

ANCR Service Model Review Recommendations - Progress Report – September 2012

	Recommendations	Response	Status	Comments
	RECOMMENDATIONS COMPLETED			
1.	RECOMMENDATION 1:10: It is recommended that all investigations include the completion of a risk assessment and all decisions to close or transfer the case be made in accordance with a specific criteria established to guide decision-making in this area.	Implementation of SDM tools at ANCR on all allegations of abuse and neglect.	Complete	
2.	RECOMMENDATION 1:11: It is recommended that a protocol and procedures be established for the transfer of cases to another ANCR program or for ongoing services, and that these procedures are consistently applied.	<p>With the implementation of Structured Decision Making ANCR programs now use SDM tools for standardized decision making on cases of abuse or neglect.</p> <p>Templates have been developed to ensure transfer information is consistent.</p> <p>Procedures have been established for internal transfers between programs and these are documented in program manuals.</p>	Complete	Templates distributed via ANCR Advisory committee.

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3.	RECOMMENDATION 1:12: It is recommended that transfers occur within the standardized time frame to ensure that the children and families do not experience a gap or break in service during the case transfer process.	<p>The SDM assessment tools have been incorporated into the transfer process.</p> <p>Case transfers are prioritized in the disposition process.</p> <p>Program Directors monitor outstanding case dispositions.</p>	Complete	Information has been shared with all ANCR partner agencies.
4.	RECOMMENDATION 1:16: It is recommended that a stronger criteria and framework be developed for the Service Request Forms. These forms should include, but not be limited to the following information: - information on the case plan for the child or family - date of last contact and face-to-face meeting - risk assessment - clear and accurate up to date information on the services requested	<p>Service Request forms have been revised and circulated to agencies.</p> <p>Service requests are reviewed by supervisors at the beginning of every shift and returned to agencies/workers if inappropriate or incomplete.</p> <p>Information sharing and communication with agencies is ongoing.</p>	Complete	After Hours management continues to meet with partner agencies to discuss and share information around the service request process.
5.	RECOMMENDATION 1:19: It is recommended that Case Aides be contracted for all AHU shifts including the night shift.	2 Case Aide positions were added to the AHP staffing compliment.	Complete	These positions are budgeted for the 2012/13 year, awaiting confirmation of ongoing funding.

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6.	RECOMMENDATION 1:20: It is recommended that a working committee with ANCR staff and representatives from other CFS agencies be established to develop guidelines for effective communication, shared information and access to specific information and case plans after regular work hours.	<p>ANCR Advisory Committee Terms of Reference has been completed.</p> <p>Communication Audit has been completed and included input from ANCR's partner agencies.</p> <p>AHP conducts regular presentations on AHP services with ANCR partner agencies.</p>	Complete	Recommendations from the Communication Audit are currently being incorporated into ANCR operations.
7.	RECOMMENDATION 1:21: It is recommended that the AHU shift scheduling system be modernized using available software.	This has been reviewed with AHP management. At this time the current scheduling system is working to their satisfaction.	Complete	
8.	RECOMMENDATION 2:3: It is recommended that a Committee be established to review the 978 abuse only cases assigned to Intake Supervisors with the task of closing all inactive cases and acquiring up to date information on the status of the cases still active with the AIU.	<p>All cases were reviewed by Intake and Abuse Supervisors.</p> <p>Cases were either closed or transferred to Abuse under the new "Abuse Only" Process.</p>	Complete	

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9.	RECOMMENDATION 2:4: It is recommended that this Committee make recommendations on feasible alternatives for case management in circumstances where there are no other child protection concerns, but an abuse investigation is in progress.	<p>Case Management processes have been established on intakes where there are no other child protection concerns connected with an Abuse Investigation.</p> <p>All Intake and Abuse processes have been communicated to staff, and training has been provided. Processes are documented in respective program manuals.</p>	Complete	
10.	RECOMMENDATION 2:5: It is recommended that this Committee develop policies and practice standards for service responsibilities, information sharing and record management when a case is referred for an abuse investigation	Practice standards are outlined in revised program manuals with clear stated responsibilities regarding “abuse only” cases.	Complete	The Abuse Program service model will be revisited within the service model development process.
11.	RECOMMENDATION 2:7: It is recommended that ANCR take immediate action to relieve the workload of the Supervisors in the AIU. Supervisor to worker ratio should be reduced from 1:8 to 1:7, and supervisors should be freed from the responsibility of coordination of the Child Abuse Committees (CACs).	<p>The Child Abuse Committee Coordinator position has been filled.</p> <p>The supervisor to worker ratio continues at 1:8, in keeping with current funding assumptions.</p>	Complete	

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12.	RECOMMENDATION 2:8: It is recommended that an in-house AIP trainer/staff mentor position be established.	Hired Abuse Investigation Trainer.	Complete	Position was discontinued in July 2012 due to lack of secured funding to support the position.
13.	RECOMMENDATION 2:9: It is recommended that a Child Abuse Coordinator position be established, with responsibility to coordinate all functions associated with the CACs and the related tasks of liaising with interdisciplinary members of the child abuse team.	Hired Child Abuse Committee Coordinator.	Complete	
14.	RECOMMENDATION 2:11: It is recommended that ANCR create case aide positions for the AIU that can perform the ancillary tasks currently being done by the AIU investigators.	Created 2 Case Aide positions.	Complete	Positions were discontinued in July 2012 due to lack of secured funding.
15.	RECOMMENDATION 2:12: It is recommended that ANCR consider implementing the "third report rule" which requires that any case (household not child) which has been reported three times within a 12 month period is transferred for investigation on the third occasions.	Through the DR pilots, ANCR has determined that the SDM tools (Safety Assessment and Probability of Future Harm) are a reliable way to determine which cases require further investigation and transfer to ongoing services.	Complete	This recommendation was also forwarded to the Child Protection Branch for their consideration.

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16.	RECOMMENDATION 2:13: It is recommended that ANCR develop a strategy for consistent and continuous communication with the CFS agencies on whose behalf ANCR is providing abuse investigative services. This should include written protocols and procedures for partnering on services to families and children.	One unit within the AIP works solely with investigations open to ongoing service agencies.	Complete	Current procedures and protocols will be finalized through the service model development process.
17.	RECOMMENDATION 2:14: It is recommended that the written protocols for abuse case transfers, clearly delineating the role of the case manager and the abuse investigator should be developed. This should include a clarification of roles and responsibilities and a mechanism for accountability.	Changes to the Abuse Program service model to date have been documented in the program manual – final revisions will be made following the process of ANCR service model revisions.	Complete	

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18.	RECOMMENDATION 4:1: It is recommended that responsibility for the telephone systems be assigned to the appropriate staff person to ensure proper management of the system. This includes the development of operational procedures and regular updating of directories; provision of ongoing training and support for staff and management in the use of the system; and generating appropriate Perimeter system data for the purpose of reviewing and monitoring telephone activity and reporting progress.	<p>Assigned to CRP Director and IT Specialist. Data report provided monthly by CRP Director.</p> <p>IVR System – staff directory removed.</p>	Complete	<p>The IVR system offered the caller the option of accessing a worker directly through a staff directory. The system did not work well, often not recognizing the name of the ANCR staff person being requested. Approximately 91% of callers during the day asked for personal assistance from a receptionist.</p>
19.	RECOMMENDATION 4:2: It is recommended that staff and management – in particular the program manager, supervisors, and IT coordinator – are fully trained in the capabilities of the phone system, and that the phone system is fully utilized.	<p>CRP/AHP Director, and all AHP Supervisors and IT Specialist have been trained on the ANCR phone system.</p> <p>On-going training will occur as needed.</p>	Complete	

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20.	RECOMMENDATION 4:3: It is recommended that to support quality assurance, the Perimeter system be programmed to alert the CRU supervisor when a CRU worker has activated the make busy option for either 60 minutes continuously or 60 minutes cumulatively during a shift.	<p>This recommendation was reviewed by change management consultants with staff and management, and it was determined that the alert function is not a solution to managing call volumes and workload.</p> <p>Call screeners were added to CRP to support improved phone response.</p>	Complete	
21.	RECOMMENDATION 4:4: It is recommended that staff assigned to telephone screening maintain a service availability to accept phone referrals at a minimum level of 80% each day.	<p>CRP phone capacity has increased to 84% in 2011-12.</p> <p>AHP phone capacity has increased to 97% in 2011-12.</p> <p>An additional 2 social work staff have been added to CRP and an additional 2 social work staff and 2 Case Aides have been added to AHP.</p>	Complete	
22.	RECOMMENDATION 4:5: It is recommended that directories in the phone system be updated every 30 days at a minimum.	<p>Removed staff directory.</p> <p>Agency directory update is assigned to IT Specialist.</p>	<p>Complete</p> <p>Complete</p>	

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23.	RECOMMENDATION 4:6: It is recommended that ANCR enter into a service agreement with Tiger Tel Communications for the purpose of establishing a suitable, cost effective fee for service arrangement with respect to answering services provided after regular work hours.	This recommendation was explored with Tiger Tel and it was determined that the current service arrangement is the most cost effective, without compromising service.	Complete	
24.	RECOMMENDATION 5.4: It is recommended that a review of the terms of reference of the agency steering committee be jointly completed by ANCR and representatives from the steering committee, and that this committee have a meaningful and effective role in addressing service issues that arise.	Agency Steering committee developed a terms of reference and re-named itself the ANCR Advisory Committee.	Complete	
25.	RECOMMENDATION 5.9: It is recommended that ANCR create a position of Director of Services, with responsibility for the management and oversight of programs and services. [Recommendation outlines responsibilities of the Director of Service]	Associate Executive Director of Service hired in June 2011.	Complete	

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26.	RECOMMENDATION 5.10: It is recommended that ANCR, jointly with the Province and the MGEU, work towards establishing its own work force through a planned, orderly, and agreed upon process.	<p>ANCR has signed a reciprocal agreement with the Province of Manitoba.</p> <p>ANCR has successfully negotiated a collective agreement with MGEU.</p>	<p>Complete</p> <p>Complete</p>	
27.	RECOMMENDATION 5.11: It is recommended that an implementation process and structure be established to oversee the change management/ transition work that will be required over the next three years, and that this process be resourced.	Change management consultants were engaged in year one. In the second year implementation was integrated into regular operations, and oversight provided by SFNNC, the ANCR Board and JMG.	Complete	

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RECOMMENDATIONS IN PROGRESS				
1.	<p>RECOMMENDATION 1:1: It is recommended that ANCR reconfigure the service functions of the Crisis Response Unit (CRU) and the Tier II Intake Units, as well as some elements of the After Hours Unit (AHU), into a revised model that will streamline services more effectively, have a higher level of standardized practice responses, and include standardized criteria for decision making. This will include modifying the way in which the screening services, initial assessment and investigation services, brief family services, and support services are organized.</p>	<p>1) Reconfigure Service Model– in 2012-13, following the roll out of Differential Response.</p> <p>2) Higher level of standardized practice responses/ standardized criteria –</p> <p>a) Implementation of SDM completed.</p> <p>b) Screening tool in development in partnership with GA and the SFNNC.</p> <p>c) FE Program has been restructured as an Early Intervention Program.</p>	<p>In process</p> <p>a) Complete</p> <p>b) In process</p> <p>c) Complete</p>	
2.	<p>RECOMMENDATION 1:2: It is recommended that the Screening and Assessment Unit assume responsibility for Intake screening and assessment of all incoming child and family service reports and information. (Recommendation outlines responsibilities of unit)</p>	<p>ANCR Senior Management Team currently developing a strategic plan on development of a new service model which includes research of best practice intake models from other jurisdictions.</p>	<p>In process</p>	

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3.	RECOMMENDATION 1:3: It is recommended that the Screening and Assessment Unit be fully operational 24 hours a day, 7 days a week with a reduced “skeleton” overnight service as determined by an analysis of actual service volume.	Develop Screening tool with Children’s Research Centre, SFNNC, GA and CPB. Solidify role of CRP and AHP as part of the service model development process.	In process In process	
4.	RECOMMENDATION 1:5: It is recommended that MGEU and ANCR explore the feasibility of reclassifying these staff accordingly, to reflect the higher level of skill and expertise that is required.	ANCR collective agreement includes a letter of intent to introduce a new classification system which will reflect existing and new functions within the organization and that promotes internal equity among positions.	In process	
5.	RECOMMENDATION 1:6: It is recommended that detailed criteria for service eligibility be developed such as decision-making trees that guide Intake screeners through the decision-making process with respect to which cases require Intake or abuse investigations vs. those that do not meet the standard threshold for intervention.	Develop Screening tool with Children’s Research Centre, SFNNC, GA and CPB.	In process	

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6.	RECOMMENDATION 1:7: It is recommended that minimum training requirements be established for all employees in the Screening and Assessment Unit, including training in using clinical assessment and decision making tools.	Safety assessment and screening training for all CRP staff. Training on screening is pending development of screening tool.	In process	
		All CRP and AHP have received training on safety assessments and SDM tools	Complete	
		ANCR Currently has Core Training as a mandatory part of orientation and on-boarding.	Complete	
7.	RECOMMENDATION 1:13: It is recommended that ANCR establish a committee to review service volume and develop practice standards, service guidelines, criteria for decision-making and workload management standards to ensure service time frames are met, and gaps or breaks do not occur in service because of workload issues.	The DR pilot project evaluation recommended the redeployment of the Assessment team as a 5 th intake unit.	Complete	
		Workload management continues to be evaluated in light of the SDM tools implementation, and will require further evaluation with future service model developments.	In process	
		Program Directors monitor outstanding case dispositions and related workload.	In process	

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8.	RECOMMENDATION 1:14: It is recommended that the AHU be dedicated to service delivery functions required after hours, including investigations, assessments, and crisis stabilization.	This will be addressed in the development of new ANCR service delivery model 2012-13.	In process	
9.	RECOMMENDATION 1:15: It is recommended that a working committee be developed to start to address the human resource issues in the AHU, including the part-time staff equivalency and reliance on casual staff and move toward the goal of promoting and sustaining full-time employees in all shifts. It is recommended that this committee review the issue of possible conflict of interest for AHU staff who are also employed with other CFS agencies or in the Child Protection Branch.	<p>ANCR has been focusing recruitment at the AHP on full-time employees whenever possible.</p> <p>AHP will review the recommendation to determine if there is a conflict in offering employment to staff who work at other CFS agencies or at the Branch.</p>	<p>Complete</p> <p>In process</p>	

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10.	RECOMMENDATION 1:18: It is recommended that a communication strategy for the effective communication and sharing of information between program areas at ANCR and other child and family service agencies be developed. The strategy should include an information package on the AHU along with referral criteria and program guidelines.	<p>All programs continue to attend agency meetings to present program information.</p> <p>Communications Audit, Framework and Strategy includes consideration of interagency communication.</p>	<p>In process</p> <p>Communication Audit completed.</p>	Communication strategy pending.
11.	RECOMMENDATION 2:1: It is recommended that a streamlined and strengthened Abuse Referral Criteria be developed for all referrals of cases for abuse investigations by the AIU.	Abuse Criteria committee with ANCR Abuse Program Director and representatives from the four Authorities and the CPB is currently being formed.	In process	
12.	RECOMMENDATION 2:10: It is recommended that ANCR develop protocols and procedures for moving abuse cases between Child Abuse Committees if a backlog occurs at one of the committees. This is necessary to ensure that cases can be closed in a timely manner. ANCR should develop these protocols in conjunction with the CFS Standing Committee.	ANCR is currently working in conjunction with the four authorities.	In process	The only committee that has a backlog of referrals is the GA committee. ANCR and the GA have decided to test changing the committee meeting from a half day to a full day as a potential resolution for this issue.

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RECOMMENDATIONS PENDING				
1.	RECOMMENDATION 1:4: It is recommended that the Screening and Assessment Unit be comprised of the most highly qualified and experienced child and family service employees. The minimum qualification standards should require at least five years of child welfare experience.	Pending the development of the screening tool with stakeholders (see 1:3).	Pending	
2.	RECOMMENDATION 1:8: It is recommended that the Investigation and Stabilization Unit have comprehensive responsibility for : <ul style="list-style-type: none"> • Investigations and assessments(Hi, med and low risk) • Family/child assessments • Case monitoring • Supervision services • Brief family services • Home Assessments • Food delivery • Repatriation services • Completion of ADP 	Pending service model development process (see also 1:1).	Pending	

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3.	RECOMMENDATION 1:9: It is recommended that services provided by the Investigation and Stabilization Unit be limited to: 30 days for an investigation and assessment, with the case either closed or transferred for ongoing services following this time period, and A maximum of 90 days if crisis stabilization services are provided, with the case either closed or transferred for on-going services.	Pending service model development process (see also 1:1 & 1:8).	Pending	
4.	RECOMMENDATION 1:17: It is recommended that the role of AHU be re-evaluated and a decision made whether providing case management services after hours to cases open to other CFS Agencies should continue and whether ANCR is adequately resourced to provide this service.	Pending service model development process.	Pending	
5.	RECOMMENDATION 2:2: It is recommended that criteria such as decision-making trees be used to guide Intake screeners through the decision-making process with respect to which cases require Intake or which require abuse investigations.	Dependent upon development of new abuse criteria (see also 2:1).	Pending	

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6.	RECOMMENDATION 2:6: It is recommended that ANCR complete a thorough analysis of referral data, abuse investigation findings and closings/transfers to determine the appropriateness of referrals to the AIU. Further expansion of the AIU abuse investigator positions should be put on hold until this analysis is completed. AIU staffing levels should be finalized based on this analysis.	An examination of the appropriateness of referrals to the abuse program will occur in conjunction with the development of new abuse criteria (see also 2:1 and 2:2).	Pending	
7.	RECOMMENDATION 5:3: It is recommended that a strategy for the effective communication and sharing of information between program areas at ANCR and other child and family service agencies be developed. The strategy should include an information package on the ANCR programs, program guidelines, and referral criteria. The strategy should include a plan for ongoing and consistent communication. This strategy should be jointly developed by ANCR and the four CFS Authorities.	<p>Program supervisors monthly meeting</p> <p>External engagement – Conduct communications audit</p> <p>Former Agency Steering committee developed a terms of reference and renamed the ANCR Advisory Committee</p> <p>Communication Strategy</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Pending</p>	

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RECOMMENDATIONS REQUIRING EXTERNAL DECISION OR ACTION			
1.	RECOMMENDATION 3:1: It is recommended that a quality assurance review of the Family Enhancement Unit be undertaken by the SFN Network of Care no later than 2013/2014.	Quality Assurance reviews are the purview of SFNNC.	External responsibility
2.	RECOMMENDATION 5.1: It is recommended that the Province and the 4 CFS Authorities make it a priority to ensure that all CFS agencies in the Province are fully utilizing the CFS Applications (CFSIS / IM) as a case management tool and that the Province immediately address the outstanding connectivity issues to provide all agencies with the capacity to do this.	Forwarded recommendation to the SFNNC.	Forwarded

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3.	RECOMMENDATION 5.2: It is recommended that the Province, jointly with the CFS Standing Committee, review the IM, and in particular those areas identified in this review where there is a lack of reporting. This review should look to determine the reasons for the non-reporting, and provide options for addressing these. One example is the 'Issues Management' information section.	Forwarded to the SFNNC.	Forwarded	
4.	RECOMMENDATION 5.5: It is recommended that service recipients be given the opportunity to provide input into the change process through a 'consumer' survey. This survey should be done under the auspices of the CFS Standing Committee.	Forwarded to the SFNNC.	Forwarded	

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5.	RECOMMENDATION 5.6: It is recommended that a quality assurance file audit of the ADP process be completed, to determine compliance, identify related service issues, and offer recommendations for improvement. This file audit should be conducted jointly by the SFN Network of Care and the Child Protection Branch.	Forwarded to SFNNC.	Forwarded	ANCR conducted an internal Quality Assurance review of the ADP process at ANCR.
6.	RECOMMENDATION 5.7: It is recommended that a committee be established to examine the process for section 28 transfers and make recommendations for improvements. This working group should include representatives from ANCR, the Province, the CFS Authorities, the judiciary, and CFS agencies. Agency legal counsel representatives should be included as part of this committee.	Forwarded to the SFNNC.	Forwarded	

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7.	RECOMMENDATION 5.8: It is recommended that the CFS Standing Committee, through the Joint Training Team, develop and implement training for CFS workers in: <ul style="list-style-type: none"> • Case recording and documentation • Authority Determination Protocol • Section 28 transfer process • This training should occur on a regular and consistent basis. 	Forwarded to the SFNNC.	Forwarded	
IN SUMMARY				
STATUS OF RECOMMENDATIONS				
Complete		27		
In Progress		12		
Pending		7		
TOTAL ANCR RECOMMENDATIONS		46		
External Recommendations		7		