



# Social Work Guidelines for high-risk families during pregnancy and the first year of life

## 1. Guiding Principles

Effective: 14 October 2021

This document aims to guide the operational processes for WA Country Health Service (WACHS) social workers when they are involved with identifying, supporting and managing vulnerable and high-risk families during pregnancy and through the first year of an infant's life. Social workers' response will be consistent with all WA Health and WACHS vulnerable children/child at risk policies and reciprocal child safeguarding procedures.

Care coordination, assessment, planning and intervention with families where there are significant concerns or risks during pregnancy and post-birth, are core tasks for social workers. Social workers aim to manage risks and maximise the abilities of high-risk families to care for their children safely and effectively, and intervention is guided by the following principles:

- The wellbeing, care, protection and rights of children are paramount when making decisions about child protection, abuse and neglect.
- The unborn child and infant will always be considered in the context of their family, culture and the community, and all efforts will be made to maintain the integrity of the family.
- Social work services will be provided in a manner which is sensitive to the cultural beliefs, values, practices and language needs of all people, including Aboriginal and Torres Strait Islander families, carers and community.
- Social work services and care coordination will be a collaborative effort involving relevant health professionals working within the family's formal network of support (e.g. midwives, medical staff, child health nurses, Aboriginal liaison officers and allied health team members), in addition to local community agencies (such as community counselling services) and/or statutory agencies (such as child protection, police, courts). Care may also include the family's informal network of support, such as extended family, friends and other individual support persons from the broader community.

## 2. Guideline

### Referrals to Social Work

2.1 Referral to a social worker will be made where indicators of risk have been identified, as described in the [Appendix 1: Social Work Referral Criteria for high-risk families](#).

2.2 WACHS social work referrals will be submitted via eReferrals where available. Any referrals received via other processes will be actioned as soon as practicable by the relevant social worker or designated staff member as relevant for the site.

2.3 Where the safety of mother and/or infant is at imminent risk, the referrer is required to make direct contact (in-person or telephone) with the social worker prior to submitting the referral.

### **Social Work Risk Assessment and Planning for High-Risk Families**

2.4 Social workers will respond and prioritise incoming referrals as per the [Social Work Clinical Prioritisation Framework](#).

2.5 Social workers will conduct a psychosocial assessment of the mother and/or infant at imminent risk, including risk identification, assessment and safety planning. The [MR65.1 Social Work Assessment form](#) may be used for this purpose.

2.6 The following protective and risk factors will be considered as part of the social work assessment in the development of a statement of risk, and a plan will be made to ameliorate risk and promote protective factors:

#### Protective & Resiliency Factors<sup>1</sup>

- Appropriate antenatal care
- Supportive extended family
- Connected to family network
- Availability of appropriate multi-systemic services
- Willingness to engage with treatment/service options
- Motivation to change
- Attachment to unborn child/children
- Optimism
- Coping style
- Recognition of risks
- Previous concerns addressed
- Access to material support

#### Parenting Risk Factors<sup>1</sup>

- Conviction or substantiation of an offence against a child/ren
- Other children in out-of-home care
- Homelessness or transient/unstable accommodation
- Financial stressors/unable to meet basic necessities
- Drug/alcohol abuse
- Family domestic violence
- Significant mental health problems impacting on self or others
- Poor impulse control/aggressive behaviour
- Criminal justice involvement
- Parental age
- First-time parent
- Parent been in care

- History of poor parenting
- Intellectual/cognitive impairment
- No or minimal occasions of antenatal care
- Mother crafting concerns/attachment
- Special needs of the baby
- Neonatal Abstinence Syndrome
- Decline of services that may place the child at risk
- Parents considering relinquishment
- Newly arrived refugees or families from CALD backgrounds

2.7 Social workers will refer to the [Risk Identification and Planning Tool for high-risk families \(Appendix 2\)](#) to assist with the identification of families who are at-risk and require urgent support, referral to other services and ongoing monitoring.

2.8 Where a high risk is identified, the social worker will:

- Initiate an urgent referral to the Department of Communities Child Protection and Family Support (CPFS)
- Immediately escalate the case to the relevant *High Risk Antenatal List, Babies at Risk List, Client/Child of Concern List* (as applicable for each site/region).
- Seek secondary consultation (as described in [Sections 2.14 & 2.15](#))

2.9 Social workers will offer intervention to support the needs and reduce risks during pregnancy and post-birth so that crises are minimised, enabling the coordination of services and maximising the ability of women and families to care for their unborn baby or infant.

2.10 Social workers will work in collaboration with the multi-disciplinary team to offer intervention to women and families where risks have been identified and support required during pregnancy and post-birth. Interventions may include:

- establishing referral pathways for additional assistance and support
- engaging in interagency liaison and consultation
- arranging access to respite/child-care
- offering practical/material/financial assistance
- arranging home visit post-discharge
- offering information and support to build parenting skills
- supporting engagement with community-based network
- undertaking therapeutic interventions to support the needs of families identified with high-risk social complexities.

2.11 All WACHS social workers will comply with the [WACHS webPAS Child At Risk Alert Procedure](#), including the activation of a webPAS alert for the expectant mother of any unborn child at risk.

2.12 Where family and domestic violence has been identified, social workers will comply with the [WACHS Identifying and Responding to Family & Domestic Violence Policy](#), including the completion of the [FDV 951 Assessment for Family & Domestic Violence Form](#).

### **Requirement for Secondary Consultation**

2.13 Social workers will seek secondary consultation in the following circumstances:

- Where there are three or more risk indicators on the [Risk Identification and Planning Tool for High-Risk Families \(Appendix 2\)](#)
- When a situation has unknown or escalated social risks requiring immediate management.
- If the social worker or other clinical staff have concerns for the safety of the infant and/or mother.
- Where there has been mixed reporting about mother-baby relationship/interaction/response, or midwives have stated or documented concerns about mother-baby relationship/interaction/response.
- As an inpatient, mother wants to discharge against medical advice.
- As an inpatient, incidents have occurred on the ward requiring security presence.
- The social worker has concerns that discharge of the infant from hospital cannot be safely achieved and support is needed to negotiate with the ward to delay discharge.

2.14 Secondary consultation may be sought via the following methods:

- Consultation with a discipline-specific senior (where available). This would preferably be within the local or regional social work team but could be within the broader WACHS Social Work Network.
- Consultation with a non-discipline senior staff member (such as a clinical midwife, nurse manager, senior midwife, paediatrician, or other specialist).
- Consultation with a direct line manager.
- Consultation via the Social Work Department at Women and Newborn Health Service at King Edward Memorial Hospital.

2.15 When required, social workers will refer the family to external service providers for specialist services, including further assessment, planning and coordination of services.

2.16 Social workers will collaborate with other relevant health professionals and external service providers so that families are engaged in a partnership and are included in plans that affect them.

2.17 Social workers will work in collaboration with Aboriginal liaison officers and provide information about, and support access to, Aboriginal liaison services for Aboriginal and Torres Strait Islander clients and their families.

### Communication

2.18 Families identified as high-risk will be flagged by the [WACHS webPAS Child At Risk Alert Procedure](#), and added to the relevant *High-Risk Antenatal List*, *Babies at Risk List*, *Client/Child of Concern List* (as applicable for each site/region).

2.19 High-risk families during pregnancy and with infants are to be discussed at the relevant risk meetings, applicable to each site. This may include clients involved in pre-birth planning with Department of Communities, Child Protection and Family Support (CPFS). Please refer to local procedures for each site/region.

2.20 Handover of the social work assessment and intervention plan will be provided to community health, in-home midwifery support and other relevant services post-birth and as close to discharge from hospital as possible.

### Documentation

2.21 Social workers will document concerns, evidence, plans and interventions regarding child protection issues, domestic violence or other risks for individual patients.

2.22 Social work notes will be integrated into the patients' health care records and will comply with the requirements for clinical documentation as outlined in the [Documentation – Clinical Practice Standard](#), [Health Record Management Policy](#) and [Allied Health Clinical Handover Policy](#).

## 3. Definitions

<b>CALD</b>	Culturally & linguistically diverse
<b>CPFS</b>	Department of Communities, Child Protection and Family Support
<b>Clinical Staff</b>	Any staff member providing health care including medical, midwifery, nursing, allied health, Aboriginal health worker or liaison officer
<b>Infant</b>	Child from birth to one year of age
<b>Manager</b>	Senior health service officer supervising responsible clinician including allied health, midwifery, clinical nurse, population health managers
<b>Vulnerable Family / Child</b>	Those at high-risk of poor developmental, physical or mental health due to circumstances of child, parents, family and/or community

## 4. Roles and Responsibilities

**WACHS Social Workers** are responsible for:

- Ensuring clinical staff are familiar with indicators of risk and the referral criteria for social work services, as described in the [Appendix 1: Social Work Referral Criteria for high-risk Families](#).
- Ensuring clinical staff are familiar with local referral processes to social work services.
- Responding to incoming referrals as per the [Social Work Clinical Prioritisation Framework](#).
- Providing a psychosocial assessment for the referred client, including risk identification, assessment and safety planning.
- Coordinating care planning to support the needs and reduce risks during pregnancy and during the first year of life or being available to provide consultation as required.
- Offering intervention to families where there are risks and support required during pregnancy and during the first year of life.
- Engaging in interagency liaison and consultation as necessary.
- Seeking secondary consultation as outlined in [Section 2.14 & 2.15](#).
- Undertaking the necessary documentation and communication requirements where families at risk are identified.

**WACHS Allied Health Managers** are responsible for:

- Ensuring staff are aware of, and adhere to, this guideline.
- Ensuring all sites/regions have processes in place if an urgent risk is identified, in the absence of a social worker and when an urgent risk is identified outside of business hours/weekends.

## 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

## 7. Evaluation

The WACHS Allied Health Leadership & Governance Team will undertake review of this guideline as per the WACHS policy review schedule.

## 8. Standards

National Safety and Quality Health Service Standards: 5.10, 5.11, 5.12, 5.13

## 9. Legislation

Children and Community Services Act 2004 (WA)

## 10. References

1. Department of Health North Metropolitan Health Service, Women and Newborn Health Service. KEMH Working With Obstetric Patients – Social Work Clinical Practice Guideline. Perth Australia. May 2017 [Accessed 12 October 2021]
2. United Nations Human Rights [Internet]. Geneva Switzerland: Office of the High Commissioner. Convention on the Rights of the Child [Accessed 12 October 2021]

## 11. Related Forms

MR65.1 WACHS Social Work Assessment Form  
FDV950 State Screening for Family and Domestic Violence  
FDV951 Assessment Family and Domestic Violence  
FDV952 State Referral for Family and Domestic Violence  
MR Child at Risk Alert 1 – WACHS Child at Risk Alert Notification Form

## 12. Related Policy Documents

CAHS Vulnerable Populations Policy  
WACHS WebPAS Child at Risk Alert Procedure  
WACHS Identifying and Responding to Family and Domestic Violence Policy  
WACHS Special Referrals to Child Health Services Policy  
WACHS Documentation – Clinical Practice Standard  
WACHS Allied Health Clinical Handover Policy  
WNHS KEMH Working With Obstetric Patients – Social Work Clinical Practice Guideline  
WNHS KEMH Child Protection – Social Work Clinical Practice Guideline  
WNHS KEMH Planning for a Complex Care Needs Patient at KEMH Clinical Guideline



### 13. Related WA Health System Policies

MP 0095/18 [WA Health Clinical Handover Policy](#)  
WA Health [Guidelines for Protecting Children 2015](#)

### 14. Policy Framework

[Clinical Governance, Safety & Quality Policy Framework](#)

### 15. Appendices

[Appendix 1 Social Work Referral Criteria for high-risk families](#)  
[Appendix 2 Risk Identification & Planning Tool for High-Risk Families](#)

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## Appendix 1 Social Work Referral Criteria for high-risk families

The risk indicators outlined below may identify women and families in need of referral to social work. Early referral to social work to determine and assess risks, coordinate services and support will assist in identifying strengths and safety for the family.

**Please note:** Where the safety of mother and/or infant is at imminent risk, the referrer is required to make direct contact (in-person or telephone) with the relevant social worker prior to submitting the referral.

Consider the risk indicators below for referral to social work:

### Serious Risk Indicators<sup>1</sup>

- Children in care currently
- Conviction of offence/s related to children (mother, partner, close social network)
- Parent under 16 years of age
- Current psychiatric problems/serious mental ill health of mother, partner or close social network
- Current drug/alcohol dependency of mother/partner, and/or risk of Neonatal Abstinence Syndrome
- Current family and domestic violence

### Other Risk Indicators<sup>1</sup>

- Poverty – financial stressors/unable to meet basic necessities
- Unstable or unsafe living conditions / frequent accommodation changes (more than three in a year)
- Intellectual/cognitive impairment
- Absence of significant other/family/social support
- History of drug/alcohol dependency and/or risk of Neonatal Abstinence Syndrome.
- History of psychiatric problems or serious mental ill health of mother/partner
- History of family and domestic violence
- History/current poor parenting or CPFS involvement (including parent having been a child in care)
- History/current serious mood dysregulation and impulse control
- No or minimal occasions of antenatal care based on level of overall clinical risk
- Refusal to accept services relevant to the health and wellbeing of mother/partner and infant
- Requesting discharge against medical advice
- Relinquishment of baby
- Grief and Bereavement (stillbirths, neonatal death)
- Multiple births (triplets or more)
- Special needs of babies
- Parent under 18 years of age
- Newly arrived refugees or families from CALD backgrounds

## Appendix 2 Risk Identification and Planning Tool for high-risk families

### Serious Risk Indicators<sup>1</sup>

- Children in care currently
- Conviction of offence/s related to children (mother, partner, close social network)
- Parent under 16 years of age
- Current psychiatric problems/serious mental ill health of mother, partner or close social network
- Current drug/alcohol dependency of mother/partner, and/or risk of Neonatal Abstinence Syndrome
- Current family and domestic violence

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- Poverty – financial stressors/unable to meet basic necessities
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- History of psychiatric problems/serious mental ill health of mother/partner
- History of family and domestic violence
- History/current poor parenting or CPFS involvement (including parent having been a child in care)
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- Multiple births (triplets or more)
- Special needs of baby
- Parent under 18 years of age
- Newly arrived refugees or families from CALD backgrounds

**High Risk<sup>1</sup>** = 5+ risk factors OR  
= Other children in care OR  
= Conviction of offence/s related to children

### Planning Intervention for High Risk:

- Urgent referral to the Department of Communities Child Protection and Family Support (CPFS) to be facilitated by social worker
- Immediate case escalation to the relevant *High-Risk Antenatal List, Babies at Risk List, Client/Child of Concern List* (as applicable to each site/region)
- Seek secondary consultation (as per Guideline)

**Moderate Risk<sup>1</sup> = 3-4 risk factors with family/service options**

Planning Intervention for Moderate Risk:

- Therapeutic interventions
- Specialist Community Health Home Visiting
- Respite - Child Care
- Parenting Skills; Centre or Home Based
- Practical/material/financial assistance
- Seek secondary consultation (*as per Guideline*)

**Low Risk<sup>1</sup> = 1-2 risk factors + protective factors + family/service options**

Planning Intervention for Low Risk:

- Community-based networks: extended family and friends, GP, child health nurse, home visiting, support.
- Practical/material/financial assistance