



RESPONSE TO A 2013 PDRC REPORT OF CAS INTERNAL DEATH REVIEW:

Improving decision making about potential case closure
when there is a maternal pregnancy



Ontario Association of
Children's Aid Societies

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Decision making about potential case closure where protection concerns have been mitigated for existing child(ren) and there is a maternal pregnancy

The Pediatric Death Review Committee (PDRC) and Deaths Under 5 Committee (DUC5) annually reviews the deaths of children actively receiving service from a children's aid society, either at the time of death or in the preceding 12 months. Findings and recommendations from the PDRC promote best practices in child protection services in order to improve outcomes for children. A number of cases reviewed by the PDRC involve the termination of services to a family where there is an impending birth and there has been a history of protection concerns (PDRC, 2010).

In the recommendations of a January 2013 child death report, the PDRC requested that the Provincial Director of Service group develop a consistent practice, to be applied province wide, regarding the closure of cases with maternal pregnancy.

It is recommended that the Directors of Service provincial group consider the development of best practice guidelines for Children's Aid Societies to guide the approach to case closure in the context of identified maternal pregnancy.

Responding to the work and recommendations of the PDRC is a component of the Provincial Director of Service Workplan. In June 2013, a working group was tasked with developing a consistent, province- wide, best practice approach and an accompanying training and implementation plan. Membership of the working group included Directors of Service and Managers from the child welfare field and staff from the OACAS Learning Resources Development team. This document represents the work of the group to support an Ontario child welfare response to guide the approach to cases where there is a maternal pregnancy and the protection concerns for the existing children have been resolved/mitigated.

In considering the issues and determining scope, the Child and Family Services Act was reviewed with respect to the current state of the law relating to the rights of the unborn children. The courts in Canada have consistently held that a fetus in utero, in the absence of specific legislative direction to the contrary, is not a person/human being/child and does not enjoy the protection of the common law and statutory rights generally associated with personhood. Thus, a fetus is not considered a "child" within the meaning of the CFSA in Ontario (and many other jurisdictions), nor is there any legislation in Ontario that would identify the unborn as entitled to such rights and protections apart from the CFSA. Even the Criminal Code of Canada defines a fetus as a human being only when it has fully emerged, living, from the body of its mother.

As a result, there are many cases where a Children's Aid Society becomes aware of parental behaviour or lifestyle choices which do or will pose a risk to the health and development of the



unborn fetus, or have the potential to pose such a risk once the child is born alive, but the Society is unable to effectively intervene to protect the fetus because there is no “child” to protect. These guidelines will be an attempt to address this issue in one particular type of case i.e., those cases where the family has already experienced some parenting difficulties relating to her other children, and the Society is concerned about the safety of the fetus and the impact on the family of the addition of another child, but where the degree of risk relating to those other children has resolved or has fallen below that which would be required for the Society to insist on its continued involvement.

The following process map identifies the steps and critical decision points to consider for closing the case or continuing service provision. It presents a baseline in service planning and delivery. Overarching practice approaches such as strengths-based practice, relationship based practice (engagement), early help, and critical decision making, underpin the approach described in the process map and are referred to below. References are made to relevant resources that support decision making, planning and case management. The process map has been developed in a manner that allows for a consistent approach to be taken with the cases defined by this group and the PDRC, while also having flexibility to be enhanced or adjusted to specific community settings and practices.

The process map is consistent with approaches and protocols existing within and outside of Ontario. A scan of current practices in relation to such cases was conducted with the Provincial Directors of Service group, in response to the following question: What is your agency’s approach to cases where the protection concerns for children in the home have been resolved, and the mother is pregnant? Do you close the case? Are there other steps you take prior to or after closing the case? If so, what steps?

Themes arising from the emailed responses are summarized in [Appendix A](#).

Also, strategies used in jurisdictions outside of Ontario were reviewed and reflect similar processes and thinking as is contained in this document. More information can be found in [Appendix B](#).



Overarching Practice Approaches

Strategies of strengths-based practice, relationship based practice (engagement), early help and the key concepts that make up the core of the critical decision making process run throughout all of the critical decision points within this process map.

Strengths-Based Practice

Strengths-based practice is a way of responding to individuals, and is a belief that all individuals have strengths, capabilities and resources to learn new skills, and can address their own concerns. Individuals need to be meaningfully involved in the process of learning, which supports their recovery and empowerment. This practice approach is not about denying problems or challenges, or making up strengths, but rather is a balance between risks and strengths (Saleebey, 2005).

Many have argued that risk factors such as abuse, neglect, poverty, and even normal life challenges can predispose individuals to negative outcomes and disillusionment. However, there are many paths to building resilience and a strengths-based approach creates opportunities for resilience to develop and grow within the individual (Hammond, 2010). A strengths-based approach is unlike most traditional approaches, which focus primarily on the problem, are deficit based, and position the professional as the 'expert' on the individual's problem. Strengths-based practice is designed to increase the individual's resources and pull together dominant protective factors, thus mitigating exposure to existing risk factors. Strengths-based practice is client-led, reduces the power and authority barrier inherent in most traditional approaches, and places the individual as the 'expert' on what has worked/might work or not. The worker is placed in the position of partner and/or guide to the change process (Lyons, 2005). The worker-client relationship is based on collaboration; it is an empowering alternative to most deficit based approaches, avoids stigmatizing language, and fosters hope and realistic expectations.

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References

Saleebey, D. (2005). *The strengths perspective in social worker practice* (4th ed.). Boston: Allyn.

Bacon Hammond, W. (2010). Principles of Strengths-Based Practice. Retrieved from:
http://www.mentalhealth4kids.ca/healthlibrary_docs/PrinciplesOfStrength-BasedPractice.pdf

Lyons, T.R. (2005). Strengths-Based Social work practice. Retrieved from:
http://en.wikibooks.org/wiki/Strengths-Based_Social_Work_Practice

Relationship Based Practice (Engagement)

A worker's ability to engage parents and families is critical to child safety. Workers should attempt to engage not only biological mothers and fathers, but also anyone with parental responsibility, or who has day-to-day care of the child or likely to play a supportive role. It has been noted that the worker-client relationship is the most powerful intervention tool known to social work (Young & Dumbrill, 2010). The quality and strength of the worker-client relationship has a remarkable influence on the achievement of the client's desired outcomes, and the strength of this relationship is related to positive client outcomes and the change process. The worker's ability to identify and balance the client's strengths, needs, and risks will strongly foster the client's hopes and expectations for positive change. Qualities such as warmth, empathy, and acceptance contribute as much as 30% to the outcome of the worker-client relationship (Young & Dumbrill, 2010). A worker's capacity to listen, understand, support, and work within the client's world view is key to a strong therapeutic alliance. There is strong recognition in child welfare practice that



client goal achievement and satisfaction with service is rooted in a compassionate, helpful, and engaging working relationship. Parental engagement is related to parental satisfaction, which is related to a parent's willingness to contact the worker again, if needed, after a case is closed.

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References

Young, M., & Dumbrell, G. (2010). *Clinical Counselling: A Vital Part of Child Welfare Services*. Toronto: Clinical Counselling Child Welfare Committee, OACAS Provincial Project.

Early Help Defining Early Help

Early help is an intervention philosophy where child well-being, including safety and permanency, is the primary focus. It is a way of thinking and working premised on the idea that truly protecting children means taking action early in order to prevent harm (Freymond et al., 2012).

Strategies of early help rely on interventions that occur at a time when difficulties first begin to manifest, often before the family is eligible for service. Early help provides supports to families to assist in developing the skills necessary to cope with stressors that often lead to later maltreatment concerns. In the case of potentially high risk pregnancies, early help strategies may be beneficial in creating a conversation between service providers and parents to help mitigate risk and improve the health of the unborn child, as well as outcomes following birth. In child protection cases where there is an identified maternal pregnancy there is typically a strong focus on mothers as the recipients of services. A critical role is held by fathers. It is necessary to develop plans and interventions that attend to the involvement of fathers and their strengths and needs.



Early Help Initiatives are present throughout many communities and often involve networks of communication and referral between community partners.

References

Freymond, N., Moore, D., Scott, A., Spencer, K., & Buckingham-Rivard, L. (2012) Changing the way we think about child welfare services in Ontario: questions and answers about early help. *OACAS Journal*, 57 (2), 2 – 11. Retrieved from <http://custom.cvent.com/2BDAB255E75047EAB50030D18F533D73/files/c06ad9024e66499fa1506726d6df0542.pdf>

Further Information

Allen, G. (2011). *Early Intervention: The Next Steps*. England: An independent report to her majesty's government. Retrieved from <http://preventionaction.org/sites/all/files/Early%20intervention%20report.pdf>

Early Help Committee. (2012). *Becoming the Help that Families Need: Why early help makes sense for Child Welfare in Ontario*. Retrieved from: <http://positivesystems.ca/wp-content/uploads/2012/10/Early-help-report.pdf>



Critical Thinking and Decision Making

Strategies for assisting in the Critical Decision Making Process

Critical thinking is a complex and challenging process that is essential to the decision making process in any field, especially child welfare. The critical decision making process involves a thorough examination of the rationale for each decision process, as well as an examination of beliefs and perspectives formed around families. As new and evolving information is presented, service providers need to be prepared and ready to change their minds in order to provide the best service to clients.

A key strategy of the critical decision making process is outcome oriented thinking. This methodology is founded on the idea that an individual must first think of what they want (outcome) before deciding how to act. The outcome that is desired directly informs the decision making process. Working towards a desired outcome generally helps to balance different (and sometimes competing) considerations, such as risk or resources, so that they do not become overriding determinants. This model of thinking allows collaborative decision making with families and their support systems.

Eight steps in the critical decision making process that can assist service providers in their work are:

1. Frame the question as a desired outcome.
2. Outline the parameters, the boundary conditions that constrain the decision.
3. Who has input into the decision?
4. What information is required to determine possible options and evaluate them?
5. Generate and list the choices available.
6. Evaluate and rank the options.
7. Choose the course of action that will best achieve the desired outcome.
8. Evaluate the outcomes and, through the process of decision-making, make any adjustments that are required.

(OACAS, 2008)

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References

Ontario Association of Children's Aid Societies [OACAS]. (2008). Critical Decision Making in Child Protection Work.

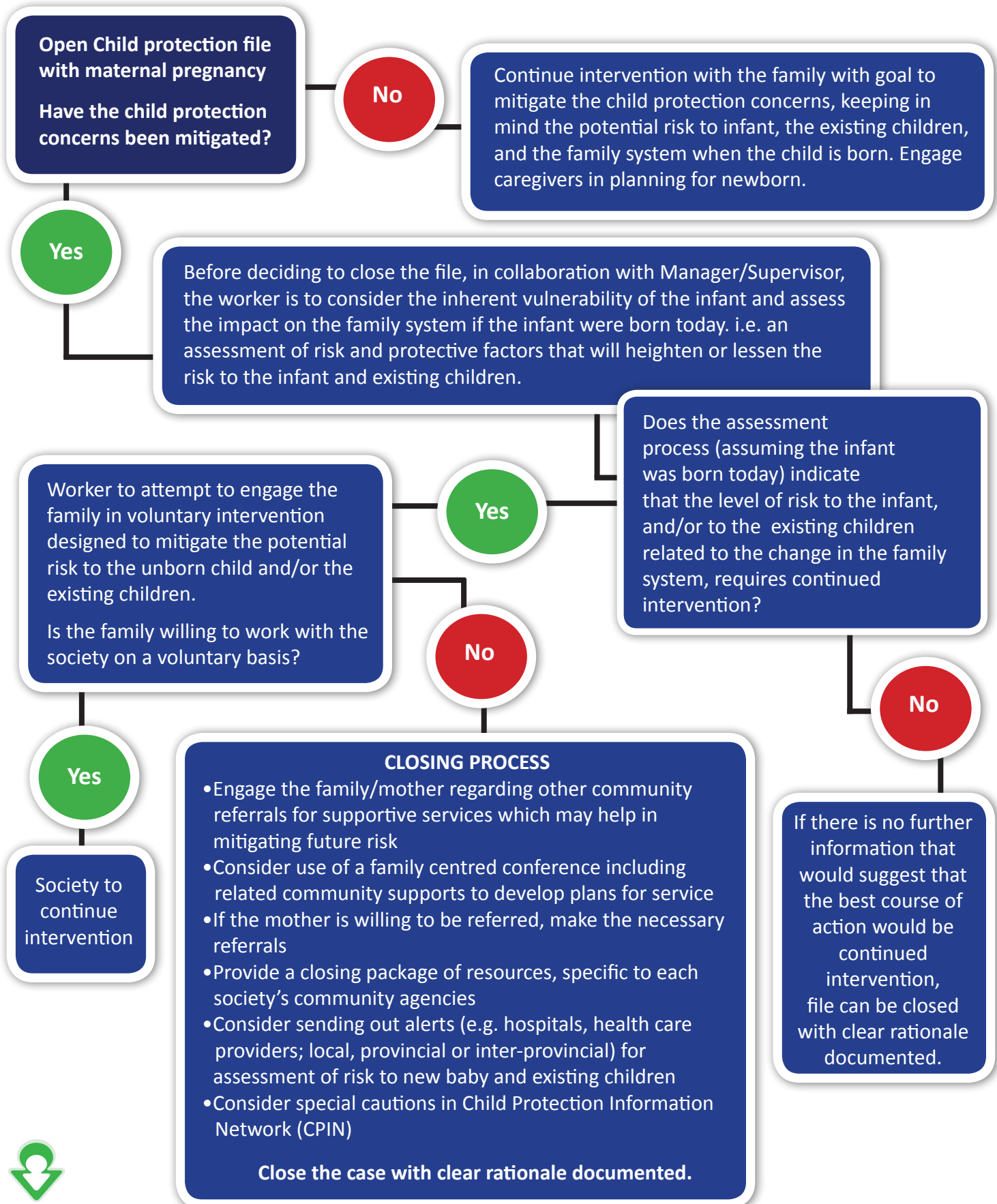
Further Information

Part Canada. (n.d.). Taking the Path Less Travelled: Critical Thinking for Child Welfare Practitioners. Retrieved from:
<http://partcanada.org/uploads/File/Guidebook/PART-CRITICAL-THINKING-GUIDEBOOK-FINAL---PRINT-PDF.pdf>



Process Map

Decision making about potential case closure where protection concerns have been mitigated for existing child(ren) and there is a maternal pregnancy



Resources for Building Closing Packages

Tools to help support the mother and/or other caregivers

The links below include tools and resources to help support families on a variety of topics relevant to prenatal care and newborns. Agencies are encouraged to customize the resource package to make it relevant to their own jurisdictions.

Safe Sleep

Ensuring parents are knowledgeable about proper sleeping environments for their infants can help to reduce the potential for harm and even death. Parents should be advised that cribs should meet Canadian safety regulations, be next to the parent's bed for the first 6 months, and be empty of toys and loose bedding; the infant should be placed on their back for all naps and at night. Bed-sharing with an infant can be hazardous due to the associated risks of accidental injury or death.

OACAS Practice Note(s): Safe Sleep, Safer Sleeping Environments

[Available at www.oacas.org/pubs/oacas/practicenotes/index.htm]

Water Safety

Drowning is one of the leading causes of death among children, so ensuring that practitioners are able to provide families with information to prevent such casualties is essential. Parents should be advised to never leave a child unattended in or around any body of water and to not use bath chairs/cradles or flotation devices as a substitute for adult supervision.

OACAS Practice Note(s): Bathtub Safety, Pool Safety

[Available at www.oacas.org/pubs/oacas/practicenotes/index.htm]

Attachment and Relationships

Parent-child attachment develops primarily through the first year of a child's life and there are various strategies that can be employed to increase attachment between infant and parent/caregiver. The childhood experiences of parents can have an effect on the relationship to the infant, and should be considered when providing or referring to services.

Best Start Resource Centre: My Child and I: Attachment for Life

[Available at www.beststart.org/resources/hlthy_chld_dev/parent_attachment/parent_attachment_e ng_Oct2012.pdf]

Healthy Brain Development

Parents play an important role in the development of an infant's brain, and daily interactions between infants and caregivers have a life-long effect on the child's development.

OACAS Practice Note(s): Infant Mental Health

[Available at www.oacas.org/pubs/oacas/practicenotes/index.htm]



Healthy Brain Development continued...

Healthy Baby, Healthy Brain

www.healthybabyhealthybrain.ca/index.htm

Infant Mental Health Promotion

www.IMHPromotion.ca

Zero to Three

www.zerotothree.org/

Further Resources

These websites provide databases of potential tools that can be used to support practice or parents/caregivers.

Association of Local Public Health Agencies (aLPHa)

This website provides a list of all the public health units in Ontario and how to contact them.

www.alphaweb.org/?page=PHU

Best Start Resource Centre

This website supports service providers working on preconception health, prenatal health, and child development. There are a wide variety of evidence-based resources to draw upon.

www.beststart.org/index_eng.html

First Nations Health Authority

Multiple resources on safe sleep, healthy pregnancy and early infancy, and nutrition

www.fnha.ca/what-we-do/children-youth-and-maternal-health

Healthy Babies Healthy Children

This program is focused on helping children get a healthy start in life, and does so by helping families and children with screening and assessments, supports for parents, and referrals to community programs and resources.

www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx

Public Health Agency of Canada

This website provides information and resources on a variety of subjects pertinent to child welfare, including safe sleeping environments.

www.phac-aspc.gc.ca

Office of the Chief Coroner (PDRC Annual Reports)

Publications and reports on death investigations from the Office of the Chief Coroner can be found here, dating back to 2008.

www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/OCC_pubs.html

Ontario Association of Children's Aid Societies (OACAS)

Fire Safety & Prevention: A resource guide for Child Welfare Professionals



Considerations for Agency Implementation of the Guidelines

Think about your own agency's strengths, gaps and resources in relation to these guidelines.

- To what extent is your agency already following the recommended approach to decision making about closing such cases or continuing service provision? Which parts of the approach could be areas of focused improvement for your agency? Which working relationships with service collaterals can be strengthened to enhance your agency's work with families?
- Consider how to introduce the change or enhancement in practice to your teams, and monitor progress.
 - o Who can be the champions for the best practice guidelines within your agency?
 - o What is the best way to share these guidelines with staff? How can you facilitate staff remembering to use them in relevant cases?
 - o What barriers exist to implementing the guidelines, and how can they be addressed?
 - o Consider tracking applicable cases over the next year and monitoring how decisions are made and rationale is documented. Think about how you will know whether the guidelines are being followed, one year from now.

Summary

This document proposes a best practice approach to decision making about potential case closure where protection concerns have been mitigated for existing children and there is a maternal pregnancy. The process map is a guide to decision making for this particular type of case. It is intended to foster consistency within the sector and not meant to be prescriptive, so it may vary in how it is implemented from agency to agency.

Within the map, the assessment of the impact of a birth on the family system is a strengths-based approach with both risk and protective factors examined. The steps articulated in the process map are based on overarching principles known to the child welfare field: strengths-based practice, engagement, critical thinking and decision making. As you review this documented approach, it may highlight areas of service collaboration in your own local communities to build upon. Embracing this practice collectively across the province will help us achieve a consistent approach to such cases and ensure the safety of infants and children.



Respectfully submitted:

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Appendix A: Themes Arising from Current Practices in Ontario

A scan of current practices in the field was conducted to gather information. The Provincial Directors of Service group was asked to respond to the following question via email:

What is your agency's approach to cases where the protection concerns for children in the home have been resolved and the mother is pregnant?

Do you close the case? Are there other steps you take prior to or after closing the case? If so, what steps?

Eighteen responses were received and reviewed. As shown in Figure 1, responses varied and indicate that a range of practices exist, although some common themes emerged and are listed here.

Keep the file Open: Sixteen agencies described that they would seek to keep the file open following an assessment process and if concerns warranted it. Current tools such as the Risk Assessment, Strength and Needs and Safety Assessment, as well as other applicable supplementary tools were referenced. Also considered in the assessment were any changes to risk that are present due to maternal pregnancy as well as risk that will be present once the child is born—re-assessment is required due to change in circumstances.

File opening was done in different ways, either as a protection file or pregnancy planning case. In keeping with the CFSA legislation, it was also noted in the responses that services would be provided voluntarily to the family, as the child was not yet born.

Client Engagement: Sixteen agencies identified engaging with the family in order to provide further services and support. Specific use of the word engagement was noted. Alternatively, responses also described activities that can be classified as engagement—work with; collaborate; encourage; connect with; cooperate with, etc., in order to address any concerns related to the unborn child and pre-natal planning.

Connect with Other Services/Provide Information: Sixteen agencies described linking the family with appropriate community services or providing information and resources related to infant care, safe sleep practices and other supports needed for pre-natal planning and infant care.

Alerts: If it was not possible to engage the family in services and protection concerns continued to exist related to the unborn child, eleven agencies responded that they would initiate a type of Alert. Alerts were provided to hospitals, community services, physicians or health care agencies. Alerts were also considered for entry into the Child Protection Information Network (CPIN).

Re-Assess at time of Birth: Eleven agencies indicated that they would re-assess at the time of birth, requesting notification from a community service agency, or from the family, and with consent.



Figure 1: Summary of Responses

Keep the File Open	89%
Client Engagement	89%
Connect with other Services/Provide Information	89%
Alerts	69%
Re-Assess at the Time of the Birth	69%

Appendix B: Strategies employed in other jurisdictions

Jurisdictions outside of Ontario have developed their own strategies for providing an approach to workers that falls within their child welfare mandate, and the law. The approaches and protocols that have been developed by these communities reflect similar processes and thinking as is contained in the process map, and accompanying narratives, within this document. The British Columbia protocol agreement, *Roles and Responsibilities of the Director (Child, Family, and Community Service Act) and the Ministry of Health: For Collaborative Practice Relating to Pregnant Woman At-Risk and Infants at Risk in Vulnerable Families*, also employs flow charts or process map(s) to identify situations of impending birth and a history of protection concerns, as well as guide workers through the critical decision-making process in such cases.

Government of British Columbia. (2013). Roles and Responsibilities of the Director (Child, Family, and Community Service Act) and the Ministry of Health: For Collaborative Practice Relating to Pregnant Woman At-Risk and Infants at Risk in Vulnerable Families. Retrieved from:
<http://www.health.gov.bc.ca/women-and-children/pdf/973472-ProtocolAgreement-Mar27-signed.pdf>

Similarly, the United Kingdom has developed numerous protocols and processes for assessing risk to unborn children in families who have had prior protection concerns. These processes involve pre-birth assessments and protection conferences which attempt to mitigate future risk of harm to the infant by supporting the family prior to birth. Supports to the family can include referral to community partners, support materials, discussion and assessment of baby's needs and home circumstances, and strategies for following up post birth.

Buckinghamshire Safeguarding Children Board. (2013). Pre-Birth. Retrieved from:
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