PROGRESS ON THE CHANGES FOR CHILDREN INITIATIVE

A Report from the Child and Family Services Standing Committee

Autumn 2010
This report is presented by the Child and Family Services Standing Committee, an advisory group of the Manitoba child and family services (CFS) system. This group has legislated responsibility for promoting cooperation and collaboration both within the CFS system and with other systems. In this report, the Child and Family Services Standing Committee is referred to as Standing Committee.

The work of Standing Committee continues to focus on three major areas:

- continuing implementation of the Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI)
- implementation of the Changes for Children initiative
- ongoing system development

We, the members of Standing Committee, are pleased to provide this report. The members of Standing Committee are:

**Bernice Cyr**  
Chief Executive Officer  
Metis Child and Family Services Authority

**Elsie Flette**  
Chief Executive Officer  
Southern First Nations Network of Care (Southern Authority)

**Larson Anderson**  
Chief Executive Officer  
First Nations of Northern Manitoba Child and Family Services Authority

**Jay Rodgers**  
Chief Executive Officer  
The General Child and Family Services Authority

**Claudia Ash-Ponce**  
Executive Director  
Child Protection Branch  
Manitoba Family Services and Consumer Affairs
This report presents progress made on improving Manitoba’s child and family services (CFS) system. The primary purpose of the CFS system is to:

- protect children who are at risk of abuse or neglect
- support and strengthen the well-being of families throughout the province, particularly those having difficulty caring for their children
- provide safe, loving and nurturing care for children when their families are unable to provide care

These are critical and very demanding responsibilities. Every year, the CFS system responds to tens of thousands of enquiries from concerned Manitobans. Each day, the system delivers supports to more than 10,000 families and provides care for over 9,000 children.

It has long been recognized that sweeping changes have been needed to improve the CFS system and to address the damage and disruption the system has brought to First Nations and Metis children, families and communities. An important start was made in the 1980s, when First Nations CFS agencies began delivering services on-reserve. However, as recommended in the 1991 Aboriginal Justice Inquiry Report, the entire system needed to be reorganized.

It was not until 2000, nearly a decade later, that action was finally taken. Work began that year on the Aboriginal Justice Inquiry - Child Welfare Initiative (AJI-CWI), which by 2006 brought historic and unprecedented reforms to the CFS system. Through the AJI-CWI, First Nations and Metis peoples reclaimed the right to develop and control their own child and family services, and four new culturally appropriate CFS Authorities were established.

In March 2006, Manitobans were shocked by news of the tragic death of a five-year old child. Three external reviews focusing on this tragedy, along with two other reviews of the CFS system, were released in late 2006. The reviews identified longstanding problems in the CFS system and detailed 289 recommendations for change. Combined with the reforms carried out under the AJI-CWI, the recommendations set forward a strategy to improve the CFS system. This strategy is called Changes for Children.

Since the launch of Changes for Children in October 2006, Standing Committee has been committed to reporting the progress being made on the initiative. In October 2007, Standing Committee released its first report on Changes for Children. Its second report, released in March 2009, reported on progress made up to December 31, 2008. This third report presents:

- summarized information from the first two reports
- progress made from January 1, 2009 to March 31, 2010
- work that is planned for this current year (referred to as 2010-11)

There are two notable exceptions to the use of March 31, 2010 as the end of the reporting period for this report. First, the listing of members of Standing Committee on the Table of Contents page is current as of September 2010. Second, a funding announcement made in July 2010 is reported in Theme 7.

To access this report online, please go to www.changesforchildren.mb.ca.
The Aboriginal Justice Inquiry – Child Welfare Initiative (AJI-CWI) was established to address the child welfare recommendations of the Aboriginal Justice Inquiry (AJI). The AJI was commissioned in 1988 to examine the relationship between Aboriginal peoples in Manitoba and the justice system. The AJI final report, released in 1991, documented many serious problems in the CFS system and recommended a major restructuring.

In August 2000, following almost a decade of government inaction, the Manitoba government, along with First Nations and Metis leaders, jointly established the AJI-CWI. The goals of the AJI-CWI are to:

- recognize the right of First Nations and Metis to control the development and delivery of child and family services to their peoples throughout Manitoba
- restructure the CFS system through legislation and other changes

By 2006, most of the restructuring was completed, including the establishment of four new, culturally-appropriate CFS Authorities:

- the Metis Child and Family Services Authority
- the Southern First Nations Child and Family Services Authority
- the Northern First Nations Child and Family Services Authority
- the General Child and Family Services Authority

As well, the restructuring included:

- enacting The Child and Family Services Authorities Act and amending The Child and Family Services Act and The Adoption Act
- establishing new service delivery arrangements and partnerships throughout the province
- providing families the opportunity to choose their Authority of service
- transferring responsibility for more than 3,600 cases, along with human and financial resources, to the Metis and First Nations Authorities and their agencies

For historical background on the AJI-CWI, visit the website at [www.aji-cwi.mb.ca](http://www.aji-cwi.mb.ca).
In 2006, five external reviews of the CFS system were completed. Three of these reviews were commissioned in response to the tragic death of a five year old child:

- **Honouring Their Spirits - The Child Death Review: A Report to the Minister of Family Services and Housing** (Schibler & Newton, Office of the Children’s Advocate, September 2006)
- **Recommendations - A Special Case Review** (Koster & Schibler, Section 4 Review, September 2006)

A fourth review, **Strengthening Our Youth - Their Journey to Competence and Independence** (Schibler & McEwan-Morris, Office of the Children’s Advocate), was released in November 2006. It focused on services and supports provided to youth transitioning out of the CFS system.

The fifth review was released by the Office of the Auditor General (OAG) in December 2006. The OAG review examined the policies and procedures that were in place in the Child and Family Services Division of Manitoba Family Services and Housing (now known as Manitoba Family Services and Consumer Affairs) prior to the restructuring of the system.

Together, these five reviews represent the most comprehensive examination of the CFS system ever done in Manitoba. Three key conclusions emerged from the reviews:

- Factors such as poverty, poor housing, addictions and the lack of effective responses to these factors by other systems are root causes of family breakdown and the growing demands on the CFS system.
- The restructuring of the CFS system through the AJI-CWI was a major step forward and provides both the foundation and momentum on which to make other important improvements.
- The challenges identified in service delivery predate the restructuring, and the restructuring provides a unique opportunity to address these challenges.

Prior to the external reviews, plans were in place to address the key priorities remaining under the AJI-CWI, including new legislation, reviewing arrangements for residential child care, funding models and implementing prevention programs.

In October 2006, an initiative called Changes for Children was launched in response to the external reviews. As described in more detail on the next page, Changes for Children complements and builds on the AJI-CWI plans.
Changes for Children is an initiative of the four CFS Authorities and the Department of Family Services and Consumer Affairs. It was announced on October 13, 2006 by the Leadership Council, a group comprised of political leaders from the Metis, First Nations and the Manitoba government. The purpose of Changes for Children is to address the 289 recommendations emerging from the five external reviews of Manitoba’s CFS system. As of March 31, 2010, the Province of Manitoba has committed $42 million over three years to this initiative. Since 2007, the Province has committed further new funding including significant increases to the basic foster care rate.

Standing Committee assumed responsibility for Changes for Children in August 2007. As recommended in the external reviews, the Office of the Child and Family Services Standing Committee was established in the spring of 2008 to support the work of Standing Committee. The Office has 16 permanent positions. Its work focuses on:

- designing plans for the implementation of the 289 recommendations
- participating in inter-sectoral committees and initiatives
- developing and delivering training in professional areas
- providing technical support to assist Standing Committee in completing its foundational work

To provide accountability, the Office of the Children’s Advocate and the Office of the Manitoba Ombudsman are responsible for reviewing and reporting on Changes for Children. Standing Committee meets quarterly with the Children’s Advocate and the Ombudsman to review progress and work plans.

This is the third report from Standing Committee documenting progress on Changes for Children. The information is presented under the following eight themes:

**Theme 1:** Keeping Children Safe through Primary Prevention Programs

**Theme 2:** A Priority Emphasis on Early Intervention for Families

**Theme 3:** Strengthening Foster Care and Services for Youth

**Theme 4:** Enhanced Support for Front-Line Child Protection Workers

**Theme 5:** Improved Communication

**Theme 6:** Strengthen the New Governance Structure

**Theme 7:** Fiduciary Obligation of the Government of Canada

**Theme 8:** Special Investigation Reviews (formerly Section 10 Reviews)

In the first two reports, progress was organized under seven themes. For this report, Standing Committee added another theme (Theme 3: Strengthening Foster Care and Services for Youth) to reflect the progress made on addressing recommendations relating to these services.
The external reviews call for more and better prevention programs for children, families and communities in Manitoba. Prevention programs focus on dealing with conditions that can lead to child abuse and neglect. Prevention services promote protective conditions that increase family health and well-being. They help caregivers find ways to parent effectively, even under stress.

The reviews emphasize that effective prevention is a shared responsibility among families, communities, the CFS system and other service systems. Four general recommendations from the external reviews relating to this theme are to:

- build stronger relationships among service systems
- involve community members in designing prevention strategies for their families
- reduce safety risks to children by better educating communities about child safety
- increase the options available to encourage children, youth and families to engage in healthy behaviours

In response to these recommendations, a wide variety of projects have been planned and/or implemented. The projects address four major areas of focus:

- Inter-Sectoral Collaboration
- School Involvement
- Safety Education Materials
- Fetal Alcohol Spectrum Disorder (FASD)

Progress made on this theme is presented below under these four areas of focus.

### MAJOR PROGRESS UNDER THIS THEME:

- **New inter-sectoral committee actively working to enable better collaboration and integration across systems**
- **Educational Specialist positions created to improve educational outcomes for children in care**
- **Safety education materials widely distributed**
- **Initiatives in place to implement and coordinate the provincial FASD Strategy**
- **Extensive range of new services in place for families and individuals experiencing FASD or at risk of FASD**
ACTIVITIES

Inter-Sectoral Collaboration

The Child Welfare Inter-Sectoral Committee (CWIC)

In November 2008, Standing Committee established a new committee called the Child Welfare Inter-Sectoral Committee (CWIC). CWIC’s purpose is to explore ways to promote better collaboration and integration of systems. The membership of CWIC is composed of senior representatives from:

- Winnipeg Regional Health Authority
- Healthy Child Manitoba
- Four Manitoba government departments:
  - Family Services and Consumer Affairs
  - Education, Citizenship and Youth
  - Justice
  - Health and Healthy Living

CWIC is expected to remain as a permanent structure within the CFS system. As part of ongoing efforts to improve the CFS system, CWIC will meet regularly with the deputy ministers of all Manitoba government departments that participate in the Healthy Child Manitoba initiative.

During 2009, CWIC sub-committees produced work plans to enhance the coordination and integration of programs and services in four areas:

- promoting healthy child development
- services for children with complex medical needs
- addictions
- children’s mental health and suicide prevention

The work plans have been reviewed and approved by CWIC, the Healthy Child Deputy Ministers’ Committee and Standing Committee. Implementation of the work plans will begin in 2010-11.

School Involvement

Educational Specialists

Each of the CFS Authorities has received funding for a pilot program to create Educational Specialist positions. The goal of the pilot program is to help enable better educational outcomes for children in care. The Educational Specialists will work within their respective Authorities to provide consultation and support to CFS agencies in the area of schooling for children involved in the CFS system. They will act as a liaison between the CFS system and the educational system (provincial and federal) to develop better ways for supporting children in care.

The ongoing activities of Specialists will include:

- working with the school system to develop better protocols for supporting children in care who change schools
- working with the school system to develop better protocols for specialized programs such as early start programs, reading programs and/or transition programs
- exploring local and national models of schooling or school programming that would improve school attendance
- exploring local and national models of providing special education that would improve outcomes for children in care with special needs
• developing outcome measures related to school attendance and school performance for children in care
• working with schools to develop educational materials and/or training programs that increase communication between schools and the child welfare system
• consulting and liaising with local child welfare agencies regarding children in care with unique concerns within the school system

It is expected that all four CFS Authorities will have the Specialist positions filled in 2010-11.

Safety Education Materials

Educational materials on a wide variety of safety and lifestyle issues have been distributed to CFS agencies, foster parents, residential child care facilities and communities. Distributed materials address the following topics:

• shaken baby syndrome
• childproofing homes
• crib safety
• FASD
• internet safety
• trampoline safety
• water safety
• bicycle safety
• car seat safety
• off-road vehicle safety
• farm safety
• firearms/dangerous materials storage

• resources for gay, lesbian and transgendered youth
• drug awareness
• gang awareness
• sexual exploitation
• H1N1 influenza

Materials will continue to be distributed to CFS agencies, foster parents, residential child care facilities and communities on an ongoing basis throughout 2010-11.

FASD

The most extensive work under this theme was done in the area of FASD services. It is presented here in two categories:

• System Coordination and Supports
• Direct Services

System Coordination and Supports

Manitoba's Coordinated Fetal Alcohol Spectrum Disorder (FASD) Strategy

Manitoba has had a province-wide FASD Strategy in place since April 2007. The initial focus of the strategy was to help children and families involved in the CFS system. Through Changes for Children, the scope of the FASD Strategy has been widened to include a supportive role in addressing the FASD recommendations in Changes for Children.
The FASD Strategy Implementation Team
The FASD Strategy Implementation Team was established in 2008 to develop work plans for implementing the FASD recommendations from the external reviews. This team is comprised of the four CFS Authority FASD Specialists and representatives from Healthy Child Manitoba and the Child Protection Branch.

FASD Specialists
With funding from the Manitoba government, FASD Specialist positions were established at each of the four CFS Authorities in 2008. The Specialists develop, implement and evaluate FASD services delivered by CFS agencies. As well, the Specialists offer expertise in case planning and assistance in improving access to needed services.

In 2009, Manitoba Health and Healthy Living received funding from Changes for Children to hire an Addictions Services Specialist. As a member of the FASD Interdepartmental Committee, the Addictions Services Specialist participates in strategic planning related to FASD, with a focus on addressing the unique needs of women with substance abuse issues.

Manitoba FASD Centre
In September 2009, Manitoba Health and Healthy Living committed funding to expand assessment services at the Manitoba FASD Centre (formerly the Clinic for Alcohol and Drug Exposed Children). This funding allowed services to be extended to youth age 12-18. Previously, assessment was being done only for children under age 12.

The Manitoba FASD Centre is located at the Rehabilitation Centre for Children in Winnipeg. It is a multidisciplinary assessment, education, training, and research service of the Winnipeg Regional Health Authority Child Health Program. The multidisciplinary team assesses and diagnoses cases of FASD at the Centre.

Manitoba FASD Network
Funding was also committed in September 2009 through Changes for Children and Manitoba Health and Healthy Living to establish the FASD Network, an initiative to expand the referral process for FASD assessments across the province.

In January 2010, FASD Diagnostic Coordinators were hired for six RHAs: Brandon, Burntwood, Interlake, NOR-MAN, North Eastman, and South Eastman. The role of the Coordinators is to facilitate FASD referrals from their regions, and to assist in coordinating services following a diagnosis of FASD. The Manitoba FASD Centre provides leadership for the Network through ongoing training and other supports for the Coordinators.

The Network is guided by a steering committee, formed in July 2009 with representation from all RHAs, Manitoba Health, Healthy Child Manitoba, and the Manitoba FASD Centre.
FASD Community Coalitions

Since 2007, community-based FASD Community Coalitions, comprised of local professionals and parents, have been active in nine communities across the province in providing supports for children and families living with FASD.

Changes for Children committed funding and established two new FASD Community Coalitions in Portage la Prairie and Cross Lake in 2009-10. Standing Committee has further committed to expand and enhance capacity at six additional FASD Community Coalitions across Manitoba in 2010.

Support for the Manitoba Coalition on Alcohol and Pregnancy (MCAP)

MCAP is a province-wide, cross-sectoral network of individuals and organizations committed to supporting prevention, education, research and intervention activities related to FASD. MCAP is committed to reducing the incidence of drug and alcohol use during pregnancy and ensuring the best possible outcomes for people living with FASD.

Ongoing funding has been provided through Changes for Children to support the administrative coordinator position at MCAP. Core funding for MCAP continues to be provided by the Healthy Child Manitoba Office.

MCAP facilitates knowledge exchange on FASD through monthly meetings, educational conferences, a monthly information series, a regularly published newsletter and a website (www.capmanitoba.ca).

Aboriginal Elders Gathering

In November 2009, the three Aboriginal CFS Authorities hosted an Aboriginal Elders gathering in The Pas to address FASD issues. The event was held to seek the wisdom and knowledge of Aboriginal Elders from across Manitoba on ways to support healthy pregnancies, prevent FASD and support individuals affected by FASD. Twenty Elders participated in the gathering.

FASD Service Delivery Standards

A working group to develop FASD best practice models and standards in child and family services was established in September 2009. The group is comprised of the CFS Authority FASD Specialists and staff from both the Office of the Child and Family Services Standing Committee and the Child Protection Branch. The working group is currently developing best practices and standards for service specific to:

- children affected by FASD who are involved with the CFS system
- families and/or caregivers of children affected by FASD
- pregnant women at high risk of misusing substances and who are involved with the CFS system
- youth with FASD transitioning out of the CFS system

The working group plans to implement and evaluate the new best practices and standards during 2010-11.
**Telehealth Program**
Telehealth is a telecommunications system that provides residents of rural and northern Manitoba with access to comprehensive health care services over a long-distance link. In February 2010, researchers at the University of Manitoba and the Manitoba FASD Centre released a report on the use of the Telehealth network for the diagnosis and follow-up of individuals with FASD in three Manitoba communities (Norway House, The Pas and Brandon). The research was funded through Changes for Children and Manitoba Family Services and Consumer Affairs.

The researchers concluded that Telehealth is an effective tool for remote and under-served communities. The system allows diagnoses of FASD to be made and permits community service providers to make timely and appropriate adjustments to their services for individuals with FASD.

Further research, led by the Manitoba FASD Centre, will be conducted in 2010-11 on the use of Telehealth for facilitating FASD diagnosis.

**FASD Resources**
A package of written FASD resources was assembled and is being distributed to CFS agency staff and alternative caregivers. The following resources were included in the package:

- *Strategies for Parenting Children with FASD*
- *Fetal Alcohol Spectrum Disorder - A Resource for Professionals*
- *Risks and Recommendations for the Use of Medication, Alcohol, Tobacco and Other Drugs During Pregnancy and Breastfeeding*
- *What You Should Know About Alcohol and Pregnancy*
- *FASD Handbook for Child and Family Services Workers*
- *FASD Tips for Parents and Caregivers*

Each of the four CFS Authorities has created FASD resource libraries that provide families and CFS workers with access to these and other FASD-related resources.

**Direct Services**

**Spectrum Connections**
This new program was established to provide a variety of FASD-related services for youth transitioning out of CFS care and adults who are ineligible to receive funding under existing support programs. It is funded by Changes for Children and the Manitoba government and delivered by FASD Life’s Journey Inc. Since its inception in May 2008, Spectrum Connections has provided services to 175 individuals.
InSight Mentoring Program
InSight (formerly known as Stop FASD) is an outreach and prevention program of Healthy Child Manitoba. Through this program, mentors provide intensive support to women who are pregnant or who have recently had a baby and have substance use problems. This is a voluntary program for women who are not well-connected to community supports. It focuses on personalized, caring support over a long period of time to help make gradual, enduring changes.

Through Changes for Children, InSight was expanded in 2009 with new sites added in the communities of Portage la Prairie, Flin Flon and Dauphin. InSight now has seven sites, with the first four located in Winnipeg (two sites), Thompson and The Pas.

As well, Changes for Children provided funding in 2009 to hire a new InSight Mentoring Program consultant at Healthy Child Manitoba. The consultant provides organizational supports and clinical expertise in the area of women and addictions in the context of pregnancy.

Stepping Out on Saturdays – Manitoba (SOS-Manitoba)
Funding for new respite day camps called Stepping Out on Saturdays – Manitoba (SOS-Manitoba) was announced in April 2010. These camps are for families with children age 3-12 who are involved with the CFS system and who have FASD. The camps are expected to begin in 2010-11. They will be offered one Saturday per month in Winnipeg, Brandon, Thompson and Little Grand Rapids. There is space in the camps for up to 72 children.

The camps will help children with FASD to develop healthy social skills and problem-solving skills and will provide respite for parents. The program will be operated by community-based agencies in the four participating communities.

Funding for SOS-Manitoba is being provided by Changes for Children and Manitoba Family Services and Consumer Affairs.

Visions and Voices
This project, launched in June 2010, helps adults with FASD to speak publicly about their experience. The goal of this project is to promote awareness of FASD in the broader community and to reduce social stigma associated with FASD. Visions and Voices was developed through a partnership of the FASD Strategy Implementation Team and Mennonite Central Committee’s FASD Program.
Reclaiming Our Voices
Funding was provided by Changes for Children to support West Region CFS’s annual Reclaiming Our Voices gathering. This event supports women affected by addictions who may have children, or who are at risk of having children with FASD. Over the past 11 years, this program has shown promising results for supporting mothers with addiction issues and reducing the number of children being placed or kept in care.

FASD Youth Accommodation Legal Counsel
As part of its commitment to ensure equal access to justice for all Manitobans, Legal Aid Manitoba operates the FASD Youth Accommodation Legal Counsel project. This three-year pilot project is funded by Justice Canada, with annual financial contributions from Changes for Children. The project offers legal aid counsel and advocacy to youth living with FASD.
Early intervention and prevention services aim to keep families together while ensuring that children are safe and protected. These services provide families with timely supports that can help them to address problems before they develop into crises. In this way, early intervention and prevention services promote healthier family relationships.

The external review *Strengthen the Commitment* strongly emphasizes the need for early, more intensive and effective supports to families at risk. This approach is referred to as the differential response (DR) model. *Strengthen the Commitment* notes that DR models implemented in other jurisdictions have proven to be effective in helping families and building healthier communities. It also notes that over time, DR models offer promise for reducing the number of children coming into the care of the CFS system.

DR represents a fundamental change in how child and family services are delivered. The emphasis is on prevention and early intervention to support families to care for their children at home. There is a long history of support for this kind of approach within the CFS system and there have been efforts in the past to implement a DR-type of approach in Manitoba.

However, these approaches have been limited in scope or not sustained. The external reviews recommend that there be specific and ongoing resources dedicated to this new model of service delivery within the CFS system.

Standing Committee is strongly committed to its made-in Manitoba DR approach. There are three fundamental objectives of this approach:

- increasing engagement with low to medium risk families (as defined by Manitoba Standards) through two types of diversion (at intake and through ongoing service) by providing alternatives to traditional protection-oriented service
- building and broadening formal partnerships with local collateral agencies
- reducing the risk that family conflict and other issues will escalate into protection concerns

**MAJOR PROGRESS UNDER THIS THEME:**

- New made-in-Manitoba Differential Response (DR) model developed
- New staff positions and other resources in place to support DR test sites and implementation
- 22 DR test sites established and underway
Based on the external review recommendations and experiences in other jurisdictions, DR is being introduced in Manitoba in three phases:

- **Phase 1** - promotion and education about DR by the CFS Authorities for staff from their agencies and for the broader community
- **Phase 2** - research, testing, demonstration and evaluation of various elements of DR, including new assessment tools, service approaches in a variety of settings (rural, urban, intake, ongoing service agencies, collaterals), as well as capacity-building at the agency level
- **Phase 3** - province-wide implementation of DR

**ACTIVITIES**

**Phase 1 – Promotion and Education**

Phase 1 was completed in 2007-08. The DR concept was publicized and promoted both within the CFS system and in the broader community. Each CFS Authority engaged with their agencies and community stakeholders to provide education and information about DR. In total, over 600 CFS staff participated in formal consultations about the DR approach.

Extensive research into DR implementation in other jurisdictions was also conducted as part of the planning process.

**Phase 2 – DR Planning and Piloting**

**Phase 2 Implementation Plan**

An implementation plan for Phase 2 has been completed. The foundation for the plan is a conceptual framework of the DR model, which was approved by Standing Committee in September 2008. Each CFS Authority then completed a comprehensive and detailed plan for DR test sites. A funding strategy was then developed and approved for the piloting of DR in test sites during Phase 2.

**DR Staffing**

To support the development of the DR model, 54.5 staff positions have been created, including a DR Coordinator position at each of the CFS Authorities and at the Child Protection Branch. The coordinators are working to coordinate the DR development process within each Authority and across Authorities and the Child Protection Branch. To support these activities, many individual CFS agencies in Manitoba have hired a DR Coordinator to work at the community level.

A DR Coordinator working group began meeting in November 2009 to support collaborative efforts.

**Assessment Tools**

New standardized assessment tools are being introduced to support CFS workers and supervisors in decision-making and case planning with families. Initial training on using these tools took place in the autumn of 2009 following discussion with the Wisconsin-based Children's Research Centre, which is the copyright holder of the tools (Structured Decision Making®). Ongoing consultation, quality assurance and training is in place to support the use of the tools.
Enhancements to the Child and Family Services Application (CFSA)
The CFSA (the CFS information management system) was modified to include a new case category for DR cases which can be created from the intake or the case tracking module. In addition, the CFSA was modified to allow the DR assessment tools to be attached to cases and stored electronically. This will facilitate the introduction of these tools as a means of determining which families will benefit from a DR engagement with the CFS system. It will also support the overall evaluation of the effectiveness of DR by providing data on the outcome of each case.

Staff Training
Training for CFS staff on the new DR model began in September 2009. Training components included Signs of Safety, Orientation to DR and Structured Decision-Making® tools. In 2009-10, attendance at training related to DR was close to 950 CFS workers and supervisors.

Ongoing training in this area continues to be a priority for the CFS Authorities and the Child Protection Branch.

DR Evaluation Framework
A DR Evaluation Working Group has been established to develop an evaluation framework for the test sites. The framework proposes both process and outcome evaluation to assess the overall effectiveness of the model as it is implemented during Phase 2.

Organizational Development
CFS Authorities are undertaking organizational development work to ensure that implementation of DR follows an evidence-based, best practices approach. This work includes, but is not limited to:

- research
- data collection and analysis
- project budgeting, planning and administration
- partnerships and other cooperative relationships
- refinement and implementation of the DR framework within/across the CFS Authorities and agencies
- Authority, agency and system capacity-building

Test Sites
Testing of aspects of the DR model at CFS agencies started in the summer of 2009 and is continuing through 2010. In accordance with the DR implementation plan, the test sites focus on three major aspects:

- **Diversion at intake** – the process of streaming lower risk families to family enhancement services as opposed to traditional protection-oriented services
- **Family enhancement** – programs and services in the family enhancement stream (non-protection stream)
- **Capacity building** – activities to build agency capacity to implement the DR model

As detailed in the tables on the following pages, there are a total of 22 test sites.
## Diversion at Intake Projects (5)

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<thead>
<tr>
<th>Agency Test Site</th>
<th>Focus of Project</th>
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| Child and Family Services of Central Manitoba                                   | • Expansion of the agency’s working relationship in a shared facility with Young Parents Resource Centre in Portage la Prairie  
• Service to families with children age 6-18 at low to medium risk using a family enhancement team of social workers and family support workers |
| Metis Child, Family and Community Services - Parkland                           | • Introduction of a family enhancement stream at intake                                                                                                                                                        |
| Child and Family All Nations Coordinated Response Network (ANCR) - Winnipeg      | • Development of a new screening process and testing of new screening and safety tools  
• Developing an assessment unit to test assessment tools to determine the appropriate service stream and to test the use of a case plan format  
• Tracking information on low risk families who have refused voluntary services from the family enhancement/prevention service stream  
• Tracking information on families who self-refer for services and are referred to the family enhancement/prevention stream, and monitoring service responses, results and outcomes  
• Providing services through the family resource centres |
| Nisichawayasihk Cree Nation Family and Community Wellness Centre                 | • Diversion at intake to a resource centre that will provide culturally appropriate supports to high and medium risk families in Thompson and surrounding areas                                                 |
| Awasis Agency of Northern Manitoba                                               |                                                                                                                                                                                                               |
### Family Enhancement Projects (12)

<table>
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<tr>
<th>Agency Test Site</th>
<th>Focus of Project</th>
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<tr>
<td>West Region Child and Family Services</td>
<td>• Development, testing and evaluation of an assessment tool and alternative services for teen parents</td>
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| Southeast Child and Family Services (2 projects)      | • Demonstration project called Waanishgan (waking the sleeper within) in Pauingassi First Nation to assist in the development of an appropriate differential service delivery model (both protection and family enhancement/prevention services) in remote communities  
  • Berens River First Nation - Community Youth Recreation demonstration project |
| Child and Family Services of Western Manitoba         | • Low to medium risk families in the Brandon area, with a focus on engagement with a community partner and direct provision of family support service                                                                  |
| Winnipeg, Rural and Northern Child and Family Services - Eastman | • Neglect or minor abuse cases involving low to medium risk families  
  • DR sites hosted by community service delivery partners to promote partnership and decentralized service delivery |
| Winnipeg, Rural and Northern Child and Family Services - Winnipeg | • Strengthening families at low to medium risk through intensive service and assistance in building informal relationships for support                                                                                       |
| Winnipeg, Rural and Northern Child and Family Services - Interlake | • Enriched front-end assessment and service model with community outreach for low to medium risk families experiencing issues with addiction, family violence and mental health  
  • Located in a school setting  
  • Collaboration with mental health and Healthy Child programs |
| Winnipeg, Rural and Northern Child and Family Services - Northern Region | • Low to medium risk families referred to the Flin Flon/The Pas service unit - strengthening their capacity while maintaining involvement with community supports and services |
| Metis Child, Family and Community Services - Winnipeg | • Piloting a time-limited, intensive service in the family enhancement program using a ‘wrap-around’ service model                                                                                       |
| Cree Nation Child and Family Caring Agency            | • Development of an integrated service approach in Leaf Rapids and Lynn Lake                                                                                                                                           |
| Nisichawayasihk Cree Nation Family and Community Wellness Centre |                                                                                                                                             |
| Sandy Bay Child and Family Services                   | • Developing and implementing a DR approach                                                                                                                                         |
Capacity Building Projects (5)

<table>
<thead>
<tr>
<th>Agency Test Site</th>
<th>Focus of Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Family Services of Western Manitoba</td>
<td>• Development of a multi-system approach to improve identification, referral and</td>
</tr>
<tr>
<td></td>
<td>early intervention services where children are exposed to family violence</td>
</tr>
<tr>
<td>Winnipeg, Rural and Northern Child and Family Services - Northern Region</td>
<td></td>
</tr>
<tr>
<td>Jewish/Winnipeg Child and Family Services</td>
<td>• Development of a strategy for community partnerships to ensure more effective</td>
</tr>
<tr>
<td></td>
<td>education and orientation for new Canadians, with emphasis on promoting parenting</td>
</tr>
<tr>
<td></td>
<td>that supports cultural practices while enabling families to avoid child protection</td>
</tr>
<tr>
<td>Animikii Ozoson Child and Family Services</td>
<td>• Analysis of current open cases to establish a baseline for determining when</td>
</tr>
<tr>
<td></td>
<td>child protection service is necessary</td>
</tr>
<tr>
<td>Dakota Ojibway Child and Family Services</td>
<td>• Determining what service gaps exist in provision of prevention services and</td>
</tr>
<tr>
<td></td>
<td>what issues families are facing</td>
</tr>
<tr>
<td></td>
<td>• Testing risk assessment tool</td>
</tr>
</tbody>
</table>

Phase 3 – Province–Wide Implementation Plan

Based on the evaluation results of DR test sites, a conceptual framework for DR in Manitoba and a system-wide plan for implementation will be developed. These are expected to be completed and introduced throughout the province in 2011.

Work on the implementation plan will be done in conjunction with planning for federal funding of an on-reserve prevention framework in Manitoba and for the new funding model for CFS agencies agreed to in July 2010 (see page 36).

The implementation plan will have provision for:

- enhanced or new early intervention and prevention services for families
- new assessment tools and processes for CFS staff
- new standards and case management practices to guide the work of CFS staff
- new relationships with community-based providers to help families
- computer-based data collection and case management tools for CFS staff
- an evidence-based approach for developing practice models
- DR training opportunities for CFS staff
The external reviews call for a review and enhancement of services and supports for foster care families, and for youth who are either involved with or transitioning out of the CFS system.

The overall purpose of foster care is to protect and nurture children and youth and to strengthen families. It provides children and youth with a temporary residence until they can be returned home, they are adopted or they graduate to independent living. In some circumstances, remaining in long-term foster care can be the most appropriate option.

Several recommendations from the external reviews make reference to the essential role that foster parents have in the CFS system. As members of an agency team that works with foster children and their families, they provide the stability of a family setting for children and youth in care under The Child and Family Services Act.

Standing Committee recognizes the unique needs of youth in the CFS system, whether they receive foster care or other CFS services. Along with initiatives in improving foster care, Standing Committee has also sponsored several initiatives that have either a strong or an exclusive focus on youth. These initiatives are designed to:

- prevent youth suicide
- empower youth to engage in dialogue about their experience in the CFS system
- support youth through their transition out of the CFS system

**MAJOR PROGRESS UNDER THIS THEME:**

- Foster care rates increased
- Net increase of more than 3,200 foster care bed spaces
- New supports and resources for foster families in place
- Comprehensive new youth suicide prevention strategy (Reclaiming Hope) established and supporting several new and existing projects
- Youth Engagement Strategy in place
- Vision Catchers Fund, Mentorship Program and MYTEAM program created to support youth transitioning out of care
ACTIVITIES

Foster Care

Increase in Foster Care Rates
Foster care rates designate the amount of funding that families receive for providing foster care. Basic foster care rates were increased by 10% in January 2007 and by another 10% in January 2008.

Foster Family Recruitment
Recruitment of foster families is an ongoing activity of CFS Agencies. In November 2006, the Province and the CFS Authorities launched a foster family recruitment campaign called Join the Circle of Care. By March 2010, a net increase of more than 3,200 bed spaces for emergency and long term placements was achieved through Join the Circle of Care and other recruitment activity.

New Standard for Hotel Placements
The Province and the CFS Authorities implemented a new standard for hotel placements in August 2007. The goal of the new standard is to limit the practice of hotel placements to exceptional circumstances only.

Under this standard, children can be placed for short terms in hotels only in the event of an emergency (for example, a fire or flood), for medical reasons or to keep families and siblings together. As well, all hotel placements are monitored by the CFS Authorities to ensure the placements meet standards. Since this standard was implemented, there has been a sharp decrease in the number of children placed in hotels.

Foster Parent Training Curricula Design Team
In January 2008, the Foster Parent Training Curricula Design Team was established to develop training resources to improve caregiving skills and knowledge of foster parents.

The team reports to Standing Committee and is comprised of representatives from the CFS Authorities, the Child Protection Branch and the Manitoba Foster Family Network. To date, the team has worked on the following projects:

- a framework for a standardized foster parent training program for all foster parents in Manitoba
- a training module for foster parents on the effects of abuse and neglect on child development
- a foster parent mentorship program involving experienced foster parents training new foster parents, to be piloted in the autumn of 2010
- a foster care information package for distribution to prospective foster parents

All of these projects are expected to be completed and implemented during 2010-11.

Alternative Care Sub-Committee
Under the AJI-CWI, the Alternative Care Sub-Committee was established as a resource to Standing Committee on issues concerning alternative care and foster care. This committee is made up of representatives from the CFS Authorities and the Child Protection Branch. Under Changes for Children, the work of the committee has included:
• researching and developing tools for the delivery of services related to alternative care
• developing a comprehensive strategy for foster home recruitment throughout the province, particularly for larger sibling groups and youth who have special needs
• developing a comprehensive continuum of care
• revising the Foster Family Manual
• developing recommendations for standardizing special rates

Recreational Resources
In 2006-07, funding was provided to assist foster families in purchasing recreational and child safety equipment.

Suicide Prevention
Reclaiming Hope
A comprehensive new youth suicide prevention strategy called Reclaiming Hope was established in 2009 with funding from Changes for Children and the Manitoba government.

The overall goal of Reclaiming Hope is to prevent the tragedy of youth suicide and help youth who have suicide-related thoughts and behaviours. Reclaiming Hope provides funding for new and existing projects to support communities, promote mental health and improve access to mental health care. Activities within this strategy both enhance protective factors and reduce risk factors known to contribute to suicidal thinking and behaviour. The recommendations of the external reviews of the CFS system were considered in the development of this strategy.

Funding from Reclaiming Hope is supporting several projects:
• A series of successful workshops and peer support programs in schools in northern Manitoba is being expanded. These services are provided by Teen Talk, a program of Klinic Community Health Centre that provides health education to youth.
• The Communities That Care program is being established. This program assists communities in using new prevention techniques to help recruit leaders, identify suicide-related issues and plan next steps to address youth suicide.
• Plans are being developed to expand the Winnipeg Aboriginal Sport Achievement Centre’s youth leadership training and summer camp program in Shamattawa into other northern communities.
• The Winnipeg Mobile Crisis team and resources for the enhancement of crisis stabilization services are being expanded.

It is expected that all the above projects will be implemented during 2010-11.

Enhancements to the Child and Family Services Application
The Child and Family Services Application (CFSA) was modified to identify high risk conditions based on information entered by workers into the database. With the modification, workers can use the CFSA to identify possible risk of suicide. They can also enter an alert to inform co-workers and management when the risk of suicide has escalated.
Education and Training
Educational materials on suicide prevention are being distributed on an ongoing basis and suicide intervention training has been delivered to 542 CFS staff, foster parents and other care providers. Suicide intervention training for CFS staff, foster parents and other care providers will continue to be offered during 2010-11.

Engagement and Transition Services

Youth Engagement Strategy
In 2007, the CFS Authorities and their agencies initiated the development of a youth engagement strategy. The purpose of the strategy is to:

- give current and former youth in care a voice to share their stories about being in care
- involve current and former youth in care in new program and policy development
- improve communication with youth in care about their rights and advocacy programs
- collect feedback from youth transitioning out of care and into adulthood about their experience in the CFS system

Since 2007, youth engagement funds from the strategy have been provided by the CFS Authorities to CFS agencies to support youth engagement activities, such as youth forums, focus groups and special events.

Vision 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 from Changes for Children through the CFS Authorities is available to youth for:

- specialized study in high school
- purchasing supplies needed to pursue a career
- job search assistance
- accessing post-secondary education
- attending technical training or an apprenticeship program

Mentorship Programs
Each CFS Authority is developing mentorship programs to enhance support for youth leaving care. Each program is being designed to meet the specific and 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.

MYTEAM
In June 2009, the Province announced $2.4 million for MYTEAM (Manitoba Youth Transitional Employment Assistance Mentorship), a four-year pilot project to support youth age 16-21 who are leaving foster care. MYTEAM will provide a range of supports, including financial assistance and health benefits, and supports in accessing housing, education, employment and child care. Community-based social services organizations will be selected to deliver MYTEAM services in Winnipeg and Thompson, which are expected to begin in the winter of 2010-11.
The external reviews identify heavy workloads among front-line CFS workers as a critical challenge facing the CFS system. Workload has been a longstanding issue in CFS systems in Manitoba and across the country. Overworking has negative effects on workers’ health and job performance and causes higher staff turnover. The external reviews state that workload problems must be addressed to enable CFS staff to follow best practices in their work with children and families.

Several initiatives are being implemented in response to this issue. Most significantly, front-line worker positions have been added to the CFS system to provide workload relief. Recruitment and retention strategies are also being developed to attract and retain employees. As well, an improved orientation package, important enhancements to the province-wide information management system and updated service standards are being developed to support staff in their efforts to follow best practices of service to children and families. Finally, an extensive training program is now in place to provide staff with opportunities to grow as professionals.

**MAJOR PROGRESS UNDER THIS THEME:**

- 231 new CFS front-line and front-line support positions created
- Information management system enhanced to improve efficiency and quality of service
- New protocol developed for writing and approving service delivery standards
- Extensive work on updating service delivery standards completed by newly-formed working group
- Dedicated team established to coordinate training for CFS staff
- Total attendance at training sessions over 16,000
ACTIVITIES

Staff Workload Relief
Since the launch of Changes for Children in October 2006, new funding initiatives have resulted in the addition of 231 positions. These positions are either front-line positions or positions that provide supports to front-line workers.

Recruitment and Retention
Standing Committee accepted an invitation from the Manitoba Government and General Employees Union (MGEU) to participate in a workshop in February 2008 to identify solutions to improve staff recruitment and retention. Workshop participants included representatives from the CFS Authorities and MGEU. Each Authority has taken ideas from the workshops for use in developing their own recruitment and retention strategies.

Career Connections Exposition
Representatives of the CFS Authorities participated in the Career Connections Exposition at the University of Manitoba in May 2009 to promote the CFS system as a career choice among prospective university graduates. Information regarding the role of the CFS Authorities, their agencies and the government was provided to students who attended.

Orientation Information
The Office of the Child and Family Services Standing Committee, in collaboration with the CFS Authorities and the Child Protection Branch, has developed an information package to assist in orienting new staff to the CFS system. The information includes:

- history of child welfare in Manitoba and Canada
- governance structure and key components of Manitoba’s CFS system
- references to relevant legislation, regulations, standards and policy
- role of CFS collaterals
- new and ongoing initiatives
- documentation, forms and handouts

The new orientation package is expected to be ready for distribution to CFS staff in 2010-11.

Redevelopment of the Child and Family Services Application (CFSA)
The CFSA is the computer system used by CFS staff to collect and manage information on cases and services provided to families. It was formerly known as CFSIS (Child and Family Services Information System). It consists of an intake module and a case-tracking module.

Through extensive consultations with CFS staff and management and other preparations, many ideas for enhancing the system were identified. Several of the ideas have been implemented:

- adding capacity to record high risk medical information
- adding capability to upload digital photographs of children in care and send them over a secure channel to police if a child is missing
• simplifying province-wide access to prior intake information on cases
• adding DR as a case category in both the intake and case tracking modules
• storing and embedding risk assessments in family cases
• automating warnings about high risk conditions to children
• streamlining and simplifying information entry about mandatory monthly face-to-face visits of children in care

In 2008, the Manitoba government made a commitment to making further improvements to the CFS information management system. This commitment includes examining the possibility of replacing the CFSA with a new system that can make better use of current digital technology. Several candidate systems have been identified and compared to the current CFSA. Evaluation of the potential benefits of these candidate systems continues.

Service Delivery Standards
Standards are written records of mandatory requirements for service delivery. They cover a full range of service procedures, such as services to families, case management, child protection, adoption and foster care. In Manitoba, this information is outlined in the Child and Family Services Standards Manual. The Department of Family Services and Consumer Affairs and the CFS Authorities have established cooperative models to develop foundational and Authority-specific standards in the future. The intent of new service delivery standards is to help guide the CFS system towards best practices in service delivery.

Through Changes for Children, a process for writing new standards has been developed and implemented. In November 2007, Standing Committee approved the Standards Development Protocol, which guides the development of new standards. The Protocol details the process of review and consultation that is required for the writing and approval of new standards. In January 2010, Standing Committee established the Inter-Authority Standards Working Group to continue the work of writing new standards.

Since the establishment of the Protocol:
• 20 new sections in the existing CFS Standards Manual have been written and approved
• 5 new introductory sections have been written and approved
• 3 existing standards have been edited
• 1 new standard has been written and is currently under review

The CFS Authorities and the Child Protection Branch are providing training for staff on service delivery standards on an ongoing basis. To date, close to 200 staff have participated in training.

In 2010-11, the Inter-Authority Standards Working Group will continue work on developing standards for the CFS system. Three new sections will be completed and five existing sections will be reviewed. In addition, standards will also be reviewed as needed to address emerging issues that could have significant impact on service delivery.
Youth Identification Project
The Youth Identification Project (YIP) was launched in 2007 to enable CFS workers to provide police with identifying information in sexual exploitation investigations.

YIP was fully implemented as a feature of the Child and Family Service Application (CFSA) in April 2008. The CFSA now can store photos and other identifying information of every child in care. Using this feature of the CFSA, CFS workers can assist Winnipeg Police Service to identify youth who are involved in investigations.

Training
Through Changes for Children, formal responsibility for organizing and delivering training was transferred in 2007 to a team of staff called the Joint Training Unit (JTU). The JTU was located at one centralized location in Winnipeg and included representation from the CFS Authorities and Manitoba Family Services and Consumer Affairs. Reporting to Standing Committee, the JTU was tasked to develop, coordinate, implement and evaluate education and training opportunities for staff and foster parents in the CFS system in order to develop a professional, qualified and culturally competent workforce.

In July 2009, the JTU transitioned to a decentralized delivery approach, where members continue to work collaboratively, but at their respective employers instead of at one centralized location. To reflect this change, the JTU was renamed the Joint Training Team (JTT) in December 2009. The JTT’s role and reporting responsibilities remain the same as the JTU.

From April 1, 2007 to March 31, 2010, the JTU and the JTT have organized training sessions with total attendance exceeding 16,000 participants, including CFS staff, support workers, youth care workers and foster parents. The sessions cover a wide range of topics in professional practice and administration that respond to recommendations from the external reviews, and to needs identified by the CFS Authorities and the Child Protection Branch.

Planning is currently underway to establish a training centre in northern Manitoba.
### Specialized Training

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007/08</td>
</tr>
<tr>
<td>Suicide Intervention and Prevention</td>
<td>188</td>
</tr>
<tr>
<td>Fetal Alcohol Spectrum Disorder</td>
<td>43</td>
</tr>
<tr>
<td>Relationship-Based Strength Approach to Discipline</td>
<td>201</td>
</tr>
<tr>
<td>Differential Response/Family Enhancement</td>
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</tr>
<tr>
<td>Crisis Intervention</td>
<td>68</td>
</tr>
<tr>
<td>Investigating Child Abuse/Child Abuse Committees</td>
<td>319</td>
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<tr>
<td>Critical Incident Stress Management</td>
<td>309</td>
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<tr>
<td>Standard First Aid/CPR</td>
<td>30</td>
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<tr>
<td>Gang Awareness</td>
<td>361</td>
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<tr>
<td>Child and Family Services Standards</td>
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<td>Child and Youth Care</td>
<td>12</td>
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<tr>
<td>Attachment Awareness</td>
<td>35</td>
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<tr>
<td>Non-Violent Crisis Intervention*</td>
<td>296</td>
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<tr>
<td>Administration</td>
<td>88</td>
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<tr>
<td>Board Development</td>
<td>42</td>
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<tr>
<td>Communications</td>
<td>38</td>
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<tr>
<td>Assessment and Treatment of Maltreated Children</td>
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<tr>
<td>Cultural Awareness</td>
<td>92</td>
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<tr>
<td>Legal Requirements for Information Sharing in Child Protection</td>
<td>91</td>
</tr>
<tr>
<td>Computer Information</td>
<td>43</td>
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<tr>
<td>Education &amp; Training with Institutions</td>
<td>43</td>
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<tr>
<td>Foster Parent Appeal Process</td>
<td>76</td>
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<tr>
<td>Down Syndrome</td>
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<td>Documentation and Forms Training for Front Line Workers</td>
<td>49</td>
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<tr>
<td>Mandatory Reporting of Child Pornography - Bill 7</td>
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<tr>
<td>Colonization and Decolonization of Aboriginal Peoples</td>
<td>22</td>
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<tr>
<td>Other **</td>
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<tr>
<td><strong>Total</strong></td>
<td>1,877</td>
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Note:  
*This training is recorded under Crisis Intervention for 2008/09 and 2009/10*

**Other training included: risk management; respect in the workplace; Whistleblower Act; and counseling
# Competency-Based Training

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<thead>
<tr>
<th>Type of Training</th>
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<tr>
<td><strong>Caseworkers Competency-Based Training</strong></td>
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<tr>
<td>Family Centred Child Protective Services</td>
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<td>133</td>
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<td>Case Planning and Family Centred Casework</td>
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<td>121</td>
<td>127</td>
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<td>The Effects of Abuse and Neglect on Child Development</td>
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<td>129</td>
<td>111</td>
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<td>Separation, Placement and Reunification</td>
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<td><strong>Supervisors Competency-Based Training</strong></td>
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<td>Managing within a Child and Family Services System</td>
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<td>66</td>
<td>77</td>
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<td>Managing Work through Other People</td>
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<td>60</td>
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<td>Transfer of Learning: The Supervisor’s Role</td>
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<td>Supervising and Managing Group Performance</td>
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<td><strong>Child and Youth Care Workers Competency-Based Training</strong></td>
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<td>Observation, Documentation and Reporting</td>
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<td>184</td>
<td>224</td>
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<td>Family Systems: Impact of Abuse and Neglect on Child Development</td>
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<td>The Job: Child and Youth Care as a Profession</td>
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<td>Family Focused Practice</td>
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<td>Understanding and Approaching Behaviour</td>
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<td>30</td>
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<td>Working with Sexually Abused Youth</td>
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<td>Youth Worker Counselling</td>
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<tr>
<td>Understanding &amp; Working with Sexually Exploited Children &amp; Youth (1)</td>
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<td>ASIST (Suicide Intervention)</td>
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<td>1,550</td>
<td>1,761</td>
<td>2,029</td>
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</table>
The restructuring of the CFS system created many new communication challenges. The external reviews recommend that these challenges be addressed promptly to improve communication throughout the CFS system.

Standing Committee has focused its efforts within this theme on the following initiatives:
- cross-Authority communications processes
- the development of websites and other communications resources
- staff engagement activities
- staff conferences

ACTIVITIES

Cross–Authority Communications
A cross–Authority communications team, with representation from the Child Protection Branch, was established in 2007 to improve communication throughout the system.

New communication processes to enhance the management of intake of new cases across agencies have been implemented, and a new consultation process has been established to support the development of CFS standards.

MAJOR PROGRESS UNDER THIS THEME:
- Cross–Authority communications team established to improve communication throughout the system
- CFS websites and other communication tools launched or under development
- A variety of staff engagement activities in place
- Several system–wide staff conferences held
Website Development
A Changes for Children website has been launched and it is updated regularly. Funding has also been provided to the CFS Authorities to begin development of their own websites. Currently, the websites are either online or under construction. The websites provide detailed information about the CFS Authorities, CFS agencies, services and resources, news and events, publications and employment opportunities.

Funding for CFS Agency Communications
CFS agencies received funding to assist in communications for recruiting, training and community awareness initiatives.

Staff Engagement Activities
A variety of staff engagement activities have taken place, including think tanks, summits and gatherings. Authorities also now have processes in place for regular and scheduled communication with staff regarding progress made on the Changes for Children recommendations, including the CFS information management system, practice standards and DR.

Conferences
- **Child and Family Services in Manitoba: Trends and Challenges** – One-day conferences were held in The Pas and Winnipeg in November 2007 to explore the trends, challenges and future of CFS in Manitoba. A total of 475 participants attended the conferences, including staff from CFS agencies, collateral service providers and others.

- **Training for Child Abuse Coordinators** – This conference, held in December 2007, was hosted by the CFS Authorities, the Joint Training Team and the Child Protection Branch. It provided an opportunity for all Child Abuse Committee Coordinators and other relevant staff to gain additional knowledge and expertise in the area of child abuse. Based on the success of this conference, it has become an annual event, with subsequent conferences being held in January 2009 and February 2010.

- **Sharing Indigenous Ways of Helping and Healing** – This conference for social workers is being planned for the winter of 2010-11. It will be open to all CFS workers in Manitoba.
The external reviews highlight the need to strengthen the new governance structure of the CFS system.

As described earlier in this report, the CFS system in Manitoba now operates through four CFS Authorities. As well, Standing Committee, which is comprised of the CEOs from the CFS Authorities and the Director of Child and Family Services, acts as an advisory body with legislated responsibility for promoting cooperation and collaboration across the CFS system and with other systems. The work of Standing Committee continues to focus on three major areas:

- continuing implementation of the Aboriginal Justice Inquiry - Child Welfare Initiative (AJI-CWI)
- implementation of Changes for Children
- ongoing system development

The external reviews strongly support the new governance structure, which embodies the spirit and intent of the AJI-CWI. The reviews conclude that Standing Committee requires additional resources not only to carry out its current responsibilities, but also to advance the continuing goals of the AJI-CWI by assuming greater responsibility for the CFS system.

MAJOR PROGRESS UNDER THIS THEME:

- **Office of the Child and Family Services Standing Committee established and active in supporting Standing Committee**
ACTIVITIES

Office of the Child and Family Services Standing Committee

As recommended in the external reviews, a complement of staff to support Standing Committee has been established. An interim staff team was created in 2006 and a permanent team of staff was established as the Office of the Child and Family Services Standing Committee (the Office) in the spring of 2008. There are 16 staff positions at the Office:

- 1 Coordinator
- 1 Financial Analyst
- 1 Administrative Assistant
- 9 Policy Analysts (2 from each CFS Authority and 1 from the Child Protection Branch)
- 4 Administrative Support positions (1 from each CFS Authority)

The ongoing work of the Office is to:

- design plans for the continued implementation of the 289 recommendations of the external reviews
- participate in inter-sectoral committees and initiatives
- develop and deliver training in professional areas such as CFS practice standards
- provide technical support to assist Standing Committee in completing its foundational work
- develop resources for application in the CFS system

Funding and staffing of the Office is consistent with the recommendations in the external reviews. The organizational structure, scope of responsibility and governance of the Office were designed by Standing Committee to respect the partnership model of the AJI-CWI and to further the longer-term goals of the devolution process.

Standing Committee is committed to continuous improvement and has begun to develop plans for an independent review of the Office. Terms of Reference to guide the review will be developed in 2010-11.
This theme relates to the shared responsibility among provincial and federal governments for child and family services. Under the Constitution of Canada, provincial governments are responsible for CFS systems. The federal government has fiduciary obligations for First Nations people, and as part of these obligations, it is the primary funder of systems on-reserve.

The external reviews recommend that federal and provincial governments work together to ensure funding is distributed fairly to help children and families no matter where they live. Standing Committee has acted on this recommendation by preparing a successful proposal to the federal government for a new funding model that will address not only this recommendation, but also other recommendations relating to the funding and resourcing of the CFS system.

**Jordan’s Principle** is an important consideration in Standing Committee’s funding proposal. This is a child-first principle for resolving disagreements about paying for a child’s needs. Under Jordan’s Principle, if governments disagree who should pay for services to a Status Indian or Inuit child, the government department of first contact must pay without delay. The government that pays can then arrange repayment of the expense later. Jordan’s Principle applies to any kind of government service available to children, youth and their families.

In keeping with the spirit and intent of the AJI-CWI, Standing Committee has steadfastly supported Jordan’s Principle and remains committed to its use in Manitoba and across Canada.

**MAJOR PROGRESS UNDER THIS THEME:**

- Proposal for new funding model submitted by Standing Committee
- New funding model approved
- Progress being made in implementing Jordan’s Principle
ACTIVITIES

New Funding Model
In early 2009, following extensive research and collaboration with the Manitoba government, the CFS Authorities, CFS agencies and the federal government, Standing Committee completed the development of a new proposed model to fund CFS agencies in Manitoba. The purpose of the new proposed funding model is to:

- strengthen and support First Nations families to care for their children
- reduce the number of First Nations children in care
- address inequities in funding and services relating to residencies on- or off-reserve
- ensure a standardized approach to funding
- enhance infrastructure for CFS agencies
- promote flexibility and adaptability

Under the leadership of the Manitoba government, the new funding model was submitted to the federal government in late 2009. In July 2010, the federal government announced that it had reached an agreement with the government of Manitoba and the Assembly of Manitoba Chiefs to implement a new funding model based on Standing Committee’s proposal.

Jordan’s Principle
In June 2007, the Province of Manitoba announced it would adopt Jordan’s Principle as policy on the condition that the federal government adopts it as well. On December 12, 2007, Members of Parliament voted unanimously in favour of a motion to support Jordan’s Principle.

In September 2008, the Province of Manitoba and the federal government agreed to begin work on implementing Jordan’s Principle. They agreed that First Nations children living on-reserve with multiple disabilities who access multiple service providers should receive the same level of service, in a culturally-appropriate way, as other children with similar needs living in similar areas.

Gradual progress continues to be made on the full implementation of Jordan’s Principle in Manitoba. The Northern CFS Authority has hired a Jordan’s Principle specialist to work with communities and CFS agencies to better support children with medical needs who live in northern Manitoba.

To date, no provincial/territorial government in Canada has fully implemented Jordan’s Principle. Furthermore, the involvement of First Nations in discussions with governments on the proposed implementation processes of Jordan’s Principle has been minimal, despite requests by First Nations organizations to participate.

For more information on Jordan’s Principle, go to www.fncaresociety.com.
The final theme of recommendations from the external reviews relates to Section 10 of *The Fatality Inquiries Act*. This law requires that a review must take place when there is a death of a child who has received child and family services in the previous year. The reviews express a concern about the system’s capacity to fulfill Section 10 requirements and recommend the need to:

- relocate responsibility for conducting Section 10 reviews from the Chief Medical Examiner’s office to the Office of the Children’s Advocate
- increase staffing and travel resources for Section 10 functions
- assign responsibility for independent review of recommendations to the Office of the Ombudsman

It is important to note that the Chief Medical Examiner retains responsibility for investigating cause of death and maintains the power to call for a public inquest if necessary.

### ACTIVITIES

**The Children’s Advocate’s Enhanced Mandate Act**

Bill 11, *The Children’s Advocate’s Enhanced Mandate Act*, was proclaimed on September 15, 2008. This legislation transferred the responsibilities for conducting Section 10 Reviews from the Chief Medical Examiner to Manitoba’s Children’s Advocate.

### MAJOR PROGRESS UNDER THIS THEME:

- Responsibility for reviews on child deaths transferred to Children’s Advocate
- Section 10 Reviews replaced by Special Investigation Reviews
- Scope of investigations broadened
- More staff and other resources provided for reviews
- Enhanced reporting requirements in place
Special Investigation Reviews
Section 10 Reviews have been replaced by Special Investigation Reviews. The purpose of these reviews is to identify ways in which the programs and services under investigation may be improved to enhance the safety and well-being of children and reduce the likelihood of a death occurring in similar circumstances.

The scope of investigations has been extended beyond child and family services. Now, investigations include reviews of any publicly-funded social service provided to the child, or any service that, in the opinion of the Children’s Advocate, should have been provided.

Reviews are conducted by an assigned Special Investigator of the Children’s Advocate - Special Investigations Review Unit. The Special Investigator begins the review process by collecting and compiling information relevant to the Special Investigation Review. This involves conducting related background research, reviewing files and reports and conducting interviews with individuals and service providers. Sources of information may include:

- CFS agencies
- publicly funded social service records/files
- police reports
- fire commissioner reports
- hospital and medical records
- school records
- private therapists, counselors, clinics or other treatment centres

The Special Investigator completes an analysis of the information, including the review findings and recommendations. A copy of the confidential report, containing review findings and recommendations, is provided to the Minister of Family Services and Consumer Affairs, the Manitoba Ombudsman and the Chief Medical Examiner. A summary of the recommendations is made public through the Children’s Advocate annual report.

Community-Based Emphasis
The investigation method now has a stronger community-based emphasis. Investigators may now visit residences, community meeting places and publicly-funded agencies that had contact with children in care prior to their death. In the past, Section 10 reviews were generally limited to file reviews, telephone calls and some personal interviews.

Advisory Council
The Advisory Council, comprised of representatives from diverse disciplines, was created to provide input on the content and scope of the reviews. They may also participate in discussions related to the drafting of recommendations.

New Staff Positions
To create the Special Investigation Review Unit, 5.5 new staff positions have been added to the Office of the Children’s Advocate.
Annual Ombudsman Reports
As recommended in the external reviews, the Manitoba Ombudsman now reports annually on the government’s progress in implementing recommendations arising from Child Death Review Special Investigations.

System-Wide Reports
The Child Protection Branch has committed to providing system-wide reports on a semi-annual basis (April and October) on the government’s progress in implementing recommendations arising from Child Death Review Special Investigations.
PROGRESS ON THE CHANGES FOR CHILDREN INITIATIVE
A Report from the Child and Family Services Standing Committee

For more information about Changes for Children contact:

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Email: info@northernauthority.ca
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The General Child and Family Services Authority
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Fax: (204) 984-9366
Website: www.generalauthority.ca

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Manitoba Family Services and Consumer Affairs
201–114 Garry Street
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Fax: 204-944-4250
Email: cfsd@gov.mb.ca
Website: www.gov.mb.ca/fs/childfam/child_protection.html

Or contact member organizations of Standing Committee:

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Winnipeg, MB R3B 0J7
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Toll Free: 1-800-665-8474
Fax: (204) 984-9487
Email: info@metisauthority.com
Website: www.metisauthority.com

Southern First Nations Network of Care (Southern Authority)
100–696 Portage Avenue
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Cette information existe également en français