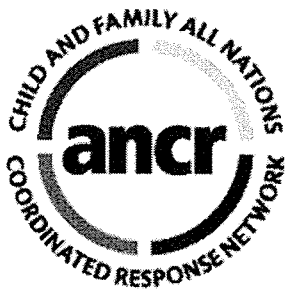
Child and Family All Nations Coordinated Response Network

(ANCR)

Intake

Program Manual

December 7, 2012



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Program Description

In accordance with the *Joint Intake and Emergency Services by Designated Agencies Regulation*, 183/2003, Intake is responsible to provide Tier 2 Intake services on behalf of the Child and Family All Nations Coordinated Response Network (ANCR). This responsibility includes providing child protective services, assessing the need for on-going service by a mandated child and family services agency under Part II or Part III of the *Child and Family Services Act*, and transferring service to the appropriate mandated Child and Family Services agency.

Location

Tier 2 Intake is located within the Child and Family All Nations Coordinated Response Network at 835 Portage Avenue, Winnipeg, Manitoba.

Staffing

The Tier 2 Intake Program consists of 42 staff members, including: 1 Program Director, 5 Supervisors, 30 Intake Workers, 5 Administrative Support workers, 1 Legal Clerk and 1 Case Aide. Tier 2 Intake often has social work students from the Faculty of Social Work as they complete the Field Placement requirement of their degree.

Each supervisor manages a team of six intake workers for a total of five intake teams. Each administrative support worker provides support to one intake team (and reports to an Intake supervisor). The supervisors report to the Program Director, who in turn reports to the ANCR Associate Executive Director of Service.

Goals

1. To assess whether children and families are eligible for services as provided under Part II of the *Child and Family Services Act*
2. To assess whether children are in need of protection as provided for under Part III of the *Child and Family Services Act*

Objectives

- Provide intervention and crisis stabilization services
- Provide thorough assessments on all referrals
- Provide referrals to other programs and services, internal and external to ANCR
- Provide referrals to mandated on-going service provider agencies
- Complete the Authority Determination Process when required

Key functions and Activities

- Case management activities on new ANCR intakes
- Complete Intake Module Safety Assessment and when required, a Safety Plan and the Probability of Future Harm on all allegations of Abuse or Neglect
- Assessment and investigation of all child protections issues, including an assessment of the Caregiver and Child(ren) Strengths and Needs
- Assessment of all other requests for services under Part II of the CFS Act, including Expectant Parent Services
- Gather information from all external and internal collaterals that are involved with the family/child
- Complete referral to the ANCR Abuse Program or Early Intervention Program when required
- Provide emergency services to stabilize the family, with the exception of Abuse emergencies
- Make referrals to other external programs and services
- Complete the ADP when required (refer to the ADP Field Guide)
- Transfer to the appropriate mandated CFS agency
- Complete all required documentation
- Utilize the After-Hours Program for immediate services beyond regular business hours
- Completion of Home Assessments upon request from out of Province referrals
- Respond to requests from other jurisdictions for services when appropriate

Roles and Responsibilities

All services delivered by ANCR Tier 2 Intake will be provided in accordance with the *Child and Family Services Act, Child and Family Services Authorities Act* and the Child and Family Services Standards Manual.

Tier 2 Intake is responsible to ensure that families receive appropriate and timely services, including protective services related to the abuse and neglect of children. The Tier 2 Intake Program is also responsible to ensure that children and families requiring ongoing services are transferred to a mandated CFS agency in a timely manner. In most cases the assessment process for a file within the Tier 2 Intake program is 30 days. However, based on the complexity of some cases, the assessment process can exceed the 30 days.

Tier 2 Intake workers are expected to establish good working relationships with all collateral service agencies and all other involved mandated CFS agencies.

Tier 2 Intake follows the ANCR client contact policy provided as Appendix B.

Intake Case Services

- Provide short term case management services including assessment, case planning, monitoring, referral and closure.
- Respond to any situation where a child may be at risk of abuse or neglect.
- Complete required Safety Assessments and when necessary, a Safety Plan and the Probability of Future Harm on all allegations of Abuse and Neglect
- Complete Structured Decision making tools when required
- Ensure a comprehensive and thorough history has been completed on the family
- Provide emergency services and crisis intervention to stabilize family functioning on cases currently open to Tier 2 Intake
- Apprehend and place children who are in need of protection when appropriate
- Complete required documentation when a child is placed in a Place of Safety or Private Arrangement (refer to Appendix C and D)
- Make referrals that involve an allegation that a child has been physically or sexually abused to the ANCR Abuse Program (refer to Appendix E Abuse Program Criteria)
- Make referrals to the ANCR Early Intervention Program when appropriate (refer to Appendix F EIP Referral Criteria)
- Make referrals to other external programs and services as needed.
- Determine the Authority of Service for cases requiring ongoing services by completing the Authority Determination Process (ADP).
- Complete the case transfer process

- Complete all required documentation
- Facilitate any requests for repatriations that cannot be completed by the AHP or CRP (see Appendix G)
- Provide the court with required documentation where an apprehension occurred
- Provide legal services on Section 28 Protocol cases
- Complete Home Assessments at the request of other jurisdictions when appropriate (see Appendix H)

Dispute Resolution

It is recognized that disputes may arise between the designated intake agency and the agency assigned for ongoing service. The four Child and Family Services Authorities and the Child Protection Branch have conferred on this issue and have developed a statement of policy in regards to the transfer of cases from the designated intake agency (Appendix A). This policy is to be followed and implemented regarding all disputes that arise between ANCR and its partner service provider agencies.

Referral Process

Tier 2 Intake receives referrals from the ANCR Crisis Response Program (CRP), the After Hours Program (AHP), the Abuse Program, and the Early Intervention Program (EIP). It is the responsibility of CRP and the AHP to determine if the referral is appropriate for services under the Child and Family Services Act. If Tier 2 Intake is contacted regarding a new referral that is not already assigned to the program, the intake social worker and/or the supervisor will gather the relevant information from the SOR and an internal written referral will be redirected to the CR Program for processing.

If information is received regarding a family that is currently open to Tier 2 Intake, the referral information will be gathered and immediately forwarded to the assigned worker for follow-up.

Previously Closed Cases

Cases that have been closed for less than 30 days to the Tier 2 Intake Program are treated as open cases by ANCR. Therefore, if ANCR receives an intake that was closed by Tier 2 Intake less than 30 days previously, that intake is re-opened and assigned to the previous intake worker. Cases that have been closed for more that 30 days are treated as a new intake.

If at any point Tier 2 Intake becomes aware that a family is receiving services from another CFS Agency, the intake will close to the Tier 2 Intake program upon referral to the CFS Agency providing the on-going service. (Refer to Appendix L)

Intake Assignment

There are five intake teams. The intakes are assigned within each unit on a rotational basis by the CRP Administrative Support Staff, while taking into consideration the staffing compliment on each team. It is the responsibility of the Intake Supervisor to review and assign the intakes to the intake workers on their teams.

Procedures

The Tier II Intake process involves the gathering and assessment of information to determine whether or not on-going child and family services are necessary or appropriate. The entire intake process involves four stages: information gathering, intake response, intake assessment and intake disposition.

1. Information Gathering

Review Referral Information

- Review referral information from the referring ANCR program
- Review past CFS history (on CFSIS and Intake Module) which includes past assessments and case summaries (opening, closing and transfer)
- Verify current demographic information

2. Intake Response

Issue Identification

- Review the issue management screen on the Intake Module and ensure that all presenting issues in the referral information have been accurately identified and recorded
- Any new issues that are identified during the course of the assessment should be recorded on the Intake Module as they arise.

Review response time

- In consultation with the supervisor, review response time on the issues that were identified and any other presenting information that should be considered.

Contact Collateral Agencies that may have pertinent information

- Police, hospital, school, victim services, and other community organizations

Client Contact

- Refer to ANCR Client Contact Policy (Appendix B)

3. Intake Assessment

The Intake Worker completes a thorough Assessment of the family situation and circumstances to determine case disposition.

Complete Required Intake Assessment

On all allegations of Abuse or Neglect, the Intake worker completes a thorough assessment of the family.

- A Safety Assessment, Safety Plan, Probability of Future Harm is to be completed.
- A new Safety Assessment, Safety Plan and Probability of Future harm are to be completed if NEW allegations of Abuse or Neglect come to the worker's attention on their open Intake.

All other referrals, the Intake Worker completes a thorough assessment of the family. These can include but are not limited to Adult Expectant Parents, Self Referrals, Minor Expectant Parents, Home Assessments, and Internal referrals to the Early Intervention Program. (Refer to Appendix I which guides the intake worker in determining when the SDM tools are to be used and which template to be used based on the outcome of the assessment and case disposition).

Upon completion of the Intake Worker's assessment, the worker reviews the assessment outcome and recommendations with the Supervisor to determine case disposition.

4. Intake Disposition

Once the intake disposition is determined, there are 3 possible outcomes:

1. Transfer to on-going services (External Agencies)
2. Transfer to Early Intervention Program (ANCR internal)
3. Closing

Once the case disposition has been determined by the Intake Worker and their Supervisor, the Intake Worker completes the appropriate case summary, documenting their interventions and assessment using the appropriate Intake Summary template. (Refer to Appendix J).

In circumstances when a case is to be transferred for on-going family services (External Agencies), the assigned Intake Worker will complete the Caregiver Strengths and Needs Assessment, and the Child Strengths and Needs Assessment when there are allegations of Abuse or Neglect.

The Intake Worker will advise the family accordingly and completes the ADP process as outlined in the ADP Field Guide.

On-going service agencies will receive the appropriate Transfer Summary, Safety Assessment, Structured Decision Making Tools, and the ADP (if completed), via fax.

Intake Workers maintain case responsibility until case acceptance letter is received. This process should be within the 5 day acceptance as stated in the case transfer process. In cases where there are children in care, case management and financial

responsibility transfers to the on-going service agency on the same date that agency accepts the family file. (Refer to appendix M)

Expectant Parent Referrals

Minor Parent (see Appendix K for outline)

When Intake receives notification that a minor is pregnant, it is the Intake Worker's responsibility to meet with the minor expectant parent and complete the EPS assessment and Authority Determination Process (ADP). No SDM Tools or Safety Assessment is required. The case is then referred on to the appropriate on-going service provider as a Minor Expectant Parent Service VFS or Minor Expectant Parent Service PRT.

If the minor expectant parent is unwilling to meet with the Intake Worker or the worker is unable to locate the minor expectant parent, the ADP will be completed based upon policy and the case will be transferred to on-going service.

When Intake receives notification that a minor has given birth to a child, it is the Intake Worker's responsibility to meet with the minor parent and complete the appropriate assessment. The Intake Worker will complete the SDM tools and the Safety Assessment if there are allegations of abuse or neglect.

Upon completion of the assessment of the minor parent, a case disposition is determined in conjunction with the Worker and the Supervisor. If the case requires on-going services, the ADP process is completed and the case is prepared for transfer to the appropriate on-going service provider.

Adult Expectant Parent

ANCR is required to assess all referrals related to Adult Expectant Parent Services.

If the referral information concerns an at risk/high risk adult expectant parent, ANCR is required to complete a thorough assessment, the ADP (if required), the appropriate transfer summary, issue a birth alert and refer to on-going protection services. No SDM tools or Safety Assessment is required.

If the referral information is a request for support services, ANCR will complete a thorough assessment, the appropriate transfer summary, the ADP (if required) and refer to on-going services or to the Early Intervention Program for follow up services as appropriate. No SDM tools or Birth Alert is required.

Records Management

In accordance with *The Child and Family Services Act* and *The Child and Family Services Authorities Act*, 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 committee services.

Upon the request for service, an intake file is opened on the Intake Module by the CRP. When CRP determines that further assessment is required the electronic file and hard copy intake is assigned a file number and a labeled file folder (dummy file) i.e. Last name, First name and it is then assigned to an Intake Program Unit. All ANCR interventions and assessments are captured in the Intake Module. Any collateral and social worker correspondence is put on the hard copy file. If a child is apprehended a child in care file (CIC) 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. A letter is added A, B, C, etc...depending on the child's relationship in the family (i.e. Oldest child is A, etc...).

Upon completion of service at ANCR, the Intake Module file is concluded and the collateral information, along with the physical file, is stored at ANCR.

If the family has been referred for on-going service to a mandated agency, ANCR creates a CFSIS family file for the receiving agency and transfers any CIC files to that agency. All ANCR file information is then forwarded to the receiving agency.

Appendix A

Transfer of Cases from the Designation Intake Agency (DIA)

Statement of Policy

1. Issue

While Regulation 186/2003 guides the process for assessing needs for ongoing services 9(1), transferring to appropriate agency 9(2) and confirmation of transfer 9(3), it does not address the question of disputes that may arise between the designated intake agency and the agency assigned for ongoing service. The AJI-CWI partners have conferred on this issue and agree that the following policy will be implemented.

2. Legislative/Regulatory basis for policy

The Child and Family Services Act:

Best interests

2(1) The best interests of the child shall be the paramount consideration of the director, an authority, the children's advocate, an agency and a court 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, etc.

Duties of agencies

7(1) According to standards established by the director and subject to the authority of the director every agency shall:

(d) investigate allegations or evidence that children may be in need of protection;

(e) protect children;

(g) provide care for children in its care;

(l) develop and maintain child care resources;

(r) provide any other services and perform any other duties given to it by this Act or *The Adoption Act*, or by the director in accordance with this Act or *The Adoption Act*

Agency to investigate

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.

The Child and Family Services Authorities Act:

Duties of an authority

19 Subject to the regulations, an authority must, in respect of the persons for whom it is responsible to provide services under section 17,

(a) promote the safety, security and well-being of children and families, and protect children in need of protection;

(b) develop objectives and priorities for providing child and family services consistent with provincial objectives and priorities;

(c) ensure that culturally appropriate standards for services, practices and procedures are developed;

(d) ensure that the standards developed under clause (c) are consistent with provincial standards, objectives and priorities;

(h) ensure that child and family services are provided

(i) in a manner that is responsive to the needs of the children and families receiving the services, and

(j) cooperate with other authorities, the director and others to ensure that the delivery of child and family services in the province is properly coordinated;

Duty to provide joint intake and emergency services

21(1) The authorities must jointly designate an agency (the "designated agency") to provide joint intake and emergency services in any geographic region of the province established by regulation.

Powers of designated agency

21(4) Notwithstanding that authorities and the agencies mandated by them are responsible for providing services to specified persons under section 17, a designated agency has — throughout the geographic region for which it is designated and with

respect to all persons in that region — all of the powers of an agency under *The Child and Family Services Act* for the purpose of providing joint intake and emergency services under this section.

Joint Intake and Emergency Services by Designated Agencies Regulation
Regulation 186/2003
Registered November 10, 2003

Assessing need for ongoing services

9(1) After providing intake and emergency services to a person or family, a designated agency must determine if child and family services are required on an ongoing basis.

Transfer to appropriate agency

9(2) If services are required on an ongoing basis, the designated agency must
(a) determine the authority of service that is responsible for providing ongoing services to the person or family in accordance with the authority determination protocol established in Part 2 of the Child and Family Services Authorities Regulation;
(b) arrange to transfer responsibility for the person or family to the appropriate agency (the "receiving agency") in accordance with the authority determination protocol; and
(c) forward the person's or family's service records to the receiving agency that will be providing ongoing services.

Confirmation of transfer required

9(3) The designated agency must not transfer responsibility for the person or family to the receiving agency for ongoing services until it receives written confirmation from the receiving agency that it assumes responsibility for the person or family.

3. Statement of Policy

When an intake case is ready for ongoing services, those services should be provided as expeditiously as possible given the circumstances of the case. Disputes which may arise at the point of moving a case on for service should be resolved in favour of the client's needs and in favour of addressing risk to children immediately. Disputes between service providers can be resolved after the immediate child protection issues are addressed immediately or within the parameter of the Standards. Services provided while a dispute is being resolved are done on a without prejudice basis.

4. Procedures

a) New Intakes – no current open case or case closed beyond 30 days

The Regulation is fairly unambiguous when it comes to new cases requiring services from the designated intake agency (DIA) and which require transfer for ongoing services. The agreement between the partners also confirms that the agency to provide ongoing service must provide the written confirmation of transfer within five(5) working days of receipt of notice form the DIA that the case is ready for transfer. The DIA remains the case manager until the case is transferred.

It should be noted that written confirmation from the receiving agency should not be delayed beyond the allowable time frames. Further, the written confirmation does not imply discretion by the receiving agency. The receiving agency is required to take the case.

The choice of authority of service means that it is the authority of service that determines the service provider in cases of dispute. The authorities have provided a list of their agencies that would normally provide the services in any given community and that list is the authority's assignment of service provider. The DIA can rely on that list to direct it as to where the notice of readiness for transfer of a case should be sent.

In the case of a dispute or unexplained delay in providing written confirmation, the authority of service shall be notified in writing (email will suffice) with a copy to the DIA's authority. Normally, a dispute would be declared when the DIA and the receiving agency cannot come to an agreement on the transfer of a case. The intended case plan of the receiving agency is irrelevant for this policy and should not be a factor in the dispute.

The authority of service will assign or contract for a service provider upon learning of the dispute. It is recognized that not every case will be fully stabilized at the point that the DIA declares it ready for transfer. Financial responsibility should not be a factor in the dispute.

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

With new intakes on open cases the regulation is somewhat more ambiguous. The term "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 in 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 (email 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 within the authority of service and certain case management obligations. 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.

5. Appeal to Director

If the dispute cannot be resolved on a timely basis and the DIA 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 B

ANCR Client Contact Policy

Client Contact	Policy Category/Number	PSD 4
	Date Approved	*May 7, 2012*
RESPONSIBLE AUTHORITY: ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE	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

Policy Approved by: _____ Date: _____

Appendix C

ANCR POS POLICY

Place of Safety	Policy Category/Number	*PSD2*
	Date Approved	September 5, 2012
RESPONSIBLE AUTHORITY:	Applicable to	Service Delivery Staff
ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE		
	Created by	ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE
PROGRAM AND SERVICE DELIVERY		
	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. Indentifying 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 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.

Policy Approved by: _____ Date: _____

Appendix D

PRIVATE ARRANGEMENT POLICY

Private Arrangements	**Policy Category/Number**	***PSD3***
	Date Approved	*September 5, 2012*
RESPONSIBLE AUTHORITY:	**Applicable to**	*All Service Programs*
ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE		
	Created by	ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE
Program and Service Delivery		
	Date Reviewed	Original
	Date Revised	Original
	Number of Pages	**2**

5.0 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.

6.0 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.

7.0 Policy

<u>When To Use Private Arrangements</u>

7.1 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.

7.2 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).

7.3 Private arrangements will not be pursued where the risk posed by the legal guardian(s) is assessed to be high.

7.4 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.

7.5 Private arrangements are intended to be of short duration until further assessment occurs.

7.6 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

7.7 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.

7.8 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)

7.9 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.

7.10 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

7.11 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)).

7.12 The worker continues to maintain contact as required under ANCR's Contact Policy and the Provincial CFS Standards.

Documenting a Private Arrangement

7.13 The use of private arrangements will be thoroughly documented in the Intake Module.

7.14 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

7.15 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.

Policy Approved by: _____ Date: _____

Appendix E

Abuse Investigation Criteria and Abuse Intake Referral Process

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.

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.

Abuse Intake Referral Process

The AIU receives Abuse Investigation referrals through two processes: internally from ANCR and externally from all other child and family service (CFS) agencies. The Intake Module report, or if necessary the prescribed referral form, is to be used for either referral process.

Internal Referrals
ANCR referrals to the AIU will be referred from the Crisis Response Unit (CRU), the Intake Unit or the Community Program. All referrals should be completed in its entirety on the Intake Module and then forwarded to the appropriate AIU Supervisor. The AIU Supervisor will screen the referral to ensure that it meets the program criteria and then assign the referral to an AIU investigator.

Reception

When ANCR Reception receives a call from the public regarding a child or family who requires service, if they are able to obtain a name they immediately run a prior contact check. If the family or child is currently open to a mandated Child & Family Services Agency, including ANCR, the caller is referred to the assigned social worker. If the file is opened to an Abuse Investigator as the current worker, the caller is forwarded to the assigned ANCR Abuse Investigator. If the file is opened to an Intake Social Worker as the current worker and an ANCR Abuse Investigator as the alternate worker, the caller is referred to the assigned Intake Worker. If there is no file open on the child or family, the caller is forwarded to the Crisis Response Program (CRP) for intake and disposition.

Crisis Response Program (CRP)

Disposition of the file:
Upon screening in a referral, the CRP determines the disposition of the file. There are four categories of file disposition to choose from: Family Enhancement, Intake, Abuse and Intake/Abuse. The following outlines the processes for Abuse files and Intake/Abuse files.

Abuse:

- When the only issues identified in the Intake Module Issue Management Screen are physical and/or sexual abuse issues and the safety assessment indicates that the alleged victim is safe, the file disposition is designated to the Abuse Investigation Program (AIP).
- CRP opens the Intake and the CRP Supervisor assigns it to the appropriate abuse unit based upon the **culture of origin** of the case reference. If the culture of origin is not determined, the intake is assigned based upon rotation.
- AIP will conduct the abuse investigation and will be the only workers assigned to the file provided no other Child Welfare Issues are identified during the course of the investigation.

Intake/Abuse:

- When the issues indentified in the **Intake Module Issue Management Screen** include other child welfare issues, in addition to abuse, the file is designated as Intake/Abuse.
- CRP opens the Intake and the CRP Supervisor forwards the Intake to the appropriate Abuse Unit and to the appropriate Intake Unit.

Incidents on open Abuse cases:

When the Crisis Response Program receives written information regarding a file open as an Abuse Only file, the information is forwarded to the assigned Abuse Supervisor. When the Crisis Response Program receives written information regarding a file that is open to the Abuse Investigations Program and the Intake Program, the written information is forwarded to the assigned Intake Supervisor and copied to the Abuse Investigation Supervisor. In either circumstance, it is the responsibility of the receiving supervisor to review the written information and ensure that proper action is taken.
If the Crisis Response Program receives a phone call regarding a file open as Abuse only, the Crisis Response Social Worker obtains the information from the caller and completes a case note in the Intake Module. The Crisis Response social worker must also add the appropriate issue in the Issue Management Screen in the Intake Module. The Crisis Response Social Worker then contacts the assigned Abuse Investigator and informs them of the information. A copy of the new information in the Intake Module is then forwarded to the CRU supervisor for review and the assigned Abuse Investigation Supervisor will then receive a copy. When the Crisis Response Program receives a phone call on a case that is opened to Intake and Abuse, it is the Intake Social Worker that is contacted by the Crisis Response Social Worker and the finalized Intake Module report is forwarded to the assigned Intake Supervisor.

Abuse Investigation Program

Abuse Emergencies:

There are two types of Abuse Emergencies. The first one relates to referrals in which the immediate issue is one of physical and/or sexual abuse and the only assigned worker at ANCR is an Abuse Investigator. ***Abuse Emergencies are defined as immediate child protection concerns that require immediate action to ensure the safety of the child.*** An Abuse Investigator has the authority and the obligation to apprehend if they are the only Child & Family Services worker present and if the apprehension of the child is to ensure their immediate safety (as per the ANCR Abuse Program Manual). The second type of Abuse emergency is that where an Abuse Investigator is the only assigned worker but the immediate child welfare issue is a non-abuse issue. In these cases, as there is no case manager assigned, the CRU team that is on back-up will provide the case management function.

Non-immediate Abuse Referrals to Intake:

During the course of an investigation the Abuse Investigator may become aware of other non-abuse child welfare issues (i.e. Neglect) that require further assessment and investigation but do not constitute an emergency as defined in the previous paragraph. The Abuse Investigator must then make a referral to the Intake Program.

Intake Referral Procedures:

1. Abuse worker completes note in the Intake Module titled "Referral to Intake", detailing the referring information, the Intake issues, current safety, and reason for referral. Clarity of issues needs to be documented, along with updating the Issue Management Screen.
2. The assigned Abuse Worker ensures the culture of origin information and demographics on all family members is up to date on the IM.
3. A physical copy of the updated IM is submitted by the Abuse Worker to their assigned supervisor.

4. The Abuse Supervisor reviews the referral information and if approved, walks it up to the appropriate Intake Supervisor for discussion and acceptance.
5. Abuse supervisor walks a printed copy of the complete Intake Module to the CRU Administrative Assistant.
6. CRU Administrative Assistant assigns the file to the appropriate intake unit and changes the current worker and supervisor and adds the abuse worker and abuse supervisor as alternate workers.
7. When the Intake Worker has completed the Intake Investigation/Assessment (ready for transfer or closure) and the file is still active in the Abuse Program:

a) The Intake Supervisor will notify the Abuse Supervisor, Abuse Investigator, and Admin support staff of both Programs via e-mail, to request Abuse Worker summary/template be added, and the Issue Management and Maltreatment Screens be completed.
b) The Abuse worker will add the Summary/template upon receipt of the e-mail.
c) Once complete, the Abuse Worker will have an Abuse Supervisor review and approve the Summary documentation.
d) The Abuse Supervisor will then notify the Abuse Admin once complete via e-mail.
e) The Abuse Admin will finalize the Abuse notes and send an e-mail to the Intake Admin to advise of completion.

Please note that this entire process will be complete within 24 hours on all files with CIC's attached or 48 hours on all others.

Abuse Only Spin off Cases:

When the Abuse Investigations Program learns, through the course of investigation, information that requires an Abuse Only file to be opened on another family or offender, the file can be opened directly by the Abuse Program.

Abuse Only Apprehensions:

An Abuse Investigator has the authority and the obligation to apprehend if they are the only mandated Child & Family Services worker present and if the apprehension of the child is to ensure their immediate safety (as per the ANCR Abuse Program Manual).

Abuse Apprehension Procedures:

1. The Abuse Investigator documents the reasons and activities pertaining to the apprehension in a case note on the Intake Module.
2. The Abuse Investigator secures an appropriate placement for the child and completes placement of the child.
3. The Abuse Investigator completes the required court particulars and sends them via e-mail to the Intake Legal Clerk and a copy to the Abuse Supervisor.

4. The Abuse Investigator completes the Child in Care Transmittal.
5. Abuse Investigator submits the court particulars, the Child in Care Transmittal and a complete copy of the Intake Module to their supervisor for approval.
6. The Abuse Investigation Supervisor walks the complete referral package to the CRU Administrative Assistant.
7. CRU Administrative Assistant opens the Child in Care file and assigns the CIC file and the Intake Module to the appropriate Intake unit changing the current worker and supervisor and adding the Abuse Investigator and Abuse Supervisor as alternate workers.
8. When the Intake Worker has completed the intake investigation/assessment and the file is still active in the Abuse Program, after approval from the Intake Supervisor, a pink notification sheet will be done by the intake administrative assistant informing the abuse supervisor and worker. The file is handled as an Abuse Only case from this point.

Intake and Family Enhancement

Referrals to the Abuse Program:

During the course of providing service to a family or a child, the Intake Worker and/or Family Enhancement Worker (case manager) may receive information that causes them to believe that a child is or might be abused.

Abuse Referral Procedure (From Intake or Family Enhancement):

1. The assigned case manager adds the applicable abuse issue to the Issue Management Screen in the Intake Module (IM).
2. The assigned case manager adds a case note titled "Referral to Abuse" detailing the referring information, including but not limited to details of disclosure, current safety, and reason for referral.
3. The assigned case manager ensures the culture of origin information on all family members is up to date on the IM.
4. A physical copy of the updated IM is submitted by the case manager to their assigned supervisor.
5. The Intake/FE Supervisor reviews the referral information and if approved, walks it up to the appropriate AIP Supervisor dependent upon the culture of origin of the case reference for discussion and acceptance.
6. The Abuse Supervisor reviews the referral and gives it to their admin, who will assign it to an Abuse Investigator.

7. If the above process is not able to be resolved at the supervisor level, it will be referred to the relevant Program Directors for resolution.

An abuse investigation can occur simultaneously while other services are being provided by ANCR. If Family Enhancement or Intake is concluding their involvement either by closing or transferring the family, they **MUST** notify Abuse Investigations in order for AIU to ensure that the proper administrative process is followed. The file is handled as an Abuse Only case from this point.

After Hours Program

Recording after hours incidents on cases open to Abuse:

When the After Hours Program provides services on a case already open to ANCR, the After Hours Social Worker must determine what type of a file it is. If it is an Abuse Only file, the file will have an Abuse Investigator assigned as the current worker and an Abuse Supervisor assigned as the Current Supervisor.

Referral Process

1. The After Hours Social Worker adds the presenting information into a case note on the open Intake Module and updates the Issue Management Screen.
2. The Intake Module Report is approved by the After Hours Supervisor.
3. The case notes are finalized on the next working day by the Crisis Response Administrative Support Worker.
4. The CRU Administrative Assistant also forwards a report to the assigned Abuse Supervisor.
5. If there is an existing CFSIS case open to another mandated CFS agency and an intake open to the ANCR Abuse Program, the AH Worker ***creates a new intake*** which is forwarded to the ongoing service agency and copied to the assigned Abuse Investigator.
6. If the intake is an open Intake/Abuse file, the CRU Administrative Assistant will forward the Intake Module Report to the Assigned Intake Supervisor in addition to forwarding a copy to the assigned Abuse Supervisor.

Appendix F

EIP Referral Criteria

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 G

Repatriations

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

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 H

HOME ASSESSMENT

Completed by Child & Family All Nations Coordinated Response Network

DEMOGRAPHICS ON APPLICANTS:

Foster Mother:
DOB:
Address:
Phone:

Foster Father:
DOB:
Address:
Phone:
Cellular:

CHILDREN IN HOME:

Name:
DOB:
Address:
School:

Name:
DOB:
Address:
School:

PURPOSE OF HOME STUDY:

In this section, provide the date when you were assigned the file, provide brief summary on the current circumstances and reason for the home study. Indicate if the child/ren is wards of the requesting province. Include brief information on the relationship of the family that the assessment is being conducted in relation to the children potentially being placed (ie. Cousin, aunt, uncle, etc...)

Example: "On DATE this worker was assigned the file of NAME OF FAMILY to complete a home assessment on behalf of AGENCY NAME in the matter of the child/ren, NAME OF CHILD/REN who was under an Order of Crown Wardship with their agency. NAME OF FOSTER FAMILY have voiced interest in providing long term care to this child, who is an extended family member of the foster children previously placed in their care.

This worker met with the couple on DATE to complete home assessment. The following report is this worker's observations and recommendations.

HOME & NEIGHBORHOOD:

In this area, provide a description of the home, surrounding area and community (schools, recreation centre's, etc...). Include information that is relevant to potentially placing extra children in the home such as bedrooms, space, condition, safety equipped with fire detectors, etc... Include whether there are pets in the home in the event the children potentially being placed have allergies.

FOSTER PARENTS (Applicants):
(Provide physical, personality description and background information of each applicant)

Physical description:
Include brief physical description of each adult applicant in the home (also include cultural affiliation, languages written and spoken, etc..)

Personality description:
Provide brief description of each adult applicant's personality.

Background Information:
In this section provide information about where each applicant grew up, where they have lived, relationships, other children not currently living in the home and their whereabouts, past medical issues, family of origin, relationships with extended family, support system, etc...

Education/Training/Employment:
In this section provide information about each applicant's educational background, employment history, current employment and hours of work, source of income if not employed, specialized training or courses, etc...

Health:
In this section provide information about each applicants current health and/or medical issues (such as diabetes, high blood pressure, for example), alcohol, drug, nicotine use and patterns, current medications, what they do for self care, etc...

Religion/Spirituality:
In this section provide information related to current cultural or religious affiliations, ethnicity/ treaty status, special events, cultural observances, perceptions of other cultures and religious affiliations if different from own, etc...

Interests/Activities:
In this section provide general information about each applicants interests, activities, hobbies as individuals and as a couple if in a current relationship.

Current Relationship/Roles:
In this section include information about current partner relationship, problem solving, issues with domestic violence past or current, current values, priorities, views on parenting, chores, disciplinary practices and views, relationship with own children, parental roles, etc..

MOTIVATION/ATTITUDES TOWARDS FOSTERING:
In this section provide reasons/motivations and attitudes of applicants interest in fostering.

OWN CHILDREN:
In this section provide the names, DOB, and current address of applicants own biological children (even if they are an adult). Include information about education, health, diagnoses, behavioral issues, current relationship and interaction between applicant and own children, etc...

OTHERS RESIDING IN HOME:
Include names and DOB of any others residing in the home of the applicants not mentioned in any other section. Provide background information such as relationship to applicant and children, education, employment, medical/health information, criminal involvement, alcohol/drug/nicotine use, etc...

CHILD (potentially placed):

Name:
D.O.B.:
Agency and Status:
Include a brief summary of any information the Agency has provided to us about the child's behaviour, special needs, health, education, etc...(All reports received from the requesting Agency should be maintained in the physical file.)

REPORTS/BACKGROUND CHECKS COMPLETED:
In this section include the name of all adults in the home and the status/results of the following checks:
Criminal Name Check
Prior Contact check by a CFS Agency
Child Abuse Registry Check

WORKER'S IMPRESSIONS/ASSESSMENT:
Provide a summary of your overall assessment of the family based on the information you have gathered. Include information such as your overall impression of the family and their

functioning, their suitability, home environment, concerns, overall commitment and ability to provide care, cooperation with the process, etc..

LICENSING REQUIREMENTS (Members must include recommended foster placements):

1) Number of persons sleeping in the home (example 4 = 2 foster children and 2 adults)
2) Number of dependent persons, including own biological children requiring care/supervision (example. 2 total)
3) Number of children under 5-years in home (example 0 total)
4) Number of children under 2-years in home (example 0 total)

RECOMMENDATIONS:

_____

(Worker's Name and credentials),
Intake Social Worker, Team (A,B,C,D, or E)
Child & Family All Nations Coordinated Response Network
Date

_____

(Supervisor's Name and credentials),
Intake Supervisor, Team (A, B, C, D or E)
Child & Family All Nations Coordinated Response Network
Date

Appendix I

Intake Summary Templates
What to Use and When

SDM Intake Transfer Summary Template

- Use upon completion of training on all new intakes received where there is an allegation of Abuse or Neglect that require transfer to on-going services to External Agencies
- Safety Assessment and Probability of Future Harm to be completed
- Caregiver and Children's Strengths and Needs tools to be completed
- A **new** Safety Assessment and Probability of Future Harm to be completed when there is a NEW allegation of Abuse or Neglect on an open intake

Intake Transfer Summary (revised April 2012)

- Use on all Non Protection IM's (CFS Act – Part II -VFS)
- Use on all Adult Expectant Parent cases
- (No SDM tools or Safety Assessment needed)

Intake Transfer Summary – Internal Early Intervention Program

- Use on all intakes being referred to ANCR's Early Intervention Program upon assessing the suitability of transferring to that Program
- Safety Assessment and the Probability of Future Harm to be completed only if there were allegations of Abuse or Neglect that were needing to be assessed
- Caregiver and Child Strengths and Needs tools are NOT completed

Minor EPS Summary (revised April 2012)

- Use for all Minor Expectant Parent cases
- (No SDM tools or Safety Assessment needed)

Intake Closing Summary (revised April 2012)

- Use on all intakes received that require closing
- Safety Assessment and Probability of Future Harm needs to be completed on all allegations of Abuse or Neglect
- Caregiver and Child Strengths and Needs tools are NOT completed but your Intake documentation/case notes should cover all domains in your Summary

Intake Closing Summary – Section 28 Protocol

- To be used on cases that are open to other Agencies
- No SDM tools need to be completed

Appendix J

Intake Summary Template Outlines

SDM INTAKE TRANSFER SUMMARY

FAMILY COMPOSITION: (who is in the biological family or extended family (if they play a large role), Composition and Structure of Family, Source of income for family, etc)

SIGNIFICANT OTHERS: (who is involved with the family? Extended family, collaterals- names and numbers and address etc)

PREVIOUS CHILD WELFARE INVOLVEMENT:

ISSUE ASSESSMENT: (Summary of Agency's interventions from the time of opening to time of closing/transfer).

CAREGIVER STRENGTHS AND NEEDS ASSESSMENT:

Identify that the CSN was completed with the family and identify who was included.
Specifically, indicate who was noted to be the primary care provider and the secondary care provider (if applicable), and why.
After completing the CSN on the family, list the strengths that were noted for the family as well as the needs that were noted for the family.

Substance Abuse/Use
Add information

Household Relationships Among Adults
Add information

Social/Community Support System
Add information

Parenting Skills
Add information

Mental Health/Coping Skills
Add information

Resource Management/Basic Needs
Add information

Cultural/Community Identity
Add information

Physical Health
Add information

Under each sub-heading above, please talk about the current reported concerns (if they apply to that heading), your assessment as to how the family is functioning in this area, an assessment on how the family feels that they are functioning in this area, and how the family acknowledges concerns/strengths in regards to the respective headings. In addition to this, please add any outstanding concerns that may exist in regards to the heading and also speak to any recommendations that should be made to the ongoing service Agency.

CHILD SPECIFIC INFORMATION:
(When child/children are in care)

Child's name-
DOB-
Legal Status-
Placement-
Band Affiliation-
Treat Number-
MHSC-
PHIN-

CHILD (REN)'S STRENGTHS AND NEEDS ASSESSMENT:
Indicate that the Children's SN was completed on each child in the home.

Write a brief paragraph describing each child and outlining any strength or needs that were identified for the child by the tool. Give a brief assessment on how the child is doing and provide basic information on each child (school, daycare, special needs, etc).

STATEMENT OF RISK:
Outline the outcome of the Safety Assessment (is the child Safe, Unsafe, or Conditionally Safe). The results of the Probability of Future Harm along with the PFH Narrative are outlined here. If there is an override on the PFH, indicate that in this section and provide the narrative as to why.

ASSESSMENT CONCLUSION:
Very briefly list the reasons for opening and summarize the reason for transfer and indicate the outcome of the ADP.

For example,
"The family was reported to the Agency due to ongoing concerns of domestic violence and substance use. Follow up has occurred with the family and it has been determined that ongoing assessment and support are required. Due to the results of the Safety Assessment and the Probability of Future Harm the file is being transferred to the BLANK Authority as per the ADP Process.

INTAKE TRANSFER SUMMARY

FAMILY COMPOSITION:

One paragraph that explains who is in the family. Include the father's of the children, their whereabouts and contact with their children. Include any extended family or psychological family i.e. friends, professionals etc., who is involved.

SIGNIFICANT OTHERS:

List significant family members, Professionals etc., Name, title, address and phone number. If Abuse is involved provide the Abuse Investigator's information.

PREVIOUS CHILD WELFARE INVOLVEMENT:

If history is complete by CRU/ AHU, you can say "Please see CRU/AHU report for details on the history with this family". If the history is incomplete, a chronology of involvement is necessary.

ISSUE ASSESSMENT:

In paragraph form, **summarize** all the contacts within the current intake in chronological order from the initial call to CRU/AHU to the signing of the ADP. Include dates. Please do not cut and paste from your case notes. This is a summary. Also, include the child protection issues addressed, the client's understanding of the issues and their willingness to address the problem. Ensure that a comment is made regarding when and where all of the children were observed/ interviewed and the field made to the home. If Abuse is involved, mention that the status of the investigation and refer to the Abuse Investigator. Regarding domestic violence cases, include the contact with the offender.

ENVIRONMENTAL STRESSORS AND RESOURCES:

In paragraph form, comment on the physical environment of the home- condition inside and out, safety concerns, furnishings, cleanliness; family finances- source of income, financial management/budgeting/stress, food shortages; social supports- extended family, friends, neighbors, community, available child care, socialization, availability of transportation.

PARENT'S PSYCHO-SOCIAL FUNCTIONING:

In paragraph form, family of origin issues (abuse and neglect), occupational history; mental health issues/diagnoses/medications; cognitive functioning- developmental level and limitations affecting parenting; substance use/misuse- type, frequency and duration, previous treatment, stage of change; interpersonal relationships- quality and nature, presence of family violence and if so, therapy for F.V, is the victim protective?, current orders in place; coping skills- degree of stress in one's life and how this is handled, amount of physical and emotional

control). Include information on father or Case Reference's partner and their Psycho-Social functioning.

PARENTING SKILLS:

In paragraph form, comment on understanding of child development; routine and structure provided for children; basic needs/ child care provided; attachment between parent and children, discipline methods; parenting courses taken.

CHILD INFORMATION:

In paragraph form for each child within the intake, provide name and age of child, comment on appearance, ethnicity, health, developmental level, cognitive difficulties (special needs), mental health issues/ diagnoses/ medications, school and grade, any risk factors like suicidal ideation, gang involvement, justice involvement etc.

CHILDREN IN CARE WITH ANCR:
(When applicable)

Name:
DOB:
MHSC:
PHIN:
Date of Admission/Apprehension:
Current Placement (Address and phone):
Immediate Needs:
Diagnoses:
Medications:
Allergies:
Legal Status:
Visitation Restrictions:

FAMILY STRENGTHS AND SKILLS:

In paragraph form, comment on parent/ child strengths, past successes, supports used, motivation to change, accepting of responsibility for behavior, placing their children first, etc.

STATEMENT OF RISK:

In paragraph form, provide a statement of risk regarding the children with a brief explanation as to what factors were considered in the determination. Include parent factors/issues, child factors, and environmental factors. Example: if a child/youth is suicidal within the intake, you must comment on the risk of the child to suicide and also the risk of them coming into care. If the child has been seen at MCT etc, the assessor can help with this assessment of risk. Relate

the statement of risk to the issues that have come up within the intake. There will likely be more than one. Talk about what might elevate/mitigate risk.

OUTSTANDING CONCERNS:

List the concerns that are related to the issues that have come to our attention throughout the intake and also unresolved issues that still require attention by the receiving agency.

1.

2.

ASSESSMENT CONCLUSION:

Example: As a result of the outstanding concerns in this family, the issues cannot be resolved at the intake level and require further assessment and intervention. As such, it is recommended that the file be transferred for ongoing services to the appropriate Authority as stipulated by the current ADP.

Intake Worker:
Name

Intake Supervisor:
Name

EARLY INTERVENTION PROGRAM TRANSFER SUMMARY - INTERNAL

FAMILY COMPOSITION:
Who is in the biological family or extended family (if they play a large role), Composition and Structure of Family, Source of income for family, etc...

ISSUE ASSESSMENT:
Provide a brief Summary of Agency's interventions and overall assessment on how the family responded, the understanding of the issues and their willingness to address the problem, etc...

STATEMENT OF RISK:
Outline the outcome of the Safety Assessment (is the child Safe or Conditionally Safe). The results of the Probability of Future Harm along with the PFH Narrative are outlined here. If there is an override on the PFH, indicate that in this section and provide the narrative as to why.

(Do **NOT** complete the Caregiver or Child's Strengths and Needs Tools for internal FE referrals). If this is a referral to ANCR's FE where no allegations of abuse or neglect have been screened in a statement of risk is not required (Voluntary Cases).

ASSESSMENT CONCLUSION:
Briefly Identify reasons for transferring to FE, any safety planning, community referrals, and/or recommendations for services, how the referral meets the FE criteria, etc...

Intake Worker:

Intake Supervisor:

INTAKE CLOSING SUMMARY

FAMILY COMPOSITION: who is in the biological family or extended family (if they play a large role), Composition and Structure of Family, Source of income for family, etc)

ISSUE ASSESSMENT: (Brief Summary of Agency's interventions and overall assessment on how the family responded)

STATEMENT OF RISK:
Outline the outcome of the Safety Assessment (is the child Safe, Unsafe, or Conditionally Safe). The results of the Probability of Future Harm along with the PFH Narrative are outlined here. If there is an override on the PFH, indicate that in this section and provide the narrative as to why.

If this is a closing summary where no allegations of abuse or neglect have been screened in a statement of risk is not required (Voluntary Cases).

ASSESSMENT CONCLUSION:
Briefly Identify reasons for closing, any safety planning, community referrals, or recommendations should the family come to the attention of the Agency again, etc.

Discuss your justification for closing here in relation to the Probability of Future Harm in consultation with your supervisor.

Intake Worker:

Intake Supervisor:

Closing Summary
Sec. 28 Protocol

Child (ren) were apprehended by ANCR on (date__) due to (issue____).

(Agency___) has an open service file on this family.

(Agency___) was notified of the apprehension on (date__) and as per Section 28 Protocol assumed case management of the CIC file(s) on (date__).

The level of risk will be assessed by (Agency___).

Section 28 granted to (Agency___) on (date__). ANCR file can now be closed.

_____
Intake Worker

_____
Intake Supervisor

Appendix K

MINOR EXPECTANT PARENT TRANSFER SUMMARY

FAMILY COMPOSITION:

Identify the expectant mother and her due date
Identify the expectant father
Grandparents- maternal and paternal

SIGNIFICANT OTHERS:

Demographic information regarding community members and collaterals involved
Include Siblings and Maternal and Paternal Grandparents including (if available): DOB, ADDRESS, PHONE, PLACE OF EMPLOYMENT and EIAWORKER.

PREVIOUS CHILD WELFARE HISTORY:

Include summaries of the Previous Child Welfare History for both the Maternal and Paternal Grandparents.

INTAKE ASSESSMENT:

Identify Family Doctor or Obstetrician and hospital
EDC/ gender and names for baby
Prenatal care
How far along when she found out
How is the pregnancy going? Sickness? Concerns?
Any medication used; any drinking or drugs during pregnancy?
Plans for living arrangements with baby
Does the parent have the necessary supplies for the baby (i.e.: crib, sleepers, diapers, formula).
School and plans for schooling following birth of baby including daycare plans
Experience with babies
Aware of dangers that could result in accidental suffocation such as the use of blankets, stuffed toys or animals in the crib
Know to place baby on back for sleeping
Aware of factors that can contribute to infant death such as dehydration, smoking in home
Expectations around caring for baby
How does the parent believe her life will change once baby is born?
Safety plan if overwhelmed with baby
Source of Income

Has the Mother applied for the following:
Healthy Baby Benefit
Birth Certificate for infant

Social Insurance Number
Post Natal: Child Tax Benefit

ASSESSMENT OF THE PUTATIVE FATHER:

Name/ DOB/ Address/ Phone Number
How long together
Reaction to pregnancy i.e.: What was the response of the baby's father and his family
Expected involvement
Any issues of domestic violence, criminal activity, addictions, mental health?
School? Work?

STRENGTHS AND SUPPORTS:

Consider the following as possible strengths for EPS mothers:
Ability to reach out and connect with extended family, friends, community agencies
Ability to recognize areas for personal growth
Does well in school and/or employment
Ability to articulate/ communicate ones needs
List who are the supports now and who the mother/family will utilize as supports when the child arrives.

STATEMENT OF RISK:

Statement of risk regarding the infant with a brief explanation as to what factors were considered in the determination. This should include parent, child and environmental factors. Mention if there are current child protection concerns in either family.

OUTSTANDING CONCERNS:

ASSESSMENT CONCLUSION:

Briefly list the reason for opening and summarize the reason for transfer and indicate the outcome of the ADP.

Intake Worker:

Intake Supervisor:

Appendix L

30 Day Rule

New Intakes – no current case open or case closed beyond 30 days

The Regulation is fairly unambiguous when it comes to new cases requiring services from the designated intake agency (DIA) and which require transfer for ongoing services. The agreement between the partners also confirms that the agency to provide ongoing service must provide the written confirmation of transfer within five (5) working days of receipt of notice form the DIA that the case is ready for transfer. The DIA remains the case manager until the case is transferred.

It should be noted that written confirmation from the receiving agency should not be delayed beyond the allowable time frames. Further, the written confirmation does not imply discretion by the receiving agency. The receiving agency is required to take the case.

The choice of Authority of service means that it is the Authority of service that determines the service provider (agency) in cases of dispute. The Authorities have provided a list of their agencies that would normally provide the services in any given community and that list is the Authority's assignment of service provider. The DIA can rely on that list to direct it as to where the notice of readiness for transfer of a case should be sent.

In the case of a dispute or unexplained delay in providing written confirmation, the Authority of service shall be notified in writing (e-mail will suffice) with a copy to the DIA's Authority. Normally, a dispute would be declared when the DIA and the receiving agency cannot come to an agreement on the transfer of a case. The intended case plan of the receiving agency is irrelevant for this policy and should not be a factor in the dispute.

The Authority of service will assign or contract for a service provider upon learning of the dispute. It is recognized that not every case will be fully stabilized at the point that the DIA declares it ready for transfer. Financial responsibility should not be a factor in the dispute.

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. CRU 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 M

PROTOCOL

Transfer of Cases Involving Section 28 of *The Child and Family Services Act*

INTRODUCTION

The transfer of a case to a child and family services agency from the designated intake agency may involve a court proceeding initiated at the point that the designated intake agency has first contact with a family. Typically, these are case types involving the apprehension of a child.
Policy Questions

1. When an apprehension has occurred and the case is ready to transfer for ongoing service, which agency is responsible for filing the court documents?
2. When an apprehension has occurred and the case is ready to transfer for ongoing service, which agency assumes financial responsibility?

Legislative Response
Section 28(2) of *The Child and Family Services Act* allows a court to transfer proceedings to an agency other than the apprehending agency upon application by the apprehending agency.

STATEMENT OF POLICY

In all cases involving the apprehension of a child and which will require ongoing services by an agency, the case supervision and financial responsibility shall transfer to the agency responsible for the ongoing services (receiving agency) as soon as possible. Delays in court proceedings shall not delay the transfer of case supervision responsibility and financial responsibility.

PROCEDURES

A. Transfer of Proceedings in an Open Case

The designated intake agency is sometimes in a position to apprehend a child who is already involved in an open case with an agency. In these circumstances:

- The matter will be sent to the agency that has the open case by the next working day for supervision, case planning and financial responsibility. No letter accepting transfer is required.
- The designated intake agency will file the necessary court documents within four juridical days in consultation with the supervising agency. The supervising agency is the case management body and makes the final decision on the case plan.
- The court proceedings are transferred under Section 28.

B. Transfer of Recently Closed Cases

The designated intake agency may apprehend a child in a case that has recently closed. If the closure of the case occurred less than 30 days prior to this apprehension, the provisions of Section A (above) would apply.

C. Transfer of Proceedings in a New Case

In all new intakes received by the designated intake agency, an apprehension may be necessary to protect the child and assist in stabilizing the family. In these circumstances:

- The designated intake agency places the child in emergency placement.
- The designated intake agency files the necessary court documents.
- The designated intake agency plans for short term care of the child and ensures that the ADP is completed if the assessment reveals that ongoing services are required.
- The designated intake agency refers the case to the appropriate receiving agency.
- The receiving agency assumes case supervision and financial responsibility for the case in its normal course of doing child welfare business and within the prescribed timeframes. NOTE: financial responsibility occurs at the point of accepting case supervision.
- A Section 28 transfer occurs typically after the case supervision has transferred for ongoing service and the receiving agency's name is substituted for designated intake agency in court.
- The child in care case is then formally transferred to the receiving agency.

Assented to on October 19, 2005 at the City of Winnipeg, Province of Manitoba.

Lisa Champagne Chief Executive Officer Métis Child and Family Services Authority	Walter Spence Chief Executive Officer First Nations of Northern Manitoba Child and Family Services Authority
Dennis H. Schellenberg Chief Executive Officer General Child and Family Services Authority	Elsie Flette Chief Executive Officer First Nations of Southern Manitoba Child and Family Services Authority