

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

**Early Intervention Program (EIP)
Manual**

November 2012



CHILD AND FAMILY ALL NATIONS
COORDINATED RESPONSE NETWORK

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EARLY INTERVENTION PROGRAM DESCRIPTION

The Early Intervention Program's (EIP) services represent a fundamental change in how child and family services are delivered. The emphasis is on prevention and early intervention to support families to care for their children at home.

Early intervention and prevention services assist families with staying together while ensuring that children are safe and protected. These services provide families with timely supports that can help them to address problems before they develop into crises. In this way, early intervention and prevention services promote healthier family relationships.

The Early Intervention Program provides an early intervention and prevention service to ANCR and outside agencies that refer through ANCR. It is the arm of ANCR that provides a "robust front-end" of prevention services for child and family services in the City of Winnipeg, Headingly and East and West St. Paul. It shares the responsibility of the child and family services system to keep children safe and protected from abuse and neglect. The Early Intervention Program will be able to offer services to families on a continuum which includes Family Services Teams and Family Resource Centers.

External reviews of Manitoba's child and family services system recommended a new model of service delivery. *Progress on the Changes for Children Initiative: A Report from the Child and Family Services Standing Committee* (Autumn 2010) highlights the following:

- Increasing engagement with low to medium risk families through intake and ongoing services by providing alternatives to protection-oriented services
- Building and broadening formal partnerships with local collateral agencies
- Reducing the risk that family conflict and other issues escalate into protection concerns

The EIP is made up of five teams:

- First Nations Service Team
- First Nations Family Resource Centre
- Métis & General Service Team
- All Nations Family Resource Centre, and
- Youth Skills Services

THE SERVICE TEAM workers each carry a caseload of 20 families for up to 90 working days. The Service Teams consists of two teams and each team has one Supervisor and 6-8 Social Workers who work with families referred through ANCR. They provide intensive, solution focused, and culturally relevant services with the goal of supporting families to prevent them from developing further child protection issues and moving further into the child welfare system.

The service team staff uses the Structured Decision Making (SDM) tools to develop a case plan and to assess risk. They also utilize a strength base framework, home visits and outreach to their families. The workers are responsible for identifying and assessing family's needs, development and coordination of plans, strategies and referrals to address the well-being of families and children.

THE RESOURCE CENTRES provide support and prevention services to families. The resource centre teams are composed of elders, elders' helpers, and social workers and are directly responsible to the supervisors of the centres. The team members work with families and individuals who are referred to the centre or who are self referrals. They help to create a warm and welcoming environment and assist the child and family services case managers in working with the families' strengths, and identifying areas on which to build.

The centres deliver, and facilitate individual and group programs through culturally appropriate methods as well as networking and creating linkages with collaterals and referrals to relevant programs. Community based activities and creating partnerships is another function of the centres.

YOUTH SKILLS SERVICES (YSS) works with youth who are enrolled in the youth skills program. The staff member provides this service through ANCR EIP for all Winnipeg based child and family service agencies. The staff member works in partnership with the Employment & Income Assistance for Youth Program. The staff helps to build relationships with the goal to transition youth to successful community involvement.

STAFFING

The EIP consists of a total of 32 staff including:

1-Program Director	3-Administrative Assistants
4 -Supervisors	6- Resource Centre Workers
13 - Service Workers	2-Resource Centre Elders
1-YSS worker	2-Elder's Helpers

The supervisors report to the Program Director and the Program Director reports to the Associate Executive Director of Service.

SERVICE DEFINITION

The EIP delivers service through four types of services:

1. The case management area (service team workers) of EIP works in partnership with families to develop and implement a case plan within 90 days.
2. The service team provides early intervention for up to 30 days (Brief Service) which may not require a case plan.
3. The two resource centres provide a range of child and family focused programs and services to the Winnipeg community.
4. Youth Skills Services helps teens near the age of majority to build relationships with the goal to transition youth to successful community involvement and independent living.

GOALS

- To provide services to families in a supportive manner so that a child protection response may not be required.
- To strengthen and decrease the risk level to families.
- To develop strength based case plans in partnership with the family and deliver the services within 90 working days
- To deliver a range of programs and services through the resource centres and youth services based on families needs.
- To deliver services consistent with the differential response model and as outlined in *The Child and Family Services Act*.

OBJECTIVES

- Provide case management services on behalf of families.
- To provide early intervention for those families where services can be completed within 30 – 120 day time frame.
- Provide child and family focused programs, education and services from the Resource Centres and in the greater community.
- Provide services within a coordinated ANCR service delivery system.

KEY FUNCTIONS AND ACTIVITIES

Service Teams

- Receive and assess referrals to EIP services
- Identify and assess family's needs, develop and coordinate plans, strategies and referrals that will improve the well-being of families and children.
- Provide early intervention for those families where services can be completed within 30 – 120 day time frame.
- Use a strength-based framework including home visits and outreach to their families
- Use the Structured Decision Making (SDM) tools to assess risk and develop a case plan.
- Complete the PFH (Probability of Future Harm) and safety assessment to determine risk level of the children.
- Use the strengths and needs assessment of children and caregivers to develop case plans in collaboration with the families.
- Complete a PFH and a safety assessment when a new allegation of abuse or neglect is reported to the agency.
- Complete a RePFH (Re-assessment Probability of Future Harm) prior to closing or transferring the case (within 90 days).
- Develop strategic relationships with community partners to address trends identified from the development of strength-based case planning
- Make referrals to alternative community programs.
- Refer families to external mandated CFS agencies for ongoing services where risk level has increased based on the PFH or the RPFH.
- Refer families to external CFS Family Enhancement programs when families require longer term prevention services.

Resource Centre Teams

- Deliver and facilitate culturally appropriate individual and group programs.
- Create community linkages and referrals.
- Work collaboratively with community partners to deliver a range of child and family focused preventative and education services.
- Work with families, youth and children.
- Create a warm and welcoming environment.
- Work in collaboration with EIP Service Teams to identify and build upon families' strengths.
- Provide ongoing supportive services.

Youth Skills Services Program

- Work with youth who are enrolled in the youth skills program.
- Deliver Skills for Life training to all referred youth.
- Provide workshops on Building Healthy Relationships with youth.
- Work in partnership with the provincial employment and income assistance program.
- Collaborate with external agencies and community organizations.
- Transition youth to successful community involvement.

LOCATIONS

Family Enhancement Case Management Services

Child and Family All Nations Coordinated Response Network
835 Portage Ave
Winnipeg, MB Canada R3G 0N6
Phone: 204-944-4200 Fax: 204-944-4250
Toll Free: 1-888-834-9767

Family Resource Centres

ANCR – Waa Pina Kosiis MiiKi Waahp (Snowbird Lodge)
First Nations Family Resource Centre
591 Sherbrook Street
Winnipeg, Manitoba R3B 2W9
Phone: 204-944-4100 Fax: 204-944-4138

ANCR – All Nations Family Resource Centre
1108 Wall Street
Winnipeg, Manitoba Phone:
Phone: 204-944-4268 Fax: 204-944-2057

REFERRAL PROCESS

EIP SERVICE TEAMS

All referrals originate from one of the following ANCR programs:

- Crisis Response (CRP)
- Intake
- After Hours (AHP)
- Abuse Investigations

All referrals are reviewed by the appropriate service team Supervisor and after review; the file is assigned to a service team case manager.

The file is assigned to an EIP service team case manager who in turn will contact the family within 5 days. The worker will apply the Structured Decisions Making tools when required, specifically the care giver and child/ren strengths and needs assessment, and in conjunction with the family complete the case plan within 30 days.

The majority of the files referred to the EIP will have a Safety Assessment and PFH completed. The referrals that will not have a SA & PFH completed are those that are voluntary with no abuse or neglect allegation. In the event that a new allegation of abuse or neglect is reported a PFH and safety assessment will be completed by the EIP worker. The results will determine the service required.

EIP RESOURCE CENTRES

Internal (ANCR) referring worker will contact the Resource Centre intake worker, to discuss availability of programs.

External referrals originate from the one of the 20 CFS agencies and have an assigned social worker at that agency. The Service team and Resource Centre supervisors will review these referrals and if a case is assessed as low to no risk, the case will be referred to the resource centre.

A self referral is a person requesting help from a Resource Centre for a child and family issue where there is no risk to a child and no allegation of abuse or neglect has been reported.

YSS PROGRAM

Referrals can originate from ANCR, self-referrals through the Resource Centres or external CFS agencies (EIA Referral only) and can include one or all YSS program streams. The referring worker will remain the primary worker for the original case reference. The YSS staff will communicate case recordings to the primary worker through email within a 24 hour period of contact with the youth.

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.

Case Assignment / Service Team

The Early Intervention Program is defined according to the representation of the CFS Authorities. One unit represents the First Nations of Northern Manitoba Child and Family Services Authority and the First Nations of Southern Manitoba Child and Family Services Authority. The second unit represents the General Child and Family Services Authority and the Métis Child and Family Authority.

The EIP receives referrals internally from other ANCR programs. Internal referrals will be assigned based on the previous ADP results if available. If these results are not available, the case will be assigned based upon the case reference's cultural of origin. If no information is available then the case will be assigned on a rotational basis.

The Program also has the ability, when necessary, to assign cases to balance workload.

Case Planning Procedures

ASSESSMENT

The following procedures are to be followed by the Service teams.

Structured Decision Making Process (SDM)

- Make contact with family within 5 days to determine the type of services required, ie early Intervention services or case planning.
- Complete Assessment of Probability of Future Harm and safety assessment where required.
- Complete the Caregiver Strengths and Needs Assessment where required (within 30 days).
- Complete the Child Strengths and Needs Assessment where required (within 30 days).
- Complete the case plan and all parties signed where required (children over 12) (within 30 days).
- Complete a PFH and safety assessment with any new allegation of abuse or neglect.
- Complete the Reassessment of Probability of Future Harm at 90 days to determine families progress and if further services are required.
- Follow case plan (within 90 days) where required.

All work is to be completed within a target of 90 days from the signing of the case plan.

Outcomes of using assessment tools:

- Strengths and needs are identified and completed within a target of 30 working days for each child and each caregiver.
- From this information a case plan is developed and specific strategies are identified in partnership with family.
- A case plan is signed by the family and children over 12 years of age.

SERVICE PLAN

Managing the Planning Process

The service team worker:

- meets with the family within 5 working days of an approved assessment to begin the planning process
- invites, and when possible, involves all individuals identified in the family assessment relevant to the development of a written plan for the family.
- identifies all service providers involved in the plan and which services will be provided directly by the Service Team Worker
- ensures that when a safety plan involves actions by a child that the child is able to take the action outlined in the plan, understands what to do and when to do it

Service Issues to be Addressed

The family service team worker ensures that the service plan specifically addresses:

- The identified strengths and needs from the caregiver and children's strength and needs assessment.
- Safety and Risk to children (see Safety and Risk below)
- The appropriate matching for the cultural, spiritual and psycho-social needs of the child.
- The actions of parents to engage in preventative services.
- Reduction of the risk level of the children.

Family Support Service Agreements (FSSA)

When a parent or guardian plans to enter into a service agreement with the agency with respect to child (day) care or family support the family service team worker:

- explains the service agreement under consideration in detail including the rights and responsibilities of the parent or guardian and the agency
- advises the parent or guardian in writing of the requirement to determine parental contributions and the provincial policy relating to the reduction or waiver of fees
- facilitates completion and signing of all required prescribed forms

Updating Plans

The service team worker ensures service plans, and when applicable, safety, risk and case plans are updated based on decisions at the review stage. When there is a new allegation of abuse or neglect the applicable SDM tools will be completed with the family to ensure that safety and risk are not compromised. If there is no allegations but the family circumstances have changed (ie, no longer engaged) the service team worker will update the assessment and case plan as needed.

Safety and Risk

When a new allegation of Abuse or Neglect arises the EIP Service workers will:

- Consult with a supervisor to determine if the case should be referred to CRP or Abuse for immediate investigation.
- Depending on the severity of the allegation, the EIP worker will make physical contact with the family to assess the parent, child and environment within a 24 hour period.
- Complete Safety Assessment to determine the immediate safety of all children.
- Complete the PFH to determine if risk has changed.
- If a child is in need of protection, takes appropriate action to protect the child as may be required under subsection 18.4(1) of *The Child and Family Services Act* and case management intake standards;
- Consult with a supervisor to determine if the level of risk has changed, and to determine if the case should be referred to an ongoing agency for protection services.

ESCALATION OF RISK

Service Team Workers

When the concerns stem from a service team file:

- The service team worker will document the concerns with a case note in the Intake Module.
- The service team worker will add the new issue within the issue management screen of the Intake module.
- The service team worker will consult with a supervisor.
- When a new allegation of abuse or neglect has been identified a new Safety Assessment and PFH (probability of future harm) is completed to determine the level of risk or escalation of risk to the children.
- Based upon the results of the tools completed, the service team worker will consult with their supervisor to determine if the stream needs to change.
- Where the immediate safety of the child/ren is identified the EIP worker will take the necessary actions to protect the child/ren.
- If the risks have increased and/or safety may be compromised the file will be transferred by the service team worker to an ongoing agency for protection services.
- After an assessment or re-assessment has been completed and safety risk has not been compromised, the service team worker will continue to case manage.
- This may require a re-assessment of the Caregivers and Child/ren's strengths and needs if the case plan needs to change to address a new concern.

Resource Centres

When the concerns stem from a self referral file:

- The RC worker will document the concerns and consult with supervisor
- The RC worker (in consultation with the supervisor) will communicate the service request to the Crisis Response Program (CRP) supervisor and provide information from the RC's internal file; or if open on the Intake Module, the RC worker will record the incident in the case recording and transfer the file (through the Admin) to CRP.

When the concerns stem from an internal referral file:

- The RC worker will document the concerns and consult with supervisor;
- The RC worker (in consultation with the supervisor) will communicate the service request to the EIP service team supervisor and provide information from the RC's internal file ; or if open on the Intake Module, the RC worker will record the incident in the case recording and forward to the EIP service worker (through the Admin).

When the concerns stem from an external referral file:

- The RC worker will document the concerns and consult with supervisor;
- The RC worker (in consultation with the supervisor) will communicate with the external agency supervisor and provide information from the RC's internal file; the RC worker will record the incident in the case recording and forward to the external agency worker (through the Admin).
- In response to emergencies the RC worker or supervisor will contact the external agency or ANCR's after hours Program (AHP).

SERVICE PRIORITY

PROGRAM SERVICE

The Early Intervention Program is a 90 day goal-oriented wrap around service. The service teams are to case plan to accommodate this. Workers are to develop their case plans with families encompassing the priority of responding to the immediate needs identified and to transition families to longer-term supportive programs and services in the family's community.

Workers and families may identify the need for longer involvement with the EIP. In these cases the service team worker will:

- ensure they have made adequate attempts at providing alternative arrangements;
- discuss the need for service extension beyond the 120 day cycle with their team supervisor and determine appropriate plans for the family.

When the file is in the process of being closed the EIP service team worker may refer a family who identifies the need to participate in the Resource Centre programming, the EIP worker will:

- complete a resource centre referral form.
- discuss this with the resource centre worker to ensure the program/service can accommodate the family;
- set goals with the family to transition the family to longer-term programs and services available in the family's community; and
- the resource centre worker will document information on the family file

Families do not have to be attached to an EIP service team to receive services from either Resource Centre.

Frequency of contact with Families and Children

The frequency of contact with families and children is at least as per standards but given the intensity of the program in the majority of the cases, the contact requirements will exceed standards and be determined as part of the case plan as set out in Chapter 1, Section 1.1.4 of the Case Management Standards. Please refer to ANCR's Client Contact Policy (Appendix A).

Process for attempting Contact with Resistant Families

The worker must make a concerted effort to engage the family within 5 days of receiving a file. Communication and engagement with families may take the form of a phone call, followed by a home visit (leave business card) followed by letter (or 1 registered) or a variation thereof (consult with supervisor).

The following is a process the Service teams will use when attempting to engage with families who have been referred to the EIP as a result of allegation of abuse or neglect or for Voluntary Services:

- Worker leaves message within 48 hours asking for a return call (message is to contact worker; no other identifying information is given).
- Worker will field to home within a week if family has not responded to telephone call.
- If no response after 2 weeks, worker will then send out the letter.
- Worker will then attempt again by phone and possibly field (time permitting and risk level).
- If risk is deemed medium or higher the worker fields to the school to see the children (usually within 2 ½ weeks). If the family is not responding to any calls the worker will give the child a sealed envelope to give to their parent asking for them to contact the worker.
- If after 3 weeks and numerous attempts via phone calls and fields to the home the family has not made contact with the worker a registered letter advising the family that if they do not respond within a 5 day time frame the file will be transferred back to the referring team i.e. Intake or abuse for follow up.
- Supervisor will make contact with the referring team supervisor, who would then assign the file to an intake worker or abuse worker.

The time frame in attempting engagement with the family is 30 days from the time of receiving the file. If families are not engaging in this process the file will be transferred back to the referring worker at Intake or Abuse. If the file did not originate from either Intake or Abuse, the file will go to Intake rotation (CRP Administrative Assistant). All transfers must have a complete summary of attempted contacts.

If the self referred family no longer wants services such as respite or medical family support and there were no allegations of abuse or neglect and/or no new allegations have surfaced the file can be closed.

Services to Families

Under Part II of *The Child and Family Services Act* are, for the most part, provided on a voluntary basis, that is, at the request of a person or family. The Family Support Services Agreement will be completed by the case manager with the family receiving services. Under section 13, an agency may provide homemaker and parent aide services through a family support service agreement as well as Section 12 which provides for day care service agreements.

While child and family services agencies must provide services under Part II of the Act, they have discretion under subsection 9(1) as to when and how these services are provided to a specific family. Service decisions should be based on the needs of the family within the services and resources available to the agency.

In providing services to families, agencies are expected to mobilize available extended family and community resources to meet the physical, emotional, social and cultural needs of parents and their children.

MONITORING AND REVIEW OF CASES

Early Intervention Guidelines

In order to meet the intensive service delivery goals of the EIP, the program requires EIP workers to have face to face contact with families on a regular and timely basis. All contacts are documented as case recordings.

Case consultation

Immediate case consults are to happen independently from team consults and with the team supervisor when needed.

Supervision

Formal supervision is scheduled monthly with staff by their immediate supervisor.

Recording Contacts and Progress Reports

All EIP workers are responsible to document and communicate contact with families.

- *The Service Team Workers* record monitoring results and progress reports on the case file (paper or electronic) in the Intake Module for each family or child receiving services within 24 hours of the contact or information being received otherwise hand written contact notes will be kept on file.
- *Services Team (ST) Workers* are required to document direct and indirect contact with clients (case recordings) in the Intake Module on a regular and timely basis (usually within a 24 hour period). Their immediate supervisor will review the case recordings on a regular and timely basis.
- *Resource Centre Workers* record family participation through participant logs or program attendance sheets. Resource Centre workers who have contact with families, who have an open case file with another ANCR/External worker, are required to send a letter to the external agencies with name of family and the program the client has enrolled in. They also are to forward case recordings via email or faxed within a 24 hour period of contact or information received regarding the family to the assigned ANCR /External worker. They are also required to provide reports at the conclusion of each program session (including participant program evaluations).
- *Resource Centre (RC) Staff* are required, where there is no other case manager attached to the referred file, to document direct and indirect contact with clients in the Intake Module case recordings on a regular and timely basis (usually within a 24 hour period) otherwise hand written contact notes will be kept on file, Their immediate supervisor will review the case recordings on a regular and timely basis.
- *Early Intervention Program Supervisors* are required to provide monthly program reports to the Program Director by the 3rd of the following month.

EARLY INTERVENTION PROGRAM COMMUNICATION

The Service teams, Resource Centre teams and Youth Skills Services worker are to meet regularly to discuss issues, concerns, programs/services, debrief and program plan.

Program meetings:

- The Early Intervention Program meets monthly.

Unit Meetings:

- The Services Teams meets with their respective Family Resource Centre Teams and Youth Skills, Services quarterly.

Team Meetings:

- The Services Teams meets bi-weekly
- The Resource Centre Teams meets bi-weekly
- The Early Intervention Management Team meets bi-weekly

TRANSFER AND CLOSING CASES

On cases that were referred with allegations of abuse or neglect (or if a new allegation of abuse or neglect was reported during their involvement) that are being closed or transferred must have the SDM Reassessment of Probability of Future Harm (RPFH) and safety assessment completed which is to be reviewed by the supervisor.

Transfer refers to transferring responsibility for service provision to another worker, agency or jurisdiction. Closed refers to ending or concluding services.

THE TRANSFER AND CLOSURE STAGE HAS TWO PARTS:

Transfer – transfers responsibility for service provision to another Service Team Worker, agency or jurisdiction. Transfers to another agency typically involve the ending of a case for the present worker/agency involved.

Closed – ends an agency's involvement in providing services.

INTERNAL TRANSFERS - EIP SERVICE TEAM

Transfer to another EIP Worker (when an EIP worker has left)

- update case notes
- brief transfer summary

Transfer to Intake or CRU (new incident or allegation of abuse or neglect and child is unsafe)

- SA & PFH and RePFH
- Update case notes
- Transfer summary where applicable including SDM domains.

Resistant families where there is no contact 30 days from receiving file
Transfer back to Intake or Abuse (if file originates from either program)

- Summary of attempted contacts
- EIP supervisor consults with the referring program supervisors
- Transfer case

Transfer to Intake rotation (if file does not originate from Intake)

- Summary of attempted contacts
- Transfer case

INTERNAL TRANSFERS - EIP RESOURCE CENTRES

Transfer back to EIP service team (new issue, immediate and safe)

- New issue identified in IM
- Update case notes
- Return to EIP service team
- EIP worker completes the PFH

Transfer of Self Referrals to CRU (new issue, immediate and safe or unsafe)

- New issue identified in IM
- Update case notes
- Return to CRU for follow up

Notification to External agencies (new issue, immediate and safe or unsafe)

- New issue identified
- Call external agency referring worker
- Update case notes
- Email or fax updated notes

EXTERNAL TRANSFERS to an ongoing agency

- SA & PFH (where applicable) & REPFH
- C/C S&N Domains

- Update case notes
- Case plan

- Transfer Summary
- ADP & Transfer

*lack of family engagement

*family refusing to follow through with case plans

*unable to address the concerns within the allotted time frame

DUTIES OF SUPERVISOR

The service team worker's supervisor:

- authorizes and manages all case transfers
- ensures that the service team worker has:
 - complied with intake standards where applicable
 - administered the ADP and advised the family or child of their options
 - obtained written consents when required under Section 76 of *The Child and Family Services Act* or Section 103 of *The Adoption Act*.
- ensures that appropriate action has been taken when a child is or might be in need of protection
- when applicable, ensures that service plans and decisions are current
- ensures that the Service Team Worker notifies service providers and, in the case of a child in care, caregivers involved in the case of:
 - the case transfer and transfer date
 - the name of the new Service Team Worker and how to contact that person
 - when the transfer is to another agency, the name of the agency and how to contact the agency

AUTHORITY DETERMINATION PROTOCOL TRANSFERS

Please refer to the May 2011 Authority Determination Protocol Field Guide for detailed procedures. When administration of the ADP determines that a case must be transferred to an agency of another child and family services authority, the supervisor ensures that the case is transferred:

- within 10 working days from the time the referral is received providing the safety of a child or the integrity of a child protection investigation are not compromised.
- a time frame agreed to between the transferring and receiving agencies or their respective child and family services authorities.

Transfer To An Agency Outside Manitoba

When the transfer is to or from a local authority (agency or regional office) outside of Manitoba, the supervisor ensures that:

- the agency complies with:
 - the December 2006 provincial/territorial protocol and June 2008 interprovincial case transfer to FNCFS Agencies – Saskatchewan Social Services if applicable, or
 - in the case of Quebec or another country, with direction received from the Child Protection Branch.
- the interprovincial coordinator, Child Protection Branch, is copied on all transfers relating to child protection services and children in care.
- the adoption services coordinator, Child Protection Branch, is copied on transfers relating to adoption and post-adoption services.

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Closures

Decision to Close a Case

The supervisor makes the decision to close during the review process.

Client Preparation for Closure

In preparing for case closure, the service team worker contacts family members to:

- discuss the decision to end the agency's involvement
- describe the closure process
- help the family plan for the future including identifying how extended family, community members and other service providers might be involved

Duties of Service Team Worker in Closing a Case

Allegations of Abuse and Neglect - Brief Services (30 days)

- SA & PFH
- Closing Summary

Allegations of Abuse and Neglect - (90 days)

- SA & RePFH
- Closing Summary

Voluntary Services (Part II) – Brief Services (30 days)

- Closing Summary

Voluntary Services (Part II) – (90 days)

- Closing Summary

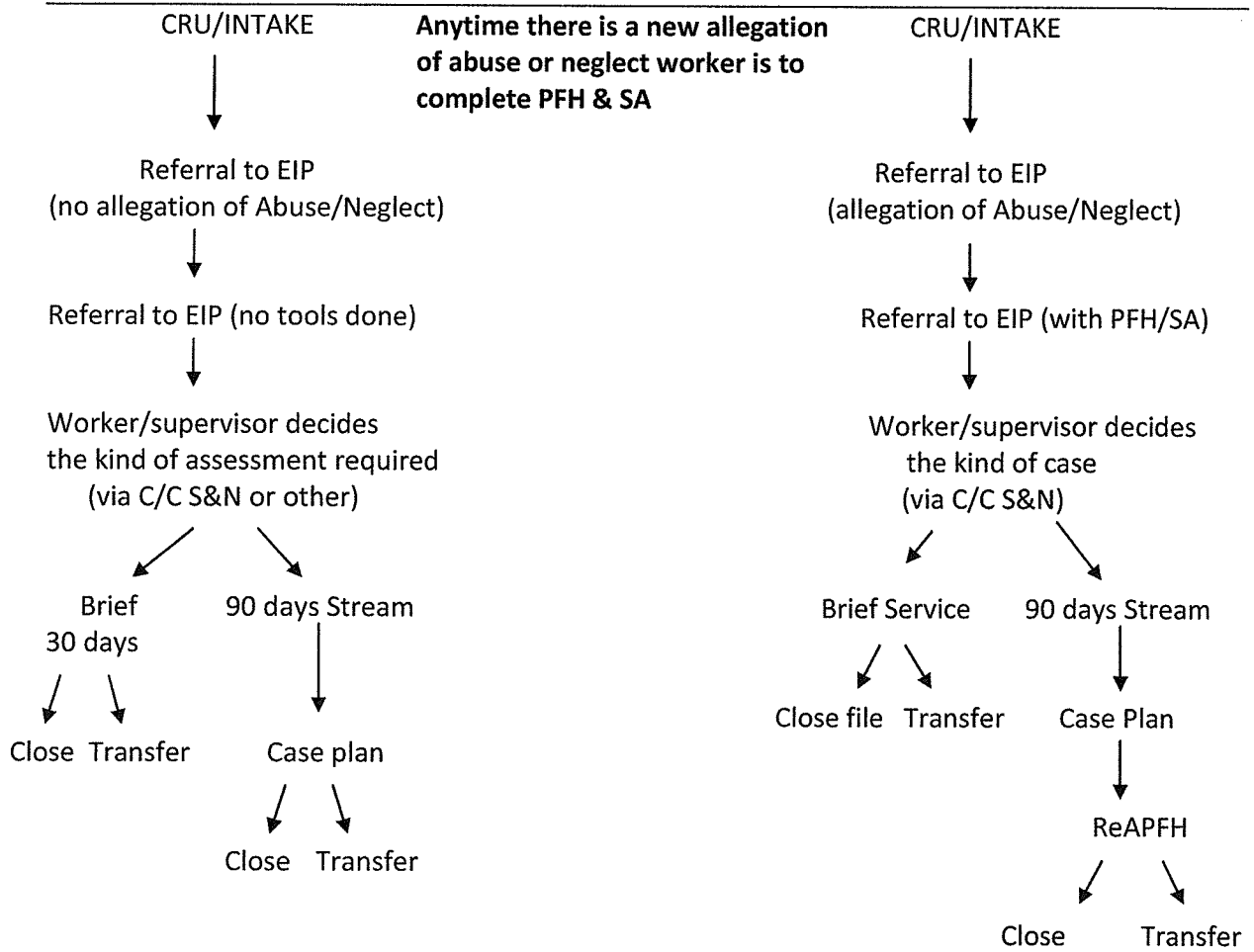
The Service Team Worker informs all service providers connected with the case and completes a closing summary and all documents within 30 days of the date when the decision to close was made.

Review of Closing Summary

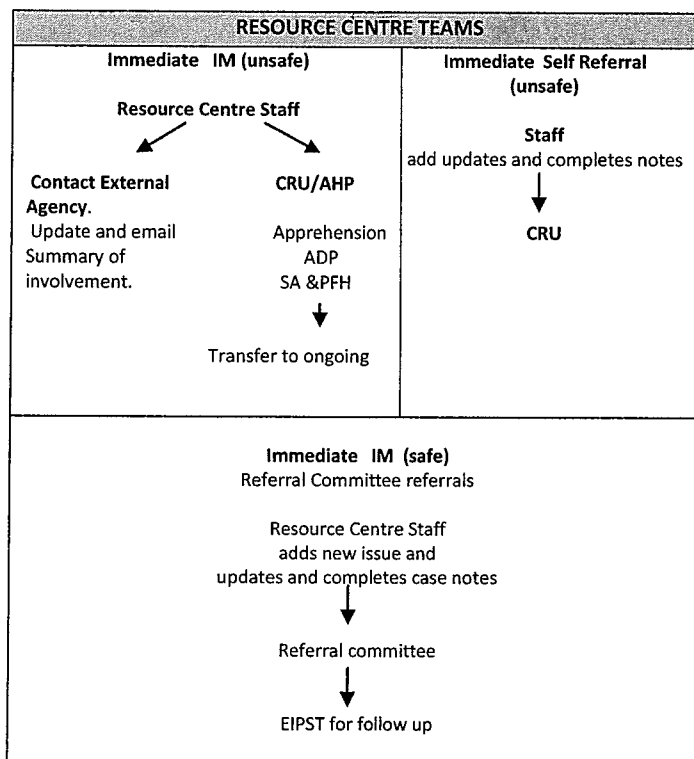
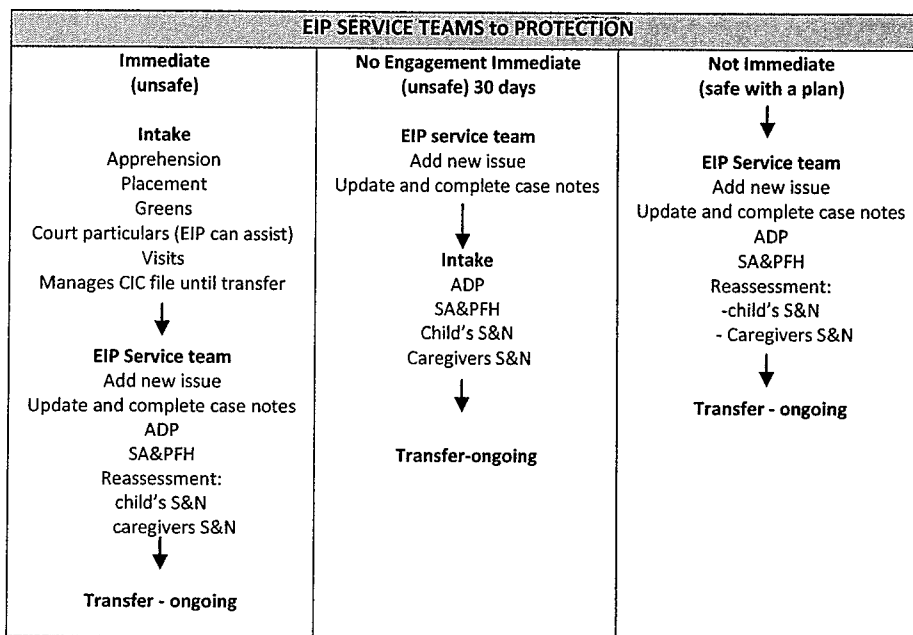
The supervisor reviews the case record (electronic and hard copy) within seven working days to ensure that the closing summary and all documents are complete.

Further details related to this EIP policy manual can be referred to the CFS standards and ANCR's policies and practices manual.

EIP Flowchart from CRU & Intake



EIP TRANSFER TO PROTECTION



APPENDIX A

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: _____