

## **Questions and Answers – Changes to Working with Expectant Parents**

### **1. What is changing in CFS practice when working with expectant parents?**

Effective July 1, 2020, no more birth alerts will be issued by CFS agencies in Manitoba. There will be a focus on voluntary prevention work and planning with families during pregnancy, and CFS agencies will seek expectant parent agreement to make a referral to supports from the community and health service providers.

CFS agencies will continue to respond to any protection concerns reported after birth.

### **2. Why are we changing the way we work with expectant parents?**

In 2017, Manitoba announced a plan to transform the CFS system and create better outcomes for children and families – fewer children in care, stronger partnerships with families and communities, better coordination of services and greater public accountability. As part of this, the Child Welfare Legislative Review Committee heard from Manitobans, and recommended an end to the practice of birth alerts.

Best practices work already being used in CFS agencies across Manitoba shows that a focus on early intervention, including voluntary prenatal and prevention planning and services, results in the best outcomes for children and families.

Indigenous women are overrepresented as the subjects of birth alerts. Calls to change the practice of birth alerts have come from the Final Report of the National Inquiry into Murdered and Missing Indigenous Women and Girls, and feedback provided by Indigenous leaders in Manitoba.

Federal child welfare legislation, An Act Respecting First Nations, Inuit and Métis Children, Youth and Families, came into force on January 1, 2020 and it includes a requirement to provide prenatal prevention supports to prevent birth apprehensions.

### **3. How will CFS agencies work with high risk expectant parents after this change?**

CFS Agencies will focus on voluntary family services and will be required to make referrals to the public health system and to community programs where appropriate.

A new standard for voluntary work with expectant parents who are assessed as high risk, will be found in Volume 1, Chapter 2, Section 2 of the Manual.

The new standard emphasizes the need for repeated attempts to establish relationships with high risk expectant parents to establish a relationship, complete an assessment, and develop a plan to address any safety concerns for children when they are born.

Agency workers will need the consent of expectant parents to request information or make referrals to community and health services, like Public Health Nurses, who will be important partners in supporting the family. Files opened on CFSIS will be voluntary family services files (VFS).

Early engagement means an opportunity to create a “circle of support & security” for the family to plan with the family on who will support the primary caregiver (often the mother) in caring for the baby or who else in the family or community can provide care if the mother/father are unable. An important partner in engaging the family with supports like public health will be their Employment and Income Assistance (EIA) worker, if they have one as well as community-based services including those in First Nations communities (e.g, Nursing Stations and local programming).

With expectant parent consent, an agency worker may connect with hospital social work departments to develop a plan for when the mother is in labour and gives birth.

Exceptions to the practice described above would be:

- If the expectant parent is a minor
- If the expectant parent is a child in CFS care

In those situations, agency workers can contact health and other service providers to seek information or discuss supports for the minor expectant parent if needed.

If the expectant parent is currently caring for other children, agency workers may contact other service and health providers to discuss concerns about the children already in the home, following existing standards and practices.

After the birth of a child, hospitals and other third parties will still be responsible to report if they have concerns about child welfare, including immediately following the birth if the hospital has concerns at that time.

Follow up to child protection concerns about the infant would be the same as current standards and practices: the first choice is developing a case plan that addresses agency concerns with the child remaining in the care of their parent(s); apprehension would continue to be a last resort, with a preference for placement with extended family and culturally appropriate homes if required.

Child and Family Services Authorities may develop additional standards and practice models related to voluntary service provision to expectant parents, including standards which address the unique cultural identity, traditions and teachings of the people served by their agencies.

*An attachment to this package provides more details on making a referral to Public Health for supports.*

#### **4. What if an expectant parent, when no other children are involved, does not want to engage with a child welfare worker?**

Agency case workers should undertake several repeated attempts to engage with the expectant parents and provide a contact at the agency for the expectant parent to connect with. Information on voluntary community and health supports be provided to the parent(s) and the assessment by the case worker which will identify areas of strength and where support may be needed should be documented. As currently takes place, workers would let the expectant parents know that the best way to address agency concerns and care safely for the baby when born is to engage with supports before the birth. This work should be documented and recorded.

As is the case already, community members, and health care providers (including staff at hospitals) have a responsibility to help support families, and to report protection concerns after the birth of a child. The Child and Family Services Branch will continue to work with Manitoba Health to ensure communications with health care service providers.

#### **5. Does providing prenatal prevention services mean that infants will no longer be apprehended at birth?**

No. The goal is to help families address any safety concerns during a pregnancy, and to meet the requirement of the new federal legislation to provide prenatal prevention services and supports to families; however, there may be times where interventions are required to ensure child safety.

If CFS workers are not able to adequately mitigate risk to an infant, apprehension of that infant may occur under Section 21 or 22 of The CFS Act, and with the assessments outlined in standards. The planning of placement of a child into agency care should be done, wherever possible, with the family, and placement considerations in this order of priority (per section 1.1.1. of the Standards Manual, which is also consistent with the new federal child welfare legislation):

- immediate or extended family regardless of residence
- other families within the child's community of origin
- other families of the same region or tribal council as the child
- other families of the same racial, cultural or linguistic group as the child
- former care givers
- a placement resource that facilitates contact with a parent or guardian
- alternatives that meet the child's needs

Attempts to engage with the parent to address the safety concerns and have the infant return safely to the parent or family member should continue.

If a child is apprehended, Section 30 of The CFS Act requires notification to the agency for the community where the child is affiliated. The new federal legislation would define an apprehension as a significant event, and require notification to the appropriate Indigenous Governing Body, parents and caregivers.

## **6. What will happen with birth alerts already sent to hospitals?**

Birth alerts which expire before July 1, 2020, will be treated the same as all previous birth alerts.

Hospital staff should remove any non expired birth alerts for unborn children from their prenatal files as of July 1, 2020, and not respond to them.

If you sent a birth alert for an expectant parent which did not expire before July 1, 2020, and you know that additional assessment or referrals may be required, further attempts to contact the mother and develop a case plan should be considered where possible. This might include consultation with social work and medical staff at the hospital. Hospitals can call the assigned worker who issued the birth alert to consult on prevention supports that may be available to mothers.

If hospital staff call a CFS agency after July 1 solely because of a prior birth alert, CFS agency workers receiving such calls will respond only to any new factual information provided by the callers to determine the most appropriate response using existing standards and practices.

## **7. What is happening across Canada?**

On September 16, 2019, British Columbia announced it an end to the practice of hospital alerts effective that date, including no longer distributing birth alerts on behalf of another province or territory. The Yukon and Territories are also no longer using birth alerts. In October 2019, Alberta announced it would also no longer distribute birth alerts on behalf of another province or territory. Other provinces and territories are reviewing the practice.

## **8. Are there still interprovincial alerts?**

As of July 1, 2020, Manitoba will no longer receive or distribute birth alerts to or from other jurisdictions.

After that date, Manitoba may still send and receive reports of concerns about expectant parent(s) to another jurisdiction. However, unless the child has been born, this could only be with consent for the purposes of offering voluntary services for the expectant parent(s).

Child Protection Alerts about missing children or families may still be sent across jurisdictions for involuntary follow up, as outlined in the Provincial/Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories.

Further review of interprovincial alerts will be discussed by the Directors of Child Welfare in light of the changes taking place across Canada.

**9. Where can CFS agency workers find more information about responding to the needs of expectant parents?**

The new standard for working with expectant parent(s) can be found in section 1.2.2. of the Standards Manual.

Child welfare workers can obtain further clinical advice and support from their Supervisors, Program Managers, and Authorities. This will include guidance on expectations of workers in daily practice of this change.

A flow chart is attached to visually demonstrate pathways for work with expectant parents without birth alerts.

Also attached is a document to provide support for use of CFSIS in the new practice.