

Strategic Objective:

1. Excellence In Service Delivery



POLICY : 1.2 Client Safety and Wellbeing

PROCEDURE: 1.2.32 **Early Parenting Services**

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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.

1.2.32 Early Parenting Services

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.

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- 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.

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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.

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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

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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		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

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