

POLICY : 1.2 Client Safety and Wellbeing

PROCEDURE: 1.2.11 **Early Parenting Services**

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| Approval By: | Controlled Documents Committee | Approval Date: | 27/07/2017 |
| Document Owner: | Director of Services & Operations | Next Review Date: | 27/07/2020 |

Purpose This document identifies the expected standards relating to provision of services and programs.

Target Audience All Staff

Procedure QEC Area Managers will ensure that;

- Staff have requisite competencies to perform their roles to the standard required;
- Staff have formal instruction and orientation in their roles; and ready access to relevant documents and requisite equipment.
- The programs/services are completed in accordance with relevant standards listed at the end of this document.
- Expected outcomes are achieved to the satisfaction of the client.

QEC EARLY PARENTING SERVICES

The QEC early parenting service system includes four stages:

1. Intake
2. Program Entry
3. Program Delivery
4. Program Exit

All QEC services are delivered in accordance with:

- QEC's Objects, Underpinning Principles (values), policies and program guidelines;
- relevant professional practice standards and codes of ethics;
- relevant Acts of Parliament and Regulations¹.

PROGRAM INTAKE

This generic intake procedure applies to all QEC programs and services.

- Information is provided, gathered and recorded in accordance with QEC's protocols, program guidelines and work instructions relevant to each program and service.
- Priority of access is given to families whose children are identified as at greatest risk² of poor outcomes.

PROGRAM ENTRY

Staff understand and advise the family accordingly;

¹ Relevant Acts and Regulations include those governing Health Services (eg Health Services Act), relevant professions (eg Nurses Act), Freedom of Information, Disabled Persons, Anti-Discrimination, Children's and Young Persons, food services, buildings occupancy.

² Refer to risk assessment tool and selection criteria for each service.

POLICY : 1.2 Client Safety and Wellbeing

PROCEDURE: 1.2.11 **Early Parenting Services**

- each family's main presenting problem
- the outcome the client and other parties expect to achieve from participating in the QEC program
- which staff comprise the program delivery team
- expected program duration, timetable and broad format including allowance for flexibility,
- responsibilities and rights of families, including privacy, advocacy, Health Charter and process for providing feedback of any type
- possible costs and funding
- responsibilities of staff, including OH&S safety for the employee,
- the process to provide feedback about the program and QEC organisation and staff
- safety precautions

PROGRAM DELIVERY

Staff deliver QEC services using a cyclical process of:

- assessment
- planning
- implementation
- evaluation

Expected outcomes of "program delivery" are:

- achievement of goals agreed between families and staff³,
- client-reported increase in parenting confidence and competence and enhanced enjoyment of parenting
- referral to and/or provision of information about accessing relevant ongoing support services,
- client satisfaction with service delivery content and processes.

PROGRAM EXIT

At the completion of the QEC program staff ensure that the family;

- Receives information and acknowledgement related to their degree of goal achievement and case closure
- Has a discharge plan for continuity of skills development including referral information to community support services.
- Has the tools to provide feedback about program participation.
- Receives a Program Exit Survey for completion
- Program checklist completed and stored with client file
- Receives appointment for follow up phone call
- Returned borrowed items from QEC, used during their stay

³ Goals will be individual for each client family. In general, however, goals will increase or enhance parenting competencies, confidence and enjoyment of parenting.

POLICY : 1.2 Client Safety and Wellbeing

PROCEDURE: **1.2.11 Early Parenting Services**

QEC program staff also:

- Accurately complete case records and statistical data⁴.
- Transmit required reports to recipients where applicable⁵
- Provide verbal and/or written referrals as appropriate

EARLY EXIT

QEC staff will work in partnership with families to facilitate completion of a QEC program.

Clients may be discharged from a QEC program at any time if:

- Their behaviour threatens the well-being of self and/or others
- They breach a condition of participation as stated in a contract with QEC.
- Their physical or mental health precludes them from participating in and benefiting from a QEC early parenting program.
- They request to leave early.

EXIT FOLLOW UP

- QEC Management will review each Program Exit Surveys and Riskman feedback issues and actions required.
- Follow up calls to clients who consented on exit surveys, will be undertaken by an external party to QEC and recorded and reported to QEC.

Related Links

- 1.2.1 Admissions
- 1.3.3 Data Collection
- 1.4.2 Critical Records, Access, Retention and Disposal
- 1.4.3 Strategic Plan
- 1.4.6 Confidentiality and Privacy
- 1.4.8 Quality Management System Responsibilities
- 2.1.1 Recruitment and Selection
- 2.1.3 Orientation
- 5.1 OHSES Policy

Key Legislation, Acts and Standards

HUMAN SERVICES STANDARDS

| | | | |
|------------------------|-----|--|---|
| 1. Empowerment | 1.1 | People understand their rights and responsibilities | |
| | 1.2 | People exercise their rights and responsibilities | |
| 2. Access & Engagement | 2.1 | Services have a clear and accessible point of contact | Y |
| | 2.2 | Services are delivered in a fair, equitable and transparent manner | Y |

⁴ Program guidelines and work instructions will inform staff of any required statistics to be collected.

⁵ For example, the Department of Human Services requires parenting competency assessment reports for all PASDS clients.

POLICY : 1.2 Client Safety and Wellbeing

PROCEDURE: 1.2.11 **Early Parenting Services**

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| | 2.3 | People access services most appropriate to their needs through timely, responsive service integration and referral | Y |
| 3. Wellbeing | 3.1 | Services Adopt a strengths-based and early intervention approach to service delivery that enhances peoples wellbeing | Y |
| | 3.2 | People actively participate in an assessment of their strengths, risks, wants and needs | |
| | 3.3 | All people have a goal-orientated plan documented and implemented | |
| | 3.4 | Each person's assessment and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate | |
| | 3.5 | Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury | |
| 4. Participation | 4.1 | People exercise choice and control in service delivery and life decisions | |
| | 4.2 | People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment | |
| | 4.3 | People maintain connections with family and friends, as appropriate | |
| | 4.4 | People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community | |
| | 4.5 | People maintain and strengthen their cultural, spiritual and language connections | |
| | 4.6 | People develop, sustain and strengthen independent skills | |

EQUIP6

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| 1. Clinical | 1.1 | Consumers/patients are provided with safe, high quality care throughout the care delivery process | |
| | 1.2 | Consumers/patients and communities have access to health services and care appropriate to their needs | |
| | 1.3 | Appropriate care and services are provided to consumers/patients | |
| | 1.4 | The organisation provides care and services that achieve effective outcomes | |
| | 1.5 | The organisation provides safe care and services | |
| | 1.6 | The governing body is committed to consumer/patient participation | |
| 2. Support | 2.1 | The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks | |
| | 2.2 | Human resources management supports high quality health care, a competent workforce and a satisfying working environment for staff | |
| | 2.3 | Information management systems enable the organisations goals to be met | |
| | 2.4 | The organisation promotes the health of the | |

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PROCEDURE: 1.2.11 **Early Parenting Services**

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| | | population | |
| | 2.5 | The organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations | |
| 3. Corporate | 3.1 | The governing body leads the organisations strategic direction to ensure the provision of quality, safe services | |
| | 3.2 | The organisation maintains a safe environment for employees, consumers/patients and visitors | |

CHILD SAFE STANDARDS

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| 1 | Strategies to embed an organisational culture of child safety, including through effective leadership arrangements | |
| 2 | A child safe policy or statement of commitment to child safety | |
| 3 | A code of conduct that establishes clear expectations for appropriate behaviour with children | |
| 4 | Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel | |
| 5 | Processes for responding to and reporting suspected child abuse | |
| 6 | Strategies to identify and reduce or remove risks of child abuse | |
| 7 | Strategies to promote the participation and empowerment of children | |

Other Key Legislation, Acts and Standards

- Professional Practice for Maternal & Child Health Nurses
- The Public Hospital Patient Charter
- Relevant Acts of Parliament and Regulations including those governing relevant professions⁶;
- Freedom of Information Act
- Information Privacy Act 2000
- Health Records Act 2001
- Child, Youth and families Act 2005
- OH&S Act

Key words Early Parenting Services, program, admissions

⁸ For example, Nurses Act 1988