


Te Ara Manapou Pregnancy and Parenting Support Procedure

MHASPPM/8965

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| Approved by: | Service Director – Mental Health & Addictions | First Issued: | July 2017 |  |
| Signature: | David Warrington | Review Date: | December 2021 | |
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Purpose

The purpose of this document is to provide a clear understanding of the pathway and procedures of Te Ara Manapou from referral to discharge.

This document is to be used in conjunction with MHASPPM/8953 – [Mental Health Service Policy](#) which outlines the standards and principles to be met by personnel, and should be read and understood in relation to Mental Health Services by staff. Also see Appendix 1 – Practice Principles.

Scope

This document applies to all staff in the Mental Health Service and Non-Governmental organisations who contract with the Mental Health and/or support poorly engaged pregnant women and/or parents with moderate to severe substance use disorders as identified in DSM-5, with a child under three years within the Hawke's Bay District Health Board region.

Definitions

| Term | Meaning |
|-------|------------------------------------------------------------------|
| DSM-5 | Diagnostic and Statistical Manual of Mental Disorders – Volume 5 |
| AOD | Alcohol and other Drugs |
| TAM | Te Ara Manapou |
| MDT | Multi Disciplinary Team |

Roles and Responsibilities

| Role | Responsibility |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Referrer | With consent of the Whairoa, the referring agency will contact Te Ara Manapou and provide the relevant documentation which will be triaged by the Te Ara Manapou team. |
| Clinical Manager | Will be responsible for the operational delivery of the service. Will receive referrals, review and consult with the team on appropriateness for the service. Referrals will be discussed at daily team meetings. Outcome of referral will be communicated to the referrer as soon as possible. Manage governance issues such as key performance indicators, reporting, orientation, training needs, risk management procedures, audit, staffing levels, roster, clinical practice standards, complaints, staff and Tangata Whaiora experience. |

| Role | Responsibility |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical Manager (continued) | <p>Coordinate and chair the Multi-Disciplinary Team Meetings (MDT) and risk review meetings and delegate this task in his/ her absence</p> <p>Attend the Multi-Disciplinary Team meetings with Key Stakeholders/consumers to maintain the profile of the service within the community.</p> <p>Support staff in maintaining their agreed level of supervision and development for ongoing registration for their relevant professional organization</p> |
| Registered Health Practitioner | <p>Will directly report to the Clinical Manager.</p> <p>On allocation, the Practitioner will contact the referrer, person/tangata Whaiora, family/ whānau to arrange a time for the first face to face meeting.</p> <p>Will update referral and assessment plan and begin appropriate interventions.</p> <p>Will start planning for the Comprehensive Assessment at first point of contact, formulating the risk plan as a priority.</p> <p>Will attend a daily morning meeting to review risk plans and case discussions with colleagues as required.</p> <p>Will have relevant documentation completed to review clients at weekly MDT review meetings.</p> <p>Provides AOD related education to, whaiora, whanau and wider community.</p> <p>Offer therapeutic treatment interventions which include attachment-based parenting programmes, harm reduction and relapse prevention.</p> <p>Will employ a range of practice tools to facilitate the identification of strengths with the whaiora and whānau in order to formulate a treatment/ go to plan.</p> <p>Will review the go to plan at each meeting with the Whaiora and whānau to review progress and identify any difficulties.</p> <p>Will support the whaiora and whānau to engage with appropriate community resources.</p> <p>Will work collaboratively with health, education and social service providers engaging with Tangata whaiora and whanau to strengthen their connections to relevant other services.</p> <p>Will support whaiora and whānau in transitioning from the service to other agencies, ensuring that there is a robust discharge plan in place with the agreement of the TAM team.</p> <p>Before closure of the case to the service the Health Practitioner will, when possible, discuss closure with client, then present the case to MDT to discuss the rationale for closure.</p> |
| TAM Psychiatrist | <p>Provides;</p> <p>Whaiora assessment and pharmacological interventions (as needed) for clients not involved with mental health services including referral for those who need mental health services.</p> <p>Consultation for Clinicians</p> <p>Support/expertise with regards to team reviews of whaiora risk and treatment.</p> <p>Consultation with mental health services.</p> |
| TAM Psychologist | <p>Provides;</p> <p>Whaiora assessment and interventions</p> <p>Consultation for clinicians with treatment planning and psychosocial interventions.</p> <p>Support/expertise with regards to team reviews of whaiora risk and treatment.</p> <p>To support initiatives and programme development for psychological based interventions.</p> |

| Role | Responsibility |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Peer Support Worker | <p>Models positive recovery to enhance whaioras self-efficacy.</p> <p>Support whaiora to develop their own recovery community.</p> <p>Explore different recovery options based on what the needs of the whaiora are.</p> <p>Supports the development of harm reduction/relapse prevention plan.</p> <p>Aides recovery by introducing supports/groups in the community and online.</p> <p>Facilitate groups and activities based on peer support models.</p> <p>Harm reduction interventions.</p> <p>Advocates a consumer perspective in MDT meetings.</p> <p>Provides AOD related education to team, whaiora and wider community</p> |

Te Ara Manapou Objectives

Te Ara Manapou (Pregnancy and Parenting Support) seeks to improve outcomes for children affected by addiction related harm, by working with pregnant women, or parents of children under three years of age. The aim is to empower parents to strengthen the family environment by improving their own wellbeing and in turn the wellbeing of their children and improve the wellbeing of children by addressing the needs of the parents whilst working to strengthen the family environment.

Services will also be expected (but not limited) to:

- Deliver care with a skilled professional workforce supported by professional leadership and effective management structures
- Ensure multiple access entry points into the service for at risk parents
- Ensure services are well integrated, through partnership models across multiple agencies and health sector groups.

Procedure

1 Referral

- Referrals will be accepted from any source, including self-referral by phone.
- Referrals made by professional agencies will need to complete [Te Ara Manapou Referral](#) form.
- Internal referrals can be sent to Te Ara Manapou tearamanapou@hbdhb.govt.nz

Referral Process

Self-referrals are accepted by telephone with consultation with the Clinical Manager or a TAM team member.

Referrals made by professional agencies will need to complete TAM Referral form.

2 Assessment

Clinicians will work with a capped case load of 12 whaiora and their families / whānau providing the following:

- Assertive culturally appropriate outreach/whaiora engagement.
- Assessment and management of biopsychosocial risk areas for parents and children.
- Comprehensive assessment and interventions including:
 - referral for treatment of alcohol and other drug abuse or dependence;
 - reducing substance abuse impact on pregnancy,
 - connecting pregnant women with antenatal care,
 - improving infant parenting skills, including infant attachment;
 - Mitigate infant ill health including Sudden Unexpected Death of Infant (SUDI) Foetal Alcohol Spectrum Disorders (FASD) and Shaken Baby Syndrome;
 - addressing family violence;
 - improving general parenting skills;
 - promoting early childhood education;
 - improving mental health;
 - addressing cognitive impairment and physical problems;
 - addressing child care and protection and custody issues;
 - addressing criminal involvement and other legal issues;
 - working inclusively with family whānau and significant others where appropriate.
- Interventions addressing gambling, and nicotine using Nicotine Replacement Therapy using the Quit Card System.
- Formulation and treatment planning with regular comprehensive multi-disciplinary team reviews of treatment plan and risk management using the Comprehensive Assessment and Go To Plan Forms.
- Planned discharge, including transfer of care to other agencies and local community support.

3 MDT Review

The team will hold an MDT review meeting weekly to provide team input and oversight for all allocated whaiora. Reviews are undertaken as follows;

- After initial assessment and then three-monthly thereafter.
- Before discharge (planned and unplanned)
- At the request of the whaiora or clinician

4 Risk Management and Risk Review Meeting

Risk identification, monitoring and management are key focuses in the service. The team attend daily morning meetings, where all new or increased risk will be presented and discussed.

- Whaiora are reviewed at the risk meeting if there has been no contact for four weeks or if there are concerns regarding lack of contact prior to four weeks
- Plans resulting from the risk review meeting are documented on ECA and the “Go To Plan” should be updated in Clinical Portal.

5 Links to other services

The Clinical Manager or a designated Registered Health Practitioner will attend existing Community Forums and Multi Disciplinary Team meetings that involve key stakeholders and community agencies.

It is the responsibility of all team members to establish good professional relationships with whaiora, whānau and the community agencies to enable collaborative working in identifying meeting unmet needs.

6 Discharge

Discharge from the service is expected when whaiora are able to engage with appropriate community agencies independently and the case has been reviewed through the MDT and agreed to by the TAM team.

Risks & Hazards to Staff

| Risk/Hazard | Control |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Home Visits | Risk assessment completed at referral and first visits always in pairs. Staff are registered with the Get Home Safe app and Panic button. Refer to HBDHB/OPM/097 - Working Safely in the Community Policy |
| Abusive behaviour by client | All staff to attend De-escalation and Breakaway Training |

Measurable Outcomes

Whaiora are progressed through the pathway successfully, with no events or complaints received in relation to the service

Regular MDTs and case reviews conducted by the Clinical Manager

Related Documents

MHASPPM/8953 – [Mental Health Service Policy](#)

[Te Ara Manapou Referral](#) form

References

[Waitemata DHB CADS Pregnancy and Parenting Service \(PPS\): Process Evaluation Report, Health Promotion Agency 2015](#)

[Supporting Parents Healthy Children, Ministry of Health 2015](#)

Keywords

Pregnancy

Parenting

Alcohol and Other Drugs (AOD)

***For further information please contact the Clinical Manager – Te Ara Manapou
Contactable on 0800 234 556***

APPENDIX 1

Practice Principles - based in the first instance on the principles of Te Tiriti o Waitangi

- **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.
- Aligning with and implementing the principles of Te Tiriti o Waitangi, requiring that Maori remain able to protect their cultural practices and their Tikanga, and participate fully in New Zealand society, as Maori. This can only occur if Maori remain able to exercise Tino Rangatiratanga in relation to their values and cultural practices.
 - providing services in a flexible, non-judgemental and Whaiora focused way
 - supporting parents and whānau self-efficacy, empowerment and recovery
 - using a harm reduction approach
 - utilizing a strength/resilience-based model
 - practising from a social justice perspective and working within a bio/psycho/spiritual model
 - improving outcomes for the unborn child and children
 - Culturally inclusive, consulting with and using existing community and other cultural networks.
 - Cultural relevance – the design and delivery of prevention and harm minimization must be able to meet the needs of people from diverse ethno-cultural backgrounds, including but not limited to, subpopulations, such as youth, refugees and migrant communities.
 - helping parents form supportive relationships within their community
 - helping parents to strengthen connection with health and social services