

**Child and Family All Nations Coordinated Response Network
(ANCR)**

**Crisis Response Program (CRP)
Program Manual**

April 2013



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Program Description

In accordance with *The Child and Family Services Authorities Act*, Section 21(1) and the Joint Intake and Emergency Services by Designated Agencies Regulation, Child and Family All Nations Coordinated Response Network (ANCR) is responsible to provide joint intake and emergency child and family services in Winnipeg, Headingley, and East and West St. Paul.

At ANCR, the Crisis Response Program (CRP) is responsible for providing the initial response for these services during regular working hours (Monday – Friday, 8:30 a.m. to 4:30 p.m.).

If, during the course of providing child and family services, the CRP determines that a person or family is currently receiving services from another agency or a child is currently in the care of another agency, the CRP will notify the agency involved and with that agency develop a plan for providing services. (If the child/family has been opened to another agency in the last 30 days – see Appendix H.)

With respect to child protection (under PART III of *The Child and Family Services Act*), CRP determines whether a child is or might be in need of protection and, if so, ensures the immediate safety of the child through a safety assessment and child protection investigation.

Location

The CRP is located within ANCR at 835 Portage Avenue, Winnipeg, Manitoba.

Staffing

The CRP consists of 21 staff members, including:

- Program Manager – 1 (AHP and CRP)
- Supervisors – 2
- CRP Social Workers – 14
- Administrative Support Worker – 1

Goals

- 1) To provide consultation to community members regarding potential child welfare matters.
- 2) To assess and screen whether children and families are eligible for services as provided under PART II of *The Child and Family Services Act*, and provide said services or refer for provision
- 3) To assess and screen whether children are in need of protection as provided under PART III of *The Child and Family Services Act*, and provide said services or refer for provision

Objectives

- Conduct the initial safety assessment on all calls and referrals on allegations of abuse or neglect.
- Provide intervention as well as crisis stabilization / crisis management services.

- Refer to appropriate internal programs for further assessment and intervention as required.
- Communicate all case activity on open cases to ANCR and to our partner CFS agencies.
- Provide referrals/linkages to other relevant community programs and services as appropriate.

Key Functions and Activities

- Open all new referrals utilizing the Intake Module.
- Assess and assign priority to all calls and all referrals.
- Gather and screen the intake information.
- Determine and record the reason for the call and source of referral.
- Determine whether the referral is eligible and/or appropriate for service by the CFS system.
- Complete safety assessment on all allegations of abuse or neglect that requires an immediate response.
- Determine appropriate response time
- Respond to all calls which present with an immediate child protection issue, with the exception of abuse referrals.
- Conduct assessments and complete referrals to
 - the Early Intervention Program (for criteria see Appendix B)
 - to the Abuse Investigations Program if abuse is identified as an issue (for criteria see Appendix A)
 - to Intake if further intervention and assessment is needed
 - to the appropriate CFS agency on open cases
- Provide CFSIS and Intake Module (prior contact checks) information to other designated intake agencies as requested/needed.
- Complete referrals or linkages to alternative community programs.
- Complete the required documentation on the Intake Module.
- Log non-child-welfare intakes on the Intake Module for statistical purposes.
- Establish a strong working relationship with mandated CFS agencies in the jurisdiction.
- Establish a joint working relationship with other ANCR programs.
- Establish positive working relationships with key community collaterals (e.g. police, medical personnel, community agencies).
- Ensure a child welfare history has been completed on the family.
- Apprehend and place children as required.

- Complete required legal documentation when an apprehension of a child has occurred.
- Complete required documentation when a child is placed in a place of safety (Appendix C), or a private arrangement (Appendix D).

Operation and Organization

The CRP is tasked with responding to all initial requests for service and/or all child protection referrals during normal working hours. Screening and assessment occurs on all requests for service. Requests for service come to the CRP of ANCR as: phone calls, e-mails, faxes, Cybertip referrals, regular mail, and walk-ins.

All intakes are screened to ensure that it is appropriate for a CFS system response. Once it is confirmed that a CFS response is warranted, the CRP social worker will continue the screening process, gathering needed information to determine the appropriate course of action. If it has been determined that an emergency response is warranted, the matter remains with CRP unless it is an abuse referral which will be referred immediately to the Abuse Investigations Program for follow up.

Two CRP teams rotate on a three day schedule. One team including two Screeners is responsible for all telephone screening which involves open intakes, log calls, referrals, assessments, consultations, etc. The second team is responsible to respond to all written internal/external referrals, walk-in clientele, emergency responses and field visits.

Once CRP has assessed the service request and determined that a further CFS response is warranted, an intake case is opened (documented on the Intake Module) and referred to the appropriate ANCR program for further assessment or service. These programs include: Intake Program, the Abuse Investigations Program, and the Early Intervention Program. Following assessment, if CRP determines that a further assessment is not required the information is documented on the IM and the intake is closed by CRP.

ANCR is also responsible for providing emergency support to other CFS agencies operating in the Winnipeg region when they are closed to observe a cultural holiday (e.g. Aboriginal holidays, Jewish holidays, etc.).

Roles and Responsibilities

All services delivered by ANCR CRP will be provided in accordance with the ***Child and Family Services Act, Child and Family Services Authorities Act, the Joint Intake and Emergency Services by Designated Agencies Regulation, Child and Family Services Regulation*** and the ***Child and Family Services Standards Manual***.

The CRP is responsible to ensure that families receive appropriate and timely services, including protective services related to the abuse and neglect of children.

CRP social workers are expected to establish good working relationships with all collateral service agencies and all other involved mandated CFS Agencies and Authorities.

CRP Service Provisions

The afterhour's reports that are not reviewed by the afterhour's supervisors are reviewed by the CRP supervisor to determine the intake disposition. If required, CRP will respond to matters referred by the After Hours Program (AHP) if the issue requires an immediate response or if further information gathering is required prior to further assignment within ANCR.

CRP concludes referrals within a 48 hour time frame when possible. The objective is to assess, intervene and determine appropriate case disposition either through closure or referral to the appropriate ANCR program for ongoing assessment or services as required.

CRP will respond to crises, assessing and intervening in situations where a child may be at acute child protection risk, as defined under the CFS Act. In cases assessed by the CRP to be an immediate, or within 24 hours response, CRP staff would be responsible for making the necessary contact(s) with the child/ren and any significant others. CRU would also complete the Safety Assessment and Safety Plan if required on the Intake Module and manage the crisis prior to referring the case to another ANCR program.

Emergency response related to physical and sexual abuse cases will be opened and directed to the ANCR Abuse Investigations Program.

CRP facilitates any request for repatriations (see Appendices E,F and G), providing there is no further Child Protection Assessment required by ANCR and can be completed within 24-48 hours from the time of assignment to CRP staff. If this cannot be facilitated within the 48 hours, then this request would be directed to Intake for follow up.

CRP responds to a request for information from ANCR closed protection files for other CFS Authorities for the purpose of a child and family services investigation.

Response Process

The CRP processes all new intakes that come to ANCR, with the exception of external referrals to the Abuse Investigations Program and self-referrals to the ANCR resource centres.

New Cases

The CRP responds to all calls and intakes coming to the attention of ANCR, whether by phone call, e-mail, fax, Cybertip, regular mail, or walk-in.

Open Cases

Cases that are currently open to another CFS agency are immediately referred to that agency for service. If the Source of Referral (SOR) is a community collateral (i.e. police, school, medical, etc.), the caller is directed to the appropriate CFS agency and worker.

If the SOR is a community member or anonymous, the information is gathered and entered into the Intake Module (IM), the assigned CRP social worker attempts to connect with the social worker by telephone to inform them that the information is forth coming. If they are unable to connect with the social worker in a non-emergent circumstance, a message is left for them with their CFS agency. If deemed to be an urgent matter, the CRP will connect with a social worker or supervisor to ensure they receive the information. The intake is then concluded, approved by the CRP supervisor and finalized by the CRP administrative support worker. The intake is attached to the receiving agency's CFSIS case and a copy of the Intake report is faxed to their attention at the receiving CFS agency. If the receiving CFS agency does not have an open CFSIS file, this is documented in the Intake Module as a case note and the intake is concluded as a non-electronic transfer.

If the matter requires an immediate response and the CRP social worker is unable to connect with the open CFS agency, the CRP social worker will provide the necessary intervention to ensure the safety of the children involved and then refer the matter to the appropriate CFS agency.

Apprehensions from the After Hours Program

All new referrals or open cases that involve the apprehension of children are referred to Intake for further assessment and service provision.

Cases closed for less than 30 days:

Cases that have been closed for less than 30 days are treated as open cases by ANCR. If CRP receives a referral on a case which has been closed for less than 30 days, the matter is referred to the CFS agency or intake team that most recently closed the case. The information is entered into the Intake Module and the assigned CRP social worker attempts to connect with the previous social worker by telephone to inform them that the information is forth coming. If they are unable to connect with the social worker directly, the CRP social worker speaks with a social worker that can take the information and respond. The intake is then concluded, approved by the CRP supervisor and finalized by the CRP administrative support worker. The

intake is attached to the receiving CFS agency's CFSIS case and a copy of the Intake report is faxed to their attention at the receiving CFS agency. (See Appendix H)

Procedures

The Intake process involves the gathering and screening of information to determine whether or not child and family services are necessary or appropriate. The intake process involves three stages: information gathering, intake response and intake disposition.

1. Information Gathering

Referral Information - The CRP social worker obtains information from the referral source to determine whether the referral is appropriate for a child and family services agency or licensed adoption agency. Appropriate referrals relate to one or more of the following:

- a child who is or might be in need of protection
- services to children and families within Winnipeg that cannot be provided more effectively by another human service
- a person under 18 who is pregnant or has just given birth
- a high risk adult expectant parent

Requests for Other Services - When preliminary information indicates that a request or referral is more appropriately provided by other human service organizations, the CRP social worker:

- determines the reason for the referral and service requested
- records the referral date and time
- identifies other resources for the person when possible
- if it is a non-child-welfare matter, conclude the intake which is logged for information only on the IM

General Inquiries - When the CRP social worker receives an inquiry regarding agency services, including volunteer, homemaker, foster parent and adoption services, the worker:

- determines the nature of the inquiry
- records the inquiry date and time
 - advises the person as to where he or she can obtain more detailed information including websites and office locations
- when appropriate, refers the person to the appropriate child and family services agency or licensed adoption agency, as the case may be
- the intake is logged for information purposes only

Appropriate Referrals - When preliminary information indicates that the referral is or may be appropriate for CFS, the CRP social worker:

- determines the reason for the referral and service requested
- gathers and records preliminary information regarding possible risk to children and others and assesses response time and safety.
- gathers and records information on persons or family members involved and where they live
- additional information is gathered from other collaterals regarding demographics and other relevant information if possible.

Prior Contact Checks - The Social Worker conducts a prior contact check through CFSIS, the Intake Module and agency records to determine if a person or family is known to the system or agency or there is an open or closed case. All prior contact is documented prior to review by a Supervisor.

Issue Identification - The CRP social worker obtains information on the presenting issues. If the referral pertains to services under **Part II or Part III of the Child and Family Services Act**, the worker uses the Intake Module to identify and record the presenting issues and to determine the recommended intake response time. It is essential that all identified issues are recorded in the Intake Module; this means that there may be several different issues identified for each intake.

Use of Intake Module Case Notes - The CRP social worker records all other information gathered including any observations of the family or home environment in the case note section of the intake module.

2. Intake Response

Intake Response Time - Upon receiving a referral for services and identifying the presenting issues, the CRP social worker responds:

- **immediately / within the 24 hours** when a child may be at high risk of being in need of protection
- **within 48 hours** when a child may be at medium risk of being in need of protection.

Safety Assessment/Safety Plan - When the identified issues on a new referral requires a safety assessment the CRP worker will complete this prior to the intake being closed or referred to another program within ANCR. When a CRP worker completes a field on an allegation of abuse or neglect a safety assessment and safety plan, when required will be completed prior to an intake being closed or referred to another program within ANCR.

Physical or Sexual Abuse - When a referral involves an allegation that a child has been physically or sexually abused, the CRP social worker initiates a referral to the Abuse Investigations Program. (For criteria see appendix A) When the issue identified requires an immediate response, the CRP social worker immediately identifies this to the CRP supervisor. The report is reviewed immediately and the CRP supervisor consults with the Abuse Investigation Unit supervisor for assignment. A copy of the report is provided to the CRP supervisor. The report is finalized at CRP and referred to the appropriate Abuse Unit and/or Intake Program.

When the allegation concerns a person who works for an agency, child care facility or other residential care facility, the intake is generated and referred to the CRP supervisor who refers the matter to the provincial child abuse investigator at the Child Protection Branch under **Section 18.6 of The Child and Family Services Act**.

Use of Collaterals - When necessary due to distance or circumstances, the Crisis Response Program social worker may confirm the immediate safety of any children through contact with and assistance from:

- police
- hospital
- school
- individuals in the local community approved by the agency

The social worker provides information to collateral contacts in accordance with confidentiality provisions in subsection **76(3) of *The Child and Family Services Act***.

Review of Intake Reports - The CRP supervisor reviews all intake reports on an ongoing basis. The CRP supervisor ensures that appropriate action has been taken, and all required documentation has been completed.

Immediate Placement of Child - When immediate out-of-home placement (licensed placement) of a child is required, the CRP social worker:

- when possible, involves the family and child in the decision and choice of placement and assists them in making an informed choice by sharing non-identifying information on potential caregivers
- involves other service providers or agency staff as necessary in identifying alternate caregivers
- implements the preferred choice of the family and child when possible unless that choice is known to put the child at risk of requiring protection or is clearly not in the best interests of the child
- places the child in accordance with ANCR's place of safety or private arrangement policy (see appendix C and D)

Placement Priorities - In deciding on a placement resource, the CRP social worker considers the following caregivers in order of priority:

- immediate or extended family
- other families within the child's community of origin
- former care givers
- alternatives that meet the child's needs

Expectant Parent Services

On expectant parent referrals, the CRP social worker gathers all information from the source of referral, completes a prior contact check, completes the previous child and family services history on the parent and her family of origin and identifies all relevant issues on the issue management screen. The referral is then forwarded to Intake, unless an immediate response is required.

3. Intake Disposition

Crisis Response Social Worker recommendations - On completing the intake report, the CRP social worker notifies the CRP supervisor (on an ongoing basis, or by end of the working day) with a recommendation to either open the case for further assessment and/or service by ANCR, or close the intake at the CRP level.

Case Decision and Referral – Upon receiving the intake, the CRP supervisor authorizes the recommendation of the social worker and submits the intake for finalization to the CRP administrative support worker. The case notes are finalized and referred to the appropriate ANCR program which includes the Abuse Investigations Program, Intake Program, Early Intervention Program or the second Crisis Response Unit.

Case Closure – Upon assessment completion it is determined that the intake can be closed without further intervention or assessment, CRP may decide a case can be closed. Cases closed at the CRP level must be signed off by a CRP supervisor and these cases must have a completed Probability of Future Harm and Safety Assessment attached when the referral was due to an allegation of abuse or neglect. Cases may be closed without completion of the Probability of Future Harm when the issue identified is invalid and the family does not have previous history with a child welfare agency. The case also needs to have complied with ANCR's client contact policy. (See Appendix I).

Records Management

In accordance with **the Manitoba Child and Family Service Standards**, ANCR uses the provincial automated Intake Module to record services provided to children and families. ANCR also uses the Child and Family Services Information System (CFSIS) for recording all services not included in the Intake Module, this includes child in care services, place of safety services and child abuse registry checks.

Upon request for service an intake is generated on the IM by CRP. IF the CRP determines that further assessment is required, the electronic and hard copy intake is assigned an ANCR file number and a labeled file folder (dummy file) ie. Last Name, First name and is then assigned to an Intake Program unit. All ANCR interventions and assessments are captured on the IM. Any collateral correspondence is put on the hard copy file. If a child is apprehended, a child in care (CIC) file is created on CFSIS, along with a physical file (green divided file folder) which is labeled Last name, First name, with the family's file number and a letter A, B, C, etc...depending on the child's relationship in the family (ie. oldest child is A, etc.).

Upon completion of service (closing), the IM file is concluded and if there is a physical file, it is stored in the ANCR file room. All CIC files have physical files.

APPENDICES

Appendix A - Abuse Investigation Criteria

The Child and Family Services Act (the Act) section 17 (2) (c) states that “a child is in need of protection where the child is abused or is in danger of being abused”.

Section 18.4 (1) of *the Act* further states that:

Where an agency receives information that causes the agency to suspect that a child is in need of protection, the agency shall immediately investigate the matter and where, upon investigation, the agency concludes that the child is in need of protection, the agency shall take such further steps as are required by this Act or are prescribed by regulation or as the agency considers necessary for protection of the child.

The AIU will assess and evaluate all requests for abuse investigation services in accordance with the above two provisions of *the Act*.

Referrals will be assessed and accepted based upon the following two types of suspected abuse:

1. Physical Abuse

A. Physical Injury

A child has an alleged physical injury as a result of an act or omission of a person.

B. Physical Discipline

Allegation of physical discipline which involves any of the following factors:

- The use of an object/implement
- An injury to a child as a result of physical discipline
- Physical discipline was administered to the child’s head
- The child is under the age of two or over the age of twelve (in accordance with Section 43 of the Criminal Code of Canada)

Physical discipline was conducted in a manner that was degrading, inhuman, or harmful

C. Physical Altercations between Siblings

Allegations of physical abuse between siblings in which one sibling is in a position of trust/authority over the other sibling, there is a significant age difference between the siblings or there is a serious injury as a result of the altercation. Intake Program Manual
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D. Positions of Trust

Allegations of physical abuse of a child by someone that is in a position of trust, such as, but not limited to, a teacher, employer, foster-care provider or child-care provider.

2. Sexual Abuse

A. Sexual Exploitation

Allegations of individuals coercing, luring or engaging a child, under the age of 18, into a sexual act, and involvement in the sex trade or pornography, with or without the child's consent, in exchange for money, drugs, shelter, food, protection or other necessities.

B. Age of Consent

Allegations that involve the sexual activity of someone younger than 16 years old (Section 150.1, Sub 1 of the Criminal Code of Canada).

Allegations that involve the sexual activity of someone with a cognitive delay.

C. Intrafamilial Sexual Abuse

All situations involving intrafamilial sexual interactions with a child or children under the age of 18.

D. Positions of Trust

Sexual activity between a child under the age of 18 and someone that is in a position of trust, such as but not limited to a teacher, employer, foster-care provider, child-care provider.

E. Sexual Behavior between children

Sexual behavior by children that is problematic and is not age-appropriate. This will be assessed using the following criteria: age difference between children, size difference between children, status difference between children, type of sexual activity and the occurrence of threat or coercion.

Appendix B - EIP Referral Criteria

The following is meant to provide a broad criteria guideline for referrals to the Early Intervention Program:

Low-High Risk:

Cases that are assessed as low to medium risk and high risk where current issues require a response time of five (5) days or longer.

Duration of 90 days:

Cases in which effective service can be provided within the timeframe of 90 days.

Willingness to engage:

Willingness on the part of families to engage with the Early Intervention program. This is a case management process which utilizes the SDM strengths and needs tool to create a case plan in which the family must agree to and be actively involved in the development and follow through.

Child custody:

Cases will be assessed on a case by case basis dependent on the circumstances.

Mandated Service:

Family must be advised that this service falls under the Manitoba child welfare mandate therefore all areas under the act and standards are adhered to. The purpose of the EIP is to prevent families from going further into the child welfare system

All referrals are reviewed on a case by case basis and the criterion is meant to be flexible.

REPEAT REFERRALS

The SDM tools will be applied on all repeat referrals of abuse and neglect to the EIP and based on the results may be accepted by the EIP. The assessment considers how many times the family has been referred or received services from the EIP; length of time between referrals; and historical engagement of families in preventative services. When the family has been referred or received services from the EIP in the last three month period or the family has repeatedly received referral or services from ANCR and/or Family Enhancement, the referring worker will need to consider that the family may have needs that are beyond the available 90 day service. These families are to be redirected to long-term programs/services.

Appendix C – Place of Safety Policy

Place of Safety	Policy Category/Number	PSD2
Responsible Authority:	Date Approved	<i>September 5, 2012</i>
Associate Executive Director of Service	Applicable to	<i>Service Delivery Staff</i>
Program and Service Delivery	Created by	Associate Executive Director of Service
	Date Reviewed	Original
	Date Revised	Original
	Number of Pages	3

1.0 Policy Statement

The Child and Family Services Act declares that children and families have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society. In the application of this principle ANCR utilizes Places of Safety where it is appropriate and in the child's best interest.

2.0 Legislative Base

The Child and Family Services Act states that the best interest of the child shall be the paramount consideration of the agency in all proceedings under this Act affecting a child, other than proceedings to determine whether a child is in need of protection, and in determining the best interests of the child all relevant matters shall be considered, including:

- Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.
- Children have a right to a continuous family environment in which they can flourish.
- Families are entitled to services which respect their cultural and linguistic heritage.

3.0 Child and Family Services Standards

In accordance with the CFS Standard 1.4.2 - Place of Safety, the Child and Family All Nations Coordinated Response Network (ANCR) is authorized to designate and use residences of relatives or friends of the child or his/her family as a place of safety.

4.0 Policy

- 4.1 All places of safety used by ANCR are to be designated and authorized by the supervisor and the Executive Director, or Director delegated to act on their behalf.
- 4.2 Specific residences must be individually designated for use as a place of safety by issuing a Notice of Agreement to Provide Placement as soon as possible following placement.
- 4.3 The use of a family residence is based on the best interest of the child.

- 4.4 Placement in a family residence is not to exceed **two weeks** unless the family applies to provide care as an approved foster home.
- 4.5 The placement of any child into a non-licensed family residence as a place of safety must in all cases be approved at the supervisor level. Where potential safety or risk concerns have been identified through required checks, Program Director approval is required. The placement requires the prior approval of the Executive Director or designate if:
 - Any adult in the home has an extensive prior child welfare history.
 - Any adult in the home has a criminal risk assessment with a high designation.
- 4.6 Prior contact checks, Child Abuse Registry Checks and Criminal Record (vulnerable sector) Checks must be conducted on all adults who reside in the home.
- 4.7 The physical environment of the home must be adequate to meet the needs of the child(ren) as per the *Children's Foster Home Provincial Requirements Check List*.

Procedures

In addition to the procedures outlined in the CFS standards manual (1.4.2) the following procedures apply:

Identifying Potential Place of Safety

1. ANCR worker apprehends the child(ren) and determines that a Place of Safety is in the child(ren)'s best interest.
2. Parent and/or child are asked to identify potential Places of Safety and informed that the recommendations must meet requirements before being supported by ANCR.
3. Identifying and contact information is gathered for all individuals residing within the home recommended for a Place of Safety.

Assessment of a Potential Place of Safety

1. ANCR worker completes the Place of Safety package with the applicants and submits it to their supervisor for review and approval prior to or at the time of placement.
2. Prior contact checks, criminal risk assessments and Child Abuse registry checks must be completed on all adults in the home before any child is placed. The CFS Standards allow that, in emergency circumstances a place of safety may be used with checks to follow within 2 days of placement. An emergency use of a placement without prior checks in place requires supervisor approval and documentation in the Intake Module.
3. If any of the checks come back positive and the worker still sees merit in proceeding to designate the home as a Place of Safety, the circumstances of the record will be discussed with ANCR supervisor (and the place of safety applicants if necessary). Details and results of these conversations will be documented and retained on the Intake Module.
4. In a situation where one of the adults in the home has a criminal risk assessment designated as high risk: A Place of Safety may not be designated nor a child placed without the prior approval of the Executive Director or Director delegated to act on their behalf.
5. Worker completes POS package which is forwarded to the supervisor and program director for authorizing signatures.
6. ANCR worker places the child/ren in the Place of Safety family residence and provides Place of Safety family with the *Notice of Agreement to Provide Placement*.

Contact Following Approval of a Place of Safety

1. The worker will visit the home within 2 working days of designating a place of safety (CFS Standards Manual 1.4.2 (6)).
2. The worker continues to maintain contact as required under ANCR's Contact Policy and the Provincial CFS Standards.

Administrative Follow Up for a Place of Safety

1. Place of Safety package is forwarded to the ANCR worker's assigned administrative assistant.
2. Administrative assistant opens an FCM file and a Child in Care file on CFSIS and enters the placement as a Place of Safety.
3. The administrative assistant prepares a *Place of Safety memo* to be signed by the supervisor, prepares a *greens transmittal* and forwards to finance to initiate payments.
4. The administrative assistant creates a hard copy FCM file for the place of safety package and copies of the green transmittals regarding placement and payment. These files are reviewed for completeness by the Senior Administrative Assistant and tracked on an electronic spreadsheet.
5. Information pertaining to the approved Place of Safety will be documented in the FCM file on CFSIS.
6. If the POS file is still open after 14 days, the foster care application process must begin in accordance with standards.
7. If the Child in Care file is **closed** by ANCR, the FCM file must also be closed on CFSIS. The administrative assistant prepares a *greens transmittal* and forwards it to the finance department to issue final payment.
8. If the Child in Care file is **transferred** to an on-going service provider agency, the hard copy FCM file information is also transmitted. Acceptance of the family file (including Child in Care file and the POS) are confirmed in writing by the receiving agency.

Appendix D - Private Arrangement Policy

Private Arrangements	Policy Category/Number	PSD3
Responsible Authority:	Date Approved	<i>September 5, 2012</i>
Associate Executive Director of Service	Applicable to	<i>All Service Programs</i>
	Created by	Associate Executive Director of Service
Program and Service Delivery	Date Reviewed	Original
	Date Revised	Original
	Number of Pages	2

1.0 Policy Statement

The Child and Family Services Act declares that children and families have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society. In the application of this principle ANCR utilizes “Private Arrangements”, as an alternative to apprehension, for children who may otherwise be in need of protection, where it is appropriate and in the child’s best interest.

2.0 Definition

Private Arrangement – an agreement made between ANCR, the legal guardian, and an individual(s) (the “private arrangement caregiver”) identified by the family or child to provide for a child’s safety when the legal guardian(s) is unable to do so.

3.0 Policy

When To Use Private Arrangements

- 3.1 A private arrangement may be considered as an alternative to apprehension if the worker’s assessment determines that the current home environment is unsafe for the child to remain.
- 3.2 In determining whether a private arrangement is appropriate, the worker will consider the following factors: the presenting circumstances, family history, and the level of risk to the child posed by the legal guardian(s).
- 3.3 Private arrangements will not be pursued where the risk posed by the legal guardian(s) is assessed to be high.
- 3.4 Private arrangements shall not be entered into without prior approval from the worker’s Supervisor. The Supervisor must be satisfied that the proposed private arrangement caregiver will uphold the terms of the private arrangement.

- 3.5 Private arrangements are intended to be of short duration until further assessment occurs.
- 3.6 Where an alternate arrangement was made, not by ANCR (such as the police leaving a child with a temporary caregiver), the worker is responsible to conduct safety assessments and to ensure that the arrangement is suitable to provide for the child's safety.

Procedure for Assessing the Safety of Potential Private Arrangements

- 3.7 ANCR will conduct a Prior Contact Check, Child Abuse Registry Check and Criminal Records (vulnerable sector) check on all adults residing in the potential private arrangement prior to proceeding with the arrangement, or within 24 hours.
- 3.8 When applicable, ANCR will obtain detailed information from any agencies that have a record on a person in the home. (CFS standards 1.4.2 Places of Safety)
- 3.9 If the identified individual(s) is a Foster Parent or Place of Safety, the worker will contact the agency that licenses or authorizes the home as part of the assessment.
- 3.10 The worker will determine that the physical environment of the home is adequate to meet the needs of the child(ren).

Contact Following Approval of a Private Arrangement

- 3.11 A worker will visit the home within 2 days of private arrangement being made (following the same standard as is required for a Place of Safety 1.4.2 (6)).
- 3.12 The worker continues to maintain contact as required under ANCR's Contact Policy and the Provincial CFS Standards.

Documenting a Private Arrangement

- 3.13 The use of private arrangements will be thoroughly documented in the Intake Module.
- 3.14 All private arrangements should be documented using the "Private Arrangement Standard Form" containing all pertinent details about the arrangement. The Private Arrangement Standard Form should be reviewed and signed by all parties. The Private Arrangement Standard Form should be delivered to the private arrangement caregivers in person and the caregiver must be advised that any material changes from what is written must be reported to and approved by the Agency.

When can a Private Arrangement Case be Closed

- 3.15 As a rule, a case will not be closed while a private arrangement is in place. The exception is if the Probability of Future Harm ***with respect to the parent/guardian***, would be at ***no or low risk*** should the child return to their care. In all other cases the case will remain open and will be transferred for ongoing services. Any exceptions require the approval of the Program Director.

Appendix E - Repatriations Outside of Manitoba

Procedure for Return of Children outside Manitoba

Children who are not in the care of a child and family services agency are repatriated through the Inter-Provincial Desk at the Child Protection Branch (CPB), Child and Family Services Division. All inter-provincial repatriations require approval from the CPB, and once approval is received, the agency may bill separately for this cost to the CPB.

The agency must:

1. Determine the child's full name, birth date, and status, as well as the name, address and telephone number of the child's legal guardian.
2. Determine why the child is in Winnipeg and state reasons in the Intake Module why repatriation is required.
3. Initiate contact with the agency for the child's home community and or legal guardian and advise of need for repatriation. The social worker should determine if the parents are financially able to reimburse the agency for the repatriation costs. (NB. If the parents are able to cover the costs, they can make necessary arrangements or be billed back by ANCR.)
4. Notify the Inter-Provincial Desk Clerk, at the CPB at 945-6960. Complete the Repatriation Intake Sheet & Approval Request Form (available on the T Drive) and fax to Clerk for approval (fax number: 945-6717). Ensure that the form has been reviewed and signed by a supervisor prior to faxing.

In the case of wards:

When a runaway child is a ward of CFS, ANCR is responsible for the cost of repatriation and ANCR recovers the cost through the CPB.

In the case of non-wards:

When a runaway child is not a ward of CFS, and the child's parents are not able to pay costs, the agency that repatriates the child is responsible for the cost of repatriation.

NOTE: Discretion is left with the agencies to confirm arrangements.

ANCR's Procedure

1. Follow steps 1-4 above
2. Determine who will pay – another agency, guardian, or ANCR
3. Make travel arrangements if required
4. Bus should be used whenever possible – Greyhound Account #91368. Greyhound can be reached at 1-800-661-8747 for schedule information.
(Complete a letter to Greyhound with reference to the account number so that it can be presented at the Greyhound counter at the bus depot. The Greyhound letter is on the T Drive.)

5. For air travel, contact Continental Travel at 989-9343.
6. If a meal allowance is required, amounts should be at the Government of Manitoba rates – see Schedule A below. Generally, these funds can be accessed through Petty Cash at front reception.
7. Prepare disbursement as required.
8. Have supervisor approve disbursement.
9. Advise Accounting regarding who will be responsible for the expense. This information can be noted on the disbursement form. Attach a copy of the Repatriation Intake Sheet and the Approval Request Form for their records.

NB: If the child was apprehended by ANCR and requires a return to his/her home province, funds are approved through Exceptional Circumstances funding and the repatriation process. A copy of the ECF form is on the T Drive. Approval in these cases is through Rita Lavoie (Current Program Specialist) at the CPB at 945-3995.

SCHEDULE A

Meals

	Individual Meals			
	Breakfast	Lunch	Supper	Per Diem
Areas covered by Remoteness Allowance (@ April 1, 2007)	\$7.35	\$9.35	\$16.90	\$33.60
All other areas (@ April 1, 2007)	\$6.85	\$8.85	\$15.70	\$31.40

Incidentals Allowance

A client who is in travel status may access an incidentals allowance for each night in the amount of:

	@ April 1, 2007
Commercial accommodations	\$4.60
Non-commercial accommodations	\$3.20

Appendix F- Repatriations within Manitoba

Procedure for Return of Children Within Manitoba

The following was issued by the Child Protection Branch (CPB):
Prior approval from the CPB is *not* required. Expenditures have to be made from the agency funds.

The agency must:

1. Determine the child's full name, birth date, and status, as well as the name, address and telephone number of the child's legal guardian.
2. Determine why the child is in Winnipeg and state reasons in the Intake Module why repatriation is required.
3. Initiate contact with the agency for the child's home community and or legal guardian and advise of need for repatriation. The social worker should determine if the parents are financially able to reimburse the agency for the repatriation costs. (NB. If the parents are able to cover the costs, they can make necessary arrangements or be billed back by ANCR.)

In the case of wards:

When a runaway child is a ward of CFS, the agency that has case management responsibilities for the child is normally responsible for the cost of repatriation.

In the case of non-wards:

When a runaway child is not a ward of CFS, and the child's parents are not able to pay costs, the agency that repatriates the child is responsible for the cost of repatriation.

NOTE: Discretion is left with the agencies to confirm arrangements.

ANCR's Procedure

1. Follow steps 1-3 above
2. Determine who will pay – another agency, guardian, or ANCR
3. Make travel arrangements if required
4. Bus should be used whenever possible – Greyhound Account #91368. Greyhound can be reached at 1-800-661-8747 for schedule information.
(Complete a letter to Greyhound with reference to the account number so that it can be presented at the Greyhound counter at the bus depot. The Greyhound letter is on the T Drive.)
5. For air travel, contact Continental Travel at 989-9343.
6. If a meal allowance is required, amounts should be at the Government of Manitoba rates – see Schedule A below. Generally, these funds can be accessed through Petty Cash at front reception.

7. Prepare disbursement as required.
8. Have supervisor approve disbursement.
9. Advise Accounting regarding who will be responsible for the expense. This information can be noted on the disbursement form. Attach a copy of the Repatriation Intake Sheet and the Approval Request Form for their records.

SCHEDULE A

Meals

	Individual Meals			
	Breakfast	Lunch	Supper	Per Diem
Areas covered by Remoteness Allowance (@ April 1, 2007)	\$7.35	\$9.35	\$16.90	\$33.60
All other areas (@ April 1, 2007)	\$6.85	\$8.85	\$15.70	\$31.40

Incidentals Allowance

A client who is in travel status may access an incidentals allowance for each night in the amount of:

	@ April 1, 2007
Commercial accommodations	\$4.60
Non-commercial accommodations	\$3.20

Appendix G - Greyhound Ticket Procedures

- Call Greyhound at 1-866-562-1321
 - Provide our new account [REDACTED]
 - Provide our new Password: [REDACTED]
 - Provide the traveler's name(s)
 - Provide the origination and destination
- Greyhound will make the ticketing arrangements and provide you with a PSO number. *(Greyhound will no longer be automatically faxing the PSO order forms.)*
- As soon as you receive PSO confirmation, provide the PSO number to the traveler so they will be able to pick up the ticket at the local bus station. **The traveler must have the PSO number to pick up their ticket.**

Also please note:

- If you are repatriating a child to another province (see Appendix D), prior approval from the Inter-Provincial Desk is required **before** you make arrangements with Greyhound. This approval should be attached to the disbursement form that is submitted to Accounting.
- Every time you use Greyhound, you must prepare an ANCR disbursement form to be forwarded to Accounting a.s.a.p. with a Supervisor's signature.

Appendix H - 30 Day Rule

New Intakes in Open Cases – currently open to an agency or closed within previous 30 days

With new intakes on open cases (a case that has been closed within the previous 30 days is considered an open case) the regulation is more ambiguous. The term “case transfer” in these circumstances does not apply. The DIA may perform certain emergency functions on the case, especially if it is an after-hours case, and then involves the case managing agency as soon as possible. If an emergency arises on an open case during regular working hours, the case management agency would respond. The written confirmation stipulation does not apply. The DIA is acting only as the first recipient of information, ensuring that the Intake Module notation is made and closing their intake once the service provision agency has been notified. Consequently, the case management agency is required to take over the intake as soon as possible, immediately if possible.

There should only be rare disputes in this type of case. If a dispute does arise the Authority of service should be advised immediately in writing (e-mail will suffice) with a copy to the DIA’s Authority. This type of dispute needs to be viewed as the Authority of service’s highest work priority for resolution in that it typically involves a case for which there is already an agency responsibility. In all circumstances the Authority of service will need to act immediately to ensure provision of services through its own agency or by arrangement with another agency. CRP will open an intake on the Intake Module with the presenting concerns without needing to add the historical information.

Appeal to Director on the 30 day rule

If the dispute cannot be resolved on a timely basis and the designated intake agency continues to carry an intake case well beyond the point that it is ready to move to the service provision agency, the DIA’s Authority may request that the Director of Child and Family Services resolve the dispute.

Appendix I - Client Contact Policy

Client Contact	Policy Category/Number	PSD 4
Responsible Authority: Associate Executive Director of Service	Date Approved	May 7, 2012
	Applicable to	All Staff
	Created by	Associate ED of Service
	Date Reviewed	Original
	Date Revised	Original
	Number of Pages	2

1.0 Policy Statement

ANCR is mandated to provide intake services on all reported allegations of abuse and neglect and all other requests for service eligible under the CFS Act in our jurisdiction. Highly skilled social workers conduct safety and risk assessments, using consistent tools and processes, to determine the services the child and family require. Face to face contact is an essential component of ANCR's assessment and investigation processes.

2.0 Legislative Base

Child and Family Services Act, Section 18.4 (1)

Where an agency receives information that causes the agency to suspect that a child is in need of protection, the agency shall immediately investigate the matter and where, upon investigation, the agency concludes that the child is in need of protection, the agency shall take such further steps as are required by this Act or are prescribed by regulation or as the agency considers necessary for protection of the child.

3.0 Child and Family Services Standards

The Child and Family Services Standards Manual (Volume 1, Agency Standards, Chapter 1, Case Management, Introduction) outlines the following:

The nature and frequency of contact with children are governed by the potential risk to a child and the service provided. Intake workers and case managers must see a child, that is, have direct face-to-face contact, to ensure the child is safe and receives appropriate services in relation to the following case management and service activities:

- Conducting a safety assessment to determine if a child is or might be in need of protection.
- Apprehending a child in need of protection.
- Assessing the risk to and needs of the child to determine what agency services or interventions are required.

- Involving a child in the planning process to help the child accept a service or prepare for a placement.
- Leaving a child found to be in need of protection in the family home or returning a child to the home.
- Contact with a child in care placed in a place of safety, foster home, group home, treatment centre or other child care facility.
- Placing or moving a child in care.

In the case of a child protection emergency, when time or distance prevents immediate face-to-face contact with a child, an intake worker or case manager may rely on the police, a health professional, school authority or community service provider to see the child and to confirm by email or telephone that the child was seen.

4.0 Policy

- 4.1 Where there is an allegation of abuse or neglect of a child a safety assessment must be conducted on all children in the household. This requires **at minimum** that the worker observe and, where possible, interview the child in a safe environment.
- 4.2 The worker is required to meet standards for intake response times on all referrals (Child and Family Services Standard Volume 1, Chapter 1, Section 1.)
- 4.3 All investigations require face to face contact by the worker with the primary caregiver at their current place of residence before the intake disposition is determined.
- 4.4 Where possible, the worker will make direct contact with the person who is alleged to have caused a child to be in need of protection.
- 4.5 Any exceptions to this policy must be approved by the Supervisor. Exceptions may include:
 - The primary caregiver resides outside of ANCR's geographic jurisdiction
 - The worker is unable to locate the primary caregiver after repeated attempts.
 - The intake is attached to an on-going service provider agency who is currently providing service and is responsible for case management activities
 - An interview may not be an option due to a child's developmental stage or cognitive ability
- 4.6 Where case disposition determines ongoing service under part 3 of the act, the worker will continue to provide case management services which meet the standards for frequency of contact as outlined in Standard 1.1.4 (2) – Frequency of Contact.
- 4.7 Program Directors are responsible for the development of program manuals which further outline procedures for client contact.

5.0 Policy Cross reference

- 5.1 Response times policy