

PROGRAM DESCRIPTION

WINNIPEG CHILD AND FAMILY SERVICES

Winnipeg Child and Family Services (WCFS), provides a continuum of child protection, early intervention and family support services with the goal of strengthening families and ensuring the safety and well-being of children. It is charged with the responsibility to receive reports of suspected child abuse and neglect and, from those reports, to investigate, assess and, when warranted, intervene to protect children who have been abused or neglected, or who are at risk of abuse or neglect. Agencies like WCFS are also responsible for providing or arranging for services to help families reduce the risk of maltreatment. The overall goal, therefore, is to protect children and support families so as to ensure the safety and well-being of children.

WCFS has gone through restructurings in the last 12 years, both major and minor. The following outline the structure and programs of WCFS as it existed in the following eras; 2000 to 2003, 2003 to 2007 and 2007 to present.

2000 to 2003

As noted in the document entitled “Brief Synopsis of Child Welfare Services in the City of Winnipeg” (the “Brief Synopsis”), prior to the 1999 agency reorganization, WCFS provided services through four geographic service areas. Each area provided a full range of services independently from each other that included Intake and After Hours Service, Services to Children and Families, Resources and Community and Early Intervention. Each area determined the service delivery model they thought best reflected the community needs of the geographic area it served.

In 1998, WCFS began to restructure from a geographic service model to a program-based model. The intent of the restructuring was to provide consistent and equitable service across the entire City of Winnipeg and rural Southeast Manitoba. Given the magnitude of this restructuring, it was not fully completed until the fall of 1999.

As noted in the “Brief Synopsis”, the program-based model included the following specialized areas of service:

- Services to Children and Families Program
- Permanency Planning Program
- Resources in Support of Services Program
- Community Based Early Intervention Program
- Aboriginal Liaison Program
- Quality Assurance/Research and Planning

In 2001-2002, senior management consisted of a Chief Executive Officer, a Chief Operating Officer, a Chief Financial Officer, a Director of Human Resources and five Program Managers.¹

Of particular relevance to the Phoenix Sinclair Inquiry were the programs known as “Services to Children and Families” and “Resources in Support of Services”. We will comment on each of these programs separately.

1. Services to Children and Families

The organization chart for Services to Children and Families can be found in Commission Production 1653 at p. 29585. The Services to Children and Families program was responsible for:

- (a) Intake, After Hours and Abuse Services²

¹ The Program Managers were: the Manager of Services to Children and Families, the Manager of Permanency Planning, the Manager of Resources in Support of Services, the Manager of Community Based Early Intervention, and the Manager of Quality Assurance, Research and Planning

² This program will be described in some detail below.

- (b) Services to Children and Families³
- (c) Perinatal Services⁴
- (d) Kinship Services⁵ and
- (e) Legal Services

2. Resources in Support of Services

The organization chart for Resources in Support of Services is depicted in Commission Production 1653 at p. 29583. Resources in Support of Services was responsible for:

- (a) Child Placement Services⁶
- (b) Family Support Services⁷
- (c) Family Preservation and Reunification Services⁸
- (d) Independent Living Services⁹,
- (e) Health Care Coordination¹⁰
- (f) Transportation Services¹¹.

³ This program also will be described in some detail below.

⁴ Provided assistance to expectant single parents under the age of 18 both pre and post natal.

⁵ This unit consisted of two social workers who completed assessments on family members identified as potential guardianship applicants of children in care.

⁶ Child Placement teams recruited, trained, supervised and licenced foster homes and place of safety homes and coordinated placements of Children in Care.

⁷ In the case of Phoenix Sinclair, a family support worker was placed with the Kematch/Sinclair household prior to Phoenix being reunited with her parents in September of 2000. The family support worker remained in the home for several months.

⁸ One team was attached to Intake Services and two teams were attached to Services to Children and Families. These units provided a range of intensive services to families where there was an assessed risk of a child coming into care as well as intensive services to facilitate reunification when children were in care.

⁹ Provided individual support and group life skills training to children in agency care who were preparing to live independently. Referrals were generally accepted for youth between the ages of 16 and 18.

¹⁰ The WCFS health care team consisted of a nurse, an administrative assistant, and two community pediatricians, delivering services to children in care under six years of age.

3. Other Programs and Services

As a full service child protection agency, WCFS also provided other programs which are not directly relevant to the services provided to Phoenix Sinclair but are mentioned nonetheless to better understand the scope of services routinely provided by WCFS. These included:

- (a) Permanency Planning Program
 - (i) Permanent Ward Services¹²
 - (ii) Adoption Services¹³
- (b) Community Based Early Intervention
 - (i) Community Early Intervention
 - (ii) School Linked in Services and
 - (iii) Volunteer Services
- (b) Quality Assurance, Research and Planning¹⁴
- (c) Aboriginal Liaison¹⁵

¹¹ Provided drivers (many of them volunteers) to transport children in care to family visits and other appointments.

¹² Specialized services to children in the permanent care of the Agency. All services were provided with the goal of permanency through long term foster care placements, kinship placements or, when appropriate, adoption placements.

¹³ Adoption workers provided comprehensive adoption services including orientation, home studies, preparation, placement and post placement follow-up.

¹⁴ Quality Assurance program takes the lead responsibility for service reviews, program research and evaluation, policy analysis, coordination of response to external reviews and agency risk management. The organizational chart for Quality Assurance, Research and Planning can be found at Commission Disclosure 1653 at p. 29581

¹⁵ The Aboriginal Liaison was to develop strategic plan to improve services to Aboriginal clients, enhance collaboration with Aboriginal communities and agencies, increase cultural competency of staff and increase recruitment and retention of Aboriginal staff. The organizational chart for Aboriginal Liaison can be found at Commission Disclosure 1653 at p. 29581

INTAKE, AFTER HOURS AND ABUSE SERVICES

As noted above, the Services to Children and Families program was responsible for Intake, After Hours and Abuse Services (generally referred to as 'Intake'). During the period 2000 to 2003, all Intake Services were located at 835 Portage Avenue. Intake was the point of entry into WCFS for all new referrals. Intake provided a 24 hour service which included assessment, investigation and intervention when children were identified as being in need of protection. Intake also provided prevention and early intervention services.

The Intake process included the following activities:

1. Receipt of referrals
2. Information gathering to determine appropriateness and validity of referral
3. Community referrals for those not requiring child welfare involvement
4. Child safety assessment to determine agency response time
5. Emergency intervention to ensure child safety
6. Further assessment and/or investigation for situations requiring service
7. Brief intervention to reduce risk
8. Referrals to Family Services units for those situations requiring longer term assistance.

At WCFS Intake Services were provided by four program functions; each providing a specialized service.

1. **Crisis Response**

In 2000 there was no separate Crisis Response Unit. Intake screening was done by assigning, on a rotational basis, one intake staff member from each of the four intake units to act as a centralized “triage team”. The team would answer calls, gather information, and assign a level of risk and response priority for intake follow up. Cases not requiring agency involvement would be referred to a community based service.

A review of Intake, After Hours and Abuse Services Program was conducted and resulted in the recommendation that a “First Response Unit” be established with 12 dedicated social workers and 2 Supervisors. Their role was expanded to include responding to immediate and urgent situations. This was approved and in January 2001 the new Crisis Response Unit (CRU) was established

The CRU consisted of two service Units rotating on a regular basis to provide the first five Intake functions. On day one of the rotation, one unit provided the first four functions (phones) while the second unit was available to provide the fifth function - emergency investigations and interventions (backup). While on backup duty the unit was also able to complete follow-up calls from the previous day’s referrals and complete referral summaries for those cases requiring more in-depth assessment. Each Crisis Response Unit consisted of six social workers, one administrative assistant and one supervisor.

A more detailed program description of the CRU can be found in the 2001 WCFS “Intake Program Description and Procedures” (Commission Disclosure 992 at page 19628 to 19639).

2. **General Intake Units (sometimes referred to as “Tier Two”)**

General Intake Units provided the last three Intake functions as described above¹⁶. Additionally, once a case was transferred from CRU to a General Intake Unit, that unit was also responsible for any emergency crisis intervention and investigation required as a result of a new incident unless that incident occurred after working hours (see After Hours Service below). Service was provided by one of four Intake Units which consisted of six or seven social workers, one supervisor and one administrative assistant. Each of the four Intake Units provided a similar function. Cases were assigned to a Unit based on the geographic location of the family.¹⁷ In 2002, with the restructuring of CRU, three additional social work positions were added to the General Intake teams.

A more detailed description of the Intake Program can be found in the 2001 WCFS “Intake Program Description and Procedures” (Commission Disclosure 992 at page 19640 to 19643).

3. **Abuse Intake and Abuse Coordination**

Child physical abuse and child sexual abuse cases were managed by two Abuse Intake teams, one for North Winnipeg and one for South Winnipeg and Southeast rural Manitoba. The Abuse teams were also responsible for investigating all allegations of abuse in foster homes, daycares and schools. Each Team comprised of six to eight social workers, one supervisor and one administrative assistant.

The Abuse Intake Units investigated, assessed and intervened to ensure child safety in all new suspected abuse cases referred to WCFS. A multi-disciplinary team approach to abuse investigations was adopted through a close working relationship

¹⁶ Further assessment and/or investigation for situations requiring service; brief intervention to reduce risk; referrals to Family Services units for those situations requiring longer term assistance.

¹⁷ Geographic service areas were: 1) Central Winnipeg, 2) South Winnipeg and Rural Southeast Manitoba, 3) Northeast Winnipeg and 4) Northwest Winnipeg.

with Children's Hospital's Child Protection Centre, the Winnipeg Police Service and the RCMP.

A more detailed description of the Abuse Intake program can be found in the 2001 WCFS "Intake Program Description and Procedures" (Commission Disclosure 992 at page 19644 to 19652).

Abuse coordination was facilitated by one Abuse Coordinator (two half time staff positions) and one administrative assistant who tracked all abuse investigations and ensured all substantiated cases were referred to one of the Agency's two Abuse Committees¹⁸. The Abuse Coordinator also provided supervision along with the Unit supervisor on all abuse incidents on cases open to Family Services Units.

A more detailed description of Abuse Coordination can be found in the 2001 WCFS "Intake Program Description and Procedures" (Commission Disclosure 992 at page 19653 to 19658).

4. After Hours Service

WCFS After-Hours service provided the same service as CRU except it was also available to provide emergency interventions for cases already open within the WCFS service units. After Hours service was available from 4:00 PM to 8:30 AM Monday through Friday and on weekends and holidays. After-Hours staffing consisted of approximately 14 social worker positions and two supervisors.

Together, the Crisis Response and After Hours Service Units provided 24 hour emergency response in the city of Winnipeg and rural areas in the Southeast part of the province.

¹⁸ The role of the Abuse Committee was to review all referred cases to ensure sharing of information relevant to the investigation and provide consultation on service provision to both the child and family. Additionally, the Child Abuse Committee would review the conclusion of the investigation and, if they determined that abuse had occurred, could make referrals to the province's Child Abuse Registry.

A more detailed description of the AHU can be found in the 2001 WCFS “Intake Program Description and Procedures” (Commission Disclosure 992 at page 19628 to 19639).

SERVICES TO CHILDREN AND FAMILIES

Situations that were not resolved at the Intake level were referred to one of 16 Family Service Units located throughout Winnipeg and Rural Southeast Manitoba¹⁹. Cases were referred to these units based on the geographic location of the family. Family Services involves the provision of services to strengthen and support families in order to reduce risk factors and to ensure child safety. Services may be provided to voluntary families, protection families, children in care or expectant adolescents. The primary focus of all Family Service intervention was to reduce risk to and ensure child safety. Functions performed within the Family Services Units were:

1. Family Assessments which identify strengths and resources, as well as risk factors that contribute to child maltreatment
2. Service Planning to assist families in changing the conditions and behaviours that lead to child maltreatment
3. Intervention and Case Management to ensure child safety
4. Evaluation and Reassessment
5. Case Closure

Family Service Units dealt with child protection cases, voluntary family service cases, and children in the care of WCFS²⁰.

¹⁹ The 16 service teams provided service within the following catchment areas: Rural South - Steinbach/St Pierre; Rural North - Oakbank/Beausejour; Transcona; East Kildonan; St Vital; St Boniface/Ft Rouge; Charleswood/Ft Garry; St James/Assiniboia; Broadway – Maryland; Broadway – Wolseley; Portage – Redboine; Portage - Logan; Keewatin; Jefferson; Jarvis – Northwest Team A; Jarvis – Northwest Team B

²⁰ Children may come into care at any time during Agency involvement and may be carried out by staff from all program areas listed above. Children come into Agency care either through a Voluntary

In addition to the 16 family service teams, there was one perinatal unit providing assistance to expectant single parents under the age of 18 and 2 social workers providing kinship services.

A more detailed description of the function of the Family Service Units can be found at Commission Disclosure No. 1635 at page 29112.

2003 to 2007

On March 31, 2003, WCFS became a Branch of the Department of Family Services and Housing. The Agency was sometimes referred to as “Winnipeg CFS” or “the Branch”.

Upon becoming a branch of the Department of Family Services and Housing, the Agency was reorganized into three program areas with three Program Managers reporting directly to the CEO²¹:

1. Intake and Early Intervention²²;
2. Services to Children and Families
3. Resources.

Placement Agreement (VPA) when families are unable to care and ask for temporary placement, or by being placed under apprehension during a child protection investigation when their safety cannot be ensured within the family setting. All apprehensions are filed in family court and the child's legal status is determined by the court. Services to children in temporary care are provided by the same social worker that provides service to the family. The goal for all children in temporary care is for their safe return to family as soon as safety within the family home can be assured. In some cases, when it is deemed that the child cannot be reunified with his or her family, the child becomes a permanent ward of the agency. When this happens the child's case is transferred to one of the Permanency Planning units. A more detailed description of the function of the Permanency Planning Units can be found at Commission Disclosure No. 1635 at page 29070.

²¹ The Chief Financial Officer and the Director of Human Resources continued to report to the CEO; the Chief Operating Officer position was eliminated. Quality Assurance was renamed Change Management/Best Practices with a focus on developing implementation plans through the AJI-CWI devolution and transition to the Winnipeg Integrated Service Initiative.

²² In May 2005 this became known as Joint Intake Response Unit (JIRU);

We will comment on each program separately.

1. **Intake and Early Intervention**

The roles of CRU, General Intake and Abuse Intake were similar to the description in 2000 to 2003 set out above. Abuse Coordination however, left Intake and now fell under the Services to Children and Families program.

With Intake and Early Intervention becoming identified as a separate program area, CRU received additional resources in order to establish two CRU units. The CRU units resumed a more robust role and provided the first four intake services including emergency interventions to ensure child safety.

Community Programs ceased to exist as its own program area and joined Intake at 835 Portage Avenue. This change was made to enhance the early intervention services available to families, to prevent protection issues from arising and, by being collocated with Intake, to divert cases from Family Service Units.

Intake and Early Intervention Services, managed by one Program Manager and two Assistant program Managers were now provided by:

- Two After-Hours Units
- Two Crisis Response Units
- Four General Intake Units
- Two Abuse Units
- Three Community Service Units

2. Services to Children and Families

Although the program component was centralized into one program area, services continued to be delivered in a decentralized manner with geographic assignment of work to facilitate collaboration and partnership with collaterals and the community.

Reporting to the Program Manager for Services to Children and Families were three Assistant Program Managers. The three Assistant Program Managers were responsible for a total of 23 service teams²³ comprised of:

- (a) The 16 family services teams in existence prior to 2003 which continued to provide services to children and families on a geographic basis.
- (b) One Perinatal Services Unit which remained a special unit reporting to Services to Children and Families .
- (c) Six Permanency Planning Units (which previously had their own Program Manager) were rolled in to Services to Children and Families.

Each service team had a supervisor and 6 to 8 social workers. The roles of the family service teams and the two Abuse Coordinators were similar to the description set out above in 2000 to 2003. The Permanency Planning Units continued to provide service to children in the permanent care of the agency as well as adoption and post adoption service described in the 2000 – 2003 service delivery description. The only changes that occurred in 2003 were the reporting and management structure.

Services to Children and Families no longer included the Intake function.

²³ Rural South - Steinbach/St Pierre Family Service Unit; Rural North - Oakbank/Beausejour Family Service Unit; Transcona Family Service Unit; East Kildonan Family Service Unit; St Vital Family Service Unit; St Boniface / Ft Rouge Family Service Unit; Charleswood / Ft Garry Family Service Unit; St James / Assiniboia Family Service Unit; Broadway – Maryland Family Service Unit, Broadway – Wolseley Family Service Unit; Portage – Redboine Family Service Unit; Portage – Logan Family Service Unit; Jefferson Family Service Unit; Jarvis - Team A Family Service Unit; Jarvis – Northwest Team B Family Service Unit; Jarvis – Northwest Team C Family Service Unit (replaces Keewatin); Stafford – Permanency Planning Unit Team A; Stafford – Permanency Planning Unit Team B; Ness – Permanency Planning Unit; Bannerman – Permanency Planning Unit; Concordia – Permanency Planning Unit; Provencher – Permanency Planning Unit; 1357 Main St – Perinatal Service Unit

3. Resources

There were no changes to the services provided by Resources. One Assistant Program Manager was added for workload purposes and one Project Manager was added to oversee the Emergency Placement Resources Unit which provided specialized short term placement options for children requiring unplanned placements.

Devolution

Between May 2, 2005 and October 24, 2005, Winnipeg CFS transferred approximately 2500 case files with proportionate human and capital resources to the three aboriginal Authorities. This was a major reorganization resulting in the transfer of approximately 58% of WCFS staff. As a result of this restructuring of the CFS system, approximately 15 aboriginal agencies and two General Authority (non-Aboriginal) agencies²⁴ were providing services to children and families in Winnipeg. At the same time, approximately 22 WCFS staff who provided service to clients in the rural southeast part of the province had their cases transferred to Interlake and Eastman Region as part of Rural and Northern Services.

Due to the decrease in the number of families and children in care receiving service from WCFS, the number of service units were decreased from 23 to 11 comprised of seven Family Service units²⁵, one combined Family Service and Perinatal unit²⁶, two Permanency Planning units and one Family Preservation/Reunification Unit.

Winnipeg Intake becomes JIRU

In addition, as part of the devolution process, approximately 150 positions that were previously part of Winnipeg CFS Intake were allocated to the newly named Joint Intake Response Unit (“JIRU”) which provided Intake and Emergency Response

²⁴ The two agencies were Winnipeg CFS and Jewish Child and Family Services

²⁵ Point Douglas Team A; Point Douglas Team B; St Vital; St James/Assiniboia; Leila; Ft Garry; River East/Transcona

²⁶ Point Douglas/Perinatal

service on behalf of all Agencies in Winnipeg. Emergency Placement Resources, previously a program under WCFS Resources, became part of JIRU in order to coordinate emergency placements for all agencies in Winnipeg.

JIRU was an important and necessary step to the development of aboriginal agencies with concurrent jurisdiction in Winnipeg. As noted in the previous description, Intake was the point of entry into the child welfare system. It was considered important to have a single point of entry into the child welfare system so as to avoid confusion on the part of the public and to ensure no gaps in services would arise as a result of several agencies operating within Winnipeg.

The role of JIRU, (which included CRU, AHU, the Abuse Unit, General Intake and Community Programs) remained largely unchanged from WCFS Intake. Workers continued to receive calls and process complaints and referrals from the same offices at 831 Portage Avenue. However, after devolution, upon referral from JIRU Intake to a family service unit, the Intake social worker was generally required to work with the family to conduct an Authority Determination Protocol (ADP). Under the new Child and Family Services Authorities regulation, Intake social workers were to ensure that families requiring ongoing child and family services complete an Authority Determination Protocol (ADP). The ADP allowed the family to choose which Authority it wished to receive services from.

2007 to present

The major change in the structure of Winnipeg CFS after February 3, 2007 was the elimination of any Intake function within Winnipeg CFS. Although JIRU had been established as a separate service entity since 2005²⁷, it first became an independent agency on February 3, 2007, when it was reconstituted as “Child and Family All Nations Coordinated Response Network” (ANCR), an independent agency mandated under the First Nations of Southern Manitoba Child and Family Services Authority

²⁷ Initially JIRU reported to an Interim Board made up of the CEO's of all four Authorities

(the “Southern Authority”). ANCR was set up as the first point of contact for referrals of children in need of protection or suspected to be in need of protection and any family who needed the services of a family service agency in Winnipeg.

As was the case with Winnipeg Intake (and later JIRU), ANCR was accessible 24 hours a day, seven days a week. There was a common telephone Intake service. ANCR handled both emergency and non-emergency calls. Staff performed an initial assessment and, depending upon the situation, either dealt with the call directly or referred callers to appropriate services. ANCR assumed operation of the Crisis Response Unit, the After-hours Program, the Intake Program, the Abuse Intake Program and Community Programs.

ANCR became the only designated Agency to provide joint intake emergency services within the City of Winnipeg and surrounding areas.

Although Emergency Placement Resources continued to be co-located with ANCR, Winnipeg CFS still retained responsibility for the program. The Unit continued to manage emergency placements for all agencies within the city of Winnipeg.

During the period 2007 to present, WCFS continued to provide services to children and families, but only after referral from ANCR.

WCFS provides services to children and families through the following program areas:

1. Services to Children and Families;
2. Resources.

The organizational chart at Commission Disclosure 1653, page 29607 is representative of the structure of WCFS during the period 2007 to 2012. Services to Children and Families are provided by nine Family Service Teams, One Perinatal Family Service Team, One Newcomers Family Service Team, Two Permanency

Planning Teams (providing adoption services and services to permanent wards), one Family Enhancement (Differential Response) Team, one Family Reunification Team, and one Float Social Worker Team.

The Resource Program has three teams that provide a placement desk, recruitment and placement development, support supervision and licensing of general and specialized foster homes, and kinship care program. The program also offers family support services, independent living, transportation services and a volunteer program. There are two Leading Practice Specialist positions that provide orientation training and mentoring for staff and supervisors.

Winnipeg CFS currently provides services through 11 branch offices²⁸

#1463337 v. 5 (July 31, 2012)

²⁸ The 11 branch offices are located at the following addresses: 755 Portage Avenue; 640 Main Street; 404 Wesley; 677 Stafford; 1386 Main Street; 290 Jarvis; 222 Provencher; 975 Henderson Hwy.; 1050 Leila; 490A St. Anne's Rd.; 2015 Portage Avenue