FAQ for Manitoba Health – Ending of the Birth Alert Practice

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 refer for 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?

The changes to practice will mean more focus on prevention and voluntary work already taking place in CFS agencies. Agencies can make referrals to the public health system and to community programs where appropriate.

There will be expectations of child welfare to establish a relationship with high risk clients to complete an assessment. Agency workers will need the (verbal) 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. Any file opened by CFS on an expected mother would be voluntary services only.

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.

Questions in this planning work with the family should include:

- Who will care for the baby?
- Who will support the primary caregiver (often the mother) in caring for the baby?
- Who else in the family or community is an option? if the mother/father are unable to provide all the care

Early engagement means an opportunity to create a "circle of support & security" for the family. 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.

Exceptions to the practice described above would be:

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

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

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 safety, 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.

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

If expectant parent(s), not already caring for children, will not engage and plan with a case worker despite repeated attempts, the child welfare worker will note the attempts. Information on voluntary community and health supports will be provided to the parent(s). Case workers can explain to expectant parents that they can contact the agency if their circumstances change and they would like some help and that a worker will be available to discuss how best to support them. 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.

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

No. The goal is to help families address safety concerns during a pregnancy; however, there may be times where interventions are required to ensure child safety.

If CFS workers are unable to adequately mitigate risk to an infant, apprehension of that infant may occur.

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 the prenatal file as of July 1, 2020, and not respond to them.

For birth alerts that did not expire as of July 1, 2020, child welfare may make further attempts to contact the mother and develop a case plan with her consent. 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 they have the consent of the patient.

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 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.

9. What is the role of health providers in Manitoba after July 1, 2020?

Health care providers play a central role in working with expectant and new parents, noteably through Primary Care and Public Health. Health care providers will continue to:

- Respond to prenatal referrals from CFS
- Provide prenatal and postpartum supports/assessment through public health and/or primary care provider
- Referral to CFS with consent, for voluntary services.
- Report child protection concerns to CFS after birth under duty to report

10. Practice implications for Health after July 1, 2020?

Staff from all sectors working with expectant parents would continue to encourage families to make use of resources available through CFS, Health, and other community services.

The sharing of information and concerns about high risk expectant mothers would ***require her consent*** with two exceptions:

1. When the expectant mother is currently caring for other children, and there are current safety concerns, a call is made on behalf of those children; or,
2. When the expectant mother is under the age of 18, CFS is legally required to offer services during prenatal period. Expectant mothers under the age of 18 must be referred to CFS (Notice of Maternity Form may be used)

Health care providers and other community members would continue to report concerns about the wellbeing of an infant believed to be in need of protection (**See Duty to Report Guidelines)**

Health care providers can contact a Child and Family Services Designated at anytime for consultation to explore supports and/or the need for a referral.

*** Please contact the Child and Family Services Branch- Provincial Investigations - for training opportunities on Duty to Report 204-945-6964 or www.gov.mb.ca**