

Families First Screening Form^{Final}

Provincial Population & Public Health SOP

Programs and Policy, Families First, Population and Public Health

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1. Abbreviations

FFS – Families First Screen

ID – Identification

PHIN – Personal Health Information Number

PHN – Public Health Nurse

RHA – Regional Health Authority

SOP – Standard Operating Procedure

2. Purpose

The purpose of this guideline is to support PHNs in their completion and submission of the FFS, including timelines for best practice.

3. Scope

This guideline applies to PHNs who work in Healthy Parenting, Early Childhood Development and Families First.

4. Definitions

Early Entry Prenatal: Families who enroll into home visiting services prenatally.

Early Entry Post-partum: Families who enroll into home visiting services at birth to three months of age.

Families First Screen: A standardized and validated tool for universally assessing parents and co-parents and assuring the systematic discovery of family situations and strengths.

Late Entry: Families who enroll into home visiting services with children four months of age until the age of five years.

5. Background

The FFS is a standardized and validated tool. It provides a systematic approach to reach out to all families and supports the discovery of strengths and concerns of each individual family. The ongoing collection and transfer of Families First Screening data to the Manitoba Population Research Data Repository is critical to ensure that current and future research projects focusing on maternal and child health continue to provide valuable, policy-relevant evidence. This information is used in turn for policy development, program planning and service delivery.

It is imperative that the FFS is facilitated as a conversational weave simultaneously with the Public Health Nursing Assessment to build or maintain a therapeutic relationship. The FFS, in conjunction with the Public Health Nursing Care Pathways, guide PHNs in determining specific case management responsibilities, such as anticipatory guidance in facilitating access and referrals to community-based agencies including child-care, parenting programs, financial assistance, or Families First Home Visiting.

6. Standard Operating Procedure

This SOP is used as a supplement to the 'Families First Screening Form – Instructions for Completion' located on the reverse side of the FFS.

- Completion of the FFS occurs after completion of the nursing assessment, as per Psychosocial Family Assessment guideline.
- When referrals are received prenatally, the PHN initiates the FFS within two weeks of receipt of prenatal referral or before estimated date of confinement, if late in pregnancy.
- When referrals are received postpartum, the PHN completes the FFS within one week of receipt of the postpartum referral. As trusting relationships are formed, the family may disclose additional information that were not shared initially. In

these situations, the FFS is updated accordingly within the first month postpartum.

- When late entry referrals are received, the PHN reviews the previous nursing assessment and FFS (if available) and the reason for the late entry referral with the family. Completion of nursing assessment and FFS for late entry referrals is within two weeks of the referral receipt. If the FFS has not been previously completed or is unavailable, it is completed with the nursing assessment.
- When possible, include the biological father or parenting partner (if not biological father) and PHIN. Select the appropriate category based on who is most involved in parenting. If the pregnant person is single parenting and the biological father's information is available, complete the form with biological father's information otherwise leave it blank.

6.1. Demographic Section

- The FFS ID number is imprinted along the top of the form, according to the calendar year of use, ie. In 2024, all FFS ID numbers begin with 2024.
- The first four digits of the FFS ID Number may not always correspond with the birth year of the child.
 - Initiate prenatal referrals on the FFS for the current year. Do not initiate a new FFS to align the FFS ID with baby's date of birth.
 - Initiate late entry referrals on the FFS for the current year in situations when FFS was not completed previously.
- For postpartum referrals, initiate the FFS for every birth referred to public health. One FFS is to be used per baby, even in situations of multiple births.
- For late entry family referrals, use the birth date for the youngest child in the family.
- When the imprinted birth year is incorrect, strike the year and write the correct birthdate year in dark pen beside this area.
- Complete the FFS for all referrals to public health with the nursing assessment regardless of where the family permanently resides. When the family's permanent address is in another RHA, connect with the PHN where family permanently resides and forward the FFS and any other applicable information, following regional policies for transferring information.
- Should a baby not be assigned a PHIN at the time of completion, hold the FFS for a maximum of one month and if the PHIN is still not assigned, submit the FFS to Manitoba Health, Seniors and Long-Term Care without the baby's PHIN.
- The PHN may include information gained from the public health referral in the demographic section prior to the nursing assessment, if known.

- Print the name of the PHN who completed the FFS. In situations where more than one PHN completed the FFS, print one name of the PHN who may be contacted if there are any questions about the FFS.
- The PHN's RHA and Community Area (Winnipeg RHA only) is completed next to the name of the PHN who completed the FFS, as well as the date that the FFS was completed.
- FFS are also completed for foster or adoptive families when there is a referral to public health. However, the FFS may also be completed for biological parents on the same baby or child. In situations of adoptive or foster families, include a fax cover sheet with the FFS, indicating the FFS ID number and a note saying this FFS was completed with an adoptive/foster parent.

6.2. Sections A, B, C, D

- After the nursing assessment is completed, enter the family's responses in the corresponding areas.
- If the family has not disclosed the information yet, leave blank and add the responses as they are known, within one monthly only.

6.3. Submission and Filing

- Print neatly in block letters and numbers in the boxes. No cursive writing. Do not touch the sides of the boxes when writing in letters or numbers. Fill in the circles completely using a black or dark pen.
- If corrections are necessary to Sections A, B, C and D responses, strike the incorrect response with an "X" and complete the correct response.
- For prenatal referrals, initiate completion of the FFS from the prenatal nursing assessment and store in the family record until the birth of the baby, when the FFS is completed.
- For postpartum referrals, complete and submit the FFS by fax one month after the birth of the baby to ensure sufficient time to complete all sections and obtain child's PHIN. If PHIN not yet known, submit without the child's PHIN.
- For late entry referrals who have a completed FFS previously, do not complete a new FFS and ensure updated information from the nursing assessment is captured in the family record.
- For late entry referrals without a previous FFS, complete and submit a new FFS with all applicable information from the nursing assessment.
- Submit the FFS by fax to the Manitoba Health, Seniors and Long-Term Care at (204) 948-3768.

- Store the original FFS in the family record.