service providers.

2.3 Service overview

The WA Kids Hubs will provide an early intervention and prevention service for children whose social, emotional, or developmental wellbeing is at risk. The service will provide free, holistic, multidisciplinary care that aids service navigation and helps to prevent the development or exacerbation of mental health issues.

The Kids Hubs service offers specialised expertise for children and families who are linked to the service by either their GPs, other health professionals, the Head to Health National Phone Service, childcare services and schools, child protection services, and relevant government, non-government agencies or by word of mouth. The Kids Hubs will liaise with diverse touchpoints in the community where children and families interact, making it possible to identify signs of struggle or illness in children and ensure the Kids Hubs are primarily directed towards the most vulnerable.

The Kids Hubs service emphasises strong connections, integration, and potential co-location with other services within the community. This collaborative approach aims to streamline access and navigation across services, facilitating quick support for children and families. Staff will be available to engage with families who may seek assistance without a formal referral. A worker will greet them, understand their needs, and offer information about relevant supports and discuss urgent cases with a member of the multidisciplinary team. Staff will play a crucial role in providing secondary consultation and building the capacity of other services and professionals who work with children and families.

The Kids Hubs will have a community partnerships and promotion function that will foster Kids Hubs relationships with the local community to aid pathways into the hubs, integrate services, promote in-reach into the Kids Hubs from other services and establish outreach into external support services by Kids Hubs staff.

The Kids Hubs supports will be delivered in flexible ways including:

- immediate support options
- appointments for specific supports
- virtual and telephone alternatives
- peer and therapeutic groups.

The diagram below demonstrates how the Kids Hubs is positioned within the broader service spectrum.

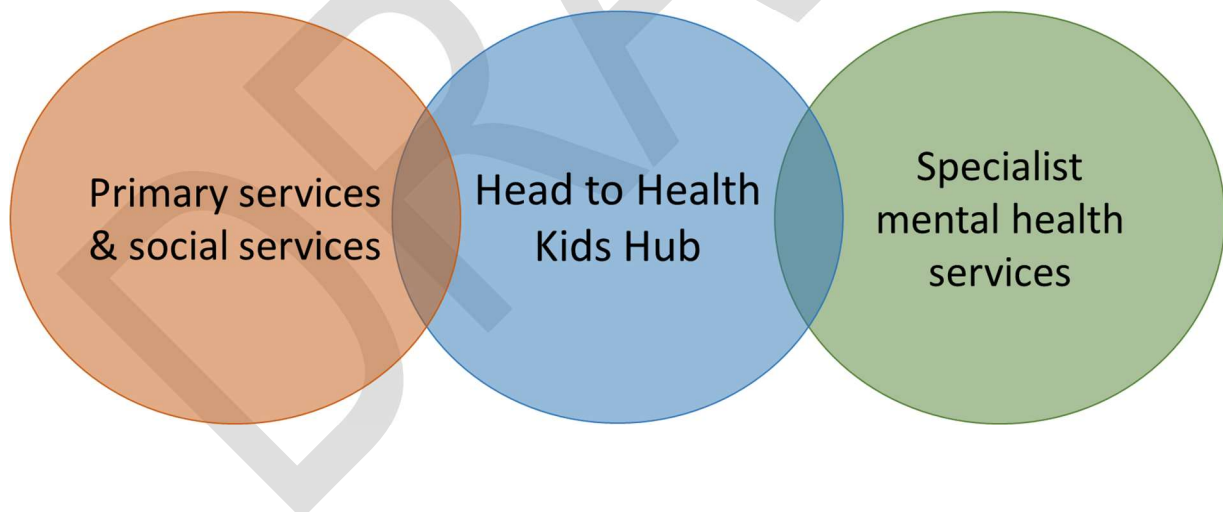


Diagram 1. Positioning of the Kids Hubs

3. Service access and pathways

3.1 Access

All children and their families in the City of Swan will have easy access to the Kids Hubs supports and services. To achieve this the service will be provided at no cost to families, offer multiple entry pathways and a “No wrong door approach”. Geographically the Kids Hubs will be easy to access by public transport, will provide a welcoming and non-judgemental environment, and will accommodate the needs of children and families who are neurodivergent and/or have disabilities.

Priority Cohorts to be considered

The following priority cohorts have been identified as being at risk of mental ill health and particular attention will be given to address their needs, ensure barriers are addressed and appropriate, accessible pathways into the Kids Hubs exist. Consideration of these groups should be embedded into all Kids Hubs supports and services.

Aboriginal and Torres Strait Islander children

The City of Swan has a higher population of Aboriginal and Torres Strait Islanders people (3.5% compared to 2% in Greater Perth), with 5.5% in Midland.³ The Kids Hubs will incorporate cultural understanding and respect and empower and collaborate with Aboriginal Elders, individuals, and community representatives in the planning and implementation of the service. Staff will have meaningful ongoing training around cultural awareness and safe practices and the Kids Hubs will be a non-judgemental and respectful environment.

The Kids Hubs will have Aboriginal people in many of the positions within the Kids Hubs, with dedicated Aboriginal health and peer workers. Whilst establishing the service, the Kids Hubs could have in reach of staff already in these roles, rather than trying to secure new staff to fill positions. This will increase the retention rate and provide workers who may already have good rapport and connections to the wider Aboriginal community in the area. Otherwise, efforts will be made to recruit and retain Aboriginal staff and engage in mentoring and capacity building initiatives for Aboriginal staff.

Elders and Aboriginal people will be empowered in decision making and governance roles within the Kids Hubs and will be consulted in the planning, implementation and evaluation of services and supports.

The Kids Hubs will present as a culturally safe environment, acknowledging culture in the physical space but also through all supports and services. Kids Hubs staff will endeavour to build trust with Aboriginal people and services to help support pathways into the service, including by word of mouth.

Children with refugee or asylum seeker status or who have recently migrated

In the City of Swan, more people (23.2%) speak a language other than English at home than the Greater Perth area (20.9%).⁴ The main languages other than English spoken at home include Filipino/Tagalog, Vietnamese, Punjabi, Arabic and Gujarati.⁴ Consideration will be given to planning and delivery of language services including translation into languages other than English and plain English materials and interpreting services that are openly advertised and accessible. Efforts to increase access and raise awareness of this service amongst this cohort will also be made, including by making people feel safe and ensuring informed consent is obtained.

It is important to continually seek advice from community leaders about service operations to ensure a culturally secure service. People that are culturally and linguistically diverse are likely to come across the service by word of mouth so building trust in the Kids Hubs is important.

Pathways into the service for this groups could be from culturally and linguistically diverse groups and it will be important to strengthen relationships and consider in reach and outreach options.

Children who have experienced child protection and out of home care systems

In the Swan Area there are a considerable number of children and families in contact with the out-of-home services in Midland. The Kids Hubs staff will work with existing child protection and out of care services to foster pathways into the Kids Hubs. The Kids Hubs will take into consideration co-location of child protection, police and justice staff and presence of security and how this may act as a barrier to entry for some families.

Children who have experienced trauma

The Kids Hubs will work in a trauma responsive way, providing regular trauma responsive care training to hub staff. Relationships with trauma related services will be fostered as well as consideration of in reach and outreach opportunities. Considerations around building design and staff profile will need to be considered, to ensure that people who have experienced trauma feel safe.

For Aboriginal children and families, intergenerational trauma is often present, sometimes further compounded by other trauma. Intergenerational trauma will also be included in the cultural training staff undertake as it is complex and affects not just the individual but the entire family and wider community.

Children living in atmospheres of abuse and high conflict will be provided appropriate supports and linkages to other services that will help address these issues. Relationships with domestic violence and abuse related services will be fostered to aid pathways into the service, facilitate shared care and consideration to in reach or outreach opportunities will be given. Adjustments to individual care provision will need to be considered to ensure the safety and comfort of the child/children.

Children may have a family member with a mental illness or disability, or substance use issues that impacts on their mental wellbeing. Support for the family will be provided to help with these issues, with linkages to additional services with consideration of any in reach

or outreach opportunities. Support for family members to access psychology or counselling, including navigating the Better Access Plans will be provided.

Children with social or economic disadvantage

Providing equitable access to supports and services is important for the Kids Hubs. Providing services at no cost, being close to public transport and having free parking available all assists with access. Additionally, providing outreach (such as to schools and family homes), telephone and virtual options for those families who are unable to go into the Kids Hubs will improve access. Efforts to support child attendance at school and ensure children have positive education outcomes and experiences will be undertaken in partnership with schools. The Navigators can support families to be linked in with a wide range of services such as housing, financial assistance, food assistance and employment services where appropriate.

Children with disability or chronic illness

The Kids Hubs will develop a Disability Inclusion and Access Plan to ensure barriers to access for families with children or family members with disability/s are addressed. The service will accommodate needs, including offering flexible support delivery (e.g. outreach to home) and the incorporation of Alternative and Augmentative Communication (AAC), as recommended in the community engagement workshop. The requirements of those with neurodevelopmental and/or sensory needs will be considered throughout the Kids Hubs design, with spaces of high and low sensory engagement, and consideration of other factors such as lighting and noise.

The service will not provide National Disability Insurance Scheme (NDIS) supports for families with an NDIS plan, however staff will understand how families can access and apply to NDIS and link them to support coordinators.

LGBTQIA+SB families

The Kids Hubs will cater to the needs of LGBTQIA+SB families. This includes providing inclusive, identity and gender affirming care, non-discriminatory policies and practises (such as affirming forms and documentation), privacy and confidentiality, using language that affirms identities of LGBTQIA+SB individuals and inclusive facilities, with gender neutral restrooms. Staff will be trained to provide inclusive, gender and identity affirming care. The Kids Hubs will have partnerships with LGBTQIA+SB service providers and support groups and aim to have LGBTQIA+SB Peer Workers.

OTHER CONSIDERATIONS FOR ACCESSIBILITY

Operating hours

The local consultations in Midland identified that the service should provide options for opening hours during early mornings, late afternoons and weekends to accommodate a range of needs. Early mornings will allow an option of support after a difficult night for

parents, as well as a before school time. Later times and weekend hours will accommodate working hours and after school activities.

Managing need

The Kids Hubs will provide support and form relationships with the children and families who engage with the service. Some services at the Kids Hubs will require appointments and/or may have a waitlist, due to a high level of need. These services are likely to be for the specialist assessments and supports. While the families and children are waiting for specialist appointments, the Kids Hubs will provide a range of wider support options that are easily accessible, such as support from peers, support groups, online programs (such as the Triple P Positive Parenting Programs), service navigation and links with outside services.

Knowledge of and relationships with local services that may better address priority needs will allow for a coordinated approach to care. This will link in with the role of the community engagement and health promotion functions of the Kids Hubs (see section 8). The Kids Hubs will establish partnerships and alliances to create a network of support to establish and create a synergistic environment where organisations work together to meet the diverse needs of individuals, ensuring that they receive the necessary support and resources from a network of trusted providers.

Reciprocal referral arrangements with the local Child and Adolescent Mental Health Service (CAMHS) and other community services will involve a collaborative and interconnected approach to support and refer individuals or clients to other service providers within the community. Reciprocal referral will also be facilitated by an agreed process with Kids Hubs specialists and specialist local agencies, to ensure that children and families are provided the most appropriate care from the start (see Assessment section 7). These arrangements will be mutually beneficial for all parties involved and aim to enhance the overall well-being and access to comprehensive services for individuals.

Creche

The provision of a creche during certain periods was identified in the local engagement as important to allow parents to attend and focus on appointments. This will prevent childcare presenting as a barrier to engage with the service and will aid access for families who otherwise won't have childcare arrangements.

3.2 Pathways into the Kids Hubs

Formal referrals are not required to access Kids Hubs services, however, are encouraged and may assist in providing relevant information about needs when families and children have appointments with particular Kids Hubs services.

The Commonwealth assessment tool - the Initial Assessment and Referral (IAR) Tool – may assist GPs and other referrers referring to Kids Hubs in assessing children (aged 5-11 years) and youth, ensuring children are directed to the most appropriate level of care. Walk-ins are welcome and will enable better access for marginalised or vulnerable groups that are a priority cohort of the Kids Hubs. This aligns with the National Model which states that the intention of the Kids Hubs is to foster access for those cohorts that face barriers to accessing mental health services and states Kids Hubs will enable engagement with families that present without a referral.

The National Model states that there are particular cohorts that are less likely to access mental health services early and the service will be collaboratively designed with these cohorts. These groups were engaged during the WA City of Swan community engagement process in which a recommendation was made in to not require a formal referral to access the service.

It is envisaged the main pathways into the service will be from:

- Primary health providers such as General Practitioners (GPs)
- Schools and early childhood education centres
- The Child Development Service
- CAMHS.

Pathways could also be via:

- Word of mouth or walk ins
- The National Head to Health Phone Service
- Perinatal services
- Cultural services
- Disability services
- Child protection services
- Other local community mental health, alcohol and other drug (AOD) and health services.

Eligibility

Kids Hubs services are available for those who are experiencing emotional, behavioural and developmental challenges impacting mental wellbeing. In a clinical setting this equates to mild to moderate mental health issues. As the Kids Hubs has a no wrong door approach, all families will be offered initial contact with a Care Navigator (Navigator) (diagram 2) who can link families to the most appropriate supports and case coordination services.

Eligibility for the service is not based on a child having a diagnosable mental illness; rather consideration is given to emotional wellbeing, behavioural and developmental needs, physical symptoms, mental distress, and family functioning.

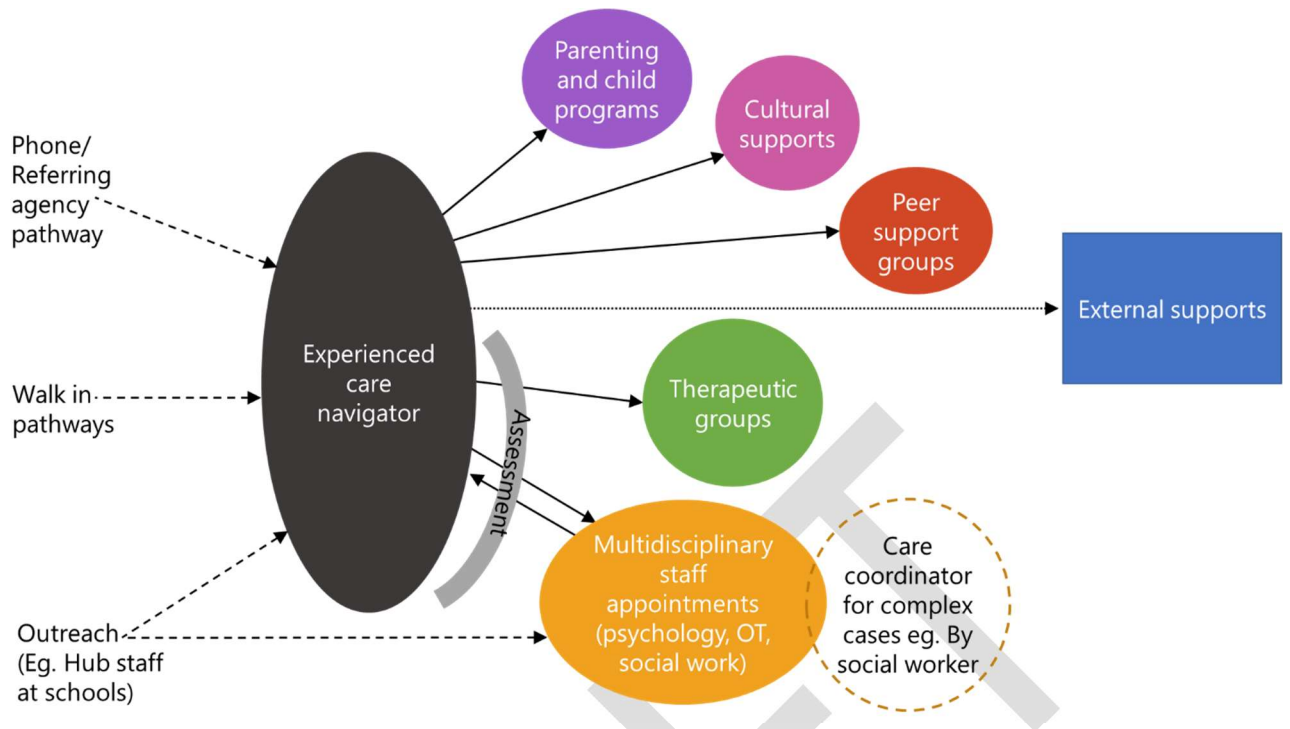


Diagram 2. Entry process

Families will not be excluded from the service if the child has:

- had previous or current contact with the youth justice system, including in Banksia Hill
- disability/s
- neurodevelopmental needs
- co-occurring AOD use.

If a family attends the service and the Kids Hubs is unable to address their needs, they will not be turned away but will be offered complementary supports at the Kids Hubs whilst also being referred to and supported to access more appropriate services. (see section 4)

4. Initial contact

All families who phone, walk-in or are referred to the Kids Hubs will be greeted by a Care Navigator (a suitably trained Peer, Aboriginal or Support Worker), who will be the first point of contact for the family. The first contact will involve a conversation with the children and families to ascertain why they have contacted the Kids Hubs and what their needs are. This initial conversation will be undertaken by an experienced Care Navigator (Navigator) who will listen to what the family or child identifies and respond to this initially.

The role of the Navigator is to provide a warm welcome to the service, start to develop a trusting relationship, assist the family to work out and express their needs, assist the family to understand what is on offer and what they can expect from the service.

Conversations can be completed in person, especially when families walk into the service, however, also by telephone or virtually to aid accessibility to the service. It is important that whoever is the first contact for the children and families has an ability to build rapport and trust, as this will increase the instances of families returning to the service and accessing supports. This relationship will aid any subsequent assessments, as families will feel safer and more comfortable. If the family desires, this Navigator will remain with the family throughout their journey at the Kids Hubs.

Through this process the Navigator can assist families to access the first two steps of the stepped approach which represents more readily available supports whilst waiting for specialist supports.

If a family attends the service and has needs the Kids Hubs can't address, they will not be turned away and will be offered supports and services at the Kids Hubs whilst also being referred to and supported to access more appropriate services. This includes families that require NDIS disability services, general health services, drug and alcohol support, legal services, housing, more intensive mental health supports such as those provided by CAMHS, or crisis support services such as domestic and family violence support. The child and family will be supported by Kids Hubs whilst waiting for other specialist appointments.

The Kids Hubs is not a crisis service; however, staff will have the skills and knowledge to support people experiencing crisis situations and a clinical presence at the hub to refer to when needed. There will be a de-escalation/low sensory space within the hub and the Navigators will also know where to refer families for additional support, if needed.

There will always be members of the multidisciplinary specialist team on site, who will work closely with the Navigators and will be available, if needed, to support the Navigators.

5. Care navigation

As described above, all children and their families will have a Care Navigator (Navigator) as the first touch point in the service. The Navigator will form relationships with the children and families and help families to navigate mental health and social systems, and coordinate both internal and external supports (warm referrals). This position is envisioned to be a blend of peer workers and other support workers, with a mix of lived experience and cultural identities.

In partnership with the family, the Navigator will develop an initial plan for the child and family, considering the presenting needs of the child and other family members. The Navigator will play a function in planning and managing the family's care, collaborating with other supports and services, sharing information and integrating care. This includes the function of walking alongside the child and family, providing information about current services and resources the family has and linking them with new supports (internal and external to the Hub) that addresses their needs.

6. Care co-ordination

For children and families who are assessed as having complex support needs and/or require several services the Kids Hubs service will offer care coordination (in addition to care navigation). This will assist in ensuring regular and comprehensive communication between providers and assist the family with navigation and access to other services.

The Care Coordinator will liaise with all clinical and specialist services involved in the family's ongoing care and ensure services are integrated and holistic. The Navigator and the Care Coordinator can work together or hand over care to the other depending on need. This care coordination will improve integration, support engagement and support families with complex needs. Care coordination will improve service provider communication and information sharing. Care Coordinators will need to gain the informed consent of children and their families to engage with these services.

If the children and families are already engaged with external care coordinators, the Navigator or Care Coordinator should arrange regular meetings with the external care coordinators. A Kids Hubs Care Coordinator or Navigator may not be required in this scenario. Optimal coordination approaches should be streamlined and considered on a case by case basis.

Protocols to achieve effective care coordination will include:

- Collaboration between adult, youth and child mental health services to address the needs of the whole family
- Care planning with local community services
- Sharing of information and case conferences
- Collaboration with complementary services that assist referral the NDIS or other relevant support services such as special education or Autism services
- Integrated care provided with community services that support families to strengthen parenting.

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7. Assessments

Children and families attending will be assessed by a qualified professional in collaboration with the child, family, Navigator (diagram 3) and/or other trusted supports. The process will consider the child in the context of emotional wellbeing, behavioural and developmental needs and mental health. Family mental health and wellbeing will also be assessed to identify anyone in the family unit who may also need support.

The family, the person assessing them, and the Navigator will work together to create a care plan including treatment, care and support required from within the Kids Hubs and/ or through a supported referral to appropriate services. The focus will be on a strengths-based, capacity-building approach to supporting the family unit. They will consider whether a dedicated Care Coordinator is also required for clinical care planning.

Depending on what needs are identified by the family, child and the referrer, the Care Navigator will provide links to Kids Hubs supports, including specialists and will facilitate access to external supports.

Following this assessment, the needs of the child and family may also be discussed via an agreed process with Kids Hubs specialists and other specialist referral partners from local services (such as CAMHS and the Child Development Service). This will help to determine which service/s can best meet the needs of the child and family. The Navigator function and support will continue throughout this process as there may be a time lag or waitlist at this third step of the care.

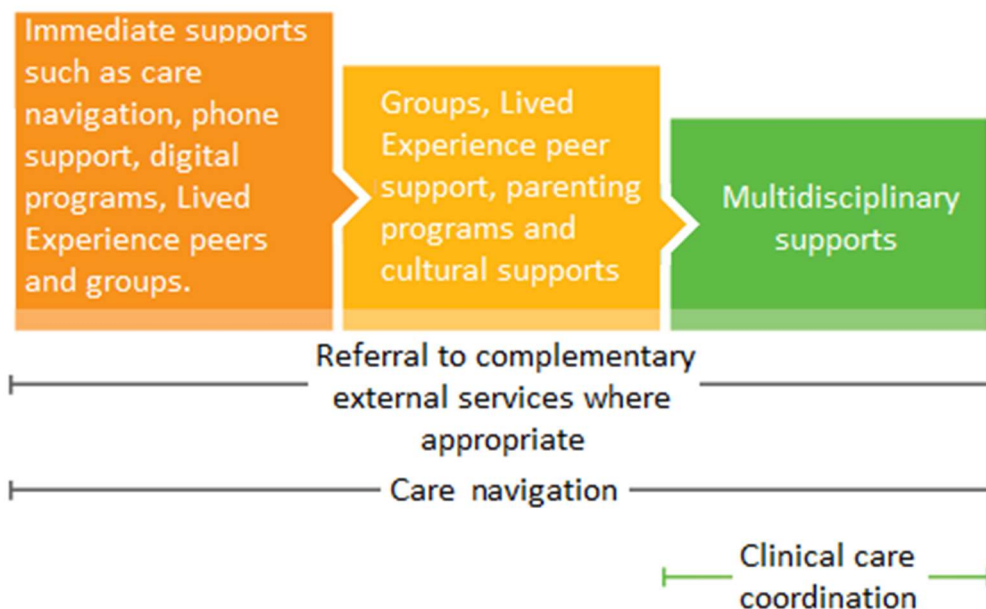


Diagram 3. Stepped care approach demonstrating demand level for service types

8. Treatment, therapies and supports

The Kids Hubs will provide a range of evidence-based supports, assessments, treatments, and care to address gaps in existing community services and address localised needs. This care, treatment and support will be provided by a multidisciplinary team whose composition will reflect the needs of the local community in Midland. Supports will include outreach of Kids Hubs staff to places that are more convenient for families to improve accessibility. This could include a family's home, a location of their choice they feel comfortable at, or a regular outreach to a location identified as convenient to many families such as in schools or Aboriginal services. Phone and virtual options will also be provided to aid access.

Supports will also be provided for parents, caregivers and siblings, recognising the impact the family unit can have on the child's wellbeing. Family members with mental health issues, family conflict, financial stress, and other family factors can significantly affect a child's wellbeing.

The National Model indicates that the Kids Hubs can include a range of staffing specialists in the multidisciplinary team. The local model will need to be flexible and adapt to the changes in the local environment and to other factors such as staff availability. The following Kids Hubs services and professions were considered important to the local community of the City of Swan and included:

Occupational Therapy

An occupational therapist can assist families to engage in meaningful activities and support home and daily life tasks.

Social work

Social workers can assess the needs of a child and their family that impact mental wellbeing. They can assist in coordinating and navigating services, assess child safety and risk, provide education and support to parents on effective strategies to build positive relationships, provide and link families to information, and collaborate with education and other supports the child and family are engaged with.

Child and family psychology and counselling

Child and family psychologists and counsellors can provide specialised support for children's and family's psychological wellbeing. This could include assessments and diagnosis, identification of challenges early in life, evidence based therapeutic techniques, providing information to parents, family therapy, and behavioural regulation support. The provision of psychological services by a neuropsychologist, who specialises in how brain functioning impacts on mental health, especially for children with Attention Deficit Hyperactivity Disorder or Foetal Alcohol Spectrum Disorder could also be considered.

Parenting and child programs

Individual supports, workshops and group-based programs will assist parents and caregivers to develop skills, knowledge and confidence to take care of their child's wellbeing, identify signs of mental health challenges and parent positively. This will enhance the skills and knowledge of caregivers to foster a positive relationship with their child, understand and respond to challenging behaviour, demonstrate positive role modelling, grow positive attachment and communication with their child and foster child wellbeing.

Parenting programs will be evidence based and will be part of the in-reach program of H2H Kids Hubs.

Peer and therapeutic group programs

Group programs will be offered in a timely way, so that families have access to supports whilst waiting for other services including specialist appointments. Groups will either be therapeutic, run by a specialist expert, or Peer led. They can also be recreational, activity based or feature topics that are desired by families presenting to Kids Hubs.

Lived Experience (Peer) Workers

One on one peer support can provide children and their caregivers with understanding, validation and support by individuals that have experienced similar challenges. Peers can provide emotional support, share experiences or learnings, role model recovery and empower families in their recovery.

Cultural connection and holistic service delivery

Aboriginal communities have a holistic approach to social and emotional wellbeing including the connection of identity to resilience. Cultural activities will provide a culturally appropriate approach to social and emotional wellbeing and enhance cultural, spiritual and emotional wellbeing and connection to community. Cultural activities will be based on community desire and may include Elder programs, on-country camps, yarning circles and other group activities, art and storytelling, cultural learning and language, and bush medicine. These activities would ideally be run by Aboriginal Mental Health Workers, Social and Emotional Wellbeing Workers, Aboriginal Peer Workers or by partnering with existing local Aboriginal organisations and community leaders such as Elders.

In addition, an Aboriginal Mental Health Worker will be available to attend specialist or case management appointments with Aboriginal families. They will also be available before or after appointments to liaise with families around Kids Hubs supports provided or general needs. Providing transport options to and from appointments also relieves a barrier of access and is important to consider.

8.1 Co-location and reciprocal in-reach/outreach

Co-location refers to the practice of bringing together multiple services or programs in a shared physical location. Co-location can have several benefits including increased accessibility, streamlined care and improved collaboration amongst staff. Ideally, Kids Hubs would be permanently co-located with other child and family services and supports or if this is not possible, these would be located close to Kids Hubs.

Co-location could be achieved by regular in reach from external services (other community services and supports or specialist services) to the Kids Hubs premises to address local needs. Additionally, regular and sustained outreach by Kids Hubs staff into other services would also create co-location opportunities.

Reciprocal in-reach and outreach opportunities between the Kids Hubs and other specialist or community services will create a symbiotic relationship where the services work together to maximise their impact and better serve the community. This will ensure individuals within their respective networks have access to a wide range of services. Sharing information, resources, and expertise among service providers would be enhanced and the broad spectrum of needs of individuals would be better addressed. Services can refer clients to each other, ensuring that individuals receive the necessary support in both areas.

This collaborative effort enhances the visibility and accessibility of services, ensuring that individuals in need are aware of the support available to them. The opportunities can include individual appointments, running groups and regular visiting between services. By combining efforts, they can amplify their outreach and engage a wider audience, ultimately improving community access to vital services.

8.2 Community engagement/coordination function

Community consultation identified an important function of the service being to promote co-location and reciprocal in-reach/outreach, a community engagement and coordination function will focus on fostering relationships with the local community and support services to promote the service, integrate services, and build service pathways. Information on current supports in the community will be passed onto Care Navigators to help families navigate social and mental health systems.

Relationships will be fostered with State, Commonwealth, Aboriginal health services and other non-government or private social services.

This function also includes developing strategies to:

- socialise the use of the IAR tool with external services to ensure appropriate referrals and levels of care are met
- develop integrated systems to support the seamless and confidential transition of information from the initial assessment into the Kids Hubs and beyond
- manage and arrange the reciprocal referral processes with outside agencies
- identify child and parent programs and groups to fill gaps of need by attending children and families (including coordinating Mental Health First Aid)
- Aid service coordination of local child social, developmental and mental health services
- organising capacity building opportunities for professionals working with children and families to broaden their skills

- Build knowledge in child mental health (including provision of training points to attract participation).
- Assist the local community to navigate developmental, mental health and social supports for better navigation of local services
- Monitoring and evaluation of Kids Hubs initiatives to ensure continuous improvement.

9. Supported transition

Kids Hubs staff will proactively plan transitions well in advance in collaboration with the child and their family to promote consistency, to avoid vulnerability and barriers to service access. Transitions may include from perinatal services, early learning and childcare, start of formal schooling, move to high school, transition to youth, transition to NDIS and other movements from services. Formal partnerships may exist with services including headspace, CAMHS and CDS that will assist transition, facilitate timely access and appropriate sharing of information. Kids Hubs will provide a warm transition and may increase the intensity of their care during this time.

Additionally, the transition period might involve the child accessing the new supports from a service whilst still under the care of the Kids Hubs Care Coordinator. This will be the decision of the Kids Hubs, the child and their families and carers. A follow up process with each family will take place after transitioning out, to ensure continuity of care.

10. Workforce

The following is adapted from the National Kids Hubs model:

The Kids Hubs will establish multidisciplinary teams, supported by appropriate clinical governance – both within the Kids Hubs and across multiple agencies.

For the WA model the internal Kids Hubs staffing mix could include psychologists, nursing and allied health specialties, specialist family therapists, Aboriginal, CALD and LGBTQIA+SB health workers, Lived Experience Peer Support workers as well as paediatricians and child psychiatrists (depending on need and workforce availability).

The WA Kids Hubs service will consider innovative approaches to address the workforce shortages. This may include investing in peer and other support workers and providing specific training on the capabilities required in the hub; shared employment or secondment arrangements, access to specialist clinicians through telehealth, training rotations with appropriate supervision incorporated into the service delivery model. The WA Kids Hubs service is encouraged to expand the workforce beyond the traditional mental health and health workforce where this can meet the needs of children and families.

Kids Hubs will ensure there is appropriate clinical supervision, professional development, and training opportunities. A support function will also be provided by the Commonwealth to develop communities of practice and opportunities for shared learnings across the national Kids Hubs network.

Kids Hubs will commit to providing opportunities for student placements and post graduate training programs through the employment of endorsed supervisors across relevant disciplines to support workforce development, including for Aboriginal and CALD students and graduates.

Kids Hubs will develop the cultural competency of staff, including their capacity to work effectively within the cultural context of each child and family. The Kids Hubs will develop the relevant knowledge, skills, and experience of their workforce to deliver appropriate services to a diverse range of consumers including people of CALD and refugee backgrounds, LGBTQIA+SB and Aboriginal people.

Staff will be expected to be skilled in:

- Understanding the developmental needs of children 0-12
- Engaging with children aged 0-12 and their families
- NDIA supports and processes
- Cultural competency (including intergenerational trauma)
- LGBTQIA+SB training including in gender affirming care
- Trauma responsive care
- Triage/priority capacity building for Care Navigators
- Working with children who are neurodivergent.

11. Out of scope

As per the national model, the Kids Hubs program will exclude the following services from its scope. However, will aim to support and enhance these services by offering referrals and pathways to them.

1. Disability support services provided through NDIS (this determination should be made on an individual basis).
2. Developmental assessments provided by the Child Developmental Service.
3. Primary health care services provided by other child and family health services such as immunisation, development checks or screening programs.
4. Youth and adult mental health services (12 years or older) that are more appropriately provided by headspace, CAMHS or H2H Adult Mental Health Centres. However, at times treatment for other family members may be most appropriately provided by Kids Hubs staff.
5. Crisis support services (such as domestic and family violence, drug and alcohol support, legal services, and housing), where these are more appropriately provided by other dedicated services.

12. Infrastructure

The local community engagement in Midland identified facility features required to meet the needs of families, supports provided and enhance access and flexibility. The facility will be welcoming and will suit the needs of different cohorts. Kids Hubs will need to be close to public transport, have free parking options and be close to other services such as community child and family services, childcare, schools and parenting centres.

The Kids Hubs location will need to be culturally appropriate, considering the history of the space. Culture will be embedded within the facility with culture acknowledged throughout. The site will also need to be calm, safe, friendly and welcoming. It will need to have a homely, non-clinical feel.

The facility will not be co-located with any child protection, police or justice offices that may impact access. Security guards, if required, won't guard the front entrance if possible and will instead be located within the service and not be uniformed in any intimidating attire.

Some features of the Kids Hubs facility will include:

- Consultation rooms and spaces for family and group therapy
- Outdoor areas if possible, for example for yarnning to take place
- Disability access
- Gender neutral bathroom options and family friendly with breastfeeding and nappy change facilities and basic baby care items such as nappies and baby wipes
- A space for a computer and printer for families to use
- An area with pamphlets with local service information.

Neurodevelopmental needs

The following has been adapted from the Infant, Child and Adolescent Taskforce consultation: Children with neurodevelopmental disorders or neuropsychiatric conditions will have different needs and preferences as to where and how they receive care. Not all children with neurodevelopmental disorders or neuropsychiatric conditions will have the same level of sensory sensitivity. As a result, the Kids Hubs will have environments that are adaptable to the needs of all children, families and carers, including delivering care via telephone or virtual service delivery methods. Physical environments may have the following features:

- quiet/low sensory input spaces
- sensory toys, tools and interactive play equipment
- dimmable lights or multiple lighting options
- areas with natural light
- outdoor areas
- areas for the child, their family and carers to take breaks in private.

The child's needs and preferences will be discussed as a part of standard processes. For example, children will be asked prior and during assessments and appointments how they prefer the space to be set up.

12.1 Consultation for fit out

Fit out for the service will be collaboratively designed with the local community, including dedicated engagement with the community. This will include the development of a philosophy of care document in collaboration with community and local stakeholders, which will outline the expectations around the look and the feel of the building.

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Appendix 1: Community consultation summary

A consultant was procured to engage community and sector professionals to inform this model of service and associated future commissioning process. A report brought together the thoughts and experiences of key stakeholders in the City of Swan community and outlined key recommendations which are summarised below:

1. The service should build on the assets already existing in the community such as the Child and Adolescent Mental Health Service, Child Development Service, Aboriginal and other community supports.
2. The service must resource effective co-located or embedded outreach services in order for this to be successful, e.g., Community Partnerships Liaison or Coordinator. Relationships will be fostered with State, Commonwealth, Aboriginal health services and non-government or private services., including but not limited to:
 - Child and Adolescent Mental Health Service
 - The Child Development Service
 - Local schools, education support services, learning and early childhood services
 - Family services
 - Justice and legal institutions (such as Juvenile Justice Teams)
 - Aboriginal linkages
 - Ethnoculturally and linguistically diverse groups
 - LGBTQIA+SB services
 - Child protection
 - Family and domestic violence
 - Disability
 - Drug and alcohol support
 - Housing supports
 - Police/justice
 - Health care
 - Mental health
 - Neurodevelopmental care
 - Perinatal services
 - Other institutes requesting assistance for their families
3. The service must acknowledge the traditional custodians of the area throughout the service environment including Aboriginal people paying a part in the service operation, Aboriginal traditions and cultures acknowledged in treatments and therapist and resourcing or connecting to Aboriginal-led support groups.
4. The service needs to consider what family-focused means in practice.
5. The service needs to consider the needs of culturally and linguistically diverse communities and work with services and leaders specialized in respectful engagement, and include interpreter services.
6. The service needs to consider the needs of children and their families when considering hub location and space including accessibility from a physical, emotional and cultural perspective (non-clinical, gender neutral toilets, consider the needs of children).
7. The service needs to consider the service delivery needs when considering the build space including co-location and accommodate 'sensory-seeking' and 'sensory-avoidant' needs.
8. The service needs to operate at times when children and their family/carers want to access the service including before school hours, late evenings and weekends.

9. The service needs to consider how it will manage inevitable waitlisting including how waitlisted people can connect to the service and strategies to support families whilst waitlisted.
10. The service needs to re-consider the access and referral core function, as referenced in the National Model, i.e 'with children and families accessing the services following referral from their GP or other health professionals, Head to Health initial assessment phone line, educators (childcare and schools), child protection services, or other relevant government and non-government services'.
11. Consider the use of Alternative and Augmentative Communication (AAC) as a form of communication.
12. Key roles identified were:
 - Hub Coordinator.
 - Community Partnerships Liaison/Coordinator
 - Community Health Promotion Officer(s)
 - School In-reach (Child Health Promotion or Child Health Nurse) for 0-11
 - Lived experience workforce – Family/Carer, Neuro-divergent, Aboriginal, CaLD, and LGBTQIA+
 - Child Development Specialists – Paediatrician, Child Psychology, and Child Health Nurses.
 - Social Worker
 - Childcare or Creche Workers.
 - Group Facilitators
 - Allied Health – Occupational Therapist, Nutritionist/Dietician, Exercise Physiologist, etc.
13. The training, development, and social and emotional wellbeing of staff is crucial to retention, as well as sustaining successful engagement with the target group.

Appendix 2: Key terminology

Carer: A person who provides ongoing care, support and assistance to a person with disability, a chronic illness (which includes mental illness) or who is frail, without receiving a salary or wage for the care they provide.

Cultural safety: An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.

Ethnoculturally and linguistically diverse: Individuals from a culturally and linguistically diverse background including Aboriginal and Torres Strait Islander people.

In-reach services: In-reach services are services that are provided by Kids Hubs staff into other community settings.

LGBTQIA+SB: Individuals who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, sistergirl or brotherboy.

Neurodivergence: Individuals with brains that develop or work differently for some reason including neurodevelopmental differences.

Person with Lived Experience: Any person who identifies as having a current or past personal experience of psychological or emotional issues, distress, mental health and/or alcohol other drug issues, irrespective of whether they have a diagnosed mental illness and/or AOD issue and/or have received treatment. This definition also extends to people (including family and friends) who have personal experience of providing ongoing care and support to a person who has a lived or living experience as outlined above. *Note: we acknowledge that these terms may be uncomfortable and some people may prefer to use other terms to describe their experiences.

Peer workers: People who are employed in designated roles (either paid or volunteer) to use their personal lived experience of mental ill health and/or alcohol and other drug issues (including family and carer roles) to inform their work. Peer work roles include (but are not limited to) support workers, representatives, advisors, academics, consultants, educators, trainers, evaluators and researchers.

Social and emotional wellbeing: Aboriginal people have a holistic view of mental health and prefer a social and emotional wellbeing approach to mental health. The domains of wellbeing that typically characterise Aboriginal definitions of social and emotional wellbeing

include connection to: body, mind and emotions, family and kinship, community, culture, language, country, spirit, spirituality and ancestors.

Universal access: A principle that all children and their families have equal opportunity to access a service and do not face substantial barriers to do so.

Warm referrals: A facilitated and supported referral by one service to another to aid access of services by children and families.

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