Roles and Responsibilities of the Director (Child, Family and Community Service Act) and the Ministry Of Health: For Collaborative Practice Relating to Pregnant Women At-Risk and Infants At-Risk in Vulnerable Families

Protocol Agreement
March 2013
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 public health nurses are:

• working with infants at risk in vulnerable families; and/or
• working with vulnerable families where a woman is pregnant and when at birth, an infant would be considered to be at high risk for harm.

Vulnerable families may include pregnant youth or young parents with mental health and/or substance use challenges, and/or special needs, and/or concurrent problems and/or are transient.

Additionally, the protocol supports early identification and intervention for high risk infants in vulnerable families and/or pregnant women with high risk behaviours.

2.0 APPLICABILITY OF THIS PROTOCOL AGREEMENT FRAMEWORK

This protocol agreement is to be followed by MCFD/DAAs and health authorities. 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.
3.0 PRINCIPLES

The principles are based on the guiding and service delivery principles of the *Child, Family and Community Service Act* (CFCSA), 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 children are paramount considerations.
- 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.
- First Nations and Aboriginal people should be involved in the planning and delivery of services to First Nations and Aboriginal families and their children.
- Services should be planned and offered in ways that are sensitive to the needs and the cultural, racial and religious heritage of those receiving services.
- 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.
- Services should identify and address inequities and family identified needs wherever possible.
- Services are family-centred and families are supported to participate as partners in their care.

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 is involved with a family:

- Collaborate to determine and/or clarify each person's role with the family.
- Identify a service coordinator 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 has responsibilities for:

- Explaining, offering and making ongoing efforts to engage vulnerable families to receive support services;
- Assisting and supporting vulnerable families in making informed decisions and healthy choices, promoting good quality pre 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 on-going 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 information;
- Handling and maintaining records in accordance with their respective records management policy and practice, including documenting relevant personal information and plans for a pregnant woman, family and/or infant(s) at risk in appropriate files;
- Working collaboratively to ensure that planning and voluntary support services are offered to the woman 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 Aboriginal and First Nations communities; and
- Supporting communication and continuous delivery of services for pregnant women and families who move in and out of First Nations communities.

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, coordination 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 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 and Youth Safety and Family Support policies (chapter 3);
- 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 physicians when providing services and/or when referring a vulnerable parent, infant, child or youth to a health care provider for support services;

• Explaining and offering support services to a pregnant woman or vulnerable parent who is not consenting to MCFD/DAA involvement. Support services can include services for children and youth, in-home support, respite care, parenting programs, including information on early childhood development, and counselling where available. (ss. 5 and 93 of the CFCSA);

• Making ongoing attempts to engage a pregnant woman or vulnerable parent who is not consenting to MCFD/DAA involvement;

• Where the vulnerable pregnant woman or vulnerable parent is a child in care under the CFCSA, ensuring that the child in care receives adequate pre and post natal care and that the child in care's plan of care includes supports and services during the pregnancy and after the child is born; and

• An MCFD/DAA delegated worker can alert hospitals, without a pregnant woman's consent, where the pregnant woman is delivering a child, and can request the hospital to contact the MCFD/DAA delegated worker upon the birth of the child if safety and well-being concerns exist about the child once 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 provides further information and is accessible at: www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf;

• 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. 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. The Ministry of Health will be supporting the implementation of the protocol through the development of training resources, but will not be collecting, using and/or disclosing any personal health information. Only aggregate data related to health authority training will be collected.

Section 96 (1) of the CFCSA empowers an MCFD/DAA delegated worker to require disclosure of any information that is in the custody or control of a public body that is necessary to enable an MCFD/DAA delegated worker to exercise his or her powers or perform his or her duties or functions under the CFCSA. The MCFD/DAA delegated worker – not the source public body – decides what information is necessary.

Section 96 (2) enables and requires the public body concerned to disclose the requested information to the MCFD/DAA delegated worker.

**Where the client is a pregnant woman without children in the home:**

- Information can only be obtained and shared about a pregnant woman with her written consent (s. 74(2)(e)(ii) of the CFCSA, and pursuant to FOI Regulation, s. 11). However, an MCFD/DAA delegated worker can alert hospitals, without a pregnant woman’s consent, where the pregnant woman is delivering a child, and can request the hospital to contact the MCFD/DAA delegated worker upon the birth of the child if safety and well-being concerns exist about the child once born.

- With the written consent of the pregnant woman, 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 woman with no other children in her care.

**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).

- Any means of obtaining personal information under the CFCSA/FOIPPA do not apply to the fetus.

- MCFD/DAA cannot use s. 96 of the CFCSA to require disclosure of information in respect of a fetus (e.g., obtain information about a pregnant woman in order to ensure the fetus will be safe when the baby is born).
• A child protection report, and a subsequent child protection investigation and response with respect to a pregnant woman, may only be made if the woman has a child in her care who is considered to be at risk.

**Infants at risk in vulnerable families:**

• Under s. 14 of the CFCSA, health authority staff have a duty to report concerns regarding the safety and wellbeing of children promptly to an MCFD/DAA delegated worker.

• An MCFD/DAA delegated worker, in accordance with standard 3.1(2) of the Child and Youth Safety and Family Support 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 or DAA delegated worker is involved with an infant and mother due to child protection concerns and a health authority staff is also involved, information can be disclosed to the health authority staff without consent if it is necessary to ensure the safety or well-being of the infant, pursuant to s. 79(a) of the CFCSA.

**Where the client is a pregnant woman with children in the home:**

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

**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.

**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 broad authority to collect and share information without the youth’s consent in order to promote 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, which could include the offer of mediation through the formal complaints process.

7.0 AMENDMENTS TO 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.

Signed on the ___ day of March, 2013.

Ministry of Children and Family Development Administrator

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APPENDICES

Appendix A: Glossary .................................................................................................................. 10

Appendix B: Section 13 - Child, Family and Community Service Act ......................................... 14

Appendix C: Flow Charts for Information Sharing and Disclosure .................................................. 15

Flow Chart 1: Pregnant Woman With No Other Children in Her Care: Health Authority Staff to MCFD/DAA .................................................................................................................. 15

Flow Chart 2: Pregnant Woman With Children in Her Care: Health Authority Staff to MCFD/DAA .................................................................................................................. 16

Flow Chart 3: Mother With Newborn (no other children in her care): Health Authority Staff to MCFD/DAA .................................................................................................................. 17

Flow Chart 4: Pregnant Woman With No Other Children in Her Care: MCFD/DAA to Health Authority Staff (after voluntary contact) ........................................................................ 18

Flow Chart 5: Pregnant Woman With Children or Woman With a Newborn: MCFD/DAA to Health Authority Staff (after voluntary contact) ........................................................................ 19

Flow Chart 6: Pregnant Woman With Children in Her Care: MCFD/DAA to Health Authority Staff (after child protection report) ........................................................................ 20

Flow Chart 7: Mother With Newborn (no other children in her care): MCFD/DAA to Health Authority Staff (after voluntary contact) ........................................................................ 21

Flow Chart 8: Mother With Newborn (no other children in her care): MCFD/DAA to Health Authority Staff (after child protection report) ........................................................................ 22

Flow Chart 9: Pregnant Woman (no other children in her care): Primary Care Provider To Public Health .................................................................................................................. 23

Flow Chart 10: Pregnant Woman With Children or Woman With a Newborn: Primary Care Provider to Public Health ...................................................................................................... 24

Flow Chart 11: Pregnant Woman With Children in Her Care: Primary Care Provider to MCFD/DAA (child protection report) ........................................................................ 25
Appendix A: Glossary

For the purpose of this protocol agreement:

**Applicable law** means *Freedom of Information and Protection of Privacy Act* (FIPPA) 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 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 coordinated, effective and efficient services to health care consumers.¹

**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.

**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.²

**Fetus** means the unborn offspring from eight weeks after conception until birth.³

**Health authority** means a regional health board or a prescribed body. There are five health authorities in B.C. that govern, plan and coordinate services regionally within 16 health service delivery areas and participate with one Provincial Health Services Authority, which coordinates and/or provides provincial programs and specialized services, such as cardiac care and transplants.
(Source: *Public Health Act*, s. 1 and the Ministry of Health.)

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² BC Children’s Hospital, *Family Centered Care*, BC Children’s Hospital website (accessed October 2012).
High risk/ at risk or vulnerable expectant parents and families are individuals to whom one or more of the following risk factors apply and where it is believed that a child (once born) may be harmed without intervention and provision of support services. The combination of several factors may also increase the level of risk. Risk factors or vulnerabilities include:

- History of unwanted pregnancies;
- The expectant parent having children for whom protective services are currently required;
- The expectant parent being isolated or alienated from healthy support relationships including family, friends and community and/or support services;
- Insufficient prenatal care;
- The expectant parent refusing to consent to health treatment when the treatment is necessary to ensure the health of the expectant parent and expected child, including untreated diagnosed mental health disorders with behaviours that may significantly interfere with the ability to parent;
- Actions by the parents that pose a risk of future harm to the child, once born;
- Environmental concerns such as inadequate housing including homelessness or an unstable resident situation, financial crisis, unemployment, newly located to the community with little or no supports, and/or a history of fleeing that led to crisis;
- Behaviour that puts the expected child at risk such as problematic substance use (alcohol, illicit or prescription drugs that may harm the developing fetus); or
- Violent relationships including recent or escalating violence.

High risk/at risk or vulnerable infant means an infant regardless of birth weight, size, or gestational age, who has a greater than average chance of morbidity or mortality due to risk factors that include:

- Preconception or perinatal conditions or circumstances that negatively affect the pregnancy and developing fetus, the birth process and birth outcomes; or
- Factors that negatively impact social-emotional, cognitive or physical development. Also refer to definition of high risk/ at risk or vulnerable expectant parents and families.

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 a worker delegated under s. 92 of the Child, Family and Community Service Act to exercise the director’s powers, duties and functions. 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 coordinator** 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 coordinator 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 coordinator 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.

**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 nurse
A public health nurse plays a key role in the service delivery continuum of interdisciplinary perinatal, child and family health services. A public health nurse provides screening and assessment, health promotion and education, and intervention and support services to women, children, youth and families. Enhanced services 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., a public health nurse 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.4

special needs
Women who require additional care and support associated with an ongoing physical, cognitive, communicative and/or emotional/behavioural condition.

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.5

Youth is a person who is 16 or older and under 19 years old.
(Source: Child, Family and Community Services Act, s. 1 (1).)

4 College of Registered Nurses of British Columbia, What to expect from nurses, College of Registered Nurses of B.C. website (accessed October 2012).
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 the parent’s conduct;
(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 (10) (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.

(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 Woman With No Other Children in Her Care: Health Authority Staff to MCFD/DAA

client presents through health authority

public health nursing assessment (vulnerabilities)

referral to MCFD/DAA indicated

YES NO

client consents to referral to MCFD/DAA

MCFD/DAA receives referral from public health, completes assessment and offers program supports/services as applicable

client accepts MCFD/DAA services

YES NO

consent for information sharing with public health

identification of service coordinator/joint care planning and ongoing planning and delivery of services

YES NO

client continues to receive MCFD/DAA and public health services independently

continued public health services offered

public health to reassess risk/vulnerability on birth of child and requirement for referral to MCFD/DAA

enhanced public health nursing services offered

enhanced public health nursing services offered

client consents to referral to MCFD/DAA

client consents to referral to MCFD/DAA

enhanced public health nursing services offered
client presents through health authority

public health nursing assessment - concern for safety and wellbeing of children in care of pregnant woman

enhanced public health nursing services offered

report to MCFD/DAA required (s. 14, CFCSA) - public health attempts to involve client in referral process wherever possible

MDFD/DAA completes assessment and determines the most appropriate response

Option A take no further action

Option B refer the family to community support services

Option C offer voluntary support services

Option D youth service response

Option E provide a family development response

Option F conduct a child protection investigation

depending on response, consent may or may not be required for information sharing with public health

YES NO

client continues to receive MCFD/DAA and public health services independently

identification of primary service coordinator/joint care planning

reassessment by MCFD/DAA and public health on birth of child - program support services offered as required
Flow Chart 3:

Mother With Newborn (no other children in her care): Health Authority Staff to MCFD/DAA

1. Client presents through health authority
   - Assessment by public health or acute care registered nurse - health and safety concerns identified
     - Enhanced public health nursing services offered
     - Report to MCFD/DAA required (s. 14, CFCSA) - public health attempts to involve client in referral process wherever possible
       - Yes
         - MCFD/DAA completes assessment and determines the most appropriate response
           - Protection services, which can include removal
           - Voluntary support required
             - MCFD/DAA offers program supports/services as applicable
               - Depending on response, consent may or may not be required for information sharing with public health
               - Consent or requirement for information sharing is given
               - Identification of primary service coordinator/joint care planning
               - No consent is given
               - Client continues to receive MCFD/DAA and public health services independently
             - If support services are refused:
               1. MCFD/DAA requests permission of client for follow up with public health
               2. Public health services will continue
       - No
         - Enhanced voluntary public health services offered - accepted - ongoing assessment of family risk by public health nurse
Flow Chart 4:

Pregnant Woman With No Other Children in Her Care: MCFD/DAA to Health Authority Staff (after voluntary contact)

- client voluntarily presents through MCFD/DAA for assistance
- MCFD/DAA assessment - vulnerabilities identified - referral to public health nursing indicated (MCFD/DAA offers services, depending upon assessment)
- encourage client to accept public health nursing services - share information with public health nurse with consent
- public health assessment and provision of services, based on vulnerabilities identified
- when MCFD/DAA and public health providing services, identification of service coordinator and ongoing joint care planning occur - information shared with client’s consent
- public health nurse to assess risk/vulnerability on birth of child and whether there is a need to report any child protection concerns to MCFD/DAA (s. 14, CFCSA)

Notes:

In situations where the pregnant woman is a child in care, her consent is not required for a referral to public health if concerns exist about her safety and wellbeing.

For more detailed information about roles and responsibilities, refer to Appendix 1.

If an MCFD/DAA worker has concerns regarding the safety and wellbeing of the infant following birth, a hospital alert can be initiated without the pregnant woman’s consent.
In situations where the pregnant woman is a child in care, her consent is not required for a referral to public health if concerns exist about her safety and wellbeing.

For more detailed information about roles and responsibilities, refer to Appendix 1.
Flow Chart 6:

Pregnant Woman With Children in Her Care: MCFD/DAA to Health Authority Staff (after child protection report)

receipt of child protection report by MCFD/DAA

MCFD/DAA assessment - child protection concerns exist about safety and wellbeing of children - advise client of concerns (MCFD/DAA provides appropriate services)

share information with public health nursing with consent - encourage client to accept public health nursing services

encourage client to accept public health services - information disclosed to public health without consent if necessary for the safety and wellbeing of children (s. 79(a), CFCSA)

when MCFD/DAA and public health providing services, identification of service coordinator and ongoing joint care planning occur - information shared without consent if necessary for safety and wellbeing of children (s. 79(a), CFCSA)

hospital alert initiated by MCFD/DAA about the birth of the newborn without the client’s consent if concerns exist about safety and wellbeing of children (s. 79(a), CFCSA)

Notes:

In situations where the pregnant woman is a child in care, her consent is not required for a referral to public health if concerns exist about her safety and wellbeing.

For more detailed information about roles and responsibilities, refer to Appendix 1.
Flow Chart 7:
Mother With Newborn (no other children in her care): MCFD/DAA to Health Authority Staff
(after voluntary contact)

- client presents voluntarily through MCFD/DAA
- MCFD/DAA assessment - determine most appropriate response
- referral to public health nursing indicated
- YES
  - client consents to referral to public health
  - when MCFD/DAA and public health providing services, identification of service coordinator and ongoing joint care planning occur - information shared with client’s consent
Flow Chart 8:

Mother With Newborn (no other children in her care): MCFD/DAA to Health Authority Staff (after child protection report)

- child presents through MCFD/DAA due to child protection report
- MCFD/DAA assessment - concerns about safety and wellbeing of child exist - provision of child protection services
- referral to public health if necessary for the safety and wellbeing of child (without consent)
- when MCFD/DAA and public health providing services, identification of service coordinator and ongoing joint care planning occur - information shared without consent if necessary for the safety and wellbeing of child
Pregnant Woman (no other children in her care): Primary Care Provider to Public Health

1. Prenatal client presents through primary care provider
2. Universal prenatal referral to public health
3. Public health nursing assessment - vulnerabilities
4. Referral to MCFD/DAA for voluntary services indicated
   - If client consents to referral to MCFD/DAA, proceed to MCFD/DAA receives referral from public health, completes assessment and offers program supports/services as applicable.
   - If enhanced public health nursing services offered, proceed to primary care is notified of the referral outcome.
5. MCFD/DAA receives referral from public health, completes assessment and offers program supports/services as applicable.
   - If client accepts MCFD/DAA services, proceed to consent for information sharing with public health.
   - If public health and primary care reassess risk/vulnerability on birth of child and requirement for referral to MCFD/DAA, proceed to client continues to receive MCFD/DAA, public health and other provider services independently.
6. Consent for information sharing with public health
   - If YES, proceed to identification of service coordinator, service delivery and ongoing joint care planning with inclusion of other applicable care providers.
   - If NO, client continues to receive MCFD/DAA, public health and other provider services independently.
Flow Chart 10:

Pregnant Woman With Children or Woman With a Newborn: Primary Care Provider to Public Health

- prenatal client presents through primary care provider
- universal prenatal referral to public health
- public health nursing assessment - vulnerabilities identified
- referral to MCFD/DAA indicated for child protection concerns

YES
- MDFD/DAA assessment - child protection concerns exist about safety and wellbeing of children - advise client of concerns (MCFD/DAA provides appropriate services)

NO
- enhanced public health nursing services offered
- primary care is notified of the referral outcome

Identification of service coordinator, service delivery and ongoing joint care planning with inclusion of other applicable care providers
Prenatal client presents through primary care provider

- Primary care assessment - concerns identified for safety and wellbeing of children

  - Report to MCFD/DAA required (s. 14, CFCSA)

  - MCFD/DAA assessment - concerns exist about safety and wellbeing of children - provision of child protection services

  - Primary care is notified of the referral outcome

  - Identification of service coordinator, service delivery and ongoing joint care planning with inclusion of other applicable care providers - information disclosed without consent if necessary for safety and wellbeing of children (s. 79(a), CFCSA)

  - Public health and primary care reassess risk/vulnerability on birth of child and requirement for referral to MCFD/DAA

- Universal prenatal referral to public health - encourage client to accept public health services - information disclosed to public health without consent if necessary for the safety and wellbeing of children (s. 79(a), CFCSA)

  - Enhanced public health nursing services offered

  - Primary care is notified of the referral outcome