Manitoba
Family Services and Consumer Affairs

Child Protection Branch

Volume 1: Agency Standards
Chapter 4: Children in Care
Section 9: Children with FASD

1.4.9

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Introduction

This manual section contains policies and standards relating to children in care of a child and family services agency who have been diagnosed with or suspected of being affected by Fetal Alcohol Spectrum Disorder (FASD).

FASD is an umbrella term used to describe a spectrum of medical diagnoses caused by prenatal exposure to alcohol. FASD outcomes can include lifelong physical, mental, cognitive, and behavioral disabilities.

For more information on the diagnostic criteria, please see the Canadian Diagnostic Guidelines or the Manitoba FASD Diagnostic Centre.

Diagnoses that fall within the FASD spectrum include:

- Fetal alcohol syndrome (FAS)
- Partial fetal alcohol syndrome (pFAS)
- Alcohol related neurodevelopmental disorder (ARND)
- Alcohol related birth defects (ARBD)

Related manual sections include Section 1.3.6, Apprehension for Medical Treatment, Section 1.4.5, Children with Special Needs, and Section 1.5.5, Support and Respite.

Standards
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Standards

Services to Children in Care and Caregivers

1. **Identification and Diagnosis of FASD –** A child suspected of having FASD is referred for a medical examination and diagnosis, before the age of six or as early as possible thereafter. The referring worker:

   - acquires the mother's confirmation, and if possible, written acknowledgement of her alcohol use prenatally,

   - obtains written evidence of child's learning and behavioral difficulty, and

- obtains the consent of the child's legal guardian if the agency does not have guardianship.

Referral can be made through the Manitoba FASD Centre and the Manitoba FASD Network. Both programs undertake screening, diagnosis, and follow up with those suspected of having FASD.

2. **Preparing and Involving Caregivers for Children with FASD –** The development, implementation and review of care plans for children with FASD are done in close collaboration with the child's caregivers from the beginning of the planning process. Activities such as specialized training, arranging support and respite, and involving them with external collaterals, are recorded on the child's file on a monthly basis at minimum.

3. **Support and Respite –** The case manager responsible for the child in care ensures support and respite are consistent with:

    - child assessment standards in Section 1.1.2, Assessment
    - care plan standards in Section 1.1.3, Planning
    - case evaluation standards in Section 1.1.5, Evaluation
    - when relevant, respite and support provisions for foster and place-of safety homes, as set out in Section 1.5.5, Support and Respite.
    - These support services are a part of early intervention, and they play a significant role in preventing secondary disabilities associated with FASD.

4. **Transitioning Youth with FASD –** The case plan prepares adolescents living with FASD for better transitioning into adulthood and inter-dependence. The agency, in collaboration with other service providers, begins creating a transitional plan for the child before the age of sixteen.

    The development of a care plan may involve referring the adolescent to Adult Services, or other services as warranted, which address issues around housing, finances, work, health care, and mental health, and addictions.

    As outlined in section 2(1)(f) of *The Child and Family Services Act*, the child or youths' views should be taken into account as much as, and whenever possible when formulating a care plan.

The serving agency may seek the extension of services it provides to a youth up to the age of 21, where the youth was formerly a permanent ward. Section 50(2) of *The Child and Family Services Act* explains that the youth may require such assistance as part of making the transition to independence.

(**Note**: for further detail on transitioning youth, please see *Transition Planning: Child and Family Services to Adult Supports* document, available to agency workers and staff through CFSIS)

5. **Personal Health and Mental Health Information** – Information on the personal health, including mental health of a person is recorded in the agency worker's case notes and collected by the client's serving agency. This information is stored in the service record of the person or family to which it applies.

6. **Medical Records and Transition Planning** – Medical information and records on individuals living with FASD is recorded or stored on the child's file and kept up-to-date. This is an important part of tracking because it can be used to connect those 16 or older with various community services once they have transitioned out of care.

   As outlined in standard section 1.7.1 under Record Management Practices, a case worker's notes should contain information pertaining to all the matters discussed with the client.

   Sections 9 and 10 of the *Child and Family Services Regulation* and sections 47 to 49 of the *Adoption Regulation* outline the safeguards that an agency must follow in order to ensure confidentiality, security, accuracy and integrity of the information required.

Policy

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Manitoba's FASD Strategy

In September 2010, the Government of Manitoba released a public document on the coordinated fetal alcohol spectrum disorder strategy, Manitoba's FASD Strategy, which

was based on the original initiatives set out in the 2007 announcement. The strategy was guided by an interdepartmental committee, in consultation with experts and community stakeholders.

The strategy builds upon existing multi-departmental prevention activities and service supports available to individuals with FASD throughout their lifespan. It also supports the work of the Changes for Children initiative that was designed to enhance the child welfare system.

Components of the Manitoba Strategy include:

- Collaboration with external collaterals to navigate issues around housing, finances, work, health care, mental health, and addictions.
- Funding of a FASD specialist at each of the four child and family services authorities in order to support agencies providing services to families impacted by FASD.
- Increased diagnostic support for adolescents and those living in rural and northern regions.
- Funding support to facilitate more research in the area of FASD.
- Improvement of services for women with addictions.
- Enhanced partnerships to increase public awareness of the effects of prenatal exposure to alcohol and knowledge on FASD initiatives.
- Improved service delivery to those with FASD.
- Expansion of the InSight (formerly known as Stop FASD) program to Flin Flon, Dauphin, and Portage la Prairie.
- Resource development and training supports for school divisions educating students about FASD.

Healthy Child Manitoba FASD Initiatives

Healthy Child Manitoba is responsible for implementing some of the new initiatives described in the FASD Manitoba Strategy and continues to support existing programs and services. The initiatives include:

- supporting community partnerships
- supporting families and individuals dealing with FASD
- supporting prevention programs
- making resources available to the public

FASD Related Resources

Healthy Child Manitoba has developed a list of FASD Services in Manitoba Resource List that individuals and families can access across Manitoba, which includes informal service provision in remote First Nations communities. The following explains the kinds of services that are offered:

Diagnostic Services

The Manitoba FASD Centre provides multi-disciplinary assessment, diagnostic, and follow-up services to children and youth who have been prenatally exposed to alcohol. Diagnostic services are based on referral.

Outreach and Support Services

These services are designed to target five different population categories, with a variety of service-specific programs offered under each one of the categories mentioned. The service categories consist of the following:

- pregnancy and FASD prevention services
- children and/or youth with FASD – treatment and support
- youth support and services
- family support and services
- adults living with FASD

Mental Health Services for Children and Youth

The Winnipeg Regional Health Authority (WRHA) intake and referral services have been linked in order to improve access and create a single point of entry within Winnipeg. These services cater to children and adolescents aged three to eighteen years who are experiencing emotional and behavioral problems as well as those that display symptoms of mental illness.

Manitoba Telehealth provides services to children and families living in rural Manitoba by connecting them to local healthcare services. Professionals in Norway House, the Pas, and Brandon utilize such services by evaluating the person suspected of having FASD,

and providing structural information and recommendations for FASD service delivery where appropriate.

Child and Family Services Authority FASD Specialists

The child and family services authorities have established four FASD specialist positions to assist their respective agencies in delivering services to children and families living with FASD.

The FASD specialists assist agencies in facilitating culturally-appropriate services that promote the well-being of children, adolescents, adults, and families living with FASD. They assist in six different ways identified in the FASD Sub-Project Team Belief Statements.

The FASD Standards Sub-Project Team Beliefs Statement

The Final Report on Activities on the FASD Standards Sub-Project was developed by the Child and Family Services' FASD Specialists, in consultation with the Child Protection Branch. The following belief statements stemmed from the report:

Diagnosis

FASD is a permanent and irreversible disability, which has its diagnostic origins in the medical field. This makes early identification, multidisciplinary assessment, and diagnosis of this disability extremely important.

Awareness and Advocacy

All children with FASD are valued and are capable of sharing their strengths throughout their lifetime. It is therefore necessary to advocate for children with FASD through the lifespan and with all relevant systems.

Prevention

An essential component of the overall FASD provincial strategy is to target prevention services towards women at high risk of having a child with FASD. Service provision should reflect an individualized approach that targets the varying needs of families.

Intervention

Interventions with children with FASD need to be strength based and family-centered, and they should focus on community involvement in order to ensure safety and

prevention of secondary disabilities. Support for caregivers is a vital part of the intervention plan.

Transition Planning

Lifelong planning is a necessary component of caring for children who are living with FASD and it should involve intense supports that may be required during transition periods and at crucial life stages. Supports and services should reflect continuity of care by creating stable and timely transitional plans (see Care Plan standards in Section 1.1.3, Planning.

Collaboration and Education

There are coping mechanisms available for caregivers, children, and youth living with FASD, and they exist within the child's or youth's environment. Coping depends on an integrated and collaborative partnership with stakeholders that serve children and youth, and this includes continuing to educate caseworkers, caregivers, and community helpers in ensuring a level of understanding of the issues and available resources when it comes to FASD.

Eligibility for Adult Services

Eligibility Criteria – A youth may be eligible to receive adult services if he/she identifies with one or more of the following:

- Has an IQ that is lower than 70 and requires assistance to meet his/her basic needs.
- Displays mental health problems that require support for employment, housing, and counseling.
- Requires work training, vocational assessment, job coaches, training aids and devices.
- Displays violent and high-risk behavior and does not meet other services offered by Supported Living or Community Mental Health Services.
- Requires support or disability related financial support.
- Requires medical or health care support, nursing and personal care, respite or family relief, day programs, and supportive housing.

Referral to Adult Services – Referral to adult services must be considered when a youth appears to meet the criteria for these services (see Eligibility for Adult Services in this manual section). This is an essential part of assisting the youth in a successful transition to adulthood. The youth should be referred to adult services prior to reaching 18 years of age, preferably before reaching 16 years of age, although service eligibility only begins after the person has reached the age of majority. This may require assisting the youth to move to a location where he or she can access those services, when not available in his/ her home community.

Medical Information and Records – In addition to compliance with Standard 7 in Section 1.7.1, Service Records, regarding personal health and mental health information, the agency transitioning a youth out of care must ensure the youth's medical record and FASD diagnosis are available and used to connect the youth with the appropriate community services (see Standard 6 in this manual section).

School Records – Children are required to attend school until they attain 16 years of age. As schools close their files when youth leave their system, school systems prefer to provide information when the youth in question is 16 years of age. For that reason, schools should be approached when the youth is still fifteen.

Adult Services Funding – Adult services funding is covered by budget lines, and as such, it should be secured through the adult services annual budget cycle in the year before the youth makes the transition out of care. This ensures that the funding is in place at the time of the transition, and that the youth's referral package is ready to go out by his or her sixteenth birthday.

Delayed Access to Adult Services – Being eligible to receive adult services, such as funding and residential support, does not guarantee these services will be available. The individual may be placed on a waiting list until resources become accessible, but the serving agency is still responsible to provide case management services, and is expected to collaborate with other community programs as offered through Manitoba's FASD Strategy or the Manitoba's Home Care Program.

Other Youth Supports and Services

Other supports and services available to youth and young adults diagnosed with FASD are listed in the FASD Services in Manitoba Resource List published on line by Healthy Child Manitoba. The current list includes the FASD Youth Justice Program and the Spectrum Connections FASD Program.

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Legislation

The Child and Family Services Act
The Personal Health Information Act

The Child and Family Services Act

The following provisions in *The Child and Family Services Act* are particularly relevant to this manual section:

Section 14 provides for the placement of a child through a voluntary placement agreement (VPA).

Section 16 pertains to the voluntary surrender of guardianship of a child (VSG).

Section 25 sets out the responsibilities of an agency for a child who has been apprehended and the authority an agency has to authorize medical examination or medical treatment of the child under apprehension.

Section 38 gives the courts the power to, among other things, to grant a temporary or permanent order of guardianship to an agency or, in the case of a regional office, the director (see subsection 7(2) above).

Section 48 pertains to the responsibilities of an agency or, in the case of a regional office, the director as guardian of a child.

Section 76 addresses privacy concerns that are relevant to the sharing of medical records, as it relates to standard 7 of this section and it outlines cases where access to personal records may be granted.

The Personal Health Information Act

Section 22(1) and (2) of *The Personal Health Information Act* prescribes when a trustee is in a position to share personal health information as defined in section 1 of the Act. Child and family services agencies and their authorities are considered trustees under this Act.

These provisions allow (among other things) for sharing of relevant health information when that information "…is necessary to prevent or lessen a serious and immediate threat to the health and safety of the individual the information is about or another individual…."