



REFERRAL INFORMATION FOR DEPARTMENT OF HEALTH & HUMAN SERVICES

I. RESIDENTIAL PASDS

Eligibility Criteria

Families with children aged 0 up to 4 years. With additional criteria:

- During their stay, family members must not use drugs of dependence or alcohol with the exception of those on prescribed medication including methadone.
- Family members are willing to participate fully in QEC's parenting program.
- Family members whose acute or chronic physical, mental, intellectual or social condition does not prevent them from learning about parenting, interacting or caring for their child/ren.

NB: *if admitting multiple children, please notify PASDS administrator for residential services ASAP to ensure QEC has the capacity to accommodate the family.*

Documentation Required from DHHS at Time of Referral

1. The Protective Worker confirms request for admission in writing by completion of the attached form.
2. Include all relevant family/personal details, protective concerns and involvement with DHHS.
3. Mark document "confidential" and send to the Regional Practice Leader who will consider referral and, if approved, forward to the PASDS Administrator for residential services via email.

Pre-admission Process

1. The Protective Worker provides information about QEC to the family. A tour of the Residential Unit can be arranged by contacting the PASDS Administrator for residential services via email.
2. On receipt of information in writing, the PASDS Administrator for residential services will contact the Protective Worker to make an appointment for a pre-admission interview with the worker, child, and Caregiver/s.
3. The Protective Worker needs to organise attendance, including transport if necessary, for the family. For rural regions the pre-admission interview may occur via telephone.
4. During the interview, we will:
 - Discuss with the family the services we offer, what the programs entail, and endeavour to reach agreement about what goals might be achievable during the program.
 - Assess the family's ability/willingness to work cooperatively with staff towards achieving the goal/s as well as their level of comfort in participating in the service. We will seek to reassure the family that all staff will support them with their parenting needs.
 - Ask the caregiver/s to sign a *client agreement* that:
 - Summarises their learning goals

- Explains the nature and purpose of the services
- Articulates any statutory orders or conditions
- Consents to sharing of information between organisations providing service.
- Outlines special conditions to be adhered to, including:
 - Agreement not to use drugs of addiction/alcohol.
 - Agreement to refrain from exhibiting threatening or violent behaviour.
 - Failure to adhere to the above conditions may result in termination of the program
 - Provide a smoke-free internal environment.

5. A tour of the residential facility follows, if this has not happened previously.

Court Orders

If there is to be an Interim Accommodation Order to QEC, the PASDS Administrator for residential services will provide a signed Form 13 confirming the dates of admission and expected discharge. A copy of the order and conditions to be provided by the protective worker to QEC.

Admission Process and Protective Worker Responsibility:

1. The Protective Worker must accompany the family on admission.
2. QEC requires the Protective Worker to contact the relevant QEC residential coordinator every third day for a progress report. This keeps you informed about how the admission is progressing and some idea as to what supports your client may need in place at the end of his/her stay. Case management responsibility is retained by DHHS.
3. The length of stay for residential PASDS clients is 10 days, including the days of admission and discharge.

Discharge Planning Process

At the time of the pre admission meeting, QEC and the Protective Worker will arrange a time for a discharge planning meeting which is normally held on the day of discharge, or before if required and as agreed between QEC and DHHS. The meeting provides the opportunity for the QEC residential coordinator to provide feedback about the program and the assessment, for the caregivers to express their views and for DHHS to advise immediate plans for the family.

The Protective Worker is asked to invite relevant support persons/agencies to the discharge meeting. The PASDS Coordinator or delegated QEC staff member will chair the discharge meeting. The Protective Worker is responsible for arranging transport for the family on discharge from the QEC residential service.

Contact Details

For any enquiries about referrals to Residential PASDS contact the PASDS Administrator for residential services via email (see Section 3). Referrals can be faxed on 9574 2213. The postal address is 53 Thomas Street Noble Park 3174.

2. COMMUNITY PASDS

Eligibility Criteria

Families with children aged 0 - up to 4th Birthday plus siblings up to school age who are experiencing difficulty with parenting. With additional criteria:

- Family members must not use to excess any drugs of dependence or alcohol that would cause them to act in a manner that endangers the child, other family members or staff
- Family members are willing to participate fully in QEC's parenting program
- Family members whose acute or chronic physical, mental, intellectual or social condition does not prevent them from learning about parenting, interacting or caring for their child/ren.

Documentation Required from DHHS at Time of Referral

1. The Protective Worker confirms request for intake into the program in writing by completion of the attached form.
2. Include all relevant family/personal details, protective concerns and involvement with DHHS.
3. Mark document "confidential" and send to the Regional Practice Leader who will consider referral and, if approved, forward to the relevant intake administration for your region.

Intake Process

1. The Protective Worker provides information about QEC to the family.
2. On receipt of information in writing, the relevant intake administrator for your region will contact the Protective Worker to make an appointment for an intake meeting with the worker, child, and caregiver/s.
3. The Protective Worker needs to confirm details of the intake meeting with the family, and organise transport, if necessary.
4. During the interview, we will:
 - Discuss with the family the services we offer, what the routines or programs entail, and endeavour to reach agreement about what goals might be achievable during the service
 - Assess the family's ability/willingness to work cooperatively with staff towards achieving the goal/s as well as their level of comfort in participating in the service. We will seek to re-assure the family that all staff will support them with their parenting needs
 - Ask the caregiver/s to sign a client agreement that:
 - Summarises their learning goals
 - Explains the nature and purpose of the services
 - Articulates any statutory orders or conditions
 - Consents to the sharing of information between organisations providing service
 - Outlines special conditions to be adhered to include:
 - Agreement not to use drugs of addiction/alcohol to a level that results in behaviour that threaten the safety/wellbeing of the child, family members, staff or other persons
 - Not to exhibit threatening or violent behaviour.
 - Provide a smoke-free environment during QEC or other agency visits.

Intake Process and Protective Worker Responsibility

1. The Protective Worker must be present at the intake meeting.
2. QEC requires the Protective Worker to contact the QEC Home-based Coordinator **weekly** for a progress report. This keeps you informed about how the program is progressing and some idea as to what supports your client may need in place at the end of his/her program. Case management responsibility is retained by DHHS and active involvement by Protective Workers is expected during the PASDS.
3. The home-based PASDS is usually 12 weeks in duration (10 weeks in Gippsland).

Discharge Planning Process

QEC will arrange a discharge planning meeting towards the end of the program. The meeting provides the opportunity for QEC Home-based Coordinator to provide feedback about the program and the assessment, for the caregivers to express their views and for DHHS to advise immediate plans for the family. The Protective Worker is asked to invite relevant support persons/agencies to the discharge meeting. The PASDS Coordinator or delegated QEC staff member will chair the case conference.

3. CONTACT DETAILS BY REGION

GIPPSLAND Intake Administrator

referpasdsgipp@qec.org.au

Phone: 03 5120 3444

NORTHERN Intake Administrator

referpasdsnorth@qec.org.au

Phone: 03 9350 5744

Fax: 9350 6766

SOUTHERN Intake Administrator

referpasdssouth@qec.org.au

Phone: 03 9790 5996

Fax: 9795 8018

HUME Intake Administrator

referpasdshume@qec.org.au

RESIDENTIAL Intake Administrator

referpasdsresi@qec.org.au

Phone: 03 9549 2715

Fax: 9574 2213

4. EARLY DISCHARGE POLICY

QEC Residential and Community

The service may end if during the service, any family member:

- Uses drugs of addiction or alcohol during the residential program.
- During the home-based service, uses to excess, drugs of addiction or alcohol that result in behaviours threatening the safety/well being of the child/ren, other family members or staff
- Exhibits any behaviour that threatens the safety/wellbeing of other family members, other clients or staff; or
- Experiences a change in condition so that they no longer meet the relevant eligibility criteria.

Early Discharge Process

If there is a breach of contract, QEC's PASDS Coordinator or delegated staff member will contact the regional practice leader and/or allocated Protective Worker before informing the family of the breach. A clear management plan is to be negotiated in relation to the proper approach to the family regarding the breach of contract.

In situations where parents are threatening the safety of others, QEC's coordinator or QEC staff will contact the police if this is assessed as appropriate, and inform the Protective Worker.

In most situations and depending on the seriousness of the breach, it is expected that the Protective Worker attend at the most appropriate venue to be part of the meeting with the family as well as to conduct a protective assessment. The venue location for the assessment will be agreed between QEC's PASDS Coordinator, the Regional Practice Leader and/or allocated Protective Worker.



5. QEC PARENTING AND SKILLS DEVELOPMENT REFERRAL FORM

This referral is for: Residential Service Home-based Service

Team Managers Name:			
Direct Telephone Number:		Mobile Number:	
Fax Number:		Email Address:	
DHHS Allocated Worker			
Direct Telephone Number:		Mobile Number:	
Fax Number:		Email Address:	
Regional Practice Leader			
Direct Telephone Number:		Mobile Number:	
Fax Number:		Email Address:	
DHHS Office, Address, Phone:			
Date of referral preparation:			

Has protective worker discussed referral and program with family?
 If yes, did family consent to participate in the program? **Yes** **No**
Yes **No**

Language Spoken:	
Is an Interpreter Required:	
Booked:	

Please fill in the details below of the children being admitted			
	CHILD 1	CHILD 2	CHILD 3
CRIS. Number (Eldest Child Admitted)			
SURNAME			
GIVEN NAMES			
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
DATE OF BIRTH			
YEAR OF ARRIVAL IF NOT BORN IN AUSTRALIA			
CHILD'S ADDRESS IF NOT THE SAME AS EITHER CARER			

	PRIMARY CARER	SECONDARY CARER
SURNAME		
GIVEN NAMES		
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other
DATE OF BIRTH				
COUNTRY OF BIRTH				
YEAR OF ARRIVAL IF NOT BORN IN AUSTRALIA				
ADDRESS				
SUBURB / POSTCODE				
PHONE / MOBILE				
EMAIL ADDRESS				
EDUCATION LEVEL	<input type="checkbox"/> Year 9 – 10 <input type="checkbox"/> VCE or equivalent <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Other:	<input type="checkbox"/> Year 9 – 10 <input type="checkbox"/> VCE or equivalent <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Other:		
FAMILY INCOME <u>PRIMARY CARER</u>	<input type="checkbox"/> Newstart/Jobsearch allowance <input type="checkbox"/> Sole parent pension <input type="checkbox"/> Disability support pension <input type="checkbox"/> Family Assistance <input type="checkbox"/> Family Tax Benefit <input type="checkbox"/> Employed <input type="checkbox"/> Other pension / benefit <input type="checkbox"/> Young homeless allowance			

ARE ANY OF YOUR FAMILY OF ABORIGINAL or TORRES STRAIT ISLANDER DESCENT:

Yes No

If YES, please tick applicable box below:

ABORIGINALITY – if applicable	PRIMARY CARER	SECOND CARER	CHILD 1	CHILD 2	CHILD 3
Aboriginal origin					
Aboriginal & Torres Strait Islander origin					
Torres Strait Islander origin					
Neither Aboriginal / Torres Strait Islander origin					

Family Structure (if different from above, include extended family, Carers, significant others):

Name	Relationship	DOB	Address & Contact Number

DHHS involvement and relevant family background:

Protective Concerns:

Current Situation and Legal Status (include access/contact arrangements):

Child Protection Status / Referral Reason:

- Child protection referral – protective intervention purposes
- Child protection referral – for investigation
- Child protection referral – for reunification purposes
- Child protection referral – for consideration of out of home placement
- Court referral – for reunification purposes
- Court referral – for consideration of out of home placement
- Unborn child response (ante natal)

History of Family Violence / Outcome of Family Violence Risk Assessment:

Outline identified parenting strengths and areas for development, including goals:

History of Substance Abuse:

Is there any history of any of the Caregivers using addictive substances? **Yes / No**
 If "Yes", Caregivers name/s:.....

Is he/she on a recognised rehabilitation program? **Yes / No**
 If yes, please advise the name of the Methadone (or other) prescribing GP and contact details (below) so that application can be made for the transfer of this medication for the period of the admission.

Name	Telephone No.	Fax No.

Do any of the Caregivers have a history of taking alcohol in excessive amounts? Yes No

If "Yes", Caregivers name/s:.....

History of Psychiatric Illness:

Do any of the caregivers have a history of psychiatric illness? Yes No
 If "Yes", Caregivers name/s:

If there is a history of any of substance abuse or psychiatric illness, please include details, including psychiatrist's/ psychologist's name and phone number plus a written report from treating specialist.

Name	Role/Service provided	Address	Telephone

Other Services Currently Involved with Family

Name	Role/Service provided	Address	Telephone

Further Information:

(eg: worker safety alerts, medical issues, developmental issues, details of restricted visitors):

Has any family member previously received a QEC service?

(Residential, Day Stay or Home Based) Yes No

If yes, please specify the client, date and type of service received at QEC.

Client:_____ Date:_____

Type of Service:_____



6. INFANT CAREGIVERS REFERRAL INFORMATION SHEET

QEC, 53 THOMAS STREET, NOBLE PARK VIC 3174

PHONE: 9549 2777 FAX: 9549 2779

Dear Caregiver,

The purpose of this referral information form is to gather additional information regarding, habits and routines established so as to make the transition to the QEC residential program as smooth and consistent as possible. Thank you for your co-operation.

Child's name and date of birth
How long has the child resided with you?
FEEDING: please outline current meals, routines, likes and dislikes
SETTLING: please outline sleep routines and settling strategies
BEHAVIOUR: please outline any behaviour of concern and current management strategies.
MEDICAL: List any recent illness, medications
ACCESS ARRANGEMENTS: Has the child had regular contact with his/her parents?
FURTHER COMMENTS: