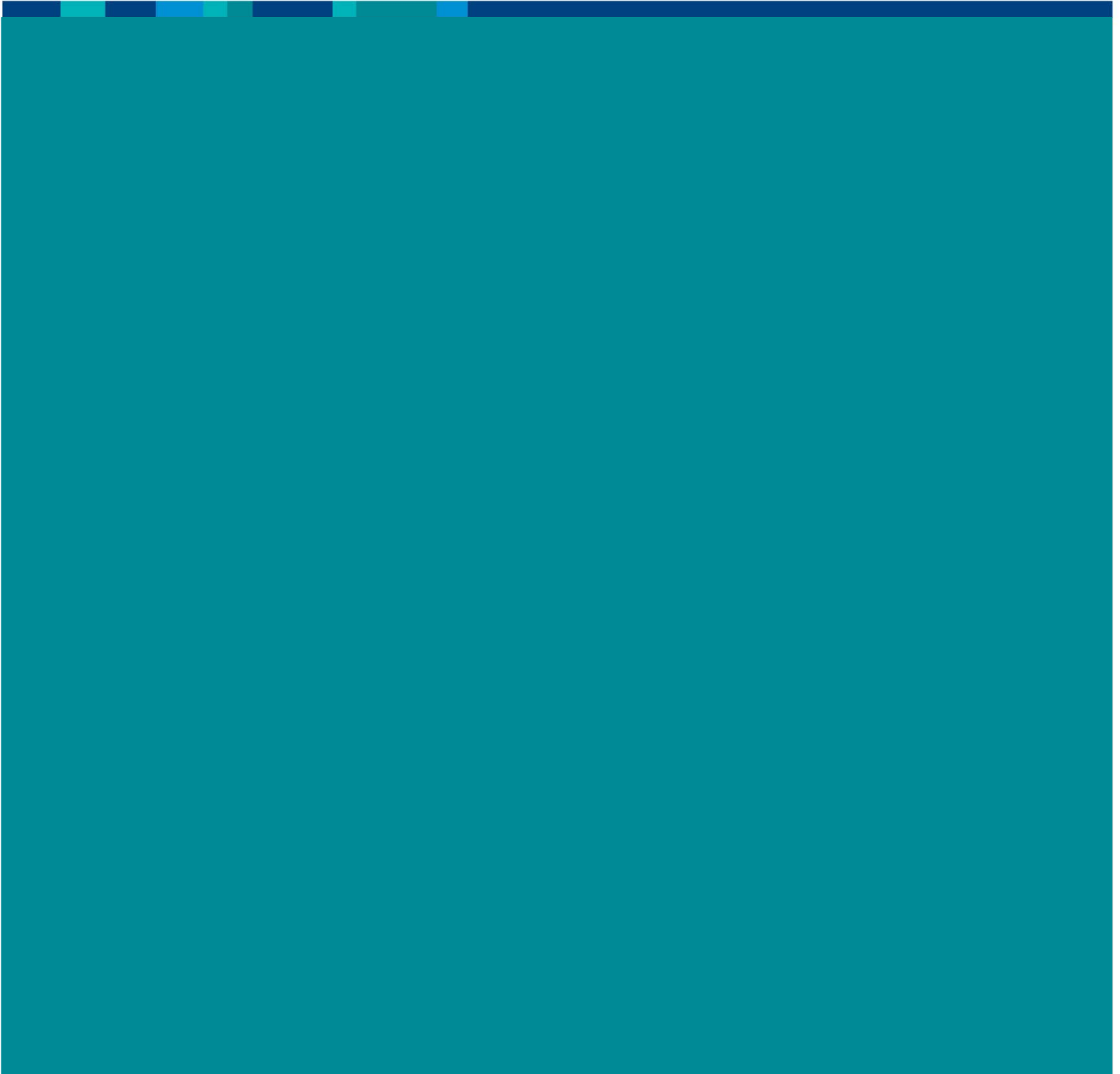




**Australian Government**

**Department of Health and Aged Care**

# Head to Health Kids National Service Model



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## Glossary

**Clinical governance** – the system by which the governing body (bodies), managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for the child and family. It includes workforce credentialling and scope of practice determinations.

**Co-design** – Co-design is a practice that involves bringing families, health workers, and service managers together to design, evaluate and improve services. It involves those who use (or represent those who use) services and service providers identifying problems within services and working collaboratively to find solutions. Co-design should involve people who will be impacted by the proposed service, either directly or indirectly. It is guided by 5 principles: equal partnership, designing together, openness, respect, and empathy.

**Collaborative care** – where a team of care providers and the child and family work together to develop and undertake comprehensive care planning that considers the child in the context of their health and wellbeing.

**Community of practice** – a group of people who share the same interests, set of problems or professional work who come together to share learnings, best practice, and knowledge. The aim is to focus on sharing experiences and learnings, creating new knowledge and advancing the area of professional practice.

**Complex support needs** – where a child/family have multiple health, developmental, economic, educational, cultural, and/or social needs and challenges that require access and support from multiple services within the community.

**Culturally safe** – an environment that is spiritually, socially, and emotionally safe, as well as physically safe for people; where there is no assault challenge or 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 together.

**Cultural competence** – a commitment to engage respectfully with people from other cultures. Encompasses and extends elements of cultural respect, cultural awareness, cultural security, and cultural safety. A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.

**Developmental** – children are not small adults; they have age and developmentally related emotional, social, cognitive, and physical capacities and needs. To be effective, service delivery must be designed around infant and child developmental stages and consider family function.

**Early intervention** – intervening early in the issue, the illness, or the life course to minimise adverse effects and promote ongoing health and wellbeing.

**Family** – There is wide variation in the composition of Australian families, which can include combinations of mother, father, same-sex parents, stepmother, stepfather, infants, children, youths, other family members, and non-related carers.

**Holistic approach** – to provide support and care that looks at the person in the context of their physical, emotional, social, and cultural wellbeing.

**Integrated care** – the provision of seamless and effective service characterised by a high degree of communication, coordination, and collaboration in partnership with the child and family and across health and other care providers such as education, early childhood, and family services. It involves the sharing of information and development and management of a comprehensive care plan to address the physical, emotional, social, and spiritual needs of a child and family.

## Levels of healthcare system

- **Primary care** – Health services where consumers access care, treatment, and support without the need for a referral or without needing to meet certain eligibility criteria. Primary care settings include general practices, community health services and some allied health services. Primary care can be offered by a wide range of professionals including GPs, allied health professionals such as social workers, mental health nurses, psychologists, and maternal child and health services and pharmacists. It is often the entry point to the healthcare system.
- **Secondary care** – Health services that require a referral from a primary care provider (usually a GP). A common example is a referral from a GP to a private psychologist under the Better Access scheme. Another common form of secondary care is where a GP refers a consumer to a psychiatrist for a mental health assessment and treatment. Secondary care may be provided in a hospital clinic or the community.
- **Tertiary Care** – highly specialised healthcare usually over an extended period that involves advanced and complex procedures and treatments performed by medical specialists mostly as a hospital in-patient or in specialist community-based clinics. Requires referral from a primary or secondary health professional unless in an emergency.

**Mental health literacy** – relates to how people access, understand and use health related information in ways that benefit their own and their family's health.

**Place-based delivery** – a collaborative, long-term approach to build thriving communities delivered in a defined geographic location. This approach is characterised by partnering and shared design, shared stewardship, and shared accountability for outcomes and impacts.

**Social determinants of health** – are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between individuals, families, and communities. The 'social determinants' of mental health apply especially for children, who are reliant on adults to provide the necessities of life and to support their mental health and wellbeing

**Strengths based approach** – Strengths-based (or asset-based) approaches focus on the child and the family's strengths (including personal strengths and social and community networks) and not on their deficits. Consideration is also given to the child's environment and life experiences outside of the presenting symptoms and behaviours. Strengths-based practice is holistic and multidisciplinary and works with the child and family to promote their wellbeing.

**Trauma informed care** – care that is based on knowledge and understanding of how trauma affects children and families' lives and the services they need. Consideration is given to the child and family's environment outside of the presenting symptoms and behaviours.

**Telehealth** – the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

**Universal services** – services and systems that are available to the whole of the population and are designed to promote positive functioning and thereby decrease the likelihood of specific disorders. Examples are health and education and early childhood services such as playgroups and parenting programs.

**Warm transfer** – actively communicating with the other service to which the child is connected, to provide essential information about their needs before transferring their care. Support is maintained for the child and family until they are received by the other service.

# 1. Introduction

Positive mental health is the cornerstone of healthy childhood development. It underpins children's social and emotional development, their sense of wellbeing, and it enables them to thrive and grow.<sup>1</sup>

Investing in a child's early years is critical to improve their trajectory of health and wellbeing, and positive engagement across social and education domains. Family health and wellbeing can also have a significant impact on a child's development, particularly if there are multiple adverse circumstances including the critical early life experiences of bonding and attachment.

A service system that identifies the signs a child is struggling, and then provides the necessary support and intervention to the child and broader family has the potential to improve the course of that child's mental health and wellbeing for life. Consequently, this support can reduce future demand for youth, adult and older persons mental health and wellbeing services.

The National Children's Mental Health and Wellbeing Strategy<sup>2</sup> (the Children's Strategy) provides a long-term vision on how to support the mental health and wellbeing of all children. The Children's Strategy outlines the requirements for an effective, universal system of care for children, and how to create a shared understanding of the role of families and communities; service systems; education settings; and evidence and evaluation, in promoting and supporting child mental health and wellbeing.

The Children's Strategy highlights the importance of prevention and early intervention, and the significant societal benefits to investing in the mental health of children. The Children's Strategy also recognises that high quality research is key to understanding the causes of mental illness and successful interventions to support improvements in children's mental health and wellbeing.

A key priority action in the Children's Strategy is the establishment of integrated child and family hubs.

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 (Hubs) for children aged 0-12 years. The Hubs will aim to:

- provide comprehensive, multidisciplinary care which supports children and their families
- 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 planned to be developed and implemented in partnership with state and territory governments and are intended to complement and integrate with current child health and family services already provided in communities. The Hubs are designed to operate as a **secondary level child mental health and wellbeing service**, targeting mild to moderate emerging complexity.

The Children's Strategy reports that children and families often face substantial barriers to accessing treatment and support and that the mental health service system is hard to navigate and fragmented, often without logical pathways to care. The Hubs will be designed to make a complex system easier for children and their families to navigate, providing integrated, comprehensive, multidisciplinary care in one place. The Hubs will be family

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<sup>1</sup> Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report*, Pg.195.

<sup>2</sup> National Mental Health Commission (2021). *National Children's Mental Health and Wellbeing Strategy*.

friendly and culturally safe with care delivered by a multidisciplinary team of medical, allied health, psychologists, and early childhood development experts.

This National Service Model (Model) builds on the findings of the Children’s Strategy, Mental Health: Productivity Commission: Inquiry Report (2020) and the Royal Commission into Victoria’s Mental Health System Final Report (2021). It draws on a range of national frameworks, policies and plans that guide efforts to improve achievement of optimal health and wellbeing outcomes for children and their families. See [Appendix 1](#).

The Model has been developed in consultation with an Expert Reference Group (Appendix 2) to support consistency in the establishment, implementation, monitoring, and evaluation of the Hubs as well as providing clear expectations regarding functions and quality of care. The Hubs provide a unique opportunity for research to support innovation, improvements to clinical practice and service delivery models.

The Hubs will also contribute to priority reforms under the new National Agreement on Closing the Gap<sup>3</sup> - which all Australian Governments committed to, including Outcome 4 ‘Aboriginal and Torres Strait Islander children thrive in their early years’ and Outcome 14 ‘Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing’.

## 2. Background

Support, care, and treatment for emerging mental illness or behavioural disorder can not only improve a child’s health and wellbeing at the time, but into their future. For children, first indications of difficulties typically occur several years before more established symptoms of a mental, emotional, or behavioural disorder are evident.<sup>4</sup> Early assessment, therapeutic intervention and family support can be highly effective at limiting the severity and progression of these mental health challenges.

Mental health struggles will often begin during childhood and can be shaped by physical, genetic, and environmental factors with strong and complex links to adverse childhood events, poor attachment or being in an unsafe environment.

Children can experience many of the same mental health and wellbeing challenges as adults, however they often present as developmental, or behavioural concerns. These presentations may not suggest or warrant a diagnosis of mental illness and as such, service intake for children should not require a mental health diagnosis. In addition to not requiring a diagnosis to access support, approaches should be able to connect children with services that would support mental health before severity increases and a diagnosis would be warranted.

Barriers to accessing timely services and treatment have been reported by families, such as high out-of-pocket costs, long wait times due to shortages of appropriate child mental health services and skilled professionals, dependency on diagnosis for treatment or high severity

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<sup>3</sup> Australian Government, *Closing the Gap in Partnership, National Agreement*. July 2020.

<sup>4</sup> State of Victoria, *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 2: Collaboration to support good mental health and wellbeing*, Parl Paper No. 202, Session 2018–21 (document 3 of 6). Pg.156.

thresholds, and poor mental health literacy and awareness of risk amongst families, early childhood service providers and teachers.<sup>5,6</sup>

Data from the Australian Child and Adolescent Survey of Mental Health and Wellbeing Study (2015)<sup>7</sup> indicated that less than half (48.9%) of all children (4-11 years) with mental illness had accessed services for emotional or behavioural problems in the previous 12 months. Further, less than a third of families accessed services to help support their child who was struggling.

Research indicates there are cohorts of children who are at increased risk of mental ill health and behavioural disorders. These include:

- children who have experienced child protection and out of home care systems
- children with a family member with a mental illness or disability, or substance use issues
- children living in an environment of high family conflict
- children who have experienced trauma
- children with disability or chronic illness
- Aboriginal and Torres Strait Islander children
- children with refugee or asylum seeker status or who have recently migrated.<sup>8</sup>
- children with social or economic disadvantage

These children and their families are often in the underserved groups for universal services and therefore are less likely to access specialised mental health services early. The Hubs should be developed and co-designed to support and prioritise access to services and resources for vulnerable and/or at-risk children and families.

Furthermore, research suggests that families are more likely to access services when a holistic approach to mental health is utilised reflecting the physical, social, emotional, and cultural wellbeing of individuals and their communities.

Evidence also shows improvements in health outcomes are best achieved through a coordinated and integrated child and family health system where primary, secondary, and tertiary services sit on a continuum that interfaces with the broader health system, education, and social service sectors.<sup>9</sup>

Integrated care can address the fragmented delivery of care provided to children and families experiencing mental health and wellbeing issues. This includes addressing the health and wellbeing needs of the family as a whole. When youth and adult services that work with issues such as mental health, alcohol and drug, housing and family violence can work together with the child's services key disruptions in affecting the child's wellbeing can be minimized.

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<sup>5</sup> National Mental Health Commission (2020). *National Children's Mental Health and Wellbeing Strategy*. Pg. 20.

<sup>6</sup> State of Victoria, *Royal Commission into Victoria's Mental Health System, Final Report, Volume 2: Collaboration to support good mental health and wellbeing*, Parl Paper No. 202, Session 2018–21 (document 3 of 6).

<sup>7</sup> 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.

<sup>8</sup> National Mental Health Commission (2020). *National Children's Mental Health and Wellbeing Strategy*. Pg. 18.

<sup>9</sup> Australian Health Ministers Advisory Council (2015). *National Framework for Child and Family Services – secondary and tertiary services*. Pg. 17.



Evidence is also building as to the significant impact COVID-19 is having on the mental health and wellbeing of children.

### 3. Service Principles

This 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 no-cost, 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.
7. **Clinical governance and accountability** – Appropriate governance to ensure quality standards and clinical competence and reporting requirements are maintained and responded to.

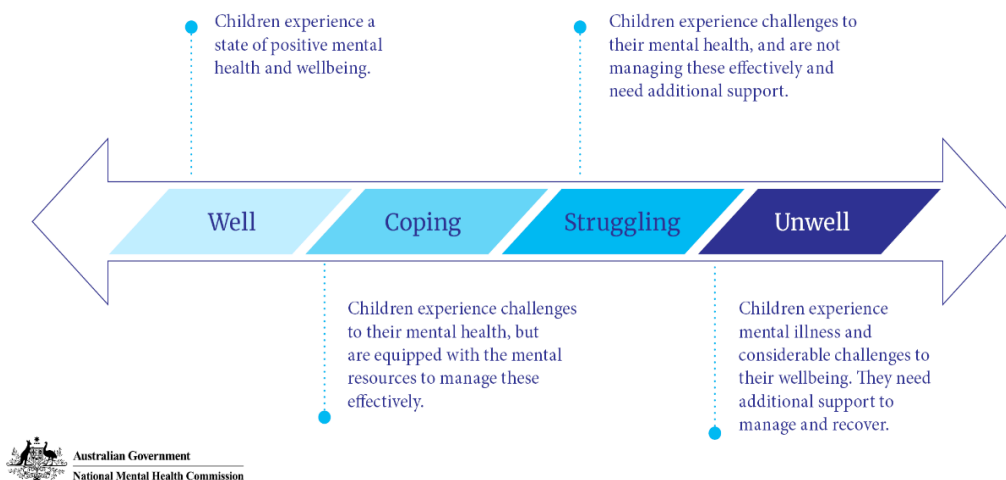
### 4. Key Elements of this Model

The Children's Strategy outlines an approach to child mental health and wellbeing that adopts a continuum model that moves away from stigmatising or restrictive terminology. Focus is placed on a child's functioning rather than a diagnosis acknowledging the importance of intervening when a child and/or family needs additional support with the aim of preventing them becoming unwell.<sup>10</sup>

As a result, jurisdictional and regional planning of each Hub may require a review of the current service system from the lens of the continuum model. This is to identify opportunities for integration with the local services and address gaps, with the aim of intervening early on the continuum.

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<sup>10</sup> National Mental Health Commission (2021). *National Children's Mental Health and Wellbeing Strategy*.



This Model aims to address key gaps in the health system by:

1. Providing an accessible, child centred, and family focussed no cost service for children and their families experiencing challenges with their mental health and wellbeing.
2. Identifying and supporting children and families that are struggling or at increased risk of mental illness and behavioural disorders.
3. Ensuring 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 challenges, physical symptoms, mental distress, and family functioning.<sup>11</sup>
4. Managing demand in a way which enables timely access to support and advice for all who are referred, whilst also providing short to medium term episodes of care.
5. Integrating with local services related to the mental health, safety and wellbeing of children including – child protection, universal child health services, child development services, perinatal/child/youth mental health services, education, early childhood education and care services.
6. Improving mental health literacy to assist families and services working with children to identify early signs that a child is struggling and to reduce the stigma that may prevent families from seeking help.
7. Providing multidisciplinary collaborative care between providers, both within the service and with external services with clear protocols for sharing of information and care co-ordination.
8. Coordinating a network of skilled service providers across the Hubs and related services, including a community of practice and shared learnings.
9. Implementing place-based approaches to ensure services are accessible, culturally safe, and flexible to meet the needs of the local community with opportunity for the development of innovative approaches.
10. Increasing the knowledge and capacity of the existing mental health workforce and creating more student and training rotations to develop and expand the workforce.

<sup>11</sup> National Mental Health Commission (2021). *National Children's Mental Health and Wellbeing Strategy*.

Individual services will develop a service delivery model for their Hubs with an emphasis on co-design with the local community.

Service delivery models will address the following service elements:

- a) Early identification and intervention for children 0-12 years and their families.
- b) A stepped approach to the provision of support, care, and treatment based on research, evidence and validated triage and assessment tools.
- c) Multidisciplinary biopsychosociocultural assessment and intervention provided by a team of medical, allied health, psychologists, and early childhood development experts. This team will include or work collaboratively with local Aboriginal Community Controlled Health Organisations (ACCHO), Aboriginal and Torres Strait Islander and other culturally appropriate health workers relevant to the population the Hub is supporting.

## 5. Core Functions

To meet the key elements of this Model there are core services that all Hubs will be expected to provide in line with funding frameworks. Individual sites will need to consider the mode of delivery to best meet the population requirements including in-house (at the Hub), out-reach and telehealth services.

### 5.1 Access and Referral

The Hubs are intended to be a multidisciplinary child mental health and wellbeing service with specialist expertise, 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.

This broad referral approach reflects the multiple touch points within a community that encounter children and families, and where signs a child is struggling or unwell may be exhibited, while also ensuring the service is directed to those most vulnerable or in need. It is especially intended that the Hubs will include out-reach interventions and prioritise access to children whose families do not readily access universal services or are at increased risk of developing poor mental health.

Strong linkages, integration and/or co-location with other services within the community are essential to facilitate swift and supported access and navigation across services. Clear pathways for referral to and from youth and adult mental health and support services will be required to ensure that holistic support and care is provided not just to the child but the whole family. This recognises the interconnection between the child and broader family health and wellbeing.

The Hubs will work collaboratively with referrers and other services including GPs, local Primary Health Network (PHN) commissioned services, Aboriginal and Torres Strait Islander health services, services for Culturally and Linguistically Diverse (CALD) communities and state and territory funded services. This may be as part of the treating team, ongoing care coordination or in transitioning to more appropriate services.

Staffing at the Hubs will enable engagement with families who may present without a referral. This will allow a worker to provide an initial greeting, identify what they are seeking and provide information on relevant services or where appropriate undertake a triage process. Whilst the Hubs will not be a crisis service, staff within the Hubs will require the skills and knowledge to support a child or family member who is in psychological distress and transfer care to the appropriate service where indicated.

Staff within the Hubs will also have a role in secondary consultation and capacity building for services and people that work with children and families. This will assist in reducing the

number of professionals and services a child and family may need to access for support as well as build the knowledge and understanding of mental health issues across professionals working with children and families.

The Commonwealth Department of Health has developed a national initial assessment guidance and digital decision support tool (IAR).<sup>12</sup> The IAR supports clinicians to assess and determine the need for referral when consumers present in a primary care setting for mental health assistance. The tool has been adapted for use with children (5-11 years) and youths. This tool may be used to assist referrals of this age group from primary care to the Hubs.

## 5.2 Initial Assessment

Following referral, an assessment process will be undertaken by a qualified professional to assess the issues and identify the needs of the child and family. This process will consider the child in the context of emotional wellbeing, behavioural and developmental challenges, and mental health. Family mental health and wellbeing will also be assessed to identify anyone in the family unit who may also need support.

Outcomes of assessment will determine appropriate interventions including treatment, care and support required from within the Hubs or through a supported referral to appropriate services.

Assessment of needs will be undertaken using validated initial assessment tools that are appropriate to the child's age/developmental stage to ensure a consistent approach to needs identification and to allow for data collection, evaluation, and learnings across the network of Hubs.

## 5.3 Treatments and Therapies

The Hubs will provide children with contemporary evidence-based assessments, treatments, trauma informed therapies, care, and support.

Care plans will be informed by a comprehensive assessment of the child's functioning and needs with the focus on a strengths-based, capacity-building approach to supporting the family unit.

For Aboriginal and Torres Strait Islander families, CALD and LGBTIQ+ families, this will also include culturally safe healing and social and emotional wellbeing services.

Consideration should be given to planning and delivery of language services including translated in languages other than English and plain English materials and interpreting services.

Evidence based treatments and therapies will be sensitive to the family dynamics, their relationships and recognise the social determinants influencing the child's mental health and wellbeing.

Treatment and therapies may include:

- a) Interventions, assistance, and support for the family system that explore, and address parenting, attachment, relationship, or family system needs, preventing further social, behavioural, and emotional difficulties
- b) structured therapies that address developmental as well as emotional, social and behavioural needs of the child, provided to the family to assist the child to achieve wellness

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<sup>12</sup> Department of Health 2020: *National PHN guidance - initial assessment and referral for mental health care*.

- c) multidisciplinary treatment, care and support delivered in the context of a child's developmental stage and family situation, and
- d) specialised treatments (e.g. treatments for specific mental illnesses, early intervention programs for children with Autism Spectrum Disorder (ASD), interventions for children who are impacted by trauma or healing services for Aboriginal and Torres Strait Islander families).
- e) The use of telehealth services in a developmentally appropriate way should be available to increase accessibility to services and consultation, in addition to addressing regional and remote service delivery and workforce shortages.

## 5.4 Care Coordination

Children and families will often access multiple service providers at the same time. Regular and comprehensive communication between providers is required to coordinate their care.

Where children and families are assessed to have complex support needs and/or require several services and professionals, the Hubs will offer care planning and coordination, including assisting with access and navigation to other services.

All services will be child centred and family focussed, with all decisions being made in collaboration with the child and family and those they wish and provide consent to be involved including clinicians, education and childcare providers, other health services and social service sector agencies.

Essential protocols to achieve effective care coordination and integration (with permission to do so from children and their families) will include:

- a) collaboration between adult, youth, and child mental health services to address the needs of the whole family system
- b) care planning with local services related to the mental health, wellbeing and safety including – child protection, family violence services, ambulance and police services, universal child health services, primary health care services, child development services, perinatal, schools and early learning services
- c) sharing of information and case conferencing and provision of secondary consultation
- d) collaboration with complementary services that assist referral to the National Disability Insurance Scheme (NDIS) or other relevant support services e.g., special education, ASD services
- e) integrated care provided with services within the local community that support families to build and strengthen parenting skills, and
- f) collaboration with group programs to build social supports for families.

## 5.5 Supported Transition

During the ages 0-12 years there are many developmental, social, and educational transition points that can create vulnerabilities and barriers to accessing appropriate health services.<sup>13</sup> Key transition periods include: perinatal, early learning and childcare, start of formal schooling, move to high school, transition to youth and other health and social services.

Hubs will be cognisant of the different services/systems involved at these different phases of the child's development and ensure that transitions are smooth, supported, and informed.

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<sup>13</sup> Australian Health Ministers' Advisory Council 2015. *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health*. Pg. 29.

Formally coordinated local agreements between organisations will be established to facilitate timely access, appropriate sharing of information, and age and developmentally appropriate transitions to new services.

The Hubs will have formal partnerships with relevant state and territory funded maternal and child health services, Child and Adolescent (Youth) Mental Health Services (CAMHS or CYMHS) and Child Development Services, and the Commonwealth funded headspace services. Support will also be provided to children transitioning to these, and other health services, as they reach the age of 12.

## 5.6 Workforce

The Hubs will establish multidisciplinary teams, supported by appropriate clinical governance – both within the Hubs and across multiple agencies. The make-up of these teams will be specific to the mental health and wellbeing treatment and support needs of the community it is serving. A Hubs staffing mix could include paediatricians, child psychiatrists and psychologists, nursing and allied health specialties, specialist family therapists, Aboriginal, CALD and LGBTIQ+ health workers, and peer support workers.

Acknowledging the challenges of workforce availability, the Hubs should consider innovative approaches to address workforce shortages and access. This may include shared employment or secondment arrangements, access to specialist clinicians through telehealth, training rotations with appropriate supervision incorporated into the service delivery model and expanding the workforce scope broader than the traditional mental health and health workforce where this is able to meet service needs.

The 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 Hub network.

The Hubs will provide opportunity 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 Torres Strait Islander and CALD students and graduates.

The Hubs will develop the cultural competency of staff, including their capacity to work effectively within the cultural context of each child and family. The 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, LGBTIQ+ and Aboriginal and Torres Strait Islander people.

## 6. Flexibilities

Whilst the Hubs will deliver services consistent with this Model, flexibilities will be allowed to address any local or jurisdictional requirements including:

1. Adjusting any service offering to ensure the Hub is complementing and not duplicating existing services.
2. Addressing relevant cultural or community needs such as the needs of Aboriginal and Torres Strait Islander people, and children and families from diverse communities.
3. Adapting or sharing workforce in areas of reduced availability, for example, cross employment arrangements with state or territory government and non-government services.
4. Exploring partnerships with other agencies for the development of innovative service options which complement the Hubs core functions.
5. Determining the expected geographical service area particularly when Hubs are servicing a regional area.

The mix of services which the Hubs provide in-house may vary from location to location and will depend on arrangements negotiated with Local Health Networks (LHNs) and other local services. This will ensure complementary services and the focus of available funding to addressing gaps. Some Hubs may focus on providing a platform for in-reach services, including from GPs, psychiatrists, psychologists or other MBS or privately funded providers.

## 7. Out of Scope

Services that are out of scope for the Hubs include the following, noting that the Hubs will work to complement and provide referral and pathways to these services:

1. Disability support services provided through a child's NDIS plan. However, this determination should be made on an individual basis.
2. Primary Health Care Services which are provided by other child and family health services in the geographical area for example, immunisation, development checks or screening programs.
3. Services targeting the mental health of youth (12 years or older) and adults that are more appropriately provided by headspace, CAMHS/CYMHS or Head to Health Adult Mental Health Centres. It is also recognised that, at times, treatment for other family members may be most appropriately provided by staff at the Hub.
4. Crisis support services (for example – domestic and family violence, drug and alcohol support, legal services, and housing) where these are more appropriately provided by other dedicated services.

## 8. Hub Design, Planning, and Integration

Hub design should reflect a model of place-based delivery. This will include a collaborative, long-term approach to build thriving communities delivered in a defined geographic location.<sup>14</sup> Engagement with the local community and other relevant services will assist the Hubs in being culturally safe and flexible to meet the needs of the community, with opportunity for the development of innovative approaches. Innovative approaches could include supporting local programs to create opportunities for effective collaboration between local services from different sectors.

The Hubs will work with local communities, other service providers and families through a co-design process to explore ways to increase the accessibility of their services to address social inequities and determinants of health and reflect local priorities and needs.

The physical environment of the Hubs should be calm, safe, friendly, and welcoming to children and their families as well as culturally safe and flexible to meet the needs of the community.

The locations of Hubs will be determined through negotiation with states and territories, considering existing services, population needs and workforce availability. They should build on existing services and infrastructure to minimise set-up cost and in a location easy to reach by public transport. Where possible the Hubs should be close to or co-located with universal services such as community child and family services, childcare services, schools, and parenting centres to help reduce barriers to access. To support development and sustainability of the workforce, Hub design and infrastructure should aim to include appropriate facilities for observation and supervision, sufficient consultation rooms and spaces for family and group therapy.

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<sup>14</sup> Dart, J. 2018. Place-based Evaluation Framework: *A national guide for evaluation of place-based approaches, report*. Pg.1.

Formal relationships will need to be formed between the Hubs and other relevant services, including state or territory funded services, non-government and private services, Aboriginal and Torres Strait Islander health services and other services provided through PHNs. The Hubs should also form relationships with local schools, education support providers, learning services, family services, justice and legal institutions and community organisations to support referral pathways.

Each individual Hub will be established within a unique local service landscape and consider the availability and mix of existing state and territory government, non-government and PHN funded mental health and social support services.

In general, to achieve appropriate integration and planning, individual services will need to:

1. Review relevant population health indicators to understand population needs for 0-12-year old's and their families
2. Map available services for children aged 0-12 years against population needs
3. Consult with other agencies, services, and children and families about service gaps and needs
4. Ensure appropriate information is shared between the Hub and other agencies about roles and relationships, facilitated by shared information systems
5. Share experience and learning across Hubs in different jurisdictions
6. Negotiate pathways and protocols for integrating services and referrals
7. Identify the risk of service duplication or confusion to families about any overlapping service intent, and
8. Consider opportunities for co-design, co-commissioning and workforce sharing.

## 9. Phased Implementation

As Hubs will be emerging from the existing service landscape, they will face several local implementation challenges in addressing service gaps including:

1. Planning services to complement, and not duplicate available services.
2. Managing demand in a way which enables access to timely support and advice for all who are referred, whilst also providing short to medium term episodes of care.
3. Building a skilled multidisciplinary team in the context of likely workforce shortages.
4. Identifying (and where possible meeting) unmet local or cultural needs whilst also having a standard suite of services.
5. Developing partnerships required to offer a range of services and referral pathways.

To allow time to address these challenges, a phased approach to implementation and integration of the Hubs is proposed. Co-design with appropriate agencies and the local community will be integral to the proposed phases described below.

- **An establishment phase**, which will be informed by consultation, needs assessment, local service mapping and existing regional mental health planning processes before opening for service delivery. Consultation should determine what children themselves would like to see in this context. This should include establishing a mission and culture, agreeing principles underlying the individual Hubs service delivery model, and providing initial inter-disciplinary training and supervision.
- **An embedding phase**, where a basic core suite of information, services and referral pathways is established and delivered, and partnerships are developed. This may, for example, involve focusing on provision of core in-house services such as the capacity to provide immediate information, advice and support and service navigation.
- **A full operational phase**, through which additional partnerships to support in-reach services or more specialised supports to address local needs are offered.



A co-design process and iterative review between phases, including continuing consultation with key stakeholders will help to shape the role of the Hubs locally, regionally, and nationally.

## 10. Safety and Quality

A comprehensive safety and quality framework will be required as part of the implementation of the Hubs. This must include the following:

1. Compliance with all relevant professional and community health care standards as well as safety and quality standards.
2. Implementing appropriate confidentiality and privacy arrangements in accordance with relevant legislation, whilst ensuring appropriate information sharing is in place between services involved in a care pathway to support quality care.
3. Clinical governance to ensure that staff are appropriately credentialled, well supported and trained to provide high quality care. Protocols must be in place to guide review of the care provided and for responding to critical incidents and complaints. There should be clear lines of accountability and processes for escalation within the site.
4. Cultural safety requirements to ensure that Aboriginal and Torres Strait Islander people receive quality services and equality of care. This includes appropriate planning for recruitment and professional development of Aboriginal and Torres Strait Islander people.
5. Culturally competent care for other diverse population groups including CALD people and LGBTIQ+ communities.
6. Support for the appropriate use of the Privacy Act 1988 and the Australian Privacy Principles, so information can be shared by practitioners as part of effective collaboration with children and families.

## 11. Governance and Evaluation

The establishment and implementation of the Hubs will be nationally evaluated to generate new evidence and to guide any future expansion of this initiative or amendment to this Model. In addition, it is expected that the Hubs will report on and undertake evaluation of the outcomes and experiences for children, families, professionals, and partnering services.

The support function, provided by the Commonwealth, will facilitate national evaluation and reporting, including through communities of practice and opportunities for shared learnings across the national Head to Health network.

Areas of evaluation could include:

- a) service/treatment outcomes for children and families mapped against service/treatment types
- b) timely and appropriate access to specialist services
- c) mental health and wellbeing of children and families disaggregated by characteristics such as Indigeneity, CALD, and disability
- d) partnerships, collaborations, integration, and care coordination
- e) place-based service delivery
- f) workforce sustainability and skills development including disaggregated by cohorts within the workforce such as Aboriginal and Torres Strait Islander people, people of CALD background and people with disability
- g) cultural competency of staff and cultural safety of services for Aboriginal and Torres Strait Islander people
- h) implementation of the Priority Reforms under the National Agreement on Closing the Gap, and

- i) development of a network and community of practice across the Hubs.

## 12. Commissioning

The commissioning approach for each Hub will be determined with states and territories as per the bilateral agreements under the National Mental Health and Suicide Prevention Agreement.

## Appendix 1: National Frameworks, Strategies and Plans

The National Children's Mental Health and Wellbeing Strategy (2021)

National Framework for Universal Child and Family Health Services (2011)

The National Framework for Child and Family Health Services – secondary and tertiary services (2015)

Investing in the Early Years – A National Early Childhood Development Strategy (2009)

Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (2015)

Protecting Children is Everybody's Business: National Framework for Protecting Australia's Children 2009 -2020

National Action Plan for the Health of Children and Young People 2020 -2030

National Mental Health and Suicide Prevention Plan

National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023

National Aboriginal and Torres Strait Islander Health Plan 2021-2031

National Aboriginal and Torres Strait Islander Early Childhood Strategy (2021)

National Agreement on Closing the Gap and parties' implementation plans

National Framework for Health Services for Aboriginal and Torres Strait Islander children and Families (2016)

Place-based Evaluation Framework: A national guide for evaluation of place-based approaches in Australia (2018)

Keeping child mental health in mind – A workforce development framework for supporting infants, children, and parents (2019)

National Mental Health Workforce Strategy (2022)

National Lived Experience (Peer) Workforce Development Guidelines (2022)

## Appendix 2: Expert Reference Group

The Department would like to acknowledge the contributions of the following Head to Health Kids National Service Model Expert Reference Group members:

<b>NAME</b>	<b>ROLE</b>	<b>TITLE</b>
Dr Ruth Vine	Chair	Deputy Chief Medical Officer for Mental Health, Department of Health and Aged Care
Professor Sharon Goldfeld	Member	Director of the Centre for Community Child Health at the Royal Children's Hospital Melbourne
Professor Christel Middeldorp	Member	Professor Child & Youth Psychiatry, Child Health Research Centre, the University of Queensland
Mr Brad Morgan	Member	Director of the National Workforce Centre for Child Mental Health, Emerging Minds
Ms Nicole Rogerson	Member	CEO Autism Awareness Australia and Director of Neurodevelopment Australia
Dr Robyn Miller	Member	Chief Executive Officer of MacKillop Family Services
Ms Tamara Cavenett	Member	President of the Australian Psychological Society
Ms Chantele Edlington	Member	Discipline Senior Speech Pathology, Mental Health Program, Monash Health
Ms Gill Yearsley	Member	CEO of Northern Territory Primary Health Network
Dr Alex Hains	Member	Executive Director, National Mental Health Commission
Dr James Best	Member	General Practitioner and Chair of the RACGP Specific Interests Child and Young Person's Health Network
Ms Eileen McDonald	Member	Lived Experience Representative, Mental Health Australia
Professor Ngiare Brown	Member	Founding Director, Ngaoara
Associate Professor Beth Kotzé	Member	Director of Child and Adolescent Mental Health Services, Sydney Local Health District

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All information in this publication is correct as at July 2022

