

# **Southern Authority Evidence: Witness Summary of Elsie Flette**

## **EDUCATIONAL BACKGROUND**

- She obtained a Bachelor of Social Work from the University of Manitoba in 1974.
- She obtained her Masters of Social Work from the University of Manitoba in 1995.

## **WORK HISTORY**

- 1973 - She did a field placement at CFS for Eastern Manitoba in the last year of her schooling for her Bachelor of Social Work degree.
- 1974 - After graduation, she worked for one year with the City of Winnipeg welfare department.
- 1975 - She then returned to work for CFS of Eastern Manitoba. She was employed as the Resource Worker, similar to a Prevention Worker, for the agency on the Roseau River First Nation. She was a mandated worker but did not do statutory protection work unless there was an emergency. She worked there for six years and a half years.
- 1982 – She worked at the Behavioural Health Foundation and was tasked with setting up their youth program.
- 1984 - She went to work for West Region CFS. She initially was employed to be the trainer of the workers in the community and to train new agency staff. They were not yet mandated at the time but were in the process of obtaining it. Within a month of being there the person they had as the Executive Director left and she was appointed to the position. She was there for almost 20 years.
- She was the Executive Director of West Region CFS for almost 20 years, from 1984 to 2003. The Agency received its mandate in 1985 and grew under her tenure from just a handful of employees to over 150 staff at the time she left.
- In May 2003, she became the CEO of the Southern Authority and continues to hold that position today.

## **INVOLVEMENT WITH ABORIGINAL JUSTICE INQUIRY-CHILD WELFARE INITIATIVE**

- She will briefly explain what the Aboriginal Justice Inquiry – Child Welfare Initiative (“AJI-CWI”) was and will provide evidence as to her extensive involvement in its development.

- The AJI-CWI was an initiative to restructure the child and family services system in Manitoba. The Manitoba Metis Federation (“MMF”), Assembly of Manitoba Chiefs (“AMC”), Manitoba Keewatinowi Okimakanak (“MKO”), and the Province of Manitoba were all involved to develop a new system that recognized cultural differences and returned to First Nations and Metis peoples the right to develop and control the delivery of their own child and family services.
- She was directly involved with working to get the chiefs of the First Nations to sign a Memorandum of Understanding (“MOU”) in 2000. The MOU outlined an agreement of what the AJI-CWI planned to accomplish. It also set out the framework by which the goals set out therein would be accomplished. Her role involved educating the chiefs and lobbying them to attain the requisite amount of support. This was an important step towards the realization of the AJI-CWI.
- There were three levels of organization within the development of the AJI-CWI. The Leadership level consisted of the AMC Grand Chief, the MKO Grand Chief, the President of the MMF, and the Minister of Family Services, and the Minister of Northern Affairs.
- The next level was the Joint Management Committee, which was chaired by Peter Dubiński who was an ADM at the time. She was on that Committee as the representative of the southern First Nations with AMC.
- The third level was the Implementation Committee, which she co-chaired. The Implementation Committee was the group that did most of the leg work; they formed the working groups, they got statements of work done for those groups, they monitored the work of those groups, and they drafted the conceptual plan.
- The Implementation Committee reported up to the Joint Management Committee. As she was on both committees, she acted as a link between the two committees.
- If the Implementation Committee could not reach consensus on something it would be referred up to the Joint Management committee. If consensus could not be reached there it would bump up to Leadership. So the implementation committee recommended things up and then joint management committee recommended approval to the leadership, and then they would present at the leadership meetings on whatever it was that they were recommending.
- She was also involved in the process of drafting of the legislation which was the cornerstone of AJI-CWI, reviewing the drafts and consulting with the regulation working group.
- She will explain how AJI-CWI has changed the system since the time services were provided to Phoenix and her family.

- There were essentially three pieces of legislation that were enacted as a result of AJI-CWI which accomplished the changes to the system. These are:

*The Child and Family Services Authorities Act*  
*The Child and Family Services Authorities Regulation*  
*The Joint Intake and Emergency Services by Designated Agencies Regulation*

- The major changes to the system as a result of AJI-CWI were:

a) CREATION OF THE AUTHORITIES AND CONCURRENT JURISDICTION

The AJI-CWI gave First Nations and Metis peoples the right to develop and control the delivery of their own child and family services. This was accomplished through the creation of the four Child and Family Services Authorities. All four Authorities through their agencies provide service throughout the province. No matter where they live in Manitoba, Aboriginal children and families now have access to child and family services from agencies providing service on behalf of an Aboriginal Authority. Prior to AJI-CWI, mandates for agencies were based solely on geographical boundaries.

b) DELEGATION OF DUTIES AND POWERS TO THE AUTHORITIES

Key duties and responsibilities for the oversight and monitoring of the delivery of child and family services was delegated from the Province to four Authorities.

c) THE CREATION OF CHOICE OF SERVICE PROVIDER

All children and families involved with child and family services for the first time are now guided through a standardized process called the Authority Determination Process or “ADP”. The ADP directs children and families to the most culturally appropriate Authority. The ADP also provides families with an opportunity to select an alternate Authority to be responsible for service provision. The process involves an interview between a worker and a family and the filling out of a standardized form to choose the Authority for service.

d) JOINT INTAKE SERVICES

At the time of the AJI-CWI transfer in Winnipeg, Winnipeg CFS continued to provide centralized intake, after hours, and abuse investigation services. This unit was known as the Joint Intake Response Unit (JIRU). It was the primary first point of contact with the child and family services system and essentially continued to use the service model that had been employed previously by Winnipeg CFS. The JIRU handled both emergency and non-emergency calls. It made initial assessments and, depending on the situation, either dealt with the call directly, or referred callers to appropriate services. Responsibility for the services

and the staff remained with Winnipeg CFS. A joint management committee, with representation from each Authority, was responsible for planning the transition of JIRU to a separate agency. The JIRU became ANCR, an agency now mandated by the Southern Authority, in February 2007. Agencies were also designated for the provision of intake services for regions outside of Winnipeg as well. They are known as designated intake agencies (DIA) and, unlike ANCR, intake services at these agencies are embedded in family service functions.

- The legislation was proclaimed in November of 2003 and thereafter the process began, region by region, of transferring services to the Authorities. It started with the smallest region, which was the Interlake, and ended with Winnipeg. The completion of the transfer of each region was referred to as “going live” and until a region went live, it continued operating under the old regime. The implementation of the new system for Winnipeg began in May-June of 2005 and was completed around October. As such, it occurred after services were delivered to Phoenix and her family.
- She will provide evidence as to how the overhaul of the child welfare system after services were provided to Phoenix and her family has improved the system, resulted in better oversight of agencies, for the most part an improved relationship between agencies and their supervising bodies, and more overall individuals employed at the supervisory/administrative level.

### **THE SOUTHERN AUTHORITY GENERALLY**

- She will explain in detail what the Southern Authority is and what it does. (**Tab A – Southern Authority 2011/2012 Annual Report**)
- There are 10 agencies mandated by the Southern Authority: Animikii Ozoson CFS, Peguis CFS, Sagkeeng CFS, Dakota Ojibway CFS, Southeast CFS, Sandy Bay CFS, Anishinaabe CFS, West Region CFS, Intertribal CFS and ANCR.
- The *Authorities Act* created the four Authorities. Each authority has one or more agencies that now fall under its jurisdiction. Under the legislation, the responsibility for the delivery of child and family services has been, to a certain extent, delegated from the Province to the four Authorities.
- Many of the powers and responsibilities that used to be with the Director of child welfare have devolved to the Authorities and are now their sole responsibility. Other duties and powers are shared by the Authorities and the Director; a few remain solely with the Director. She will expand upon these duties and powers and how the Authorities and the Director interact.
- Broadly stated, the Southern Authority is responsible for overseeing what the agencies under their supervision do. They are responsible to mandate these agencies and within

that they can withdraw a mandate or appoint an administrator to run the agency if necessary.

- The Southern Authority is responsible for ensuring that provincial funding flows to its agencies.
- The Southern Authority creates its own specific standards, but they cannot be inconsistent with the provincial foundational standards. The Southern Authority is one of the parties involved with the creation of provincial foundational standards as well. She will provide evidence as to the Southern Authority's involvement in the development of province wide standards, as well as their own Authority specific standards.
- The complete list of the powers and duties of the Southern Authority are outlined in the legislation. Mandating agencies, distributing funding, and the ability to develop standards are some of the key powers.
- All four of the Authorities are jointly responsible to designate agencies to provide intake and after hours services. Winnipeg has a separate agency (ANCR) that provides intake and after hours services for all agencies providing service in Winnipeg. ANCR falls under the supervision of the Southern Authority.
- There is a CFS Standing Committee that was established by the *CFS Authorities Act*. This Committee is comprised of the four CEO's of the Authorities, the Director of child welfare and an additional member appointed by the Métis Authority. The Committee meets monthly. The Committee's role is to act as an advisory body to the Authorities and the government, and it is responsible for facilitating cooperation and coordination in the provision of child welfare services. She will provide evidence as to the Southern Authority's involvement at Standing Committee.

### **QUALITY ASSURANCE ("QA")**

- She will provide evidence as to the state of QA in her experience prior to and during the time when services were provided to Phoenix and her family.
- Quality Assurance has improved significantly since the time services were provided to Phoenix Sinclair and her family. She recalls that in her more than 20 years as the Executive Director of West Region CFS, only one file audit/review had been done at that Agency by the Director and that was at the agency's request.
- No other reviews were ever done of the agency or of any program of the agency by the Director during her time there, with the exception of child death reviews done by the Chief Medical Examiner under the *Fatalities Inquiries Act*.
- She will provide evidence as to what changes have taken place to QA since services were provided to Phoenix and her family and how these changes have improved the system.

- The following are the most significant changes that have taken place with respect to QA since the time that services were provided to Phoenix and her family:

a) AJI-CWI HAS MADE QA EASIER AND BETTER

Since the implementation of AJI-CWI, and the resultant establishment of the Authorities, QA has taken on a much more prioritized, prominent role in the daily operations of the overseeing bodies of the system. The creation of the Authorities has made QA easier to manage because the responsibility for same is spread across the Authorities. Also, the improved relationship between the Authorities and their Agencies has resulted in better communication in the area of QA.

b) FUNDING FOR A QA COORDINATOR POSITION

A major improvement to QA since the time services were provided is that the new funding model has built in funding for all agencies to have a mandatory QA position, called the QA Coordinator. For the agencies of the Southern Authority, the QA Coordinators are relatively new, with most taking the position within the last 12 months.

The Southern Authority works with each of the QA Coordinators from its agencies and the expectation is that they perform a dual responsibility. They are responsible for QA measures within the agency that employs them. But they also work with the Southern Authority in a few capacities. Primarily they perform a reporting role, but they also work with the Southern Authority to develop plans and ensure that all such joint plans and recommendations are implemented at their agency.

An example of the reporting function is that all QA Coordinators are responsible to deliver to the Southern Authority periodic reports on the agency's foster licensing activities (**Tab B**). There are other service related reports the QA Coordinator is responsible for reporting on. She will provide evidence as to these reporting requirements.

The expectation on the QA Coordinators is that they are also responsible for ensuring that QA measures are implemented at their agency. It is an expectation that the QA Coordinators will conduct ongoing random file reviews within their agencies with respect to service delivery. The volume of files makes random file reviews the most practical option. Typically, 5% to 10% of the category of files being reviewed by the Southern Authority will be pulled for audit purposes.

The audits would include reviews to ensure compliance with the various service delivery standards (a few examples would be: face to face contact standards, foster home licensing, proper file recording etc.). The QA Manager for the

Southern Authority is currently working with the recently hired (per the new funding model) QA Coordinators at the agencies to develop standardized templates for use in the day to day QA measures at the agencies. This will ensure that there will be a consistent approach to QA at all of the agencies under the Southern Authority.

#### c) REVIEWS OF AGENCIES EVERY FOUR YEARS

Another QA measure that the Southern Authority has implemented which did not exist at the time services were provided to Phoenix and her family is a schedule of proposed reviews of every agency on a four year cycle.

The comprehensive review is based on a detailed framework which sets out the broad areas to be covered, as well as detailed aspects of each broad topic (**Tab C**). The review is intended to scrutinize the agency's governance structure, its Service Delivery, its finances, its Human Resources management, its administration, its information technology, its infrastructure, and other areas.

From the comprehensive review, the Southern Authority generates a comprehensive report in draft that is shared with the agency. The agency reviews the report and then the parties meet to discuss the report and finalize it. Once it is finalized it is published on the Southern Authority's website.

The reports often contain recommendations for changes to the agencies. The Southern Authority works with the agencies to develop work plans to address the recommendations and regularly meet with the agencies to track the status of the implementation of recommendations.

#### d) CFSIS MORE FRIENDLY TO USE FOR QA PURPOSES

Another change is that CFSIS has been upgraded to become more useful for QA purposes. Specifically, CFSIS has been altered so that agencies and the Authority can use the program to run reports to ensure compliance on various service delivery standards.

When the Southern Authority was created in 2003, the authority and its agencies could not run such reports on CFSIS. This change has allowed for a greater volume of QA to be done in a shorter period of time.

- While the micro level QA is done by QA staff within the agencies, the Southern Authority's role in QA is broader. Although it does have the capacity to, and will occasionally perform random service delivery audits, this is largely left to be done by agency QA staff, who will report to the Southern Authority as outlined above.

- The Southern Authority has a QA Unit, within which is a QA Manager. The QA Unit has administrative support and two other staff members, as well as funding available to retain contracted QA work if necessary.
- An important function the Southern Authority QA Unit performs is the development of Work Plans in tandem with the QA Coordinator and/or the management team at the agency level. These normally flow from Authority directives and the recommendations from agency reviews. The Work Plans outline the recommendations or the goals that need to be achieved, the method by which the agency is going to respond to same, a status as to where the agency is at, and a projected timeline for completion (**Tab D**).

## **FUNDING**

- She will describe the new funding model and how it has affected the services provided to families since the time services were provided to Phoenix and her family. (**Tab E – CD# 1848**)
- The new funding model became effective October 2010.
- Since about 1991, agencies were funded federally under Directive 20-1. Directive 20-1 was becoming outdated, as it had not kept pace with the change in dollar values.
- In about 1997, there was a process set up with AFN and Indian Affairs called the National Policy Review. There was a regional advisory committee, and she was on that committee. That group was charged with reviewing the funding arrangements and making reports and recommendations for a new funding arrangement. Their report was released in 2000. There were about 22 recommendations in that report, none of which were really acted upon quickly for a whole variety of reasons.
- In approximately 2007 further movement occurred on this front. A regional approach to funding was adopted. Alberta was the first province to get a new funding model, followed by Saskatchewan, then Nova Scotia, followed by Quebec and Newfoundland and finally Manitoba.
- Thus, federally the development of the new model was not tied to AJI-CWI. The AJI-CWI did identify a new funding arrangement as one of the initiatives, in reference to provincial funding.
- However, because the timing coincided, a joint working group with the province was struck and as a result Manitoba has developed a more integrated model than the other regions have. This was especially timely given that the First Nations agencies, as a result of the AJI-CWI, now had both on and off reserve jurisdiction for CFS services. She will provide evidence that Manitoba's funding model has begun the integration of the on and off reserve services.



- As a result of the new funding model, all of the Southern Authority's agencies have seen an overall increase in funding, with two anomalies: Southeast CFS and West Region CFS.
- The federal funding model provides a certain level of funding according to caseload size. However, the caseload size is not determined by reference to actual cases carried by any given agency. Rather, the model uses population size to create an artificial value for caseload. The model makes an assumption that 7% of the child population on reserve is in care and uses that percentage to create the figure for the caseload number.
- Some of the Southern Authority's agencies have less than 7% of their children on reserve population in care, and those agencies benefit from extra funding. However, Southeast CFS actually has 14% of their children in care, so the result is that half of their workload is not funded.
- The federal government recognizes this anomaly and the past two years has provided an anomaly adjustment payment, although this payment is not a guaranteed payment every year.
- With respect to the provincial funding, the funding is calculated by reference to actual caseloads and as such, all agencies are now receiving more funds than they did under the previous provincial model. Approximately 60% of the funding for Southern Authority agencies comes from the province, with the remaining 40% coming from the federal government.
- Whether the funder is the federal or provincial government is determined by reference to where the parents are located at the time the child comes into care. If the primary caregiver is ordinarily resident on reserve at the time the child comes into care then the federal government provides the funding. If a child has no first nation status then the child is funded by the province even if on reserve. If the primary caregiver is ordinarily resident off-reserve at the time the child enters care the billing are a provincial responsibility.
- The funding model for operations is broken down into two key areas. One is called "Core" and the other is called "Service Delivery". Within Service Delivery there are two streams, one is "family enhancement" (also referred to as "preventio") and the other is "protection". In the Core funding there are five key positions that every agency must have. Agencies do not have the ability to move Core monies to other functions. Those 5 positions are: Executive Director, Head Finance Position, Child Abuse Coordinator, Quality Assurance Coordinator (as discussed above) and Human Resources Manager.
- She will provide further specific details of the new funding model as necessary. Federally, it is in place for a five year term, after which it may be re-negotiated or simply renewed for a further term. Provincially, adjustments are to made annually, based on caseloads.

- Beyond the obvious improvement to the system that results from more funding, there are a number of side effects of the new funding model which have also served to improve the system. The first is the creation of new and mandatory positions within every agency.
- Another example is that, as a condition precedent to an agency receiving funding on the new model, every agency must develop and present a five year business plan, with annual renewals. A specific template has been created by the Authority that each agency must use when creating their business plan (**Tabs F - J**). The mandatory business plan and annual renewals result in improved vision, planning, and organization at the agency level.
- Another prerequisite to the new funding model is that the agency must use CFSIS. Most of the Southern Authority's agencies are using CFSIS now. There are still a few agencies where connectivity problems pose roadblocks; however, a connectivity project is ongoing. As of March 25, 2013, 45 of the 61 offices have connectivity, 13 are in progress, and three are on hold. (**Tab K – CD# 1281**)
- A further prerequisite to the new funding model is that the province requires agencies to remit the Children's Special Allowance ("CSA") payments they receive from the federal government for children in care. She will describe what the CSA is, how it is to be used and how the provincial clawback of the CSA impacts the delivery of services to children.
- She will provide evidence that the new funding model is certainly an improvement from the old model; however, it can still be improved. She will talk about perceived inequities caused by the division of funding and how the inequities may impact the delivery of services to children. She will also discuss ideas she has for improvements to the funding system.
- She will discuss the establishment of the regional advisory committee, which comprises members from the province, Aboriginal Affairs and Northern Development Canada (AANDC), the Authorities and the agencies. The purpose of the committee is to deal with issues relating to CFS. One of the key priorities is to analyze the funding model, identify gaps and deficiencies and develop recommendations for changes to the model. They have to date compiled a list of approximately 21 areas that they have identified in this regard. One example is the aforementioned assumption model used to fund federally. It creates inequality among agencies, with some being overfunded and others underfunded.

### **ANCR SERVICE MODEL REVIEW**

- She will give evidence regarding the Service Model Review that the Southern Authority conducted of ANCR and the Southern Authority's role in monitoring the implementation of recommendations flowing therefrom. (**Tab L – CD# 1840**)

- The review was conducted in 2009 and the report was released in March 2010. It was a condition of ANCR receiving its mandate that a service model review be conducted within two years of receiving the mandate.
- Many recommendations came out of the Service Model Review. Below are a few examples.
- There were a number of human resource problems that were carried over from before the changeover from JIRU. When ANCR first started in 2007, almost all of the staff was seconded from Winnipeg CFS. One of the recommendations was that ANCR move assertively to create its own workforce. This recommendation has been followed and a large proportion of the staff are now employees of ANCR and they have achieved their own separate collective agreement.
- There were recommendations regarding the ANCR phone system. The telephone system is a critical part of ANCR's functioning. The review found that some calls were going unanswered because of the system that was in place at the time. Since then ANCR has done work to more effectively utilize its telephone system, resulting in better use of the reports it generates, such as identifying peak usage times and numbers.
- There were recommendations around staffing. Some at the senior level, including the creation a Director of Services position, which has been done.
- In order to streamline the implementation of the recommendations, and to make the improvements that were necessary, two things happened. First, a change in management process/plan was implemented. Second, a service delivery plan was implemented. The Southern Authority was involved in the implementation of those two initiatives and requested that the Ombudsman be involved in providing oversight.
- The purpose of the change management initiative was to respond to all non-service issues and recommendations identified in the Service Model Review.
- A change management expert named Patrick Falconer was retained to perform the function in 2010 after the completion of the Service Model Review. His work was completed in 2011 and a report was produced in June 2011. The report contained several recommendations.
- The Southern Authority is tasked with monitoring the implementation of those recommendations. Significant progress on implementing the recommendations has been made.
- The service delivery plan was not as formalized as the change management. It started after the change management process was completed. Many of the problems at ANCR stemmed from tension in the agency over the non-service related issues carried over from JIRU. Once these problems were addressed the service delivery issues were dealt with.

- Some examples of the changes made at ANCR in response to the service delivery plan include: more effective use of the telephone system, the creation of a Director of Service position, clarity has been achieved with regard to Differential Response, another intake unit has been created, a third abuse team has been put into place and training on their SDM/Risk Assessment Tools has been completed and SDM implemented. ANCR has also revamped its Family Resource Centers.
- The Southern Authority continues to monitor the developments in this area. She will provide evidence of the implementation to date and the ongoing efforts.

### **WEST REGION CFS PILOT PROJECT ON BLOCK FUNDING OF MAINTENANCE**

- A pilot project on block funding of maintenance was initiated by West Region Child and Family Service during the witness' time as the Executive Director of that agency.
- Broadly described, the pilot project was a community based model for the delivery of child welfare services which strived to put more emphasis on preventative measures and to put more responsibility for the care of children on the individual community in which they were raised, and focus on the specific problems affecting each community.
- The agency began working on the concept in the late 1980's. The first step in the initiative was to conduct research and gather data on each community serviced by the agency over time to analyze and figure out what the most pressing problems were in each community.
- Each community had a CFS committee set up to assist in case planning with children. Each committee was composed of various individuals in the communities, such as school officials, police, support workers etc. These committees assisted in this research and analysis.
- The main feature of the model was the transition to "block funding" of maintenance from the federal government. Prior to the implementation of the pilot project, the way maintenance funding from the federal government worked was that the agency would receive a monthly allocation of funds based on actual maintenance billings. If the agency's spending exceeded the yearly allocation, the agency would submit billings for the actual additional amounts and there would be a year-end reconciliation process. This method of funding created uncertainty and administrative costs for the federal government.
- West Region approached the federal government with a proposal whereby the agency would receive "block funding"; that is, the agency would receive a fixed capped amount of funding for maintenance at the start of the year and would receive nothing further. West Region began receiving block funding in 1992-93.

- Block funding of maintenance was desirable for the federal government for two reasons. First, it gave the government predictability because they no longer had to worry about covering shortfalls (with a few exceptions in special circumstances). Second, it reduced administrative burden on government, because they no longer needed to process and reimburse the monthly billings and the annual reconciliation requests made by the agency.
- In exchange for transitioning to block funding for maintenance, the agency was given greater flexibility with respect to how they could use the funding. Specifically, the agency received greater flexibility to retain its maintenance “surplus” and use it to:
  - a) develop preventative programs and services geared towards a community based delivery of services;
  - b) develop programs and services with an emphasis not so much on individual families, but on the community as a whole; and
  - c) develop programs and services tailored to respond to the identified specific and individual needs of the various diverse communities that the agency serviced.
- Various programs and services were developed in accordance with this model. Two of the most prevalent and successful initiatives that came from the pilot project were the creation of the “Treatment Support Team” and the “Therapeutic Foster Care Program”.
- The Treatment Support Team was an initiative whereby the agency hired individuals who lived in or near the communities that the agency serviced. These individuals were trained to provide therapy, counselling and other treatment support to children in the community. Prior to the implementation of the Treatment Support Team, children who were in need of counselling and therapy were brought into Winnipeg to receive these services. This created added costs and burdens on both the agencies and the children.
- The Treatment Support Team enabled the agency to save the costs associated with transporting the children into Winnipeg. At the same time, it allowed the children to remain in the community and receive therapeutic services from individuals in their own community, who were better able to relate to the children in the context of their families and communities. In the first year of the Treatment Support Team operation, over half a million dollars in costs savings were achieved. Moreover, the response from the community to the Treatment Support Team was very positive.
- The Therapeutic Foster Parent Program was an initiative that saw the agency recruit and provide special training to foster parents to increase placement options available for high needs children. Many times, placement options were limited for high needs children. Depending on the needs, the only placement options available to the agency for such children were institutions in Winnipeg, such as Marymount and Knowles Centre. While such institutions provide the services necessary to manage the high needs of the children, the children are removed from the community and are not being assisted with managing problems related specifically to life in their communities.

- The Therapeutic Foster Parent Program created foster homes within the community that were equipped to handle the special needs of the children, thereby allowing such children to remain a part of the community. By the second year of the program, the agency saw less children entering the aforementioned institutions and more children remaining in their communities. The program also achieved significant cost savings, which were in the range of over half a million dollars annually once the program was fully implemented.
- Through this process, significant community programs could be designed and implemented. Certain core prevention programs were put in place in all the communities served by the agency, such as parenting programs. Other programs were developed based on local needs and priorities, which were determined annually. In one community where there were a significant number of young single mothers there was a “Moms and Babies” program developed and implemented. In another community where budgeting and achieving greater value for money spent were issues, it was arranged that an agency van would take a number of people to a larger urban centre for grocery shopping on the day social assistance cheques were issued.

### **STATISTICS**

- She will discuss statistical information regarding children in care in Winnipeg and on reserve. (**Tab M – CD# 1165**)