



# Child and Family Services (CFS) The Evolution of Work with Expectant Parents

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# Faculty/Presenter Disclosure

↳ Presenter: **Laura Friesen**

↳ Relationships with commercial interests:

↳ **None for either**

# Learning Objectives

- Understanding the transformation of Manitoba Child Welfare
- Understanding the historical practice of birth alerts
- Reviewing what the research tells us
- Understanding the catalysts for change
- Reviewing the current process of working with expectant parents
- Identifying resources

# The CFS Practice of Birth Alerts

## Child Welfare Reform in Manitoba

- 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. The four pillars of transformation are:



The Child Welfare Legislation Review Committee's 2018 Report recommended replacement of the current practice of birth alerts with "community-based and culturally-safe services to identify and assist at-risk parents during and after pregnancies."

# The CFS Practice of Birth Alerts

*A “birth alert” or “hospital alert” is when a social worker flags an expectant parent to hospital staff without their consent, because they feel the parent may put their newborn at risk. The hospital then notifies the social worker when the baby is born. This practice sometimes results in child apprehension.*

*Birth alerts were used as a mechanism to notify hospitals and other child and family services (CFS) agencies of the need for further assessment before a newborn is discharged to the care of a parent who has been assessed as ‘high risk’. Under this practice, a CFS agency issues the birth alert and Manitoba Families is responsible for the distribution of the alert.*

# The CFS Practice of Birth Alerts

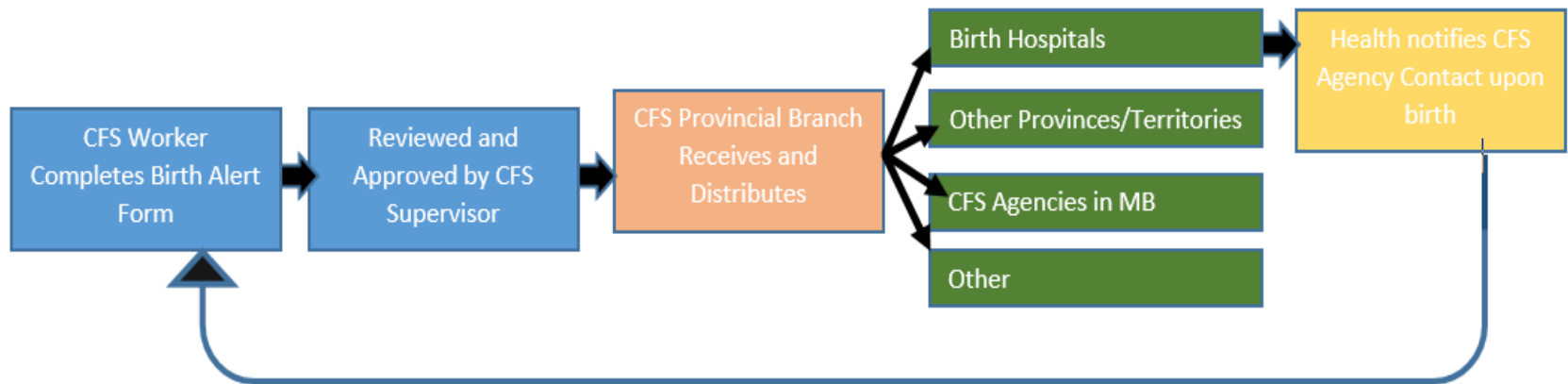
## Background

- Manitoba CFS agencies, similar to those in other jurisdictions, had a long-standing practice of issuing birth alerts for high risk pregnancies.
- The practice existed in CFS policy. The CFS Standards Manual stated birth alerts should be issued for an expectant mother assessed to pose a high risk to a newborn infant.
- They signalled the need for a safety assessment prior to discharge of a newborn to ensure the caregiver was able to provide a safe environment.
- The majority of birth alerts indicated a need for assessment, not a planned apprehension. The cost of administering the practice both for CFS and Health was unknown.

# The CFS Practice of Birth Alerts

## Background

- How the practice previously occurred:
  - CFS Workers completed a birth alert form. Issued to birth hospitals. Health staff notified the identified CFS Agency Contact upon the birth of the child whose parent was the subject of the alert. Health care providers and hospitals also reported to CFS when there may have been child protection concerns following the birth of the infant in cases where there is not a birth alert.



# The CFS Practice of Birth Alerts

## What do we know?

- In a two year review prior to the ending of birth alerts, there were approximately 500 birth alerts per year. As with children in care, Indigenous women were over-represented in the practice.
- A look at one month of data indicated that almost half of those alerts issued in that month resulted in an apprehension.
- A look at child (ages 0-2) death data for a one year period indicates that over 25% of child deaths in 2017-18 had CFS involvement in year prior and 0.05% had a known birth alert.



# The CFS Practice of Birth Alerts

## What do we know?

### Themes in the Research

#### **Fear of apprehension as a barrier to care**

- The fear of apprehension is a primary barrier to accessing health care and seeking supports. (Denison, Varcoe & Browne, 2014)
- Punitive policies (such as birth alerts) effected women's help seeking behaviours by discouraging access to prenatal care or withholding medically relevant information about their substance use. (Stone 2015)

#### **Evidence basis for supported parenting versus apprehension**

- Compelling evidence highlights the importance of secure early attachment in the first year of life. (Marsh, Browne, Taylor & Davis, 2017)
- Crucial neurological research evidence supports maternal stress as a significant influencing factor in the developing fetal brain. (Marsh, Browne, Taylor & Davis, 2017)
- Child removals serve as the gateway to further adversities (Broadhurst & Mason, 2021)

# The CFS Practice of Birth Alerts

## The start of change

- There were two national calls to action/calls for justice that have served as the greatest impetus for change in terms of the ending of birth alerts across Canada.
  - Truth and Reconciliation Commission 1<sup>st</sup> Call to Action directed to Child Welfare (2015).
  - Missing and Murdered Indigenous Women and Girls Calls for Justice Report (2019)
  
- In addition, provincially recommendations were received in 2018 calling for the ending of birth alerts in Manitoba – Legislative review Committee (2018)

# The CFS Practice of Birth Alerts

## The start of change

- Manitoba committed to look at the practice of birth alerts.
  
- Concerns about the practice have come from many sectors, including:
  - Indigenous leadership including the Southern Chiefs Organization (SCO), Manitoba Keewatinowi Okimakanak (MKO), and the Assembly of Manitoba Chiefs (AMC).
  
- Community-based prevention is a pillar/essential for reform under Manitoba's plan to transform child welfare.
  
- Manitoba's four CFS Authorities oversee the work of CFS agencies. In 2019, the Authorities increased oversight of birth alerts to ensure they were only issued when there was an assessment of "high risk." There was a subsequent significant reduction in the number of birth alerts issued.

# The CFS Practice of Birth Alerts

## The start of change

- Best Practice for working with high-risk mothers within child welfare has evolved. Other provinces have and are considering eliminating the practice.
- Evolving best practices around interventions with families, and improved understanding of the harm caused by removing children from culture and community, has elevated concerns that birth alerts were not the most effective tool to work with families.
- Prevention services during pregnancy is a requirement of the new federal legislation.
- Health care providers play a central role in working with expectant and new parents, notably through Primary Care and Public Health. There are opportunities to strengthen and clarify the work between CFS and health care providers.
- Manitoba supports a number community-based and health-led programs for expectant and new parents such as Healthy Baby and Families First.

# CFS Shifts in Practice

- On January 31, 2020, the Minister announced that the birth alert practice in Manitoba would cease as of April 1, 2020.
- The CFS Standards were amended to reflect the change in practice.
- The Department worked with the CFS Authorities and representatives from Health, Seniors and Active Living and Shared Health to develop required materials and communication for service providers in both sectors.
- New CFS practice starts with client engagement and consent based referrals to community resources including Public Health, whose role includes prenatal and postnatal supports and planning for vulnerable families.
- As the health care system was focused on responding to COVID-19, the Minister announced the date for ending birth alert practice would be extended to July 1, 2020.

# Across Canada

## ■ Alberta

Alberta ended birth alerts in 2019.

## ■ British Columbia

In March 2018, the Supreme Court of British Columbia ordered that the Ministry of Children and Family Development (MCFD) return a child to their mother, and coordinate community support and supervision within the Huu-ay-aht First Nations. Under a birth alert, the child was apprehended after birth, with the mother only allowed limited visits.

In July 2019, following the MMIWG report, Minister of Children and Family Development suggested that the province was looking into its recommendations.

By September 2019, Conroy announced that provincial health care providers and social service workers "will no longer share information about expectant parents without consent from those parents and will stop the practice of birth alert.



# Across Canada

## ■ New Brunswick

In January 2021, the Ministry stated that the province had been reviewing its use of birth alerts, with the announcement of the practice ending recently last month (October 2021).

## ■ Newfoundland and Labrador

In January 2021, the provincial Ministry stated that it has been reviewing its use of birth alerts, consistent with the recommendations of the MMIWG inquiry and the Truth and Reconciliation Commission.

The province ended the use of birth alerts in June 2021.

## ■ Nova Scotia

As of January 2021, the province is reviewing the practice, citing the recent enactment of federal legislation on the treatment of Indigenous youth and families.

# Across Canada

## ■ Ontario

On July 14, 2020, Associate Minister directed Ontario's Children's Aid Societies to stop issuing birth alerts by October 15, 2020 citing that "we're trying to work to collaborate with families. That families have a voice in their plans moving forward. And birth alerts just do the exact opposite."

## ■ Quebec

Birth alerts have been used in Quebec since 2009. They have not announced a plan to end this practice to date.

## ■ Prince Edward Island

On February 1, 2021, PEI ended its use of birth alerts.

## ■ Saskatchewan

In January 2021, the province announced that it would end its use of birth alerts on February 1, 2021.

## ■ Yukon

The Yukon last issued a birth alert in 2017, and ended the practice in 2019.



## CFS Shifts in Practice

The practices have shifted with the ending of the birth alerts. Families are engaged early in a supportive manner and with their consent.

*Early engagement means an opportunity to create a “circle of support & security” for the family, to plan within the family for 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.*

# CFS Shifts in Practice

- Agency workers need the consent of expectant parents to request information or make referrals to community and health services, like Public Health Nurses.
- 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.
- 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 previous practice: 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.

# CFS Shifts in Practice

- Exceptions to the practice described would be:
  - If the expectant parent is a minor
  - If the expectant parent is a child in CFS care

# The CFS Practice of Birth Alerts

## Roles and Responsibilities

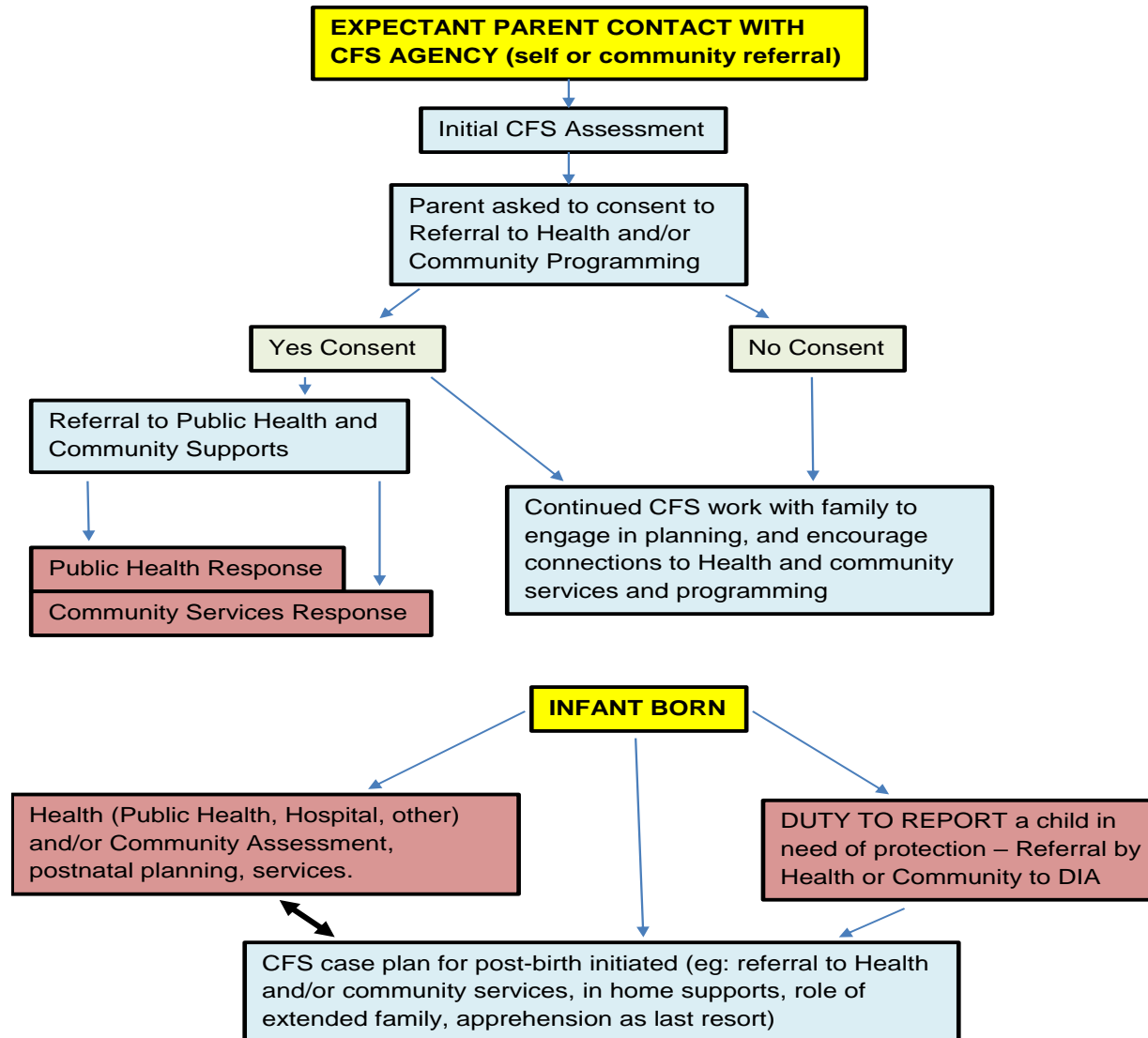
	Previous State	Current State
<b>CFS</b>	<ul style="list-style-type: none"><li>• Identifies risk based on CFS involvement and policy.</li><li>• Attempts to engage with family to assess risk, develop plan</li><li>• Birth alert issued if determined “high risk”</li><li>• If family refuses service, limited ongoing contact prior to birth</li><li>• Respond to notification from health upon birth to assess.</li></ul>	<ul style="list-style-type: none"><li>• Identifies risks and need for support and planning.</li><li>• Repeated attempts to engage with family during pregnancy to assess risk, develop plan</li><li>• Referral to community-based programs for high-risk pregnant women, when there is consent.</li><li>• Referral to public health for high-risk pregnant women, when there is consent.</li><li>• Receive/respond to reports of child protection concerns (after birth)</li></ul>
<b>Health</b>	<ul style="list-style-type: none"><li>• Responds to Birth Alert to notify CFS for assessment.</li><li>• Report child protection concerns to CFS after birth under duty to report</li><li>• Prenatal and Postnatal supports/screen through public health.</li></ul>	<ul style="list-style-type: none"><li>• Responds to prenatal referrals from CFS</li><li>• Reports child protection concerns to CFS after birth under duty to report</li><li>• Prenatal and Postnatal supports/screen through public health.</li></ul>

# Duty to Report a Child in Need of Protection

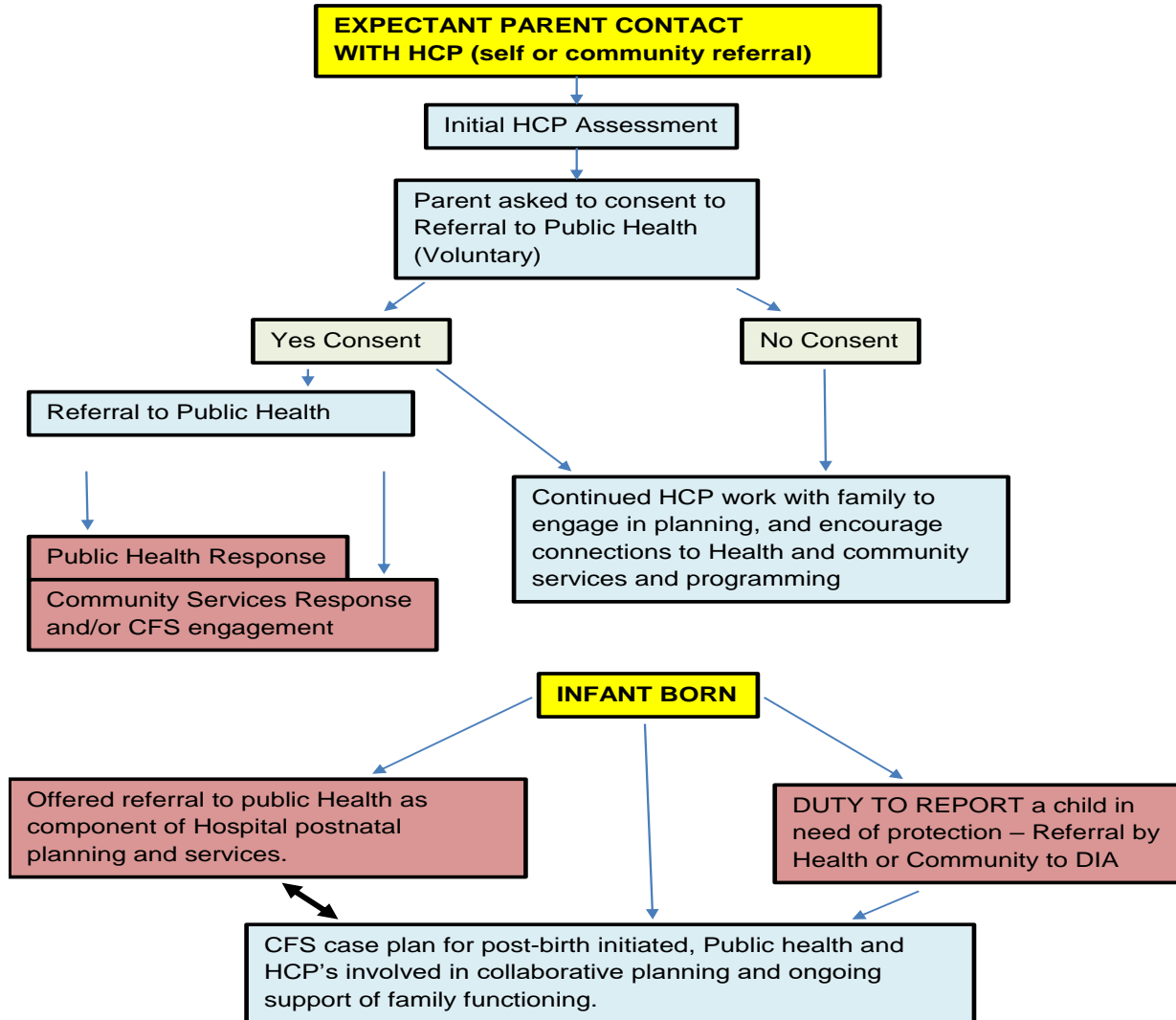
## What Remains

- Section 18 (1) of The CFS Act requires any person who has information that a child may be in need of protection to make a report. This obligation is separate from the birth alert practice, and would remain regardless of the practice's status.
- Health care providers will continue to report child protection concerns to CFS, either to an agency already working with a family or through the Designated Intake Agency for the community where the family lives.
- A handbook and protocol for Manitoba service providers on reporting child protection concerns developed by the Provincial Advisory Committee on Child Abuse (PACCA) can be found on the government website:
  - Factsheet: [https://www.gov.mb.ca/fs/childcare/resources/pubs/ece\\_protocol\\_factsheet.pdf](https://www.gov.mb.ca/fs/childcare/resources/pubs/ece_protocol_factsheet.pdf)
  - Handbook: [https://www.gov.mb.ca/fs/childfam/pubs/handbook\\_child\\_protection\\_and\\_child\\_abuse.pdf](https://www.gov.mb.ca/fs/childfam/pubs/handbook_child_protection_and_child_abuse.pdf)
- A Working Group consisting of representation from the Child Protection Branch, Health Sciences Centre, and the CFS Authorities has developed an Information Sheet for CFS Agency apprehensions at hospitals, which addresses protocol regardless of the age of the child.

# Appendix A: Potential pathways for CFS work with high-risk expectant parents



# Appendix B: Potential pathways for health care provider (HCP) work with high-risk expectant parents without birth alerts



# CFS Shifts in Practice

## Restoring the Sacred Bond Doula Pilot Project

CFS service delivery for expectant parents has changed

- Restoring the Sacred Bond, a Social Impact Bond pilot project with the Southern First Nations Network of Care (SFNNC) and its 10 CFS agencies, launched in Fall 2019, with the goal of reducing the number of infants who come into CFS care.
- 200 Indigenous expectant mothers assessed as at risk of having their infant apprehended are matched with Indigenous Birth Helpers. The mothers receive supports for up to a year, including reconnecting with traditional cultural practices and strengthening support systems.
- In March of 2020, increased funding was approved through Treasury Board to provide additional alternative community services for high risk expectant parents through The Mothering Project based at Mount Carmel Clinic, essentially doubling their program capacity.
- Work took place with partners in Shared Health and Public Health around prenatal engagement and collaborative planning with community supports.



# CFS Shifts in Practice

## Conclusion

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.

***“To the extent that providing a prenatal service that promotes preventive care is consistent with what will likely be in the best interests of an Indigenous child after he or she is born, the provision of that service is to be given priority over other services in order to prevent the apprehension of the child at the time of the child’s birth.”***

# Questions

## For Further Information:

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