

Working with Law Enforcement

This section pertains to situations that endanger the safety and well-being of children and require a child and family services agency to work closely with law enforcement agencies. It covers:

- family violence
- mentally disordered persons
- firearms and other offensive weapons
- drug endangered children (methamphetamine labs)
- alcohol and drug affected persons

Child and family services agencies are also required to work with law enforcement when conducting child abuse investigations (see Section 1.3.3, [Child Abuse Investigations](#)) or investigating reports on sexually exploited children (see Section 1.3.5, [Child Sexual Exploitation](#))

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Legislation

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Child in Need of Protection

Examples of a child in need of protection in [subsection 17\(2\)](#) of *The Child and Family Services Act* include a child who is:

- in the care, custody, control or charge of a person whose conduct endangers or might endanger the life, health or emotional well-being of the child,
- is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having the care, custody, control or charge of the child, or

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- is subjected to aggression or sexual harassment that endangers the life, health or emotional well-being of the child.

[Subsection 18.4\(3\)](#) of the Act prohibits an agency from reporting conclusions of its investigation when a criminal investigation is pending and the peace officer in charge of the criminal investigation requests the agency not to do so.

[Subsection 21\(3\)](#) of the Act pertains to getting a warrant to search for a child and [subsection 21\(5\)](#) to requesting the assistance of police.

Other Relevant Provincial Statutes

[Section 2](#) of *The Domestic Violence and Stalking Act* contains a detailed definition of domestic violence. Among other things, this Act provides for [protection](#) and [prevention](#) orders.

Part 3 of *The Mental Health Act* pertains to involuntary assessments and admissions. [Sections 12](#) gives peace officers the power to take a person believed to be suffering a mental disorder into custody for purposes of examination.

The Safer Communities and Neighbourhoods Act provides for investigations of [complaints](#) and [orders](#) with respect to a community or neighbourhood being adversely affected by activities on or near a property.

The Youth Drug Stabilization (Support for Parents) Act came into force in November 2006. It provides for [apprehension](#) and [stabilization](#) orders with respect to youth who are abusing one or more drugs severely and persistently and, as a result, are likely to deteriorate substantially, either physically or psychologically. [Section 4](#) contains provisions relating to duties of peace officers. The definition of [drug](#) includes alcohol. The definition of guardian is the same as in *The Child and Family Services Act*.

[Subsection 242.2\(3\)](#) of *The Highway Traffic Act* provides for the seizure of vehicles in prostitution related cases. [Subsection 264\(6.1\)](#) provides for the suspension of the driver's licence of a person convicted of a prostitution-related offence.

Firearms and Other Offensive Weapons

Part III of the *Criminal Code (Canada)* pertains to firearms and other offensive weapons. [Section 103](#) provides for the search and seizure of firearms and other offensive weapons where there are reasonable grounds to believe there is an issue of safety. This provision gives the police and courts broad powers of search and seizure.

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Child Protection Offences

The *Criminal Code* (Canada) contains a number of offences relating to the sexual exploitation of children. [Sections 151, 152 and 153](#) cover sexual offences and [sections 212 and 213](#) pertain to procuring and offences in relation to prostitution.

Child protection offence provisions in *The Child and Family Services Act* also apply to the sexual exploitation of children as well as child protection situations. The Act was amended in 2005 to increase penalties with respect to the following offences:

- [Section 18.3](#) applies to sections 17, 18 and 18.1 with regard to causing a child to be in need of protection, failing to report a child in need of protection, or interfering with or harassing an informant.
- [Subsection 20\(7\)](#) pertains to violating an order not to contact a child.
- [Subsection 38\(6\)](#) pertains to obstructing a representative of a child and family services agency from entering a home to supervise a child under a court order.
- [Section 52](#) pertains to interference with children in care (see Section 1.4.3, [Care and Supervision](#))
- [Section 84](#) applies to the sale of children.

Persons found guilty of the above provincial statute offences are now liable under summary conviction to a fine of not more than \$50,000 or imprisonment for a term of not more than 24 months or both.

Policy

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Working with the Police

Child and family services agencies may find it necessary to collaborate with police in carrying out their child protection responsibilities. They must work closely with the

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police when necessary to ensure a child's safety and well-being, or when a legislative provision or provincial protocol requires them to do so.

Reporting to and collaboration with the police is mandatory in the following situations:

- allegations of physical or sexual abuse of a child (see Section 1.3.3, [Child Abuse Investigations](#))
- reports or evidence of child sexual exploitation (see Section 1.3.5, [Child Sexual Exploitation](#))
- access to methamphetamine lab or other drug endangering site (see [Unified Take-Down Protocol](#) and [Drug Endangered Children Protocol](#) in this section)

Reporting to and collaboration with the police may be necessary to ensure the safety and well-being of a child or the safety of an agency worker in responding to the following situations:

- reports of domestic violence (see [Family Violence](#) in this section)
- mental health disorders of a parent or other care provider (see [Mentally Disordered Persons](#) in this section)
- access to firearms and other offensive weapons (see [Firearms and Other Offensive Weapons](#) in this section)
- severe and persistent use of alcohol and drugs (see [Youth Drug Stabilization Services](#) in this section)

[Clause 76\(3\)\(g\)](#) of *The Child and Family Services Act* permits the sharing of information for purposes of the Act, which includes protecting children.

The police and criminal prosecutions decide whether a person should be charged with an offence and, if so, whether to rely on the *Criminal Code* (Canada), *The Child and Family Services Act* (Manitoba), or another federal or provincial statute. The police are also responsible under [section 18](#) of *The Child and Family Services Act* to immediately report a child in need of protection to the appropriate agency and, when necessary, to apprehend the child in accordance with [section 23](#).

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Family Violence

Family violence is abuse or violence that occurs between intimate partners. Some of the common terms used to describe intimate partner abuse are *family violence*, *domestic abuse*, *spouse abuse*, *domestic violence* and *battery*.

Child and family services agencies and the police are often required to jointly respond to situations involving family violence when there is a concern that a child is or might be in need of protection. Police may request assistance from an agency to intervene under [section 21](#) of *The Child and Family Services Act*.

Mentally Disordered Persons

A child and family services agency may request the police to intervene under [section 12](#) of *The Mental Health Act* when there is evidence that a child is in need of protection due to a parent, guardian or other caregiver suffering a mental disorder, and that person is unwilling to be examined by a physician or psychiatrist or voluntarily admitted to a mental health facility.

Unified Take-Down Protocol

In June 2005, the Manitoba Government approved a provincial methamphetamine (meth) strategy and established the Manitoba Meth Task Force to oversee the activities of a number of interdepartmental and inter-sectoral working groups. Areas of focus included:

- the development of a multi-sectoral *take down* protocol for suspected meth sites
- the development of a protocol to address the safety of children who are present at the investigation of a meth lab (see [Drug Endangered Children Protocol](#) below)
- treatment and addiction programming (see [Youth Drug Stabilization Services](#) below)

Clandestine drug labs and marijuana grow operations are fraught with many dangers ranging from the possibility of fire and explosion to serious health risks caused by electrocution and chemical contamination. Once located it is critical to have trained professionals respond in a coordinated effort to minimize the dangers involved. A unified interagency approach is required to effectively and safely deal with these illegal activities. Although police are responsible for conducting criminal investigations, the involvement of other agencies is essential to minimize the danger to first responders and the general public.

The Unified Take-Down Protocol provides a guideline for the police in determining which agencies are required and at what stage they should be contacted. The appropriate child and family services agency is contacted if police or other agencies find children on the premises, or have reason to believe that children are or have been resident on the premises. Child and family services agencies are responsible for ensuring the safety and well-being of children found on the premises. This involves apprehending them when necessary to ensure their safety and arranging for them to receive medical attention as required.

You can access more information on the Manitoba Meth Strategy through Manitoba Health at www.gov.mb.ca/methstrategy.

Drug Endangered Children Protocol

The Child Protection Branch and the four child and family services authorities participated in the provincial government meth strategy by conducting a review of legislation, developing a protocol to address the medical needs of children found in meth labs, assessing the need for training for child protection workers, and collaborating with other stakeholders to develop appropriate treatment resources for youth addicted to crystal meth (see [Youth Drug Stabilization Services](#) below)

The Drug Endangered Children Protocol outlines procedures to be followed by the various partners involved in a *take down* activity (see [Unified Take Down Protocol](#) above) at a suspected or known crystal meth production site when children reside at the site. It covers the following topics:

Cooperation and Collaboration with Law Enforcement – Law enforcement officials make every effort to conduct a take down when the residents are absent from the home. Child and family services staff should never enter a known meth lab site. When staff accidentally enter or discover a home that appears to be a meth site, they should leave as quickly as possible and immediately notify law enforcement. Police and fire/paramedic staff will remove any children who are present and conduct a decontamination process on all individuals who were in the contaminated environment.

Decontamination Process – The decontamination process involves a series of showers contained within portable decontamination units. Emergency services personnel conduct decontamination at the location and, in the case of young children, carry or escort them through the units. The children are then provided with uncontaminated clothing or tyvek suits. Anyone who entered the meth lab is provided with uncontaminated clothing.

Medical Assessment – A qualified medical first responder assesses a child's immediate health condition and, for children with obvious injury or illness, begins treatments

according to local Emergency Measure Services (EMS) guidelines or protocols and transports the child to the nearest appropriate hospital or medical facility for further assessment. In addition to possible exposure to toxic chemicals and substances, the hospital or medical facility also assesses other risk factors to which a child may have been exposed. Children are then released to a child and family services worker for further assessment of risk factors and ongoing planning. In most cases, additional medical follow-up will be required to determine any long-term complications resulting from exposure.

Children's Clothing and Belongings – A child's clothing and belongings are not to be removed from a lab site. Chemical testing is done to determine the degree of contamination. Also, the location is treated as a crime scene and the contents may be used as evidence. Child and family services staff involved in apprehending a child from a meth site must provide initial clothing for the child.

Staff Exposure – When child and family services staff enter or discover a home that appears to be a meth lab, they need to:

1. Exit the site as quickly as possible and notify law enforcement immediately.
2. Move to a safe location but remain in the vicinity in order to be assessed by emergency personnel for any effects resulting from the exposure and whether decontamination is required. Staff not requiring decontamination should thoroughly wash exposed skin with soap and water as soon as possible after leaving the lab site.
3. Launder clothing worn at the site separately from other household laundry. *Do not dry clean clothing worn at the site.*
4. For staff who are pregnant, nursing or have history of respiratory problems, allergies or other health-related conditions, immediately consult with a physician after leaving a lab site.
5. Notify their supervisor who will ensure the incident is documented and reported to the Workers Compensation Board or other appropriate body.

Child Welfare Case Planning – Special Considerations – Case planning should proceed as in any other cases where children are found in an unsafe environment (see Chapter 1, [Case Management](#)). Additional factors to be considered include whether:

- the home where the family intends to reside has been decontaminated
- adults involved have been through decontamination
- criminal charges have been laid against the adults involved

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- crystal meth addiction will affect visits and reunification
 - medical follow-up of children has been completed

Guidelines for Foster Parents and Care Providers – Children are not placed until decontamination and a medical assessment has occurred. Foster and place-of-safety parents will need to know that ongoing medical follow-up may be required. Also, the child may require a form of debriefing or therapy to deal with a take down and subsequent decontamination process.

Ongoing Medical Assessment of Children – Children exposed to crystal meth may be at higher short and long-term risk for physical, emotional, developmental and behavioural issues. Ongoing medical assessment involves the following steps:

1. For the first 24 hours, the care provider must monitor the child every two to three hours to ensure that any respiratory or other physical symptoms do not develop in the child. If physical health problems present within the first 48 hours in care, the care provider must access immediate medical care for the child.
2. In addition to the initial medical assessment, the child and family services agency in collaboration with medical professionals and care providers arranges for the child to receive a full medical assessment at 30 days or soon as possible thereafter and, if a the child is still in agency care, one year after the initial apprehension.
3. The child and family services worker arranges for a developmental assessment as soon as is practical following an apprehension to determine what additional supports or services the child may require.

Training for Child Protection Workers – Competency based training provided through the Child Protection Branch provides some information related to the risks inherent in crystal meth. Additional training modules and initiatives are underway. It is strongly recommended that child welfare staff participate in available training courses.

The protocol has been distributed to the child and family services authorities and agencies throughout the province. Additional copies can be obtained through the four authorities or the department at:

Child Protection Branch
201-114 Garry Street
Winnipeg MB R3C 4V5
Tel: (204) 945-6956
Fax: (204) 945-6717

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Youth Drug Stabilization Services

The Youth Drug Stabilization (Support for Parents) Act (YDSA) provides a way to access involuntary detention and short-term stabilization for children and youth (see [Other Relevant Provincial Statutes](#) above). The Act is intended as a last resort, when other measures have been unsuccessful and where a youth is causing serious self-harm through severe, persistent substance abuse. The purpose of the stabilization period is to provide a safe, secure environment to engage the youth and develop a treatment plan that he or she will follow after discharge.

You can access detailed information on this initiative through Manitoba Healthy Living at www.gov.mb.ca/healthyliving/ydsa. You will also find a detailed list of substance use services for youth through Manitoba Health at www.gov.mb.ca/health/mh/directory/youth.

In response to this new legislation, the four child and family services authorities and the Child Protection Branch jointly approved guidelines for child and family services agencies when providing services to children and youth with severe and persistent substance abuse problems. The guidelines provide the following direction to agencies:

New Referrals – When an agency receives a referral regarding a youth with a presenting problem of alcohol or drug addiction, the agency assesses the [level of risk](#) and whether the youth is in [need of protection](#). This process also applies if a parent or guardian refuses to allow a youth to return home upon discharge from a [stabilization facility](#). Case management standards in Section 1.1.2, [Assessment](#) and Section 1.1.3 [Planning](#) apply. Factors to be considered in deciding on the best course of action include:

- the youth's age
- history of substance abuse
- involvement and strengths of the youth's family
- existing supports and resources to the youth's family
- the youth's willingness to accept services offered by the agency

Opening a Family Service Case – It is the responsibility of a parent or [private guardian](#) to apply for an apprehension or stabilization order under YDSA. An agency may assist the parent or guardian in the process if the agency believes that apprehension under *The Child and Family Services Act* (CFSA) is not required (see New Referrals above). This process also applies to youth in care through a [voluntary placement agreement](#) (VPA).

Temporary Ward of an Agency – When a youth is in care of an agency through an order of [temporary guardianship](#), only the guardian agency can apply for an apprehension order under YDSA. As a matter of policy, the guardian agency must make every

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reasonable effort to obtain the written parental consent of a parent prior to making an application.

Permanent Ward of an Agency – When a youth is in care of an agency through a [voluntary surrender of guardianship agreement](#) (VSG) or an order of [permanent guardianship](#), only the guardian agency can apply for an apprehension order under YDSA.

Standards

1. **Designated Agency Police Contact List** – An agency designated to provide intake and emergency services under [section 21](#) of *The Child and Family Services Authorities Act* maintains a current list of all police detachments and units in its service area. The list is readily available to all its intake workers and supervisors and to other child and family services agencies at the request of those agencies. The list contains:
 - the location and address of the detachment or unit,
 - telephone and fax numbers, and
 - if applicable, the names of officers assigned to special duties or functions.