

# MANITOBA

# OMBUDSMAN



*Report Regarding the*

**Progress on the Implementation of  
the Recommendations “Strengthen  
the Commitment”**

**November 2006 — March 31, 2008**

Prepared By:

IRENE A. HAMILTON, MANITOBA OMBUDSMAN

CHERYL RITLBAUER, MANAGER INVESTIGATIONS  
OFFICE OF THE MANITOBA OMBUDSMAN

JILL PERRON, MANAGER INVESTIGATIONS  
OFFICE OF THE MANITOBA OMBUDSMAN

PATRICIA COX, INVESTIGATOR  
OFFICE OF THE MANITOBA OMBUDSMAN

NELSON MAYER, INVESTIGATOR  
OFFICE OF THE MANITOBA OMBUDSMAN



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## **EXECUTIVE SUMMARY**

Our report entitled “Strengthen the Commitment”, was submitted to the Minister of Family Services and Housing on September 29, 2006 and contained recommendations designed to improve the administration of the child welfare system in Manitoba.

This progress report outlines the information we received from the follow-up we conducted on the implementation of our recommendations. It has been categorized into 18 different subject areas with further subsections under some of the headings. The report relates to those activities for the period November 2006 to March 31, 2008.

Implementation of the recommendations has been proceeding throughout the reporting period, however many of the changes have not been in place for a sufficient period to determine if there has been a measurable improvement at the front lines of service. There have been recommendations where implementation has commenced and once completed, will position the system for positive change, as long as the funding and increased staff resources are available.

A number of the changes that we felt were needed for children and families have not yet occurred and we will continue to monitor progress towards their implementation. We recognize that there are other organizations and systems that may have an impact on the process that has been undertaken by the child welfare system and that accomplishing change will take time.

We believe that it is essential that the child welfare system be stabilized. The administrative structure for Standing Committee needs to be established and operational. Staffing vacancies throughout the system need to be filled as soon as possible with permanent staff rather than with staff who are in temporary or term positions, or on secondments or in acting status appointments. This stability is required to ensure that the foundational work, critical to the child welfare system, will occur without further delay. Without a strong foundation, improvements and enhancements to child welfare service delivery will be stalled.



Some basic issues identified in our 2006 report have not yet been resolved and implemented throughout the system. We had expected that the recommendations related to the foundational work required in the system would be implemented early in the process. There are some areas that appear to be moving more slowly than we had anticipated:

### **Child Welfare Secretariat**

Standing Committee has advised our office that a Child Welfare Secretariat (CWS) will not be created. Instead, the decision has been made to have an Office of the Child and Family Services (CFS) Standing Committee. The job descriptions and the structure agreed on indicate that, as recommended, the Chief Executive Officers of the authorities and the Director of Child Welfare will assume a governance role and will not be involved in the day-to-day supervision of the work of the office in relation to the foundational work needed throughout the system. However, because the office is not yet operational, we are not able to comment on whether this structure will accomplish all the objectives that were highlighted in “Strengthen the Commitment.”

### **Foundational Standards**

Although work on nineteen foundational standards is in progress, we recommended that all the foundational standards be completed as a priority, and this has not occurred to date.

### **Foundational Basis for Differential Response**

Significant progress has been made towards implementing Differential Response (DR) Models and testing of the models has started in each Authority. However, we learned that the initial stages of this DR project do not yet include a baseline tool for risk assessment. This tool is essential to the success of DR. It is a necessary component of an agency’s decision making and should ensure consistency across the system to identify the thresholds at which a family should move to the child protection stream, so the risk factors associated with the child’s future safety are addressed. The foundational standards are also a critical basis for DR which allow communities to provide prevention services to children and families before they reach a crisis, at which point the only appropriate response is apprehension of children.



### **Standardized Risk Assessment**

A standardized risk assessment model is a foundational component of best practice in child welfare and needs to be developed and adopted for use throughout the province as a priority. This has not yet been completed.

### **Child and Family Services Information System (CFSIS)**

In terms of broader accessibility, although connectivity issues are beginning to be addressed, we do not know whether all agencies are willing to embrace the use of CFSIS. If CFSIS is not a province-wide system, its utility is questionable.

### **Workload Relief**

Significant new funding was immediately made available for workload relief. However, as workload demands remain high, further review will be necessary to understand the factors that are contributing to workload. An increasing issue is the lack of trained social workers who can be recruited to work in the field of child protection. We have inquired about the rate of vacancies in agencies and designated intake agencies. Standing Committee indicated that action on a workload management strategy has included discussions regarding this issue.

We will continue to review the progress of the child welfare system’s implementation of the recommendations on an annual basis, and will talk to those who are working in the system as well as children and families receiving services from the system to determine what impact the changes have had.



## **INTRODUCTION**

### **PURPOSE OF THIS REPORT**

This progress report focuses on the activities relating to the implementation of the 2006 “Strengthen the Commitment” recommendations for the period November 2006 to March 31, 2008. The follow-up conducted on the 142 recommendations has been categorized into 18 different subject areas with further subsections under some of the headings.

This report provides an overview of the issues that were identified in our 2006 report and the recommendations that we made in each of these areas; the progress as of March 31, 2008, that the child welfare system has made towards implementation of the recommendations; the Ombudsman’s comments about the progress to date; and a status designation.

I felt it was important to report in detail on the implementation of the recommendations to inform the public on the progress that is being made in this critical area of service delivery to children and families.

Although implementation of the recommendations has begun, many of the changes that are needed at the front lines for children and families have not yet been implemented. Those that have, have not been in place for a sufficient period to determine if they have had a measurable impact. There have been recommendations where implementation has commenced and once fully implemented will position the system for positive change, as long as the funding and increased staff resources are available.

### **BACKGROUND**

In March 2006, the Minister of Family Services and Housing asked the Ombudsman, the Children’s Advocate and the Executive Director of Tikinagan Child and Family Services to conduct a review of the opening, closing and transfer of cases in the child welfare system. The report was to be concluded in September, 2006.





The report, entitled “Strengthen the Commitment”, was submitted to the Minister on September 29, 2006 and contained over 100 recommendations designed to improve the administration of the child welfare system in Manitoba. On October 12, 2006, the Minister announced that the government would work with the General, Métis and First Nations Authorities towards the implementation of the recommendations in it, and two other reports related to child welfare, and committed \$42 million over the course of the next three years to do so.

On October 13, 2006, the Minister announced the launch of Changes for Children, an action plan to implement more than 220 recommendations made in the reviews of the child welfare system, including those made in the report “Strengthen the Commitment”.

The Minister also announced that “public accountability for the action on the recommendations will be enhanced with report cards on action taken to be released by.....the ombudsman on the review of the child welfare system for the fiscal years 2007/08 and 2008/09”.

When the Changes for Children action plan was announced by the Minister in a news release in October 2006, the implementation was focused on three priority areas: workload relief, training, and prevention. Five million dollars were committed for immediate action as follows:

- “Immediately, crisis response and first contact with the system will be strengthened with additional staff and 24-hour response will be enhanced.
- Family preservation initiatives, workload relief, information systems upgrades and critical incident debriefing, and supports to families in response to tragedies will be established.
- A significant first effort in the area of foster care will be made to accelerate the recruitment of emergency foster beds.
- Additional professionals will be hired to develop and strengthen standards, prevention measures, early intervention programming to design, and implement training initiatives.
- The province and First Nations leadership will also immediately pursue a meeting with the federal minister of Indian and Northern Affairs Canada (INAC) to address funding inequity and jurisdictional disputes.”



Workload relief and front-line support, prevention and early intervention, and training were areas designated for funding of \$37 million over three years as follows:

- “Funding for up to 150 new positions will provide workload relief through both a targeted initiative and the new focus on prevention.
- Child-tracking computer-system upgrades, enhanced information sharing and governance, and emotional and counseling supports will be provided for caregivers and workers, and action will continue on fostering, suicide prevention and fetal alcohol spectrum disorder (FASD).
- Early intervention services will be provided to help troubled families before problems become crises and children are maltreated.
- Standards, case management and suicide prevention training will be provided for frontline staff.”

#### **CHANGES FOR CHILDREN ADMINISTRATION STRUCTURE**

Changes for Children was based on a blueprint for change that framed the response to the reports on “key themes that address the substance of the recommendations in the external review reports”. Co-chairs were appointed to head Changes for Children. Reg Toews, founder of the former Manitoba Children and Youth Secretariat, and Dr. Catherine Cook, Regional Director of Aboriginal Health, Winnipeg Regional Health Authority were named to lead an administrative team of ten people, representing the four authorities and the government. The A/Director of Child Welfare left that position to head the Changes for Children staff team.

In August 2007, the co-chairs of the Changes for Children implementation team advised government that they were leaving their positions, four months earlier than anticipated. At that point, the Changes for Children staff team began to report directly to Standing Committee, which is composed of the Chief Executive Officers of the Authorities, the Director of Child Welfare and an additional member appointed by the Métis Child and Family Services Authority. Standing Committee is to serve as an advisory body to the authorities and government, and to be responsible for facilitating the provision of services under *The Child and Family Services Authorities Act*. When created, there were no staff positions allocated to



Standing Committee, although it receives support from both the Child Protection Branch and Strategic Initiatives in the Department of Family Services and Housing (FS&H) on an *ad hoc* basis.

The administrative structure of Changes for Children has been in a state of flux from its implementation in October 2006. In July 2007, the Chief Executive Officer of the General Child and Family Services Authority (General Authority) resigned and the administrator of Changes for Children left to take that position. The interim administrator appointed to replace him, left to join the General Authority in January 2008, and another interim administrator has been appointed. There has been a complete turnover in the staff of Changes for Children. The number of staff on the team has decreased from the 10 positions that were to have formed the team, to 5.

#### **DIRECTOR OF CHILD WELFARE**

The Director of Child Welfare is charged with governance responsibilities for the child welfare system as a whole. This position has been filled on an acting basis by the Assistant Deputy Minister of Family Services and Housing, Child and Family Services Division, who has performed both functions since October 2006.

#### **Our Comment:**

**The Director of Child Welfare is a member of Standing Committee. The responsibilities of the Director of Child Welfare are significantly different from those of the Assistant Deputy Minister, and in some circumstances may be in conflict with them.**

**At the end of the reporting period, the position of Director of Child Welfare had not been filled on a permanent basis. We recommended that filling that position be an immediate priority for government. In May 2008, an Acting Director was appointed. It is essential that this position be filled on a permanent basis to provide stability and consistency for the child welfare system.**



## **OUR PROCESS IN MONITORING THE IMPLEMENTATION OF THE RECOMMENDATIONS**

We have met with the Changes for Children staff team bi-monthly since October 2006 to discuss and obtain updates regarding the progress made to date on the implementation of the recommendations in the “Strengthen the Commitment” report. As well, there have been regular meetings with Standing Committee to discuss or clarify specific recommendations, in particular the creation of a CWS. These meetings have provided an opportunity for open and frank discussion of issues as they arise in relation to the “Strengthen the Commitment” report.

We have not yet sought feedback from front line social workers in child welfare agencies and this report therefore does not include a review of the impact of the implementation of recommendations. We believe that it is likely too early to expect that changes made have flowed through the system to achieve the outcomes that are intended.

In preparing this report, we summarized the information gathered from service providers, recipients and other individuals and organizations who provide services to children and families involved with the child welfare system, which formed the basis of our recommendations in our initial report “Strengthen the Commitment”. We have highlighted the key issues that formed the basis for the recommendations and summarized them as a preamble headed “Summary of Recommendations under Findings.”

We reviewed the minutes of meetings, work plans, decision logs, progress reports and databases that we had received from Changes for Children Staff Team, and the Standing Committee over the period from October 2006 to March 31, 2008. Additionally, we reviewed the notes of the meetings that were held with Standing Committee and the staff team, and others involved in the process of implementing recommendations and making changes within the system.

We have shared a draft of this progress report with Standing Committee. Their responses, and the information that we obtained from others in the process described above, are reflected and summarized under the heading “Child Welfare System Response” throughout the report.



In most sections of the report, we included “Our Comments” which reflects our observations and feedback on the child welfare systems’ implementation activities as it relates to the intent of the recommendations made in our 2006 report.

We have also included a section titled “Status” and a status key to provide a snapshot of where we see the implementation process at to date. We have also included a glossary of acronyms that are used in the report for ease of reference.

### **Status Key**

**No Information** – no information available to us at this time

**In Progress** – resolution has begun but is not yet completed (there is an anticipated end date)

**Ongoing** – requires continuous work.. Resolution has started but there is no anticipated end date

**Dependent on Other Action** – some other activity is required before resolution to this issue can begin

**Completed** – no further action required

**Rejected** – activities in this area do not meet the intent of the recommendation

**No Change**



## **Glossary of Acronyms**

Aboriginal Justice Inquiry-Child Welfare Initiative	AJI-CWI
All Nations Coordinated Response Network	ANCR
Authority Determination Protocol	ADP
Child and Family Services	CFS
Child and Family Services Authority	Authority
Child and Family Services Information System	CFSIS
Child Welfare Secretariat	CWS
Child Protection Branch	CPB
Designated Intake Agencies	DIA
Differential Response	DR
Family Services and Housing Integrated Services Team	IST
Fetal Alcohol Spectrum Disorder	FASD
Fetal Alcohol Syndrome	FAS
Fetal Alcohol Effects	FAE
Healthy Child Manitoba Office	HCMO
Integrated Service Advisory Group	ISAG
Integrated Service Delivery	ISD
Intersectoral Partnership Project	IPD
Indian and Northern Affairs Canada	INAC
Joint Training Unit	JTU
Manitoba Family Services and Housing	FSH, the Department
Manitoba Government Employees Union	MGEU
Office of the Children’s Advocate	OCA
Office of the Chief Medical Examiner	OCME
Quality Assurance	QA
Child and Family Services Standing Committee	Standing Committee
The General Child and Family Services Authority	General Authority
The Metis Child and Family Services Authority	Metis Authority
The First Nations of Northern Manitoba Child and Family Services Authority	Northern Authority
The First Nations of Southern Manitoba Child and Family Services Authority	Southern Authority
<i>The Child and Family Services Act</i>	CFSA
<i>The Child and Family Services Authorities Act</i>	CFSAA
Voluntary Placement Agreement	VPA



## **REPORT ON IMPLEMENTATION OF THE RECOMMENDATIONS**

### **CHILD WELFARE SECRETARIAT (CWS) Summary of Recommendations and Findings**

In our report “Strengthen the Commitment”, we stated our belief that the structure of Standing Committee does not allow it to achieve seamless delivery of child welfare in the province. As the Authorities have many of the responsibilities which were formerly those of the Director of Child Welfare, we thought an appropriately resourced mechanism was required, designed to meet the needs of the Authorities and the Child Protection Branch both individually and collectively. We believed that a structure was required to allow for diversity within a consensus model. To accomplish this, we recommended the creation of a Child Welfare Secretariat (CWS). To ensure that the work of the CWS could have the necessary critical mass to fulfill its responsibilities, while meeting the need for diversity, we recommended that there be staff representing each member of Standing Committee within the secretariat.

We recommended a secretariat in order to ensure coordinated direction for foundational work in the child welfare system, regardless of the Authority involved. At the direction of, and as governed by Standing Committee, the CWS would be responsible for implementing provincial minimum programs that would shape the case management model, quality assurance framework, differential response, policy development, training, communication, computer systems, Winnipeg intake agency, Authority Determination Process (ADP) and foundational standards. Enhancements to the provincial minimums and foundational programs would be the responsibility of each Authority, which could incorporate culturally appropriate practices and programs relevant to it, or its agencies.

### **Child Welfare System Response**

Standing Committee did not agree with the CWS model recommended and expressed concern that it was a regressive step that would re-centralize functions within the child welfare system, thus losing ground that had been achieved through the Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI) process.



An alternative model was developed and agreed to at Standing Committee and meetings were held with our office to discuss and refine the model. The model was submitted to the Leadership Council for its review and approval. Leadership Council is comprised of the Minister of Family Services and Housing, Minister of Aboriginal and Northern Affairs, Grand Chief of the Assembly of Manitoba Chiefs Secretariat Inc., Grand Chief of Manitoba Keewatinowi Okimakanak Inc., President of the Manitoba Metis Federation Inc. and a Metis woman designated by the Manitoba Metis Federation Inc. A resolution signifying support for the implementation of the model was signed by all members of Standing Committee on January 22, 2008.

Work is continuing on transitioning the current Staff Team to this permanent office in the form of a small coordination unit that provides ongoing support to Standing Committee.

In preparation for the establishment of the office, the Staff Team moved to 202 - 150 Henry Avenue on July 18, 2007. The Métis Child and Family Services Authority (Metis Authority) is serving as the host for this office. The current staff complement is serving as a transition team until the new resources are in place. Presently, the Staff Team has five members. Additional representatives will be added as resources permit.

To further strengthen the governance model, Authorities are being provided with additional resources to each hire two policy analysts and an administrative support person. Their express role will be to work on foundational matters identified for action by Standing Committee; jointly and within their home Authorities. Posting for these positions has occurred and the hiring process has begun. Posting for core positions of the office - Coordinator and Financial Analyst took place at the end of January 2008, and Standing Committee is in discussions related to the applications submitted.

### **Our Comment**

**A secretariat has not been implemented and instead, Standing Committee has been responsible not only for the day-to-day administrative decisions required for the system to run on a province-wide basis, but also because of the turnover in the Changes for**





**Children team, for day-to-day decision-making on the implementation of the recommendations.**

**This is an onerous responsibility for those people who are also responsible to lead the governance of the agencies under their Authority in accordance with *The Child and Family Services Authorities Act*.**

**We did not agree that the CWS would result in recentralization of the system, nor was it the intent of the recommendation. I expressed my concerns with regard to the responsibilities and structure of this office in a letter to the Co-Chairs of the Implementation Team.**

**After numerous discussions with Standing Committee, an alternative structure was proposed to fulfill the functions that were recommended for the CWS. The new structure would be the “Office of the CFS Standing Committee.”**

**We are not yet able to comment on whether this structure will accomplish all the objectives that were highlighted in “Strengthen the Commitment.” The job descriptions and the structure agreed on indicate that the Chief Executive Officers of the authorities and the Director of Child Welfare will assume a governance role and will not be involved in the day-to-day supervision of the work of the office in relation to the foundational work needed throughout the system. This has not occurred to date.**

**Some challenges with implementing the model were encountered in the reporting period. The First Nations of Northern Manitoba Child and Family Services Authority (Northern Authority) initially would not approve the resolution to support the formation of the CWS as there were a number of concerns expressed by the political leadership of Manitoba Keewatinowi Okimakanak and the Northern Authority Board of Directors.**

**In order for the alternative new structure to be effective provincially, all Authorities must be committed participants in the governance of the Office of the CFS Standing**



**Committee.**

**Status  
In Progress**

**LEGISLATION  
Summary of Recommendations and Findings**

**Section 10 Reviews**

In our report “Strengthen the Commitment”, we raised a number of concerns regarding the reviews conducted by the Chief Medical Examiner (OCME) under section 10 of *The Fatality Inquiries Act*. Although a review is triggered by the death of a child, the review itself is focused on the performance of and identifiable deficiencies in the child welfare system. We recommended that *The Fatality Inquiries Act* be amended to remove the responsibilities of the OCME that are set out in section 10 and *The Child and Family Services Act* be amended to include those duties and responsibilities under the mandate of the Office of the Children’s Advocate (OCA). We also felt that the amendments should ensure that the OCA is provided with access to all records held by government that relate to services provided by government to the child and family, regardless of department.

We recommend that all reports on the death of a child should receive independent scrutiny to ensure that the recommendations made are implemented, or are given due consideration and the appropriate action taken. We felt that the oversight mechanism must be separate from the investigative review process undertaken, and could be achieved by following the process in place for determining compliance with recommendations made by judges of the Provincial Court following inquests. In that process, the judge’s report is sent to the Ombudsman who reviews the recommendations and then asks the appropriate department what action has been taken to implement the recommendations.

The changes proposed would ensure that the section 10 review process is an “external” oversight mechanism. A published annual report on compliance would make the system’s handling of its identified problems a more transparent process.



## **Child Welfare System Response**

*The Children’s Advocate’s Enhanced Mandate Act* transferred responsibilities for conducting section 10 reviews under *The Fatality Inquiries Act* to the OCA. It also established that the Manitoba Ombudsman would be responsible to follow up on future recommendations from reviews conducted by the OCA.

Bill 16, *The Children’s Advocate’s Enhanced Mandate Act*, was introduced on December 7, 2006, but as a result of the 2007 provincial election, was not passed. The Bill, now known as Bill 11, passed third reading on October 29<sup>th</sup>, 2007, received Royal Assent on November 8<sup>th</sup>, 2007, and will come into force on proclamation.

A draft transition plan has been agreed to in principle by the OCA and the OCME subject to change as required. A transition committee has been established. It includes representation from the OCA, OCME and the Department of (FSH).

Proclamation of Bill 11 is now expected in late summer of 2008.

## **Our Comment**

**As of the date of this report, we are waiting for confirmation of the proclamation date.**

## **Status**

### **In Progress**

### **Transfer of Responsibility for Protection Hearings**

One of the factors that we identified as contributing to delays in the transfer of responsibility for protection hearings, is the process prescribed by subsection 28(2) of *The Child and Family Services Act*.

When a child has been apprehended and there has been an application to court for a protection hearing, the apprehending agency, usually intake, may apply to court to have another agency,



the ongoing service agency, substituted for the apprehending agency for the purpose of the hearing. Intake agencies indicated that they are responsible for preparing the court documents necessary to complete the transfer and then must serve the parents with those documents. These steps, along with the delays in the court process itself, further add to the length of time it takes to transfer a file to ongoing service.

We recommended that there be scheduled meetings among agencies operating in the same region to discuss and resolve barriers to acceptance of cases at transfer and that the requirements for court documentation for a protection hearing be amended to permit a concurrent application for transfer pursuant to subsection 28(2) of *The Child and Family Services Act*.

### **Child Welfare System Response**

In 2007, the Court of Queen’s Bench identified a serious backlog in the child protection docket due in large part to delays in transfers under section 28 of *The Child and Family Services Act*. In response to this issue and following consultation with the Constitutional Law Branch and Legislative Counsel Office, Crown counsel from the Family Law Branch recommended amending section 28 of the Act and prescribed forms in *The Child and Family Services Regulation* to streamline court procedures for cases being transferred between agencies.

Legislative counsel has confirmed that the proposed amendment to section 28 of the *Child and Family Services Act* can be included in a Bill under *The Statutes Correction and Minor Amendments Act* being drafted for the 2008 spring session of the Legislative Assembly.

The Department is planning to consult on a priority basis with the courts, the authorities and agency legal counsel. It is expected that the public will support efforts to streamline legal procedures, which would result in lower legal costs for child welfare agencies and more timely access to appropriate child welfare services. It is also expected that the Courts and Child and Family Services Authorities and Agencies will strongly support the intent of the amendment.



## **Our Comment**

**We will report on the status of this recommendation in our 2008/09 report.**

### **Status**

#### **In Progress**

#### **General Child and Family Services Authority Reporting Structure**

The General Authority is responsible for all non-Aboriginal Child Welfare Services according to the *Child and Family Services Authorities Act*, but it has a different funding relationship with the government for child welfare services provided by Winnipeg and Rural and Northern Services. These offices are within FS&H, and therefore the government funds child welfare services directly and not through the General Authority. This funding arrangement makes it difficult to compare and analyze funding and expenditures on child and family services between these and other agencies in the General Authority, and between Authorities.

Having these agencies funded directly by the central department contributes to a sense of unfairness in the child welfare community because of a perception that the government child and family service agencies have the significant resources of government available to them to cover over expenditure of budgets.

Accordingly, we recommended that Winnipeg CFS and Rural and Northern CFS report to the General Authority to be consistent with the reporting structures for all other agencies in the province.

#### **Child Welfare System Response**

We are advised that since its inception, the Board and management of the General Authority have raised this issue with FS&H. There have been formal discussions about how best to address this situation. It is our understanding that the Board of Directors of the General Authority has and will continue to meet with government representatives to resolve this funding issue.



## **Our Comment**

**No resolution by the Department to date**

## **Status**

**No Change**

### **Compliance with Legislation for Prevention Services**

In the Declaration of Principles in the *Child and Family Services Act*, there are statements with regard to the rights of children and families. One of the rights espoused is that families are entitled to receive preventive and supportive services directed to preserving the family unit. As well, families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.

Our review found that the preventative services that are enshrined in the legislation as a right are for the most part unavailable. Although some prevention services are available, we felt that there needed to be new resources to provide the support that is referenced as a principle upon which the child welfare system is based. There needed to be more funding for support and preventative services to assist families in becoming healthy and able to parent, rather than receiving services primarily when their children are taken into care.

We recommended that funding be provided to the Department immediately to begin the process of planning and implementing support and prevention programs throughout the province.

### **Child Welfare System Response**

The government has committed \$15 million annually for early intervention/prevention services. Discussions are underway at the federal table for funding for these services in First Nations communities. The Authorities, First Nations Agencies, Province of Manitoba, INAC are the partners at this table.



## **Our Comment**

**This issue involves more than just funding. The solution is multifaceted. Information on how support and prevention programming issues are being addressed can be found in the following areas of this report: Funding, Promoting Positive Outcomes for Children in Care, DR and External Community Resources.**

## **Status**

### **Ongoing**

#### **Use of Voluntary Placement Agreements (VPA)**

In order to access supportive and preventative services to families where mandated agency involvement is not required, and where services are not readily available in the community, workers reported that they were signing Voluntary Placement Agreement (VPA) with families to secure funding for these services.

A VPA recognizes a parent’s need for temporary out-of-home placement of their child, due to special circumstances, while ensuring the parent retains legal guardianship. When a VPA is used for a reason such as out of home placement for a special needs child, or where family circumstances require a time limited out of home placement and child protection concerns do not exist, then agency workers need to remain cognizant that the parent retains guardianship and should be involved in any case planning for the child.

Our interviews revealed that often parents of children in care under VPAs are not involved in case planning for their children. The lack of parental involvement is contradictory to the principles of the legislation.

According to the Program Standards Manual 1988, section 250, VPAs should not be used in matters where child protection concerns exist, and where the parent is not willing to work cooperatively with the agency. However, some workers admitted to signing VPAs on child protection cases in an effort to circumvent legal requirements associated with child protection matters.



In order to ensure that VPAs were used in appropriate circumstances, we recommended that the Authorities monitor the agencies’ use of VPAs.

### **Child Welfare System Response**

All the authorities agree that the agencies’ use of VPAs need to be monitored. There are currently a number of reviews underway in agencies and each of them will include looking at the use of VPAs. As well, the use of VPAs will be considered a priority for many of the planned quality assurance activities for 2008/09.

### **Our Comment**

**We will report on the status of this in our 2008/09 report.**

### **Status**

**Ongoing**

### **Foster Care Regulations**

Please see section on Strengthening Foster Care

### **FOUNDATIONAL STANDARDS/PROTOCOLS/DIRECTIVES**

#### **Summary of Recommendations and Findings**

This is an area that is fundamental to the assurance of a consistent level of child welfare practice across the province and guides the work of agencies with the children and families they serve. Standards are the policies that govern the practice of child welfare in the province. In order for the child welfare system to have a solid framework for the range of services provided to children and families, and to achieve the goal of intervention at a stage earlier than crisis, we felt the completion of the revisions to the foundational standards must be a priority. With the completion of the foundational standards as the basis for practice, culturally appropriate standards, which enhance or exceed the basic standards, can then be developed by the Authorities.

The completion of the foundational standards would also seem to be a prerequisite for the





development of the DR Models by the Authorities, in order to ensure a consistent basic level of practice across the province to which the unique features of the differential response models can be added.

In the course of the review, we noted that the foundational standards were in varying formats and at different stages of completion. From our discussions with workers in the field, we learned that there was not one recognized, complete and revised set of standards in a readily available format for ease of access by workers and supervisors. Copies of the Program Standards Manual from 1988 were seen as difficult to obtain and agencies spoke of their difficulties accessing and using the electronic revised standards from 2005. This added to the confusion among agencies about the minimum required standards of practice and made training on standards, in the limited circumstances where training was occurring, difficult.

From a service perspective, almost all workers from every region of the province commented that they were unable to meet the requirements of the standards, in particular relating to meeting response times for investigation and assessment. We also heard from workers from the north and rural areas that the standards for response times were unachievable due the long distances they need to travel. A majority of field staff advised us that they were unable to see the children on their caseloads, and in particular children in care, as frequently as required by the standards. Lastly, with regard to licensing standards for foster homes, there was also concern from the north that the current standards did not reflect the realities of northern communities and limited the types of homes in their communities that could be used for children coming into care.

Therefore, we recommended that there be an agreement reached on what the foundational standards must be throughout the province in order to prescribe the minimums necessary for child protection work in particular.

Our view was that the authorities needed to agree on foundational standards, have them written into policy, have the policies distributed throughout the system and ensure that every front-line worker received training on the foundational standards.



### **Child Welfare System Response**

A protocol on standards development was approved by Standing Committee on November 7, 2007. A copy of this Protocol was provided to the Ombudsman’s office in February 2008.

This protocol guides all standards work. A key element of the new protocol is that no foundational standard will be approved until consultation with front line staff has occurred. The protocol significantly alters the way in which standards development occurs, essentially moving this function from one that is solely driven by the Child Protection Branch (CPB) to one that is a collaborative Standing Committee-driven process.

The CPB remains the lead for foundational standards work pursued in full cooperation and collaboration with the Authorities based on Standing Committee input and direction. The Authorities are responsible for any standards they wish to put in place that go beyond the foundational standards and for establishing whatever processes and structures are required to carry out this work.

We are advised that nineteen standards are in the final stages of completion targeted for implementation on July 1, 2008. Where authorities are in dispute, the route for resolution is to the Director of the CPB.

It is our understanding that a hard copy of the case management standards was provided to all agencies and every agency/office has one or more copies of all standards. Approved standards are also posted on the department’s website. When new standards are developed and approved, directives/notices are sent to the Authorities and their respective agencies which are to be shared with their staff. Existing and new standards are incorporated within existing training. Other communication vehicles will be considered (e.g., staff updates, etc.). Individual Authorities, where indicated, have also conducted training sessions for their agencies on the case management standards.

The standards development process outlined above provides an additional means of informing staff about standards. This process will involve the engagement of staff in reviewing standards that are presently in draft form. Based on that review, the Standards Team will review the staff



feedback and develop recommendations collectively for consideration by Standing Committee who will then forward final recommendations to the CPB for consideration and incorporation into the standards. A similar process is anticipated for all future standards development and review activities.

### **Our Comment**

**In our 2006 report, we recommended that all the foundational standards be completed as a priority and to date they have not been completed.**

### **Status:**

#### **In Progress**

\*\*\* For further details regarding the changes to date relating to standards training, please refer to the section on Training and Orientation in this report. For details regarding the follow up to recommendations for specific standards relating to children in care, please refer to the section entitled, Promoting Positive Outcomes for Children in Care.

### **DIFFERENTIAL RESPONSE (DR)**

#### **Summary of Recommendations and Findings**

During the course of our review, there were many examples given where workers were able to provide services to children only through the protection process of apprehending them. We felt resources were needed to meet the mandate of the government and the Authorities in providing services for the purposes of prevention and support. We were told that if those services could not be provided, then crises could not be averted and there would be a continuing and increasing need for protection services.

Families need the opportunity and assistance to provide appropriate parenting. Intervention measures are required that will allow support to be provided to families to reinforce the benefits of keeping children in their family and communities. Funding that is tied solely to protection



runs counter to the principles espoused in the acts. Support and prevention funding should be the first response, with protection a critical component of the system, but not as its sole response. Programs need to be developed using community development models to reinforce a child’s sense of belonging in a community and the need for families to look after one another.

Under the DR Model, there are two ‘streams’ of response, depending on the circumstances, when a family is referred to the child welfare system. Using carefully designed criteria, the family undergoes a screening to determine the most appropriate ‘stream’ of response. The family may enter either the family enhancement stream or the child protection stream.

The family enhancement stream is for cases where the child is at lower risk, but the family is vulnerable and willing to engage with community-based services. The child protection stream is for cases where the child is at high risk of physical or emotional harm and/or the family is unable or unwilling to voluntarily address their problems. Given the complex nature of families, some will move between the two streams. However, the DR Model must have established within it, thresholds at which child protection is required. This is why the foundational standards are critical; not only for the sake of consistency but also as the basis upon which the DR Model must be built.

We recommended that the appropriate funding be allocated to research, plan and implement a DR Model of service commencing in 2007/08. Once implemented, we recommended that funding be allocated yearly to specifically support the DR Model and that additional funds be allocated to ensure the availability of support and prevention programs to families where needed.

We recommended that the capacity for differential response be attached to the child welfare designated intake agencies throughout the province including in First Nations communities in order to ensure assessment and appropriate service at the point of intake.



We recommended that the DR Model be responsible to connect families with other early intervention programs developed by government that may assist in dealing with the issues they are facing such as Healthy Child Programs including, Healthy Baby, Families First, Triple P, and Fetal Alcohol Syndrome (FAS) Strategy, but that this brokering service be in addition to and not instead of providing direct service to children and families.

### **Child Welfare System Response**

The Authorities have developed specific plans for Manitoba’s approach to implementing a DR Model. It has been conceptualized as occurring in phases. These phases are:

Phase 1: Research on best practice DR Models including engagement with other jurisdictions about their experiences; development of a DR Model concept paper; promotional and educational presentations and workshops on DR Model within individual Authority structures and with collateral service providers.

Phase 2: Each Authority develops a plan for a DR Model with their agencies, research continues on models and related change processes, additional discussions with other jurisdictions occur, based on Authority plans, preparation/development work proceeds, test sites to demonstrate and evaluate various approaches to/elements of a DR Response Model is held. The foundation of the approach is developed and initial implementation of the province-wide roll out begins.

Phase 3: Based on the results of Phase 2, a conceptual framework for a DR Model in Manitoba is finalized and a system-wide plan for implementation is defined; an enhanced or new early intervention/prevention service stream (and services) is introduced throughout the province; new assessment tools/processes, new standards, case management practices, legislative changes, relationships with community based providers and computer-based management tools are identified, developed and introduced.

Standing Committee has identified a number of common features and implementation steps from the research on best practices approaches to DR Models which include:



#### The Presence of a Family Enhancement or Family Support Stream

At least one service stream for families who do not show child protection concerns, will offer voluntary and supportive services.

#### The Presence of a Child Protection Stream

A traditional child protection stream provides intervention for families where abuse allegations have been substantiated.

#### Risk Assessment Thresholds Structured Decision Making

Most jurisdictions with a differential response capacity emphasize the use of a standardized assessment tool to determine when a referral to the family enhancement stream is appropriate. At minimum, the assessment must demonstrate that the immediate safety of children can be established and significant risks mitigated before a family is referred to a family enhancement/support service stream. A multi-disciplinary approach to case management, assessment (and/or common intake/assessment) is required across agencies.

#### Partnerships with Community Service Providers

Most differential response models stress the importance of involving community-based collateral service providers in order to offer families the range of supports they may require. In terms of current practice this means the worker would actively engage with collateral service providers around meeting a family’s service needs. Planning must involve non-governmental partners at the beginning stages. Formal contracting with identified partners is recommended. Community engagement is paramount in successful implementation.

#### Legislation

Another emerging trend is the desire to have the DR capacity embedded into child welfare legislation along with supportive standards, policies, guidelines and protocols applied by trained staff. Legislation supporting the approach may be required.



The core elements above form the conceptual underpinnings of Manitoba’s approach to DR. Early investment in a promotion and education campaign is required to ensure service providers and stakeholders understand and are adequately prepared to implement the new service model. There needs to be a careful and measured approach to the introduction of the DR Model beginning with proper preparation, development, capacity building, and readiness work (including partnering with community collateral service providers), as well as testing and demonstration of the DR Model elements prior to moving to full roll out.

Resources have been made available to each Authority to hire contractors to assist them in completing Phase II of the DR Model roll-out, which will result in plans to implement and evaluate the DR Model in each Authority. Standing Committee has reviewed the Authority DR Model submissions which outline their plans to identify the preparation and developmental steps needed to establish the DR Models within each Authority as well as the demonstration components that will be tested and evaluated as part of pilots. Based upon Standing Committee’s review of the submissions, an approach was identified to move forward beginning the last quarter of 2007/08 and continuing into the next fiscal year.

The implementation of the DR Models in Designated Intake Agencies (DIA) is being managed under the collective guidance of Standing Committee. DIAs are included within the existing Differential Response Model plans. There are three DIA sites where demonstrations/pilots are being proposed for 2008/09: Parklands, Central, and the All Nations Coordinated Response Network (ANCR). While developed by the respective Authorities, the DIA proposals require agreement from Standing Committee. The questions regarding how to ensure that all DIAs implement the DR Models on a similar time frame, with similar policies about service provision, are under discussion at Standing Committee. Additionally, the question of how the DIA models complement and interface with each Authority model is also being addressed at Standing Committee.



### **Our Comment**

**While it has been reported that preliminary steps have been taken toward implementation of DR, we have not reviewed each Authority’s final DR Model submissions, or the common DR Model framework identified by Standing Committee. A review of the budget reveals that the money has been allocated but at this point there is no information regarding how the allocated funds have been spent. Work in this area remains ongoing and will require review.**

**Although DR Models are beginning to be tested in each Authority, it is not known if each designated intake agency will be utilizing the same baseline assessment tools to determine how and which DR stream families will enter. It is our understanding that the present system utilizes a safety assessment tool to determine ‘the immediate safety/risk to a child’ at the point of intake. This does not assess the indicators of future risk or maltreatment. We have learned that the initial stages of this DR project do not yet include a baseline tool for risk assessment. This tool is essential to the success of DR. It is a necessary component of an agency’s decision making. It should ensure consistency across the system to identify the thresholds at which a family should move to the child protection stream, so the risk factors associated with the child’s future safety are addressed. Risk assessment is discussed further in the next section.**

**DR should work in Manitoba to provide the four authorities with the flexibility that each needs to design a model appropriate for their agencies and communities. It does not have to be a uniform model throughout the province and should allow cultural and community differences to be taken into consideration. While recognizing that each Authority has the discretion to determine the distinct components of its DR Model as it relates to the unique needs of the Authority’s communities, it is critical that regardless of Authority, the intake components of DR contain core elements and baseline assessment tools which are consistently applied through out the province related to the protection of children.**





**The foundational standards are the critical first step towards implementing DR into the child welfare system. DR allows a community to provide prevention services to children and families before they reach a crisis, at which point the only appropriate response is apprehension of children.**

### **Status**

**Research and planning of DR Models has been completed.**

**Implementation support and funding are ongoing.**

### **STANDARDIZED RISK ASSESSMENT**

#### **Summary of Recommendations and Findings**

There was a general concern identified by intake staff across the province with the concept of triaging responses to referrals based solely upon the presenting problem and an “incident based” perception of risk. Workers in the field identified that although calls that are high risk and emergent receive an immediate response, as prescribed by standards, cases where families require low level support, voluntary service, or where there is minimal risk to the safety of the child at one point in time, are given lower priority. Workers told us that the high volume of referrals and resulting workload impeded their ability to respond to low risk cases, which were not considered to be a priority. The unanticipated consequence was that low risk cases left waiting longer for service could quickly turn into high risk cases requiring an immediate response.

Workers believed that if more resources were added to enable an initial, thorough assessment, including risk assessment, many lower risk families would be served in a timelier manner which could reduce future crises.



In the course of our review, agency staff and supervisors advised us that safety assessments were being completed in agencies where the intake module was being used. Staff noted that while the safety assessment is a requirement, and is described in the standards as the beginning of risk assessment, it is an assessment of the current incident and the immediate danger to the child at that point in time. Many staff noted that a thorough analysis of past history and patterns of functioning is not possible given the time constraints and structure of information to be gathered by the module, as well as the difficulties with accessing information from other agencies, the CFSIS and closed files. Some agencies commented that while the safety assessment might indicate a safety plan for a child, very quickly matters could change, placing a child at risk. The safety assessment could not be seen as assessing or mitigating overall risk to a child. Agencies indicated that in general, there was no commonly agreed upon risk assessment tool recommended in the standards and there was a concern that such assessments were not being completed.

Based on our discussions with staff, we recommended that a consistent model or standardized tool for the assessment of risk be implemented and adopted by all agencies across the province. This assessment model should include the consistent and core elements necessary for the assessment of risk as recognized by best practice in child welfare. Above all, any risk assessment model should allow for the comprehensive and longitudinal assessment of risk to a child, and should not focus solely on immediate safety.

If the Manitoba government plans to introduce amendments to the *Child and Family Services Act* to ensure that the safety of children in the child welfare system is paramount, there needs to be a mechanism with which to ensure that risk has been considered fully. With a commonly understood and accepted model, or baseline from which risk is determined, there remains the flexibility to provide the culturally appropriate services and supports offered by the different agencies based on their communities’ needs and resources. Dr. Alex Wright, in her review, “Best Practice in Child Welfare: Definition, Application and the Context of Child Welfare in Manitoba” submitted to the Ombudsman in June 2006, set out these elements and their place in the Manitoba context:



At all times throughout the child welfare intervention stages, the safety of the child should take precedence. A risk assessment tool should also be incorporated as part of the assessment. Risk assessment in child welfare requires the assessment of 1) the vulnerability of the child 2) the probability of future instances of abuse or neglect 3) and the probable severity of any future instances of abuse or neglect (Sigurdson and Reid, 1987). A RA tool is not in conflict with cultural appropriate practices, it is simply one piece of larger assessment, intervention and evaluation piece of BP (best practice), provided within the context of culturally appropriate service planning and delivery.

### **Child Welfare System Response**

There is agreement at Standing Committee that a standardized risk assessment tool is needed, not only for the intake agencies, but also for ongoing service agencies, as families may move between the protection and prevention stream post Intake. All authorities have agreed that this is a foundational component of DR. A consistent approach to assessing risk will be part of the streaming process under DR.

A cross authority team is conducting a comprehensive analysis of risk assessment instruments currently being used in Canadian and international jurisdictions. From this, the team will make a recommendation regarding the one or more risk assessment tools to be tested in the DR demonstration sites. Through the evaluation process, they hope to identify a common and consistent risk assessment tool as part of full provincial roll out of DR. In addition to this work, existing approaches will remain in place including the risk and safety assessments required through the Intake Module and on an ongoing basis.

### **Our Comment**

**A standardized risk assessment model is a foundational component of best practice in child welfare and needs to be developed and adopted for use throughout the province as a priority**

### **Status**

**In progress**



**CHILD AND FAMILY SERVICES INFORMATION SYSTEM (CFSIS)  
Summary of Recommendations and Findings**

CFSIS was to be a province-wide electronic system used to obtain information about children and families within the child welfare system. This is especially important due to the transience of many families involved with the system.

Many agencies were not using CFSIS fully because they did not have the necessary equipment to run the system, they had developed their own system, or their community did not have the technological capacity to allow its use.

Some agency offices without CFSIS access reported that they sent their paper work to their head office for input on CFSIS. However, this was time consuming as there was often only one person responsible for this function.

Staff advised that inputting data on CFSIS was time consuming and cumbersome. Some users would circumvent mandatory “windows” when they did not have information available by inputting “dummy” information. The workers said they did not have the time to obtain the necessary information to complete the fields in order to take the next action required by the system. They were concerned that information required in mandatory fields was often difficult for workers to obtain, with the result that files could not be closed, even though the agency was no longer providing service. It was suggested that these windows be deleted from the system as often the information required was not relevant.

Even when information had been entered in CFSIS and was accurate, if another agency opened a file on the same family, the only information available was that a different agency was previously involved. The worker would have to call the agency that “owns the file” to obtain details. This had a profound impact on the time of intake workers who needed to have quick access to information about the family.

As it existed, CFSIS appeared to be an impediment to communication between workers. Workers relied on the system to contain the information they needed. Unfortunately, it was not



always available and if it were available, it may not have been accurate. Agencies said they did not have access to Winnipeg CFSIS for historical background on children and families whose files were transferred in the AJI-CWI process. That information was essential for the staff assuming responsibility for ongoing service.

CFSIS was intended to provide front line staff with more time to work directly with clients. However, it was reported that it caused workers to spend more time on the computer. Some areas only have dial up service which significantly increases the time it took to input information on the system. If something interrupted the connection, workers needed to begin the inputting process again.

We recommended that a province-wide electronic system should be capable of being used as a tracking system with timely, accurate and basic demographic and contact information. It should have warnings attached for adults/youth who pose a threat to the child or family. If the CFSIS system were streamlined, it would be easier to use, benefiting all agencies.

We recommended that the issues with CFSIS be addressed and that staff have access to cases across the province.

### **Child Welfare System Response**

We have been advised that all agencies did have access to Winnipeg CFSIS information for historical background information on children and families whose files were transferred in the AJI-CWI process. All files that were electronically transferred on CFSIS included all the recordings that had been completed since the cases had opened with Winnipeg CFS. The issue that arose following the transfers was that workers were not aware of how to access the historical information on CFSIS.

As a result, there was a training initiative that was undertaken to ensure that workers were aware of how to access this information. In addition, one of ten tactical upgrades was undertaken to specifically address this issue.



The Authorities agreed to complete an agency-by-agency inventory of connectivity issues and provide it to the Department. Once the Authority reports are received, the Department will then conduct a technical assessment of the issues and work with the Authorities and connectivity providers to resolve the issues.

Early on in the Changes for Children process, new resources were made available for agencies to address the backlog of cases that were not on CFSIS. Agencies could hire staff on a term basis to do the data entry so that CFSIS would be as complete as possible at least for those agencies that were using it. In some cases, this meant that information was to be put on a disk by those agencies which were not yet connected to CFSIS and then entered centrally at the CPB.

Ten new tactical projects were identified and prioritized based on ongoing feedback from front line users, consultation with Standing Committee, a workshop with ANCR staff, and technical advice from the CFSIS Business Unit. The criteria that were used to set these priorities included ease of use, broader accessibility, and reducing risk to children. As projects become ready for implementation, testing occurs. All tactical project teams include front-line staff who help define the requirements for the project as well as undertake functional and user acceptance testing. This testing is specifically designed to assess the impacts on the front line users. Before any upgrades are released, every attempt is made to ensure that these are user friendly.

One of the ten tactical upgrades to be completed during 2007/08 included elimination of duplicate records with the introduction of a new feature in the Prior Contact Check to ensure that accurate results are properly displayed.

The current year tactical projects include ease-of-use point and click streamlining. There are three specific projects that address this issue: province wide direct access to any case by designated roles or positions; province-wide direct access to case recordings; and intakes.

There has been considerable work completed by all agencies in addressing the backlog of cases on CFSIS. All authorities recognize the importance of having province-wide access to



information and they have been working with the agencies to address connectivity, data entry, training and other possible barriers to achieve this.

Developments related to Integrated Service Delivery’s (ISD) work will be considered as an aspect of the CFSIS Business Transformation Project. The CFSIS Business Transformation Project was underway as of March, 2008. A best case scenario will result in a new system being implemented no earlier than April, 2010.

### **Our Comment**

**It is encouraging that Standing Committee has agreed to continue to address connectivity problems with CFSIS. We recognize that this process will take time and we will continue to inquire to determine if the connectivity issues have been addressed to provide all agencies with access to CFSIS.**

**In terms of broader accessibility, although connectivity issues are beginning to be addressed, we do not know whether all agencies are willing to embrace the use of CFSIS. Through continued consultation with front line staff, it is expected that over time CFSIS will become much more user-friendly.**

**In their response, Standing Committee noted that “Agencies could hire staff on a term basis to do the data entry so that CFSIS would be as complete as possible at least for those agencies that were using it”. This raises the question once again about the utility of CFSIS if it is not a province-wide system.**



**The enhancements that have been and continue to be implemented in CFSIS have focused on ease of use, broader accessibility, and reducing risk to children. However, the benefit of the system in reducing the risk to children will not be realized until all agencies are actively using the system. These issues were raised frequently in our discussions with front line staff regarding the use of CFSIS.**

**Status:**

**Ongoing**

**AUTHORITY DETERMINATION PROTOCOL (ADP)  
Summary of Recommendations and Findings**

In most cases, workers at the intake level complete the ADP form with the family. The Authorities are responsible through their agencies to provide information to families to allow them to make a considered choice regarding the appropriate Authority.

We found that families were expected to make this choice, often based on limited information. Families were not provided with information about the services provided by the agencies within the Authority. In most instances, the intake workers who were providing information to the families did not know what services were available from the agencies providing ongoing service delivery.

Workers reported that completing the ADP form was a time consuming process, the use of which was often misunderstood by families.

We recommended that the ADP process be streamlined to the extent possible and be written in language that is easy to understand. We felt that the ADP process should be completed by staff other than front line workers in order to reduce the administrative functions performed by them.

We also recommended that the ADP process be evaluated to determine how choice can effectively be offered to every family in situations where only one agency provides service.





### **Child Welfare System Response**

We were advised that the role of the child and family services worker to help families and persons understand their options and support them in making their decision will continue. It was felt that this is a key part of the intake process and it is important that it be the front line workers that are completing the ADP with the family.

However, we were also advised that the ADP Field Guide has undergone significant changes and was sent for legal opinion on a specific section. When it is ready, it will be placed on the Standing Committee agenda. The JTU will be developing training specifically related to the ADP process.

### **Our Comment**

**We will monitor and report on progress in 2008/09.**

### **Status**

**In progress**

### **DESIGNATED INTAKE AGENCIES (DIAS)**

#### **Summary of Recommendations and Findings**

The *Child and Family Services Authorities Act* introduced a new system for intake, which requires the Authorities to jointly designate an agency to provide intake and emergency services by geographic region. There are thirteen DIA providing this first level of contact for child welfare services in the province.

*The Joint Intake and Emergency Services by Designated Agencies Regulation* outlines the role and responsibility of the DIAs. The DIAs must provide twenty-four hour intake and emergency services and respond to all referrals or requests for service on a timely basis. In addition, the DIAs must provide child protection services and assess the need for ongoing services.



If a DIA determines that ongoing services are required, it must determine which Authority will be responsible for providing those services in accordance with the ADP and transfer the file to the appropriate agency for ongoing services.

In the course of our review, we noted that there was a general lack of collaboration and communication among the DIAs and the agencies they serve across the province. In order to provide seamless service delivery to families, there needed to be clear communication, clarification of roles, and compliance with standards as the DIAs transfer service to other agencies. Accordingly, we recommended that DIA steering committees be established in each region as forums to address service issues of mutual concern, to share information, to collaborate on resources and overall to promote seamless service delivery among the DIAs and the agencies with which they interact.

### **Child Welfare System Response**

A steering committee is active in the following DIAs:

- CFS Western
- CFS Central
- Métis Child, Family and Community Services
- ANCR
- Anishinaabe CFS
- Intertribal CFS
- Peguis CFS
- Rural and Northern Services – Interlake

In the following DIAs, a steering committee was in place at the time the DIA was established, but the steering committee is now in the process of redevelopment or there are other forums for discussion between the DIA and the other mandated agencies in the area:

- Churchill CFS
- Cree Nation CFS
- Kinaso Sipi Minisowin Agency
- Nisichawaysihk Cree Nation
- Rural and Northern Services - Eastman
- Rural and Northern Services – Northern



In areas where there are no formal Steering Committees in place, we have been advised that the DIAs actively work with collateral service providers as required. Working groups are established to address issues as needed.

Regarding First Nations CFS agencies, most communities have local child care committees in place that perform a function similar to a formal steering committee.

### **Our Comment**

**We plan to follow up with DIAs on the implementation of the recommendations and the impact on service delivery.**

### **Status**

#### **Ongoing**

\*\*\* Please refer to the CFSIS and Workload Relief sections of this report for further recommendations related to DIAs. Recommendations regarding the Winnipeg DIA, ANCR, are found in the following section.

### **ALL NATIONS COORDINATED RESPONSE NETWORK (ANCR)**

#### **Summary of Recommendations and Findings**

DIAs across the province are the “front door” to service and their efficient functioning is critical to the child welfare system. ANCR was created as an agency of the Southern First Nations Child and Family Services Authority (Southern Authority). It began operation as an agency in February 2007, replacing the Winnipeg intake agency as the DIA in Winnipeg. Every month, ANCR receives approximately 1200 requests for service to children and families in Winnipeg as the first level of contact for child welfare services in the city. Where there is a need for longer term services for families or there are child protection concerns, ANCR completes the ADP in preparation for transfer of service to one of seventeen different agencies which serve families in Winnipeg.

While it is important to note that all of our recommendations impact ANCR and the other DIAs,



we made a number of specific recommendations regarding the Winnipeg intake agency based on comments from the field.

In our discussions with staff from Winnipeg and other areas of the province, concerns were expressed that the program parameters and expectations of service were not clear in relation to the processes of opening, closings and transfers of files for service. This had affected staff within ANCR, as well as within the agencies with which ANCR interfaces, and appears to have caused significant conflict within the system. More importantly, it appears to have had an impact on the quality, consistency and timeliness of services to families and children.

Accordingly, a number of our recommendations related to the clarification and completion of policies for all the programs and subprograms at ANCR. We recommended that those requirements be communicated to staff within and beyond ANCR and that community collateral service providers be given an orientation on ANCR programs and how to access the new intake system.

We also recommended that opportunities be established for regular communication between the Winnipeg intake agency and the other mandated agencies to address issues that impeded the coordination of seamless service delivery.

Additionally, in the course of our review in 2006, it became clear that the Winnipeg intake agency, while yet to be mandated as ANCR, was under the governance of an interim board of the four Authorities and the CPB, but also accountable to Winnipeg CFS and the General CFS Authority. Therefore, we recommended that there be a single reporting structure for the Winnipeg intake agency.

We had also recommended that the Winnipeg intake agency report to the CWS. However, Standing Committee required that the intake agency be created as an agency reporting to an Authority so that it could be given a mandate in accordance with the *Child and Family Services Act* with a board responsible for governance, budgeting and policy development.



We have set out ANCR as a topic in this report because of its central importance to multiple agencies providing service in Winnipeg, but also because we were advised by Standing Committee that our review recommendations had been implemented as of ANCR’s “live” date in February 2007.

### **Child Welfare System Response**

The Ombudsman received a detailed response to the recommendations relating to ANCR in February 2007. The following is a summary of the key points in the response and actions taken as of that period:

#### **Program parameters**

Each of the program areas at ANCR has a clear written description which includes clear parameters, and identifies the roles and responsibilities within each program area.

These exist for the Intake and After Hours Unit (Tier 1 and 2); the Abuse Investigations Unit, and the Community Programs Unit. The Emergency Placement Unit will be transitioned from Winnipeg CFS to ANCR at a later date.

Clear and written descriptions and parameters will be required as part of this transition.

Clear written processes and roles are in place for the Abuse Investigation Unit.

Agencies have received copies and have provided feedback. This will be reviewed at the orientation sessions.

Ongoing service issues that may arise will be dealt with by the steering committee. The new agency will use expanded criteria of abuse, consistent with the legislation. This has been incorporated into the service and program description for the unit.

A training session was held in early February, 2007 for ANCR abuse investigations unit staff on forensic interview techniques. ANCR will be requested to develop a plan and include it in its annual operational plan.



ANCR staff has been involved in the development of the written program descriptions and the parameters of the program areas.

A session with ANCR management has been held to review in detail the program models and program parameters. Written program manuals have been completed. ANCR management will continue to train and communicate with ANCR staff appropriately. An orientation and overview of the various programs for all the mandated CFS agencies and key collateral service providers has been completed.

Agencies can send non-urgent referrals to ANCR. These referrals are directed to the Family Enhancement Program unit and/or referred to external agencies for service. A new telephone system is being put into place for ANCR which will allow ANCR to manage referrals more efficiently, without non-urgent matters causing more urgent calls to go into a queue.

#### **Communication/problem solving forums between ANCR and mandated agencies**

A steering committee comprised of representatives from each of the mandated CFS agencies operating in Winnipeg was set up. This steering committee will provide a regular and ongoing opportunity to address service issues that may arise.

#### **Governance**

For some time now, there has been an agreed upon organizational structure for ANCR as a separate intake agency. That structure shows a clear, single reporting structure for the agency. The External Review recommendations highlight one of the issues associated with the interim and transition period that the Winnipeg intake agency had been under since the transfer of work from Winnipeg in May 2005.

While the Winnipeg intake agency began providing services on behalf of all the Authorities and their agencies, it remained a unit under Winnipeg CFS. The interim working Board was charged with completing the work required to set up a separate



agency. The management of the Winnipeg intake agency was responsible to complete many of these tasks, and on these matters, they reported to the interim working Board. On day-to-day operations, they reported to the Executive Director of Winnipeg CFS.

The establishment of a separate agency ended the transition period and the need for two reporting structures.

### **Child Welfare Secretariat**

A mandate review has been completed by the Southern Authority. This review team recommended that the Winnipeg intake agency be mandated as a separate agency ANCR based on its findings that key elements are in place and is able to function appropriately as a separate agency that provides intake, after hours, abuse investigative services, and community programs.

Members of Standing Committee were satisfied that the new agency will be able to operate as a separate agency and that separate agency status will, in fact, eliminate some of the service issues that were created as a result of the state of transition that the Winnipeg intake agency had been under since May, 2005.

Given that ANCR is a mandated body, it cannot operate under the guidance of the proposed CWS.

### **Additional comments from Standing Committee (from February 2008 update) regarding ANCR.**

The inter-agency steering committee has been meeting on a regular basis. Part of their terms of reference includes communicating with ANCR about whether ANCR services support their agency practices.

Changes were made to the parameters used by ANCR for child abuse investigations to be more consistent with the legislation and regulations and with how agencies were operating.



Previous parameters were based on how Winnipeg Child and Family Services had done the work.

There is a Quality Assurance (QA) review of ANCR currently in the planning stages, targeted to get underway in March 2008. The scope of this QA is to determine if ANCR is operating according to the operational service model that was put forward for the mandating process. This includes a review of the interfaces with ANCR, the Authorities, and the agencies.

### **Our Comment**

**The activities set out in our recommendations relating to ANCR were largely completed by February 2007, when the agency received its mandate from the Southern Authority.**

**While basic procedures were in place to allow the new agency to be mandated to provide service, we have been advised that further review and development of "ANCR specific" policies and protocols is a goal for 2008. Policy development will also be the focus of the permanent board of ANCR, which assumed responsibility for the agency in 2007 and replaced the interim board. A new Executive Director commenced employment at ANCR in September 2007.**

**The establishment of the permanent board of ANCR, along with its mandate by a single Authority, appears to have simplified the multiple layers of governance previously in place.**

**While much activity has occurred in 2007/08, ANCR faces continued challenges including: building working relationships with other agencies under all four Authorities to ensure seamless service delivery and to resolve service disputes; further development of its own infrastructure, policies and procedures; the implementation of its DR Model as of March 31, 2008; and, resolving longstanding staffing issues and high staff vacancy rates.**

**In our 2008/09 report, we will review the administrative processes of the agency to determine if the issues that were identified in relation to the Winnipeg intake agency in**





**in 2006, and which formed the basis for the recommendations, have been resolved and what their impact has been on service delivery.**

### **Status**

**Activities related to our recommendations were completed for 2007/08**

**Monitoring the impact of our recommendations is in progress**

### **STRENGTHENING FOSTER CARE**

#### **Summary of Recommendations and Findings**

During the course of the review, it became evident that there are significant challenges presented by Manitoba’s foster care system. Agencies throughout the province indicated that there are shortages of placement resources in general and specifically noted a lack of adequate foster homes for youth, children with special needs and culturally-appropriate placements. The lack of foster homes was identified as a major factor contributing to the high incidence of placements of children in very costly alternatives such as hotels and shelters.

In our consultations with agencies, workers cited a number of impediments to their ability to recruit and develop adequate foster care resources. We were advised by many agencies that the standards for licensing restrict agencies’ abilities to license homes within communities, thereby adding to the chronic shortage of foster home resources and forcing children to be placed outside their home communities. Workers also reported they are seeing larger numbers of sibling groups coming into care. They also reported experiencing difficulties developing foster homes to accommodate sibling groups of four or more.

We recommended that the CPB be responsible for the licensing of “non-mandated” agencies’ foster homes.

We recommended that the foster care regulations be reviewed and redeveloped to ensure consideration is given to community standards and practices as well as the ability of foster parents to establish a routine home environment.



All the agencies stated that they felt unable to provide the level of support and management of foster homes in keeping with standards and best practices. Existing workload demands not only limit the level of support provided to foster parents, but did not allow time to recruit and develop new foster homes, and provide the orientation and ongoing training of foster parents, critical to maintaining foster homes.

In our consultations with agencies throughout the province, we repeatedly heard about issues related to foster care rates. In general, the foster care rates were often inadequate to compensate foster parents for the services being provided, and many reported various inconsistencies between rates paid by different agencies.

We recommended that foster rates should be consistent throughout the province taking into consideration the costs of providing services in the community in which the home is located.

We also heard foster parents requesting more open communication and cooperation between agencies, and a consistent approach to providing resources and determining foster rates. In addition, foster parents requested education and training to manage special needs children and to understand the foster care system and their role in it.

We recommended that the Child Care Benefit be remitted to the government and a fund be established for the purpose of recruitment, education and training of foster parents. We recommended that this fund should also be used to ensure the ongoing support, communication and provision of enhanced respite for foster families.

### **Child Welfare System Response**

There was an increase to the basic foster care rates by 10% effective January 2007 with an additional 10% for January 2008.

A three-part child placement initiative was developed to: 1) locate specific placement resources for children currently placed in hotels; 2) develop non-traditional child safety options for children as an alternative to hotel or other emergency placements, and; 3) implement a targeted



foster home recruitment campaign to develop longer term placement options for children in emergency placements. This three-part initiative is comprised of the following teams:

A ‘Hotel Reduction Team’ was established to find placements for children placed in hotels throughout the province. This initiative began in January 2007 and was completed August 21, 2007. The Hotel (use) Reduction Strategy was developed, designed and implemented on a cross-authority basis over a number of months. The hotel reduction strategy was threefold: more effective case management to ensure the more timely and efficient movement of children from short term emergency care to longer term resources or back home; the creation of new and more appropriate emergency care options; and the creation of additional longer term resources. Each Authority continues to work on a comprehensive strategy for ongoing development of needed placement resources.

A ‘Resource Development Team’ was established to identify and develop creative alternatives to emergency placements for children. Alternatives may include community safe houses, day-care centres with flexible hours of operation, enhanced in-home mental health services and crisis intervention and management teams. This initiative began in January 1, 2007 and was scheduled for completion March 31, 2008. The Resource Development Teams address the needs of the individual Authorities and look for opportunities where shared resources can be developed.

A ‘Foster Care Recruitment Team’ was established to focus on the development of long term appropriate placements. This initiative called “Join the Circle of Care” began on January 1, 2007 and was scheduled for completion March 31, 2008. The foster home recruitment campaign, “Circle of Care,” was launched in November 2006 and as of May 17, 2007, 831 calls had been received by the foster parent recruitment telephone line. Many of these prospective foster parents have attended orientation sessions throughout the province. As of January 8, 2008, 627 new foster care spaces had been secured. Pressure points for resources include resources for children under 8, sibling groups, and specialized treatment resources.



The Foster Parent Curriculum Design Team has been meeting to finalize the curriculum that will be available for foster parent training throughout the province. As part of this project, foster parents are currently in the process of being trained as trainers. In addition, the JIU has undertaken many training initiatives such as water safety training, FASD training, and Relationship Strength Based Approach training.

Regarding a fund being developed from the remittance of the Child Care Benefit, or whether future funding will be available to continue the activities undertaken in the “child placement initiative”, we were advised that the work on the new funding model and collaboration with the Department of Finance during the current fiscal year is underway, and will be reflected in the 2009/10 Estimates.

#### **Our Comments**

**The number of bed spaces available in the system has increased through the efforts made to license existing homes, recruitment of new foster homes, and the development of alternative resources for emergency and specialized care.**

**The Hotel Reduction Strategy achieved its goals in locating placements for children formerly placed in hotels throughout the province, ensuring that only in exceptional circumstances would children be placed in hotels as of August 2007. Since that time it has been reported to our office that children are still placed in hotels on an interim temporary basis when other viable placement alternatives are unavailable.**

**It has been reported that within the Authorities, specialized treatment, short term placements for siblings, and four bed units have been developed as alternatives to emergency placements for children. Opportunities for the development of shared resources should continue to be considered.**

**Structured formal supports and general orientation training for foster parents have been specific areas of focus for the system. Many training and orientation sessions have been undertaken to address the identified needs of foster families, and efforts are being made to**



**offer more specialized training.**

**Improved communications and foster parent support falls within the day-to-day service delivery issues of the system. At this time, there is no means to measure improvement in these areas and it is likely that work in these areas will be ongoing.**

**It is premature to comment on the effectiveness of the three-part ‘child placement initiative’, therefore this will be an area of further review.**

#### **Status**

**Recruitment, training, respite, support and communications activities regarding foster care is ongoing.**

#### **WORKLOAD RELIEF**

##### **Summary of Recommendations and Findings**

In the course of our interviews with social workers across the province in 2006, we heard that caseloads were too high, workers had little time to see the children and families on their caseloads, and that response times for investigation or assessment of new concerns set out by standards were not being met. Workers complained that they were compelled to prioritize high and medium risk protection cases over low risk situations, where preventative work with families would minimize the likelihood of the need to bring children into care or to respond with mandated protective service.

Staff shortages, increased caseload complexity, the need to travel significant distances for case work and the increased requirements for reporting and paperwork were seen as having severe detrimental effects on worker morale and causing severe stress and burn out. Such stress was in turn causing higher rates of vacancies in agencies, further exacerbating these problems.

Workers from all regions reported that caseload numbers exceeded, and were often double or triple the recommended caseload size standard established by the Child Welfare League of America.



Accordingly, we recommended the infusion of significant financial resources to the child welfare system to address the issues of workload. These recommendations included increases in front-line staff to meet standards for client contact and administration, hiring of administrative support staff to relieve the front-line workers and supervisors of administrative functions, and hiring case aides to assist workers in providing non-social worker service to children and families, including homemakers.

We recommended that funding be provided to agencies to hire the additional resources necessary to have sufficient staff available in each agency to provide up-to-date case information to DIAs when needed for their decision making about children and families. Additionally, we recommended that the DIA after-hours system in the various geographical regions operate with a full complement of staff who are not already employed in social work positions during the day, regardless of whether after-hours operates on an on-call basis or as an operational unit.

In terms of specific allocation of funds for workload reduction, in September, 2006, we recommended that the government allocate \$1,250,000 for the balance of that fiscal year and that it allocate \$5,000,000 annually thereafter, plus necessary increases for rising salary and benefits costs.

### **Child Welfare System Response**

The Provincial government prioritized the external review recommendations regarding workload relief and immediately made an initial allocation of \$5 million, which we understand is now annualized and is allocated to agencies for workload relief. The allocation to the Authorities was as follows:

#### Workload Relief- CFS Agencies

The \$3.14 million was distributed among the Authorities on the basis of each Authority's percentage of the provincial caseload. There was also an agency prototype model that was developed to determine the number of positions that this would involve for each Authority.



Workload Relief - DIA

The \$1.86 million was distributed to the various DIAs, including ANCR, through a formula that takes into account the original resource transfers and utilizing costs associated with Crisis Response Unit, Tier 1 & 2 Intake of the ANCR budget, the intake caseloads of the DIAs, and also recognizes higher travel costs in rural and northern Manitoba.

**Table 1 – Funding for Workload Relief**

Authority	Distribution to Agencies	Distribution to DIAs	Total (\$000)
General	1,316.5	780.7	2,097.2
Southern- \incl ANCR	995.8	248.5	1,244.3
Northern	433.7	684.9	1,118.6
Métis	394.8	145.1	539.9
<b>Total</b>	<b>\$ 3,140.8</b>	<b>\$ 1,859.2</b>	<b>\$5,000.0</b>

Note: There will also be a cost of living adjustment for 2008/09.

The following chart shows the breakdown of staff hired as of November, 2007 for workload relief. The chart does not include the additional funding for DIA workload relief disbursed in January 2008. Each Authority developed a process with their agencies to determine how the workload relief would be allocated.



**Table 2 – Allocation of Positions for Workload Relief and Hotel Initiative**

<b>Authority</b>	<b>Front Line</b>	<b>Supervisor</b>	<b>Service Asst.</b>	<b>Admin. Asst.</b>	<b>Total</b>
<b>Northern First Nations Authority</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>6</b>
<b>Southern First Nation Authority</b>	<b>9.5</b>	<b>1.7</b>	<b>0</b>	<b>2.4</b>	<b>13.6</b>
<b>Métis Authority</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>General Authority</b>	<b>14.5</b>	<b>3</b>	<b>2.5</b>	<b>4.5</b>	<b>24.5</b>
<b>Total</b>	<b>30</b>	<b>6.7</b>	<b>2.5</b>	<b>9.9</b>	<b>49.1</b>

The infusion of workload relief monies in 2007/08 appears to have slowed the growth in the volume of cases, but it has not yet resulted in reductions in workload, on an overall basis.

Workload demands continue to be high. In response to this, Standing Committee is working on developing a workload management strategy which was also a focus of the recent Manitoba Government Employees Union (MGEU)/Standing Committee workshop on recruitment and retention.

#### **Our Comment**

**As indicated by the Child Welfare System Response, workload demands remain high and further review will be necessary to understand the factors that are contributing to workload. As well, an increasing issue is the lack of trained social workers who can be recruited to work in the field of child protection.**

**We have inquired about the rate of vacancies in agencies and DIAs. Standing Committee indicated that action on a workload management strategy has included discussions regarding this issue. An MGEU/Standing Committee workshop in February 2008 included discussions around creating a human resource data base which would assist in tracking and managing this issue.**

**With regard to our recommendation relating to after-hours services, we have no**





**information as yet as to whether funding for staff has been allocated towards these services in order to reduce or eliminate the use of day staff for after hours work.**

**Our future discussions with agencies will include the issues relating to workload and whether the financial resources allocated have reduced workload/caseloads in measurable ways.**

**Status**

**Activities completed for 2007/08.**

**Ongoing monitoring to determine impact.**

\*\*\* Please see the DR section of this report for comment on DR specific funding.

**PROMOTING POSITIVE OUTCOMES FOR CHILDREN IN CARE  
Summary of Recommendations and Findings**

**Service to Permanent Wards**

During the course of our review in 2006, we were advised of cases where children with treaty status were not transferred to either of the First Nations authorities. As such, these children are not receiving service from their culturally appropriate Authority, which was the intent of the AJI-CWI, and they may not have access to federal funding to which they are entitled.

We also heard about siblings whose culturally-appropriate authorities were identified differently according to the ADP. These siblings were then transferred to different authorities of service, interfering with agencies' abilities to make concurrent plans for siblings regarding visits and placements. In the workers' views, siblings should be receiving service from the same Authority.

We felt that efforts should be made to ensure that permanent wards whose culturally appropriate authorities were misidentified during AJI-CWI be transferred to their culturally appropriate Authority.



We recommended that a review be conducted of the family histories of all permanent wards to ensure that siblings were served by the same Authority and agency, and to the extent possible, that they were placed together.

We also recommended that the necessary steps be taken for the future to ensure that siblings are served by the same Authority and agency to avoid the system creating further fragmentation of children’s families.

### **Child Welfare System Response**

Ensuring siblings are connected is an important consideration in placement decision making and we were advised that all Authorities try to ensure that siblings stay together whenever possible. We were told that the Authorities have made efforts to ensure that permanent wards were transferred to their culturally appropriate authority.

The Authorities have not completed a separate review of the family histories of all permanent wards; however, annual child-in-care reviews are required under the *Child and Family Services Authority Act*. Additionally, a draft permanent ward protocol outlining the transfer process for all current permanent wards to their culturally appropriate authority has been developed for review and approval by Standing Committee. These two elements are quality assurance mechanisms through which this issue could be addressed on an ongoing basis.

### **Our Comment**

**The recommended review has not been conducted.**

### **Status**

**In Progress**

### **Youth Transitioning Out-of-Care**

While the *Child and Family Services Act* has provisions for the extension of care and maintenance for youth to the age of 21, generally it does not appear that the system supports young people beyond age 18. Often agencies provide limited services to 16 and 17 year olds.



Planning for this population is extremely difficult. There were concerns expressed and questions asked about transition planning for youth who are in constant turmoil. Concerns were also expressed about youth left to live alone without support.

This issue was also raised by the youth we spoke with who were trying to plan for their futures as adults. They questioned why the system would not support them in their post-secondary education in a way that would be consistent with the kind of support that other young people receive from their families. They suggested that the child welfare system should provide scholarships for educational purposes to youth aging out of the system.

We also heard youth express anxiety over the transition to independent living with no further support or contact from their workers and the requirement to support themselves when they felt ill prepared to do so.

We recommended that the child welfare system provide assistance to children who have been in care and who are “aging out” of it, to ensure that they receive support to develop independent living skills, rather than being cut off upon reaching age of 18.

### **Child Welfare System Response**

Standing Committee continues to work through the details of introducing two initiatives: Vision Catchers and Youth Mentoring. Protocols and Guidelines are in the process of being developed in order for agencies to access funding for these initiatives.

The Vision Catcher Fund will provide youth with financial support for secondary education, apprentice programs and the development of special talents and a Mentorship Program will provide an opportunity for youth leaving care to be mentored by other youth who have successfully aged out of the child and family services system.

Funding is also provided on an annual basis to Voices, Youth in Care Network to enhance their capacity to provide support to youth in care as well as those who have aged out of care. In addition, there are scholarships, such as the Keith Cooper Scholarship, and bursaries that are



available to children in care.

There are also changes in policy and programming for youth as a result of the Rewarding Work initiative with more personalized education and job preparation for youth at risk of dependency.

### **Our Comment**

**We anticipate that our future interviews with youth in the system will provide further information on the impact of the implementation of these recommendations.**

### **Status**

#### **In Progress**

#### **OUR INTERVIEWS WITH YOUTH IN CARE**

In 2006, as part of the external review of the child welfare system, we interviewed 88 children in the care of child and family services agencies. As part of our follow-up in 2007, we established a series of questions for youth in care. The purpose of the interview questions was to focus on our recommendations and examine the experience of youth in care one year later.

We met with 113 children in residential care and youth correctional settings ranging in age from 6 to 18 years of age. The interviews were conducted from May 2007 to November 2007 and were voluntary.

The interviews focused on:

- Child and Family Services/Social Worker Involvement
- Contact with Family
- Decision Making, Planning and Placement
- Corrections/Custody

We will continue to monitor the experiences of young people through interviews to obtain feedback from youth involved with child and family services.



## **Social Worker Involvement**

### **2006**

Some of the youth in care reported that they were unable to reach their social worker and even when they left a message, their social worker did not return the call. Also, a significant number reported that they were not aware of anyone else at the agency that they could speak to.

The majority of youth interviewed advised that they would prefer their social workers to drop in to visit at their placements and felt that unannounced visits would provide the worker with insight on their placement. This in turn gave them a feeling of safety. Some of the youth reported that their social workers made unannounced or surprise visits to their group or foster homes.

As a result of the information obtained, we recommended that every child over the age of twelve receive a card with the worker’s name and phone number printed on it, and alternative contacts if they could not reach the worker. We also recommended that workers establish and maintain effective contact with children for whom they are responsible.

### **2007**

Based on the youths’ responses, we found that 59 of 106 of youth interviewed had received a card with their worker’s name and phone number printed on it. Some youth noted the staff at their place of residence maintained the contact information for their social workers. More than half of the youth interviewed reported that if they needed to reach their worker, they were able to. Over half also noted that when they left a message for their social worker, they would receive a call back from them.

Others, however, commented on not having any known resources for contacting their social worker. Furthermore, a significant number of those interviewed continued to report that they are not aware of anyone else at the agency that they can speak to. Some youth (14%) stated that they had never met their current worker, or only met them once.



With regard to visits, some youth interviewed commented that the visits from their social workers were not consistent. Most youth interviewed reported that their social workers did not make unannounced or drop-in visits to their group homes or foster homes. The youths’ answers were split when asked if they thought their workers should make unannounced visits.

### **Contact with Family**

Based on the issues presented by agency workers in 2006 regarding concerns with ADP transfers of wards, and a lack of placement resources in northern communities forcing youth to be placed far from home, we included questions about contact with siblings in the 2007 interviews with youth.

#### **2007**

The majority of youth in care reported that they have some contact with their sibling(s). It should be noted that some of the youth in care reported being in contact with some but not all of their siblings.

\*\*\* For more information, please refer to section on promoting Positive Outcomes for Children in Care and Service to Permanent Wards.

### **Youth in Care and Custody in Correctional Facilities**

When a young person in agency care is incarcerated, their social worker is required to make the necessary plans and arrangements for placement upon release. If the worker has not done the advance planning for placement, the young person will be kept in the institution inappropriately, only because there is nowhere for them to go upon release.

#### **2006**

Some youth reported staying in a correctional institution beyond their release date due to lack of placements. In addition to the problem that these youth in the care of the system are serving



time beyond their release dates, many of them reported that they had not been provided with an explanation from their social worker as to why they were still in the custody of Corrections after their release date.

These youth also stated that they believe that their social workers should be at the correctional institution on their release dates to ensure they do not remain incarcerated.

Accordingly, we made two recommendations. We felt that a mandatory requirement should be in the foundational standards that the social worker attends court with the child to ensure that he or she can be released to the worker’s custody as required. We also felt that there should be a mandatory requirement in the foundational standards that the social worker for a child who is incarcerated must ensure that an appropriate placement is available for that child so that release from correctional facilities occurs as ordered by a judge.

## **2007**

In 2007, most youth who had been to court for criminal matters, reported their social workers attended court with them. Some of the youth who had been to court for family matters, reported that their social workers attended court with them.

Most of the youth interviewed who had been in custody, stated they never had to remain in custody because a child welfare placement was not available.

Precisely half of the youth interviewed reported being included in the release planning prior to their release date.

## **Child Welfare System Response**

Standing Committee hopes to continue this process with the Youth Engagement Strategy that has been undertaken. The four Authorities signed a resolution in the summer 2007, which commits to the establishment of Youth Engagement structures within each Authority to enhance communication.



This initiative will provide an ongoing opportunity for youth to receive information and to provide feedback on proposed CFS system initiatives. The Authorities are in the process of developing their respective approaches to youth engagement.

### **Our Comment**

**At the end of each interview, we asked the youth if they had anything to say about what CFS has done for them. The comment made most often related to their desire to live with or spend more time with their families. As to whether the services provided were positive, some youth stated that CFS has done a lot for them whereas others stated that CFS has done nothing positive for them. Some youth were concerned and commented about the high turn over rate of their social workers.**

\*\*\* Please refer to the section on Standards/Protocols/Directives and External Community Resources, Intersectoral Partnerships for further information.

### **TRAINING AND ORIENTATION**

#### **Summary of Recommendations and Findings**

Workers expressed feeling overwhelmed and inadequately prepared when they began working in child welfare. They were finding themselves in positions where they did not have the foundation or background necessary to do the work.

During the review, we heard that new workers starting in the child welfare field have inadequate orientation to the job and a short time period to learn a huge volume of information.

Lack of an adequate orientation and a “sink or swim” mentality contributed to the high burnout rate experienced by social workers. Workers were trying to adjust to the system without being allowed an opportunity to gradually adjust to the demands of the profession. Workers needed to have time to go through the agency standards, policies and procedures to have a basic understanding of the agency expectations.





A majority of workers we spoke to identified significant barriers to meeting the provincial standards, in particular due to the varied formats of standards, access issues and a lack of availability of the manuals as well as the absence of training and orientation to standards. In addition, workers advised that they would like more specialized training in areas such as suicide prevention and intervention, working with teenagers, conflict resolution, fetal alcohol syndrome/fetal alcohol effects, filling out forms and doing assessments. Workers said they wanted to have training in issues that affect their clients and wanted information on how to work with those clients.

In the course of the review, there appeared to be little information available to supervisors to assist them in developing or supporting the workers reporting to them. There needs to be specific training created and delivered to supervisors on team building and peer support, particularly around critical incident debriefing.

We recommended that the CWS be responsible for the developmental activities required relating to training and that the JTU becomes part of the CWS.

We felt that the CWS would provide a system-wide approach to training that would ensure that workers received the basic training that they needed before being assigned to case work. This would involve every worker in the province receiving training on the foundational standards and specialized training in the area of abuse investigations and child maltreatment on an ongoing basis for all workers responsible for investigating abuse. We felt that staff should also receive training regarding the completion of the documentation required at transfer to ensure that adequate and complete information is included with the case record.

We felt that completion of training should be a condition of passing a probation period.

The CWS would be responsible for ensuring that in addition to training for new employees there would also be refresher training available to all staff.



Training and development offers more than just increased knowledge. It offers the added advantage of networking and drawing from others’ experiences. When workers attend a seminar or event with others with similar jobs, they have the added benefit of sharing each other’s experiences.

We recommended that when a new worker begins employment, they should shadow a more senior worker until completing an orientation program and that a mentorship program should be established to allow workers to gain field experience while receiving advice and guidance from a social worker with experience in the child welfare field.

In addition, we were advised that foster parents would like to have education and training to manage special needs children and to understand the foster care system and their role in it. They felt that FAS education should be mandatory for foster parents. They indicated that experienced foster parents should be involved in providing orientation and training for new foster parents.

We recommended the recruitment and training of specialized foster parents for high needs children and sibling groups and further recommended that other government programs with responsibility participate in achieving this recommendation.

### **Child Welfare System Response**

We have been advised that all of the Authorities have either developed a training package for Standards or are currently in the process of doing so. Additionally, each Authority has disseminated information to its agencies regarding standards and guidelines and has provided training on writing policy and procedure manuals.

An orientation for new staff is also in the development stage and, when complete will be a part of every new staff’s initial training. Each agency provides some form of orientation for their new workers.

There is no set of standards, expectations or consistent formalized approach to mentoring new workers in agencies. At the present time, the practice in each agency varies. Agencies have



used informal types of mentoring arrangements in the past in some instances.

Over the past fiscal year, the JTU has commenced developing and/or providing a wide variety of training-related initiatives. Many of those initiatives are common across all Authorities. Some of these remain Authority-specific, dependant on the immediate training needs of each Authority, their respective agencies, and the unique approaches required to increase accessibility to training. Each Authority has identified their training priorities which have fundamentally stemmed from the Changes for Children reviews.

Some of the highlights of projects that have begun (and are ongoing), include substantial training in three prioritized areas; Critical Incident Stress Management; Suicide Intervention; and Investigating Child Abuse. Each Authority has determined how to best implement a training strategy around these three areas, and significant numbers of staff (including collateral service providers where applicable) have received training in these areas.

In addition, each Authority also participates in a working group designed to address the availability of training which is specific for foster parents, with the goal of implementing a province-wide approach. In recognizing the length of time required to ensure the most applicable and comprehensive approach, and to complement the Hotel Reduction Strategy recruitment initiatives, each Authority has strived to provide various training opportunities in the interim.

### **Our Comment**

**Although some Authority-specific training, based on the needs of its agencies is required, we question why each Authority is developing or has already developed its own separate training package for standards, and it is also unclear what standards are being included in these packages. The provincial foundational standards are needed to set the minimum requirements that every agency must meet in providing services and to regulate the manner in which each agency administers the provision of service. Consistency in communicating these standards to agencies and workers is critical to ensuring that these minimum levels of performance expectations are met.**



**It was our hope that there would be a consistent province-wide approach to orientation and training. We felt that this could be best developed and coordinated through the CWS. It would have the staff necessary to provide a training package developed for the case management model that is required for all front-line staff. To facilitate this, we felt it was necessary that the Joint Training Unit become part of the CWS.**

**As the office of Standing Committee is being implemented instead of the CWS, these recommendations should be implemented and coordinated through that office.**

**While it is encouraging to see the commitment the authorities have made to developing more effective training and orientation programs, most of these are still at the development stage and it will take time for workers to see any improvements.**

#### **Status**

#### **Ongoing**

\*\*\* Please see CWS, Standardized Risk Assessment and Strengthening Foster Care for more information.

### **FINANCIAL RESOURCES**

#### **Summary of Recommendations and Findings**

Child welfare agencies receive funding for services they provide, as well as for the operations of the agency. Some receive funding from both the provincial and federal governments. The federal government provides funding to agencies providing services to Status Indian children living in First Nations communities. The provincial government provides funding to agencies providing services to all other children in the province.

#### **Provincial Funding Model**

We felt that it was imperative that the funding model used in the system be current and accurately reflect the costs an external service provider would incur to deliver the agreed-upon programs or services on behalf of the government. The consistent application and use of



standardized funding models would help ensure fair and equitable treatment of external service providers and would establish a benchmark for measuring their actual performance.

Appropriate funding models act as the connecting “bridge” between policy expectations and remuneration of external service providers. Funding formulas should be reviewed on a periodic basis to ensure that cost elements are appropriate to ensure funding that reflects current circumstances and needs.

We felt that a standard child assessment form should be established for use by all agencies to ensure that a child receives the same level of service regardless of where s/he lives. The assessment must be structured to take into account the different costs in the province so that regardless of the cost, the service provided is the same.

To achieve this, we recommended that the current funding model, including the Basic Maintenance rates, be reviewed and amended to ensure that all necessary items are being funded at realistic rates and that the funding model automatically recognize cost increases for all requirements of operating the agency, and funding the needs of children. We felt that the funding model should be changed from one that is based on the number of children in care to one that provides funding based upon the needs of the system to deliver child welfare services, including the flexible services that will be offered through the differential response models that will prevent children from coming into care.

### **Child Welfare System Response**

Standing Committee will be working with contractors to develop a CFS funding framework and models for Manitoba. The purpose of the funding model project is to develop a new funding framework and funding models for the restructured CFS that reflects the strategic design principles of AJI-CWI, promotes and supports reform in the best interest of children, provides equitable distribution of funding while recognizing unique needs, regional disparities and cultural differences, and takes into account the recommendations of the external reviews (e.g., workload relief, DR, etc.). This work is to begin once the contractors are in place. The project has an expected duration of two to three years.



**Status**

**In progress**

**Inequities in Federal and Provincial Funding Models**

The federal government funds agencies based on a population-based model. The provincial government provides funds based on a model that uses the estimated number of days in care in the agency to determine funding. The differences in these two funding models have created inequities in the services provided by agencies that receive federal funding as opposed to provincial funding. It has also created inequities within individual agencies resulting in different services being available to children dependant upon which level of government is responsible for funding.

Different funding models as well as different methods of needs assessments have created inequities in the services available from different agencies, and to different clients receiving services from the same agency.

To alleviate the funding inequities, we recommended that the provincial government enter into discussions with the federal government (INAC) to develop a plan to ensure consistent funding models that will provide services equitably across the province regardless of the status of a child and regardless of where the child lives.

**Child Welfare System Response**

INAC’s current funding formula (under Directive 20-1) provides funding for:

- Operations: Formula based and heavily weighted on the Status Indian child population resident on reserve.
- Maintenance: Provided on a reimbursement basis for Status Indian children in care using provincial rates.

Manitoba is moving to a stronger emphasis on prevention and early intervention with families as are other provinces across the country. Manitoba has made a commitment, under the Changes for Children Initiative, to implement “DR”.



INAC, Manitoba and First Nations commenced tri-partite discussions in the fall 2007, to work towards a revised funding formula in Manitoba that would add a new stream of funding for prevention in addition to the existing funding streams for operations and maintenance. INAC, Manitoba and First Nations are currently developing a prevention framework and funding model for Manitoba. The target is to have this work completed so that a Memorandum to Cabinet and Treasury Board Submission can be prepared to submit to the Federal Government for approval in fall 2008. Implementation can then commence in 2009/10. A working group has been established to develop a framework.

### **Our Comment**

**In addition to the recommendations we made related to inequitable funding models, the federal Auditor General commented on the same issue in a 2008 report to the House of Commons. The Auditor General stated, “the funding that INAC provides to First Nations child welfare agencies for operating child welfare services is not based on the actual cost of delivering those services. It is based on a formula that the Department applies nationwide. The formula dates from 1988. It has not been changed to reflect variations in legislation and in child welfare services from province to province, or the actual number of children in care. The use of the formula has led to inequities.”**

### **Status**

**In progress**

### **“Jordan’s Principle”**

This principle stands for the proposition that the government that first receives a request to pay for services for a First Nations child, pay for the service without delay or disruption. The paying party then has the option to refer the matter to a jurisdictional dispute resolution table. In this way the rights of the child come first while allowing for the resolution of jurisdictional issues. This will ensure that a child will not have to wait for services if the system cannot determine which level of government should pay for the services and that services will be provided as necessary.



We recommended that Jordan’s Principle of Children First be adopted to ensure the provision of uninterrupted services to children while awaiting resolution of jurisdictional funding disputes.

### **Child Welfare System Response**

In June 2007, the Province announced a commitment to implementing Jordan’s Principle as policy in Manitoba so long as the federal level followed suit. In December, a private member’s motion calling on the federal level to adopt Jordan’s (child first) Principle was passed by Parliament. A federal government response is pending.

### **Our Comment**

**Until this matter has been resolved and a federal/provincial protocol has been implemented, the child welfare system will need to take action to ensure the rights of children are protected and the provision of services remains uninterrupted regardless of jurisdictional funding disputes.**

### **Status**

#### **In Progress**

### **Animikii**

Animikii was a new agency created in the Southern Authority and has case files for children whose home community is, for the most part, in northwestern Ontario. Animikii received its proportionate share of the Southern Authority’s allocation of the Winnipeg resources based on the number of children for whom responsibility was transferred. This notionally included funding for executive positions; however with the loss of economies of scale when the agency was created, it did not receive adequate funding, specifically for management of the agency.

The result was that the agency took salary dollars for its management functions from the amount that was transferred for workers and supervisors, reducing the number of available workers, and increasing the workload of the remaining workers.





Given this situation, we recommended that Animikii be reviewed to determine the level of funding appropriate to allow it to operate with a management structure that does not require that funding for workers be reduced.

We also recommended that a study be undertaken to determine whether any of the children in the care of this agency have case files open in another jurisdiction from which funding could be obtained.

### **Child Welfare System Response**

We were advised that during the 2007/08 Estimates process, the Department reviewed the funding for Animikii and requested additional funding. An additional \$68,500 in ongoing funding was provided by the Department to the Southern Authority for Animikii in 2007/08. The Southern Authority included this full amount in the funding to Animikii. It should be noted that the approved amount was less than was requested.

Animikii has been meeting with the Ontario First Nations Child and Family Services agencies to discuss possible service agreements/arrangements. Children in care with Animikii are a provincial funding responsibility as they are in care under Manitoba’s CFSA or are under the inter-provincial protocol arrangements. Animikii provides some services to children in Winnipeg who remain in care with Ontario agencies and/or families who have come to Winnipeg where the Ontario agency is requesting service.

### **Our Comment**

**It seems there is still inadequate funding to Animikii and no study has been undertaken to determine whether any of the children in the care of this agency have case files open in another jurisdiction and whether funding from that jurisdiction is available for these children and could be obtained.**

### **Status**

**In Progress**



**Child Tax Credit-Child Day Care Credit**

\*\*\* Please refer to section on Strengthening Foster Care.

**Transparency of Funding – General Authority**

\*\*\* Please refer to section on Legislation, General Authority Reporting Structure.

**Support and Prevention Funding**

\*\*\* Please refer to sections on Legislation, Compliance with Legislation for Prevention Services; Workload Relief; Strengthening Foster Care; Promoting Positive Outcomes for Children in Care; DR and External Community Resources.

**ENHANCED COMMUNICATION**

**Summary of Recommendations and Findings**

**Consultation with Front Line Workers**

The absence of meaningful consultation was frequently cited as the source of a widespread erosion of the trust that workers must have in decision makers if the system is to function effectively.

Our review found that there did not appear to be any mechanism the Authorities could use to work jointly towards programs based on consensus. We felt that such a mechanism was necessary. When created, it cannot simply follow the existing practice of designing programs or policies and circulating them to agencies and workers for comment shortly before implementation.

We felt that there should be consultation in the field to receive direct, unfiltered feedback from front-line workers in relation to programs, policies and standards and their effectiveness in their work, particularly in relation to child protection. The system could then focus on the issues facing workers and their requirements incorporating suggestions that improve services to children and families.



### **Child Welfare System Response**

We were advised that a joint resolution by all Authorities was signed in the summer of 2007, wherein they agreed to develop youth and staff engagement structures. In addition to developments arising as a result of the resolution, staff input occurs through a number of avenues including:

- the DIA steering committees;
- presentations on DR done with front-line staff around the province;
- the front-line staff team being established to work on the CFSIS renewal project;
- opinions from front line staff directly influenced the priorities for CFSIS incremental enhancements established for 2007/08;
- attendance by front-line staff at the two 1-day conferences in November 2007;
- MGEU committees established with the General and Southern Authorities;
- a recent recruitment and retention workshop was attended by Standing Committee representatives and the MGEU;
- consultation with staff as required under the new Standards Development protocol.

### **Our Comment**

**Our future progress reports will include feedback from workers regarding the success of the strategies implemented.**

### **Status**

**Ongoing**

### **Interacting with Intake**

We found that the role of the Winnipeg intake agency and particularly the extent of its responsibility for the provision of service before a file is transferred to a receiving agency, was a source of confusion and discord system wide.

We felt that it was vital that mechanisms for communication between front line supervisors and workers of all agencies interfacing with the Winnipeg intake agency be created in order to achieve seamless service delivery for children and families.



The Winnipeg intake agency needed to immediately develop a better strategy to address how collateral service providers/organizations send non-urgent referrals to the child welfare system.

### **Child Welfare System Response**

New communication processes have been implemented to enhance the management of intake of new cases across agencies.

As part of the preparatory work towards ANCR’s ‘go live’ in February 2007, community information sessions were held. These sessions provided information about ANCR, the intake process, and the connection back to agencies. These activities were previously shared with the Ombudsman’s office as part of the process of demonstrating that the external review recommendations had been addressed prior to the ‘go live’ date. The ANCR Executive Director and management continue to meet with various collateral service providers to promote positive working relationships.

### **Our Comment**

**Standing Committee states that the implementation of this recommendation is complete. We will follow up in 2008 with staff from ANCR and collateral service providers to determine if the strategies implemented have been successful in addressing the concerns that were raised.**

### **Status**

**Ongoing**

\*\*\* Please refer to the ANCR section of this report for more information on interacting with intake.

### **Developing Working Relationships with Collateral Service Providers**

To allow the system to move beyond transition issues, a new means of communicating with agencies and front-line staff must be developed by the authorities to resolve the problems currently impeding service delivery.



Collateral service providers, in this context, are those non-mandated agencies, community groups, services, and departments and systems who serve children and families and work closely with child welfare agencies. Such collateral service providers include the police, schools, hospitals, shelters, and counseling facilities to name but a few.

Many workers expressed frustration about the deteriorating relationships with, and the inability to obtain assistance from, collateral service providers in dealing with child protection matters. As the system changes, there is a need to re-educate collaterals about the role and function of child welfare. Workers have raised concerns that politicians and the media do not understand the workings of the child welfare system.

We felt that the Leadership Council created in the *Child and Family Services Authorities Act* needed to play a role in increasing support for the work done in the system on a day-to-day basis. It has a role in rebuilding and supporting relationships with community partners such as the police, and the health and education systems, with a particular focus on mental health. As well, it must be responsible for informing all levels of political leadership of the appropriate channels for making inquiries about child welfare matters. The members of Leadership Council have the entrée to the leadership of other systems in a way that can direct the co-operation horizontally in the province to ensure that the well-being and safety of children are paramount and that the systems are working together toward that end.

Much of the information that the public receives regarding the child welfare system comes from what they see or hear in the media. We thought that it would be valuable to ensure that the media has a thorough understanding of the complexities of the system. There should be an opportunity to inform members of the media about the system as a whole, at a time when the media’s legitimate focus is not on a crisis or tragedy.

We recommended that Standing Committee annually invite the media to an information session to fully explain how the system works and how decisions are made, and to answer their questions about the system, unrelated to any case.



### **Child Welfare System Response**

Two one-day conferences titled, CFS in Manitoba, Trends and Challenges, were held in The Pas (November 27, 2007) and in Winnipeg (November 29, 2007). The conferences provided an opportunity for CFS staff and key stakeholders to learn about CFS, reconciliation, the media and the political system.

The media/political panel presentations at the November 2007 conferences were very well received. The evaluation report submitted by the conference planner supported this assertion. A conference on DR is being considered for later in 2008. A session regarding the role of the media in child welfare is being considered for inclusion in this conference. A draft outline for this conference is currently before Standing Committee for review and approval.

In related developments:

- The MGEU, in partnership with Standing Committee, will be launching a public information campaign in spring 2008 to promote and inform the public of the work and positive contribution made by front line child welfare workers.
- Standing Committee is continuing to engage in discussions with the media regarding the realities of child welfare work.

### **Our Comment**

**Our future progress reports will obtain and include feedback from workers and collaterals regarding the success of the strategies implemented.**

### **Status**

**Ongoing**

### **Inter and Intra Agency Sharing of Information**

Based on our review, we felt that there should be opportunities for people working in the system to meet and discuss current issues and share potential solutions. Agencies need to play a lead role in creating a mechanism for workers to share information and learn from each other. This mechanism should involve both an annual forum and some more frequent opportunity for



communication, such as an issue oriented newsletter.

As well, there needs to be more direct communication between the agency staff who have legal responsibility for children in care and those who provide that care - foster parents and residential staff. This communication should occur at critical points in the lives of children in care, such as when decisions are being made about placement changes or when significant events occur, such as a child running away, that indicate the child is in need of additional supports.

We recommended that before the end of 2006, two meetings be held: one with the Executive Directors in the North and one in the South, with Standing Committee to advise of the immediate and short term implementation plans.

We also recommended that two further meetings of the same groups be held before the end of 2006/07 to discuss the accomplishments to date and the plans for the upcoming fiscal year.

We felt that it was important that this forum be continued and therefore funding should be allocated to the Authorities for the purpose of allowing quarterly meetings among agency executive directors and supervisors.

### **Child Welfare System Response**

A communications sub-committee, comprised of representatives from the four Authorities and the Strategic Initiatives and Program Support Branch, continues to ensure that ongoing communication is delivered in a timely and clear fashion to a wide audience. A central task of this sub-committee is to develop ongoing staff updates that are disseminated to all CFS staff. The first staff update was distributed early in 2008.

To date, there have not been regular cross Authority meetings of directors. However, once Authority DR plans are approved to move forward, it is anticipated that a meeting involving all directors will be held.



All Authorities hold monthly meetings with their directors. In addition, there are ongoing opportunities from staff at all Authorities and agencies to regularly meet. For example, foster care coordinators, FASD specialists, child abuse coordinators, financial analysts, and placement coordinators from all Authorities meet on a regular basis. As well, there have been training initiatives such as the Child Abuse Coordinator conference and the Child Exploitation Summit that have provided opportunities for cross Authority collaboration. The meetings to address the federal funding issue include both the First Nations Northern and Southern Authority staff, and representatives from both the First Nations Northern and Southern agencies.

DIA Steering Committees are in place to enhance communication and working relationships across those agencies. They have membership from all agencies.

### **Our Comment**

**There have been no cross authority Director or Supervisor meetings held as recommended.**

### **Status**

#### **Ongoing**

\*\*\* Please refer to section on DIAs for more information relating to steering committees.

### **Single Communication Vehicle**

Many workers expressed frustration that they were unable to obtain assistance from collateral service providers to assist them in dealing with child protection matters. Often, issues have to be discussed at senior levels within organizations to achieve a better level of understanding and cooperation.

It was our feeling that a CWS would serve as a single communication vehicle to agencies and collateral service providers at a working level to allow issues to be resolved quickly and effectively for the system as a whole.

The CWS would also be responsible for corporate communication with these organizations to





ensure consistent messages and effective responses from those from whom services are required such as other government programs, police agencies, education and mental health services. We suggested, a member of the CWS should sit on inter-departmental committees such as Healthy Child Manitoba Office (HCMO) to assist in the incorporation of child welfare needs in the development of those programs.

### **Child Welfare System Response**

One of the primary roles of the Coordinator of the Office of the CFS Standing Committee will be to serve as the single point of communication with agencies and collateral service providers. Staff members from the Standing Committee Office are also actively participating in working groups with staff from HCMO.

### **Our Comment**

**Our future progress reports will review the effectiveness of the office of the Standing Committee in serving as the single point of communications with collateral service providers. We reiterate our recommendations that child welfare have a seat at the Healthy Child Committee.**

### **Status**

#### **In Progress**

\*\* For more information see section on CWS and External Community Resources.

## **EXTERNAL COMMUNITY RESOURCES**

### **Summary of Recommendations and Findings**

#### **Intersectoral Partnerships**

The availability of community collateral service providers in the fields of health, education, housing, justice and law enforcement services is essential to the child welfare system and the clients they serve. Staff throughout the child welfare system identified these key stakeholders who they felt needed to be more actively partnered and integrated with their service delivery. In order for partnerships to be effective, there must be linkages, planning and dialogue with



external resources and organizations.

### **Child Welfare System Response**

An Interim Child Welfare Intersectoral Committee was formed with broad representation to begin working on recommendations related to the need for increased collaboration and integration of systems. Detailed work plans were then developed to address the recommendations made in the external reviews.

This Intersectoral Partnership Project (IPP) contains five subprojects with a number of initiatives underway. The subprojects are:

- Addictions
- Children’s Mental Health/Suicide Prevention
- Services for Children with Complex Medical Needs
- Fetal Alcohol Spectrum Disorder (FASD)
- Promoting Healthy Child Development

Two members of the staff team continue to sit on the FS&H Integrated Service Advisory Group (ISAG) which provides advice and guidance to the FSH Integrated Services Team (IST). The IST is responsible for the development and piloting of an integrated front-end and comprehensive assessment approach to service delivery based on a DR model of service.

### **Our Comment**

**To date, the IPD has engaged with the Departments of Health and Family Services and Housing. Linkages still need to be made with the Departments of Education and Justice, and law enforcement services. We feel that the linkages with Justice and Education are critical given the number of young people involved with both the child welfare and the justice systems, and given that all youth are or should be in the education system.**

**Status**

**Ongoing**



### **Healthy Child Manitoba Office (HCMO)**

HCMO has various programs for early childhood development. While the programs offered through HCMO are of benefit to children and families, they are restricted in terms of ages of the children and length of time for service and are unlikely to be accessed independently by families in crisis. Despite the Department being a member of this initiative, the Child Welfare System is not directly connected with HCMO.

We recommended that the Healthy Child Committee be expanded to include representation from the Child Welfare system on its working groups to ensure that the co-coordinated approach to promoting healthy children includes children in the child welfare system who are often those most in need of this kind of co-coordinated support.

### **Child Welfare System Response**

Standing Committee continues to plan around the establishment of a permanent Child Welfare Intersectoral Committee which would include representation from HCMO. In the interim, Standing Committee and HCMO have established a process for ongoing meetings between the two structures. In addition, Authorities will participate as appropriate on Healthy Child Committees. Design teams established by Standing Committee, have included or will include an invitation to HCMO to participate.

### **Our Comment**

**We recognize that the Minister represents the Department on the Healthy Child Committee of Cabinet and that child welfare is represented at the HCMO by the Deputy Minister of FS&H who is responsible for both HCMO and the CFS division of the Department.**

**Children and families receiving child welfare services also receive or require services from other government departments such as Health, Justice, Education and as well, other programs in FS&H. The children and families represented by child welfare face barriers in accessing required services from other systems. Planning for these families cannot occur in isolation of these other systems.**



**While it is encouraging that Standing Committee has established a process to meet with HCMO, we believe that the child welfare system needs a separate voice at the HCMO to ensure that barriers created by policy do not impede planning for children within the child welfare system.**

### **Status**

**Ongoing**

### **ABORIGINAL APPROACHES TO CHILD WELFARE Summary of Recommendations and Findings**

The relationship between Manitoba’s Aboriginal people and the child welfare system has been well documented. In 2006 we learned that the impact of the child welfare system on Aboriginal people and their communities is still a live issue that must be addressed post AJI-CWI.

In many Aboriginal agencies, front line staff spoke of a difference in philosophy between their approach to child welfare and the approach of non-Aboriginal people. That difference relates to the concept of the “best interests of the child,” and whether that interest can be considered in isolation from the child’s family. This is not about putting the interests of the child aside for the greater benefit of the family, but rather the concept that the two are inextricably linked.

We were told as well that the Aboriginal philosophy of child welfare dictates that responsibility for a child’s well-being extends beyond the immediate family to the extended family and the entire community. Based on this philosophy, the fact that children may be cared for by relatives, friends or neighbours is seen as a natural occurrence and does not result in a judgment that a child’s biological parents are somehow incapable of providing care.

Aboriginal agencies are using both traditional and non-traditional practices. The protection based model of child welfare has not worked for Aboriginal people in the past and cannot work now. There must be a mechanism to allow, to the greatest extent possible, the incorporation of Aboriginal values and traditional laws that would facilitate the development of alternative standards, policies and programs based on Aboriginal philosophy, culture and tradition.



We recommended that the following alternatives be researched and evaluated for consideration by Standing Committee;

Customary Care

Mediation in Child Welfare including:

- child protection mediation
- family group conferencing
- “Talking Together”
- Family based permanency planning or alternative placement options

Furthering Authority Responsibilities

In our discussions around the creation of the CWS, we identified that the process of transferring the child welfare system to the Authorities is not yet complete.

### **Our Comment**

**Developing Aboriginal approaches to child welfare is multi-faceted and is a long term goal. Foundational requirements must be in place and then alternatives developed. Further information on this can be found throughout our report.**

**Status**

**Dependant on other action**



## **CONCLUSION**

We will continue to review the progress of the child welfare system’s implementation of the recommendations on an annual basis, and will talk to those who are working in the system as well as children and families receiving services from the system to determine what impact the changes have had.

Our progress report for the upcoming year will focus on those areas we have identified in this report where we expect further information in 2008/09. As well, we will conduct interviews with designated intake agencies as we expect that the impact of the implementation of the recommendations will first be evident in the DIAs.

# Manitoba Ombudsman

## Winnipeg Office

750 - 500 Portage Avenue

Winnipeg, MB R3C 3X1

Phone: 204-982-9130

Fax: 204-942-7803

Toll Free in MB: 1-800-665-0531

## Brandon Office

603 - 1011 Rosser Avenue

Brandon, MB R7A 0L5

Phone: 204-571-5151

Fax: 204-571-5157

Toll Free in MB: 1-888-543-8230

WEB SITE: [www.ombudsman.mb.ca](http://www.ombudsman.mb.ca)