

MANITOBA FAMILY SERVICES

Changes for Children

OVERVIEW OF ACCOMPLISHMENTS – BY THEME

Manitoba Family Services

July 2014

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Changes for Children (C4C) Action Plan

Final Recommendations Update by Theme – July 2014

Background

In 2006, following the tragic death of Phoenix Sinclair, six external reviews were undertaken that examined Manitoba's child and family services (CFS) system and resulted in 295 recommendations for improvement. These reviews were:

- **Strengthen the Commitment** – a case management review by the Office of the Ombudsman.
- **Honouring Their Spirits** – a review of Child and Family Services agency case interventions for over 90 children by the Office of the Children's Advocate.
- **Strengthening Our Youth** – a report on services to youth aging out of care by the Office of the Children's Advocate.
- **Section 4 Case Review** – a case specific review of the services provided to the family of Phoenix Sinclair.
- **Audit of the CFS Division Pre-devolution Child in Care Process and Practices** – an audit report containing recommendations directed to the Family Services Department and the Child and Family Services Authorities by the Office of the Auditor General.
- **Case Review of Services to the Family of Phoenix Sinclair** – a review by the Office of the Chief Medical Examiner as required under Section 10 of *The Child and Family Services Act*.

Upon receipt of the six external reviews, the Government of Manitoba accepted and made a commitment to implement all recommendations. The *Changes for Children (C4C) Action Plan* has been the vehicle for doing so.

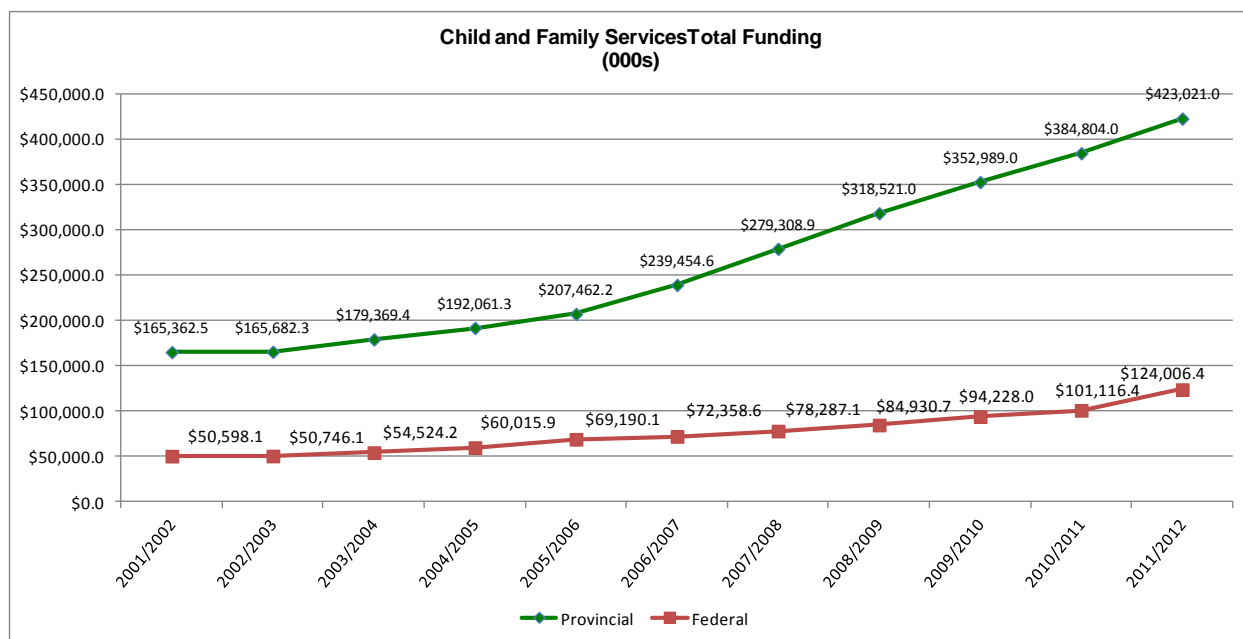
For clarity in reporting and tracking, the C4C Action Plan categorized the recommendations by theme. This final update provides an overview of progress made in each of the following six themes:

1. Funding
2. Improved Communication
3. Enhanced Support to the Front Line
4. Primary Prevention and Early Intervention
5. Foster Care and Services to Youth
6. Quality Assurance and System Oversight

1. Funding

Overall Child and Family Services funding increased by \$236 million between 2005/06 (\$207 million) and 2012/13 (\$443 million).

The chart below shows the increase in federal and provincial funding for child and family services during the last ten years.



The main reasons for increased funding since 2005/06 have been the *Changes for Children Action Plan* and the Federal-Provincial Harmonized Funding Model.

A. CHANGES FOR CHILDREN ACTION PLAN

The *Changes for Children Action Plan* which was implemented to respond to the 295 recommendations contained in the external reviews.

An initial investment of \$42 million was made over three years. Actual expenditures for *Changes for Children* were over \$73 million between 2006/07 and 2011/12. These funds were then transferred to ongoing Agency and Authority funding.

Throughout the report, there will be references to system enhancements resulting from the *Changes for Children* funding.

B. FEDERAL-PROVINCIAL HARMONIZED FUNDING MODEL

The development of the harmonized funding model began in 2008 and included extensive research and consultation between the Provincial and Federal governments, CFS Authorities and agencies. The model was approved both federally and provincially during 2010, with provincial agency funding retroactive to October 1, 2010 and federal funding effective upon submission and approval of five year business plans submitted by First Nations Agencies. The following are the funding model goals:

- To put in place a transparent, coordinated and harmonized funding formula for all agencies in Manitoba, regardless of their funding source;
- To provide Authorities and their agencies with the resources required to fulfil their mandate as required by legislation and regulations;
- To take into account the on-reserve funding work undertaken between First Nations and Indian and Northern Affairs Canada (now Aboriginal Affairs and Northern Development Canada – AANDC);
- To offer an enhanced capacity for the Child and Family Services system to provide prevention and early intervention support services to vulnerable families, where determined appropriate. Families eligible for these supports are those who do not need immediate child protection intervention services (e.g. the apprehension of a child) – but where families face challenges that, if left unaddressed, could result in children being at risk in the future; and,
- To take into account recommendations from the external reviews focused on enhanced supports for the front line, quality assurance and system oversight.

2. Improved Communication

The external reviews emphasized the need to improve communication within the Department of Family Services, Child and Family Services Division and across departments and systems. Progress has been made in this regard through building upon what was already in place and implementing new processes where required. The following is an overview of what is now in place at the agency, authority, departmental, cross-departmental and cross-jurisdictional levels.

A. DISPUTE RESOLUTION AT THE AGENCY LEVEL

An agency dispute resolution protocol has been put in place for agencies working in the same region to discuss and resolve issues related to the transfer of cases from one agency to another.

B. COMMUNICATION ACROSS DEPARTMENTS / SECTORS

Three committees meet regularly to respond to issues requiring multi-system communication and action:

- **Provincial Healthy Child Advisory Committee.** The Provincial Healthy Child Advisory Committee is an inter-sectoral committee with representation from the Healthy Child Manitoba Office, the Departments of Health, Healthy Living and Seniors, Family Services, Education and Advanced Learning, Justice, Aboriginal and Northern Affairs, and the Child and Family Services Authority Chief Executive Officers (CEOs). The committee has been established to address issues that need to be resolved by more than one Department.
- **Deputy Ministers Committees.** The Assistant Deputy Minister of the Child and Family Services Division, or designate, regularly attends two Deputy Ministers committees that meet to address cross-departmental issues:
 - The Healthy Child Deputy Ministers Committee; and
 - The Intersectoral Policy and Program Committee.

More recently, several additional mechanisms for multi-system communication and action have been put in place. These include the Child and Family Services Standing Committee, the Child Welfare Inter-sectoral Committee (CWIC) and the development of Authority Education Specialist positions.

- **The Child and Family Services Standing Committee.** Standing Committee was established following the devolution of specific responsibilities to the Child and Family Services Authorities as designated by *The Child and Family Services Authorities Act*. The Committee is comprised of the four Child and Family Services Authority CEOs (and one additional Métis Authority member) and the Provincial Child and Family Services Director of the Child Protection Branch. Standing Committee provides regular opportunities for communication between and among the four Child and Family Services Authorities and the Province as well as with other stakeholders.
- **Child Welfare Inter-sectoral Committee (CWIC).** The Child Welfare Inter-sectoral Committee was put in place to facilitate better communication and collaboration across provincial departments with the goal of improving outcomes for children in

Manitoba. Membership on CWIC includes Healthy Child Manitoba, the Departments of Healthy Living and Seniors, Health (including the Regional Health Authorities), Education and Advanced Learning and Family Services.

CWIC sub-committees were formed to better coordinate and integrate programs and services in four priority areas:

- Healthy child development;
 - Services for children with complex medical needs;
 - Addictions; and
 - Children’s mental health and suicide prevention.
- ***Education Specialist Positions.*** In 2010/11, the Province provided education specialist funding for each of the CFS Authorities. The funding was provided as a way to kick-start the development of stronger connections between the Child and Family Services and Education systems in order to better support children in care. Examples of activities included:
 - Working with the school system to develop better protocols for supporting and planning for children in care who change schools;
 - Working with schools to develop educational materials and/or training programs that increase communication between schools and the Child and Family Services system;
 - Working with the school system to improve children’s access to specialized programming such as Early Start, additional reading and numeracy supports;
 - Exploring local and national models of providing special education that may improve outcomes for children in care with special needs;
 - Exploring local and national models of schooling or school programming that show promise for improving school attendance;
 - Developing outcome measures related to school attendance and school performance for children in care; and.
 - Consulting and liaising with local child and family services agencies about how to support children in care who have unique needs, with the goal of active participation in their schools.

C. STANDARDS DEVELOPMENT - DEPARTMENTAL AND AUTHORITY COLLABORATION

The reorganization of Manitoba’s CFS system has required the development of new collaborative structures and processes to support the work required to strengthen existing

standards, the development of new standards and the provision of staff training on an ongoing basis.

Initial mechanisms put in place included a Standards Development Team and training materials and processes and, later, the implementation of the Inter-Authority Standards Working Group (IASWG). The following is a brief chronological overview.

- ***Standards Development Team*** (February 2008). The Standards Development Team was comprised of representatives from the Department and from each of the Authorities and was tasked with drafting new and revised Agency Standards.

The Team consulted with agencies, reviewed consultation results, and identified common areas of agreement, issues and concerns. Recommendations were brought to the Standing Committee Office in April and May 2008.

Eighteen draft standard sections were subsequently approved.

- ***Standards Training - Joint Training Team***. In October 2008, the Joint Training Team, with representation from the Province and the four Authorities, completed a new standards training package.

Staff training on the new standards began in November 2008 and is ongoing. New staff continue to be provided with standards training and refresher training is provided when standards change or there is a demonstrated need.

Inter-Authority Standards Working Group. In January 2010, Standing Committee established the Inter-Authority Standards Working Group (IASWG). IASWG was tasked with continuing the collaborative work of writing new case management standards and doing so in accordance with the Standards Development Protocol. These Included:

- Directing Agencies to use the Child and Family Services Application (CFSA) information system in order to generate reliable data;
- Reinforcing a standard ensuring that every child is seen every time a worker visits the home; and,
- Addressing the assessment and service provision needs of specific populations. (e.g. youth transitioning into independence, children and youth living with Fetal Alcohol Spectrum Disorder, mental health issues, and/or having been victims of sexual abuse and exploitation).

D. DISPUTE RESOLUTION - PROVINCIAL AND FEDERAL JURISDICTIONS (JORDAN'S PRINCIPLE)

Jordan's Principle was put in place to ensure that First Nations children with disabilities are able to access services comparable to other children in similar circumstances.

In 2008, the Manitoba and Federal governments jointly initiated work on Jordan's Principle, which provides for barrier-free action when First Nations children with complex medical needs require medical care, regardless of jurisdiction. Actions taken to date include:

- Implementing the Senior Officials' Joint Committee and the Officials Working Group to work on Jordan's Principle in Manitoba;
- Establishing a dispute resolution mechanism to address service payment issues for children with multiple disabilities living on-reserve who are served by multiple providers. This ensures that services are provided regardless of whether there is a payment dispute; and,
- Investigating and researching service gaps and disparities for on- and off-reserve children with disabilities.

In January 2009, both federal and provincial ministers agreed that their respective government would use individual case reviews to resolve most payment issues.

In February 2013, the two levels of government approved, in principle, a case conferencing approach to dispute resolution (*Jordan's Principle: a Case Conferencing to Case Resolution Process for Manitoba*).

3. Enhanced Support to the Front Line

The external reviews identified gaps and made recommendations for a range of additional supports for front line workers including:

- Addressing heavy workloads (workload relief);
- Improving caseload and staffing ratios;
- Increasing access to information after-hours;
- Implementing new or enhanced training programs;
- Upgrading the Information system; and,
- Enhancing province-wide capacity for critical incident de-briefing.

A. WORKLOAD RELIEF

As of 2008/09, the Department allocated \$5.0M to the Child and Family Services Authorities for workload relief.

Workload relief and other *Changes for Children* funding provided for a total of 231 additional positions within the child and family services system.

B. CASELOAD AND STAFFING RATIOS

The Federal/Provincial funding model (described in Section 1) provides for agency service funding that is case-sensitive and based on service activity; and provides for specific staffing ratios.

- **Caseload Ratios.** The funding model provides case-sensitive funding which is determined by whether cases are protective or preventive in nature.
 - Protection cases are funded at one direct service worker for every 25 cases (1:25).
 - Prevention Cases, which involve more intense work over a shorter period of time, are funded at one direct service worker for every 20 cases (1:20).
- **Staffing Ratios.** The funding model also provides staff funding by specifically-determined ratios for supervision, management and support staff.
 - One administrative support position is funded for every five direct service worker positions (1:5).

- One supervisor position is funded for every five direct service worker positions and one administrative support position - resulting in supervisor-to-staff ratio of one supervisor for every six front line staff positions (1:6).
- One program manager position is funded for every seven supervisory positions (1:7).

C. IMPROVED ACCESS TO INFORMATION AFTER-HOURS

There are Designated Intake Agencies (DIAs) in all regions of the province. Their roles are to complete the initial intake before passing files on to agencies, and to provide information after regular CFS agency hours of business, both on- and off-reserve.

- **On-Reserve DIAs.** DIAs operating on-reserve are federally funded.
- **Off-Reserve DIAs.** DIAs operating off-reserve are provincially funded.

In 2012/13, provincial funding was \$17.2 million, with agencies having the flexibility to use this funding to best meet community needs.

- **Development of a New Service and Funding Model.** Improved access to after-hours service continues to be a priority. Provincially, Standing Committee has established a workgroup that will examine current services with the goal of developing a future service and funding model for all DIAs in Manitoba.

D. NEW/ENHANCED TRAINING

Changes for Children has provided approximately \$1.5 million annually to support training within the CFS system. This funding included a training coordinator for each Authority to work with the Provincial Training Coordinator in determining training needs. Examples of new training put in place include:

- **Orientation Packages.** The Joint Training Team completed and distributed a comprehensive orientation package to be used by CFS authorities and their mandated agencies. Orientation materials and processes have also been developed within authorities and agencies.
- **Standards Training.** Staff receive CFS standards training through Competency-Based Training modules (Caseworker Series and Supervisor Series), through specialized modules provided or coordinated by the Joint Training Team, and through orientation and training provided by CFS authorities and their mandated agencies.
- **Child and Family Services Application [CFSA] (Intake Module and Child and Family Services Information System).** Staff receive training on how to use the CFSA after

being hired. Specialized training is provided as upgrades and new mechanisms are implemented and refresher training is provided on an ongoing basis.

- ***Strengthened Competency-Based Training.*** Competency-Based Training modules have been revised for front-line and supervisory staff:
 - The Caseworker Series has been revised from four modules to seven modules and from 15 to 19 days; and,
 - The Supervisor Series has been revised from a 12-day to 24-day training curriculum that includes increased content on mentoring, teamwork and staff development.
- ***Differential Response/Family Enhancement.*** Following the development of the Manitoba Differential Response/Family Enhancement (DR/FE) model of service provision, CFS authorities use this model to train staff and to highlight the importance of determining whether a case requires protection or prevention/early intervention services.
- ***Structured Decision-Making® Assessment Tools.*** Staff are trained in the Structured Decision Making® (SDM®) assessment tools developed by the Children’s Research Center (CRC) in Madison, Wisconsin. The SDM® assessment tools complement the DR/FE approach, and child welfare practice generally, in its use of “detailed definitions for assessment items to increase the likelihood that workers assess all families using a similar framework.” Tools include:
 - The Probability of Future Harm (PFH) (Risk) Assessment and Re-assessment;
 - Child Strengths and Needs Assessment;
 - Caregivers Strengths and Needs Assessment; and
 - Safety Assessment (in development) as an alternative/future replacement for the current Intake Module Safety Assessment.
- ***Specialized Training Modules.*** Ongoing assessment of front line workers’ information and practice requirements has resulted in the development and/or provision of specialized training modules on topics such as suicide, abuse, addictions and Fetal Alcohol Spectrum Disorder.
 - *Suicide.* Training on suicide prevention and intervention now includes:
 - A module within the Provincial Competency-Based Training for all CFS staff, and in orientation materials.

- Specialized training coordinated and/or provided by the Joint Training Team. (i.e. *Suicide Intervention and Prevention; Applied Suicide Intervention Skills Training [ASIST]; Straight Talk: Suicide Prevention; Suicide TALK; Safe TALK & Safe TALK Training the Trainers; Non-Violent Crisis Intervention; Mental Health First Aid; Tattered Teddies; and Trauma Training for Caregivers and Workers*).
- *Abuse*. Training on the identification, prevention, early intervention, and postvention aspects of abuse are now provided in training modules including: *Investigating Child Abuse; Forensic Child Interview Techniques; Domestic Violence; Crisis Prevention / Intervention / Postvention; and Team Abuse Investigation Training; Step Wise Program/training of trainers; Family Systems - Impact of Abuse and Neglect on Child Development; Training for Child Abuse Committee Coordinators; and, Making Sense of Trauma: Tools for Responding to Children and Youth*.
- *Addictions*. Training on addictions and substance misuse has been provided through the *Brief Intervention Addictions Training* module.
- *Fetal Alcohol Spectrum Disorder (FASD)*. FASD training has been provided to staff through the Specialized Module: *Fetal Alcohol Spectrum Disorder (FASD) – Effect of alcohol/drugs on the developing fetus, diagnostic terms and assessment and the use of neurobehavioural screening tools to identify difference in brain function*.

E. INFORMATION SYSTEM UPGRADES

A number of the external review recommendations focused on improving the Child and Family Services Application (CFSA). Other external review recommendations addressed CFSA limitations and the need to consider replacing the system.

- ***Incremental Upgrades***. Since 2007 there have been continual upgrades to the CFSA, which consists of the Intake Module (IM) and the Child and Family Services Information System (CFSIS), with the total cost for upgrades being \$1.8 million. These upgrades have expanded access to information across the province and enhanced both the quality of information available and access to this information.

In 2008, an automated high risk warning system was put in place. The system tracks specific kinds of information within the CFSA and sends an automated alert warning to the case worker and supervisor if the information indicates a child in care may be at risk. The case worker must respond to the automated warning with a plan or statement to address the risk which is recorded in the CFSA. Examples of high risk

situations include: frequent placements in care; frequent placement changes; alleged maltreatment; and missed or unrecorded face-to-face visits with a child in care. This system helps to keep children safe by providing automated warnings about high risk conditions to case workers and supervisors at the earliest possible time that information about those conditions is available.

- Other improvements to the CFSA have included:
 - Upgrading the Prior Contact Check to help workers find any record about a person having contact with child welfare with 100 per cent accuracy;
 - Eliminating accidental creation of duplicate records;
 - Offering a simpler, more user friendly way to record face-to-face contact with children in care;
 - Installing automated advance notice of when a foster home license will expire;
 - Providing the capacity to store digital photographs of a child in care;
 - Working with Children’s Hospital to create special records when a child has a high risk medical condition;
 - Installing modern risk estimation tools in the CFSA for workers to use;
 - Providing province-wide direct access to intakes;
 - Streamlining and simplifying the way prevention service cases can be created;
 - Simplifying and eliminating duplication of data entry when family information is transferred from one agency to another at the intake stage; and,
 - Streamlining steps to automatically transfer or access information.
- ***New Business and Case Management System.*** The above improvements provided short-term responses to a number of external report recommendations. However, recommendations identifying the pressing need to replace the outdated case management system with a modern one remained unmet.

The CFS Division is currently in the initial phase of a project to look at a new case management system. This phase includes:

- A review of the functions needed by Child and Family Services to provide case management and financial tracking;

- An examination of the roles and duties of agencies, the Authorities, and the Child and Family Service and Administration and Finance Divisions as defined by *The Child and Family Services Act*, *The Child and Family Services Authorities Act*, *The Adoption Act* and *The Vulnerable Persons Living with a Disability Act*.
- The provision of an implementation schedule and cost estimates for each stage of the project.

F. PROVINCE-WIDE CAPACITY FOR CRITICAL INCIDENT DE-BRIEFING

Funding has been provided for the Joint Training Team to coordinate and/or provide training to CFS staff on *Critical Incident Stress Management* and *Community Trauma Post-intervention*.

4. Primary Prevention and Early Intervention

The CFS system implemented and/or participated in cross-departmental implementation of a number of prevention and early intervention programs and initiatives to address the following issue areas: Fetal Alcohol Spectrum Disorder; Youth Suicide Prevention; Abuse/Sexual Exploitation; and Differential Response/Family Enhancement.

A. FETAL ALCOHOL SPECTRUM DISORDER (FASD)

In 2007, the Government of Manitoba initiated an FASD Strategy, which built on existing coordinated, multi-year, multi-system, multi-million dollar activities to prevent FASD and support those living with the effects of FASD. The Strategy also supported *Changes for Children* FASD initiatives.

The FASD Strategy has been overseen by an interdepartmental committee comprised of the Healthy Child Manitoba Office and the Departments of Health, Healthy Living and Seniors, Family Services, Education, Justice, and Aboriginal and Northern Affairs.

The following are a few examples of FASD initiatives and program resources.

- ***FASD Specialist & Coordinator Positions.*** All four CFS Authorities are funded for FASD Specialist positions, based on their size. Southern and Northern Authorities are funded for 1.5 positions each and the General and Métis Authorities are funded for one position each. Although their primary focus is on FASD, the specialists have the capacity to provide services where there are addictions in the absence of an FASD diagnosis. The specialists work in collaboration with:
 - Mandated CFS agencies within their respective Authority;
 - The Provincial FASD Strategy (led by the Healthy Child Manitoba Office);
 - FASD program and policy staff at the Healthy Child Manitoba Office;
 - The Joint Training Team;
 - The Coalition on Alcohol and Pregnancy; and,
 - The FASD service community.
- ***FASD Standards.*** A standards development team comprised of CFS Authority FASD Specialists and CFS Division staff has developed service standards for children living with FASD.
- ***FASD Stepping Out on Saturday (SOS Program).*** Stepping out on Saturdays Manitoba (SOS – Manitoba) was established and funded through *Changes for Children*. The program was implemented in 2010/11 and is currently offered at four sites in

Manitoba: Winnipeg, Brandon, Thompson and Little Grand Rapids. It is a direct service that provides social and recreational support for children and youth affected by FASD, and is a respite service for high risk families. Each site offers programming one to two Saturdays per month for children involved within the child welfare system.

- ***Interdepartmental Transition Action Plan.*** An Interdepartmental Transition Action Plan has been developed. Interdepartmental protocols were updated in a manual entitled *Bridging to Adulthood: a Protocol for Transitioning Students with Exceptional Needs from School to Community* (2008). This protocol is supported by a CFS Division guide titled *Transitional Planning: Child and Family Services to Adult Supports*.

Use of the Protocol and Guideline is focused on facilitating effective strategies for connecting youth to adult services.

The manuals have been distributed to mandated CFS Agencies.

B. INTER-SECTORAL YOUTH SUICIDE PREVENTION STRATEGY

In 2008, *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy* was established with funding from *Changes for Children* and the Government of Manitoba. This strategy is focused on promoting mental health and improving access to mental health care.

Reclaiming Hope initiatives address each of the five integral components of youth suicide prevention: Assessment and Planning; Mental Health Promotion; Awareness and Understanding; Prevention, Intervention and Postvention; and Data Surveillance, Research and Evaluation.

The Canadian Association for Suicide Prevention has demonstrated strong support for the work being done in Manitoba.

Changes for Children (C4C) funds were provided to support the Strategy for the initial four years (2008/09 - 2011/12). In 2012/13, approximately \$1.7 million in C4C funds were allocated to *Reclaiming Hope* initiatives.

The following are examples of Youth Suicide Prevention Strategy initiatives.

- ***Winnipeg Aboriginal Sport Achievement Centre North.*** The Winnipeg Aboriginal Sport Achievement Centre North (WASAC North) is active in several Aboriginal communities: Pauingassi, Lac Brochet, Shamattawa, Duck Bay, Camperville, and Pine Creek. The program provides opportunities for Aboriginal children and youth to become more physically active, develop leadership abilities and promote community development.

From 2009/10 to 2012/13, 589 activities involving sport, recreation, leadership, and culture were undertaken involving 3500 community youth, service providers, and leadership.

- ***Communities that Care.*** Communities That Care (CTC) is a long-term, systematic and organized approach to mobilizing communities to address at-risk youth behaviours through utilizing targeted evidence-based programming. CTC specifically targets alcohol and drug use, violence, teen pregnancy, school drop-out, delinquency and depression/suicide. Manitoba communities currently engaged in CTC are: Elmwood (Winnipeg), Swan River, Sagkeeng First Nation and Shamattawa First Nation.
- ***Trauma Training for Service Providers.*** Trauma Training for Service Providers was initiated in fall 2012. It includes a Child and Family Services Caregiver / Worker training module delivered by New Directions staff.
- ***Discharge Support for Youth seen at Emergency Health Settings.*** The Minister of Family Services is a member of the Healthy Child Committee of Cabinet which is

leading the development of discharge supports for youth seen at emergency health settings and discharged to the community. This initiative is occurring within the context of the *Rising to the Challenge for Children and Youth: Manitoba's Mental Health Action Framework*.

The government continues to engage and work closely with cross-departmental and cross-sectoral partners and stakeholders to ensure ongoing efforts to reduce suicide are based on current best-practices.

C. DIFFERENTIAL RESPONSE/FAMILY ENHANCEMENT

The Province made the commitment to implement a Differential Response framework in 2006 as part of the *Changes for Children* Action Plan.

- ***Made in Manitoba Differential Response Model***. Following extensive engagement with staff (over 600 agency staff were involved), research on best practice and an in-depth review of the experience in other jurisdictions, the Province established key features of the Manitoba Differential Response (DR)/Family Enhancement (FE) Model. The Authorities then implemented pilot projects that were evaluated and DR/FE then became a funding stream within the Federal-Provincial funding model in 2012/13.
 - *Differential Response (DR) Family Enhancement (FE) approach*. The DR/FE Service framework provides for at least two streams of service: the traditional protection intervention stream; and an additional *Family Enhancement* (prevention) stream, for families who are struggling but, with support, can prevent their children from being placed into care.
 - *Structured Decision Making® Assessment Tools*. A key component of establishing DR/FE in Manitoba has been to provide front line staff with tools that facilitate consistent and appropriate decisions. The four CFS Authorities established and led the “Assessment Processes and Tools Working Group” as part of the Differential Response project. The Working Group selected the Structured Decision Making® (SDM®) assessment tools developed by the Children’s Research Center (CRC) in Madison, Wisconsin. The decision-making tools include:
 - The Probability of Future Harm (PFH) (Risk) Assessment and Re-assessment;
 - Child Strengths and Needs Assessment; and,
 - Caregivers Strengths and Needs Assessment.

Staff have been trained in the tools so that they can use them on all new reports of maltreatment and as part of ongoing case management. Training will be ongoing to ensure that all appropriate Designated Intake and other Agency staff are trained in the SDM® assessment tools.

5. Foster Care and Services to Youth

Since 2006, foster care recruitment and resource development strategies have helped bring more than 5,500 new foster care and emergency spaces into the CFS system.

A. INCREASE IN FOSTER CARE BED SPACES

Changes for Children implemented the Circle of Care, which focused on increasing foster care resources.

- **Phase 1: November 2006** – included a province-wide foster care recruitment plan.
- **Phase 2: Spring 2009** – focused on the development of placements for siblings and difficult-to-place youth.
- **Group Home Development** – included establishing group homes in rural and northern areas of the province (Thompson, Dauphin, and Swan River) which can also be used for emergency bed spaces, and the development of Ji-zhaabwiing in Winnipeg to meet the needs of youth aging out of care.

B. EMERGENCY Placement RESOURCES

In November 2006, the Province and CFS Authorities announced a strategy for minimizing hotel use as an emergency placement in the CFS system by July 31, 2007.

- **Hotel Placement Standard.** The 2007 Hotel Placement Standard prohibited the use of hotels as placements for children by CFS agencies except in the following circumstances:
 - In the case of flood, fire, other natural disaster or community crisis that require the evacuation or removal from the residence to ensure the safety of children (Community Crisis); or
 - In the case of public health/personal health issues where the appropriate placement to accommodate the health condition is not immediately available (Public/Mental Health); or
 - In the case of sibling groups, where there is no other option available to place the children together (Sibling Group).
- **Monitoring Hotel Placements.** The Child and Family Services Authorities have the responsibility for approving hotel placements and ensuring that these meet the Hotel Placement Standard.

- **Emergency Placements Review.** The Department of Family Services is working collaboratively with its CFS Authority partners and their mandated agencies to redevelop the Emergency Placements Program. Redevelopment goals include:
 - Establishing new emergency placement protocols;
 - Increasing emergency foster placements;
 - Developing specialized resources for children/youth with complex needs; and,
 - Supporting staff and providing competency training for those who work within the CFS shelter system.

C. REVIEW OF FOSTER CARE RATE STRUCTURE

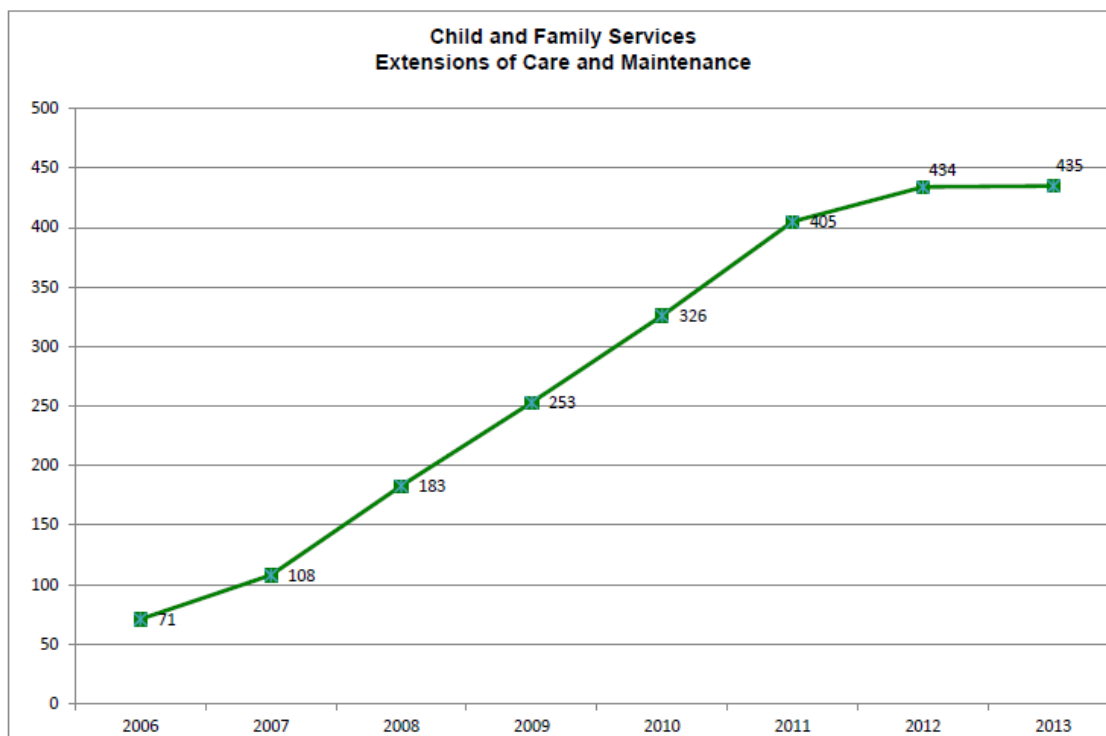
The Department is in the process of reviewing the foster care rate structure. Activities completed or underway include:

- Developing a standardized electronic billing format to streamline child maintenance administration and provide standard information;
- Collaborating with the Authorities to develop a standardized approach to the setting and review of foster care rates;
- Updating and re-writing the Child Maintenance Manual; and,
- Auditing high cost multi-child placements.

D. SUPPORT TO YOUTH AGING OUT OF CARE

A number of initiatives have been expanded and new ones implemented to provide support to youth aging out of care. These include:

- **Increase in Extensions of Care.** As indicated in the graph below, since 2006, there has been a significant increase in the number of extensions of care and maintenance for children permanently in the care of CFS.



1. Young adults who were permanent wards of agencies and were in receipt of service beyond their 18th birthday through an extension of care and maintenance agreement.
2. Data are provided by Authorities on behalf of their agencies.

- ***Manitoba Youth Transitional Employment Assistance Mentorship (MYTEAM).*** MYTEAM is a four-year pilot project (September 2010 to August 31, 2014) that provides a range of support services intended to improve education and employment outcomes for participants, ranging in age from 16 to 21 years (voluntary placements and temporary wards), who: 1) have been in the care of and are leaving, or have recently left the care of Manitoba CFS agencies and; 2) who are enrolled in, or eligible for, Employment and Income Assistance (EIA).

MYTEAM provides or arranges for financial assistance, supportive housing, educational and training assistance, employment placement supports, job coaching and life skills mentorship.

Participants are encouraged to access a range of services appropriate to their unique learning, social and cultural needs.

MYTEAM supports participants for a period of up to two years. The pilot project is offered in Winnipeg and Thompson.

- ***Increased Access to Post-Secondary Education.*** The Province is in the process of reviewing developments in other jurisdictions to determine how the Province,

together with the CFS Authorities and mandated agencies, can help young people leaving care to pursue post-secondary education. At the present time there are a number of scholarships, bursaries and tuition waivers in place.

- Scholarships & Bursaries. Youth in care can access assistance through scholarships and bursaries (e.g. the Keith Cooper, Voices and the Ken Dryden Scholarship programs).
- Tuition Waivers. Several Manitoba post-secondary institutions are committed to covering tuition costs for permanent wards who are or who have recently been in care. Under these arrangements, tuition is covered until students are 21 years of age. During this time, students remain on an extension of care and have their living expenses covered as long as they maintain a full-time course load. Participating institutions include the University of Winnipeg, Red River College, and Assiniboine College.
- **Youth Engagement Strategy**. In 2007, the CFS Authorities and their mandated agencies initiated the development of a Youth Engagement Strategy that:
 - Provides current and former youth in care with a voice to share their stories about being in care;
 - Involves current and former youth in care in new program and policy development;
 - Improves communication with youth in care about their rights and advocacy programs; and,
 - Collects feedback from youth aging out of care and into adulthood about their experience in the CFS system.

Since 2007, the Youth Engagement Strategy funds have been provided by the CFS Authorities to their mandated agencies to support youth engagement activities, such as youth forums, focus groups and special events.

- **Visions Catchers Fund**. The Vision Catchers Fund was established in 2007 to assist youth in care to develop their strengths, maximize their potential and pursue their career aspirations. Funding is available to provide eligible youth with access to:
 - Specialized study in high school;
 - Supplies needed to pursue a career;
 - Job search assistance; and,

- Post-secondary education (academic programs, technical training or apprenticeship training).
- ***Mentorship Programs.*** Each CFS Authority is developing or has developed a mentorship program to enhance support for youth aging out of care, with programs designed to meet the unique needs of participating communities. Through these programs, youth who have successfully transitioned out of care are recruited and trained to become mentors to youth who are still in care.

It is anticipated that over time, mentorship programs will grow as youth in care are assisted in their transition and, in turn, assist other youth as they prepare for independence.

6. Quality Assurance and System Oversight

The external reviews emphasized the need to strengthen oversight and quality assurance within the Child and Family Services system (the CFS Division, the Authorities and Agencies). Actions included:

- Strengthening existing legislation and developing new provincial standards for CFS;
- Implementing new internationally recognized risk assessment tools to ensure staff complete consistent and thorough risk assessments (see Section on Structured Decision Making® assessment tools);
- Developing a Continuous Quality Improvement Framework for ongoing assessment, monitoring and reporting on Authority legislative and regulatory compliance;
- Funding Authorities for dedicated Quality Assurance Specialist positions and developing Quality Assurance Frameworks for regular agency reviews;
- Implementing enhancements to the CFSA information system and continuing with developmental work on a new business information and case management system; and,
- Developing a standardized Agency Business Plan reporting structure emphasizing strategic planning and the evaluation of services provided to children and families.

The following provides an overview of key initiatives at the Legislative, CFS Division, CFS Authority and Agency levels.

A. AT THE LEGISLATIVE LEVEL

Since 2006, the Province has introduced legislative amendments and new legislation to enhance Child and Family Services system processes and outcomes. For example:

- ***An Enhanced Mandate for Child Death Reviews***. The responsibility for the completion of Child Death Reviews was transferred from the Office of the Chief Medical Examiner to the Office of the Children’s Advocate (OCA). The legislation required for this transfer, *The Children’s Advocate’s Enhanced Mandate Act*, was proclaimed on September 15, 2008.

Under the new Act, these reviews/investigations were re-named Special Investigations and their scope was enhanced, both in terms of activities undertaken and the expansion of these activities to all areas of Manitoba, including remote and northern communities.

Investigators may now visit residences, community meeting places and publicly funded agencies that had contact with children in care or were involved with an agency prior to their death.

- ***Child Safety is Paramount.*** Enhancements were made to *The Child and Family Services Act*, emphasizing that, when determining a child’s best interests, child safety and security are essential, core considerations.
- ***The Social Work Profession Act (the Act).*** *The Social Work Profession Act* received Royal Assent on October 8, 2009. Once the Act is proclaimed, it will regulate who in Manitoba can call themselves “social workers.” A Transitional Board was appointed and tasked with developing a draft Regulation and draft by-laws for the new Manitoba College of Social Workers.

B. AT THE CHILD AND FAMILY SERVICES DIVISION LEVEL

The Child and Family Services Division has implemented a number of enhancements including a Strategic Plan, Continuous Quality Improvement Frameworks, Authority Agreements, Financial Reporting Requirements, the Development of a Planning and Analysis Unit, and a strengthened business and case management capacity.

- ***Strategic Plan.*** The Division has a Strategic Plan in place that identifies the following broad goals:
 - Supporting the development and maintenance of healthy relationships between parents and children and their extended family networks;
 - Addressing the needs of children requiring protection or alternative care;
 - Assisting families affected by family violence and disruption;
 - Assisting communities and community-based organizations to increase their capacity to support the healthy development, well-being and inclusion of children and families affected by family violence and family disruption;
 - Working collaboratively with stakeholders;
 - Improving outcomes for children and families receiving supports and services; and,
 - Providing policy, program, financial and other assistance and direction to the four Child and Family Service Authorities, service providers and other organizations to help achieve the above stated goals.
- ***Continuous Quality Improvement (CQI) Framework.*** The *Continuous Quality Improvement (CQI) Framework* was developed in 2010. It outlines the CFS Division

concept of CQI for the four CFS Authorities and other service providers funded by Family Services (child care facilities and community support programs). This model is guided by applicable legislation, regulations and standards, and contains clear performance expectations and outcome measures in a number of key areas including:

- Authority Governance
 - Authority Operations
 - Issues Management
 - Financial Management
 - Services to Children in Care
 - Quality Assurance of Agencies
 - Hiring, Education and Training
- **Authority Agreements.** Service Purchase Agreements (renamed Contribution Agreements) were signed with each CFS Authority in 2004/05 and multiple extensions have been signed since that time. All CFS Authority Contribution (or funding) Agreements include the following sections:
 - Authority Responsibilities
 - Authority Reporting Requirements
 - Funding Model
 - Evaluation, Audit and Review

- **Financial Reporting Requirements & Protocol.** Agreements with the CFS Authorities specify that reports and financial statements are to be provided in accordance with the Department's Financial Reporting Requirements.

The Department has developed a protocol document to guide the monitoring of Authority compliance with the Financial Reporting Requirements. A database tracks the receipt of required reports and, if reports are not received, the Protocol specifies the progressive steps to be followed to rectify the situation, culminating in a requirement for a site visit and financial reviews.

- **Creation of Planning and Analysis Unit.** Subsequent to the 2006 the Office of the Auditor General Report, *Audit of the CFS Division Pre-devolution Child in Care Process and Practices*, the Child and Family Services Division created the Planning and Analysis Unit. The Unit is responsible for:

- Input and extraction of data maintained in four databases;
- Provision of research and analysis (e.g. hotel use for emergency placements, foster homes, funding);
- Budget development and monitoring (CFS agency and Authority funding);
- Program development and analysis; and,
- Document development.

Information is provided for various stakeholders including:

- CFS Authorities and agencies and the Child and Family Services Division;
 - Departmental Minister and Deputy Minister;
 - The Office of the Ombudsman;
 - The Office of the Auditor General; and,
 - The Office of the Children’s Advocate.
- **Information System Upgrades.** A number of the external review recommendations were focused on improving the Child and Family Services Application (CFSA). Other external review recommendations addressed CFSA limitations and the need to consider replacing the system.

Since 2007 there have been continual upgrades to the CFSA, which consists of the Intake Module (IM) and the Child and Family Services Information System (CFSIS), with the total cost for upgrades being \$1.8 million.

Upgrades to the CFSA have expanded access to information across the province and enhanced both the quality of information available and access to this information. (See Section 3E for details).

C. AT THE CHILD AND FAMILY SERVICES AUTHORITY LEVEL

The CFS Authorities are responsible for ensuring that their mandated agencies comply with Provincial Standards as part of their Quality Assurance function.

- **Authority Quality Assurance Specialists.** The four Authorities received an additional \$712.6 in funding in 2008 to hire four Quality Assurance Specialists and three Human Resource Specialists to support Quality Assurance responsibilities.

This funding was transferred over and is now a part of the harmonized federal/provincial funding model.

D. AT THE AGENCY LEVEL

- ***Agency Outcomes/Indicators.*** The harmonized federal/provincial funding model, implemented in 2010, requires that agencies submit Five Year Business Plans, and updates on an annual basis. The plans:
 - Identify measurable performance indicators/outcomes; and,
 - Match work plans and activities to stated areas requiring development.

Plans are reviewed by the Authority, the Province, and in the case of First Nations agencies, Aboriginal Affairs and Northern Development Canada (AANDC).

7. Ongoing Development

The strengthening of Child and Family Services in Manitoba is an ongoing process. This report has provided an overview of key changes since 2006, both within the CFS System and between the System and its partners.

As the Department moves forward, the enhancements made to date provide a solid foundation for future action, most immediately in addressing recommendations contained in *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children* (The Hughes Report).