

Collaborative Practice Protocol for Providing Services for Families with Vulnerabilities: Roles and Responsibilities of the Director (Child, Family and Community Service Act) and the Ministry of Health

Protocol Agreement

September 2019



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1.0 PURPOSE

The purpose of this protocol is to outline roles, responsibilities and available services within each Ministry of Children and Family Development (MCFD) service delivery area or delegated Aboriginal agency (DAA) and corresponding health authority in order to support effective and responsive practices when MCFD/DAA workers and/or health authority employees involved in client care¹ are:

- working with infants in families with vulnerabilities; and/or
- working with families with vulnerabilities where a person is pregnant and when at birth, an infant may be considered to be at risk for harm.

Additionally, the protocol supports collaboration when providing support and preventative services for families with vulnerabilities and/or expectant parents.

2.0 APPLICABILITY OF THIS PROTOCOL AGREEMENT FRAMEWORK

This protocol agreement is to be followed by MCFD/DAA workers and health authority employees involved in client care. Amendments to the appendices of the protocol agreement will only be made in writing and must be signed by the administrators of this protocol agreement.

¹ This could include public health/primary care/community health nurses, labour and delivery nurses, physicians, respiratory therapists, hospital-based social workers, etc.

3.0 PRINCIPLES

The principles are based on the guiding and service delivery principles of the *Child, Family and Community Service Act*, as set out in sections 2 and 3 of the act and the provincial public health perinatal, child and family health services practice standards, including:

- The safety and well-being of the infant will guide decision making, care planning and service delivery for a child receiving services.
- Children are entitled to protection from abuse, neglect, harm or threat of harm.
- A family is the preferred environment for the care and upbringing of children, and the responsibility for the protection of children rests primarily with parents.
- If, with available support services, a family can provide a safe and nurturing environment for a child, support services should be offered.
- Indigenous families and Indigenous communities should be involved in the planning and delivery of services to Indigenous families and their children.
- Indigenous families and Indigenous communities share responsibility for the upbringing and well-being of Indigenous children.
- Indigenous children are entitled to learn about and practise their Indigenous traditions, customs and languages, and belong to their Indigenous communities.
- Services should be planned and offered in ways that are culturally competent and safe (i.e., creating a care environment that is free of racism and stereotypes, where all people are treated with empathy, dignity and respect).
- Services should be integrated wherever possible and appropriate, with services provided by primary care, government ministries, community agencies and Community Living British Columbia established under the *Community Living Authority Act*.
- Ministry of Children and Family Development (MCFD) or delegated Aboriginal agency (DAA) and health authorities work collaboratively to ensure families have access to appropriate services in the community.
- Conducting assessments and planning for care includes relevant information from both MCFD or DAA and the corresponding health authority, in alignment with the *Personal Information Protection Act* and the *Child, Family and Community Service Act*.
- Services should identify and address inequities and family identified needs wherever possible.

4.0 ROLES AND RESPONSIBILITIES

When more than one Ministry of Children and Family Development (MCFD) or delegated Aboriginal agency (DAA) worker and/or health authority staff person is involved with a family:

- Collaborate to determine and/or clarify each person's role with the family.

- Identify a service co-ordinator to work directly with the family and undertake responsibilities such as:
 - Providing oversight, organizing and scheduling regular case meetings;
 - Participating in joint care planning, which includes a care plan that is agreed upon by all parties who are working with the family;
 - Maintaining the processes determined for information sharing; and
 - Ensuring the care plan is revised in response to family needs.

In addition, each MCFD/DAA worker and health authority staff person has responsibilities for:

- Explaining, offering and making ongoing efforts to engage families with vulnerabilities to receive support services;
- Assisting and supporting families with vulnerabilities in making informed decisions and healthy choices, promoting high-quality prenatal and postnatal care, and attempting to engage them in support services and planning prior to the child's birth;
- Initiating several attempts during the term of the pregnancy to provide information to the family and engage them in accepting referrals or services. However, there may be circumstances where the expectant parent or family refuses to engage and directly approaching them could discourage involvement with other service providers;
- Ensuring continuity of planning and service delivery;
- Maintaining clear ongoing communication of their role, responsibilities and expectations with the client and with service providers, including the client's physician or midwife;
- Adhering to the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, as applicable, respecting the collection, use and disclosure of personal information²;
- Handling and maintaining records in accordance with their respective records management policy and practice, including documenting relevant personal information and plans for a pregnant person, family and/or infant(s) in appropriate files;
- Working collaboratively to ensure that planning and voluntary support services are offered to the pregnant person and/or family prior to and following the birth of the child;
- Establishing linkages with key partners, such as health care and social service providers, to support the implementation of this protocol, including primary care providers such as physicians, midwives and service providers for Indigenous communities; and
- Supporting communication and continuous delivery of services for pregnant people and families who move in and out of Indigenous communities.

² The First Nations Health Authority falls under the *Personal Information Protection Act*.

For implementation purposes, leads for each respective MCFD service delivery area/DAA and health authority need to be identified at the local level to ensure ongoing collaboration, co-ordination and monitoring of the implementation of the protocol agreement.

The roles and responsibilities of an MCFD or DAA worker are dependent upon each situation and the scope of delegation and may include:

- Offering and providing voluntary services to families based on their level of need;
- Receiving, assessing and responding to child protection reports in accordance with ss. 14 and 16 of the *Child, Family and Community Service Act* (CFCSA) and the Child Protection Response policies;
- Providing a range of non-voluntary child protection services when an infant or child needs protection (s. 13 of the CFCSA);
- Working collaboratively with health authority staff and primary care providers when providing services and/or when referring a parent, infant, child or youth with vulnerabilities to a health-care provider for support services;
- Explaining and offering support services to a pregnant person or parent with vulnerabilities who is not consenting to MCFD/DAA involvement so they are aware of available supports in case their circumstances change and they decide they want support services;
- Making ongoing attempts to engage a pregnant person or parent with vulnerabilities who is not consenting to MCFD/DAA involvement so they are aware of available supports in case their circumstances change and they decide they want support services; and
- Where the pregnant person or parent with vulnerabilities is a child in care under the CFCSA, ensuring that the child in care receives adequate prenatal and postnatal care, and that the child in care's plan of care includes supports and services during the pregnancy and after the child is born.

Roles and responsibilities of a health authority employee are dependent upon each situation and include:

- Providing voluntary universal and enhanced health-care services to clients including screening and assessment, health promotion and education, and interventions (including in-person visitation as warranted based on assessment) during the prenatal and postpartum periods and for families based on public health service standards;
- Offering health-care services to families based on their level of need, risk and strengths or protective factors;
- Making a child protection report when there is reason to believe that a child may need protection under s. 13 of the CFCSA. The B.C. Handbook for Action on Child Abuse and Neglect for Service Providers provides further information and is accessible online;
- Referring clients to MCFD and other agencies and care providers for support services when appropriate; and
- Working collaboratively with MCFD/DAA workers and other service providers who are involved with clients.

5.0 COLLECTION, USE AND DISCLOSURE OF INFORMATION

It is expected that Ministry of Children and Family Development (MCFD)/delegated Aboriginal agency (DAA) workers understand the *Child, Family and Community Service Act* (CFCSA) and *Freedom of Information and Protection of Privacy Act* (FOIPPA) provisions respecting their collection, use or disclosure of personal information as described below. Similarly, it is expected that health authority staff understand FOIPPA provisions respecting their collection, use or disclosure of personal information, and the duty to report a child in need of protection under s. 14 of the CFCSA.

Section 96 (1) of the CFCSA states that:

A director has the right to any information that

- a) Is in the custody or control of a public body as defined in the *Freedom of Information and Protection of Privacy Act*, and
- b) Is necessary to enable the director to exercise his or her powers or perform his or her duties of function under this act.

Section 96 (2) of the CFCSA states that a public body that has custody or control of information to which a director is entitled under subsection (1) must disclose that information to the director.

Guidance on Information Sharing

1. Where the client is a pregnant person without children in the home:

- When offering or providing services, information can only be obtained and shared about a pregnant person with their written consent (s. 74(2)(e)(ii) of the CFCSA, and pursuant to FOI Regulation, s. 11).
- With the written consent of the pregnant person, an MCFD/DAA worker can make agreements or share information with other government bodies and community agencies where necessary to integrate the planning and/or delivery of support services (s. 33.1(1)(b) of FOIPPA).
- Only voluntary intervention and services can be provided to a pregnant person with no other children in their care.

2. Fetus:

- Any information that MCFD/DAA receives about a fetus from any source cannot legally be considered a child protection report under the CFCSA (as there is no child).
- MCFD/DAA cannot use s. 96 of the CFCSA to require disclosure of information with respect of a fetus (e.g., obtain information about a pregnant person in order to ensure the fetus will be safe when the baby is born).

3. Infants at risk of child protection concerns:

- Under s. 14 of the *Child, Family and Community Service Act* (CFCSA), health authority staff have a duty to report concerns regarding the safety and well-being of children promptly to an MCFD/DAA delegated worker.
- An MCFD/DAA delegated worker, in accordance with policy 3.1 of the Child Protection Response policies, can advise the reporter that:
 - if the report is screened in as a child protection response, the reporter will be notified at the conclusion of the response; and
 - the reporter's identity is confidential and will not be disclosed without consent unless required for a court proceeding.
- If an MCFD/DAA delegated worker is involved with an infant and parent due to child protection concerns and a health authority staff person is also involved, information can be disclosed to the health authority staff person without consent if it is necessary to ensure the safety or well-being of the infant, pursuant to s. 79(a) of the CFCSA.

4. Where the client is a pregnant person with children in the home:

- Information can be disclosed by the MCFD/DAA worker without the pregnant person's consent if the concerns identified relate to the safety and well-being of the children in their care pursuant to s. 79(a) of the CFCSA.

5. Where the client is a pregnant youth under the age of 19 years who is not a child in care:

- Information can be disclosed by the MCFD/DAA worker without the youth's consent when it is necessary for the safety and well-being of the youth in accordance with s. 79(a) of the CFCSA.
- Information pertaining to the youth can be obtained from a public body without the youth's consent in accordance with s. 96 of the CFCSA when it is necessary for the safety and well-being of the youth.

6. Where the client is a pregnant youth under the age of 19 years who is a child in care:

- The MCFD/DAA delegated worker's authority to obtain and disclose information stems from the MCFD/DAA delegated worker's function as the youth's guardian under the CFCSA. The MCFD/DAA delegated worker has authority to collect and share information without the youth's consent when necessary to ensure the safety and well-being of the youth in care.

6.0 CONFLICT RESOLUTION

Disagreements amongst protocol partners, should any occur, will be addressed early and informally whenever possible to preserve respectful working relationships and ensure that services are provided in keeping with the purpose of this protocol.

In the event that there is a conflict; if necessary, the conflict will be resolved using the following progressive stages:

- The MCFD/DAA worker and health authority staff discuss the concerns directly with each other and attempt to find resolution.
- If the conflict remains, the supervisor of the MCFD/DAA worker and health authority staff discuss the concerns and attempt to find resolution.
- If the conflict remains unresolved after the previous steps have been followed, the appropriate manager of the MCFD/DAA worker and health authority staff discuss the concerns and attempt to find resolution.

7.0 AMENDMENTS TO APPENDICES OF PROTOCOL AGREEMENT

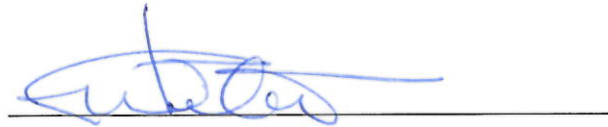
Amendments to the appendices of this protocol agreement will only be made in writing and must be signed by both administrators of this protocol agreement.

8.0 TERM OF AGREEMENT AND SIGN-OFF

The term of this agreement commences on the date that this protocol agreement is signed by the parties and remains in force until terminated by a party's administrator of this protocol agreement, upon 30 days prior written notice. The protocol will be reviewed every five years or sooner if required.


This protocol comes into effect on the 16th day of September 2019.

Ministry of Children and Family Development Administrator



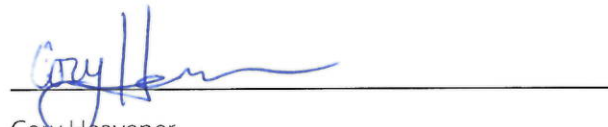
Francesca Wheeler
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Appendix A: Glossary

For the purpose of this protocol agreement:

Applicable law means *Freedom of Information and Protection of Privacy Act* (FOIPPA) and any other legislation or regulations which may apply to the data collected, used and disclosed under this agreement.

Child is a person under the age of 19 years old.

(Source: *Child, Family, and Community Service Act*, s. 1 (1).)

Child in care means a child who is in the custody, care or guardianship of a director under the *Child, Family and Community Service Act* or a director of adoption.

(Source: *Child, Family and Community Service Act*, s. 1 (1).)

Collaborative practice can be described as an interactive process by which individuals with diverse training meet together to plan, generate and execute solutions to mutually-identified problems related to the welfare of children and families. It is increasingly seen as an approach to maximize the delivery of co-ordinated, effective and efficient services to health-care consumers.³

Delegated Aboriginal agency means an Aboriginal agency whose employees have been delegated authority under s. 92 of the *Child, Family and Community Service Act* by a designated director.

Enhanced public health services may include additional nursing assessment, health promotion and education, and more intensive follow up (e.g., home visitation services). These are offered to pregnant people and families with vulnerabilities based on their level of need, risk and strengths or protective factors.

Family-centred care is an approach to children's health care that respects the central role of the family in a child's life. It upholds the importance of the family as a partner on the health-care team. Family-centred care core concepts include: family strengths, respect, choice, information sharing, support, flexibility, collaboration and empowerment.⁴

Fetus means the unborn offspring from eight weeks after conception until birth.

First Nations Health Authority (FNHA) plans, manages, delivers and funds the delivery of Indigenous health programs in British Columbia.

³ Ministry of Children and Families, *Integrated Case Management: Participants' Manual* (October 1999), p.1-2.

⁴ BC Children's Hospital, [Family Centered Care](#), BC Children's Hospital website (last accessed Aug. 20, 2019).

Health authority means a regional health board or a prescribed body. There are five health authorities in B.C. that govern, plan and co-ordinate services regionally within 16 health service delivery areas and participate with one Provincial Health Services Authority (PHSA), which has provincewide responsibility in four key areas: a) Provincial clinical policy; b) Provincial clinical service delivery; c) Provincial commercial services; and d) Provincial digital and information technology.

(Source: *Public Health Act*, s. 1 and the *Ministry of Health*.)

Infant for the purpose of this protocol means a child less than 24 months of age.

MCFD/DAA worker means a worker who may be employed either by the Ministry of Children and Family Development (MCFD) or by a delegated Aboriginal agency (DAA).

MCFD/DAA delegated worker means, for the purposes of this protocol agreement, a worker delegated under s. 92 of the *Child, Family and Community Service Act* to exercise the director's powers, duties and functions for child protection or guardianship. A delegated worker is employed either by MCFD or by a DAA. Not all MCFD/DAA workers are delegated to provide child protection services (e.g., child and youth with special needs workers, or workers who provide only support services).

Service co-ordinator means the designated individual who provides oversight to ensure the joint plan of care is developed together with the family and other professionals, which identifies priorities, appropriate services and resources across the health and social services care continuum. The service co-ordinator maintains contact with the family and includes them in the development of the plan of care according to the needs of the family. The designation of the service co-ordinator is based on the needs and capacity of the family and may shift over time.

Personal information means recorded information about an identifiable individual other than contact information.

(Source: *Freedom of Information and Protection of Privacy Act*, Schedule 1.)

Public body means:

- (a) a ministry of the government of British Columbia,
- (b) an agency, board, commission, corporation, office or other body designated in, or added by regulation to, Schedule 2, or
- (c) a local public body

but does not include

- (d) the office of a person who is a member or officer of the Legislative Assembly, or
- (e) the Court of Appeal, Supreme Court or provincial court.

(Source: *Freedom of Information and Protection of Privacy Act*, Schedule 1.)

Local public body means:

- (a) a local government body,
- (b) a health care body,
- (b.1) a social services body,
- (c) an educational body, or
- (d) a governing body of a profession or occupation, if the governing body is designated in, or added by regulation to, Schedule 3.

(Source: *Freedom of Information and Protection of Privacy Act*, Schedule 1.)

Health-care body means:

- (a) a hospital as defined in section 1 of the *Hospital Act*,
- (b) a provincial auxiliary hospital established under the *Hospital (Auxiliary) Act*,
- (c) a regional hospital district and a regional hospital district board under the *Hospital District Act*,
- (d) and (e) [Repealed 2008-28-147.]
- (f) a provincial mental health facility as defined in the *Mental Health Act*, or
- (g) a regional health board designated under section 4 (1) of the *Health Authorities Act*;
- (h) [Repealed 2002-61-17.]

(Source: *Freedom of Information and Protection of Privacy Act*, Schedule 1.)

Public health/primary care/community health nurse

These nurses play key roles in the service delivery continuum of interdisciplinary perinatal, child and family health services. They provide screening and assessment, health promotion and education, and intervention and support services to women, children, youth and families. Enhanced public health services (see definition) are provided to reduce inequities and optimize health for vulnerable populations. Services are provided to individuals, families, groups and communities in homes, schools, health units and community settings. In B.C., nurses must be registered with the College of Registered Nurses of British Columbia, adhere to a standard of practice and work within a legally prescribed scope of practice.⁵

Special needs

An ongoing physical, cognitive, communicative and/or emotional/behavioural condition requiring additional care and support.

Universal public health services

Universal services for pregnant people and their families include screening and assessment, health promotion and education, and intervention based on public health priorities.

Violent relationship

A pattern of intentionally coercive and violent behaviour towards an individual with whom there is or has been an intimate relationship. These behaviours can be used to establish control of an individual and can include physical and sexual abuse; psychological abuse with verbal intimidation, progressive social isolation, or deprivation; and economic control.⁶

Vulnerability for the purpose of this agreement refers to factors that may be used to determine if a person or family should be considered for enhanced support from public health and/or voluntary services through the Ministry of Children and Family Development. A determination of vulnerability is not the same as a determination of a duty to report for child protection concerns. The following may be indications of vulnerability:

- Having children for whom protective services are currently required;
- Social isolation or alienation from healthy support relationships including family, friends and community and/or single parent without support services;
- Lack of engagement with health-care services, including prenatal care;
- Problematic substance use;
- Environmental concerns such as unsafe living conditions, financial crisis, newly located to the community with few or no social supports, and/or a history of fleeing that led to crisis;
- Relationship safety factors, including recent or escalating violence;
- Mental health challenges;
- Young age at pregnancy; and/or
- Special needs.

In contrast, factors that would result in a duty to report for child protection concerns are outlined in the B.C. Handbook for Action on Child Abuse and Neglect for Service Providers and are consistent with circumstances included in s. 13 of the *Child, Family and Community Service Act*.

Youth is a person who is 16 or older and under 19 years old.

(Source: *Child, Family and Community Service Act*, s. 1 (1).)

⁵ College of Registered Nurses of British Columbia, [What to expect from nurses](#), College of Registered Nurses of B.C. website (accessed October 2012).

⁶ G. El-Bayoumi, M.L. Borum & Y. Haywood, "Domestic violence in women," *Medical Clinics of North America* (1998) 82(2): pp. 391-401.

Appendix B: Section 13 of the Child, Family and Community Service Act

13 (1) A child needs protection in the following circumstances:

- (a) if the child has been, or is likely to be, physically harmed by the child's parent;
- (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
- (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
- (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;
- (e) if the child is emotionally harmed by:
 - (i) the parent's conduct, or
 - (ii) living in a situation where there is domestic violence by or towards a person with whom the child resides;
- (f) if the child is deprived of necessary health care;
- (g) if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
- (h) if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care;
- (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
- (j) if the child's parent is dead and adequate provision has not been made for the child's care;
- (k) if the child has been abandoned and adequate provision has not been made for the child's care;
- (l) if the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.

(1.1) For the purpose of subsection (1) (b) and (c) and section 14 (1) (a) but with limiting the meaning of "sexually abused" or "sexually exploited", a child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be,

- (a) encouraged or helped to engage in prostitution, or
- (b) coerced or inveigled into engaging in prostitution.

(1.2) For the purpose of subsection (1) (a) and (c) but without limiting the circumstances that may increase the likelihood of physical harm to a child, the likelihood of physical harm to a child increases when the child is living in a situation where there is domestic violence by or towards a person with whom the child resides.

(2) For the purpose of subsection (1)(e), a child is emotionally harmed if the child demonstrates severe:

- (a) anxiety,
- (b) depression,
- (c) withdrawal, or
- (d) self-destructive or aggressive behaviour.

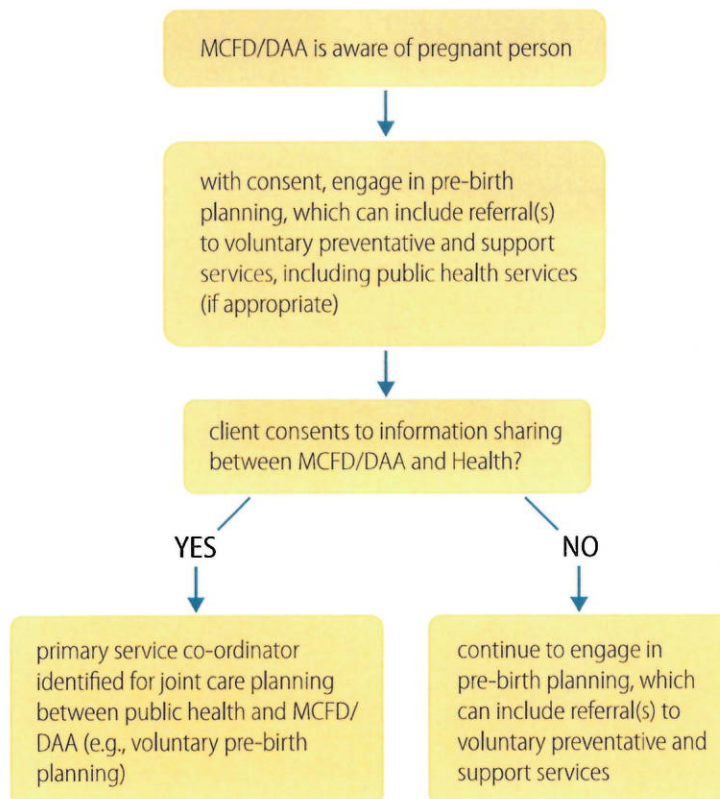
Appendix C: Flow Charts for Information Sharing and Disclosure

The flow charts are intended to guide health authority and Ministry of Children and Family Development (MCFD) or delegated Aboriginal agency (DAA) service providers in the process for information sharing and collaborative care.

These flow charts may require adaptation to support regional operationalization of the protocol.

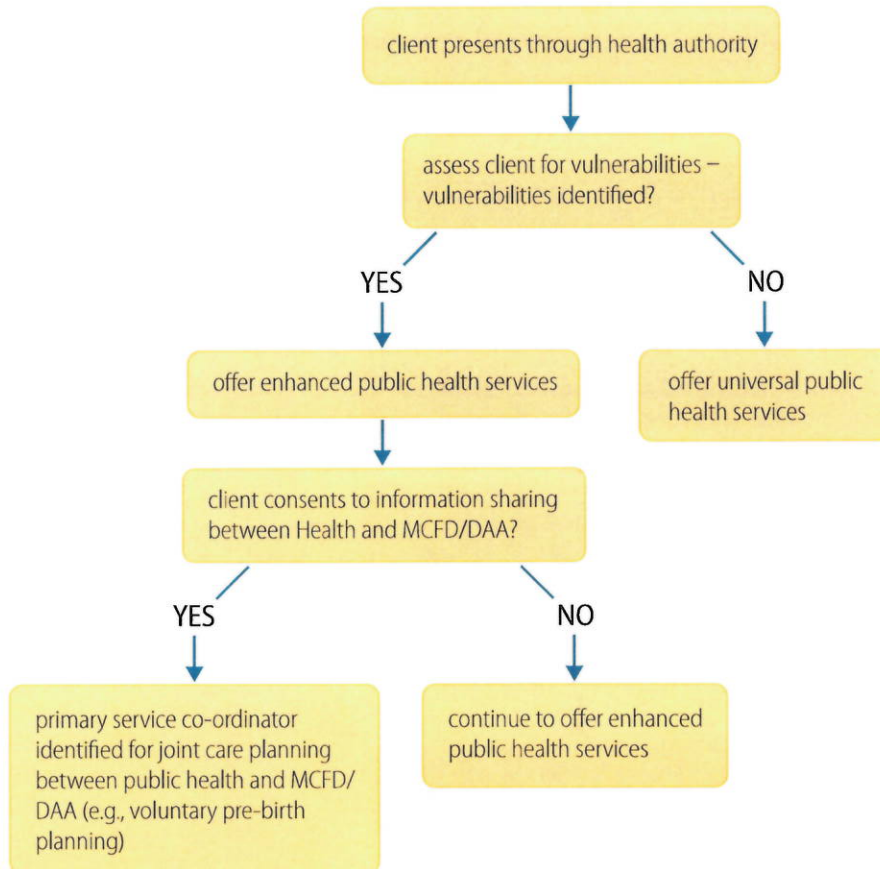
Flow Chart 1:

Pregnant Person With No Other Children in Their Care: MCFD/DAA is aware of pregnant person



Flow Chart 2:

Pregnant Person With No Other Children in Their Care: Client presents to health authority

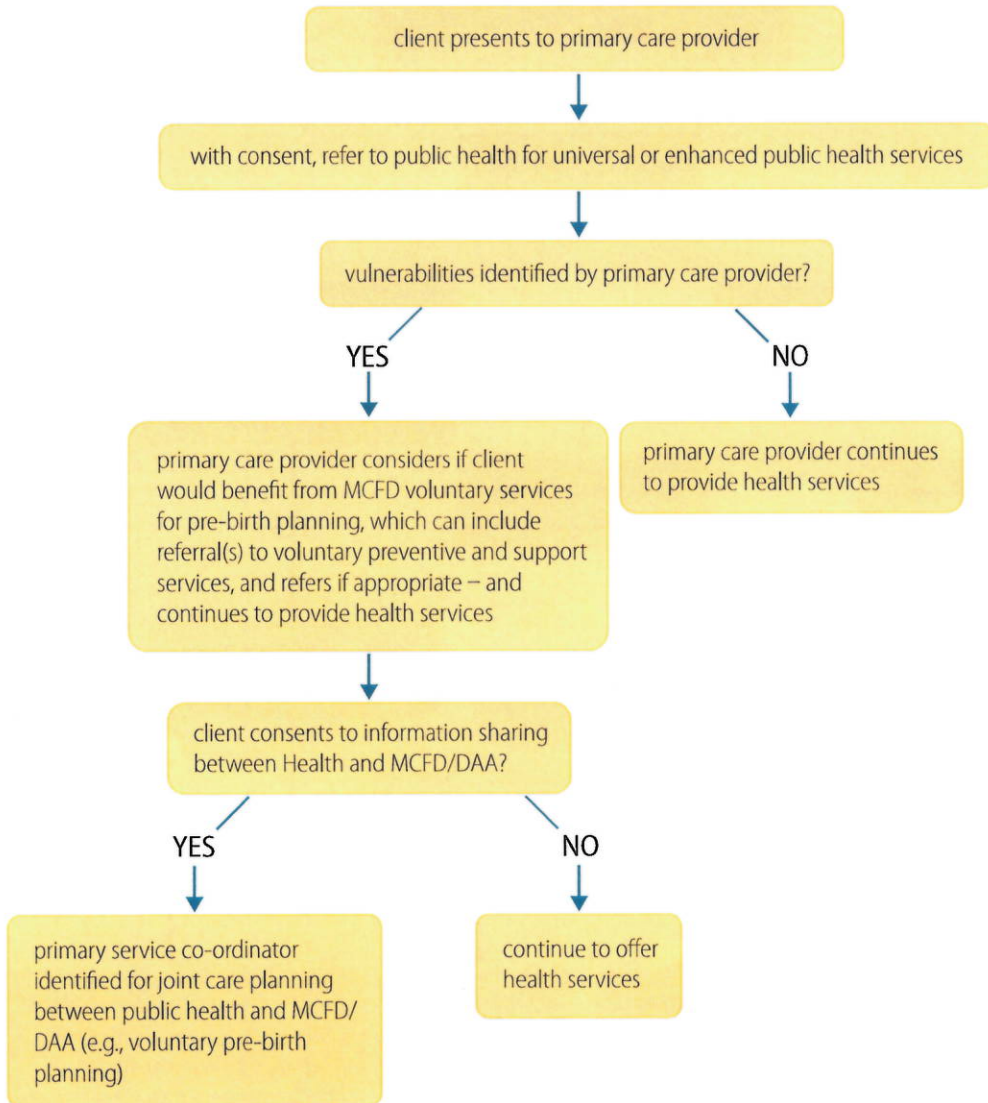


Notes:

Reassessment by MCFD/DAA and health on birth of child – program support and services offered as required.

Flow Chart 3:

Pregnant Person With No Other Children in Their Care: Client presents to primary care provider

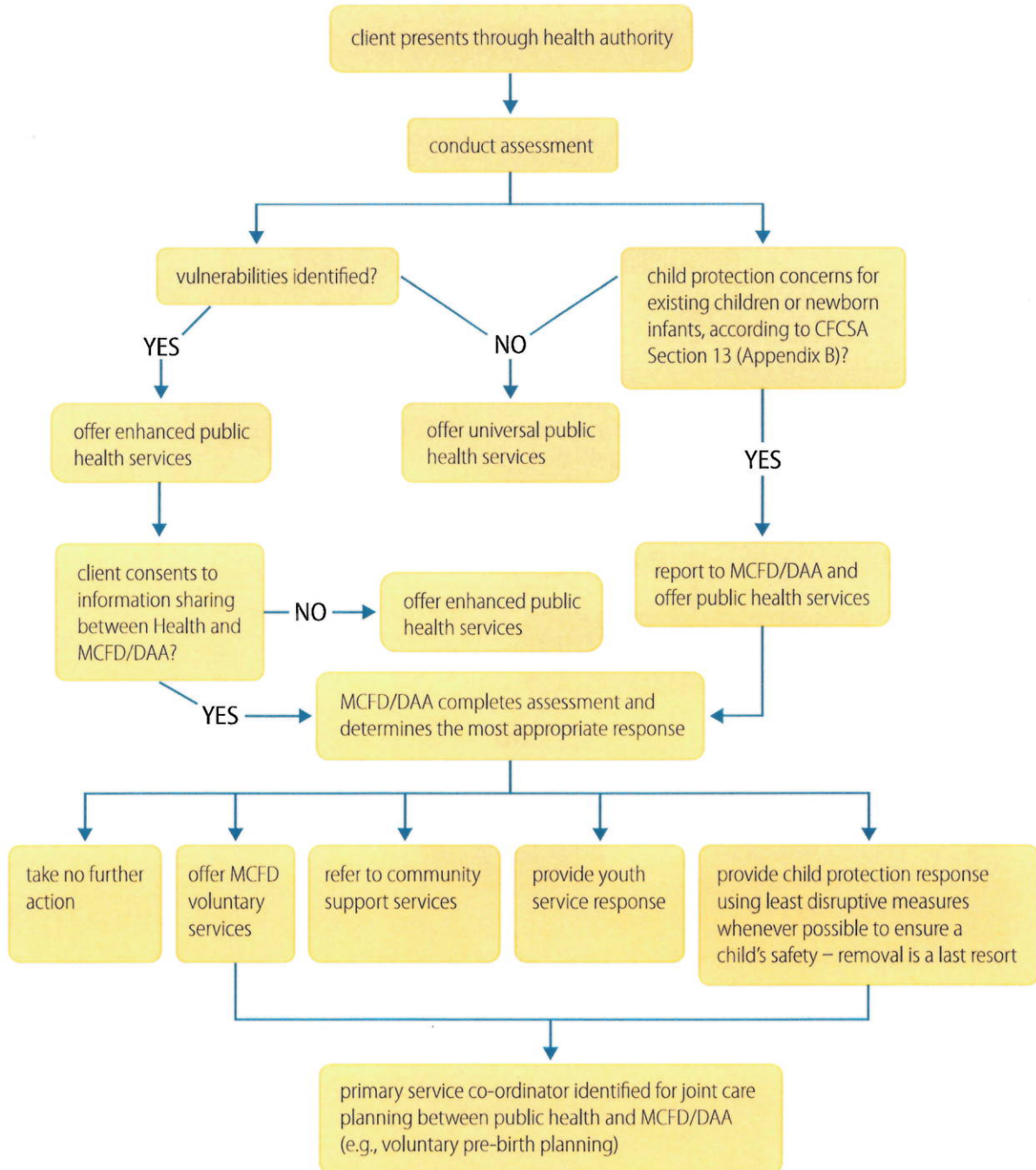


Notes:

Reassessment by MCFD/DAA and health on birth of child – program support and services offered as required.

Flow Chart 4:

**Pregnant Person With Other Children in Their Care or Parent With Newborn:
Client presents to health authority**

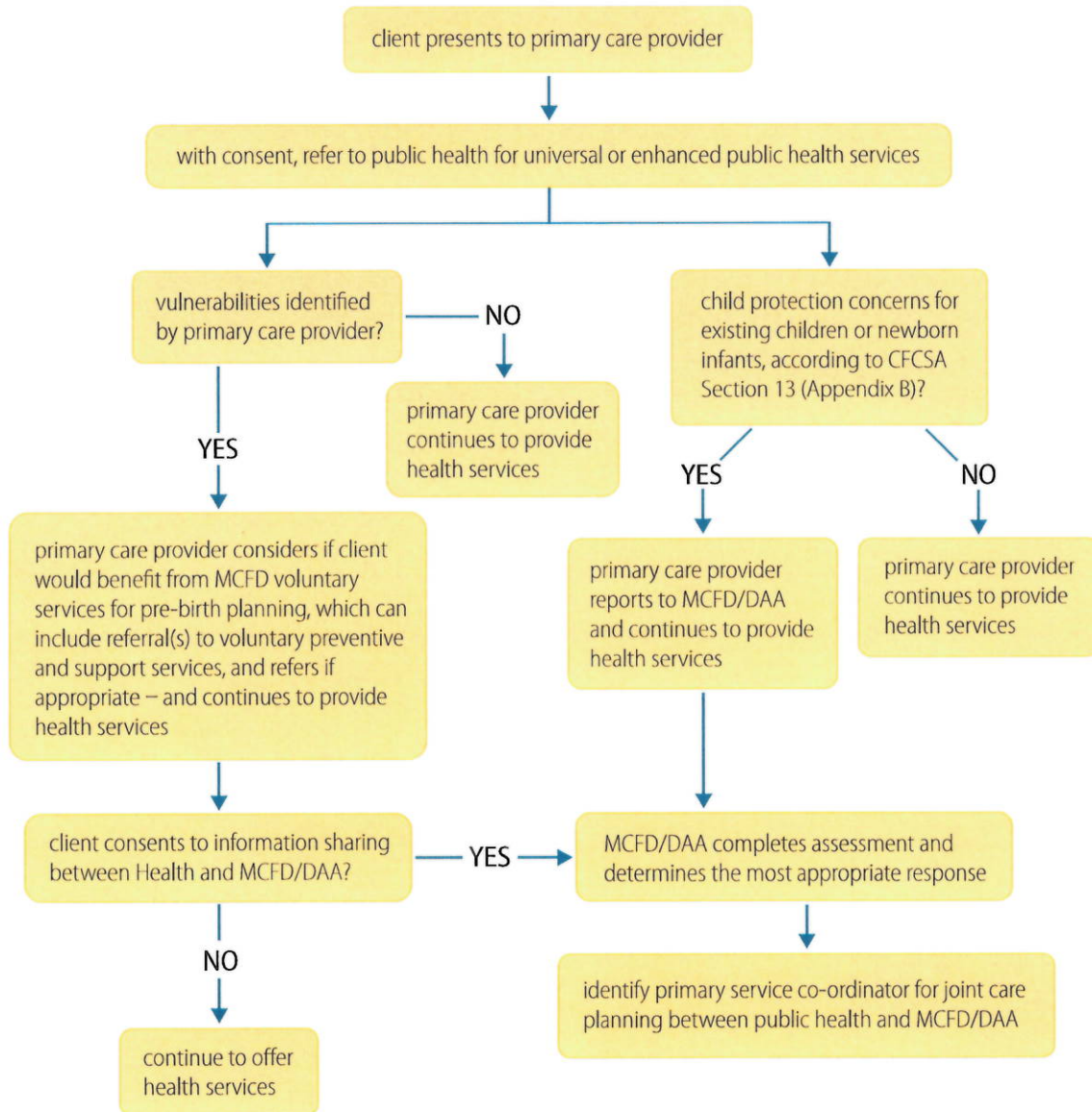


Notes:

If client is a pregnant person, reassessment by MCFD/DAA and health on birth of child – program support and services offered as required.

Flow Chart 5:

Pregnant Person With Other Children in Their Care or Parent With Newborn: Client presents to primary care provider



Notes:

If client is a pregnant person, reassessment by MCFD/DAA and health on birth of child – program support and services offered as required.



BRITISH
COLUMBIA