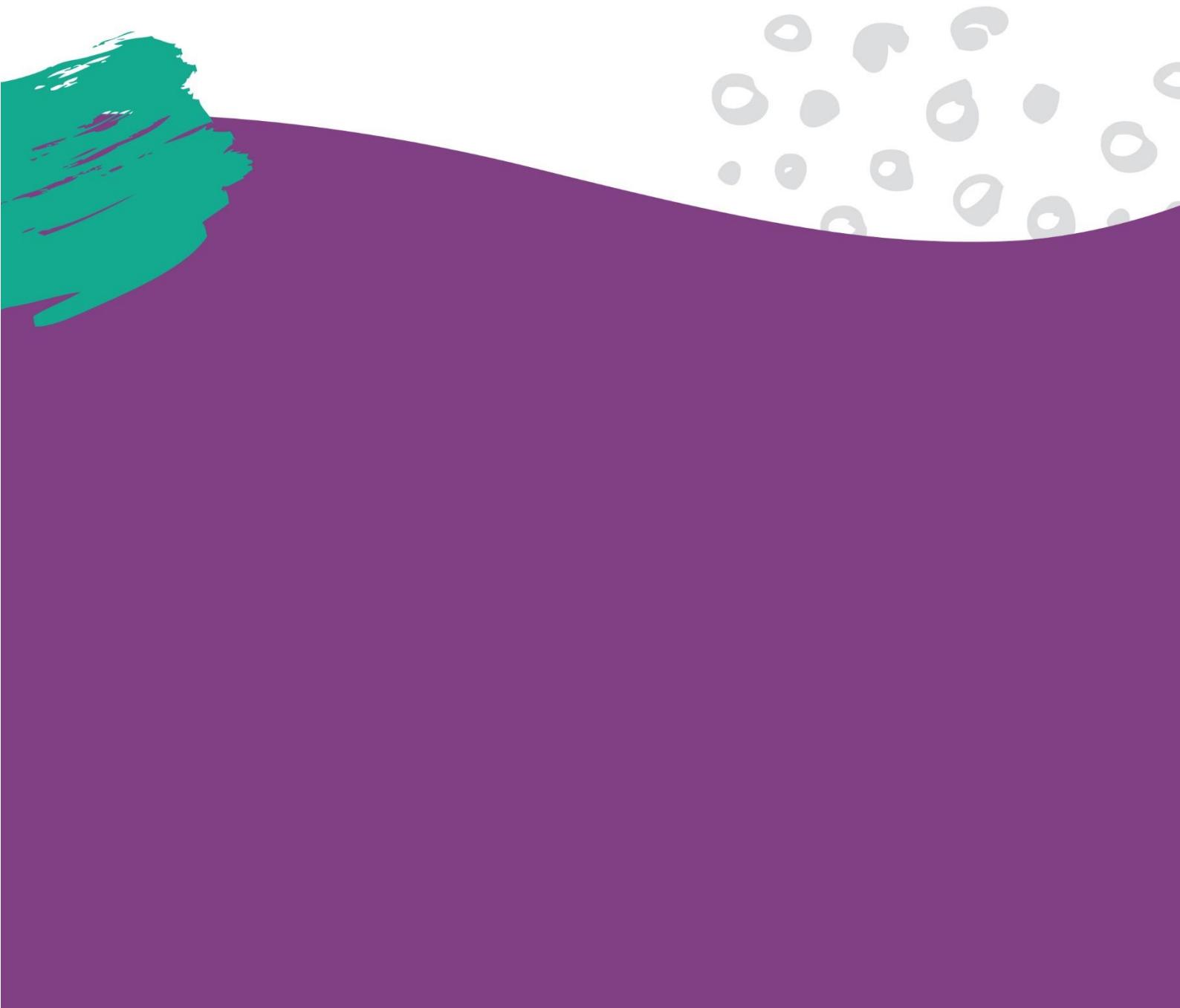




# **Infant, Child and Adolescent (ICA) System Transformation Implementation Program**

## **Working Group Pre-Reading Pack**

**Service Guarantee**



# Thank you

We would like to thank you for generously sharing your time, experience and expertise and providing critical advice on the way forward for the mental health system for infants, children and adolescents, their families and carers, and the WA community.

In particular, we would like to recognise the valuable contributions from people with living or lived experience of mental health issues. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective in creating a better future.

Together, this work provides us with the opportunity to deliver a future mental health system for children that is innovative and responsive to needs – a system in which young people, families and carers are treated with dignity, compassion and empathy.

Thank you.

# About this document

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This is a pre-reading pack to support you in understanding your role as a Working Group participant in co-designing the Service Guarantee that will underpin future Models of Care for the ICA mental health system.

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## **The ICA System Transformation Implementation Program requires the development of 12 Models of Care (MoC) and three related documents.**

In 2021, a Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years (the ICA Taskforce) was convened to identify the reforms needed in ICA mental health in Western Australia (WA) to better meet the needs of children, their families and/or carers. As part of this work, the ICA Taskforce developed a series of immediate, short, medium, and long-term recommendations to transform the ICA mental health system. This ranged from investment in workforce capacity building in the current system as an immediate priority, to transitioning to a new statewide MoC in the longer-term.

In 2022, the Mental Health Commission (MHC) launched the ICA System Transformation Implementation Program (the Implementation Program) to drive the implementation of all immediate and short-term recommendations, and coordinate the actions of health service providers in transitioning to the future system. The Implementation Program will especially focus on co-designing a range of components that will form part of the future ICA mental health system, including 12 contemporary MoC and three system principles and solutions (outlined in Figure 1<sup>1</sup>).

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<sup>1</sup> Please note, Figure 1 summarises how the MoC and other deliverables fit within the future ICA mental health system. It is not intended to accurately or comprehensively describe the future system.

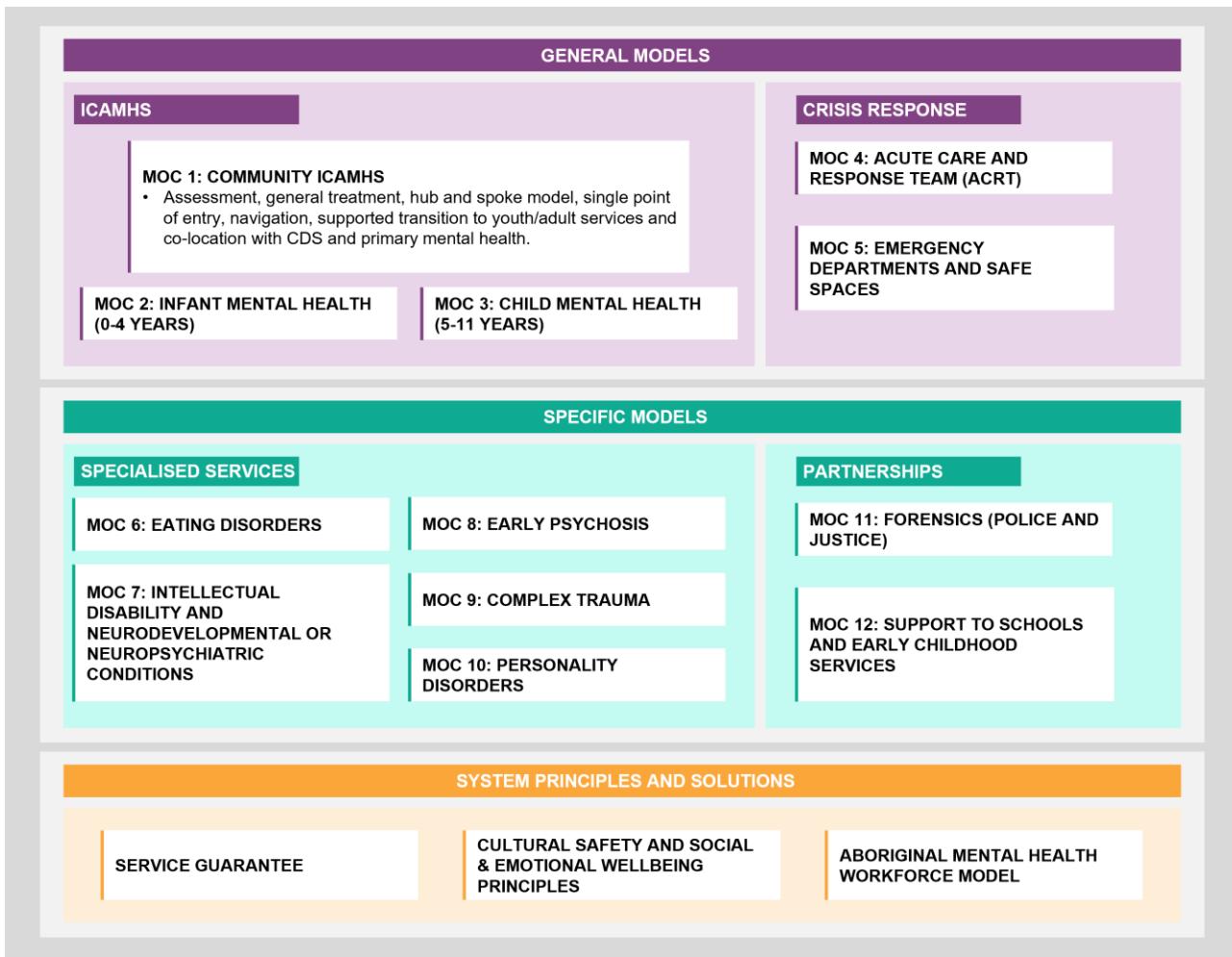


Figure 1 | The Models of Care and related system principles and solutions

## Working Groups have been established to support co-design of these components.

A Ministerial Oversight Committee has been established to provide oversight over decisions and implementation regarding the Implementation Program, with an Implementation Working Group responsible for providing direction on the 12 MoC and three system principles and solutions documents.

To co-design each component, the Implementation Working Group has established Working Groups to provide a forum for people with knowledge and experiences of ICA mental health services to share their expertise to define the key features of each component and identify any barriers and/or enablers to its implementation. MoC Working Groups will comprise 20-25 members, with representation from those with lived experience, clinical and non-clinical representatives from Health Service Providers (HSPs), and other stakeholders.

## Your Working Group is focused on developing the Service Guarantee

You have been nominated as part of the Working Group responsible for establishing:

- **Service Guarantee.** A document that outlines what all children, families and carers should expect to experience in all interactions with the ICA mental health system.

Children, families, carers, and others with lived experience have developed a draft ‘service guarantee’ that proposes six high-level expectations for the future system (see Section 3). Your contributions will be used to collaboratively develop a more detailed ‘Service Guarantee’ and identify how this can be embedded into all aspects of the ICA mental health system.

You will be engaged across three sessions to support the co-design of the Service Guarantee (Figure 2), and are expected to abide by conduct principles and Rules of Engagement developed during ICA Taskforce (outlined in Appendix A) to ensure the safety of those participating; especially of those with lived experience.

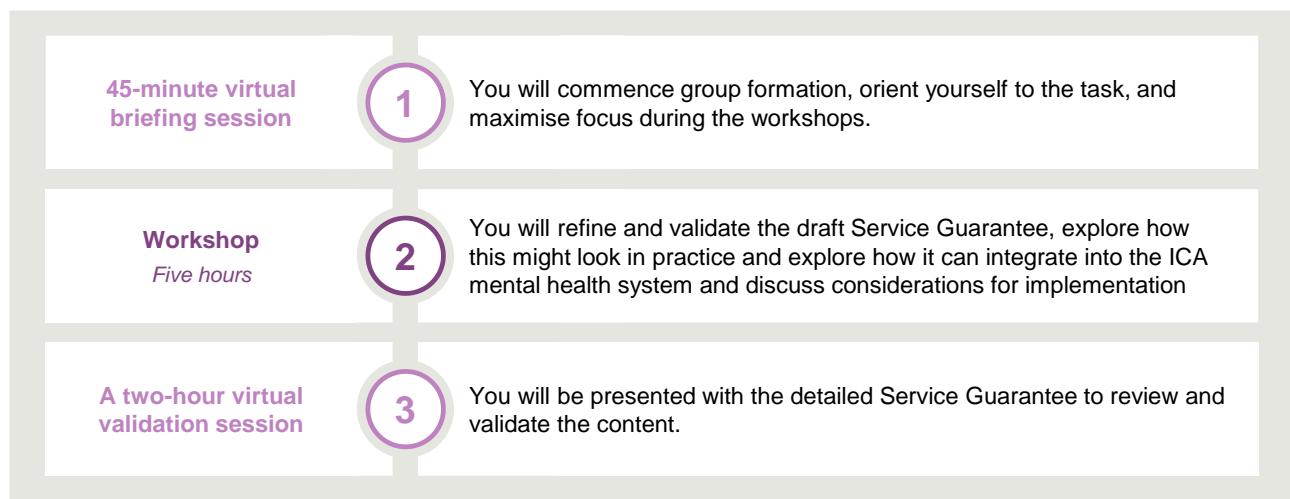


Figure 2 | Your Working Group process

Please read the following sections of this document to support your preparation:

- **Section 1 | Background and context.** Outlines relevant findings from the ICA Taskforce, and articulates what the future ICA mental health service system needs to look like.
- **Section 2 | Scope of a MoC.** Provides guidance on what a MoC is, so that you know how what the Service Guarantee will need to integrate into in terms of services being delivered.
- **Section 3 | The draft Service Guarantee.** An overview why a Service Guarantee is needed, what it is, and what has been developed so far, with a case study to support your understanding.
- **Section 4 | Links for further reading.** We encourage you to take the time to undertake further background reading to inform your contributions throughout the process.

# Section 1 | Background and context

The section below provides an overview of the ICA Taskforce's relevant findings, the intent of the future ICA mental health system, and the scope of the Working Groups.

## ICA Taskforce findings and recommendations.

The ICA Taskforce delivered their Final Report to Government on 30 November 2021, building on extensive consultation to present a clear vision, purpose and underlying principles for the future ICA public mental health system.

The Final Report defined eight key actions, which step out what needs to happen, and when, to reform the ICA mental health system, in order to realise the vision, purpose and principles. To deliver the eight key actions, ICA Taskforce made 32 recommendations to the WA Government, all of which were accepted by Government and split across four timeframes for implementation.

The scope of the Implementation Program is only on the immediate and short-term steps (shown in Figure 3 below).



Figure 3 | The four phases of implementation for the ICA Taskforce recommendations

## The logic of the future ICA mental health system

The purpose of the future ICA mental health system is to ensure that all children, families and carers in WA have timely, enduring and equal access to holistic, integrated and high-quality public mental health care. The new ICA mental health system is based on five pillars, as outlined in Figure 4, and then discussed in more detail below.

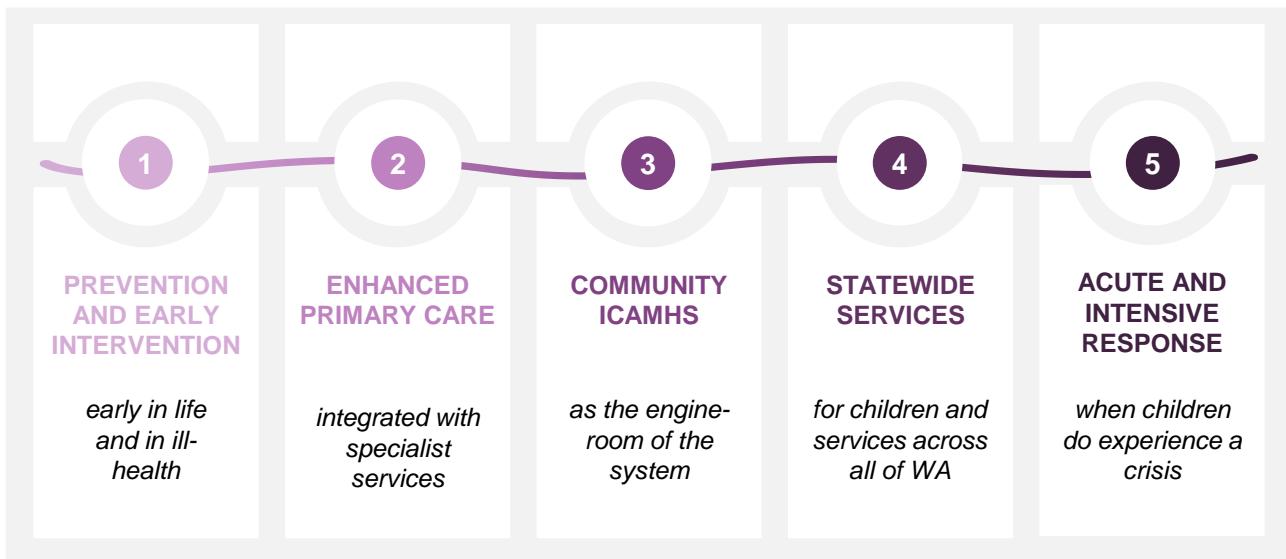


Figure 4 | The five pillars of the future ICA mental health system

### *1. Prevention and early intervention*

Prevention and early intervention will be elevated as a priority of the future system. Across schools, early childhood services, and the broader community, the future system needs to be consistently able to identify signs of mental ill-health earlier in life, and provide targeted and immediate support.

The system needs a considerable boost to the provision of education and support to assist parents with supporting their child's mental health, and fostering family wellbeing. It will also need to work with children from a young age to build life skills and resilience, significantly expanding the role of early childhood services and schools in supporting the mental health and wellbeing of children in their care.

### *2. Enhanced primary care*

In the future system, primary mental health services need to be partners in care with specialist ICA mental health services and will be enhanced to do more with children, families and carers. Head-to-Health Kids centres and headspace centres will be safe and welcoming 'front-doors' to the ICA mental health system for children and will work in partnership with local GPs, who themselves will be trained to provide more support, coordination and treatment for children, families and carers.

The system needs to have a stronger community-managed and Aboriginal-controlled sector, one that is equipped with the capacity and partnerships to provide culturally safe and responsive care to children and families in their communities.

### *3. Community ICAMHS*

Community ICAMHS are a re-imagined and fully-resourced evolution of the current Community CAMHS services – delivered by the Child and Adolescent Health Service (CAHS) and the WA Country Health Service (WACHS) to provide local, consistent, and integrated care across the state. The Community ICAMHS are the 'engine-room' of the future ICA mental health system. Each Community ICAMHS needs to have a 'hub' located in a regional centre, linked to existing and new local clinics working across each region. Each hub will have:

- A single-entry point to support children, families and carers to access and navigate the ICA mental health system in their community; supported by virtual services that can provide a 24/7 response to children, families and carers, such as Crisis Connect.
- Child and family friendly hours and ways of providing services, including partnerships to create all hours support options that can be accessed in a range of ways.
- Co-location with services that support the local population such as GPs, headspace, Head-to-Health Kids, child development services, early childhood services, and child protection.
- Acute Care and Response Teams (see below).
- Clinicians with skills in complex and specialised fields, including for example, cross-cultural mental health workers, dual-skilled mental health and alcohol and other drug (AOD) workers, and specialists in eating disorders, personality disorders, and complex neurodevelopmental or neuropsychiatric conditions.

#### *4. Statewide services*

In the future ICA mental health system, statewide services represent the reconfigured and enhanced specialised services that are currently Perth-based. These services will aim to support more children, families and carers across the state using a stepped service model. Statewide services and Community ICAMHS will work in partnership to deliver stepped service models, where children can seamlessly ‘step up’ or ‘step down’ along a continuum of care based on their needs. This continuum of care is shown below in Figure 5, from least intensive to most intensive care. The least intensive care (level one) is delivered by Community ICAMHS, and the most intensive care (level four) is delivered by statewide services. At level two, Community ICAMHS are supported by consultation liaisons from statewide services. At level three, care is jointly delivered (shared) between Community ICAMHS and statewide services. Many MoC will need to consider the stepped care model and use it to inform the design of services, specifically the roles of Community ICAMHS and statewide services.

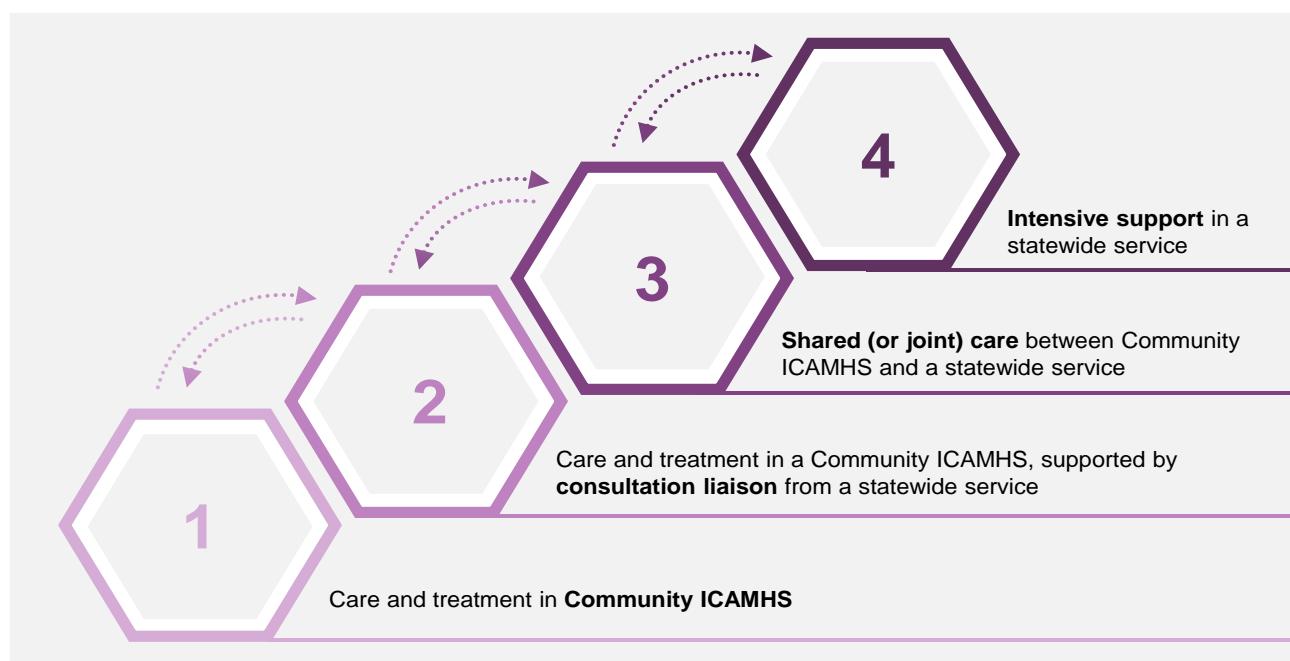


Figure 5 | The Stepped Care Model

## *5. Acute and intensive response*

In addition to the strong focus on community interventions, the future ICA mental health system needs to still have the capability to provide safe and intensive responses to children in crisis. Acute Care and Response Teams will respond to children in a mental ill-health crisis, or who require highly-intensive support and provide mobile, highly-intensive, and timely care.

Acute and intensive responses in the future system need to be very different to emergency departments. The focus will be on providing children with care that is immediate, delivered in safer, calmer, and in a more child-friendly environment. These ‘child safe places’ may be new environments, located near emergency departments, that provide an option for respite, assessment, low-intensity treatment, therapeutic counselling, and follow-up support for children who do not need an emergency department, but who need a ‘safe haven’ to go to.

## **MoC and system principles and solutions**

As mentioned above, the Implementation Program requires the development of 12 MoC, which will form a significant part of the future ICA mental health system. In some cases these relate to existing services which will be refined and/or extended, in other cases they may be new services, and in others they may relate to capabilities or processes, rather than discrete services.

In addition to these, **three system principles and solutions documents** are being developed: including Cultural Safety and Social and Emotional Wellbeing (SEWB) Principles; an Aboriginal Mental Health Worker (AMHW) Model; and a Service Guarantee. These will be developed early, so they can inform and support the development of each of the MoC, and embedded into the design of the future ICA mental health system. As a baseline, these three system principles and solutions act as a guide for how services should be delivered or configured across all areas of the system, and will therefore be critical inputs into all service delivery components.

As part of the Implementation Program the components in Table 1 will be developed, with an overview of each provided for baseline context.

<b>Models of Care</b>		
1	<b>Community ICAMHS</b>	Community ICAMHS will provide local, consistent, and integrated mental health care for children of all ages who have moderate and/or severe needs through a hub-and-spoke model that ensures access across WA. Community ICAMHS will also work with and complement local services to deliver care to children within the community, and collaborate with specialist services, when required.
2	<b>Infant mental health (0-4 years)</b>	A new statewide service which is able to work intensively with infants and young children aged 0-4, whose social, emotional, or developmental wellbeing is at risk and support the work of others, including Community ICAMHS, in meeting the needs of this population.
3	<b>Child mental health (5-11 years)</b>	This new MoC will improve the quality of mental health services delivered to children aged 5-11. It is intended to operate within the ICAMHS hub-and-spoke model, with capability embedded within the

		ICAMHS hub, in addition to providing statewide consultation and liaison capabilities.
4	<b>Acute Care and Response Team (ACRT)</b>	A statewide mobile, intensive and timely service to support children and adolescents that are in a mental ill-health crisis or who require intensive support.
5	<b>Emergency Departments and Child Safe Spaces</b>	A MoC for ICA-specific mental health emergency department presentations, and child safe places in the community.
6	<b>Eating disorders</b>	This MoC will extend the existing Eating Disorders Service (EDS) through the development of a statewide, stepped care MoC to support children with eating disorders across WA.
7	<b>Intellectual Disability and Neurodevelopmental or Neuropsychiatric conditions</b>	A MoC for a new statewide service for children with a primary condition of an intellectual disability and/or neurodevelopmental or neuropsychiatric condition who also experience co-occurring mental health issues.
8	<b>Early psychosis</b>	This MoC is for a statewide stepped care model for children and adolescents presenting with symptoms of early psychosis and at risk of future psychiatric conditions.
9	<b>Complex trauma</b>	This MoC will be a statewide, stepped care MoC to support children and adolescents with complex trauma.
10	<b>Personality disorders</b>	This MoC will extend the existing Touchstone service through the development of a statewide, stepped care MoC to support adolescents with personality disorders.
11	<b>Forensics (Police and Justice)</b>	A new forensic child and adolescent mental health service for vulnerable and at-risk children, families and carers who are in contact with the police and justice system.
12	<b>Support to schools and early childhood services</b>	A MoC for schools and early childhood services that increases their capability to address mental health and wellbeing.
<b>System principles and solutions</b>		
13	<b>Service guarantee</b>	A document that outlines what all children, families and carers should expect to experience in all interactions with the ICA mental health system.
14	<b>Cultural safety and SEWB principles</b>	A set of principles intended to guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander peoples across the ICA mental health system.
15	<b>Aboriginal Mental Health Workforce Model</b>	A contemporary workforce model that will inform the roles, responsibilities, and career pathways of AMHWs in the ICA mental health system.

Table 1 | An overview of the MoC and related documents being developed

# Section 2 | An introduction to Models of Care

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The section below articulates what a Model of Care is, so that you can better understand the relationship between the Service Guarantee that you are developing and the Models of Care that govern service delivery in the future ICA mental health system.

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## What is a Model of Care?

A ‘Model of Care’ broadly defines the way a specific health service is delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition or event. The following definition of a Model of Care can be used:

*An overarching design for the provision of a particular type of health service that is shaped by a theoretical basis, evidence-based practice and defined standards.<sup>2</sup>*

## What are the objectives of a MoC?

Within the context of the Implementation Program, **each MoC has three key objectives**:

1. Articulate the **principles and elements** that should apply to the provision of mental health care.
2. Outline the **future care pathway** and the capabilities required to deliver on these.
3. As a document, **inform and guide decision-making** in the development of future plans.

## What will these MoC include?

As you know, Working Groups have been established to support the co-design of each of the 12 MoC listed in Figure 1. To develop a MoC, these Working Groups will be responsible for addressing a series of questions that will explain how the model will be applied in practice. This includes understanding:

- **The parameters of the service** – what type of Model it is, and who it is intended for.
- **What will be delivered** – the care pathway and systems of care.
- **How services will be delivered** – including workforce capabilities, infrastructure and technology.
- Other considerations including principles of care, system integration and outcomes.

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<sup>2</sup> NSW Agency for Clinical Innovation, (2013), Understanding the process to develop a Model of Care. An ACI Framework, Sydney, 2013.

## **How will this guide your efforts in developing the detailed Service Guarantee?**

Given the scope of these MoC and their intended impact, your Working Group will be required to address not only **what** the Service Guarantee should look like and include, but **how** it can best integrate with the MoC and the broader ICA mental health system. For example, some questions your Working Group will need to address might include:

- **What is its purpose?** In Workshop 1, your Working Group will look to clarify the intended aims and purpose of a Service Guarantee document within the context of the ICA mental health system.
- **What should it look like in practice?** In Workshop 1, you will not only refine the list of principles for how the ICA system will engage and work with children, families and carers, but also explore how these principles will look in practice.
- **How can these expectations be embedded across all future services?** In Workshop 2, you will need to define how the content of the Service Guarantee will be embedded both within the 12 MoC that are being developed as part of this process, but also how it should guide considerations related to workforce, infrastructure and processes.

# Section 3 | The draft Service Guarantee

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The section below provides an overview of what the Service Guarantee is and its intended use, the rationale for it, the draft high-level Service Guarantee document that was developed during ICA Taskforce, and a summary of its key components that you will be required to develop in the workshops. This is intended to provide you with an introductory or ‘baseline’ understanding of what the document will need to look like in practice. Please refer to the case study for ideas as to what this could look like in practice, and feel free to seek out other models and ideas as part of your personal workshop preparation.

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## What is the Service Guarantee?

**A document that outlines what all children, families and carers should expect to experience in all interactions with the ICA mental health system.**

## What is it intended to achieve as a document?

As a document, the Service Guarantee should guide and set the standard for all aspects of the future ICA mental health system, so to support the system to effectively meet the needs of children, families and carers. This could include: MoC, job descriptions, performance agreements, service agreements, the monitoring and evaluation framework, and professional development and training.

## What is the rationale for having a Service Guarantee?

**Current ICA mental health services are failing to meet increasingly high-levels of demand across the state**

More and more children cannot access or are being excluded from the care and treatment they need. Although this is not a phenomenon unique to WA, with many governments struggling to respond to growing mental health needs of children, the trend over several years in WA signals a ‘system’ that is unsustainable and is not meeting the care and treatment needs of children, families and carers across WA.

**System pressures have led to variations in how children, families and carers have experienced the ICA mental health system when they need help**

The capacity of ICA mental health services has not kept up with growth in demand or complexity. This has led to services prioritising children in crisis and those with the most severe needs; and deprioritising those with less severe needs. The impact on children is that they feel that they are being ‘rejected’ from care. They have been told they are too unwell to be supported by their GP (or a service such as headspace) only to be then told by specialist services that they are ‘not unwell enough’ or their needs are ‘too complex’. Often this happens after months of waiting for treatment they have been told they need. Further, where children have received care, many have faced

experiences of feeling dismissed or unsupported, often fearing that they will be transferred to unfamiliar and often unavailable services; or discharged from a service before they are ready. Many children feel unheard, unseen, and unsafe when they seek help from services.

**This issue disproportionately impacts vulnerable groups of children, who are missing out from receiving equitable care and outcomes**

While access is challenging for all children, there are specific groups that face additional obstacles to equitable care. This relates to a number of barriers to accessing care, including service geography, workforce capability, culture, stigma and models of care; specifically: Regional and remote children, Aboriginal communities, children from ethnoculturally and linguistically diverse communities, LGBTQIA+ children, children with co-occurring neurodevelopmental or neuropsychiatric conditions, children in out of home care, or children in contact with the youth justice system.

**The future ICA mental health system needs to ensure that all children, families and carers – regardless of where they live or who they are – have a universal experience**

A Service Guarantee is critical to improving the experience and increasing the involvement of children, families and carers in the ICA mental health system. A Service Guarantee will establish a set of minimum expectations for what all services and providers need to meet, and what children, families and carers should expect from the ICA mental health system. Once established, the Service Guarantee needs to be embedded into all aspects of the future ICA mental health system, including: the MoC underpinning all services, job descriptions, performance agreements, service agreements, monitoring and evaluation frameworks, and professional development and training. This will be an important driver of cultural change.

### **What does the draft Service Guarantee look like?**

Children, families, carers, and others with lived experience have developed a draft ‘Service Guarantee’ that proposes six high-level expectations for the future system (see below). Further work is required to collaboratively develop a more detailed Service Guarantee with those with lived experience and clinicians. All services will progressively need to reflect this guarantee, as well as the cultural needs of all children, including Aboriginal, ethnoculturally and linguistically diverse, and LGBTQIA+ children; and be available in all metropolitan, regional and remote areas.

Below a draft service guarantee is presented, as developed by the ICA Taskforce in 2021. It introduces six themes or principles, aligned with various stages of care. Each theme or principle is accompanied by three key features or experiences, that all infants, children, adolescents and their families and carers should expect. All themes and experiences are subject to further development by people with lived experiences and clinicians.

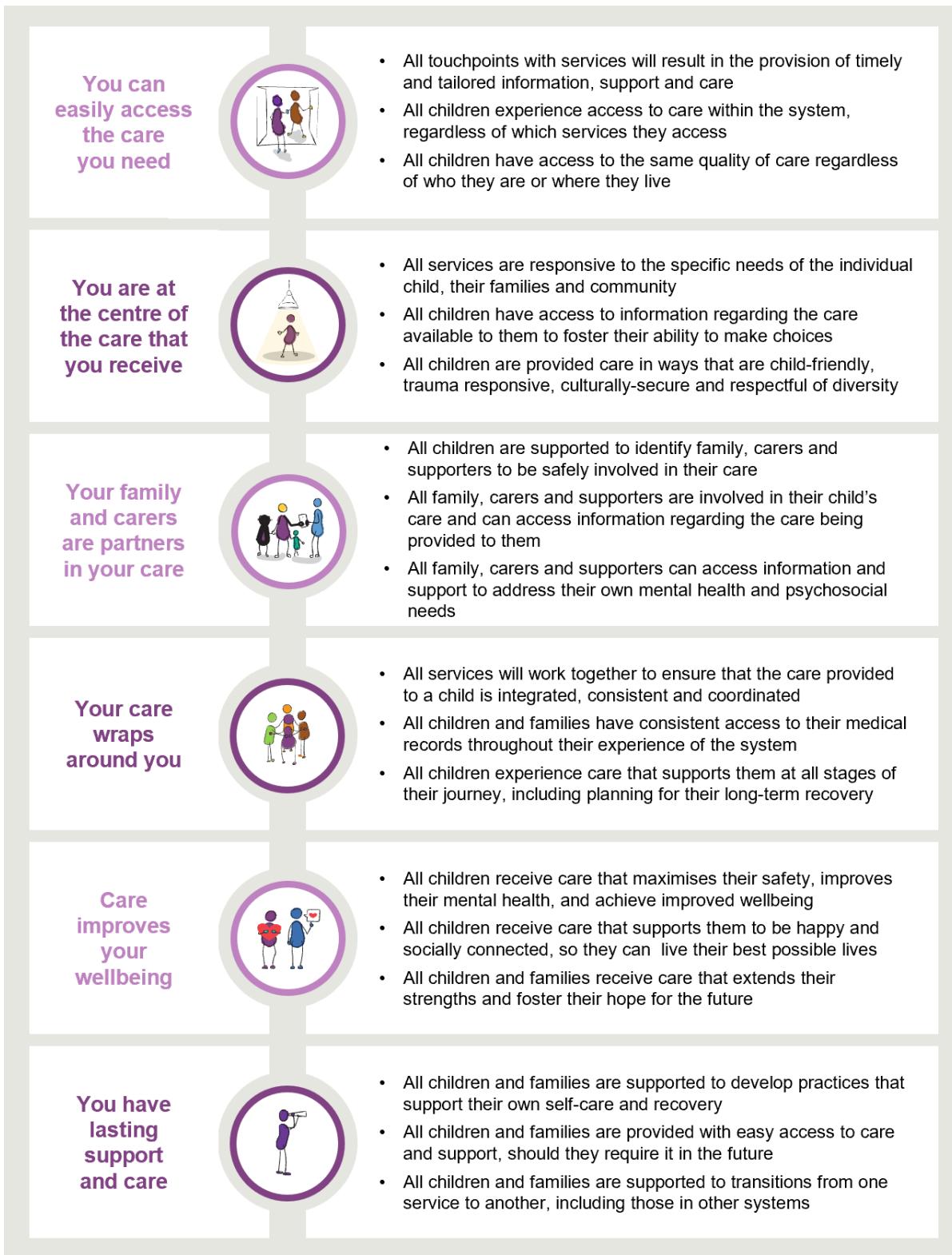


Figure 6 | The future experience of children, families and carers of ICA mental health services

## What will you need to develop?

While the ICA Taskforce developed a draft high-level Service Guarantee, Table 2 sets out the indicative scope of the detailed Service Guarantee *document* that you will be responsible for co-designing.

Section	Key questions
<b>Introduction</b>	<ul style="list-style-type: none"> <li>▪ What is the Service Guarantee?</li> <li>▪ What is the Service Guarantee's intended purpose/aims?</li> <li>▪ Where does it fit within the future ICA system?</li> </ul>
<b>How the ICA system will work with children and families</b>	<ul style="list-style-type: none"> <li>▪ What are the principles for how the ICA system will engage/ work with children, families and carers?</li> </ul>
<b>What this means for children and families</b>	<ul style="list-style-type: none"> <li>▪ What will these principles look like/feel like in practice/mean for children, families and carers?</li> </ul>
<b>How will the system deliver</b>	<ul style="list-style-type: none"> <li>▪ How will the system deliver on each Service Guarantee principle?</li> <li>▪ What does the system need to do to achieve this?</li> </ul>
<b>How will the service guarantee be integrated within the ICA system</b>	<ul style="list-style-type: none"> <li>▪ How will the Service Guarantee be integrated into the ICA system and MoC? This includes considering items such as: <ul style="list-style-type: none"> <li>○ How will the Service Guarantee inform service and performance agreements?</li> <li>○ How will the Service Guarantee inform monitoring and evaluation frameworks?</li> <li>○ How will the Service Guarantee inform job descriptions?</li> <li>○ How will the Service Guarantee inform professional development and training?</li> </ul> </li> </ul>
<b>How will the system be held to account</b>	<ul style="list-style-type: none"> <li>▪ How will we look to measure and evaluate our performance to ensure we are delivering on the Service Guarantee?</li> </ul>

Table 2 | A framework to develop the Service Guarantee

## Where can you find inspiration?

While the NDIS Participant Service Guarantee provides helpful inspiration for the purpose of such a document, it should be noted that the focus of this specific case study focuses on timeframes and processes, rather than necessarily guaranteeing an 'experience' (which is likely to be the focus of the ICA mental health system's Service Guarantee).

NDIS PARTICIPANT SERVICE GUARANTEE	
Description	The NDIS Participant Service Guarantee details clear timeframes for key NDIS processes. The NDIA must then make decisions about access, plan approvals, plan reviews and nominee changes within

the specified timeframes. This gives participants, families and carers greater certainty regarding the processes involved and expected timeframes.

The Participant Service Guarantee is part of the NDIS services charter which aims to ensure services are transparent, responsive, respectful, empowering and connected.

The details of the Participant Service Guarantee will be set out in the new Participant Service Guarantee Rule. The new rule will:

- Set the timeframes for key NDIS processes, including access decisions, plan approvals, plan reviews and amendments.
- Set engagement principles, describing how the NDIA works with people with disability.
- Set requirements for how NIDA reports its performance against the Participant Service Guarantee.

# Section 4 | Links for further reading

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This section provides direct links to relevant ICA Taskforce reports, and examples of relevant case studies. We encourage you to explore this content prior to the design workshop to inform your contributions.

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- [ICA Taskforce Final Report](#)
- [Emerging Directions Report](#)
- [Case Study – NDIS Participant Service Guarantee](#)

# Appendix A | Working Group conduct

Members will abide by conduct principles outlined below and the Rules of Engagement developed by ICA Taskforce (outlined in Figure 7) to ensure the safety of those participating; especially of those with lived experience.

1. All members are equal and will work towards consensus wherever possible, treat each other with respect and maintain confidentiality.
2. All members will operate in a trauma informed manner, that is where one's conduct reflects an understanding that trustworthiness and transparency, peer support, collaboration and mutuality, empowerment of voice and choice, and cultural, historical and gender issues are essential to facilitate participation and collaboration and that members behaviours reflect and demonstrate this understanding in their conduct and behaviour in each interaction.
3. Members will be required to declare any potential, perceived and actual conflicts of interest. These conflicts, and the way in which they will be addressed, will be maintained in a register. Report conflicts of interest to [ICAImplementation@mhc.wa.gov.au](mailto:ICAImplementation@mhc.wa.gov.au).
4. Information shared and information generated in the sessions is not to be shared, distributed or used external to the purposes in which it was generated. It is therefore expected that members or persons attending the session do not share content, do not use content or duplicate content for reasons outside of the intended purpose outlined in item 2, for the Implementation Program.

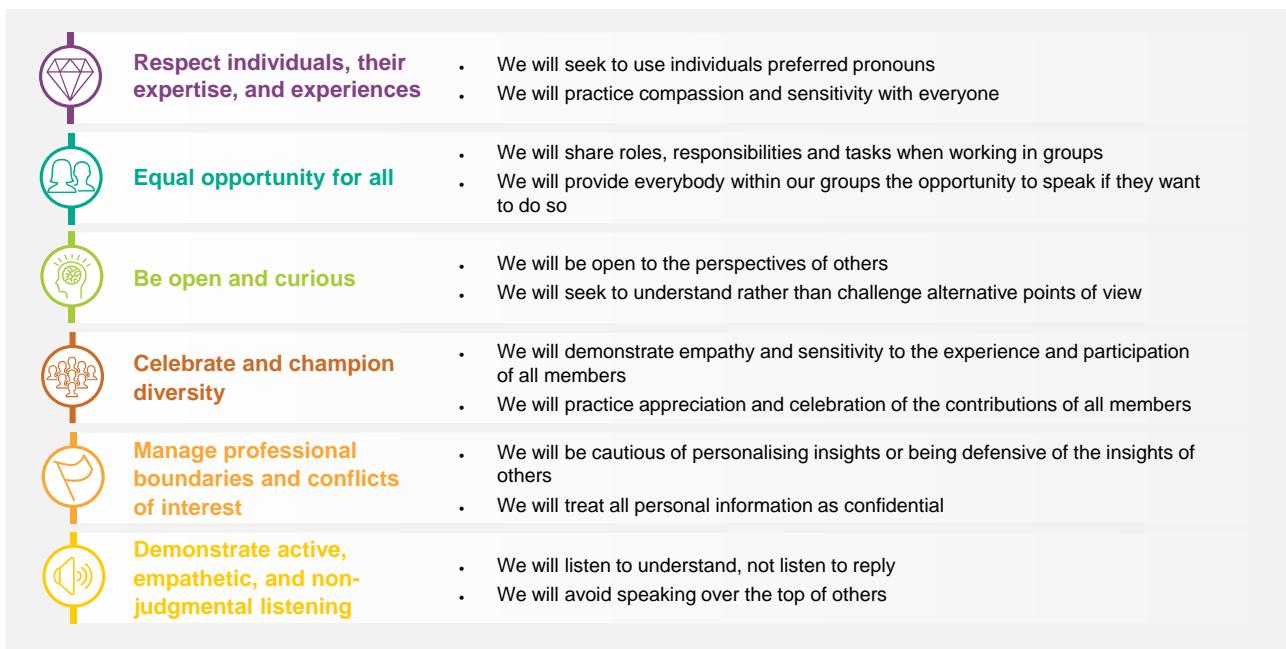


Figure 7 | Rules of Engagement for Working Group members

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