

# BIRTH ALERT FORM

**TYPE OF ALERT:** (CHECK ONE OR MORE) **BIRTH ALERT**  **MISSING PERSON(S)**

**ALERT TO BE SENT TO:** (CHECK ONE OR MORE OF THE FOLLOWING BOXES)

- ALL MANITOBA CHILD AND FAMILY SERVICES AGENCIES
- ALL PROVINCIAL ALERT CONTACTS (ACROSS CANADA)
- ALL WINNIPEG HOSPITALS
- OTHER PLACE(S) NOT INCLUDED IN THE ABOVE MENTIONED

<b>SUBJECT OF ALERT</b>	MOTHER'S NAME: BIRTH DATE: DUE DATE: LAST KNOWN ADDRESS: FATHER'S NAME: BIRTH DATE:
<b>ISSUED BY</b>	
<b>DATE OF ALERT</b>	
<b>CAUSE FOR CONCERN</b>	
<b>POSSIBLE DESTINATIONS</b>	
<b>ACTION REQUIRED</b>	
<b>AGENCY CONTACT</b>	
<b>EXPIRY DATE</b> (ALERTS WILL EXPIRE IN SIX MONTHS)	



Deputy Minister of Families  
Rm. 351 Legislative Building  
Winnipeg, Manitoba, Canada R3C 0V8  
T 204 945-6700 F 204 945-1896  
Email: dmfs@leg.gov.mb.ca

Sous-ministre des Familles  
Palais legislative, bureau 351  
Winnipeg (Manitoba) Canada R3C 0V8  
Tél. 204 945-6700 Téléc. 204 945-1896  
Courriel : dmfs@leg.gov.mb.ca

JUL 14 2020

Mr. Dylan Robertson  
501-150 Wellington St  
Ottawa, ON K1P 5A4

Dear Mr. Robertson:

Re: Your request for access to information under Part 2 of The Freedom of Information and Protection of Privacy Act (FIPPA):  
**(Our File Number: 2020-107)**

On May 28, 2020, the Department of Families received your application for access to the following records [in your words as stated on your application]:

**2020-107:**

“Minister Stefanson told media an internal report on birth alerts convinced her to order an end to the practice. Please provide this report.”

I am writing to inform you that access to this information is granted in part under FIPPA.

The work to review of the practice of birth alerts focused on examining existing processes/practice, data, research/best practice, and current programming/supports. Included in the records is The ‘Partners in Inner-City Integrated Prenatal Care (PIIPC) Project: Final evaluation results’, which is a third party record, provided by the PIIPC research team who have consented to release this information.

A careful assessment of the records that fell into the above categories of the work/review was completed with the goal of releasing as much information as possible and only applying appropriate provisions to withhold information where necessary.

That being said, four records have been withheld:

- Two records that were provided in confidence by a local public body have been withheld under 20(1)(c).
- Two records that reveal consultations involving another public body were withheld under 23(1)(b).

Redacted information in the enclosed records has been withheld under 20(1)(b)(c), 23(1)(a)(b)(f) and 27(1)(a) of FIPPA. These provisions are as follows:

**Information provided by another government to department or government agency**

20(1) *The head of a department or government agency shall refuse to disclose information to an applicant if disclosure could reasonably be expected to reveal information provided, explicitly or implicitly, in confidence by any of the following or their agencies:*

- (b) the government of another province or territory of Canada;*
- (c) a local public body;*

**Advice to a public body**

23(1) *The head of a public body may refuse to disclose information to an applicant if disclosure could reasonably be expected to reveal*

- (a) advice, opinions, proposals, recommendations, analyses or policy options developed by or for the public body or a minister;*
- (b) consultations or deliberations involving officers or employees of the public body or a minister;*
- (f) information, including the proposed plans, policies or projects of a public body, the disclosure of which could reasonably be expected to result in disclosure of a pending policy or budgetary decision.*

**Solicitor-client privilege**

27(1) *The head of a public body may refuse to disclose to an applicant*

- (a) information that is subject to solicitor-client privilege;*

Information found to be out of scope has been redacted, as it relates to a shared folder internal to the department.

In addition, we have attached a document, titled 'Appendix A', providing links to Manitoba program evaluations, research and best practices that formed part of the review of the practice of birth alerts.

Also, for information on pathways for Child and Family Services work with high risk expectant mothers without birth alerts, please see the diagram at:

[https://www.gov.mb.ca/asset\\_library/en/covid/famcirculars/Pathways\\_Diagram\\_.pdf](https://www.gov.mb.ca/asset_library/en/covid/famcirculars/Pathways_Diagram_.pdf)

As this information is available to the public, it is excluded from access under FIPPA. Subsection 6(2) of FIPPA states:

**Part does not apply to publicly available information**

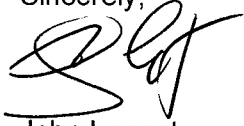
6(2) *This Part does not apply to information that is available to the public free of charge or for purchase.*

Subsection 59(1) of The Freedom of Information and Protection of Privacy Act provides that you may make a complaint about this decision to the Manitoba Ombudsman. You have 60 days from the giving of this notice to make a complaint on the prescribed form to:

Manitoba Ombudsman  
750 - 500 Portage Avenue  
Winnipeg MB R3C 3X1  
204-982-9130  
1-800-665-0531

If you have any questions respecting this application, please call Ms. Natalie Martin, Access and Privacy Coordinator, at 204-945-8551 and reference the file number as 2020-107.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Leggat', written over a horizontal line.

John Leggat  
Access and Privacy Officer  
Deputy Minister

Enclosures

c: Ms. Natalie Martin



Deputy Minister of Families  
Rm. 351 Legislative Building  
Winnipeg, Manitoba, Canada R3C 0V8  
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Courriel : dmfs@leg.gov.mb.ca

OCT 15 2020

Mr. Dylan Robertson  
501-150 Wellington St  
Ottawa, ON K1P 5A4

Dear Mr. Robertson:

Re: Your request for access to information under Part 2 of The Freedom of Information and Protection of Privacy Act (FIPPA):  
**(Our File Number: 2020-184)**

On August 27, 2020, the Department of Families received your application for access to the following records [in your words as stated on your application]:

**2020-184**

"All briefing notes that mention birth alerts (including but not limited to the delay in ending the practice), and any analysis on the suspension of birth alerts, including on supports in place for high-risk families - please limit records to the period of Jan 1, 2020 to the current date."

Your request has been granted in part under FIPPA.

After a discussion between yourself and Ms. Natalie Martin, Access and Privacy Coordinator on September 1, 2020, you narrowed the scope of your request to all briefing notes on the subject of birth alerts (including but not limited to the delay in ending the practice), and any analysis on the suspension of birth alerts, including on supports in place for high-risk families.

A careful assessment of the records was completed with the goal of releasing as much information as possible and only applying appropriate provisions to withhold information where necessary. Redacted information has been withheld under 17(3)(i), 23(1)(a) and 27(1)(a).

**Determining unreasonable invasion of privacy**

17(3) *In determining under subsection (1) whether a disclosure of personal information not described in subsection (2) would unreasonably invade a third party's privacy, the head of a public body shall consider all the relevant circumstances including, but not limited to, whether*

*(i) the disclosure would be inconsistent with the purpose for which the personal information was obtained.*

**Advice to a public body**

23(1) *The head of a public body may refuse to disclose information to an applicant if disclosure could reasonably be expected to reveal*

*(a) advice, opinions, proposals, recommendations, analyses or policy options developed by or for the public body or a minister;*

**Solicitor-client privilege**

27(1) *The head of a public body may refuse to disclose to an applicant*

*(a) information that is subject to solicitor-client privilege;*

Additional records regarding birth alerts have been provided in response to your previous FIPPA request, file number **2020-107**, which have been exempt from this request.

It is important to note that within the briefing notes FAMCFE20-00136, it indicates that previous briefing notes with this log number outline the reasons for the change in practice, as well as the consultation process used to establishing the new models of service. Please be advised that the correct log number is FAMCFE19-00015, which have been provided in your previous FIPPA request.

For more information and support for Manitobans, please visit [www.manitoba.ca/fs/childfam/end-birth-alerts.html](http://www.manitoba.ca/fs/childfam/end-birth-alerts.html). The following Manitoba Families COVID-19 circulars available at [www.manitoba.ca/fs/covid-circulars.html](http://www.manitoba.ca/fs/covid-circulars.html) also includes information on birth alerts:

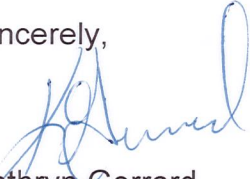
- 2020-29 - Work with high-risk expectant parents & attachment
- Questions and Answers – Changes to Working with Expectant Parents
- Referrals from CFS to Public Health
- Documenting Expectant Parent Services in CFSA
- Child Protection Branch: Volume 1: Agency Standards 1.3.1 Chapter 3: Child Protection Section 1: Child Protection Services
- Child Protection Branch: Volume 1: Agency Standards Chapter 2: Services to Families Section 2: Voluntary Family Services
- Pathways for CFS work with high risk expectant mothers without birth alerts

Subsection 59(1) of The Freedom of Information and Protection of Privacy Act provides that you may make a complaint about this decision to the Manitoba Ombudsman. You have 60 days from the giving of this notice to make a complaint on the prescribed form to:

Manitoba Ombudsman  
750 - 500 Portage Avenue  
Winnipeg MB R3C 3X1  
204-982-9130  
1-800-665-0531

If you have any questions respecting this application, please call Ms. Natalie Martin, Access and Privacy Coordinator, at 204-945-8551 and reference the file number as **2020-184**.

Sincerely,



Kathryn Gerrard  
Access and Privacy Officer  
Deputy Minister

Enclosures

c: Ms. Natalie Martin

DEPARTMENT OF FAMILIES  
BRIEFING NOTE

LOG NUMBER: FAMCFE19-00015

DATE: June 17, 2019

STATUS:  NEW  UPDATED NOTE

SUBJECT: USE OF BIRTH ALERTS IN MANITOBA

## ISSUE:

- The policy and practices of Manitoba child and family services (CFS) agency birth alerts, and apprehension of newborn infants has come under increased criticism through multiple sources. [REDACTED]

## CAUTIONARY NOTES:

- Opposition to Manitoba's practice of birth alerts and infant apprehensions includes a significant number of provincial and federal political representatives, as well as Indigenous leadership and advocates. Some criticism has included inaccurate information about the process or purpose of alerts.
- While there has been significant public criticism of birth alerts and apprehension of infants, there has also been widespread criticism of government and CFS agency practice when young children are harmed or killed by a parent or caregiver. Following high profile deaths such as those of Amelia Severight and Phoenix Sinclair, public and media have called for greater interventions for children, and front-line workers have received heavy criticism for not removing children from a parent's care.
- A video of a newborn apprehension in Manitoba in January 2019 received significant local and national attention that highlighted the issue of birth alerts by Manitoba CFS agencies.

## BACKGROUND:

- [REDACTED] The CFS Standards Manual outlines the requirements for issuing birth alerts. A birth alert may be issued for an expectant mother determined to pose a high risk to a newborn infant. High-risk is defined as "a child is likely to be seriously harmed or injured, subjected to immediate and ongoing sexual abuse, or permanently disabled or die if left in his or her present circumstances without protective intervention."
- Birth alerts are distributed to hospitals where the expectant mother is anticipated to deliver the baby, and signal that a safety assessment must be done to ensure that the newborn will be discharged into the care of a person who can look after the child and ensure a safe environment. Issuing a birth alert does not necessarily mean that the newborn will be apprehended.
- Sometimes families avoid contact with CFS prior to the birth of their baby. This affects pre-birth case planning and safety assessments with birth and extended family, and may result in the agency issuing a birth alert.



- Additionally, apprehension at birth can happen without a birth alert in Manitoba. The majority of birth alerts issued indicate a need for assessment, and do not indicate a planned apprehension.
- The CFS Branch Interprovincial Desk distributes birth alerts received from CFS agencies as well as alerts received from other provinces and territories. In 2018/19 fiscal year, Manitoba received and distributed birth alerts on behalf of British Columbia, Saskatchewan, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador.

- [REDACTED]
- [REDACTED]

**CURRENT STATUS:**

- [REDACTED]
- The Child Welfare Legislative Review Committee Report recommended, "that the current birth alert process be replaced by community-based and culturally-safe services to identify and assist at-risk parents during and after pregnancies." This, and the other recommendations from the committee, are currently being reviewed to determine possible legislative changes.
- In Manitoba, between 2013 and 2018, there were 1,402 newborns apprehended prior to four days of age.

Fiscal Year	Number of infants apprehended under 4 days old
2013/14	262
2014/15	280
2015/16	287
2016/17	291
2017/18	282

23(1)(a)

- [REDACTED]
- [REDACTED] Annual Reports for the Department include the total number of Interprovincial Alerts. This number represents the total of birth alerts and child protection alerts (such as missing children or families), distributed by the Department for Manitoba CFS agencies, as well as on behalf of other jurisdictions.

- The CFS Branch is currently working with the four Authorities through Standing Committee to ensure that the practice of birth alerts aligns with current policy. This includes having the Authorities oversee the issuance of birth alerts to ensure they are being issued when there is a "high-risk." This approach and oversight is intended to reduce the number of alerts issued.
- The Final Report from the National Inquiry on Missing and Murdered Indigenous Women and Girls identified birth alerts as an area of concern. The report specifically names the practice in Manitoba as being done without the knowledge of the mother, that it replaces work that should be with the mother before the birth, and relies on history rather than a current assessment. It is included in the "Calls for Justice": "12.8 We call upon provincial and territorial governments and child welfare services for an immediate end to the practice of targeting and apprehending infants (hospital alerts or birth alerts) from Indigenous mothers right after they give birth."
- Research by Dr. Elizabeth Wall-Wieler, in coordination with the Manitoba Centre for Health Policy, has been published in 2017, 2018 and 2019. The research shows a link between newborn or infant apprehensions and lower rates of prenatal care in subsequent pregnancies, worsening maternal health and social outcomes, and increased maternal mortality. These studies have received media attention.
- The Province has worked with the Southern First Nations Network of Care (SFNNC) in securing \$2.6 M of funding through the first social impact bond to initiate a two-year pilot project to support up to 200 high risk expectant mothers. SFNNC will lead the project and work with the doula service provider, Wijiidiwag Ikwewag, to identify expectant mothers who may not have resources to effectively parent their baby. These mothers will then be connected to doulas, who will be birth helpers and provide support through a traditional cultural lens that the mother can learn and incorporate into her approach to parenting.
- The practice of issuing birth alerts was discussed at the June 2019 national Directors of Child Welfare meeting.

20(1)(b)  
27(1)(a)

[REDACTED]

**FINANCIAL IMPLICATIONS:**

- Not applicable.

**MEDIA INTEREST:**

N/A       LOW       MEDIUM       HIGH

- There are ongoing and repeated media stories regarding specific instances of infant apprehension and birth alerts, as well as the process itself. This coverage is predominantly negative.

**SPEAKING POINTS:**

- The shared priority for us all is the well-being and security of infants. We know most families are safe and loving caregivers, and acknowledge the importance of culture and identity for children.
- Sometimes a family faces challenges that mean a child, in particular a newborn, might be vulnerable. We must all work together to ensure those children are safe.
- Issuing a birth alert does not necessarily mean that the newborn will be apprehended. Rather, it alerts the agency to the need to conduct a safety assessment to ensure the safety, security and well-being of the newborn.

**OPTIONS/NEXT STEPS:**

- [REDACTED] the CFS Branch will provide additional information and policy options for addressing this practice moving forward.
- The CFS Branch will conduct analysis of birth alerts data to inform options.
- The CFS Branch will review and analyze the report from British Columbia and information regarding the harm reduction program in Saskatoon.

**RECOMMENDATION:**

1. [REDACTED] the CFS Branch provide additional information and policy options for addressing this practice moving forward.
2. That the CFS Branch conduct analysis of birth alerts data to inform options.
3. That the CFS Branch review and analyze the report from British Columbia and information regarding the harm reduction program in Saskatoon.

**DECISIONS:**

Recommendation (list each one)	Approved		Further discussion required	Decision Deferred	Comments
1.					
2.					
3.					

Date: \_\_\_\_\_

Signature (MNO Staff): \_\_\_\_\_

Division: Child and Youth Services

 Contacts: Tina Moody, A/Executive Director, Strategic Initiatives Phone: 204-451-0058  
 Tamsin Collings

**Department of Families  
Briefing Note for Premier**

**ISSUE: Birth Alert Practice in Manitoba**

**BACKGROUND:  
including FINANCIAL IMPLICATIONS:**

- Birth alerts are issued by Manitoba CFS Agencies for high risk expectant parents. They are sent to other CFS Agencies and health care centres and request notification at the time of the birth of an infant. A birth alert signals the need for further assessment and does not indicate an apprehension.
- The policy and process for birth alerts are outlined in provincial CFS Standards, which defines high risk as "a child is likely to be seriously harmed or injured, subjected to immediate and ongoing sexual abuse, or permanently disabled or die."
- Current preventative care investments include the \$2.6M Social Impact Bond funding for the Southern First Nations Network of Care two year pilot project to provide Indigenous led doula support to up to 200 high risk expectant mothers.
- The four CFS Authorities have undertaken increased quality assurance oversight of the birth alerts issued by their agencies to ensure the practice aligns with current policy/standard.
- Most other provinces have a similar practice in place. Government and front line CFS staff have faced heavy criticism from the public and media after high profile child deaths.

**ANALYSIS:**

- There has been significant criticism of birth alerts and infant apprehensions from the public, Indigenous leadership, provincial and federal political representatives, and advocates. The provincial legislative review committee and the Missing and Murdered Indigenous Women and Girls (MMIWG) Report called for an end to the practice.

- [REDACTED]

27(1)(a)

- On September 18, 2019, British Columbia announced an immediate end to the practice of birth alerts in that province. Other Canadian jurisdictions are considering a similar decision.
- The CFS Authority partners have indicated they are awaiting a decision by government on this matter.

23(1)(a)

- Ending the practice of birth alerts would require work with CFS Authorities, agencies, and the health system to redefine policy/practice as well as reviewing supports for high-risk expectant parents. [REDACTED]
- Additional information on this issue can be found in Briefing Note FAMCFE19-00015.

**RECOMMENDATION:**

23(1)(a)

- A decision has been requested in the above noted Briefing Note as to whether Government will end the current practice of birth alerts. [REDACTED]

**MEDIA INTEREST:**

- There has been high media interest in this issue, including extensive coverage of a videotaped infant apprehension at a Winnipeg Hospital in January 2019. Any changes to this practice will elicit high interest from people with positions both for and against the practice.

**SPEAKING POINTS:**

- The shared priority for us all is the well-being and security of infants. We know most families are safe and loving caregivers, and acknowledge the importance of culture and identity for children.
- Sometimes a family faces challenges that mean a child, in particular a newborn, might be vulnerable. We must all work together to ensure those children are safe.

**CAUTIONARY NOTES:**

23(1)(a)

- [REDACTED]

Date: September 23, 2019

**CONTACT:**

Sarah Thiele, ADM, Child and Youth Services, Families, 204-945-4820

**MB Internal Briefing Note – Confidential**  
**PT DM Thematic Meeting on Child Welfare – December 10 – 11, 2019**

**Agenda Item : Birth Alert Practice**

**Overview**

- The practice of CFS birth alerts is long standing across most province and territories. Most jurisdictions have indicated they are reviewing the practice in light of criticism from multiple community leaders, reports and the public; additionally, the practice is not covered in legislation.
- BC announced an end to the practice effective September 2019. Alberta had already ceased the practice, and informed other jurisdictions it will no longer distribute birth alerts on their behalf as of October 2019. Other jurisdictions (including Manitoba) have announced the practice is under review.

**Manitoba Speaking Notes**

- Manitoba has announced that we are reviewing the practice of birth alerts, and looking at ways to protect infants and support families.
- Manitoba is interested in hearing from other jurisdictions about their experience and research into evidence based successful models of providing pre- and post-natal support to high risk families and infants.
- Manitoba has two pilot projects, which may provide useful information about successful supports for high risk families: the Manitoba Indigenous Doula Initiative and Family Group Conferencing. Other programs with evidence-based support in Manitoba include Healthy Baby Community Support Programs, Health Baby Manitoba Prenatal Benefit, Families First home visiting program, and mentoring support for expectant mothers with addictions.
- The Manitoba Child Welfare Legislative Review Committee recommended, "That the current birth alert process be replaced by community-based and culturally-safe services to identify and assist at-risk parents during and after pregnancies."
- Additionally, Manitoba acknowledges the upcoming January 1, 2020, implementation of new federal legislation (An Act Respecting First Nations, Inuit and Métis Children, Youth and Families), which calls for prevention services to prevent birth apprehensions.

**Background and Current Status**

- Birth alerts are issued by Manitoba CFS Agencies for high risk expectant parents. They are sent to other CFS Agencies and health care centres and request notification at the time of the birth of an infant. A birth alert signals the need for further assessment and does not necessarily indicate an apprehension. Apprehensions of infants can, and do, occur without a birth alert.
- The policy and process for birth alerts are outlined in the provincial CFS Standards, which define high risk as "a child is likely to be seriously harmed or injured, subjected to immediate and ongoing sexual abuse, or permanently disabled or die."
- Following discussions with the CFS Division, the four CFS Authorities have undertaken increased quality assurance oversight of the birth alerts issued by their agencies to

**MB Internal Briefing Note – Confidential**  
**PT DM Thematic Meeting on Child Welfare – December 10 – 11, 2019**

ensure the practice aligns with current policy/standard. Initial informal information suggests significant reductions in the number of alerts issued.

- Most other provinces have a similar practice in place.

27(1)(a)

- [REDACTED]

- There has been significant criticism of birth alerts and infant apprehensions from the public, indigenous leadership, provincial and federal political representatives, and advocates. The provincial legislative review committee and the Missing and Murdered Indigenous Women and Girls (MMIWG) Report called for an end to the practice, and named Manitoba specifically as having problematic practice.

23(1)(a)

- Ending the practice of birth alerts would require work with CFS Authorities, agencies, the health system, and community organizations to redefine policy/practice, emphasizing consent for referrals and the ongoing duty to report a child in need of protection by health and community groups after a child is born. [REDACTED]

**Cautionary Notes**

- There is high media and public interest in this issue, and significant criticism of the current practice.

23(1)(a)

- [REDACTED]
- [REDACTED]

**Desired Outcomes**

23(1)(a)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

DEPARTMENT OF FAMILIES  
BRIEFING NOTE

LOG NUMBER: FAMCFE19-00015

DATE: December 16, 2019

STATUS:  NEW  UPDATED NOTE

SUBJECT: USE OF BIRTH ALERTS IN MANITOBA

ISSUE:

- Manitoba has stated publically that it is reviewing the practice of birth alerts. This note provides an overview, status and next steps for that review. Notably, divisional staff are attending a discussion/engagement with regional health staff on January 15, 2019.

CAUTIONARY NOTES:

- 23(1)(a) • [REDACTED]
- There is additional pressure as a result of federal child welfare legislation which prioritizes prenatal services to avoid apprehensions. Manitoba's Indigenous political bodies have stated that implementation of the federal child welfare legislation means an end to birth alerts.

BACKGROUND:

- 27(1)(a) • Manitoba, similar to other jurisdictions, has a long-standing practice of issuing birth alerts for high risk expectant parents. The CFS Act does not contain any reference to birth alerts. [REDACTED]
- Birth alerts 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." Apprehensions can also happen where no birth alert has been issued. Most birth alerts indicate a need for further assessment and services, rather than requiring an apprehension.
  - The CFS Standards Manual provides direction on the practice of birth alerts. Birth alerts are issued by a CFS agency, and distributed by the department. The CFS Authorities have assumed greater oversight of birth alerts issued by their agencies to ensure they are only issued in cases of high risk and are in keeping with the current Standards.
  - The Child Welfare Legislative Review Committee Report recommended, "the current birth alert process be replaced by community-based and culturally-safe services to identify and assist at-risk parents during and after pregnancies."
  - The Final Report of the National Inquiry on MMIWG specifically named Manitoba as having problematic birth alert practice, and calls for an immediate end to the practice.
  - New federal legislation (An Act Respecting First Nations, Inuit and Métis Children, Youth and Families) will come into force January 1, 2020, and calls for prioritizing prenatal prevention services to avoid apprehension of a child at birth. Several Indigenous governments and organizations in Manitoba have indicated they plan to work under this act.
  - The Southern Chiefs Organization (SCO) reported that a resolution was passed by the Chiefs directing the Senior Advisor on CFS matters to begin work on identifying alternative options instead of birth alerts that focus on implementing safe cultural practices.



#### CURRENT STATUS:

- Other provinces and Territories have reported that they are facing the same challenges and concerns as Manitoba about birth alerts. British Columbia and Yukon ceased the practice, and report a positive effect on relationships with Indigenous community and leadership.
- There is pressure for Manitoba to formally address its CFS Practice of birth alerts as a result of the federal legislation. Manitoba Keewatinowî Okimakanak (MKO) publically stated in November 2019 that the legislation's prenatal prevention requirements mean birth alerts will end as of January 2020.
- The Assistant Deputy Minister of CYSD met with the Health Leadership Council on November 13, 2019 to discuss the issue. The Departments of Families and Health, Seniors, and Active Living are working collaboratively to prepare the materials required for child welfare and health service providers to implement a change in practice in the most safe way for families.
- The CYSD is working to develop new CFS Standards for work with high risk parents to emphasize the importance of case planning with high risk parents prior to the birth including connecting parents with community and health services, the importance of consent in making referrals prior to the birth of a baby, and timely follow up after a birth. The duty to report a child in need of protection remains the same with or without the practice of birth alerts and the change would reflect best practices and reinforce a prevention focus, which aligns with the community-based prevention pillar under Manitoba's CFS transformation.
- Families has completed a scan of provincial supports for expectant parents assessed as high risk and an inventory of available prenatal prevention programming funded through Healthy Child, Recent investments in Family Group Conferencing at Ma Mawî Wi Chi Itata, and the Manitoba Indigenous Doula Initiative funded through a Social Impact Bond, provide alternative models for intervention and the evaluation of their outcomes will provide insight into determining successful models of intervention.

FINANCIAL IMPLICATIONS: Not applicable.

#### MEDIA INTEREST:

N/A       LOW       MEDIUM       HIGH

- There are ongoing and repeated media stories regarding infant apprehensions and birth alerts.

#### SPEAKING POINTS:

- Manitoba, along with other jurisdictions across the country, is seeking new ways to work with community to protect vulnerable newborns and support families.
- The well-being and security of infants is a shared priority for all of us. We know most families are safe and loving caregivers, and acknowledge the importance of culture and identity for children.
- Sometimes a family faces challenges that mean a child, in particular a newborn, might be vulnerable. We must all work together to ensure those children are safe.

#### OPTIONS/NEXT STEPS:

- CYSD is working in collaboration with HSAL staff on the following required components:
  - New provincial CFS Standard/Policy to align with federal national principles
  - Communications Materials for CFS Sector
  - Communications Materials for Health Sector
  - Draft Protocol for Health and CFS

- Further consultation must now take place on these materials with the four CFS Authorities and Health staff from across the province. CYSD is attending a discussion/engagement with regional health staff on January 15, 2020. Attendees will include public health managers and primary care providers who work prenatally and postnatally. The fact that this discussion is occurring may become public and result in assumptions that a decision has been finalized.
- In terms of communicating the results of Manitoba's review to date, the Minister can consider the following options:
  - The Minister can publicly announce that Manitoba's review is complete and that we are changing the practice of birth alerts. The announcement could focus on the work to date and further direct the department to work with CFS Authorities and Health Seniors and Active Living on (a) the implementation of new CFS policy (b) finalizing a plan for how Health and CFS can work together to ensure newborns are safe and not at risk. Because of the time required to finalize communication and collaborative materials, it is recommended that the announcement note an implementation date of April 1, 2020.
  - The Minister can indicate that federal legislation requires the province to revise its CFS policy/standard on birth alerts, and reference the recommendation from the provincial Child Welfare Legislation Review Committee.

23(1)(a)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**RECOMMENDATIONS:**

1. It is recommended that a decision on whether Manitoba will continue or cease the practice of birth alerts be made and announced early in 2020, [REDACTED] [REDACTED] and ensure that preparation can occur with Health and community partners in a consultative manner which will have better implications for service delivery to high risk parents.

23(1)(a)

**DECISIONS:**

Recommendation (list each one)	Approved		Further discussion required	Decision Deferred	Comments
1.					
2.					

Date: \_\_\_\_\_

Signature (MNO Staff): \_\_\_\_\_

**Attachment**

Division: Child and Youth Services

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## Child and Family Services (CFS)

Health Services Discussion  
CFS Practice of Birth Alerts  
January 15, 2020 – Confidential

*Not for Distribution*

## The CFS Practice of Birth Alerts

### Current Context – 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

### Background – Current Process

- Manitoba CFS agencies, similar to those in other jurisdictions, have a long-standing practice of issuing birth alerts for high risk pregnancies.
- The practice exists in CFS policy. The CFS Standards Manual states birth alerts should be issued for an expectant mother assessed to pose a high risk to a newborn infant (likely to be seriously harmed or injured, permanently disabled or die).
- They signal the need for a safety assessment prior to discharge of a newborn to ensure the caregiver is able to provide a safe environment.
- The majority of birth alerts indicate a need for assessment, not a planned apprehension. The cost of administering the practice both for CFS and Health is unknown.

## The CFS Practice of Birth Alerts

### Background – Current Process

- CFS Workers complete a birth alert. Issued to birth hospitals. Health staff currently notify the identified CFS Agency Contact upon the birth of the child whose parent is the subject of the alert. Health care providers and hospitals also report concerns where there may be 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?

- Over the last two years, there were approximately 500 birth alerts per year. As with children in care, Indigenous women would be over-represented in the practice.
- A look at one month of data indicates 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.

# CFS Practice and Prenatal Care

## What do we know?

RESEARCH  VULNERABLE POPULATIONS

### Prenatal care among mothers involved with child protection services in Manitoba: a retrospective cohort study

Elizabeth Wall-Wieler PhD, Kathleen Kenny MHS, Janelle Lee BSc, Kellie Thiessen RM RN PhD, Margaret Morris MD MEd, Leslie L. Roos PhD

■ Cite as: CMAJ 2019 February 25;191:E209-15. doi: 10.1503/cmaj.180002

#### ABSTRACT

**BACKGROUND:** Prenatal care is one of the most widely used preventive health services; however, use varies substantially. Our objective was to examine prenatal care among women with a history of having a child placed in out-of-home care, and whether their care differed from care among women who did not.

**METHODS:** We used linkable administrative data to create a population-based cohort of women whose first 2 children were born in Manitoba, Canada, between Apr. 1, 1998, and Mar. 1, 2015. We measured the level of prenatal care using the Revised Graduated Prenatal Care Utilization Index, which

categorizes care into 5 groups: intensive, adequate, intermediate, inadequate and no care. We compared level of prenatal care for women whose first child was placed in care with level of prenatal care for women who had no contact with care services, using 2 multinomial logistic regression models to calculate odds ratios (ORs).

**RESULTS:** In a cohort of 52 438 mothers, 1284 (2.4%) had their first child placed in out-of-home care before conception of their second child. Mothers whose first child was placed in care had much higher rates of inadequate prenatal care during the pregnancy with their second child

than mothers whose first child was not placed in care (33.0% v. 13.4%). The odds of having inadequate rather than adequate prenatal care were more than 4 times higher (OR 4.29, 95% CI 3.68 to 5.01) for women who had their first child placed in care than for women who did not have their first child placed in care.

**INTERPRETATION:** Mothers with a history of having a child taken into care by the child protection services system are at higher risk of having inadequate or no prenatal care in a subsequent pregnancy compared with mothers with no history of involvement with child protection services.



## The CFS Practice of Birth Alerts

### Current Context

- Manitoba committed to look at the practice of birth alerts.
- Concerns about the practice have come from many sectors, including:
  - Call to Justice 12.8 from the final report of the National Inquiry into MMIWG
  - Indigenous leadership including the Southern Chiefs Organization (SCO), Manitoba Keewatinowi Okimakanak (MKO), and the Assembly of Manitoba Chiefs (AMC).
- New federal legislation (An Act respecting First Nations, Inuit and Métis children, youth and families) calls for prioritizing prevention services during pregnancy.
- 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

## Current Context

- Best Practice for working with high-risk mothers within child welfare has evolved. Other provinces have and are considering eliminating the practice. BC has eliminated. AB is moving in that direction.
- 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 may not be 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

### Restoring the Sacred Bond Doula Pilot Project

- CFS service delivery for expectant parents with high vulnerabilities is changing with the updated research and best practices.
- 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.
- While still in early stages, the project has accepted referrals of mothers from most of the SFNNC agencies. Early outcomes appear positive: children either remaining in parental care or being cared for by extended family.
- Other jurisdictions have expressed interest in this new model of intervention.

## British Columbia

### Experience

- BC announced an immediate cessation of birth alerts (also known in BC as hospital alerts) on September 16, 2019.
- In preparation, they updated an existing protocol agreement between the Ministry of Health and the Director of Child Welfare which clarifies the roles and responsibilities of each sector in working with vulnerable families. This protocol focusses significantly on the work and standards of Public Health services and includes:
  - The principles of their CFS Act and provincial public health perinatal child and family health service practice standards
  - Outline of the roles and responsibilities of CFS staff and health staff working with vulnerable families under their own legislation and policies, and the overlap between the two
  - Guidance on information sharing
  - Conflict resolution
  - Flow charts showing information sharing and disclosure

## The CFS Practice of Birth Alerts

### Reviewing Birth Alerts - Discussion

- Stronger connections between Health, Community Prevention Programming and CFS System would be required without the practice, including:
  - Clear processes on referrals with consent prior to birth between stakeholders; Public Health, Community-based prevention programming and CFS systems.
  - Increased planning with families before a birth to ensure the safety of infants.
  - The Department of Families working with CFS Authorities to update CFS provincial standards in a way that enables CFS to proactively refer to Health (Public Health) and Community-Based programs.
  - Strengthened protocols within birthing health centres to understand their duty to report a child in need of protection after a birth should there be concerns about child safety.

## Duty to Report a Child in Need of Protection

### 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.

## Changing Practice

### Reviewing - Roles and Responsibilities

- 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.
- 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.
- The sharing of information and concerns about high risk expectant mothers would require her consent with two exceptions:
  - The expectant mother is current caring for other children, and the current situation affects the services required on behalf of those children; or,
  - The expectant mother will be under the age of 18 years when she gives birth, legally requiring CFS agencies to offer services to her.

# The CFS Practice of Birth Alerts

## Roles and Responsibilities

	Current State	Future 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>• Receive/respond to reports of child protection concerns (after birth)</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></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>• Respond to prenatal referrals from CFS</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>



## The CFS Practice of Birth Alerts

### Reviewing Birth Alerts – Discussion

- How does Health implement the Child and Family Services (CFS) practice of birth alerts within its sector? How effective is the practice of birth alerts from a Health perspective?
- Currently, how do Health care practitioners implement the duty to report child protection concerns upon birth when there is no birth alert? Is there a reliance on the CFS practice of birth alerts? What tools are needed to support sharing of information?
- If Manitoba were to change its CFS policy in relation to the practice of birth alerts, what would health need to make this change? From a health perspective, what would be required to implement such a change in policy/practice?
- Knowing that high-risk pregnant women and especially those with other children placed in care of a CFS Agency are likely to have little to no connections to prenatal/primary care, are there other impacts on primary care that might need to be considered? Where would such a change need to be managed within the system of health?
- What opportunities are there for creating better connections between CFS and the health system in terms of working with high-risk pregnant women and addressing child protection risks/concerns that may be present at birth?

## The CFS Practice of Birth Alerts

### Reviewing Birth Alerts – Discussion

- Where should CFS make referrals to increase opportunities for vulnerable expectant parents to access prenatal care?
- How can we support the CFS system to work with health care providers to create a shared responsibility for developing relationships and working with families experiencing extreme vulnerabilities who may be refusing services or engagement?
- How can we support the CFS system to work with health care providers increase planning before birth with families experiencing extreme vulnerabilities who may be refusing services or engagement?
- What's needed to support information sharing within existing privacy laws, under the CFS Act and PICSA?
- What would health care providers need to support the requirement/duty to report a child in need of protection after a birth should there be concerns about child safety. Who would need this information?

## ANALYSIS OF DATA

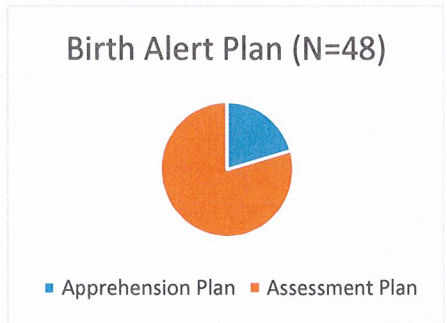
### Child Deaths and Birth Alerts - 2017/18 Fiscal year

- Manitoba Advocate for Children and Youth (MACY) 2017-2018 Annual Report:
  - 187 Total child deaths in Manitoba
  - 122 Total child deaths in Manitoba age 0-2 (65% of total child deaths)
  - 36 child deaths in Manitoba age 0-2, identified family involvement with CFS in past year (29.5% of total child deaths age 0-2)
- Of the 36 child deaths in Manitoba age 0-2 with identified CFS involvement in past year, Department analysis was able to confirm 6 had a confirmed birth alert (16.7% of child deaths, age 0-2, identified family involvement with CFS in past year).

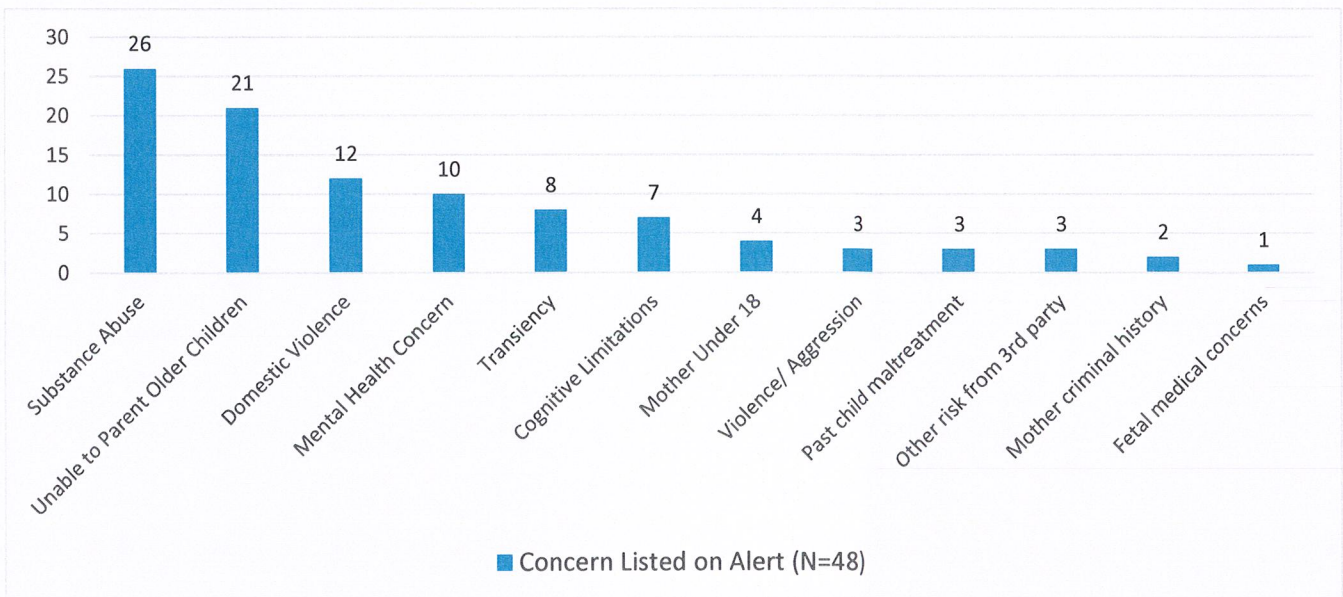
### Birth Alerts Issued in One Month in 2018

**Caution: Information about this month in birth alerts is intended only to provide a view of a moment in time. It is based on information available at the time of this analysis, and therefore may contain unknown errors. It cannot be applied more broadly or interpreted as the outcome of other birth alerts.**

- 48 birth alerts issued in one month in 2018 were examined:
  - 10 (21%) of alerts had an Apprehension Plan
  - 38 (79%) of alerts had an Assessment Plan

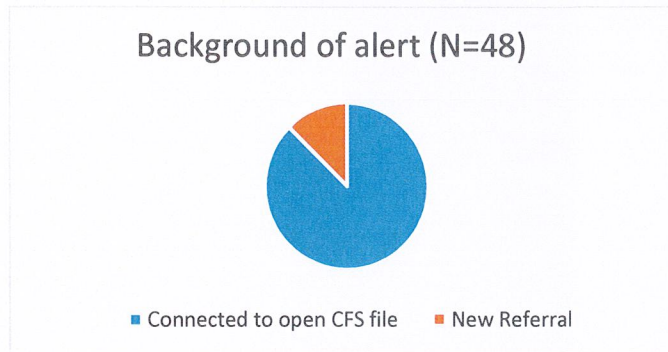


- Concerns listed as reason for further required assessment (most alerts listed more than one concern):



Background of 48 alerts:

- 42 (87.5%) alerts were connected to an open CFS file:
- 6 (12.5%) resulted from a community referral



*Note: not all birth alerts later connect with an actual birth – reasons can include: ending of a pregnancy, expectant parent moves to another province or territory, etc.*

- 42 infants were born related to the 48 alerts issued.
  - 18 (43%) infants never left the care of their family (not apprehended):
    - At the point of this analysis, all remained in family care and none were in agency care
  - 24 (57%) infants were apprehended at hospital:
    - 10 of the 24 (42%) were placed with family
    - 1 of the 24 infants died due to medical issues
    - Of the 23 surviving infants:
      - 22 (96%) remain in care at the time of analysis, all having legal status determined in a court decision
      - 1 returned to parental care

## Birth Alert Practice – Research and Best Practices

Child welfare practices around the world constantly work to balance the risk of harm to children with the need to look to overall best outcomes for children, families, and communities.

High profile deaths and injuries to children led to public calls for stronger child welfare intervention. More recently, research and reports such as the Truth and Reconciliation Commission Report and the Final Report of the National Inquiry into Murdered and Missing Indigenous Women and Girls have helped improve public understanding of the damage caused by forced separation of families, in particular the damage to Indigenous families and communities. This has increased the public understanding that risks to children are not only from potential harm in a birth family, but also come from separation from family and culture.

Published research on best practices shows prevention and family-centred work as providing the best outcomes for children and families.

Public Health Approach – preventative

- Expert materials prepared for the Phoenix Sinclair Inquiry emphasized the importance of a public health approach to address child maltreatment:
  - Research showing the best outcomes come from a combination of: universal parenting programs; midstream approaches (targeted home visiting programs, mental health strategies and services, programs that address domestic violence, and substance abuse programs); in addition to required tertiary response to severe child maltreatment (Dr. Marni Brownwell, PhD, Senior Research Scientist, Manitoba Centre for Health Policy (University of Manitoba): [Children in Care and Child Maltreatment in Manitoba](#))
  - Research showing the importance of addressing the rate of Adverse Childhood Experiences (ACEs), and role of child care in supporting families at risk (Kerry McCuaig, Fellow in Early Childhood Policy, University of Toronto, [Supporting all Children to Reach the Most Vulnerable](#))
  - Review of outcomes based practice, and the importance of a prevention support focus (Alexandra Wright, PhD, Instructor at Carleton University, Executive Director, CASWE-ACFTS [Canadian Association of Social Work Education], [A Review of Best Practices in Child Welfare](#))

Research using Manitoba data has showed negative outcomes for high risk mothers from infant apprehensions:

- Dr. Elizabeth Wall-Wieler, PhD Community Health Services, Postdoctoral Fellow in the Department of Pediatrics at Stanford University, has published several research papers (including in the Canadian Medical Association Journal) using comprehensive data bases showing adverse maternal outcomes from infant apprehensions. The research shows a link between newborn or infant apprehensions and lower rates of prenatal care in subsequent pregnancies, worsening maternal health and social outcomes, and increased maternal mortality.

Additionally, research and program evaluations have shown pregnancy as an important opportunity for intervention with high risk parents:

- Healthy Child Manitoba evaluations into the Insight Mentoring, and Mothering Programs, which use a mentor model to provide intensive supports to expectant mothers with a history of addictions
- Fetal Alcohol Spectrum Disorder: A disability in need of social work education, knowledge and practice, Dorothy Badry and Peter Choate, notes pregnancy as an important and opportune time for intervention with high risk expectant parents
- The Restoring the Sacred Bond Doula Initiative Social Impact Bond was launched by the Southern First Nations Network of Care in fall 2019. The pilot project will match 200 Indigenous expectant mothers assessed as at risk of having their infant apprehended with Indigenous Birth Helpers. The mothers receive supports for up to a year, including reconnecting with traditional cultural practices and strengthening support systems. Early information appears to show positive outcomes from this model of care.
- Other models showing promising results in Manitoba include Circles of Support and Family Group Conferencing.

Risk to children, including to infants, can never be fully mitigated, including risk to children who may be in the care of a CFS agency.

However, recent research and community input tells us that the focus must remain on the best outcomes. The research points to new models of intervention. Data analyzed by British Columbia, who announced an end to the practice of birth alerts, showed that an increase in contacts with Indigenous families led to fewer apprehensions. Renewed support for ways to ensure increased supports to infants and families through Family Group Conferencing and kinship care increase the ability to explore alternative care arrangements to protect children without requiring their apprehension.

## APPENDIX A

The department reviewed Manitoba program evaluations, where measures showed improved outcomes for infants and parents. The following publically available Manitoba program evaluations was used to support the conclusion that no evidence exists that birth alerts increase safety for children:

- Final Report: Evaluation Of the Partners in Inner-City Integrated Prenatal Care (PIIPC) Project:  
[https://umanitoba.ca/faculties/nursing/media/PIIPC\\_project\\_evaluation\\_report\\_FINAL.pdf](https://umanitoba.ca/faculties/nursing/media/PIIPC_project_evaluation_report_FINAL.pdf)
- Partners in Inner-City Integrated Prenatal Care (PIIPC) Infographic:  
[https://umanitoba.ca/faculties/nursing/media/PIIPC\\_Infographic\\_FINAL.pdf](https://umanitoba.ca/faculties/nursing/media/PIIPC_Infographic_FINAL.pdf)
- Factors Affecting Inadequate Prenatal Care Among Women in Northern Manitoba: Barriers, Facilitators and Future Directions: [https://0c162ef9-f0c2-435597ed3f42f0fe1994.filesusr.com/ugd/e9fc1c\\_421ae1e485494987b780a3151e085383.pdf](https://0c162ef9-f0c2-435597ed3f42f0fe1994.filesusr.com/ugd/e9fc1c_421ae1e485494987b780a3151e085383.pdf)
- Long-Term Outcomes of Manitoba's InSight Mentoring Program: A Comparative Analysis:  
[http://mchp-appserv.cpe.umanitoba.ca/reference/insight\\_report\\_web.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference/insight_report_web.pdf)

The department reviewed research and best practices, including seeking information regarding outcome measures or evaluation. The following publically available research and best practices were used to support the conclusion that no evidence exists that birth alerts increase safety for children:

- Fir Square Rooming In Protocol:  
<https://mamedia.vtoxford.org/NAS%20Universal%20Training/NAS%20Resources/Guidelines/Hospital%20Policies%20Procedures/Fir%20Square%20Rooming%20in%20Protocol%20British%20Columbia%20Womens%20Hospital.pdf>
- Fetal Alcohol Spectrum Disorder: A Disability In Need Of Social Work Education, Knowledge And Practice:  
<https://owrp.ca/publications/fetal-alcohol-spectrum-disorder-disability-need-social-work-education-knowledge-and>
- Rooming-In Compared With Standard Care For Newborns Of Mothers Using Methadone Or Heroin: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2231437/>
- An Evaluation of Rooming-in Among Substance-exposed Newborns in British Columbia: [https://www.jogc.com/article/S1701-2163\(16\)34659-X/fulltext](https://www.jogc.com/article/S1701-2163(16)34659-X/fulltext)

**DEPARTMENT OF FAMILIES  
BRIEFING NOTE**

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**LOG NUMBER:** FAMCFE20-00021

**DATE:** January 30, 2020

**STATUS:**  NEW  UPDATED NOTE

**SUBJECT:** CEASING THE PRACTICE OF BIRTH ALERTS IN MANITOBA

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**ISSUE:**

- On January 31, 2020, the Minister will announce that the practice of birth alerts by CFS agencies will cease effective April 1, 2020.

**CAUTIONARY NOTES:**

23(1)(a)

- [REDACTED]
- Media coverage of birth alerts has included a misunderstanding that a birth alert is required for an apprehension at birth. There may be a misunderstanding after this announcement that there will be no birth apprehensions. If a child is at risk upon birth, CFS agencies will still provide intervention as required by law, with a priority to keep families together with supports. Apprehension will be the last resort.

**BACKGROUND:**

27(1)(a)

- Manitoba, similar to other jurisdictions, has a long-standing practice of issuing birth alerts for high risk expectant parents. The CFS Act does not contain any reference to birth alerts. [REDACTED]
- The Current practice is outlined through provincial policy in the CFS Standards Manual.
- Birth alerts 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." Apprehensions can also happen where no birth alert has been issued.
- Recommendations to end the practice were made in the Manitoba Child Welfare Legislative Review Committee Report and the Final Report of the National Inquiry on Missing and Murder Indigenous Women and Girls.
- New federal legislation (An Act Respecting First Nations, Inuit and Métis Children, Youth and Families) came into force January 1, 2020, and calls for prioritizing prenatal prevention services to avoid apprehension of a child at birth. Several Indigenous governments and organizations in Manitoba have indicated they plan to work under this act.
- The Southern Chiefs Organization (SCO), Manitoba Keewatinowi Okimakanak (MKO) and the Assembly of Manitoba Chiefs (AMC) have all called for an end to the practice.
- BC and The Yukon ceased the practice in 2019 Alberta ceased distributing birth alerts from other jurisdictions in October 2019. Other jurisdictions are reviewing the practice.
- The CYSD has been working with the four CFS Authorities and staff in Manitoba Health, Seniors, and Active Living (HSAL) to advance a workplan that supports an end to the practice.
- The CYSD has completed a scan of Manitoba provincial supports for expectant parents. Recent investments in Family Group Conferencing at Ma Mawi Wi Chi Itata, and the Manitoba Indigenous Doula Initiative funded through a Social Impact Bond, provide alternative models for intervention and the evaluation of their outcomes will provide insight into determining successful models of intervention.

**CURRENT STATUS:**

- CYSD staff will meet with the four CFS Authorities in early February to finalize the new practice Standards and communications material for CFS staff.



- HSAL staff have confirmed preparation for communication with affected staff in health services. HSAL and CYSD staff are engaged in ongoing discussions to ensure strong and successful referral mechanisms of families to public health and other health service providers.
- The Minister will connect with Indigenous Leadership to inform them of the decision and to provide information.
- The Assistant Deputy Minister of CYSD will connect with Chief Executive Officers of the four CFS Authorities confirming the announcement, advising them of the directive to end the practice as of April 1, 2020, and committing to continued engagement.

**FINANCIAL IMPLICATIONS:**

- Not applicable.

**MEDIA INTEREST:**

N/A       LOW       MEDIUM       HIGH

- There are ongoing and repeated media stories regarding infant apprehensions and birth alerts.

**SPEAKING POINTS:**

- Manitoba will cease the practice of birth alerts effective April 1, 2020, replacing it with voluntary engagement and planning with expectant parents. We will ensure all stakeholders have information prior to that date to ensure a smooth transition.
- I am grateful for the input and advice from many Manitobans including through our Child Welfare Legislation Committee and from Indigenous leadership. This change responds to the recommendations we have received and aligns with our plan to transform child welfare and a commitment to Reconciliation.
- Manitoba has a strong network of public health, community resources, and other families programming that can support expectant parents. This includes long established proven supports such as Villa Rosa and Families First programming, as well as new initiatives such as the Strengthening the Sacred Bond Doula Initiative, Social Impact Bond, and Family Group Conferencing.

**OPTIONS/NEXT STEPS:**

- The Department of Families will continue to work in collaboration with our Authority partners and HSAL to ensure a smooth transition and to support increased access to community and health service supports for expectant parents. The work plan previously shared is attached.

**RECOMMENDATIONS:**

- Not applicable.

**Division:** Child and Youth Services

**Contacts:** Sarah Thiele, Assistant Deputy Minister      **Phone:** 204-945-4820  
 Tina Moody, A/Executive Director, Strategic Initiatives      **Phone:** 204-451-0058

**Attachment**

## Appendix

## Workplan for Changing the Practice of Birth Alerts

Workplan	Timelines	Lead
<p>1. Announcement that Government will cease the practice of birth alerts</p> <ul style="list-style-type: none"> <li>• Consultation with Authorities and agencies</li> <li>• Communication to HSAL and birthing Hospitals</li> <li>• Communication to other Canadian jurisdictions</li> <li>• Communication to MACY, First Nations Advocate, AMC, SCO and MKO</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> </ul>	January 2020	Department of Families with CFS Authorities
<p>2. Developing a Plan for Working with at-risk parents and high-risk pregnant women</p> <ul style="list-style-type: none"> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• Work with CFS Authorities to develop alternative models for practice, including potential notifications of the need for service with consent</li> <li>• Consultation with Health to identify supporting medical staff in their duty to report after birth without notification from an agency, and appropriate roles for community agencies</li> <li>• Develop new CFS policy/standards for working with high-risk pregnant women and their partners.</li> <li>• Review of existing prevention and support programs for high-risk pregnant women in Manitoba and other jurisdictions, including analysis of cost efficiency and evaluations showing successful outcome measures.</li> <li>• Develop and recommend options for any new/additional protocols, policy or programming in relation to high-risk pregnant women.</li> </ul>	By February 2020	<p>Departments of Families and Health Seniors and Active Living</p> <p>Collaboration with CFS Authorities</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>engagement with British Columbia (leading the process) to understand their processes/challenges.</p>
<p>3. Update Policies and Practice to reflect new Plan</p> <ul style="list-style-type: none"> <li>• Changes to CFS Standards</li> <li>• Development of new protocol with collaterals</li> <li>• Development of new forms to initiate service referral with consent</li> <li>• Communication/training for child welfare and health staff</li> <li>• Communication with larger community</li> <li>• Announcement of additional preventative and monitoring resources to protect infants</li> </ul>	By March 31, 2020	<p>Departments of Families, HSAL</p> <p>CFS Authorities</p>
<p>4. Implementation date for new practice, and end of practice of birth alerts.</p>	April 1, 2020	<p>Department of Families, and HSAL</p> <p>CFS Authorities and Agencies</p>

**DEPARTMENT OF FAMILIES  
BRIEFING NOTE**

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**LOG NUMBER:** FAMCFE20-00136

**DATE:** May 14, 2020

**STATUS:**  NEW  UPDATED NOTE

**SUBJECT:** COVID-19 RESPONSE AND THE END OF THE CFS PRACTICE OF BIRTH ALERTS

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**ISSUE:**

- On March 26, 2020, the Minister advised that the timelines for ending the practice of birth alerts are extended to July 1, 2020, as a result of the health care system needing to focus on responding to COVID-19.

**CAUTIONARY NOTES:**

- Following the announcement, Indigenous leadership in Manitoba criticized the lack of consultation in the decision.

**BACKGROUND:**

- On January 31, 2020, the Minister announced that the birth alert practice in Manitoba would cease as of April 1, 2020. The date was to provide time for child welfare agencies, health services, and community services to receive communication and adjust to new models of practice emphasizing voluntary prenatal work and consent based referrals for high risk expectant parents.
- Previous briefing notes with this log number outline the reasons for the change in practice, as well as the consultation process used in establishing the new models of service.

**CURRENT STATUS:**

- Child and Youth Services division (CYSD) staff worked with the 4 CFS Authorities and representatives from Health, Seniors and Active Living (HSAL) to develop new Standards for service delivery, as well as communications and information material for service providers in both the child and family services and health care sectors. New practice for CFS agency staff includes consent based referrals to community resources including Public Health, whose role includes prenatal and postnatal supports and planning for vulnerable families.
- Health Care (including primary and public health) contacted CYSD to advise that the increased demands and priority work of their sectors in response to COVID-19 impacted their capacity to handle the potential increased referrals from CFS and to provide adequate sector communication and preparation.
- Changes to practice overseen by the CFS Authorities in anticipation of the cessation showed significant reductions in birth alerts issued in 2020 compared to 2019:
  - January 2020 – 18 new birth alerts issued (compared to 41 in January 2019)
  - February 2020 – 13 new birth alerts issued (compared to 31 in February 2019)
  - March 2020 – 1 new birth alert issued (compared to 31 in March 2019)
- CYSD staff worked with the CFS Authority partners to develop the following plan to help support the move to the new practice model during COVID-19 response (formalized in the attached circular).
  - ✓ The role of agency staff to engage in planning and assessment with expectant parents before a birth remains in place.
  - ✓ Agencies should seek to provide voluntary services, with a priority for referrals to community-based supports over public health at this time. A list of relevant community-based supports, including those funded by Manitoba, was provided by CYSD.
  - ✓ Birth alerts currently on file at birthing hospitals will remain in effect for births expected during the period of April 1, 2020 to June 30, 2020. CYSD provided a list of these to the appropriate Authorities for their review and confirmation of which should remain in effect.

- ✓ CFS agencies may issue birth alerts between April 1, 2020 to June 30, 2020; however, Authority approval would be required. Agency staff will continue to engage in planning and assessment with all expectant parents before a birth.
- The approach above is consistent with current data that suggests CFS agencies are already changing practice. Under the new approach outlined above and overseen by CFS Authorities, there was a 61 per cent reduction in birth alerts issued in April 2020 compared to April 2019 (12 compared with 31).
- An attached chart shows 17 birth alerts are in effect in Manitoba as of April 30, 2020.
- Increased funding approved by Treasury Board in March 2020 will provide alternative community services for high risk expectant parents, and further support ending the practice of birth alerts. \$440.0K is being provided to The Mothering Project, based at Mount Carmel Clinic, to double the capacity of the program to serve an additional 100 families. The program works with high risk expectant women and new parents, who are currently using alcohol or substances and are not engaged with community supports to provide a range of health care and family supports to prevent children from coming into care.
- The expansion is being phased-in to accommodate some restrictions on services due to COVID-19, as well as the role of Mount Carmel Clinic as a primary health centre. The program will prioritize hiring a CFS Liaison staff to work with CFS agencies and facilitate their ability to refer families.
- CYSD staff are connecting with officials from Manitoba Indigenous political organizations to ensure engagement about decisions on practice and service delivery after June 30, 2020.

#### FINANCIAL IMPLICATIONS:

- Increased funding for The Mothering Project is made up of:
  - Year 1 – \$390K through the federal bi-lateral mental health funding agreement, with an additional one time funding of \$50K under the Canada-Manitoba Early Learning and Child Care Agreement to enhance child care.
  - Subsequent years – \$350K annually.

#### MEDIA INTEREST:

N/A       LOW       MEDIUM       HIGH

- There are ongoing and repeated media stories regarding infant apprehensions and birth alerts.

#### SPEAKING POINTS:

- Manitoba remains committed to moving to a new model of child and family services work with high risk expectant parents that is based in voluntary engagement and planning together.
- As our province responds to the COVID-19 situation, the current requirements from our health system are high. We have worked with our CFS Authority partners, who are providing increased practice supports and guidelines for their CFS agencies when working with the highest needs families to help relieve pressure from our health care system.
- Manitoba has a strong network of public health, community resources, and other families programming that can support expectant parents in times of need. This includes long established supports such as Villa Rosa and Families First, as well as new initiatives such as the Strengthening the Sacred Bond Doula Initiative, and Family Group Conferencing.
- We are working with our Authorities and community partners to help connect expectant parents to the resources they need to have the best possible outcomes for their family.

#### OPTIONS/NEXT STEPS:

- CYSD will continue to work in collaboration with our Authority partners to implement the approach outlined in the attached circular. Initial data suggests the number of alerts issued remains low.

- CYSD will connect with representatives from primary and public health care to share the current status of the CFS practice of birth alerts, including the data demonstrating that the practice is being phased-out. CYSD will consult with Health to determine what the Health care system needs to finalize the change in practice, while ensuring that there is no undue pressure placed on the health system while it continues to respond to COVID-19.
- CYSD will prepare an updated policy circular based on discussions with Health and CFS Authorities.
- Proceed with the plan to announce expanded funding for the Mothering Project as a support for ending the practice of birth alerts and in response to the legislative review committee recommendations.

**RECOMMENDATIONS:**

1. It is recommended that CYSD initiate further discussions with Health respecting the impact on service delivery from their response to COVID-19, as well as reviewing the data showing reductions in birth alerts. CYSD will confirm if planning can proceed to full elimination of birth alerts effective June 30, 2020, or whether a continued phase-out is required.
2. It is recommended that the department plan for an announcement of the Mothering Project in June 2020 and connect the expansion to the plans for ending the practice of birth alerts.

**DECISIONS:**

Recommendation (list each one)	Approved	Further discussion required	Decision Deferred	Comments
1.				
2.				

Date: \_\_\_\_\_

Signature (MNO Staff): \_\_\_\_\_

**Attachment**

**Division:** Child and Youth Services  
**Contacts:** Sarah Thiele, Assistant Deputy Minister  
 Tina Moody, A/Executive Director, Strategic Initiatives

**Phone:** 204-945-4820  
**Phone:** 204-451-0058

## FAMCFE20-00136 Attachment - Birth Alerts in effect April 30, 2020

Authority	Issued prior to April 1, 2020 still in effect	New issued during April 2020	Baby born April 2020 – Birth Alert no longer in effect	Total Birth Alerts in effect April 30, 2020
SFNC	█	█	█	█
NA	█	█	█	█
MA	█	█	█	█
GA	█	█	█	█
<b>TOTAL</b>	<b>10</b>	<b>12</b>	<b>5</b>	<b>17</b>

- 12 new birth alerts were issued during April 2020, 61% lower than 31 new birth alerts issued in April 2019.
- Of the total 17 birth alerts still in effect, 1 expectant mother was referred to the Restoring the Sacred Bond Social Impact Bond Doula Project, and 1 to The Mothering Project at Mount Carmel Clinic.
- The majority of the expectant mothers █ live in Winnipeg area and are expected to deliver at St. Boniface Hospital or Health Sciences Centre. █  
█

**CIRCULAR**

Date: March 30, 2020

CIRCULAR NUMBER: COVID#: 2020-29

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To: CFS Authorities

Subject: Information Pertaining to COVID-19

Program(s): Work with high-risk expectant parents

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Type:  Policy  For Internal Reference Only  
 Procedure  Information Only

Effective Date: Immediately

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Topic: Birth Alerts and the COVID-19 Pandemic

Primary and public health care providers are currently focused on responding to the COVID-19 pandemic.

CFS authorities and agencies are responsible for overseeing changes in practice they want to implement in relation to birth alerts. The following information outlines interim policy in response to COVID-19 and will be updated as needed.

- Birth alerts currently on file at birthing hospitals will remain in effect for births expected during April 1 to June 30. For the next three months, hospitals will notify CFS agencies of births where there is an existing birth alert on file. CFS agencies, with authority approval, can continue to cancel a birth alert on file if it is no longer required.
- CFS agencies may, subject to authority approval, issue birth alerts between April 1 and June 30 in exceptional circumstances where the risk remains high despite other planning and assessment activities. Agency staff will continue to engage in planning and assessment with all expectant parents before a birth.

The Department of Families has provided lists of existing birth alerts with a due date expected in the next three months to the CFS authorities. CFS authorities will determine if agencies may require additional supports and resources for these expectant parents and can work with the agency to cancel the birth alert, if appropriate. The CFS branch (inter-provincial desk) must be notified of cancelled

alerts, so that the hospitals can be notified. These actions will be documented by the inter-provincial desk in CFSIS.

Departmental resources may be redeployed to support planning with these families if needed.

- The first choice for expectant parents is to have them access voluntary services and engage with community supports.
- Agencies should seek to provide voluntary services, prioritizing referrals to community-based supports over public health at this time. The ability of health services to respond to referrals may be affected by their priority work around COVID-19.
- For all services noted above, existing CFS standards for documentation and record keeping remain in place. CFS authorities will provide guidance to their mandated agencies on any new or changed expectations regarding documentation for high-risk expectant parents expected to deliver in the next three months.

Information on existing community-based supports available for high-risk expectant parents is attached. It also summarizes current service levels of these programs as of March 26. This list is not exhaustive and local agencies will be aware of other supportive services for families in their community

As you know, many programs are having to alter service delivery approaches to meet the guidelines being established by public health. For example, programs may be increasing outreach services or using virtual approaches to connect with families (such as by phone or Skype).

A package of materials on supporting new practice approaches for birth alerts will be distributed for full implementation once the health and CFS systems are ready to do so, following the COVID-19 response.

Previous communication and guidance for agency staff about adhering to new protocols respecting COVID-19 remain in place. Staff should continue to follow directions about limiting exposure and follow the service practice guidelines distributed.

The most up to date information on COVID-19 can be found at [www.manitoba.ca/covid19](http://www.manitoba.ca/covid19).

Sarah Thiele  
Assistant Deputy Minister  
Child and Youth Services Division



**DEPARTMENT OF FAMILIES  
BRIEFING NOTE**

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**LOG NUMBER:** FAMCFE20-00136 **DATE:** June 4, 2020

**STATUS:**  NEW  UPDATED NOTE

**SUBJECT:** END OF THE CFS PRACTICE OF BIRTH ALERTS JUNE 30, 2020

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**ISSUE:**

- The Child and Youth Services Division (CYSD) is working with Public Health and Shared Health towards the June 30, 2020 date as the end of birth alert practice (extended from March 31, 2020, as a result of the COVID-19 response).

**CAUTIONARY NOTES:**

- An apprehension at birth can still occur even with changing the CFS practice of birth alerts.

**BACKGROUND:**

- On January 31, 2020, the Minister announced that the birth alert practice in Manitoba would cease as of April 1, 2020. Previous briefing notes with this log number outline the reasons for the change in practice, as well as the consultation process used in establishing the new models of service.
- CYSD worked with the CFS Authorities and representatives from Health, Seniors and Active Living (HSAL) and Shared Health to develop required materials and communication for service providers in both sectors. New CFS practice is 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. A policy directive/circular was issued to the CFS system on March 30, 2020.  
[https://www.gov.mb.ca/asset\\_library/en/coronavirus/famcirculans/2020-29\\_High\\_Risk\\_Expectant\\_Parent\\_CFS\\_30-03-20.pdf](https://www.gov.mb.ca/asset_library/en/coronavirus/famcirculans/2020-29_High_Risk_Expectant_Parent_CFS_30-03-20.pdf)

**CURRENT STATUS:**

- CYSD staff worked with the CFS Authority partners to develop a plan to help support the move to the new practice model during COVID-19 response.
- Under the new approach outlined above and overseen by CFS Authorities, there was a 61 per cent reduction in birth alerts issued in April 2020 compared to April 2019 (12 compared with 31). Only 2 birth alerts were issued by CFS Agencies in Manitoba in May 2020.
- In March 2020, increased funding was approved by Treasury Board to provide additional alternative community services for high risk expectant parents through The Mothering Project based at Mount Carmel Clinic. This will double the capacity of the program to serve an additional 100 high risk expectant and new parents. The expansion has not yet been announced by the Minister of Families.
- CYSD staff will connect with officials from Manitoba Indigenous political organizations to ensure engagement about decisions on practice and service delivery after June 30, 2020.
- CYSD staff are working with staff in Public Health and Shared Health to prepare for the July 1, 2020. The reduction in birth alerts issued in 2020 will assist the transition to the new model of practice.

**FINANCIAL IMPLICATIONS:**

- Increased funding for The Mothering Project is made up of \$390K in year one and \$350K ongoing annually.

**MEDIA INTEREST:**

N/A  LOW  MEDIUM  HIGH

- There are ongoing and repeated media stories regarding infant apprehensions and birth alerts.

**SPEAKING POINTS:**

- As of July 1, 2020, Manitoba moves to a new model of child and family services work with high risk expectant parents that is based in voluntary engagement and planning together. Birth alert practice will no longer be issued by CFS agencies in Manitoba.
- During the past months, CFS Authorities have continued to work with their agencies to help transition to new models of practice with high risk expectant parents. This has already shown results in significant reductions of alerts being issued during this transition time.
- Manitoba has a strong network of public health, community resources, and other families programming that can support expectant parents in times of need. This includes long established supports such as Villa Rosa and Families First, as well as new initiatives such as the Strengthening the Sacred Bond Doula Initiative, and Family Group Conferencing.
- We are working with our CFS Authorities and community partners to help connect expectant parents to the resources they need to have the best possible outcomes for their family.

**OPTIONS/NEXT STEPS:**

- CYSD will finalize communication materials and new practice Standards with the 4 CFS Authorities, and provide confirmation of the transition to be in effect, July 1, 2020. (see Appendix A)
- CYSD will work with representatives from Health to finalize communication and information materials (e.g. resource on duty to report) for their service providers. (see Appendix A)
- CYSD will facilitate discussion with Health senior leaders on the approach above and how to implement/communicate within the health system.
- An announcement is planned for June for the expanded funding for the Mothering Project as a support for ending the practice of birth alerts and in response to the legislative review committee recommendations.

**RECOMMENDATIONS:**

1. That CYSD initiate further discussions with Health to prepare for the June 30, 2020 end to birth alert practice and collaborate on finalizing communications materials around the duty to report, and to facilitate relationship building between CFS Authorities and Public Health Managers.
2. That the announcement of the increased funding to The Mothering Project include confirmation of June 30, 2020, as the date for end to birth alert practice, highlighting The Mothering Project as an additional resource to support high risk expectant and new parents.

**DECISIONS:**

Recommendation (list each one)	Approved	Further discussion required	Decision Deferred	Comments
1.				
2.				

Date: \_\_\_\_\_

Signature (MNO Staff): \_\_\_\_\_

Division: Child and Youth Services  
 Contacts: Sarah Thiele, Assistant Deputy Minister  
 Tina Moody, A/Executive Director, Strategic Initiatives

Phone: 204-945-4820  
 Phone: 204-451-0058

## Appendix A

Materials to be finalized/provided by CYSD in preparation for June 30, 2020, end to birth alert practice:

- Circular to the Child and Family Services Authorities confirming June 30, 2020, as the date for the end of birth alert practice and full transition to new voluntary model of practice, with the following attachments:
  - New Standard 1.2.2. Voluntary Services, outlining the new model of voluntary support practice;
  - Amended Standard 1.3.1. Child Protection Services, removing birth alert practice as part of child protection work;
  - Information sheet on how to enter new model of care on Child and Family Services Application (CFSA) database;
  - Frequently Asked Questions document for frontline staff;
  - Information sheet on making a referral to Public Health; and
  - A diagram showing case flow for high risk expectant parents under the new practice model.
  
- Memo to Public Health and Shared Health confirming June 30, 2020, as the date for the end of birth alert practice by CFS agencies, inviting ongoing dialogue and monitoring through meetings to provide information on duty to report and relationship building, with the following attachments:
  - Frequently Asked Questions document for health services providers;
  - A diagram showing case flow for high risk expectant parents work with health services under the new practice model; and,
  - A two page information sheet for service providers on reporting of child protection and suspected child abuse to CFS.