Medicare Mental Health Kids Hub Grant Requirements

Health and Community Services Directorate - November 2025

ACT Government

Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

Produced by the Mental Health and Suicide Prevention Division within Health and Community Services Directorate. Enquiries about this publication should be directed to the Health and Community Services Directorate.

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Acknowledgement of Lived Experience

The Mental Health and Suicide Prevention Division acknowledge the many people with a lived experience of mental illness who generously assist us to develop and implement mental health initiatives that promote and protect mental health and wellbeing, and support people with lived experience of mental illness.

"A person's a person no matter how small"

\- **Dr Seuss**

Contents

1. Terminology

1.1 Acronyms

Term	Meaning
ACT	Australian Capital Territory
BAU	Business as usual
CALD	Culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Service
CSCGU	Community Sector Contracts & Grants unit
HCSD	Health and Community Services Directorate
LGBTIQA+	LGBTIQA+ stands for lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual and/or aromantic and other diverse sexualities, gender identities and variations in sex characteristics. The term LGBTIQA+ is not exhaustive and does not cover all forms of diversity in sex, gender or sexuality.
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation

1.2 Glossary

Term	Meaning
Carer	Someone who provides unpaid care and support to a family member or friend who needs help with daily activities or health issues.
Clients	People who access the service seeking treatment and/or support.

Community Sector Indexation	The annual percentage increase set by the ACT Government and paid to Community Sector Organisations funded to deliver health and community services.
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.
Demographic Data	Service providers must report on aggregated demographic data of participants who use their services, including, where available: a) Gender b) Age c) Aboriginal or Torres Strait Islander status d) Cultural and Linguistically Diverse background e) LGBTIQA+ status.
Developmental stages	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 functioning.
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.
Grant	A grant is an arrangement where money is provided to recipient as financial assistance by the Territory for a specified purpose that enables the recipient to achieve goals and objectives that are consistent with Territory policy
Grant Period	The total period of the grant program.

Grant Recipient	A service provider that has an executed agreement in place and has received funding from the Territory to undertake a grant activity.
Holistic care	To provide support and care that looks at the person in the context of their physical, emotional, social, and cultural wellbeing.
Kids Hub	Medicare Mental Health Kids Hub
Kin	The broader network of relationships that can include not only biological relatives but also individuals connected through social and cultural ties.
Model of Service Delivery	A framework or explanation of how care and services are provided so that the desired outcomes are achieved.
Multidisciplinary team	A team of health professionals from a range of disciplines working together to deliver comprehensive health care. Commonly includes medical, nursing and allied health professionals. The composition of multidisciplinary teams will vary depending on the needs of communities and clients.
Non-Preferred Respondent	A grant Respondent whose grant application has not been selected as a preferred application; however, an executed Agreement is not yet in place. Should negotiations with Preferred Respondents break down, the Territory reserves the right to engage a Non-Preferred Respondent in an Agreement for grant activity.
Objectives	Objectives are what the ACT Government wants achieved by the health and community services sector through investment in the mental health system. Objectives may not be realised for a long-time following initiation of new services and programs and may only be met if other conditions outside of the service are addressed. Services may contribute to Objectives being met, but not solely, and attribution of individual Service's achievement to Objectives being met may be difficult to quantify. *Example: Reduce barriers to service navigation.*
Outcome	The level of performance or achievement that occurs because of the delivery or service provided by a Service. The actual change or difference resulting from intervention. *Examples*: *Service User has improved wellbeing following treatment*.

Outcome Reporting	Outcome reporting is about how the service is meeting the needs of the community and then demonstrating through reporting how the service is delivering the agreed outcomes for the community.
Output	What specific activities will produce or create. They simply characterise the application of activities with selected audiences. They can include descriptions of: • Service types, • Service levels, and • Audiences or targets delivered by the program. *Example: number of Service Users who received treatment during the reporting period.*
Outreach	Where services are provided in a location that is not the location of the primary service.
Preferred Respondent	A grant Respondent whose grant application has been selected as a preferred application; however, an executed agreement is not yet in place.
Program	Sub-set of a service. *Example: Counselling program.*
Respondent	An organisation that submits an application for funding to undertake a grant activity.
Service	The set of activities the organisations are funded to provide. *Example: Early childhood education and care*
Service provider	Refers to organisations providing the Medicare Mental Health Kids Hub services.
Service User	A person who attempts to access a service, a person who uses a service, or a person who has recently ceased using a service and may include carers or family members of a person.
Stakeholder	Used as an all-encompassing term for individuals, groups or sectors with an interest in, or who are affected by, the delivery of the health services. Stakeholders may include non-government organisations, people with lived and living experience and their families and carers, government workers, peak organisations, and academics.
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.
Territory	As represented by the ACT Health and Community Services Directorate.
Transitions	A set of interconnected activities that enable the continuation of delivery of health services. Transitions may include a handover of care between an incoming and outgoing service provider, or a service provider changing and adapting their service delivery and/or operations to meet new outcomes, demands or priorities. The term may also refer to the movement of clients to other supports, due to exceeding age criteria or changes in circumstances.
Trauma informed care	Care 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.

2. Background

Positive mental health is the cornerstone of healthy childhood development. It underpins a child's social and emotional development, their sense of wellbeing, and it supports them to thrive and grow.[1]

Investment in a child's early years can not only improve a child's mental health and wellbeing at the time, but also their future. For children, the first indications of difficulties typically occur several years before more established symptoms of mental, emotional, or behavioural disorders are evident.[2] Children can experience many of the same mental health and wellbeing challenges as adults, however they often present as developmental or behavioural concerns. Early assessment, therapeutic intervention, and family support can be highly effective at limiting the severity and progression of these challenges.

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. Mental health struggles 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.

A service system that identifies the signs that 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 Medicare Mental Health Kids Hub ('Kids Hub') (formerly Head to Health Kids) is intended to complement and integrate with current child health and family services already provided in the ACT community. The Kids Hub is designed to operate as a secondary level child mental health and wellbeing service, targeting mild to moderate and emerging developmental, emotional, relational and/or behavioural challenges, supporting children aged 0-12 as well as their families, carers, and kin.

The Kids Hub is intended to address barriers to accessing timely services and treatment that have been reported by families, such as high out-of-pocket costs, long wait times, shortages of appropriate child mental health services and skilled professionals, dependency on diagnosis for treatment or high severity thresholds, and poor mental

[1] Productivity Commission (2020). Mental Health: Productivity Commission Inquiry Report, Pg.195.
[2] 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.

health literacy and awareness of risk amongst families, early childhood service providers and teachers.[3] [4]

The ACT Kids Hub is part of a national initiative delivered by the Australian Government in partnerships with all states and territories. The Kids Hubs provide no-cost access to a range of health professionals and programs, including care coordination, treatments and therapies, assessment, diagnostic services, as well as parenting, attachment, relationship and family system support.

3. About the grant opportunity

The Territory remains committed to investing in the mental health and wellbeing of children aged 0-12, as well as their families, carers, and kin. The successful respondent/s must have demonstrated experience and capacity to respond holistically to mild, moderate and emerging mental health and wellbeing needs in children aged 0-12, as well as supporting their families, carers and kin. This includes working with varying levels of complexity.

The Kids Hub will make a complex system easier for children and their families to navigate, providing integrated, comprehensive, multidisciplinary care in one place. The Kids Hub will be family friendly and culturally safe with care delivered by a multidisciplinary team of medical, allied health, and early childhood development experts.

This service is designed to meet a gap in the children's mental health and wellbeing system in the ACT. The ACT Office of Mental Health and Wellbeing's 2022 report – Understanding the 'Missing Middle'[5] – noted that young people and their families find it challenging to locate appropriate services that target moderate mental health concerns before these deteriorate to requiring support for acute mental ill health.

Children with mild/moderate/emerging needs are often deemed ineligible for services as they do not meet the threshold criteria due to factors such as age, severity of symptoms, and lack of formal diagnosis. While some issues may resolve without

[3] National Mental Health Commission (2020). National Children's Mental Health and Wellbeing Strategy. Pg. 20.

[4] 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).

[5] ACT Government, The Office of Mental Health and Wellbeing (2022). Final Report – Understanding the "Missing Middle'.

supports, many children and families simply self-manage until issues hit a point of being eligible for supports. The Kids Hub is an opportunity for early intervention, before issues become entrenched and severity increases. The service aims to provide support for children and their families, carers, and kin, that has been difficult to access elsewhere due to cost, eligibility criteria, or wait-times.

HCSD will supply the non-exclusive use of a fitted-out building for services to be delivered. Rent and base building maintenance for this property will be paid for and managed by HCSD. The Service Provider/s will be responsible for payment of utilities, cleaning, security (including CCTV and duress systems), and maintenance for the tenancy (proportionate to their usage of the premises), excluding base building maintenance.

The location is in Tuggeranong, within walking distance of the shopping centre, bus interchange, as well as other mental health and children's support services. It is a large site, with ample on-site client parking. The rooms will be fitted out to meet a variety of needs, include a large gym space, training room, group rooms, family conference room, as well as counselling rooms, medical rooms, an art therapy room, family therapy rooms, and observation rooms. The waiting area will have a dedicated perinatal and infant area, as well as a low sensory space, spiritual room, and parenting room.

The fit-out of the property will include basic furniture and furnishings. Items outside of the basic fit-out will be the responsibility of the successful respondent/s to purchase and maintain. This may include IT equipment, medical equipment, therapeutic tools, duress and CCTV systems, and other similar items.

The service location that will be provided is designed to be a perinatal, infant, and child mental health and wellbeing hub. This means there will be other services operating from the location and sharing the office space and facilities. Some services may have their own space (e.g. Gidget House will have their own two rooms, fully managed by them), others will use shared spaces. Some services may use the hub to provide outreach supports and may only be there occasionally; others may use the hub as their permanent location. Collaboration of any services using the hub location for service delivery is highly encouraged, to provide holistic supports to children and families and avoiding duplication of services.

The successful respondent/s will be the primary service at the site and will be responsible for providing front-desk support for all staff and clients in the building, such as managing appointments, overseeing the waiting areas, stocking and facilitating a community pantry, and providing limited administrative support.

Total funding for this grant is **$2,450,000 (GST exclusive) per year for two years**. For a full breakdown of the grant streams, see section 3.5. There is the possibility of extension for up to a further three years, with funding to be negotiated.

Respondents are asked to tender in one of three ways:

1. Tender to deliver all parts of the Kids Hub service – providing intake/assessment, system navigation, brief interventions, ongoing treatments and therapies, care coordination, multidisciplinary supports, outreach supports within the community and/or within other services, and group programs. This may include both in-person and telehealth options. Additionally, as the primary agency, there will be an element of management of the broader perinatal, infant, and child hub that will operate from the provided service location.
2. Tender with a pre-formed consortium to deliver all parts of the Kids Hub service (see above for expected service elements).
3. Tender to provide one or more of these separate service elements:
    a) On-site service delivery, for infants and young children aged 0-4 years – providing intake/assessment, system navigation, brief interventions/drop-in supports, ongoing treatments and therapies, care coordination, multidisciplinary supports, and group programs. This may include both in-person and telehealth options. The on-site service provider/s will also oversee some element of management of the broader perinatal, infant, and child hub that will operate from the provided service location.
    b) On-site service delivery, for children aged 5-12 - providing intake/assessment, system navigation, brief interventions/drop-in supports, ongoing treatments and therapies, care coordination, multidisciplinary supports, and group programs. This may include both in-person and telehealth options. The on-site service provider/s will also oversee some element of management of the broader perinatal, infant, and child hub that will operate from the provided service location.
    c) Specialist assessment and diagnosis of neurodevelopmental concerns (such as attention deficit hyperactivity disorder, autism spectrum disorder, intellectual disability, and learning disabilities).
    d) Outreach – providing supports that may be a combination of outreach into homes and community and outreach into other services across the ACT, such as through a vehicle providing brief interventions and treatments, or through drop-in sessions at other services. Innovative approaches are encouraged, to provide opportunities for Kids Hub services for families that may not be able to easily access the physical Kids Hub location.

Successful respondents that tender for parts of the service will be required to work collaboratively with other successful respondents to ensure integration and service continuity.

3.1 Grant objectives

The objective of this grant opportunity is to fund services that best support the mental health and wellbeing of children aged 0-12 and their families, carers, and kin.

> The Medicare Mental Health Kids Hub will contribute to the primary objectives of the Bilateral Schedule on Mental Health and Suicide Prevention (ACT) as follows:
>
> a. address gaps in the mental health and suicide prevention system;
>
> b. improve mental health outcomes for all people in the Australian Capital Territory;
>
> c. prevent and reduce suicidal behaviour; and
>
> d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused, and compassionate.

Additionally, the Service will align with the Medicare Mental Health Kids Hub National Service Model, which aims to address key gaps in the health system by:

a. providing an accessible, child centred, and family focussed no cost service for children and their families' experiencing challenges with their mental health and wellbeing;
b. identifying and supporting children and families that are struggling or at increased risk of mental illness and behavioural disorders;
c. 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;
d. managing demand in a way which enables timely access to support and advice for all who are referred, while also providing short to medium term episodes of care;
e. 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;
f. 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;
g. 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;
h. coordinating a network of skilled service providers across the Kids Hub and related services, including a community of practice and shared learnings;

i. 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; and
j. increasing the knowledge and capacity of the existing mental health workforce and creating more student and training rotations to develop and expand the workforce.

The Service will also contribute to priority reforms under the National Agreement on Closing the Gap - which all Australian Governments are committed to, including:

a. Outcome 4 - 'Aboriginal and Torres Strait Islander children thrive in their early years'; and
b. Outcome 14 - 'Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing'.

3.2 Priority cohorts for service delivery

While the Service is aimed at children aged 0-12 with mild to moderate and emerging mental health needs, as well as their families, carers, and kin, research indicates there are cohorts of children that are at increased risk of mental ill health and behavioural disorders.

These children and their families often have complex needs and may be an under-served group for universal services and therefore less likely to access specialised mental health services early. The Service should be developed to support and prioritise access to services and resources for vulnerable and/or at-risk children and families.

These priority population groups 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; and
- children with social or economic disadvantage.

The respondent is expected to provide flexible and responsive service delivery to meet the needs of these children. This may include providing outreach services, in homes or the community, as well as outreach in relevant trusted organisations that are already supporting these families.

3.3 Grant outcomes

It is desirable that the Kids Hub services provided under this grant will seek to address the following outcomes (if applicable):

Outcome	*Alignment with ACT Wellbeing Framework Domains*	*Alignment with ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 Focus Areas*	*Example metrics*
Children from diverse backgrounds and their families and carers feel safe, comfortable and welcomed when they access the service.	• Health • Access and Connectivity • Safety	• Children and Young People (core focus area) • Health and Wellbeing (significant focus area)	Accurate records kept indicating: • Percentage of clients from diverse backgrounds that access the service. • Percentage of staff trained in cultural safety, disability inclusion, trauma-informed care, and LGBTIQA+ awareness. • Staff diversity metrics—representation of Aboriginal and Torres Strait Islander, CALD, LGBTIQA+, and disabled staff. • Presence of culturally appropriate materials (e.g., signage in multiple languages, Aboriginal artwork, inclusive imagery).
Children and families from diverse backgrounds have their complex needs met.	• Health • Access and Connectivity	• Health and Wellbeing (significant focus area)	Accurate records indicating: • Percentage of clients from diverse backgrounds that access the service. • Retention rates of children and families from priority groups. • Frequency of community consultations with priority groups. • Repeat visits or ongoing engagement from families from priority groups. • Feedback from clients.
Effective collaboration within the mental health sector (specifically services relating to children and families).	• Access and Connectivity • Governance and Institutions	• Children and Young People (core focus area) • Health and Wellbeing (significant focus area)	• Data kept regarding referrals made to and from the service. • Percentage of shared care plans developed collaboratively across services. • Existence of formal agreements or MOUs between agencies (e.g., referral pathways, data sharing protocols).

Practitioners in the sector have best-practice knowledge, understanding and skills to assist children and families who are experiencing mild to complex mental health concerns.	• Governance and Institutions	• Health and Wellbeing (significant focus area)	• All staff have appropriate qualifications, and it is preferable for practitioners to have completed Trauma Informed Practice training (e.g. see Youth at Risk Project TIP training, Blue Knot Training) • Percentage of practitioners completing accredited training in child and youth mental health, trauma-informed care, cultural safety, or family systems. • Percentage of practitioners trained in evidence-based interventions (e.g., CBT, family therapy, attachment-based approaches). • Percentage of practitioners using evidence-informed tools (e.g., SDQ, Ages & Stages, outcome measures). • Use of reflective practice tools or supervision logs to assess practitioner growth.
Children and families from diverse backgrounds have positive, supportive and safe relationships.	• Social connection • Identity and Belonging	• Connecting the Community (core focus area)	• Percentage of children reporting having at least one trusted adult they can talk to. • Parent-child relationship quality scores (e.g., using validated tools like the Parent-Child Relationship Scale). • Children's emotional wellbeing scores (e.g., SDQ or other validated tools). • Percentage of families reporting improved relationships after engaging with services.
Children and families from diverse backgrounds, and their families and carers, have a voice in the design and delivery of the Service.	• Identity and Belonging • Governance and Institutions	• Inclusive Community (core focus area)	• Incorporating consultation report from 2023. • Continuing to consult with relevant community and consumer representatives (e.g. Lived Experience representatives in Perinatal, Infant and Child Reference Groups). • Presence of diverse children and carers on advisory boards, steering committees, or governance groups.
Children and families from diverse backgrounds, especially those who have intersecting needs, have access to mental health care that is inclusive, affirming and reflects cultural competence that is appropriate to the ACT community.	• Health • Access and Connectivity • Identity and Belonging	• Health and Wellbeing (significant focus area) • Inclusive Community (core focus area)	• Percentage of children and families from priority groups (e.g. Aboriginal and Torres Strait Islander, CALD, refugee, LGBTIQA+, disability) accessing mental health services. • % of staff trained in cultural competence and intersectionality, including ACT-specific cultural contexts. • Presence of Aboriginal and Torres Strait Islander staff, bicultural workers, and peer workers. • Feedback from clients.
Children and families from diverse backgrounds receive evidence-informed interventions in the treatment of mental health concerns.	• Health	• Health and Wellbeing (significant focus area)	• Number of programs tailored to intersecting needs (e.g. trauma-informed care for refugee children with a disability). • Use of culturally adapted therapeutic models (e.g. narrative therapy, yarning circles, family-led decision making).
Children and families from diverse	• Health	• Health and Wellbeing	• Participation of diverse families in service planning, delivery and evaluation.

backgrounds receive care where, when and how they need it through responsive, flexible and innovative service delivery.	• Access and Connectivity	(significant focus area)	• Community satisfaction scores disaggregated by identity group. • Percentage of families reporting barriers to access (e.g. language, transport, stigma, cost). • Availability of outreach or mobile services in under-served communities.
The Service has a culture of safety for all staff members, including embedded trauma informed practice training and a strong focus on reflective practice, supportive supervision and staff wellbeing.	• Identity and Belonging • Social connection • Governance and Institutions	• Cultural integrity (core focus area)	• Use of trauma-informed tools or frameworks in service delivery (e.g. Sanctuary Model, ARC, ACT-specific models). • Percentage of staff receiving regular reflective supervision (e.g. monthly or bi-monthly). • Number of reflective practice sessions held (individual, group, peer-led). • Use of structured reflection tools (e.g. Gibbs Reflective Cycle, supervision logs). • Staff wellbeing scores (e.g. via validated tools like the Kessler Psychological Distress Scale or custom wellbeing surveys). • Staff retention rates and reasons for exit (e.g. burnout, lack of support). • Access to wellbeing supports (e.g. EAP, wellbeing days, peer support).
A peer/lived experience workforce has been established and developed, with strong links to the lived experience community.	• Governance and Institutions • Social connection • Access and Connectivity	• Community leadership (core focus area)	• Number of peer/lived experience roles created and filled. • Percentage of total workforce made up of peer/lived experience workers. • Retention rate of peer workers over time. • Access to ongoing professional development (e.g. trauma-informed care, boundaries, storytelling). • A governance structure that includes appropriate supervision and supports for peer/lived experience workers.
Children and families with complex needs experience reduced need to access acute and emergency services.	• Health	• Health and Wellbeing (significant focus area)	• Percentage reduction in hospital admissions related to mental health crises. • Percentage of children and families with complex needs engaged in early intervention services (e.g. outreach, counselling, family support). • Number of care coordination plans developed and implemented for families with complex needs.

3.4 Key performance requirements

Whether the respondent is proposing to deliver services directly or proposing an alternate model such as a consortium or brokerage, the Territory is committed to ensuring the Kids Hub meets appropriate standards. The Kids Hub service will be required to adhere to the following requirements under the Deed:

- The Service must be accessible for children and their families, carers and kin. Supports offered must remain no-cost and not require a referral for access.
- The Service should ensure eligibility for services should not be based on a child having a diagnosable mental illness. Instead, consideration should be given to emotional wellbeing, behavioural and developmental challenges, physical symptoms, mental distress, and family functioning.
- The Service must be flexible, innovative and responsive to changing client needs. This includes providing outreach supports and opening hours that allow for families with different needs to access supports. This includes opening hours that include some weekend and after business hours options.
- The Service must be trauma-informed and trauma responsive.
- Cultural safety must be embedded throughout the Service and supported by leadership, planning and policy.
- The duration of service should not be highly structured or rigidly time limited. However, consideration will need to be given to demand management, enabling timely access to support and service for all who are referred (including self-referral), while also providing short to medium episodes of care.
- The Service must have a therapeutic, child-centred environment across all interactions and be aware that every interaction can help reassure or push families away.
- The Service must offer a multidisciplinary approach, supporting the mental health, behavioural, and wellbeing needs of children and their families, carers and kin.
- While offering appropriate medical supports, consultation with the community has been clear that a holistic approach rather than a 'medical model' is preferred and this should be supported within the service design.
- The Service must be transparent about the limits of confidentiality, and when workers may need to break this.

- The Service must prioritise integrated care to promote recovery, including establishing ~~s~~ervice level agreements, to promote:
    - simultaneous engagement with multiple services, rather than services 'closing the file' upon referral to another practitioner or service;
    - information sharing to ensure children and families are not needing to repeat information and transitions between practitioners are smooth;
    - collaborative approaches to treatment planning, such as joint care planning, inter-agency meetings and multi-disciplinary team approaches; and
    - improved referral pathways, including warm transfer protocols.

- If a consortium or a range of different service providers are successful in tendering for parts of the Service, they will be required to demonstrate how they will work together to reduce fragmentation and ensure as seamless a journey through the different service offerings for each child/family as possible.

- The Service must demonstrate a commitment to evidence-informed best practice and continuous quality improvement. This includes having feedback mechanisms in place which are promoted to service users, and processes for actioning the feedback received to enhance service provision.

- The Service must ensure there is appropriate clinical supervision, professional development, and training opportunities to support the team to deliver client-centred care and maintain their own wellbeing.

- The Service must develop the relevant knowledge, skills, and experience of its workforce to deliver appropriate services to a diverse range of children and families including those living with disability, from culturally and linguistically diverse and/or refugee backgrounds, LGBTIQA+ children and families, and Aboriginal and Torres Strait Islander children and families.

- The Service should contribute to expansion of the existing mental health workforce in the ACT, by supporting student placements and training rotations where possible.

3.5 Available grant funding

Total funding for this grant is **$2,450,000 (GST exclusive) per year for two years.**

At the end of each financial year of the Term, the Territory will increase the base Funds by the Community Sector Funding Rate of Indexation (Indexation) calculated by the Territory. The Territory will notify the Recipient of the relevant indexation rate applied from financial year to financial year and the revised Funding amount payable.

This funding seeks to support a service provider or providers to deliver the Kids Hub in the ACT. This service is intended to respond holistically to mild, moderate, and emerging mental health and wellbeing needs in children aged 0-12, as well as supporting their families, carers and kin. This includes working with varying levels of complexity.

The Kids Hub will be family friendly and culturally safe with care delivered by a multidisciplinary team of medical, allied health, psychologists, and early childhood development experts.

HCSD will provide a fitted-out service location that will house a broader perinatal, infant, and child mental health and wellbeing hub. This means there will be other services operating from the location and sharing the office space and facilities. The successful respondent/s will be the primary service at the site and will be responsible for providing limited administrative support to the broader hub.

Respondents are asked to tender for one or more of the following options:

a. Tender to deliver all parts of the Kids Hub service – providing intake/assessment, system navigation, brief interventions, ongoing treatments and therapies, care coordination, multidisciplinary supports, outreach supports within the community and/or within other services, and group programs. This may include both in-person and telehealth options. Additionally, as the primary agency, there will be an element of management of the broader perinatal, infant, and child hub that will operate from the provided service location.
   Available funding for Option A - $2,450,000 (GST exclusive) per year for two years

   OR

b. Tender with a pre-formed consortium to deliver all parts of the Kids Hub service (see above for expected service elements).
   Available funding for Option B - $2,450,000 (GST exclusive) per year for two years

   OR

c. Tender to provide one or more of these separate service elements:
   1. On-site service delivery, for the infant and young children (0-4) cohort – providing intake/assessment, system navigation, brief interventions/drop-in supports, ongoing treatments and therapies, care coordination,

multidisciplinary supports, and group programs. This may include both in-person and telehealth options. The on-site service provider/s will also oversee some element of management of the broader perinatal, infant, and child hub that will operate from the provided service location.
Available funding for Option C1 - $875,000 (GST exclusive) per year for two years

2. On-site service delivery, for children aged 5-12 - providing intake/assessment, system navigation, brief interventions/drop-in supports, ongoing treatments and therapies, care coordination, multidisciplinary supports, and group programs. This may include both in-person and telehealth options. The on-site service provider/s will also oversee some element of management of the broader perinatal, infant, and child hub that will operate from the provided service location.
   Available funding for Option C2 - $875,000 (GST exclusive) per year for two years

3. Specialist assessment and diagnosis of neurodevelopmental concerns (such as (but not restricted to) attention deficit hyperactivity disorder, autism spectrum disorder, intellectual disability, and learning disabilities).
   Available funding for Option C3 - $350,000 (GST exclusive) per year for two years

4. Outreach – providing supports that may be a combination of outreach into homes and community and outreach into other services across the ACT, such as (but not restricted to) through a vehicle providing brief interventions and treatments, or through drop-in sessions at other services. Innovative approaches are encouraged, to provide opportunities for Kids Hub services for families that may not be able to easily access the physical Kids Hub location.
   Available funding for Option C4 - $350,000 (GST exclusive) per year over two years

3.6 Grant timeframe

Total grant funding is **$2,450,000 (GST exclusive) per year for a period of two years.** There is the possibility of an extension for up to a further three years, with funding to be negotiated.

4. Eligibility

4.1 Who is eligible to apply for this grant

To ensure funding is provided in a manner which aligns with key legislation and policy, grant respondents must meet the following eligibility criteria.

To be eligible the Respondent must:

(a) Have an Australian Business Number (ABN) or Australian Company Number (ACN)

(b) Be registered for the purposes of GST.

(c) Have an account with an Australian financial institution, and be one of the following entity types:

i. A company incorporated in the ACT under the Associations Incorporation Act 1991:

ii. A company limited by guarantee and incorporated under the Corporations Act 2001 (Commonwealth);

iii. An incorporated trustee on behalf of a trust;

iv. An incorporated association;

v. A partnership;

vi. A joint (consortia) application with a lead organisation;

vii. A registered charity or not-for-profit organisation;

viii. Publicly funded research organisation;

(d) Be financially viable to deliver the services over the term of the grant

(e) Meet the criteria under 'Eligible services'

(f) The successful Respondent is required to be compliant with ACT policy priorities, and where applicable Secure Local Jobs Code (SLJC) certification. Where SLJC certification is not applicable, it is highly recommended that the successful Respondent is SLJC certified or is working towards certification.

Ineligible organisations and individuals:

(a) Commonwealth, state, territory or local government agency or body (including government business enterprises)

(b) Individuals

(c) Unincorporated associations

(d) Overseas residents or organisations

(e) For-profit organisations.

4.2 What qualifications, skills, or checks are required?

If you are successful in obtaining grant funding through HCSD, all relevant personnel must maintain the following accreditation/registration/checks (if applicable):

(a) ACT Working with Vulnerable People registration.

(b) Qualifications/industry certifications which are commensurate with specific roles and responsibilities (e.g., for health professionals, Australian Health Practitioner Regulation Agency registration is required). Services delivered must be undertaken by qualified individuals.

(c) Depending on the nature of services to be delivered, personnel may need to meet other requirements beyond those specified above.

(d) Organisations must also ensure that they are appropriately accredited (if required) to provide services under the grant activity.

4.3 Eligible approaches/models of service delivery

Grant applications should demonstrate how your organisation and the proposed approach/model of service delivery will facilitate access for, and contribute to, improved health and wellbeing outcomes of the Priority Cohorts listed above in section 3.2.

The service offering will be entirely free and not require a referral. The successful respondent/s must be able to deliver complex, holistic services – ranging from brief, walk-in interventions through to longer term, multidisciplinary episodes of care. The Kids Hub service elements must be delivered by a multidisciplinary team of appropriately qualified medical, allied health, psychologists, and early childhood development experts.

Service elements

Service delivery models will address the following service elements:

- Early identification and intervention for children 0-12 years and their families with mild to moderate and emerging mental health and wellbeing needs.
- A stepped approach to the provision of support, care, and treatment based on research, evidence and validated triage and assessment tools.
- 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 ACT Community.

Out of scope

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

- Disability support services provided through a child's NDIS plan. However, this determination should be made on an individual basis.
- 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.
- Services targeting the mental health of youth (12 years or older) and adults that are more appropriately provided by headspace, Child and Adolescent Mental Health Services (CAMHS), or Medicare Mental 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 Kids Hub.
- 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.

4.4 Eligible expenditure

Not all expenditure outlined in your grant response may be eligible for grant funding. The Territory makes the final decision on what is eligible expenditure under the grant. Should you be selected as a preferred provider in a grant assessment process, eligible expenditure will be further discussed during contract negotiations.

For expenditure to be eligible, you must incur the expenditure on your grant activities between the start date and end or completion date for your grant activity.

The administration costs of your grant activity should be included within your submitted costings (see Pricing Schedule template) and should not exceed 17.5% of the total funding, including any academic support fees. Administration costs include expenses that are not directly related to the delivery of the relevant service but are necessary for the program's operations (such as utilities and insurance costs).

4.5 What the grant funds cannot be used for

Grant funding cannot be used for:

a) Government operated services

b) purchase of land

c) purchase of vehicles

d) major capital expenditure

e) costs incurred in the preparation of a grant application or related documentation.

f) the salaries or training and development of staff not involved in the delivery of grant funded activities

g) activities for which you are already receiving government funding

h) major construction/capital works

i) activities undertaken by or on behalf of political organisations

j) activities which subsidise commercial activities

k) funded clinical trials

l) overseas travel

m) activities for which other commonwealth, state, territory or local government bodies have primary responsibility.

5. How to apply

Prospective Respondents will be required to access the grants package and submit their grant application via the SmartyGrants platform.

To develop a strong application, respondents will need to be familiar with the Medicare Mental Health Kids Hub national Service Model, the National Mental Health and Suicide Bilateral Agreement (ACT Schedule), and the Medicare Mental Health Kids Hub ACT Consultation Report. Please note that the Consultation Report refers to the previous project title – Head to Health Kids Hub.

5.1 Joint (consortia) applications

We recognise that some organisations may want to partner with other organisations to deliver the required services.

In these circumstances, you must appoint a 'lead organisation'. Only the lead organisation may submit the Application Form and enter into a grant agreement with the Territory.

The application must identify all other members of the proposed consortium and include a letter of support from each of the partners. Each letter of support should include:

(a) Details of the partner organisation/s.

(b) An overview of how the partner organisation will work with the lead organisation and any other partner organisations in the consortium/group to successfully complete the grant activity.

(c) How governance and administrative requirements (such as strategic decision making, risk identification/mitigation, financial management and reporting) will be facilitated between entities involved in the consortium/group.

(d) An outline of the relevant experience and/or expertise the partner organisation will bring to the consortium/group.

(e) The roles/responsibilities of the partner organisation and the resources they will contribute (if any).

(f) Details of a nominated management level contact officer.

You must have a formal arrangement in place with all parties prior to execution of the grant agreement. A copy of this formal arrangement must be provided to the HCSD if requested, prior to the execution of the grant agreement. Consortium partner organisations may also need to provide key documentation such as evidence of insurance and accreditation when requested by the Territory.

Only the lead organisation will enter into a grant agreement with HCSD, however the lead organisation must have the authority to do so on behalf of the consortium members.

5.2 Timeline

You must submit a grant application between the published opening and closing dates. We will not accept late applications, unless it is the direct result of mishandling by HCSD.

If you are successful, HCSD expects that you will be able to commence your grant activity in July 2026.

Activity	Expected timeframe
Grant opportunity opens on SmartyGrants	December 2025
Sector briefing	December 2025
Assessment of applications and approval outcome	February 2026
Delegate approval of outcomes of selection process	March 2026
Notification of Preferred and Non-Preferred Respondents	March - April 2026
Negotiations with Preferred Respondents and award of grant agreements	March - June 2026
Formal notification to unsuccessful respondents (until agreements have been awarded and executed, this cohort is referred to as 'non-preferred respondents')	June 2026
Earliest start date of grant activity	July 2026

5.3 Grant briefing

Briefing information to explain the application process will be provided on the webpage when the grant opportunity opens.

5.4 Questions during the application process

If during the application period, you require clarification of grant information, or if you experience technical or process difficulties, please email **MMHKidsHub@act.gov.au**. HCSD will respond to emailed questions within 3 working days.

Questions received that are related to the grant opportunity, and subsequent responses, will be de-identified and communicated to all potential respondents on the webpage, and updated regularly.

The opportunity to ask questions or seek clarification will close **five full days** before the end of the application period. This allows HCSD to broadly disseminate information to respondents (in line with principles of probity), with sufficient time for respondents to consider the impact of the response on their application.

While HCSD cannot assist you to address assessment criteria, determine eligibility, or complete your application, further information and support on how to write a grant application can be found here.

6. Assessment criteria

The level of detail and supporting evidence you provide in your application should be clear and relative to the size and complexity of the grant activity, and the grant amount requested. Word limits are applied to all weighted criteria as an indication of the level of detail/explanation expected.

The grant assessment process will include an assessment of Mandatory, Weighted and Non-Weighted Criteria.

(a) Mandatory Criteria are compulsory assessment items that must be addressed by a Respondent for the overall response to de deemed legitimate and valid. Responses that do not satisfy the Mandatory Criteria will be excluded from further consideration. Mandatory Criteria are scored as pass/fail.

(b) Weighted Criteria describe the elements that enable a detailed comparative assessment to be undertaken by the Grant Assessment Panel. Scores are assigned a weighting based on the criterion's level of importance or value in relation to delivering the service (in terms of funding and performance).

(c) Non-Weighted criteria are scored as satisfactory or unsatisfactory and are scored according to whether an application satisfies (or does not satisfy) a value for money assessment by the Grant Assessment Panel. In the context of this document, a satisfactory result indicates that a Respondent has provided a Pricing Schedule and that on the surface, the costings provided represent good value for money for the Territory.

6.1 Mandatory criteria

Mandatory Criteria

Grant Governance and Compliance Declaration

The below Governance and Compliance Declaration assures the Territory that the grant recipient has the capacity to govern, plan and manage the required approach/model of service delivery in accordance with ACT Government policies and procedures, and industry and legislative requirements.

Respondents must:

1. Complete the Compliance and Governance Declaration as part of their grant application (within SmartyGrants).
2. If a Respondent answers **No** to questions 1-8, 10 (and 11 if applicable) or **Yes** to question 9, they must provide supplementary explanation/commentary and appropriate evidence as part of their grant application.
3. Complete, have witnessed and upload into SmartyGrants a Statutory Declaration to support responses to the Governance and Compliance Declaration.

MC1 Does the Respondent have a Board or similar governance structure that oversees its functions, processes, and funding?

***Note**: The Respondent must be able to provide evidence of structures and processes if requested by the Territory.*

MC2 Does the Respondent have a formal process which describes how the organisation ensures continuous quality improvement?

***Note:** The Respondent must be able to provide evidence of formal processes if requested by the Territory.*

MC3 Does the Respondent have a formal process which describes how the organisation obtains, uses, stores and shares information in line with relevant national/Territory legislation and policy (e.g., confidentiality, information security and specific technology/data management systems, policies and practices used by the organisation)?

***Note:** The Respondent must be able to provide evidence of formal processes if requested by the Territory.*

MC4 Does the Respondent have a formal process which describes how risks are identified, managed, and reported?

***Note:** The Respondent must be able to provide evidence of formal processes if requested by the Territory.*

MC5 Does the Respondent have appropriate insurance to cover delivery of the approach/model of service delivery (including public liability and professional indemnity insurance, if required and as specified in Grant Requirements above).

Note: *The Respondent must be able to provide evidence/copies of insurance when requested by the Territory.*

MC6 Is the Respondent compliant with relevant legislation, regulation, and policy (as required by the approach/model of service delivery), for example:

- relevant Commonwealth and Territory legislation (e.g., Aged Care Act, Australian Aged Care Quality and Safety Commission Aged Care Quality Standards, work health and safety legislation and privacy legislation)
- ACT Government policy, including 'fair and ethical treatment of workers and prioritisation of local and secure employment.'
- The successful Respondent is required to be compliant with ACT policy priorities, and where applicable Secure Local Jobs Code (SLJC) certification. Where SLJC certification is not applicable, it is highly recommended that the successful Respondent is SLJC certified or is working towards certification.

Note: *The Respondent must be able to provide evidence/copies of relevant accreditation, industry certifications, professional qualifications/registration if requested by the Territory*.

MC7 Does the Respondent hold relevant accreditation and do personnel possess appropriate qualifications and certifications (as required by the approach/model of service delivery), for example:

- Relevant accreditation standards/requirements
- Relevant industry/role certifications (e.g., Working with Vulnerable People registration)
- Relevant professional qualifications/registration (e.g., Australian Health Practitioner Regulation)

MC8 Is the Respondent financially viable to support the sustainable delivery of the approach/model of service delivery over the term of the grant agreement, and can your organisation provide audited financial statements for the last 3 years?

Note: *The Respondent must provide evidence/copies of audited financial statements if requested by the Territory.*

MC9 Has the Respondent identified any issues or risks* to disclose which may impact their ability/capacity to provide the approach/model of service delivery, or which may adversely impact the reputation of the respondent organisation or the Territory as the funding provider?

*Risks include any disciplinary action (current or historical) on the part of the organisation taken by a funding body, criminal/civil action taken against the organisation or staff members/contractors in the context of their employment, critical incidents, or failed accreditation, or if any of the services may be sub-contracted.

Note*: If no, the Respondent must provide additional information when requested by the Territory.*

MC10 Does the Respondent agree to all Performance Requirements under the grant?

Note: *if no, the Respondent must provide additional information when requested by the Territory (additional information may include a request/justification for exemption to the performance requirements, for consideration by the Territory).*

Additional question just for respondents involved in a consortium

MC11 Can the respondent provide letters of commitment from all agencies identified in a consortium as well as consortium governance arrangements (including financial management, risk management and reporting arrangements)?

**If a brokerage or other model of service delivery is proposed, the Respondent should describe how they will ensure that the services being delivered are compliant with relevant legislation, regulation, and policy (as above).*

Note: *The Respondent must provide these documents, if requested by the Territory.*

6.2 Weighted criteria

WC1	Service/program to be delivered under the grant (Capability, Capacity and Demonstrated Ability to deliver the Services)	Total /50

1a Describe how your organisation will deliver the Grant Requirements. Please identify if you are applying to either: **/30**

1. Deliver all parts of the Medicare Mental Health Kids Hub
2. As part of a pre-formed consortium, deliver all parts of the Medicare Mental Health Kids Hub, or
3. Deliver one or more of the four streams of the service
   a) On-site service delivery for 0-4 age cohort
   b) On-site service delivery for 5-12 age cohort
   c) Specialist assessment of neurodevelopmental concerns
   d) Outreach supports

To complete this section, please be familiar with the Medicare Mental Health National Service Model and the Medicare Mental Health Kids Hub ACT Consultation Report.

If tendering for separate elements, please address in your response how you will minimise fragmentation of supports and ensure that clients accessing the Medicare Mental Health Kids Hub experience as seamless an experience as possible within the service.

Strong responses should also address the Grant Requirements (section 11) and Other Service Requirements (section 12) and show how this service will meet the need for this client group. Provide details about your:

- Proposed service design
- Relevant program experience and current program delivery
- Proposed service/program characteristics
- Proposed targeted services/programs
- Proposed service capacity
- Proposed service staffed hours
- Innovative approaches to outreach supports
- Workforce development activities - current and proposed staff development

Word limit: 1200 words

1b Describe how the service/program that you will deliver will address identified outcomes (as per Outcomes Reporting section of Grant Requirements). **/10**

	Word limit: 500 words	
1c	Articulate how the service/program to be delivered is informed and underpinned by relevant Territory/national frameworks and strategy, contemporary evidence, and credible best-practice approaches. Strong responses will include: • How any proposed frameworks and strategies will directly inform and underpin the work • Details on evidence-based, best-practice approaches and why they have been chosen, as well as how they will be implemented **Word limit: 500 words**	**/10**

WC 2	**Relevant experience**	**/30**
2a	Demonstrate organisational capability to provide the required service/program, including previous relevant experience in providing similar services/programs in the last three (3) years. **Word limit: 500 words**	**/10**
2b	Demonstrate experience working with populations requiring special consideration as identified in section 3.2 - Priority cohorts for service delivery - of this document. **Word limit: 500 words**	**/8**
2c	Demonstrate experience working collaboratively with the Aboriginal and Torres Strait Islander community in the ACT and surrounding areas. **Word limit: 500 words**	**/8**
2d	Demonstrate experience working collaboratively with government, other non-government sector partners and the Canberra community. **Word limit: 500 words**	**/4**

WC3	**Organisational capacity and resourcing**	**/20**

3a	Provide a clear and logical organisational structure, flow chart or similar to show the staff who will be responsible for the proposed service, and the management oversight/ reporting lines. This should clearly set out the staff involved in delivering and managing the proposed service. ***Note: This will not be included in the word limit.***	**/5**
3b	Identify the existing resources, assets, staffing (including hiring people local to the Canberra region) etc the organisation has to deliver this program. If relevant, demonstrate access to, or plans to procure/recruit appropriate equipment, assets, staffing and resources required to deliver the proposed service/program. **Word limit: 500 words**	**/5**
3c	Provide a reasonable timeline to demonstrate when the service will reach 100% operational capacity, and the steps and timeframe to achieve this. Please include when the Model of Care will be completed, in consultation with the Medicare Mental Health Kids Hub ACT Government team. ***Note: This will not be included in the word limit.***	**/5**
3d	Articulate the roles and responsibilities of key personnel involved with the service/program to be delivered, including: • Staff positions, professional qualifications and registrations held (if required by the role and/or legislation). • Describe how the organisation will build the peer and lived experience workforce. • Articulate how supervision (internal and external) will be provided to staff. • Describe how the leadership structures and processes, policies, and procedures reflect trauma-informed concern for staff wellbeing, including management of psychosocial hazards. **Word limit: 750 words**	**/5**

6.3 Non-weighted criteria

Non-weighted criteria	
NWC1	Measuring The Respondent must articulate how they will measure the outputs of the service/program, including:

- Data management software (e.g., what methodologies and systems you will use to measure identified outputs)
- Measurement methodology (e.g., sample group, timepoints for data collection, context of data collection)
- Measurement tool/s

Word limit: 500 words

NWC2 Identify risks and challenges which may impact the service/program to be delivered, and sustainability of the sector*, and articulate how they will be addressed by your organisation (including opportunities for innovation).

** (e) Risks and challenges may include (but are not limited to) workforce issues, client/population demographics and need, funding, the legal/policy environment, quality and safety, consortia arrangements, reputation and relationships, communications, technology and advancement, evidence, agency, and advocacy. If any of the services may be sub-contracted, that should be addressed as a risk. If the service is high risk, describe the processes the organisation has in place to manage this.*

Note: Not included in the word limit - Please complete risk plan attachment

NWC3 Referees

Provide contact details for 2 referees who could substantiate documented experience.

NWC4 Using the Pricing Schedule Template, provide a breakdown of how the annual grant funding will be used to deliver the service/program under the grant. You may wish to consider the following:

- Direct costs associated with service/program delivery - with a clear breakdown of each itemised cost for the financial year. Direct costs may include (but are not limited to):
  - Staffing
  - Equipment hire
  - Consumables

- Indirect costs which will support organisational capability over the life of the grant –with a clear breakdown of each itemised cost for the financial year. Indirect costs may include (but are not limited to):
  - Assets
  - Administration
  - Rent
  - Utilities
  - Communications
  - Insurance
  - Accreditation

** Tip for respondents: When providing your itemised costings, provide as detailed a breakdown as possible (e.g., Number of nurses versus number of administrators etc).*

NWC5	State if the proposal is dependent on another funding source and if so, whether the funding stream is ACT Government funding or from another source. If the proposal covers multiple Service Categories, specify which Service Categories are dependent on the other funding source., and if a particular service category depends on another being funded. **Word limit: 250 words**

7. Grant assessment

7.1 Assessment of mandatory criteria

The first step in the grant assessment process involves HCSD undertaking an initial Compliance Assessment. This involves:

(a) satisfying Mandatory Criteria 1-10 (and 11 if applicable) by ensuring that the Governance and Compliance Declaration, as outlined in SmartyGrants, has been completed (supported by a signed and appropriately witnessed Statutory Declaration).

(b) a cross check of information (such as ABN numbers) against publicly available records.

Only compliant applications (those that have scored a pass for the Mandatory Criteria) will move onto the Assessment of Weighted and Non-Weighted Criteria.

7.2 Assessment of weighted criteria

During the Weighted-Criteria Assessment, Grant Assessment Panel members will independently review each grant application against the Assessment Criteria outlined in section 6. Each member will provide a score for Weighted Criteria based on the Assessment Criteria Scoring Matrix table below.

Panel members will consider the application on its merits and will benchmark it against other applications, based on:

(a) the overall objective/s and outcomes to be achieved through providing the grant activity;

(b) the strength of detail and evidence provided within the application and attachments, which supports the Respondent's approach, capacity and capability to provide the proposed approach/model of service to be delivered under the grant; and

(c) the relative value of the grant sought.

Once panel members have finalised their independent reviews, assessments and scoring of each application, panel members will reconvene as a group over a number of sittings to discuss and debate their individual scores and comments until the group reaches a consensus score for each criterion.

7.3 Assessment of non-weighted criteria

When assessing the extent to which the application represents value with relevant money, panel members will review the Pricing Schedule provided in the application and will consider the:

(a) relative value of the grant sought.

(b) available budget.

(c) depth and breadth of services, and/or priority population cohorts to be targeted under the proposed grant activity.

(d) extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives identified in these Grant Requirements.

(e) how the proposed approach/model of service delivery complements and interacts with other approaches/models of service delivery under assessment, or those already in place across the sector (such as publicly funded services).

Assessment Criteria Scoring Matrix		
Descriptor	**Response to Assessment Criteria**	**Score /10**
Outstanding	Response to Weighted Assessment Criterion far exceeds all the relevant requirements and provides significant additional value to the Territory. Response demonstrates an outstanding understanding of the requirements as assessed against the Weighted Assessment Criterion and presents a strategic view of the requirement within the broader Territory context. Information provided is concise, extensive and offers some knowledge gain to the Territory. All claims are fully substantiated.	**10**

Excellent	Response to Weighted Assessment Criterion exceeds all the relevant requirements such that the Territory will receive some additional value above the grant requirements. Response demonstrates an excellent understanding of the requirements as assessed against the Weighted Assessment Criterion. Information provided is comprehensive. All claims are fully substantiated.	**9**
Very Good	Response to Weighted Assessment Criterion meets all the relevant requirements and exceeds some relevant requirements such that the Territory will receive minor value above the grant requirements for those. Response demonstrates a very good understanding of the requirements as assessed against the Weighted Assessment Criterion. All claims are soundly substantiated. Some minor omissions in substantiation may be evident, however the overall claim is well supported.	**8**
Good	Response to Weighted Assessment Criterion meets all the relevant requirements and may marginally exceed some relevant requirements. Response demonstrates a good understanding of the requirements as assessed against the Weighted Assessment Criterion. Some insignificant uncertainties are evident, however claims or documentation contains most of the information expected of this Weighted Assessment Criterion.	**7**
Adequate	Response to Weighted Assessment Criterion meets all the relevant requirements. Response demonstrates an adequate understanding of the requirements as assessed against the Weighted Assessment Criterion. Some minor uncertainties or information gaps are evident, however claims or documentation generally contains the information expected of this Weighted Assessment Criterion.	**6**
Reservations	Response to Weighted Assessment Criterion meets most of the relevant requirements. Response demonstrates a general understanding of the requirements as assessed against the Weighted Assessment Criterion; however, detail is lacking in specific areas. Some uncertainties or information gaps are evident within the key requirements.	**5**
Poor	Response to Weighted Assessment Criterion does not meet a minority of the relevant requirements. Response demonstrates a poor understanding of the requirements as assessed against the Assessment Weighted Assessment Criterion, with some shortcomings or deficiencies noted. Claims and documentation omit or are unable to substantiate key requirements of the Weighted Assessment Criterion.	**4**
Very Poor	Response to Weighted Assessment Criterion does not meet a majority of the relevant requirements. Response does not demonstrate an understanding of the requirements as assessed against the Weighted Assessment Criterion, through lack of provided detail or information. Claims and documentation omit or are unable to substantiate requirements of the Weighted Assessment Criterion.	**3**
Inadequate	Response to Weighted Assessment Criterion meets only a negligible number of the relevant requirements. Response demonstrates a minor misunderstanding of the requirements as assessed against the Weighted Assessment Criterion. Significant flaws in approach are evident. Claims and documentation are largely unsubstantiated.	**2**
Not Acceptable	Response to Weighted Assessment Criterion does not meet any of the relevant requirements. Response demonstrates a significant misunderstanding of the requirements as assessed against the Weighted Assessment Criterion. The response lacks fundamental details to address this Weighted Assessment Criterion. Claims and documentation are unsubstantiated and unreliable.	**1**
Not able to access	Response did not address this Weighted Assessment Criterion. (NOTE: There needs to be confirmed evidence of this circumstance). Response was not evaluated, as it did not provide any requested information.	**0**

Guidance Note: During *Phase 2* of *Stage 3 - Assessment*, each Assessment Panel member must assess and score each Response for each Weighted Assessment Criterion using the Scoring Scale Table. A total weighted score for each Response will be calculated from the sum of each individual Weighted Assessment Criterion rating and multiplied by the individual Weighted Assessment Criterion weighting.

Following discussion and moderation of scores by Assessment Panel members, the agreed consensus score provides the overall score for each Weighted Assessment Criterion. All Weighted Assessment Criteria consensus scores will be multiplied by their respective weighting with the resulting figures tallied to give a total score out of a possible 100% for each Response.

NOTE: The descriptions in the "Response to Assessment Criterion" column is intended to act only as guidance on assessing ratings. They are not intended to be wholly exclusive of the issues to be taken into account, nor to be applied literally.

7.4 Grant approvals

Once the Grant Assessment Panel has finalised the assessments, the Chair of the Panel will provide a number of formal recommendations to the Delegate for their approval.

The Director-General of HCSD is the delegate for this grant. The delegate will make a final determination of the grant recipients based on the recommendations put forward by the Chair of the Grant Assessment Panel and the available funding under the grant.

The delegate's decision is final in all matters, including:

(a) the approval of the grant

(b) the grant funding amount to be awarded for each service/program

(c) the terms and conditions of the grant.

7.5 Notification of application outcomes

The Grant Assessment Panel will advise respondents of the outcome of applications by phone and in writing. HCSD will advise successful, or Preferred, Respondents, of any specific conditions attached to the grant and will set up a time to commence contract negotiations.

Non-Preferred Respondents are those whose application has been unsuccessful in the short-term. From time to time however, contract negotiations with Preferred Respondents break down, and in such circumstances, HCSD reserves the right to re-engage Non-Preferred Respondents in contract negotiations until all coverage for all service streams has been achieved and new grant agreements have been executed.

Once new grant agreements with providers have been executed, Non-Preferred Providers will be formally notified that they have been unsuccessful in the grant process. Unsuccessful Respondents can request a formal debrief. Debrief requests

should made to MMHKidsHub@act.gov.au within 5 working days of being notified as an Unsuccessful Provider. The business unit responsible for the grant will respond to your request via email as soon as practicable.

8. Successful grant applications

Successful Respondents will be offered a legally binding grant agreement with the Territory.

We will use a standard agreement for this program, with general terms and conditions that cannot be changed.

The agreement must be signed by the Successful Provider and executed by the Territory before any payments can be made under the grant. The Territory is not responsible for any expenditure until the agreement has been executed. If an organisation chooses to commence grant activities before the agreement is executed, they do so at their own risk.

The agreement may include specific conditions, such as those determined during the assessment and/or contract negotiations, or conditions imposed by the delegate. HCSD will clearly articulate these within the agreement.

Successful Respondents offered an agreement will have 20 days business days from the date of written offer to sign and return the signed agreement to HCSD, so that it can be executed by the Delegate in a timely manner. HCSD will work with Successful Respondents to finalise the details.

The offer may lapse if both parties (the Successful Respondent and the Delegate) do not sign and execute the grant agreement within the allocated timeframe (20 working days from offer to execution). Under certain circumstances, HCSD may extend this period.

Once an agreement has been executed, a Grant Recipient may request changes to the grant during the life of the agreement. However, any changes will need to be agreed between HCSD and the Grant Recipient.

8.1 Grant payments

The agreement will clearly state:

(a) the total amount of grant funding to be paid over the period of the agreement;

(b) if annual indexation will be applied; and

(c) the schedule of payments.

HCSD will not be able to exceed the maximum grant amount outlined in the agreement. Further costs incurred by the organisation that are related to the grant activity, but which exceed the maximum grant amount will fall under the responsibility of the organisation to meet.

HCSD will make payments to Grant Recipients according to an agreed schedule set out in the agreement. Some payments may be subject to satisfactory progress on the grant activity and compliance with reporting requirements.

The grant payments must be used to deliver the service, and the Grant Recipient must provide financial reporting as required, setting out the amount of funding received for that period of time, and the costs of the service.

9. Transition requirements

Transitions signal a shift to a new operating environment and are a key component of any human service system grant program. Through this grant opportunity, it is envisaged that there may be one or several providers transitioning into the service system through a new grant arrangement.

During the Transition-In Period, the Territory's responsibilities will include:

(a) Providing a point of contact within HCSD to engage with the service provider/s

(b) Managing the overall implementation of the new service from the date of contract execution onwards.

During the Transition-In Period, the service provider's responsibilities will include:

(a) Providing support as required during the implementation period to allow problem determination and resolution.

(b) Meeting as required with the Territory's Relationship Manager and other stakeholders.

(c) Complying with all reasonable directions from the Territory.

10. Ethical process

10.1 Probity

The ACT Government defines probity as *"complete and confirmed integrity, uprightness and honesty in a particular process".* Compliance with probity assists in ensuring that an investment can withstand internal and external scrutiny. In pursuing value for money in a grant process, the Territory must have regard, amongst other things, to probity and ethical behaviour.

Furthermore, the ACT Government will make sure that the grant opportunity process is fair, according to the published guidelines and that it incorporates appropriate safeguards against fraud, or other unlawful activities. This grant process will also be undertaken in a manner which is consistent with the ACT Government's framework and best practice policy for the Administration of Government Grants in the ACT.

10.2 Conflicts of interest

Conflicts of interest have the potential to compromise the integrity of the grant opportunity or program. A conflict of interest, or perceived conflict of interest may arise for an ACT Public Service employee, a member of a Grant Assessment Panel, a member of a committee, an advisor or a Grant Respondent (or personnel within a Grant Respondent organisation). Conflicts of interest include:

(a) Professional, commercial or personal relationships with a party who is able to influence a grant assessment or application selection process, such as an ACT Government officer.

(b) Someone who has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/grant opportunity.

Grant Respondents will be asked to declare, as part of their grant application, any perceived or existing conflicts of interests.

If a Grant Respondent identifies a potential, actual, apparent, or perceived conflict of interest after a grant application has been submitted, or at any time during the grant assessment or selection process, they must inform the Directorate in writing immediately.

Territory employees also have existing confidentiality obligations and an ongoing requirement to disclose and take steps to avoid any actual, perceived, or potential conflicts of interest in connection with ACT Public Service employment. These obligations arise from such sources as:

(a) ACT Public Service Code of Conduct 2022

(b) ACT Public Service Code of Ethics

(c) *Public Sector Management Act 1994*

(d) *Crimes Act 1900*

To promote best practice, the Delegate, all Assessment Panel members, and other individuals involved with the grant assessment process must read and sign a Conflict-of-Interest Disclosure and the Confidentiality Undertaking prior to undertaking a grant assessment.

11. Grant requirements

11.1 Performance requirements

Whether the respondent is proposing to deliver services directly or proposing an alternate model such as a consortium or delivery of individual service elements, the Territory is committed to ensuring the Kids Hub meets appropriate standards. The Kids Hub service will be required to adhere to the following requirements under the Deed:

- The Service must be accessible for children and their families, carers and kin. Supports offered must remain no-cost and not require a referral for access.

- The Service should ensure eligibility for services is not based on a child having a diagnosable mental illness. Instead, consideration should be given to emotional wellbeing, behavioural and developmental challenges, physical symptoms, mental distress, and family functioning.

- The Service must be flexible, innovative and responsive to changing client needs. This includes providing outreach supports and opening hours that allow for families with different needs to access supports. This includes opening hours that include some weekend and after business hours options.

- The Service must be trauma-informed and trauma responsive.

- The Service must ensure the voice of the child is heard, prioritised, and considered in all parts of the service model and in service delivery.

- Cultural safety must be embedded throughout the Service and supported by leadership, planning and policy.

- The duration of service should not be highly structured or rigidly time limited. However, consideration will need to be given to demand management, enabling timely access to support and service for all who are referred (including self-referral), while also providing short to medium episodes of care.

- The Service must have a therapeutic, child-centred environment across all interactions and be aware that every interaction can help reassure or push families away.

- The Service must offer a multidisciplinary approach, supporting the mental health, behavioural, and wellbeing needs of children and their families, carers and kin.

- While offering appropriate medical supports, consultation with the community has been clear that a holistic approach rather than a 'medical model' is preferred and this should be supported within the service design.

- The Service must be transparent about the limits of confidentiality, and when workers need to break this.

- Proposed outreach models must be more than an expansion of existing service delivery by the respondent. While existing relationships and mechanisms may be leveraged, outreach for the Kids Hub must be specifically delivered for the service, not part of existing outreach programs.

- The Service must prioritise integrated care to promote recovery, including establishing ~~s~~ervice level agreements to promote:
    - simultaneous engagement with multiple services, rather than services 'closing the file' upon referral to another practitioner or service
    - information sharing to ensure children and families are not needing to repeat information and transitions between practitioners are smooth
    - collaborative approaches to treatment planning, such as inter-agency meetings and multi-disciplinary team approaches
    - improved referral pathways, including warm transfer protocols
- If a consortium or a range of service providers are successful in tendering for parts of the Service, they will be required to demonstrate how they will work together to reduce fragmentation and ensure as seamless a journey through the different service offerings for each child/family as possible.
- The Service must demonstrate a commitment to evidence-informed best practice and continuous quality improvement. This includes having feedback mechanisms in place which are promoted to service users, and processes for actioning the feedback received to enhance service provision.
- The Service must ensure there is appropriate clinical supervision, professional development, and training opportunities to support the team to deliver client-centred care and maintain their own wellbeing.
- The Service must develop the relevant knowledge, skills, and experience of its workforce to deliver appropriate services to a diverse range of children and families including those living with disability, from culturally and linguistically diverse and/or refugee backgrounds, LGBTIQA+ children and families, and Aboriginal and Torres Strait Islander children and families.
- The Service should contribute to expansion of the existing mental health workforce in the ACT, by supporting student placements and training rotations where possible.
- A comprehensive safety and quality framework will be required as part of the implementation of the Kids Hub. This must include the following:
    - Compliance with all relevant professional and community health care standards as well as safety and quality standards.

- Implementation of appropriate confidentiality and privacy arrangements in accordance with relevant legislation, while ensuring appropriate information sharing is in place between services involved in a care pathway to support quality care.
- 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 service.
- 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.
- Culturally competent care for other diverse population groups including CALD people and LGBTIQ+ communities.
- 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.

11.2 Model of Care

The Service will provide trauma informed, wraparound supports to children, as well as their families, carers, and kin. These supports will be delivered by multidisciplinary clinicians in a community-based setting. The Service will also provide flexible outreach service provision.

If the service is delivered by:

- One service delivering all service elements (providing intake/assessment, system navigation, brief interventions, ongoing treatments and therapies, care coordination, multidisciplinary supports, outreach supports within the community and/or within other services, group programs, and an element of broader hub management) – one Model of Care should be developed, in consultation with the Medicare Mental Health Kids Hub ACT Government team.
- A pre-formed consortium of services delivering all service elements (providing intake/assessment, system navigation, brief interventions, ongoing treatments and therapies, care coordination, multidisciplinary supports, outreach supports within the community and/or within other services, group programs, and an

element of broader hub management) – one Model of Care should be developed by the consortium partners collaboratively, in consultation with the Medicare Mental Health Kids Hub ACT Government team.

- Separate services delivering one or more of the below service streams – each service will be required to develop a Model of Care for their particular stream (or streams), in consultation with the Medicare Mental Health Kids Hub ACT Government team.
    - On-site service delivery, for infants and young children aged 0-4
    - On-site service delivery, for children aged 5-12
    - Specialist assessment and diagnosis of neurodevelopmental concerns
    - Outreach supports

Proposed Models of Care should address the below components (as appropriate to the stream or streams that are successfully tendered for):

- Intake and assessment
- System navigation
- Brief interventions
- Treatment and therapies
- Care coordination
- Multidisciplinary supports
- Specialist assessments
- Outreach
- Group programs
- Management of the broader perinatal, infant, and child hub

An explanation of these service elements is included below:

Intake and assessment

Following referral (either self-referral or referral from a GP or other health professionals, educators (childcare and schools), child protection services, or other relevant government and non-government services), an intake and 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.

Ideally, intake options would include clients having a choice in who their first point of contact was – such as a clinician/intake worker, a peer worker, or a Social and Emotional Wellbeing (SEWB) worker.

Telehealth options may be used where needed and appropriate, to increase access to the Kids Hub for children and families that may live remotely or be otherwise unable to attend the Kids Hub in person.

Outcomes of the intake assessment will determine appropriate interventions including treatment, care and support required from within the Kids Hub 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 and evaluation.

Respondents should detail the types of validated tools they may use and in what context and provide justification for their use.

System navigation

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.

Brief interventions

Staffing at the Kids Hub must 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 Kids Hub will not be a crisis service, staff within the Kids Hub will require the skills and knowledge to support a child or family member who is in psychological distress.

Treatment and Therapies

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

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.

Telehealth options may be used where needed and appropriate, to increase access to the Kids Hub for children and families that may live remotely or be otherwise unable to attend the Kids Hub in person.

Treatment and therapies may include:

- 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
- 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
- multidisciplinary treatment, care and support delivered in the context of a child's developmental stage and family situation
- specialised treatments (e.g. treatments for specific mental illnesses, early intervention programs for children with autism spectrum disorder, interventions for children who are impacted by trauma or healing services for Aboriginal and Torres Strait Islander families), and
- The use of telehealth services in a developmentally appropriate way should be available to increase accessibility to services and consultation.
- The use of therapy animals, such as guinea pigs, to support interventions.

Care Coordination

Children and families attending the Kids Hub may access multiple service elements at the same time, e.g. attending counselling appointments, seeing an Occupational Therapist, attending family therapy. Regular and comprehensive communication between service elements 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 Kids Hub 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:

- collaboration between adult, youth, and child mental health services to address the needs of the whole family system
- 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
- sharing of information and case conferencing and provision of secondary consultation
- 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
- integrated care provided with services within the local community that support families to build and strengthen parenting skills, and
- collaboration with group programs to build social supports for families.

Respondents should detail how they will manage care coordination within the Kids Hub. This is particularly important for any respondents who are tendering as either a consortium or to deliver specific service elements.

Multidisciplinary supports

The Kids Hub will be required to establish a multidisciplinary team (or teams, if tendering for individual service elements), supported by appropriate clinical governance. The Kids Hub staffing mix could include paediatricians, General Practitioners (GPs), paediatric psychiatrists and/or psychologists, nursing and allied health specialties, specialist family therapists, Aboriginal, CALD and LGBTIQ+ health workers, and peer support workers.

As children and families attending the Kids Hub may access multiple service elements at the same time, e.g. attending counselling appointments, seeing an Occupational Therapist, attending family therapy. Regular and comprehensive communication between service elements is required to coordinate their care and provide holistic supports.

Staff within the Kids Hub 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.

Respondents should detail how they will offer multidisciplinary supports in a connected, wrap-around way that avoids fragmentation and multiple wait lists for families to navigate through.

Specialist assessment

Specialist assessments for neurodevelopmental concerns will be required to be delivered by suitable qualified staff such as Educational or Clinical Psychologists, Neuropsychologists, Developmental Paediatricians, and/or Child and Adolescent Psychiatrists. Examples of neurodevelopmental concerns include autism spectrum disorder, attention deficit hyperactivity disorder, intellectual disability, specific learning disorders, Tourette syndrome, and developmental delays.

Staff undertaking specialist assessment must work collaboratively with the other service elements, to support a seamless journey for children and families from assessment through to treatment.

Outreach

The Kids Hub will include outreach interventions and should prioritise access to children whose families do not readily access universal services or are at increased risk of developing poor mental health.

These supports may include a combination of outreach into homes and/or community and outreach into other services and locations across the ACT.

Some options could (but do not have to) include a vehicle providing brief interventions and treatments in the community, or through drop-in sessions at other services. Respondents are encouraged to demonstrate innovative approaches and elaborate on existing service relationships that can be leveraged to provide supports across the ACT.

Proposed models should be new service models to address the existing need for these client groups, not simply an expansion of an existing service delivered by the respondent or already in the community. While existing relationships and mechanisms may be leveraged, outreach for the Kids Hub must be specifically delivered for the program, not part of other existing outreach programs.

Outreach supports at the physical Kids Hub location by other support services is expected and respondents should detail any existing relationships in this area. Opportunities to provide support to Kids Hub children and families by other services in the areas of domestic, family, and sexual violence (DFSV), legal issues, adult mental health supports, drug and alcohol supports, and similar would be highly encouraged.

Group programs

The Kids Hub staff will be required to facilitate a range of group programs for children and families attending the Kids Hub. These can range from information/education style groups, such as 'Supporting my neurodiverse child', 'Understanding Bullying' (examples only), through to evidence-based, structured programs such as Triple-P Parenting, Tuning into Kids, Circle of Security, and similar.

Group programs that build social connection and supports are also encouraged and may include offerings such as playgroup style programs and peer connections.

Respondents should detail their group program experience and what they would see as likely group programs for the Kids Hub model.

Management of the broader perinatal, infant, and child hub

The service location that will be provided by HCSD for the Kids Hub is designed to be a perinatal, infant, and child mental health and wellbeing hub. This means there will be other services operating from the location and sharing the office space and facilities. Some services may have their own space (e.g. Gidget House will have their own two rooms, fully managed by them), others will utilise shared spaces. Some services may provide outreach supports at the hub and may only be there occasionally; others may use the hub as their permanent location.

The successful respondent/s will be the primary service at the site and will be responsible for providing front-desk support for all staff and clients in the building, such as managing appointments, overseeing the waiting areas, and providing limited administrative support.

12.Other service requirements

12.1 Joint (consortia) applications

Service providers must cooperate with each other and the broader ACT health and community sector to ensure that there are effective connections with and between health and community sector organisations in the ACT, so clients experience services delivered by as being as 'joined up' and as seamless as possible.

12.2 Client co-payments

Service providers must not require co-payments/co-contributions from clients. The Kids Hub is a free service and does not require payment of any type to access services.

12.3 Qualifications and resourcing

The Kids Hub will establish a suitably qualified, multidisciplinary team, supported by appropriate clinical governance. The make-up of the team needs to be specific to the mental health and wellbeing treatment and support needs of the ACT community. The Kids Hub staffing mix could include:

- Paediatricians
- General Practitioners
- Paediatric psychiatrists and/or psychologists
- Specialist family therapists
- Social workers
- Counsellors
- Speech pathologists
- Occupational therapists
- Dieticians / Nutritionists
- Nursing staff
- First Nations health workers / Social and Emotional Wellbeing Workers
- Staff with specialist experience working with priority population groups, such as multicultural clients/communities, LGBTIQA+ clients/communities
- Peer workers
- Care navigators
- Administrative staff
- Service manager
- Community Engagement Officers
- Refugee Health Nurses or Bicultural Support Worker
- Art/Music/Play Therapists
- Behaviour Support Practitioners

Respondents should detail their proposed staffing mix in their application.

12.4 Access and referral

The Kids Hub is intended to be a multidisciplinary child mental health and wellbeing service with specialist expertise, with children and families accessing the services through either self-referral or referral from their GP or other health professionals, Medicare Mental 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 Kids Hub will include outreach 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 hub and within the broader 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 Kids Hub will be required to work collaboratively with referrers and other services including GPs, mental health 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.

12.5 Workforce

The Kids Hub will be required to establish a multidisciplinary team, supported by appropriate clinical governance. The Kids Hub staffing mix could include paediatricians, GPs, paediatric psychiatrists and/or psychologists, nursing and allied health specialties, specialist family therapists, Aboriginal, CALD and LGBTIQ+ health workers, and peer support workers.

Acknowledging the challenges of workforce capacity in the ACT, the Kids Hub should consider innovative approaches to address workforce shortages and access. This may include shared employment or secondment arrangements, access to specialist clinicians through telehealth (where appropriate), 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 Kids Hub will be required to ensure there is appropriate clinical supervision, professional development, and training opportunities. A support function will also be provided by the Commonwealth Department of Health, Disability and Ageing to develop communities of practice and opportunities for shared learnings across the national Medicare Mental Health Kids Hub network.

The Kids Hub should 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 Kids Hub will develop the cultural competency of staff, including their capacity to work effectively within the cultural context of each child and family. The Kids Hub 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.

12.6 Supported transition for clients

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.[6] 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.

The Kids Hub 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.

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

The Kids Hub will be required to develop formal partnerships with relevant state and territory funded maternal and child health services, Child and Adolescent Mental Health Services (CAMHS) and Child Development Services, and the Commonwealth funded headspace services. Support will be provided to children transitioning to these, and other health services, as they reach the age of 12. This may take the form of warm referrals, joint case management, or other activities that support a smooth transition for the child and family.

[6] Australian Health Ministers' Advisory Council 2015. *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health.* Pg. 29.

12.7 Risk management and business continuity

The Grant recipient/s must ensure that they have appropriate business continuity plan documents to ensure the continuity of service in the event of natural disasters, power outages, medical emergencies/pandemics, or other significant events that would otherwise impact the delivery of regular services.

12.8 Work, Health, and Safety requirements

The Service provider/s must comply with all relevant legislation to ensure the health and safety of staff and clients through the assessment and mitigation of risks in the service.

12.9 Privacy

In respect of any Personal Information (defined in section 8 of the *Information Privacy Act 2014* (ACT)) that is held in connection with the Contract, the Service provider/s must:

(a) comply with the Territory Privacy Principles (TPPs) and any applicable TPP Code (sections 21(1) and (3) of the *Information Privacy Act* refer) as though the Service provider is a public sector agency and must not (and procure that any subcontractor engaged by the Service provider under this Agreement does not) act or engage in a practice that breaches a TPP or a TPP Code

(b) co-operate with any reasonable requests or directions of the Territory arising directly from, or in connection with, the exercise of the functions of the Information Privacy Commissioner under the *Information Privacy Act*.

Providers must also manage all Personal Health Information in accordance with the *Health Records (Privacy and Access) Act 1997*.

13. Reporting

The Agreement will set out a description of the service to be delivered, including outputs and outcomes, and the performance and financial reporting requirements.

The Grant Recipient will report to the Territory using a template, or alternative platform, provided by the Territory. Service Providers must report against the measures outlined in the Performance Report Template.

Performance Reports will be a central reference point for discussion during Service Visits.

Review points will be included in the contract, including before any extension of the Agreement, to consider if reporting requirements, outcomes, the description of the service, or other issues need to be amended.

From time to time, HCSD may ask the Grant Recipient for ad-hoc reports. This may be to provide an update on progress, or any significant delays or difficulties in completing the grant activity.

The Service provider must provide the following reports:

Title	Description	Distribution	Timing
Financial Report	This report will contain information about how funding was acquitted during the reporting period and an Audit Report on the Service providers accounts. In addition, it will include information about the indirect costs connected with the delivery of Services to enable HCSD to improve insights into the real cost of service delivery.	To be submitted to HCSD Community Sector Contracts & Grants unit (CSCGU)	Six monthly - Within 30 days of 30 June and within 30 days of 31 December for each financial year of the Agreement Period.
Performance Report	This report will contain data and information demonstrating agreed Outputs and Performance Expectations. Outcome reporting requirements will be revised in the coming years in collaboration with Service providers to develop a staggered plan for the implementation of modified	To be submitted to HCSD CSCGU	Six monthly - Within 30 days of 30 June and within 30 days of 31 December for each financial year of the Agreement Period.

	and/or additional outcome measures. The final performance report of the two-year contract must include an evaluation of the service.		
Critical Incident Report	The Provider must notify and fully disclose to the Territory in writing any incident in which a serious, notifiable incident which involves a service user causing harm to themselves, another service user, an engaged person or a third party, or any other similar adverse situation, such that: (a) death or serious injury has been caused; or (b) severe damage or destruction of a property has occurred; or while receiving a service or undertaking an activity while under the care of the Service provider. The Critical Incident Report must include: (a) Details of the Incident (b) How the Service User Incident was managed by the Service provider (c) If the Service User Incident was reported to relevant authorities; and (d) Any consequences of the Service User Incident	To be submitted in writing to CSCGU.	As required – the Territory must be notified of any Critical Incidents within 48 hours of the Critical Incident occurring.
Data reporting	The Provider/s may be expected to contribute to data mechanisms such as	As required	As required

the National Minimum Data set, as required.

14. Meetings

The service provider must attend the following meetings:

Meeting	Timing	Attendees
Service Visit	Quarterly for the first year, then six-monthly for the remainder of the contract.	The Territory Relationship Manager, the Territory Contract Manager and the Service provider's Contract Manager or a senior proxy must attend.
Progress meetings	Monthly for the first year, then six-monthly for the remainder of the contract.	The Territory Relationship Manager, the Territory Contract Manager and the Service provider's Contract Manager or a senior proxy must attend.

Either party may request additional meetings throughout the Term of the Agreement to aid communication or resolution of issues, and overall contract management, at no additional costs to the Territory.

15.Contract management and governance

The funding instrument will be managed in accordance with the Territory contract management plan and any variations to the funding instrument will not be accepted without prior Territory written approval.

The Service provider/s must nominate a Contract Manager as the authorised representative under the funding instrument and the key contact for notices under the funding instrument. The Contract Manager will have delegation to represent the Service provider/s in all respects, including ensuring Service provider/s alignment with the Territory's strategic priorities.

A Territory Contract Manager with appropriate delegations will engage and work with the Service provider/s Contract Manager.

The Territory reserves the right to negotiate the inclusion of additional Service Requirements or amendments of existing Services for the term of the funding instrument.

The Service provider/s must notify the Territory as soon as practicably possible if for any reason they are no longer able to deliver a particular Service Requirement and discuss potential alternative approaches.

The Service provider/s must maintain the same Service Requirements for the term of the funding instrument and substitutions will not be accepted without prior review, testing and approval by the Territory.

16. Performance management

The Service provider/s must achieve compliance with the Performance Requirements and Service Requirements.

Data and information reported in the Service Performance Report must be true and accurate and will be used to measure ongoing performance and raise any issues in any contract management meetings with the Service provider/s.

The performance of the Service provider/s will be monitored over time using the agreed measures.

Where a deficiency in the Service provider's performance is identified, the Territory and the Service provider/s will work together to develop a means of remedying the deficiency. Where an identified deficiency is unable to be remedied or non-performance continues despite a remedy being implemented, the Territory may seek to terminate the funding instrument for default.

17. Evaluation

The establishment and implementation of the Medicare Mental Health Kids Hubs will be nationally evaluated to generate new evidence and to guide any future expansion of this initiative or amendment to this Model. The support function, provided by the Commonwealth Department of Health, Disability, and Ageing, will facilitate national evaluation and reporting, including through communities of practice and opportunities for shared learnings across the national Medicare Mental Health Kids Hub network.

In addition, it is expected that the ACT Kids Hubs will report on and undertake evaluation of the delivery of the service. This includes the outcomes and experiences for children, families, professionals, and partnering services, to inform future service design and delivery options.

Extension of the grant will be subject to the Service achieving, to the Territory's satisfaction, the short-term outcomes identified in the national evaluation framework.

The Territory may also conduct interviews or seek more information to help us understand how the grant impacted the successful organisation and to evaluate how effective the program was in achieving its outcomes.

An evaluation report should be included with the final performance report.

Areas of evaluation could include:

- service/treatment outcomes for children and families mapped against service/treatment types
- timely and appropriate access to specialist services
- partnerships, collaborations, integration, and care coordination
- 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
- cultural competency of staff and cultural safety of services for Aboriginal and Torres Strait Islander people
- implementation of the Priority Reforms under the National Agreement on Closing the Gap.


ACT
Government