GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) Taskforce Implementation Program

Justice and Forensics Model of Care

Version 3.0 | 1 December 2022

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1 Introduction

A Model of Care broadly defines the way health care is delivered. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.[1] The Mental Health Commission (MHC) has developed this document, the **Justice and Forensics Model of Care,** to define how mental health services, for children aged 0-17 with mental health needs who are at risk of offending or have offended, their families and carers, should be delivered. This Model of Care will improve access to mental health care for children who are at-risk of or in contact with the justice system by improving the capability within Community ICAMHS and other services. Specifically, it will outline the partnership and supports that Community ICAMHS will provide to the Children and Adolescent Forensic Service (CAFS), the Child and Adolescent Mental Health Service Multisystemic Therapy (MST) program and the youth justice system to enable better access to mental health care for children, families and carers in the future infant, child, adolescent (ICA) mental health system.

A note on the development of CAFS

CAFS is currently being designed by the North Metropolitan Health Service and its partners, and has preliminary funding with the aim of operating in 2023. CAFS is designed to provide a specialist forensic mental health clinical liaison, assessment and support to young people aged up to the age of 18. CAFS will aim to improve the mental health and social outcomes of those in detention, on transition out of detention and living in the community that are at risk of offending.

This Model of Care was developed through the establishment of a Working Group that was responsible for designing the key features of the Justice and Forensics Model of Care, with support from relevant good practice models in other jurisdictions. The Working Group provided a forum for people with knowledge and experiences of ICA mental health services to share their expertise to inform the design of this Model of Care. It included a broad range of voices including, families and carers with lived and/or living experience of mental health issues, clinicians and other system leaders. To ensure a broad reach, a survey was subsequently designed and shared with a cross-section of stakeholders across the ICA mental health system. As a result, the Model of Care document has received significant input from a range of stakeholders within the ICA mental health system.

[1] NSW Agency for Clinical Innovation, (2013), Understanding the process to develop a Model of Care. An ACI Framework, Sydney.

Service Guarantee and ICA Culturally Safe Care Principles underpin this Model of Care

A Service Guarantee has been developed to outline what children, families and carers should expect to experience in their interactions with the ICA mental health system. The Service Guarantee has eight principles, outlined in Figure 1. These principles apply to all ICA mental health services and are intended to guide how all Models of Care, including the Justice and Forensics Model of Care, are implemented.

Alongside the Service Guarantee, ICA Culturally Safe Care Principles have been developed to guide and enable the delivery of culturally safe and appropriate care to Aboriginal and Torres Strait Islander children, families, and carers across all ICA mental health services, including this Model of Care. Figure 2 provides a summary of the ICA Culturally Safe Care Principles.

Purpose of this document

The purpose of this document is to describe the Justice and Forensics Model of Care and how mental health care will be delivered to children at-risk of or in contact with the justice system across WA to ensure care is accessible, high-quality and integrated across various services. This document is not intended to define specific approaches, provide clinical advice, or outline specific workforce, infrastructure or other resource requirements. Further, it is not intended to provide guidance for specific regions, districts or communities. Rather for these communities, this Model of Care provides an overarching framework to create consistency, while also allowing scope and flexibility for care to be adapted to the local context and needs.

A note on language and terminology

The intention of this document has been to use language that is clear and inclusive. However, it is recognised that there is not always consensus around the language associated with ICA mental health. For this Model of Care, the term children, family and carers has been used and is inclusive of all children, family, carers, supporters, and community members. Section 6 of this document contains a list of the key terminology used within this Model of Care.

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

Figure 1 | Service Guarantee principles

Figure 2 | ICA Culturally Safe Principles

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

ICA CULTURALLY SAFE CARE PRINCIPLES

Child, family, carer

SOCIAL AND EMOTIONAL WELLBEING DOMAINS

1	**Connection to community:** *Opportunities for individuals and families to connect, support each other and work together.*
2	**Connection to mind and emotions:** *The ability to manage thoughts and feelings.*
3	**Connection to body:** *Feeling physically strong and healthy and able to physically participate as fully as possible in life.*
4	**Connection to family and kinship:** *Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.*
5	**Connection to culture:** *Connection to a culture provides a sense of continuity with the past and helps underpin a strong identity.*
6	**Connection to Country:** *Connection to Country helps underpin identity and belonging.*
7	**Connection to spirit, spirituality and ancestors:** *Spirituality provides a sense of purpose and meaning.*

2 Background: Case for change

2.1 Why does change need to happen?

Children in the justice system are some of the most vulnerable and disadvantaged children in Australia

Modelling undertaken by the MHC showed that approximately 65 per cent of the juvenile detention population in WA have experienced mental health issues, a rate that is three times the prevalence rate of the general population[2]. Further, research by the Royal Australasian College of Physicians showed that the suicide rate among children and adolescents in contact with the justice system is four times higher than among other children and adolescents[3]. These children are often in environments, including detention, that create additional vulnerabilities and limit the presence of protective factors, such as family connection, supportive peers and culture. For these reasons, better care that recognises their unique needs is required for children at risk of offending or who have offended.

Existing 'general' community mental health services do not meet the complex needs of children and adolescents at risk of offending or who have offended

The circumstances and experiences of children in contact with the justice system is becoming increasingly complex. Children in contact with the justice system are more likely to experience complex and co-occurring issues including mental health issues, severe neurodevelopmental impairment (including Fetal Alcohol Spectrum Disorder), complex trauma, alcohol and other drug misuse, and challenging family and socio-economic circumstances. Currently, the needs of these children are not consistently met by 'general' mental health services[4]. Additionally, there are insufficient specialised services and infrastructure across WA to adequately support these children. To date, there is no dedicated service, or forensic mental health beds in WA for children and adolescents[5]. As such there remains a critical gap in care for children with mental health issues who are at risk of offending or who have offended.

[2] Mental Health Commission Western Australia (2020) Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (Supporting Paper), Western Australia
[3] The Royal Australasian College of Physicians (2011) The health and well-being of incarcerated adolescents, New South Wales
[4] Commissioner for Children and Young People Western Australia (2015) Our Children Can't Wait (Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA), Western Australia
[5] Commissioner for Children and Young People Western Australia (2020) Progress update for agencies on the recommendations from the 2015 Our Children Can't Wait report, Western Australia; Fabrikant S and Petch E (2019) Report of the Forensic Youth Mental Health Mapping of Pathways: Access to Care Working Group, Mental Health Advocacy Service, Western Australia

Children at risk of offending or who have offended find it difficult to access community ICA mental health services and miss out on care

Children who are at risk of being involved in the justice system often have difficulty accessing community mental health services. These children often display risky behaviours; lack psychosocial supports; have fewer opportunities to connect with health and other services; and have co-occurring alcohol and other drug issues which can act as barriers to receiving mental health support. Further, children from unstable environments face greater obstacles to access and be accepted into current Child and Adolescent Mental Health Services (CAMHS). In extreme cases, children who struggle to access mental health services may 'act out', including committing criminal offences, as a way to seek help for mental ill-health.

"Many of our local kids are trying alcohol and drugs from a primary school age. If CAMHS finds out, then it's an immediate 'no, we can't see you.'"
- Service provider

"At Banksia Hill, you may only see a psychologist for 30 minutes a week, with somebody you don't know. They can often be a trainee."
- Young person

Mental health needs and access are particularly challenging for children in detention. For example, care provided by Child and Adolescent Mental Health Services, or other ICA mental health services is often disrupted as children enter Banksia Hill Detention Centre. This results in children not being able to access the care they need and prevents them from receiving continuous care from their existing clinician. Further, there are significant issues with the mental health services being provided in Banksia Hill Detention Centre. Appointments are often short, staff are inconsistent, and seeking help is heavily stigmatised. Further, the physical environment of the mental health services in Banksia Hill Detention Centre are unsuitable for children, with very small rooms being used for counselling and cells that keep children in isolation.

Aboriginal children are overrepresented in the youth justice system and struggle to access mental health services

A significant proportion of children on community orders and in Banksia Hill Detention Centre are Aboriginal. On average, during 2020-21, in WA, 60 per cent of young people who were under supervision in the community and 75 per cent of young people in detention identified as Aboriginal or Torres Strait Islander origin. The overrepresentation of Aboriginal young people can be attributed to a range of causes, including (although not limited to) the history of colonisation, structural disadvantage and racism, disconnection from culture, intergenerational trauma, barriers to educational achievement, social, economic and cultural inequity and marginalisation, and other factors. As outlined above, children who have offended find it difficult to access community ICA mental health services and miss out on care, particularly for children in Banksia Hill Detention Centre.

2.2 What needs to happen?

There is a need for collaboration between services that work with children with mental health needs who are at risk of offending or have offended, their families and carers. A new 'discrete' service is not required – rather collaboration is needed between Community ICAMHS, CAFS, Department of Justice's Youth Justice Services (Youth Justice Services) and a wider network of other programs, supports and services.

Services that work with children need to better identify children at risk and support them before they contact the justice system

There is an opportunity to better support children before they offend. Supporting this cohort of people requires early identification and intervention, which can be difficult because these children can often express and externalise mental health issues in different ways. Services which work closely with children, including schools, youth services, child protection services and others, with support from Community ICAMHS, need to be able to more readily identify children with mental health issues who are at risk of offending. Once identified these children can be supported by Community ICAMHS, CAFS and other community mental health services and connected with diversionary services.

Community ICAMHS, CAFS and the justice system need to collaborate to provide consistent, continuous and 'wrap around support' to children, including those inside Banksia Hill Detention Centre

Children, family, clinicians and service providers have identified that best practice care recognises the different services involved in a child's life and brings them together to provide holistic and 'wrap around' support. This requires Community ICAMHS, CAFS, Youth Justice Services and other services that work with young people to collaborate and form partnerships to support the child, rather than each discrete service dealing with a small part of the young person's issues. Further, children in Banksia Hill Detention Centre need to be provided consistent, ongoing access to mental health care, from arrival until release. The integration of services will better meet the needs of children in contact with the justice system, including reducing the need for children to transition between services, be on waitlists and repeat their story to different clinicians and support staff.

Develop specialised forensic mental health capacity and capability to support children with mental health issues who are in contact with the justice system

The ICA public mental health system, police and Youth Justice Services need to better support children with mental health issues who are at risk of offending or who have offended. Specifically, Community ICAMHS needs to embed specialist forensic mental health expertise in community teams to provide expert support for this cohort and improve the capability of other services to better support these children. Community ICAMHS needs to be accessible to all children across WA, including children in regional and remote areas, children on court orders, children in Banksia Hill Detention Centre and children with co-occurring conditions.

3 Overview of the Justice and Forensics Model of Care

This section introduces the scope of the Justice and Forensics Model of Care, including its objectives, guiding principles and what it will achieve if implemented effectively.

3.1 What is the Justice and Forensics Model of Care?

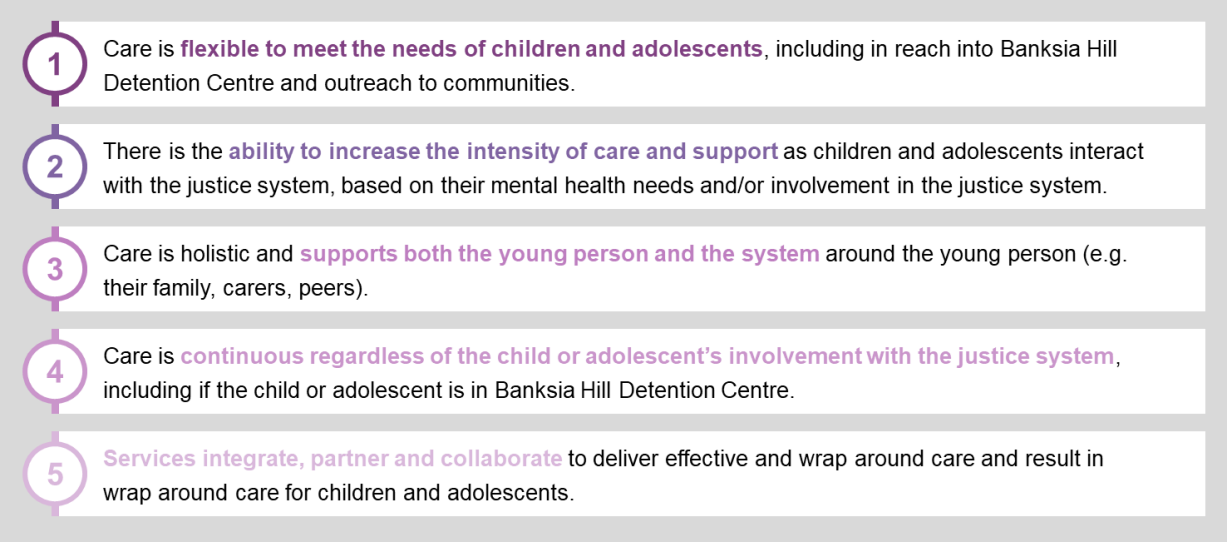
The Justice and Forensics Model of Care outlines how Community ICAMHS will provide care to children with mental health issues who are at risk of offending or have offended, their families and carers. It describes how Community ICAMHS will collaborate and partner with CAFS, MST, Youth Justice Services and a wider network of other programs, supports and services. The figure below summarises the role of Community ICAMHS, CAFS, MST and Youth Justice Services in the Model of Care.

Figure 3 | The role of services in the Justice and Forensics Model of Care

COMMUNITY ICAMHS	CHILD AND ADOLESCENT FORENSIC SERVICE	MULTISYSTEMIC THERAPY	YOUTH JUSTICE SERVICES
SUMMARY • Provide **mental health support** to children and adolescents with mental health issues, who are at risk of offending or have offended. • Provide **in reach mental health services** to children in Banksia Hill Detention Centre who have mental health needs. • Provide **outreach** services to children and adolescents in the community. • Provide mental health **advice and training** to schools, CAFS, Youth Justice Services and other organisations.	SUMMARY • Provide **forensic assessments** to other services, including Community ICAMHS and Youth Justice Services. • Provide **advice and consultation liaison** to other services who are supporting children with forensic needs. • Provide **limited direct care to** children and adolescents who have serious offending behaviours, including children in Banksia Hill Detention Centre.	SUMMARY • Provide **intensive systemic support** to families with young people aged 11 to 16 who are experiencing severe behavioural and mental health difficulties.	SUMMARY • **Divert young people** away from the criminal justice system. • Support young people on **orders** in the community. • **Supervise and rehabilitate** young people in Banksia Hill Detention Centre.

The Model of Care is delivered by Community ICAMHS, CAFS, MST, Youth Justice Services and other relevant services, and has the following five features:

Figure 4 | Features of the Justice and Forensics Model of Care



3.1.1 Objectives

The objectives of the Justice and Forensics Model of Care are to:

- Outline how Community ICAMHS will support children with mental health issues who are at risk of offending or have offended, their families and carers.
- Describe how Community ICAMHS will work with other services to support children with mental health issues who are at risk of offending or have offended.
- Outline the high-level workforce, infrastructure and delivery considerations to implement this Model of Care.

3.1.2 Limitations

This Model of Care is intended to provide a framework that broadly defines how care will be provided. As such, it is not intended to:

- Define specific treatments, supports, therapies or interventions, or clinical guidelines. It is understood that these decisions are subject to an individual's needs, the clinical judgment of a health worker, and the input of a parent or carer.
- Define what supports other organisations will provide to children. It is understood that the scope of this Model of Care is to define care within the ICA mental health system. As such this document will not describe the roles of other services.
- Provide guidance on future service provision for specific regions, districts or communities. It is understood that future service providers will tailor the Model of Care to the needs of the communities they serve and the unique context in which they operate.
- Provide specific workforce, infrastructure or other requirements to deliver this Model of Care. This will be the focus of future streams of work involving the MHC and other partners of the WA Government.

3.2 Model of Care outcomes

The Justice and Forensics Model of Care will seek to achieve a number of outcomes for children, families and carers, staff and the broader system. These key outcomes are outlined below in Table 1.

Table 1 | Justice and Forensics Model of Care intended outcomes

Outcomes that the Justice and Forensics Model of Care will achieve for…	
 **Children at risk of offending or who have offended, their families and carers**	Children, families and carers receive support that **improves their mental health, safety and wellbeing** and allows them to live a full life.
	Children, families and carers are provided with support that **reduces the child's risk and their contact with the justice system**.
	Care is continuous regardless of the child's involvement with the justice system, including if the child is in Banksia Hill Detention Centre.
	Children, families and carers have **more intensive treatment options** as mental health needs and/or offending behavior increase.
	Care builds the long-term resilience of the child, family and carer so they have the capacity to better identify and address their own needs.
 **Staff working in child mental health and the youth justice system**	Staff **feel supported, optimistic and empowered** to deliver safe, high-quality and appropriate mental health care to children, families and carers.
	Staff are **highly skilled** to provide care to children with **mental health issues and co-occurring behaviours of concern** that is informed by best practice and ongoing research.
	Staff have a **sustainable workload**, where they are provided with adequate supports and resources to undertake their roles, no matter the location of where they work.
	Staff from different services and organisations have **mechanisms to communicate, collaborate and share information easily** amongst each other.
 **The broader ICA mental health system**	All services and organisations are **aware of the supports available** for children at risk of offending or who have offended, their families and carers, and know where to go for support.
	The ICA mental health system works in **partnership with forensic and justice services** to deliver **holistic and coordinated care** to children, families and carers.

3.3 Considerations for different communities and populations

It is recognised that there are historical barriers to accessing mental health care for different communities and populations, and that care is often not catered specifically to their unique social, cultural or other needs. This Model of Care is designed to be inclusive, accessible and of benefit to different communities and populations across the state. These include, but are not limited to:

- regional, rural and remote children, families and carers

- Aboriginal and Torres Strait Islander children, families, and carers
- ethnoculturally and linguistically diverse (ELD) children, families and carers
- gender diverse or lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) children.
- young carers
- children with disability including neurodevelopmental conditions
- children in out-of-home care
- children who are at risk of or have disengaged from school.

It is recognised that as part of implementing this Model of Care, there will need to be a level of adaption to ensure that the care delivered meets the needs of different communities and populations.

4 Justice and Forensics Model of Care in practice

This section defines what the Justice and Forensics Model of Care will look like in practice, that is, what supports will be delivered to children, families and carers requiring mental health care across WA, and what their experience will 'look and feel' like.

4.1 Who is this Model of Care for?

This Model of Care is for children aged 0-17 with mental health needs who are at risk of offending or have offended, as well as their families and carers. This includes children who are experiencing a range of emotional, psychological, behavioural or other mental health challenges, and require more dedicated support than what is available in primary care or other settings. There should be flexibility in the intensity of supports available to best meet the varying and holistic needs experiencing mental health issues, and their families and carers. The children that this model serves can be categorised within two groups: children with mental health needs that are at risk of offending and/or at risk of coming into contact with the justice system; and children with mental health needs that have offended and are in contact with the justice system.

Children with mental health needs that are at risk of offending and/or at risk of coming into contact with the justice system

Children that are at risk of offending often display risky or enduring behaviours of concern which may include but are not limited to acting impulsively, aggressive, behaviours, antisocial behaviours, consumption of alcohol and other drugs, fire setting, gang involvement and inappropriate sexual behaviours. Further, there are a range of factors that are associated with higher risk, these include:

- co-occurring conditions – such as intellectual disabilities, neurodevelopmental disorders, neuropsychiatric conditions, Fetal Alcohol Spectrum Disorder and/or complex trauma
- demographic factors – such as children that with a low socioeconomic status, residing in low socioeconomic environments, and/or Aboriginal status
- psychosocial factors – such as children in child protection, children who have experienced trauma, children that have low school attendance rates and children without housing.

Children with mental health needs that have offended and are in contact with the justice system

There are several different ways that children can be in contact with the justice system. Most children and young people in WA have little or no contact with the youth justice system. There are, however, some children and young people who experience significant challenges and disadvantage, which can result in them offending and subsequently becoming in contact with the justice system. Common offences for young people in WA include theft, acts intended to cause injury and unlawful entry with intent. For children aged 10-17 who come into contact with the WA Police for an alleged offence, a decision is made to either direct them away from (diversion) or towards the court system. In the court system, the most common sentence for children who are found guilty is a community order. A youth community-based order is quite strict and requires the young person to follow conditions. These might be attendance conditions, community work conditions or supervision conditions, or a combination:

- attendance conditions require you to attend school, or rehabilitative courses
- community work conditions require you to perform unpaid work, usually with a charity or community organisation
- supervision conditions require you to report regularly to your youth justice officer, and follow their instructions.

Banksia Hill Detention Centre is used as a last resort for young people aged 10 to 17 who have committed serious crimes where no other penalties are suitable. Most young people who are given this sentence have committed crimes before, and received other penalties.

This Model of Care is not for children involved in the justice system that do not have mental health care needs

The care outlined in this document is generally unsuited for children that are under the care of Youth Justice Services and do not require any mental health support. Youth Justice Services is responsible for meeting broader psychosocial needs and promotes the safety, security and rehabilitation of young offenders in the community and in custody. This Model of Care supports children aged 0-17 who have co-occurring mental health needs and criminogenic behaviours or risks.

4.2 Who will provide care to children, families and carers?

Community ICAMHS, CAFS, MST and Youth Justice Services will work together to provide mental health care to children at risk of offending or who have offended, their families and carers. This Model of Care recognises that CAFS is under development and has preliminary funding, and currently Youth Justice Services provides limited mental health services at Banksia Hill Detention Centre. As such this Model of Care does not solely focus on the role of Community ICAMHS. The Model of Care briefly describes the role of CAFS, MST and Youth Justice Services, and how Community ICAMHS will work with them to deliver ICA public mental health services.

Role of Community ICAMHS

Community ICAMHS will have distributed forensic mental health capability in each hub to support children with mental health needs that are at risk of offending or who have offended, their families and carers. Across WA, each region will have area-based networks – where all regions will have at least one central 'hub' to lead the provision of mental health supports and be a single point of entry for all children, families and carers. Each hub will coordinate across a small number of local clinics ('spokes') that can deliver care close to home. Within each hub there will be one or more nominated staff members that have appropriate forensic mental health capability who, in addition to their generalist care provision within the hub, will serve as a 'practice lead' for their team. Staff with forensic mental health capability or 'Forensic Mental Health Practice Leads' can support and provide advice to other Community ICAMHS staff, as well as being the care coordinator for children who have complex forensic needs (i.e. at risk of committing future serious offences) and/or require intensive support.

For children with complex needs, the Forensic Mental Health Practice Lead may provide a more intensive systemic approach which draws on principles used in MST such as systemic engagement. This includes providing holistic support to people in the child's environment such as their parents, carers, siblings, peers and teachers. Key features of this support are likely to include more frequent appointments often in outreach contexts, proactive coordination with other services to address psychosocial stressors and ongoing risk management planning with the child and their family. This type of support is resource intensive and may require the Practice Lead to have lower caseloads.

Within each Community ICAMHS Hub, there will be a small contingent of Primary Mental Health Workers, who will lead and coordinate Community ICAMHS' 'outward-facing' support[6]. In some hubs this may include a Forensic and Child Protection Liaison Officer. This officer will be the primary interface between Community ICAMHS, the Department of Justice and Child Protection Services. They will liaise with CAFS, MST, Youth Justice Services, Links and other relevant services. They will not act as care coordinators and instead will enhance communication between Community ICAMHS and other settings. The Forensic and Child Protection Liaison Officer will support early identification, prevention and promote access to Community ICAMHS. Where required, coordinate the involvement of Community ICAMHS Hub and spoke staff with other services.

Community ICAMHS staff, with the support of Forensic Mental Health Practice Leads, and Forensic and Child Protection Liaison Officers will:

- support children with mental health needs that are at risk of offending, their families and carers, including assessment, planning and care provision
- support children with mental health needs that are in contact with the justice system, including children on community orders and in Banksia Hill Detention Centre
- care for children by providing support to people around them, including their parents, carers, siblings, peers and teachers

[6] Further detail on Primary Mental Health Workers is provided in the Community ICAMHS Model of Care.

- refer children, their families and carers to services that better suit their needs, including MST, and advocate for inclusion in Target 120[7]
- provide mental health advice to services which work closely with children that may be at risk of contacting the justice system, including schools, youth services and Child Protection Services; or are in contact with the justice system, including CAFS, Youth Justice Services, the police and Links
- refer children to CAFS, when appropriate, and other relevant specialised services
- build mental health capability within other services, including but not limited to CAFS, Youth Justice Services and police.

Scope of CAFS

The Child and Adolescent Forensic Service is under development and as a result the scope and level of supports that will be provided by CAFS are not confirmed. This Model of Care articulates the relationship between Community ICAMHS and CAFS based on the assumption that CAFS will provide the above activities. To ensure that all children with mental health needs who are at risk of offending or who have offended are supported, further design and planning activities are required.

CAFS will be an integrated multidisciplinary team consisting of a mix of clinical and psychosocial support. Currently, the Department of Justice contracts in reach mental health services to Banksia Hill Detention Centre which includes a consultant psychiatrist, a psychologist and a nurse. CAFS will work closely with the Banksia Hill Detention Centre mental health staff, custodial staff and psychologists. CAFS is still under development, however, recent planning indicates that the CAFS team will:

- provide forensic assessments to other services, including Community ICAMHS and Youth Justice Services
- provide limited direct care to children who have serious offending behaviours, including children in Banksia Hill Detention Centre
- build the capability and skills of staff in the justice sector (including Banksia Hill Detention Centre) and health professionals from all sectors to identify and manage young people with mental health issues
- refer and facilitate access for children to Community ICAMHS, when and if appropriate.

Role of MST

MST is a community based, metropolitan service for families with young people between the ages of 11-16 years who are experiencing severe behavioural and mental health difficulties, including:

- issues with anger or antisocial behaviour
- use or abuse of alcohol or other drugs
- at high risk of being excluded from school
- being at risk of homelessness or out of home placement
- have problems at home, in school or employment.

[7] Currently Target 120 does not accept self or agency referrals. The intake of young people and their families into the program is selected using WA Police data with input from the local inter-agency group.

MST is a specialised program operated under registered licence conditions. MST clinicians will work intensively with parents, caregivers and their school to help families develop necessary skills to independently address their difficulties. The MST case manager or another clinician is available to speak to 24 hours a day, seven days a week, and clinicians work with families for three to five months, utilising evidence-based, psychological interventions.

Where appropriate, driven by demand and capacity, Community ICAMHS Hubs will co-locate and work with MST teams. MST teams will keep their own identity and operate as a discrete service that Community ICAMHS can refer children, families and carers to. MST teams will be embedded with Community ICAMHS teams in priority catchment areas, and build upon the existing two metropolitan teams. MST teams will partner with Community ICAMHS Hubs to ensure that children with severe behavioural and mental health difficulties can be better supported.

MST in regional communities

Given the resource intensive nature of operating MST teams, further research, including demand modelling, is required to understand the feasibility and operational considerations for delivering MST either virtually or in regional and remote areas.

Role of Youth Justice Services

Youth Justice Services are responsible for the safety, security and rehabilitation of young offenders. Youth Justice Services will:

- support young people on orders in the community. Youth Justice Officers will supervise young people in the community who are involved in the justice system, including meeting with the young person regularly and supporting them to comply with court and supervised release orders.
- supervise and rehabilitate young people in Banksia Hill Detention Centre. Youth Custodial Officers will ensure the safety, security, care and wellbeing of young people in custody.
- refer and facilitate access for children to Community ICAMHS and/or CAFS, including warm handovers.
- refer and facilitate access to MST, and Target 120 through the local interagency group, including warm handovers.

Graylands Reconfiguration and Forensic Taskforce (GRAFT)

GRAFT is currently undertaking detailed planning for the decommissioning and reconfiguration of mental health services and progression of divestment activities at the Graylands Hospital site. Graylands Hospital is the state's only standalone public psychiatric teaching hospital that provides forensic services, acute care, treatment and rehabilitation. It is only for adults and does support children aged 0-17.
Through GRAFT, there is a proposal to expand the number forensic mental health beds, to include a forensic unit with five beds for young people aged 10-17. Should, these beds become available, they will be reserved for children with severe mental health needs and offending behaviours. Children would be referred to this forensic unit from Community ICAMHS or CAFS. **This Model of Care does consider in detail, the relationship between Community ICAMHS, CAFS and the potential forensic unit at Graylands.** This will need to be an ongoing consideration in the implementation of this Model of Care and for GRAFT.

4.3 How will care be provided to children, families and carers?

The following section describes how children, families and carers will receive care from Community ICAMHS, across three broad stages: access; support; and transition. These stages are not necessarily a linear process; for example, children, families and carers may go back and forth between the access and support stage. Across all stages of care, support will be guided by the following principles:

- Trauma-informed – care recognises trauma, responds appropriately and seeks to not re-traumatise.
- Culturally appropriate – support is accessible, responsive and respectful of all cultures.
- Multi-systemic – care focuses on the environment around the child and enables their family, carer and others to better support the child.
- Person-centred – care is based on the needs and preferences of the child rather than the structure of services.
- Strengths-based – the focus is on the child's personal strengths and the strengths of the community around them.

This section does not describe how CAFS, MST, Youth Justice Services or other services will provide care to children, families and carers. The focus of this Model of Care is to describe the role of Community ICAMHS in delivering care to children with mental health needs that are at risk of offending or who have offended, their families and carers. To this end, the primary focus of this Model of Care and Community ICAMHS is to improve the mental health and wellbeing of infants, children and adolescents in WA – not to prioritise the reduction of offending.

4.3.1 Access

The access stage involves the referral, intake and assessment processes. The following describes the key activities within this stage.

Referral pathways to Community ICAMHS

Children with mental health needs that are at risk of offending or who have offended, their families and carers can be referred to Community ICAMHS in several ways. All referrals will come to Community ICAMHS Hubs from various sources and channels (e.g. online, in-person, over the phone, etc.), including, but not limited to:

- Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations
- CAFS
- community health services
- early childhood care services
- emergency departments
- general practitioners (GP)
- Links
- MST
- referral from family or carers
- schools
- self-referral
- Target 120
- WA Police
- Youth Justice Services (e.g. Youth Justice Officers supporting children on community orders or Youth Custodial Staff supporting children in Banksia Hill Detention Centre)
- other services/organisations that work with children, their families and carers.

Noting the above sources of referrals, there will be accelerated referral pathways between Community ICAMHS, CAFS, MST, Youth Justice Services and Links that reduces the time for transition and administration.

Triage and intake

Community ICAMHS Hubs will have an intake team who is responsible for triaging and assessing the referrals it receives against intake criteria. Referral and intake tools will include areas to capture information relating to past, current or potential offending behaviours. If the referral indicates that the child is at risk of offending or has offended, then the intake team may reach out to the Community ICAMHS Forensic Mental Health Practice Lead or CAFS for general advice, and/or request they are involved in the assessment.

The intake team within the Community ICAMHS Hubs will ensure that all children, families and carers are receiving some level of immediate support, for example access to information and/or resources. Once the referral has been reviewed and triaged, the intake team will identify the most appropriate Community ICAMHS Hub (and in some cases allocate them to a Community ICAMHS local clinic, in addition to the hub) to provide care to the child, family and carer.[8]

At the point of intake, the Community ICAMHS Hub's intake team will assign the child, family and carer a care coordinator from the hub or clinic. If the child has forensic mental health needs which may or may not include being in contact with the justice system, they will

[8] For some children, families and carers, a Community ICAMHS local Clinic may the best place for them to receive care. When this is the case, they will be assigned to a Community ICAMHS Hub and local clinic.

receive care from a Community ICAMHS Hub. The care coordinator will be a Community ICAMHS staff member that has an appropriate level of forensic capability to match the child's needs. If the child has limited to moderate forensic mental health needs and receives care in a Community ICAMHS local clinic ('spoke'), a staff member from the local clinic will be their care coordinator. In instances where the care coordinator does not have forensic mental health capability, they will be assigned a Community ICAMHS staff member with appropriate capability from the closest Community ICAMHS Hub to support them.

At this stage, if Community ICAMHS identifies that the child, their family and carer would benefit from a systemic approach they may be referred to MST. Community ICAMHS will support the child, family and carer until they are accepted into MST, at which a warm handover would occur. This is further explained in Section 4.3.3.

Information provision and support

At the first point of engagement with Community ICAMHS, the intake team will offer the family and carers the option to have access to a peer support worker. The peer support worker may provide emotional support and advice to the family, provide context to the range of supports available to them, and what their journey may look like. It will be the family and carer's decision if they choose to access this support. At this time, Community ICAMHS will also provide information and educational resources to families and carers, including guidance on self-help strategies that they can use while waiting for care, and information on how they can access the 24/7 chatline if a crisis situation emerges. For children in Banksia Hill Detention Centre, they will instead be offered access to peer support workers and mentors from Banksia Hill Detention Centre who will provide a similar role as the Community ICAMHS peer support workers.

For children that are interacting with the Perth Children's Court, and their family and carer, Community ICAMHS may share information about Links. Links supports young people who appear before the Children's Court. Links has a clinical mental health team that is based within the Perth Children's Court, and a team of community support coordinators who assist participants to address non-clinical issues (such as issues relating to school engagement, transport and relationships).

Assessment

The assessment process involves identifying the specific needs of children, their family and carers. Community ICAMHS' workers will be responsible for conducting the assessments (either in-person or virtually). This may involve other disciplines within Community ICAMHS (e.g. child psychiatrist, psychologists, occupational therapists, speech therapists etc.). In cases where the intake team identifies that the child is at risk of offending or has offended, the assessment may involve Community ICAMHS workers with forensic mental health capability and/or CAFS staff. Further, for children accessing Youth Justice Services, assessments may include Youth Justice Officers and Youth Custodial Officers to support or co-facilitate the assessment (either in-person or virtually), for example, to help coordinate the technology for a virtual assessment. If appropriate and safe, the child will be asked if they would prefer the officers to not be present. Where Community ICAMHS local clinics are

coordinating the care of the child, the relevant staff from this clinic (including the care coordinator) may be involved in the assessment.

Assessments will take place in settings that are most appropriate for the child, family and carers given their circumstances. Possible locations may include: Community ICAMHS Hubs or clinics; the child, family and carer's GP practice, home, school, childcare centre; Youth Justice Services; community centres; Banksia Hill Detention Centre; Perth Children's Court; nearby local community centres; public outdoor spaces; at services that work with the child; or via telehealth. An assessment may require multiple sessions, including with the child, their family and liaison with others.

The assessment approach should emphasise the development of rapport, trust and transparency, and may benefit from the application of motivational interviewing techniques. The assessment may include identifying and discussing the child's:

- self-identify and esteem
- family and important relationships
- social activity and peer relationships
- mental health and wellbeing
- physical health and nutrition
- alcohol and other drug use
- sexual health and history
- housing and financial security
- education and employment
- risk-need and offending
- spirituality and connection to culture.

4.3.2 Support

The supports stage involves providing the child, family and carers with supports that meet their needs, preferences and goals. Below describes the key principles and activities in this stage.

Principles of care for children that have mental health needs and are at risk of offending or who have offended

As outlined previously, children that have mental health needs and are at risk of offending or who have offended, their family and carers have unique and often complex mental health and other needs. As a result, mental health services need to be tailored for this cohort. In addition to the Service Guarantee principles and the ICA Culturally Safe Care Principles, there are principles specific to children that have mental health needs and are at risk of offending or who have offended, their family and carers as shown below.[9, 10]

[9]Joint Commissioning Panel for Mental Health. Guidance for commissioners of forensic mental health services. 2013. Available from: https://mentalhealthpartnerships.com/resource/guidance-for-commissioners-of-forensic-mental-health-services/
[10] The Royal Australian & New Zealand College of Psychiatrists. Principles for the treatment of persons found unfit to stand trial. 2020. Available from: https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/persons-found-unfit-to-stand-trial

Figure 5 | Care principles that are specific to children with mental health needs who are at risk of offending or who have offended

Referral to more appropriate services

Community ICAMHS workers may identify opportunities for the child, family and carer to receive care in addition to care that Community ICAMHS is providing or care that is more appropriate than Community ICAMHS. This Model of Care deliberately does not provide specific guidance as to the appropriateness of other services for different children, family and carers. It is the role of the Community ICAMHS workers, in partnership with the receiving service and the child, family and carer to decide what is best.

In the case that support in addition to Community ICAMHS would be beneficial, Community ICAMHS staff will refer the child, family and carer to the other service and continue to provide care. The referral would involve a warm handover and transition as described in Section 4.3.3. The level and intensity of care provided by Community ICAMHS may reduce while the child, family and carer receive other supports. Community ICAMHS would remain the care coordinator for the child, family and carer.

This Model of Care supports children that are at risk of offending or who have offended and as a result can have complex needs in addition to their mental health and they may be better supported by services other than Community ICAMHS. If this is the case, Community ICAMHS will refer the child, family and carer to the other service, however, will continue to provide care until the child, family and carer have been transitioned successfully to the other service. The transition involves handing over care coordination and clinical responsibility. Community ICAMHS will offer easy re-entry for the child, family and carer should their circumstances or needs change.

Children, their family and carer may access care from the following services detailed in Table 2.

Table 2 | Services which Community ICAMHS may refer children, families and their carer to

Service	Description
CAFS	CAFS provides a specialist forensic mental health clinical liaison, assessment and support to those aged up to the age of 18. Further, to ensure that the experience of 17-18 year old's is positive as they transition to adult services, CAFS will accept young people up to the age of 19. Transition to CAFS might be appropriate for children that have complex forensic needs and offending behaviours, and low to moderate mental health needs. Section 4.3.2 - Care coordination, provides high-level guidance that describes if a young person should have their care coordinated by Community ICAMHS or CAFS.
Links	Links offers mental health assessment and support to young people who appear before the Perth Children's Court. Links has a clinical mental health team that is based within the Perth Children's Court, and a team of community support coordinators who support young people to address non-clinical issues (such as issues relating to school engagement, transport and relationships). Links provides care coordination support to young people assessed as having significant unmet mental health needs.
MST	MST is a community based, metropolitan service for families with young people between the ages of 11-16 years who are experiencing severe behavioural and mental health difficulties, including: ▪ issues with anger or antisocial behaviour ▪ use or abuse of alcohol or other drugs ▪ at high risk of being excluded from school ▪ being at risk of homelessness or out of home placement ▪ have problems at home, in school or employment. MST clinicians work intensively with parents, caregivers and their school to help families develop necessary skills to independently address their difficulties. The case manager or another clinician is available to speak to 24 hours a day, seven days a week. Clinicians work with families for three to five months, utilising evidence-based, psychological interventions.
Target 120	Target 120 supports young people aged between 10-14 who are at risk of becoming repeat offenders. The program focuses on high-risk young people who have had multiple interactions with police but have not yet been sentenced to detention. Community youth workers interact closely with young people and their families to identify their goals and develop individualised support plans. The program helps create safer and more connected communities by tackling factors that increase chances of offending, including substance abuse, lack of housing, domestic violence, trauma, mental health issues and poor attendance at school. *Currently Target 120 does not accept self-referrals or referrals from local Child and Adolescent Mental Health Services. Children are selected for the program by local department interagency groups on a monthly basis. Without altering the structure and decision-making process of these groups, Community ICAMHS, through MHC members on the local interagency group, can advocate for the selection of children and families that would be better supported by Target 120.*
Other ICA mental	ICA mental health services that Community ICAMHS may refer children, their family and carers to include: ▪ Complex Trauma Service

Service	Description
health services	▪ Eating Disorders Service ▪ Gender Diversity Service ▪ Pathways ▪ Touchstone.
Other youth services	Other youth services that Community ICAMHS may refer children, their family and carers to include: ▪ diversionary support programs ▪ community alcohol and other drug services ▪ cultural healing programs.

Care coordination

During the support stage, children, their family and carers may receive support from Community ICAMHS and/or CAFS. The extent to which CAFS will provide direct care to children, their family and carers is not currently confirmed. It is assumed that CAFS will provide direct care to children that have serious offending behaviours. At any point in time, the child, family and carer will only have one primary care coordinator– even if they are receiving care from multiple services. The care coordinator will have clinical responsibility and play an important role in coordinating supports, appointments, and ensuring information is appropriately shared among services, family and child.

Community ICAMHS and CAFS will both provide a care coordination function to children, family and carers. In principle, the service that is providing the majority of support to the child, family and carer will be the care coordinator. That is, if the child has mental health needs and limited to moderate offending behaviours then it is likely that a Community ICAMHS worker will act as the care coordinator.

In contrast, CAFS will typically be the care coordinator for children that have serious offending behaviours, including but not limited to indications of complex psychopathology, or has a history of violent offending, including sexual crimes, grievous bodily harm, murder, torture etc. in addition to a high likelihood of reoffending.

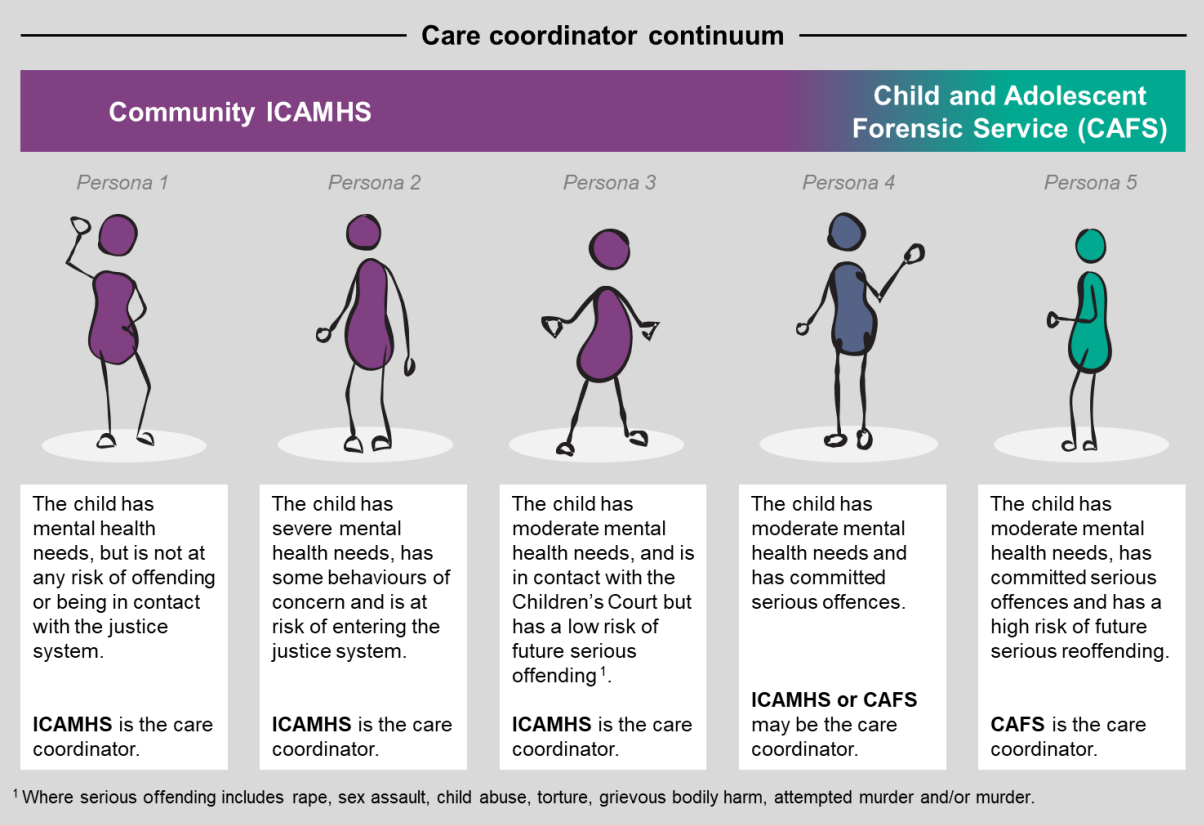
There are a number of additional factors that impact which service will be responsible for care coordination, these factors include but not limited to:

- the existing contact, rapport and trust that a child, family and carer have with either service or, of course, their preference
- the child, family and carer's need for other Community ICAMHS supports and requirement for care close to home
- the capacity of Community ICAMHS and CAFS.

Community ICAMHS and CAFS will both provide support to young people in Banksia Hill Detention Centre. The selection of the care coordinator will not be influenced by whether the young person is in Banksia Hill Detention Centre or on a community order. Instead, the care coordinator will be selected based on the child's needs and primarily influenced by the extent

of the child's serious offending behaviour. The care coordinator will be selected on a case-by-case basis, below are some high-level examples of which service would be responsible, given a child's needs. In principle, Community ICAMHS will coordinate care for all children with mental health needs who are at risk of offending or have offending behaviours except for children that have serious offending behaviours, for which CAFS will act as the care coordinator. Figure 6 is not intended to provide specific guidelines - further discussions and planning between Community ICAMHS and CAFS is required to outline each service's scope and responsibilities, including who will act as a care coordinator for different children.

Figure 6 | Example selection of care coordinator



Regardless of the service, the care coordinator will have several responsibilities and play an important role in coordinating supports, appointments and ensuring information is appropriately shared among services. To facilitate this, the care coordinator may use the following approaches:

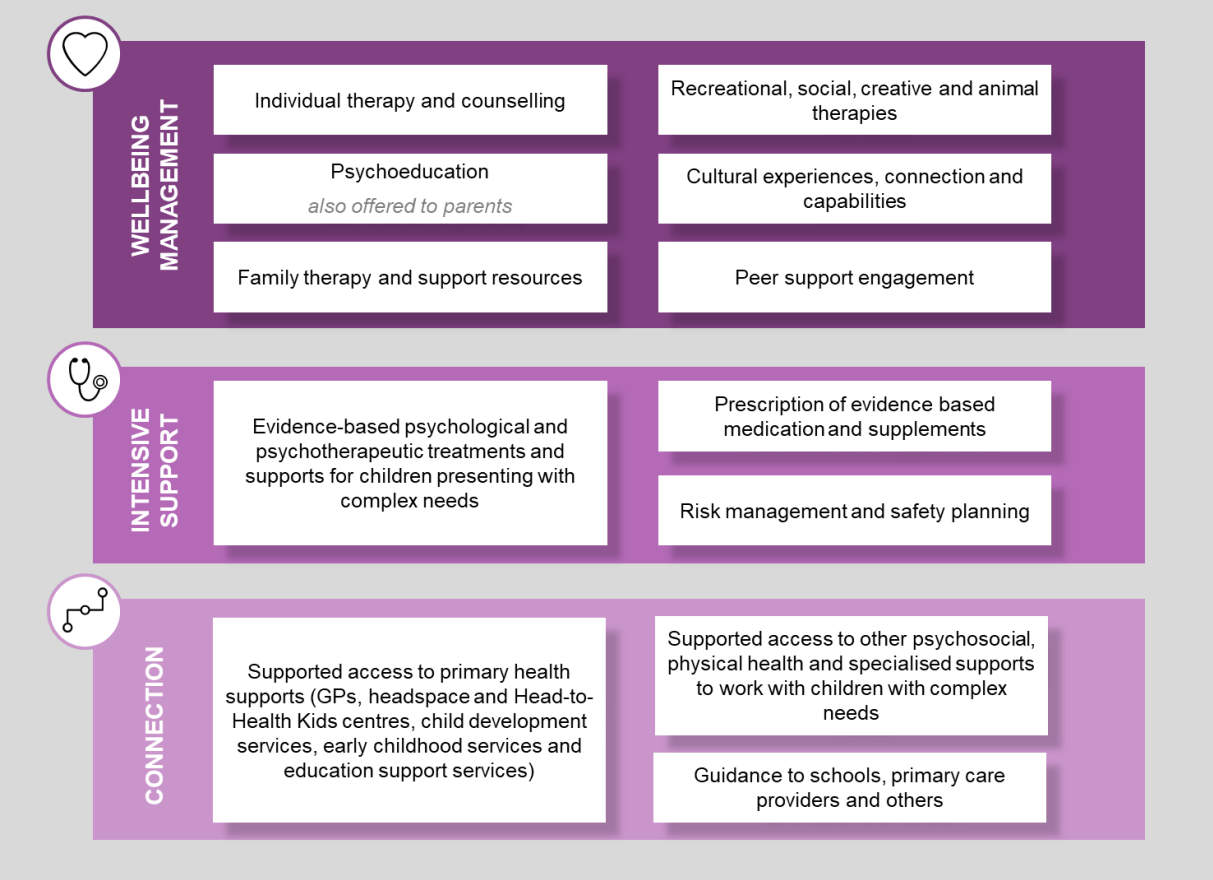
- Hold multidisciplinary team meetings to enable collaboration and shared decision-making across all teams/individuals involved in care provision. Care plans and treatments should be discussed and evaluated in these meetings. Where appropriate, these meetings may include the family and carers.
- Liaise with the other service (i.e. if Community ICAMHS is the care coordinator they may contact CAFS and vice versa) to seek advice and input.
- Hold interagency meetings, where required, to facilitate information sharing about ongoing care and management, and discuss any new, emerging needs.
- Regularly communicate with the child's networks including GP, school and other services to share information and discuss care planning, treatment and management.

For children under the care of CAFS that are leaving Banksia Hill Detention Centre there may be an opportunity to transition their care coordinator from CAFS to Community ICAMHS. In response to the young person's needs, this transition may happen before or after the young person leaves Banksia Hill Detention Centre. In both cases, the transition should follow the principles and approach outlined in Section 4.3.3. These principles are agnostic of the young person's situation and will apply to both scenarios. As further described later, the care coordinator (Community ICAMHS or CAFS) will begin discussions with the young person, their family (where possible) and involve the other service's care coordinator in a warm handover process that might include several joint meetings. During this period, the care coordinator may choose to increase the intensity of support provided in response to the significant change in circumstance. This is a unique feature for children transitioning out of Banksia Hill Detention Centre in comparison to other transitions between services.

Supports and treatments provided to children, their family and carers

Community ICAMHS will provide evidence-based supports and treatment to the child, family, and carer. Figure 7 outlines the supports that Community ICAMHS will provide.

Figure 7 | Supports offered by Community ICAMHS



In comparison to other cohorts, children with mental health needs who are at risk or in contact with the justice system are likely to require tailored support. For this group, children may more regularly disengage with services and miss appointments. As a result, more frequent, outreach focused support that is systemic is required. This may include supporting

the child's parents, carers, siblings and/or peers, focusing on building rapport, ensuring that processes are flexible and being proactive.

Care plans

Before supports are provided, the Community ICAMHS' care coordinator will develop a care plan that outlines what supports the child, family and carers will receive and how they will receive them. A multi-disciplinary team will undertake this process, in partnership with the family and carers, and other relevant stakeholders within the child, family and carer's network. Depending on the child's needs, Forensic Mental Health Practice Leads, and/or CAFS may provide input into the development of the care plan.

The plan should include considerations for how care can be provided in a way that maximises the safety of the young person, family, carer and staff providing care. Safety considerations may include staff actions in the event that a child has a mental health crisis, becomes violent or is behaving in a way that is unsafe for themselves or others.

A recommended feature of the future ICA mental health system is that care plans, and other critical information relating to a child's care, will be accessible to GPs and other service providers, via a system-wide information management system. This is to enable a seamless care experience for the child, family and carers.

4.3.3 Transition

The transition stage involves the child, family and carer transitioning their care from Community ICAMHS to other mental health services and/or primary care providers or vice versa. This section does not refer explicitly to the transition of young people out of Banksia Hill Detention Centre – this is described in Section 4.3.2 above.

Pre-transition

Before the transition, the Community ICAMHS' care coordinator and others supporting the child, family and carers (including those inside and outside of Community ICAMHS) will begin discussions on when it may be appropriate to transition care out to other services or to the community. These discussions will include conversations about progress on the family's goals and milestones. Before the transition commences, the team supporting the child, family and carer may also choose to begin to gradually reduce the intensity of support, as a way to prepare them for the transition.

During transition

During the transition stage, the Community ICAMHS care coordinator will engage with relevant support services and organisations to conduct warm handovers and discuss the ongoing support needs. This may involve having meetings with all services present, or one-on-one meetings with Community ICAMHS, the service/organisation, and where appropriate, the family and carer.

At this point, if the child is returning to the community, the care coordinator will provide educational support and resources to support the family and carers. Educational and support resources may include information about what they could expect in the coming weeks, months or years, strategies that the family and carer could use if they are struggling, and a list of services they could reach out to for support and advice.

Post transition

Post-transition, the Community ICAMHS' care coordinator will maintain contact and communication with the family and carers for some time. As part of these touchpoints, the care coordinator will check-in on how the family and carers are going, and discuss whether the supports they may currently be receiving are appropriate.

4.4 What support will Community ICAMHS provide to other services?

Community ICAMHS will help other organisations to better identify, support and care for children with mental health needs that are at risk of offending or who have offended, their family and carers. Support includes mental health advice, referral to services, capability uplift to staff and promotional activities. Mental health advice and referrals from Community ICAMHS will be provided by clinicians with generalist capability and workers with forensic mental health capability. Community ICAMHS will facilitate capability, partnerships and promote their services though Primary Mental Health Workers who are embedded within the broader Community ICAMHS team and will lead region-wide coordination of Community ICAMHS' support to services and organisations across the broader system. This team will include roles such as the Forensic and Child Protection Liaison Officer who will act as the primary interface between Community ICAMHS and the Justice and Child Protection settings, support access to Community ICAMHS care for these children, and provide capability uplift support options to staff in these services.

The core activities that Community ICAMHS will provide to other services and organisations is outlined below in Table 3.

Table 3 | Supports that Community ICAMHS will provide to other services and organisations

Service / organisation	How will Community ICAMHS support other organisations and services in this setting?
CAFS	Community ICAMHS will provide: ▪ support in assessments as requested by CAFS ▪ mental health advice on a case-by-case basis as requested by CAFS ▪ referral to CAFS.
Youth Justice Services and WA Police	Community ICAMHS will provide: ▪ workforce mental health capability uplift for youth justice officers, youth custodial officers ▪ workforce mental health capability uplift for WA Police.
MST	Community ICAMHS will provide: ▪ mental health advice on a case-by-case basis as requested by MST ▪ referral to MST.

Service / organisation	How will Community ICAMHS support other organisations and services in this setting?
Schools and early childhood education services[11]	Community ICAMHS will provide: ▪ mental health education, training, resources, and awareness and capability building for teachers and other school staff, children, parents, carers and the school community ▪ in-reach into schools to provide treatment and care ▪ case-by-case support and advice to teachers to support children with challenging behaviours, as well as universal preventative initiatives.
Other organisations	Community ICAMHS will provide: ▪ referral to other services such as MST, Links, alcohol and other drug services and diversionary programs ▪ advocacy for children and families to be selected into Target 120, through MHC representation on the Target 120 local interagency group ▪ promotion of Community ICAMHS to youth services, children, families and carers.

4.5 Where will care be provided to children, families and carers?

Community ICAMHS, CAFS and Youth Justice Services will provide care to children, families and carers in a range of settings and locations. This may include Community ICAMHS Hubs or clinics; the child, family and carer's GP practice, home, school, childcare centre; Youth Justice Services; Banksia Hill Detention Centre; Perth Children's Court; nearby local community centres; public outdoor spaces; at services that work with the child; or via telehealth.

[11] The support that Community ICAMHS will provide to schools is further detailed in the Wellbeing Partnership of Education and Mental Health Services Model of Care.

4.6 What might a consumer journey look like?

Figure 8 | Consumer journey map 1

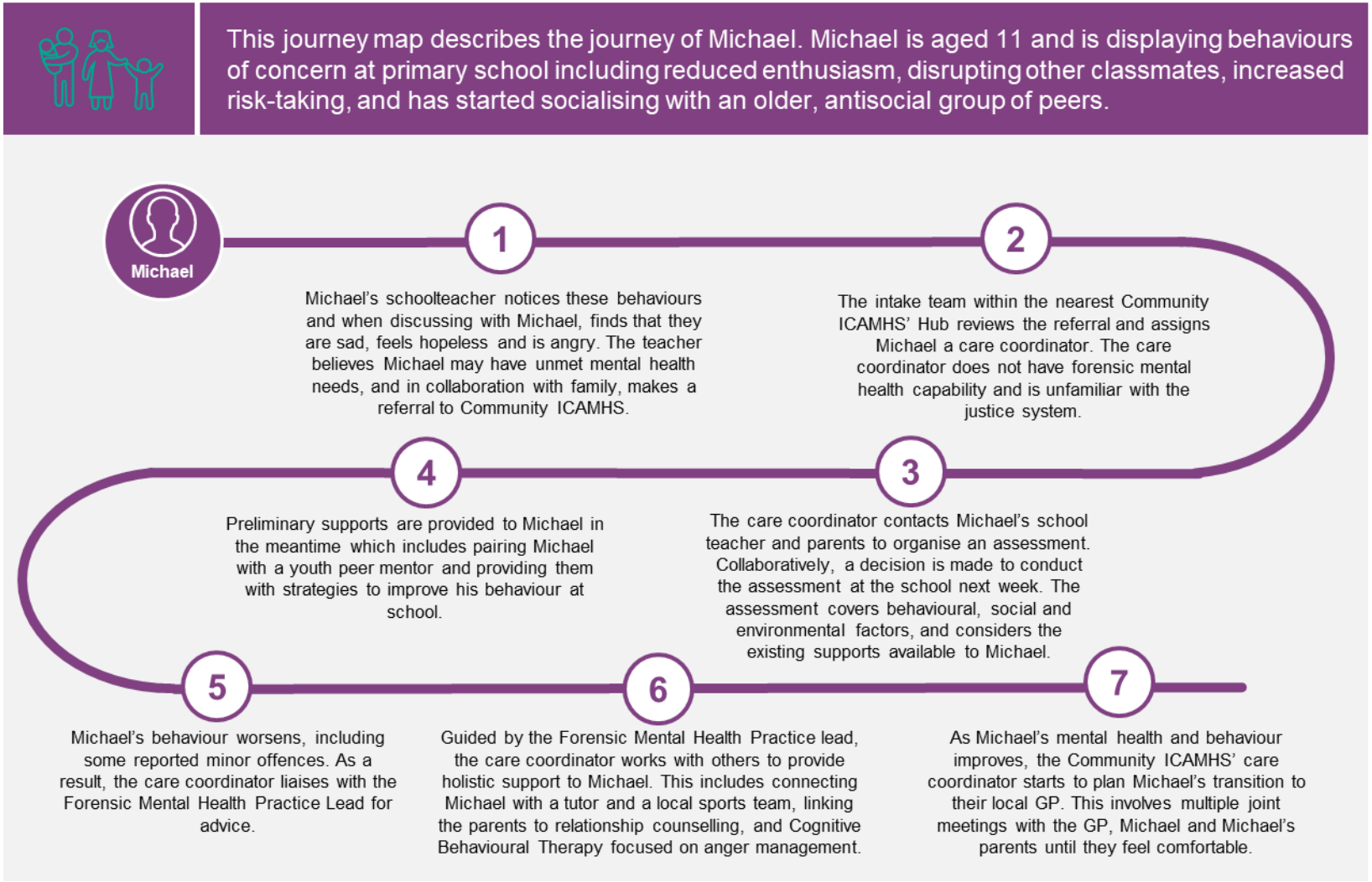
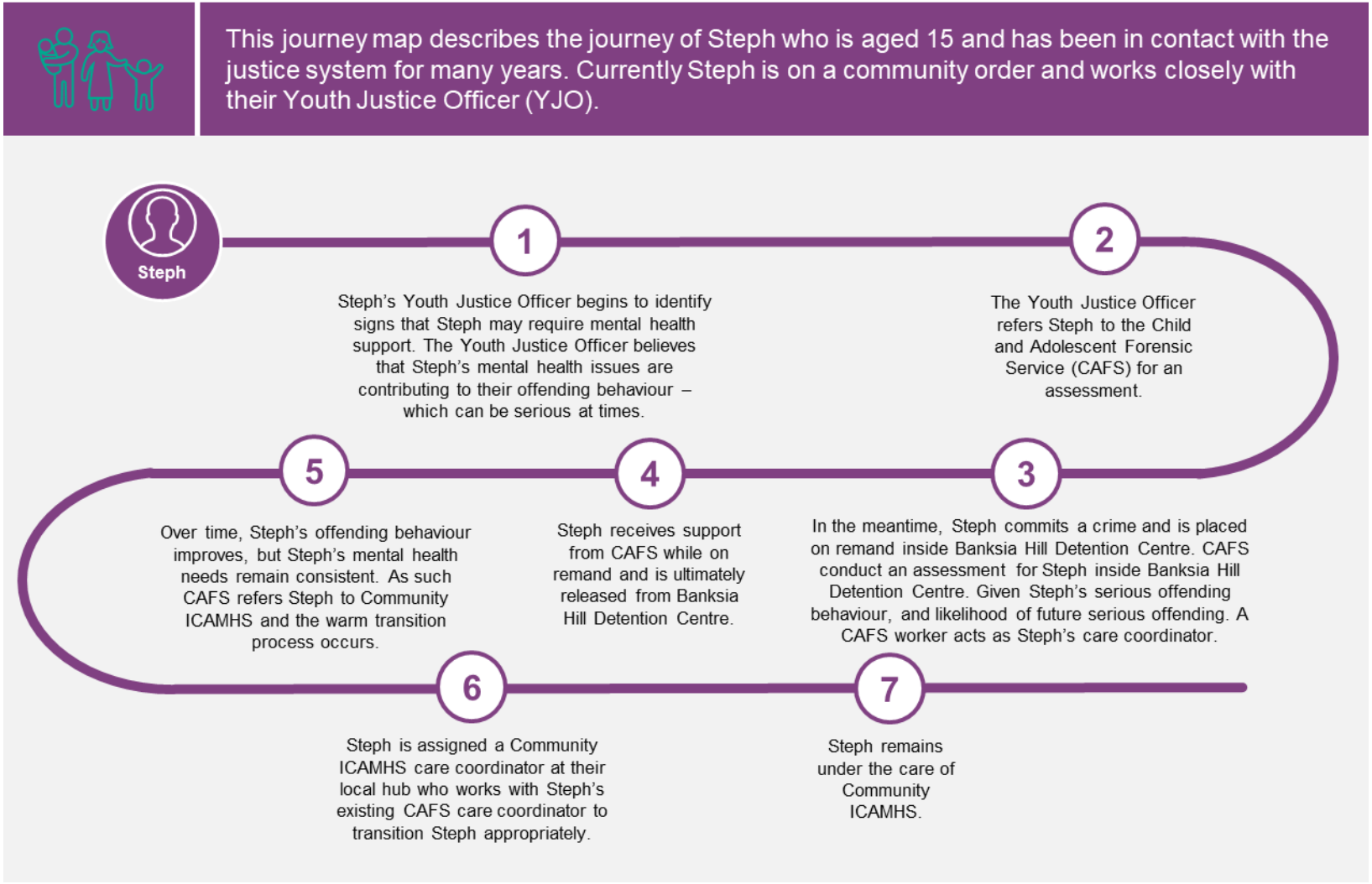


Figure 9 | Consumer journey map 2



5 Delivering the Justice and Forensics Model of Care

There are various considerations that need be taken into account to implement and operationalise the Justice and Forensics Model of Care. These considerations have been summarised in the following categories: key relationships and partnerships; workforce; infrastructure; and other delivery considerations. Other delivery considerations, including professional development and governance are described in the Community ICAMHS Model of Care.

5.1 Key relationships and partnerships

It is recognised that there is a critical relationship between Community ICAMHS Hubs and clinics, and between Community ICAMHS, CAFS, MST, Youth Justice Services and other relevant services. As such, strong partnerships, underpinned by appropriate processes and agreed working practices will be important in supporting the services to communicate, collaborate and share information.

Community ICAMHS will need to work closely with CAFS, MST, Youth Justice Services and other services. The types of services and organisations involved will differ for each child, their family and carer. Some of these services and organisations may include *(listed in alphabetical order):*

- Aboriginal communities and Elders
- adult mental health services
- Child and Adolescent Forensic Service
- Child Development Service
- community health services
- Department of Education
- Drug and Alcohol Youth Service
- early childhood care services
- emergency departments
- hospitals and hospital-based services
- legal services
- Links
- Perth Children's Court
- primary care (e.g. GPs, Aboriginal Community Controlled Health Organisations, Aboriginal Medical Services).
- schools
- Target 120
- WA Police.

5.2 Workforce

Investment in a highly trained, sustainable workforce is required to deliver this Model of Care. This includes investment in roles and capabilities for Community ICAMHS and other services.

5.2.1 Resources

As discussed throughout this document, children with mental health needs who are at risk of offending or who have offended will receive the majority of their care from Community ICAMHS through a multi-disciplinary team. The following sub-sections outline the general workforce that will be available to children and families in Community ICAMHS, and then the specialised roles that will support the needs of children with more complex forensic mental health needs.

Note – Generalist Community ICAMHS mental health workforce

Each Community ICAMHS area will be staffed by a large, multi-disciplinary team with the skills, experience and capabilities to provide various evidence-based therapies and treatments to children, families, and carers. This team will include clinical roles, care coordinators, a strong contingent of peer workers, Primary Mental Health Teams, and Acute Care and Response Teams as well as a strong non-clinical contingent including social and peer workers. **A separate Model of Care is being developed for Community ICAMHS, which outlines the roles and responsibilities of these teams. Therefore, while children with complex needs will access these teams, this does not impact any workforce planning requirements for this Model of Care.**

5.2.2 Key roles

Care coordinators

Care coordinators support the child, family and carers navigate and coordinate the care they receive from Community ICAMHS, and other services and organisations. They are a point of contact for when the child, family and carers need support. They will be assigned to a child, family and carer at the point of referral. In instances where immediate linkage is not possible, the intake team may need to provide interim care coordination support.

A care coordinator's role is also focused on ensuring there are linkages and connections between care providers and facilitating and contributing to warm handovers and follow-up care. Where possible, they will be a 'constant' throughout a child, family and carer's journey. This care coordinator can be from a hub or a spoke, and can come from a range of backgrounds.

Forensic Mental Health Practice Lead

Within each hub there will be one or more nominated Community ICAMHS' staff members that have appropriate forensic mental health capability in addition to their generalist care capability. These 'Forensic Mental Health Practice Leads' will support and provide advice to

other ICAMHS staff, including those in the clinics, as well as being the care coordinator for children who have complex forensic needs and/or require intensive support.

For children with complex needs, the Forensic Mental Health Practice Lead may provide a more intensive systemic approach which draws on principles used in MST. This includes providing holistic support to people in the child's environment such as their parents, carers, siblings, peers and teachers. This may involve care coordinators working with other multi-disciplinary team members to intensively support the child and family members. The Forensic Mental Health Practice Leads may have smaller caseloads when compared to other clinicians in Community ICAMHS Hubs. This is because they are likely to be acting as the care coordinator for children with more complex needs that require more frequent support and contact. Additionally, a portion of the Forensic Mental Health Practice Leads time will be spent building capability in other staff.

The Forensic Mental Health Practice Lead will require a range of capabilities in addition to those expected of a 'general' Community ICAMHS' clinician. The specific capabilities are subject to further planning and decision-making, however at a high-level the Forensic Mental Health Practice Leads will need:

- general knowledge of the clinical features of forensic mental health, common and evidence-based supports, and recovery-oriented practices
- an understanding of how to identify children with mental health needs who are at risk of offending or who have offended
- familiarity with the WA youth justice system
- an ability to conduct assessments and contribute to multidisciplinary team assessments
- an ability to develop care plans and deliver person centred, evidence-based treatments, including within a multidisciplinary team
- an ability to support the child, their family and carers facilitate their personal recovery.

During implementation it is recommended that CAFS supports capability building for Community ICAMHS Forensic Mental Health Practice Leads. Once the Forensic Mental Health Practice Leads have the appropriate skills and knowledge, they will be responsible for formally and informally upskilling Community ICAMHS staff, including the Forensic and Child Protection Liaison Officer.

Forensic and Child Protection Liaison Officer

Each Community ICAMHS Hub will have Primary Mental Health Workers[12], who will lead and coordinate Community ICAMHS' 'outward-facing' support to other services. Within this team there may be a Forensic and Child Protection Liaison Officer. Part of their role will be to act as the primary interface between Community ICAMHS and CAFS, MST, Youth Justice Services and Links. They will also liaise with Child Protection and other services – this is outlined in the Complex Trauma Model of Care. They will:

[12] See the Community ICAMHS Model of Care for more information.

- support access to Community ICAMHS for children in these services, including during the intake process
- provide capability uplift support options to staff in these services
- receive and triage referrals from services
- coordinate the involvement of the Forensic Mental Health Practice Lead or other clinicians to provide advice and support to other services (e.g. organise for the Forensic Mental Health Practice Lead to attend a joint appointment with CAFS).

To perform their role effectively, the Forensic and Child Protection Liaison Officer will require the following high-level capabilities:

- ability to develop partnerships between services and relationships with key staff
- strong communication and collaboration skills
- ability to work in a variety of different environments, including in Banksia Hill Detention Centre.

Peer support workers

Peer support workers from Community ICAMHS Hubs and local clinics will be offered to children, families and carers upon entry into Community ICAMHS. Peer support workers will have backgrounds and experiences which reflect the children that they are working with, including young people that have previously been in contact with the justice system.

5.2.3 Other workforce considerations

Workforce profile

To ensure Community ICAMHS is delivered and supported by clinical and non-clinical staff who can meet the needs of children, families and carers, these spaces need to employ a workforce that reflects the diversity of the community it serves. This includes:

- a strong pipeline of Aboriginal Mental Health Workers and other Aboriginal health professionals
- cross-cultural workers in all Community ICAMHS settings
- employment of people with lived experience of mental health issues (as mentioned above)
- a diverse range of people including those who are LGBTQIA+, Aboriginal and Torres Strait Islander and ethnoculturally and linguistically diverse
- dual-skilled mental health and alcohol and other drug clinicians.

Children and families who can see themselves reflected in the staff of the service will be much more likely to engage and trust the service with their recovery and be willing to access these spaces in the future, if required.

Soft skills

Community ICAMHS staff must have the soft skills required to effectively support the mental health needs of children and families from a broad range of circumstances, backgrounds and cultures. These include:

- strong rapport building and relationship development skills
- work from a recovery and strengths-based approach

- provide non-judgemental support when interacting with children who are exhibiting challenging behaviours
- actively listen to and support children in a vulnerable state to identify what their most critical and immediate needs are, rather than being in 'solution mode'
- ability to remain calm when interacting with children in a heightened state
- resilient and child-focussed, that is, they are willing to go the extra mile to ensure the individual is supported to access follow up supports that best meet their needs.

By recruiting a workforce who possess soft skills and share similar values with children, families and carers who access mental health support via Community ICAMHS, these teams will be able to establish a reputation within the community as a trusted and approachable provider of mental health support, increasing the number of people who access support in the community and improving community mental health outcomes. Further, it is expected that Community ICAMHS staff will have knowledge of the broader system, and the interfaces between mental health supports and adjacent settings including community and primary health, the alcohol and other drug sector, justice, schools and more.

Community ICAMHS must ensure that staff delivering clinical and non-clinical supports are open-minded, inclusive, empathetic and have demonstratable experience working with diverse people including those who are neurodiverse, LGBTQIA+, Aboriginal and Torres Strait Islander, and ethnoculturally and linguistically diverse. Recruitment within these teams should be focussed on employing a workforce who can meet all the needs of children, families and carers, not just the clinical capabilities they possess.

5.3 Infrastructure

5.3.1 Physical infrastructure

Physical infrastructure is a critical component in enabling the delivering of mental health care for children. The Community ICAMHS Model of Care describes in detail the principles and features of physical infrastructure that are needed to make services accessible and ensure all children, families and carers feel safe and comfortable. There are key features that are specific to children who have mental health needs and are at risk of offending or who have offended, their families and carers. These include:

- Services should be delivered in age appropriate, low stimulus and de-institutionalised environments. For example, when appropriate, care should not be delivered in justice settings.
- Environments that balance staff and child safety with therapeutic needs. For example, care should be delivered in the least restrictive way possible while maintaining physical security.
- Resources to support outreach mental health care. Adequate resources are required to support Community ICAMHS' staff deliver mobile outreach care. These resources may include access to transportation (e.g. motor vehicles and flights) and accommodation.

As described above and in the Community ICAMHS Model of Care, child-appropriate, trauma-informed and culturally responsive infrastructure is a critical enabler to delivering high-quality and safe mental health care. Although outside of the scope of this Model of Care, these features should be embedded in CAFS and Youth Justice Services.

Currently, Banksia Hill Detention Centre infrastructure is not fit-for-purpose and limits the delivery of therapeutic mental health care. This includes a lack of private, safe and outdoor settings where care can be delivered. Significant investment is required to adapt the current infrastructure to the level described in this Model of Care and the Community ICAMHS Model of Care.

5.3.2 Digital infrastructure

Reliable and suitable digital infrastructure will be a key component in enabling staff to perform their roles, whether this be delivering care and treatment via telehealth, or capturing, accessing and sharing information digitally.

Community ICAMHS Hubs and clinics will provide staff with the necessary digital infrastructure. This may include: portable devices, such as laptops, iPads and smart mobile phones, with reliable internet connectivity/Wi-Fi; high-quality cameras to enable videoconferencing and telehealth; and a centralised data system that all individuals involved in a child, family and carer's care (including those outside of Community ICAMHS and the child, family and carer themselves) can access to view the child's care plan, appointments, digital medical records, and their contact details and preferences.

5.4 Other delivery considerations

There are other various considerations to support delivery, including:

- **Focusing on creating equitable access for children, families and carers in regional and remote areas**, through the application of suitable targets (i.e. a proportion of the Forensic Mental Health Practice Lead's caseload will be children residing in regional and remote areas).
- **Increasing ICA mental health system staff's knowledge of the services available within the community**, including outside of mental health and health, that children, families and carers could access.
- **Changing the language that is used when providing care** to children, families and carers to be more inclusive, safe and accessible (i.e. less clinical).
- **Establishing Memorandums of Understanding** among organisations to facilitate information sharing to support coordination of care.
- **Reviewing and evaluating service delivery** regularly to improve how care is provided and investing in associated research.
- **Creating opportunities for WAPHA, Health Service Providers and other primary health care stakeholders to discuss optimal approaches for GPs** and others to work with the future service.

6 Terminology

Table 4 below contains a list of the key terminology used within this document.

Table 4 | Key terms used within this document

Term	Its intended meaning and use
CAFS	Child and Adolescent Forensic Service
Children/Child	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age.
Clinicians	Professionals engaged in the provision of mental health services, including but not limited to Aboriginal mental health workers, administrative staff, allied health workers, nurses, paediatricians, psychiatrists, psychologists, and others.
Community ICAMHS Hub	A central 'hub' in each region within WA that leads the provision of mental health supports and is a single point of entry for all children, families and carers.
Community ICAMHS Clinic	A local Clinic or spoke that can deliver care close to home for children, families and carers. The Community ICAMHS Hubs will coordinate and support these clinics.
Family	A child's family of origin and/or their family of choice. It may include but not be limited to a child's immediate family, extended family, adoptive family, peers, and others that share an emotional bond and caregiving responsibilities.
Forensic Mental Health Practice Lead	A Community ICAMHS worker in a Hub that is recognised as having forensic mental health capability.
GP	General practitioner
GRAFT	Graylands Reconfiguration and Forensic Taskforce
ICA	Infant, child and adolescent
ICA Culturally Safe Care Principles	ICA Culturally Safe Care Principles are intended to guide the delivery of culturally safe, responsive and quality health care to Aboriginal and Torres Strait Islander peoples.
ICAMHS	Infant, Child and Adolescent Mental Health Service
ICA mental health system	The public specialist infant, child and adolescent mental health services. This relates to services funded and provided by the WA Government.
Mental ill-health	This is a broad term that is used to include mental health issues, mental health needs, and mental illness. It relates to an experience of mental health issues impacting thinking, emotion, and social abilities, such as psychological distress, in addition to diagnoses of specific mental health disorders, such as depression and anxiety.
Model of care	A model of care broadly defines the way health care is delivered, informed by evidence-based practice. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.

Term	Its intended meaning and use
MST	Multi-systemic Therapy
Offending behaviour	Illegal activities or behaviour.
Peer support worker	A peer support worker is someone with lived experience who is there to support the child, families and carers. They may provide emotional and psychological supports; be in attendance at appointments; or be an advocate and/or champion for the child, family and carers.
Serious offending behaviour	Includes rape, sex assault, child abuse, torture, grievous bodily harm, attempted murder and/or murder.
Service Guarantee	The Service Guarantee outlines what children, families and carers will expect to experience in their interactions with the ICA mental health system.
Staff/workers	People who work within the ICA mental health system.
Young people	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age.

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