ANCR Evidence: Witness Summary of Sandra (Sandie) Stoker

Educational Background

- Education – Bachelor of Arts (Honours) in Sociology from the University of Western Ontario in 1993.
- Master of Arts in Sociology from the University of Manitoba in 1998.
- She completed core competency based training as a worker and a supervisor.

Work history (Resume attached at Tab A)

- Currently employed as the Executive Director of Child and Family All Nations Coordinated Response Network ("ANCR").
- August 1996 – CFS in Thompson: Specialized Family Councillor. Provided individual and family counselling to parents and teenagers. Provided crisis intervention, stabilization, family assessments, case plans, parenting groups.
- June 1997, became an intake worker – serviced all new intakes for Child and Family Services Thompson Region.
- In 1999, CFS in Thompson was restructured. It moved to a generic model. She performed all CFS roles on a rotational basis. For example, a worker would spend one week on intake, then two weeks performing case management responsibilities on all cases received during the intake week. The purpose of this was to have a more equal distribution of work and to allow cross training for different positions.
- In 2000, she became a supervisor for emergency duty service.
- In 2001, CFS in Thompson was restructured again to a specialized model.
- 2001 to 2004, she was the Program Manager, Family Services and Housing Northern Region, Thompson area. She supervised a staff of 15 and was responsible for program operations including: Intake, foster care, expectant parent services, child protection, adoption, child daycare, residential care and services to the community of South Indian Lake.
- In 2004, she moved to Winnipeg and was seconded to the General Authority as Program Specialist for child protection and family services.
- She developed a binder, which she gave to Dan Berg, which included, among other documents, a blue binder of standards, a remnants package and several versions of draft standards, and the Child and Family Services Regulations.

- At one point in time, she communicated with the province, seeking clarification and voicing concerns about the ability to understand which standards where in place and with respect to the clarity of the standards.

Joint Intake Response Unit (JIRU) – All Nations Coordinated Response Network (ANCR)

- She left the General Authority in September 2005, joining JIRU as the Program Manager of Tier II Intake and Abuse (replacing Dan Berg). She reported to the Executive Director (Patrick Harrison). JIRU was the centralized intake agency for Winnipeg and for all mandated agencies.

- She will provide evidence on how the Abuse Program criteria have changed since services were delivered to Phoenix Sinclair.

- She drafted a Tier II Program policy in November of 2006 to address client contact, because she was concerned with intake practice of not seeing all children in the home during every investigation.

- ANCR is the successor agency to JIRU. It began its work in February of 2007 under the mandate of the Southern Authority.

- The November 2006 client contact policy was part of the Tier II Intake program manual when ANCR went live in 2007. It has been revised twice since then.

- She was concerned about the work culture when she came to JIRU. At times there was conflict about which program should handle what child protection investigation functions.

- Later she became the Program Manager for CRU and After Hours at ANCR while also managing Intake.

- In October 2009, she became the Intake and Abuse Manager.

- December 29, 2009 she became the Interim Executive Director. She is now the Executive Director of ANCR.

ANCR

- As a result of the restructuring of the CFS system under the Aboriginal Justice Inquiry – Child Welfare Initiative, 18 Aboriginal agencies and two General Authority agencies are providing concurrent services to children and families in Winnipeg.

- ANCR is the designated intake agency for Winnipeg, East St. Paul, West St. Paul, and Headingley. ANCR acts as a first point of contact for families who need the services of CFS. ANCR determines if services are mandated and then determines with the family, which authority is most appropriate to deliver further services to them.

- ANCR responds to all new referrals regarding requests for child and family services whether it is in regard to a child protection issue or an allegation that a child may be unsafe due to neglect or abuse or whether it is a family requesting voluntary service under part II of the CFS Act.

- ANCR is also the centralized point of contact for the public to call if they have questions or concerns about a family, or a child, and their potential need for services under the CFS Act.

- In addition, ANCR provides after-hour services on behalf of all 20 mandated agencies within its jurisdiction, primarily in the city of Winnipeg.

- ANCR is incorporated by statute and operates as a separate agency, governed by a Board of Directors and mandated by the First Nations South Child and Family Services Authority. The ANCR Board of Directors is appointed by the four CEO's of the four Child and Family Services Authorities and reports to the four CEO's through the Joint Management Group.

- A Joint Advisory Committee, comprised of members from agencies mandated by the Northern, Southern, Métis and General Authorities, meets with ANCR quarterly to review and provide feedback on ANCR services to ensure service continuity and consistency. ANCR also ensures service quality and consistency through the work of four Child Abuse Committees.

- She will introduce and explain the current ANCR organization chart **(Tab B).**

- Approximately 70% of the children and families now utilizing ANCR's services in Winnipeg are Aboriginal. In response to this, ANCR's service model includes a strong emphasis on the provision of culturally appropriate services to meet the needs of children and their families. Part of this emphasis is to ensure that the human resource policies and recruitment practices are such that, over time the workforce will reflect the cultural backgrounds of the children and families that ANCR serves. In addition to this, ANCR incorporates both Aboriginal and non-Aboriginal representation on the Board of Directors and Joint Steering Committee.

- If a person calls an agency other than ANCR about a child protection concern and the matter is not already open to another agency, under the joint intake and designated intake agency regulation, the other agency is to refer the caller to ANCR.

ANCR Programs

- There are five major programs at ANCR: (1) The After Hours Program, (2) The Crisis Response Program (3), The Intake Program, (4) The Abuse Investigations Program, and (5) The Early Intervention Program.

The After Hours Program

- She will explain **Tab C**, the ANCR After Hours Program Manual.

- The After Hours Program is mandated to provide all after hours services on child and family services matters from 4:30 pm to 8:30 am Monday to Friday, 24 hours on the weekend and all statutory holidays. This is the centralized place for the public to contact if there is a child welfare concern or matter that needs follow up on when Agencies are closed. After Hours can provide service on a new case or on a case that is already open to another agency. After Hours also accepts service requests from ANCR and its partner agencies to provide services that cannot be completed during the daytime hours.

- There are 18.3 equivalents to full time positions ("EFTs") in the After-Hours Program. After-Hours consists of a program director (who also has responsibility for the Crisis Response Program,) two full time permanent supervisors, a small pool of casual supervisors, and a number of full time and part time staff and casual staff, which equals approximately 30 employees.

- There are 3 After Hours shifts during the week. Six social workers and one supervisor are on site from 4:00 pm to 2:00 am. The supervisor works 3:00 pm to 1:00 am. At 10:00 pm two overnight staff and a case aide come in and work from 10:00pm to 8:00 am, one works 10:00 pm to 8:00 am one works 10:30 to 8:30.

The Crisis Response Program ("CRP")

- She will review **Tab D** the Crisis Response Program Manual.

- The CRP has two roles which are somewhat interconnected. One is to screen all referrals to ANCR. The second is to respond to all immediate child protection issues.

- Any call that comes into ANCR is first screened by reception staff. The reason they screen it is because CRP is mandated to provide service on new referrals to child welfare. If the matter is open to another child welfare agency it is referred for follow up to that agency.

- If it is a new referral it goes from reception to the CRP. Their job, once they receive a new referral is to screen it for child and family services. ANCR gets many calls that are non child welfare referrals or non child welfare requests where that family would be more appropriately serviced by another organization or another agency or another service provider. In those situations they will attempt to link that family to the service they require, whether it's a health service, employment income assistance, justice, education, or community resources.

- If the referral is a child and family services matter, CRP screens it to determine what type of a service is being requested. Is it under Part II of the CFS Act, which is to provide services of a voluntary nature or Part III of the Act, which is a child protection referral?

- ANCR requires staff to identify all Child and Family Services issues on the Intake Module. The Intake Module provides a response time based upon the issue selected. If it is an immediate response issue, CRP's job is to field to the home and ensure the safety of the children in the household.

- ANCR requires staff to complete a Safety Assessment on any referral on an allegation of abuse or neglect of a child.

- CRP will also prepare a detailed history on all referrals and a history of the CFS involvement to date.

- A determination is then made as to the appropriate ANCR program to provide further service. CRP can refer a case to Intake (formerly tier II Intake) for further assessment, or if it is an abuse referral that fits with the ANCR Abuse criteria it is referred to the Abuse Program. CRP can also refer the matter directly to the Early Intervention Program.

- Typically within 1-3 days CRP has ended its involvement in the matter by either closing the file or referring it further into other ANCR system for further assessment or service.

- Files that do not flow through CRP are direct referrals to the Abuse Investigation program, which come from partner agencies that are mandated within ANCR's jurisdiction. They have the ability to refer directly, because the Abuse program provides service on new referrals and abuse services on behalf of all other agencies. The referring agency is responsible to ensure the safety of the children on their open files.

- Another exception is if there is a direct referral to one of ANCR's Early Intervention Program resource centres.

- Some matters can be referred directly from After Hours to one of the other ANCR programs, i.e. Intake or Abuse.

- Ms. Stoker will review ANCR's CRP statistics on the number of referrals that are closed at CRP and the number of files that are referred to other programs within ANCR. **(Tab E – CD# 2114**)

The Intake Program

- **Tab F** is the Intake Program Manual.

- Intake is the program that receives referrals primarily from the CRP or, if all preliminary work is done, from the After Hours Program. It can also receive referrals from the Abuse Program or the Early Intervention Program. Intake's role is to conduct a further assessment around whether or not a child is in need of protection and/or what services that family may need as a result of the presenting issues.

- Intake is also responsible for managing and providing services on all child-in-care files. If a child in care is apprehended by any program at ANCR, it is then transferred to the Intake program for case management services and for transfer under the CFS Act to one of our partner agencies.

- As part of the Intake program, the workers responsibility is to conduct and or complete a thorough assessment. If it is an allegation of neglect of abuse on a child, staff is required to ensure that a Safety Assessment has been completed. Intake is also responsible to ensure that the Probability of Future Harm (PFH) assessment has been completed. The PFH is one of the standardized risk assessment tools that Manitoba has implemented. Intake also conducts an assessment on the family's strengths and needs and the child's strengths and needs (two other standardized risk assessment tools). Based upon the results of these assessments Intake will make a determination as to whether or not the family needs further services from the child and family services system. If so, Intake will conduct the Authority Determination process and transfer the family to one of the agencies under the authority of their choice as per their right under the Authorities Act.

- Ms. Stoker will review ANCR statistics on the number of files that are referred from Intake to other programs within ANCR and to other agencies. (**Tab G**)

The Abuse Investigations Program (AIP)

- **Tab H** is the latest draft Abuse Investigations Program Manual.

- Ms. Stoker will compare the former criteria for acceptance to the Abuse Investigations Program **(Tab I - CD# 1829)** to the new criteria. She will also comment on the recommendations in the ANCR Service Model Review relating to changing the Abuse Investigations Program criteria. **(Tab J)**

- The Abuse Investigations Program is mandated to provide abuse investigation services on behalf of all child and family services agencies within ANCR's jurisdiction. Abuse will conduct abuse investigations on either new abuse referrals to the system or on referrals from one of ANCR's partner agencies, which come directly from our partner agencies. Abuse workers are investigators only. They conduct the abuse investigation working collaboratively with a case manager who is assigned to the case, either within ANCR or externally. Ms. Stoker will comment on recommendations made with respect to the assignment of case managers made in the ANCR service model review referenced above.

- Abuse will complete the entire investigation from interviewing alleged victims, siblings of alleged victims, caregivers, parents, the alleged offender, and any potential witnesses. They work very closely with the police in conducting their investigation. Often a collaborative process is required.

- The program also houses 4 Child Abuse Committees, which are regulated under the CFS Act. ANCR has a child abuse coordinator who coordinates, chairs and oversees the committees. Another role of these committees is to consider the registration of offenders on the provincial's Child Abuse Registry.

The Early Intervention Program ("EIP")

- **Tab K** is the Early Intervention Program manual.
- The Early Intervention Program ("EIP") is what some people consider the robust front end of Intake services. Their primary role is to provide preventative and early services with a strength-based approach to families who come to the attention of child and family services, but who are able to maintain their children safely in their home. They work with those families intensely, looking at that family's strengths and their needs in developing a case plan or a service plan. They also have utilized ANCR's family resource centres. The goal is to provide early intervention to decrease the risk to the children in the home so they no longer require child and family services or so that the risk does not escalate.

- It is a 90 day service. It is part of the family enhancement stream (Differential Response) but at an intake level, which is why they work with those families up to only 90 days. At the end of the 90 days, if it is determined that the family needs further family enhancement services, ANCR will transfer to one of its partner agencies through the Differential Response stream. If at any point the risk escalates in the client family, workers will use the structured decision making tools to help them make the decision to transfer the family through to the protection stream. They can do that either through ANCR's Intake Program or transfer directly to one of its partner agencies if need be.

- The EIP also provides two resource centres. One First Nations resource centre, Snowbird Lodge, which operates from a traditional Aboriginal paradigm, provides many cultural programs.

- The second resource centre is the All Nations Family Resource Centre. It is focused more towards the General Authority and Métis Authority population. It also provides parenting supports and parenting programs. They've most recently been developing parenting supports and services for new Canadians and newcomers.

- Resource Centres provide a voluntary service, not part of ANCR's mandated service. It takes referrals from ANCR, some self- referrals that come in through the community, as well as referrals from partner agencies. Families can continue to work with the resource centres on an as-needed basis as long as they need.

- Families cannot access EIP if there is a child-in-care or if the children cannot be maintained safely in the home or there is an active abuse investigation where one of the primary caregivers is the alleged offender.

- Social workers in the EIP have a limited case load of 20, which allows them to focus more time on each family.

- Most referrals to the EIP come from the Crisis Response Program. There are a few different ways in which CRP can make the decision to refer a case to the EIP. A key factor is the safety of the children. All children have to be safe or be able to be maintained through supports or a plan in the home, in order to work with the EIP.

- The Probability of Future Harm assessment risk level is also very important. Those cases which are very high risk cannot be streamed to the EIP.

- In order to be accepted into the EIP the family has to be willing to engage with the agency and work collaboratively and cooperatively.

- Ms. Stoker will comment on the criteria for admission to the EIP. At this point in time it is primarily low to medium risk cases (as long as the children are safe) that get streamed to this program. In most jurisdictions in the USA the opposite approach is taken. There differential response is focused on high risk cases. The difference in approach is likely explained by the policy decision as to where to allocate resources, either the "front end" or the "back end".

- Ms. Stoker will comment on what further benefits could be achieved by extending the services of EIP beyond the current 90 day time limit at ANCR.

Differential Response

- ANCR had a Differential Response Coordinator. The role of that position was to coordinate the implementation of differential response at ANCR as described above. The differential response coordinator was responsible for the evaluation of the differential response pilots. ANCR had two pilots that ran for a year. One at the EIP and one called the Assessment Team, where the structured decision making tools were tested prior to being fully rolled out throughout ANCR.

- Ms. Stoker will review the ANCR Differential Response Evaluation Report **(Tab L - CD# 2116).**

- The evaluation considered the effectiveness of the structured decision making tools as a mechanism to stream cases through the differential response model. The report recommended that differential response be fully implemented at ANCR and that the structured decision making

tools be used to stream cases into ANCR's EIP or to an ongoing service agency. It was unanimously agreed that tools for assessing safety should be used on all allegations of abuse or neglect.

- One of the other items examined was the use of the caregiver and child strengths and needs tools, which are used primarily in other systems as a case planning tool. ANCR tested these tools to see if they would be useful to assist the agency in assessing the needs and strengths of families. Our partner agencies were surveyed and all reported that they prefer receiving case files with the following assessments done by ANCR: a safety assessment, risk assessment and strengths and needs assessments.

- The Evaluation Report also found that the structured decision making tools are an effective mechanism to stream cases appropriately, notwithstanding that they make the intake process more time consuming to complete. They require a higher level of intervention with the family than previous intake services and may result in a potential delay in transfer.

- Another finding was that workers still needed to rely on individual or professional judgment in conjunction with the tools in determining whether or not to transfer a file. There have been circumstances where the risk level and the safety issues in the family still allow ANCR to close or transfer the family to a different service as opposed to ongoing child and family services.

- During the pilot period it was found that only 3 out of a total of 400 files were inappropriately streamed to EIP.

- Another item flowing from the evaluation was the resource needs for structured decision making process implementation. It was found that ANCR needed to do a high volume of training to implement the new assessment tools. The evaluation determined that this will likely increase workload, particularly at the intake level. ANCR has committed to monitoring workload, as well as staff turn-over and staff burn out, in relation to workload increases. ANCR recognizes that it needs to ensure that it provides support to staff throughout the roll out process.

- The Southern Authority also conducted a Differential Response evaluation. A number of families that were receiving services from the EIP at ANCR were interviewed. The results show that the program had a positive impact on providing key services to the families**. (Tab M)**

The Protocol when ANCR receives a referral that a child may be in need of protection

- When ANCR receives a referral that a child may be in need of protection, the first step is to screen it in. Sometimes ANCR receives allegations that a child is in need of protection but it is immediately able to determine that it is not a valid referral.

- If an allegation of child abuse or child neglect is received, ANCR completes a formal Safety Assessment. The Safety Assessment is a tool which helps social workers to determine if the children in the home are safe, unsafe or safe with the plan.

- ANCR is working with the Province, the GA, the SA and the Children's Research Center on implementing a new standardized "Safety Assessment" tool and a standardized Screening tool. The Safety Assessment Tool has been finalized and will be rolled out in the near future.

- The next step is that a standardized risk assessment is completed using the probability future harm tool (PFH). This tool assists workers in determining the level of risk.

- The combination of the Safety Assessment and the PFH Assessment along with the streaming criteria set out in the Manitoba Service Decision Matrix provides the worker with the recommended action.

- Ms Stoker will describe how the Manitoba Service Decision Matrix works. **(Tab N)** She will also describe some of the concerns she has about the Matrix as set out in her letter at **(Tab O).**

- Receiving agencies get the following documents (The Intake Transfer Package) if a file is transferred for ongoing services: Safety Assessment, PFH Assessment, Caregiver Strengths and Needs Assessment and the Authority Determination Protocol (ADP) selection. ANCR sends both a fax and an electronic version of this information to the receiving agency.

- If the presenting issue can be resolved in 90 days and the family meets the criteria for EIP, ANCR may refer the family to the EIP.

Protocols for Closing Files at CRP and Intake

- Ms. Stoker will explain the criteria for closing files at CRP and Intake and how it is now a function of the results of the Safety Assessment and the SDM tools including the probability of future harm assessment tool.

- ANCR cannot close a high risk file at Intake without the authorization of a Program Director.

Recording Policy and record retention

- Ms. Stoker will discuss record keeping policies at ANCR. ANCR has recently revised its policy to require that all handwritten notes be maintained on the physical file at ANCR even if all of the information has been recorded electronically in the Intake Module. **(Tab P)**

ANCR's Private Arrangement Policy

- ANCR has developed a Private Arrangement Policy along with a form of agreement for private care arrangements. ANCR's Private Arrangement Policy was implemented in September 2012. **(Tab Q)** It is based upon the Child and Family Services Act, which declares that the best interest of children lies within being cared for whenever possible by their families. Families are broadly defined in the CFS Act to included extended family, community and family members.

- ANCR acknowledges that there are times when it can utilize what has been referred to in the past as a "private arrangement", as an alternative to an apprehension where it is appropriate and where an agreement between the legal guardian and the individual identified by the child or the family to provide care when the legal guardian is unable to do so.

- The policy allows children to remain with their families in an environment in which they are familiar. It also empowers families to continue to provide care for their children. A Private

Arrange can only be used in accordance with the policy. It cannot be used if the risk posed by the legal guardians is determined by the Probability of Future Harm is high or very high.

- It also requires that there is an agreement between the agency, the alternate care giver and the legal guardian(s); and that all checks are completed on the private arrangement care givers. These checks are the same as the checks required for a Place of Safety or a foster home arrangement. **(Tab R)**

- ANCR does not close its file once it has put in place a Private Arrangement. Workers must stay in contact with the children during the term of a private arrangement. The Private Arrangement allows ANCR to work more collaboratively with the family.

- ANCR cannot close a Private Arrangement file unless and until the Probability of Future Harm tool (with respect to the parent or legal guardian and the caregiver) is at no or low risk. If there is a medium or a high the file would be transferred to ongoing service.

- ANCR requires full documentation of any private arrangements in the Intake Module.

Preparation of Case Histories at ANCR

- ANCR has struck a committee to make recommendations to improve the drafting of case histories. Ms. Stoker will update the status of that work and the current practice with respect to preparing case histories.

Casual Workers

- ANCR currently has a large pool of casual workers in the After Hours Program. If a worker calls in sick or is away on vacation or is off due to training needs, ANCR has the ability to back up these workers with part-time or casual staff.

- CRP also has a casual float pool. Notwithstanding the lack of a formal funding stream, ANCR has developed a small casual pool of staff that can back-fill when CRP positions are vacant, or workers are away sick, training or on planned vacations.

- ANCR has used casual workers in the past at the Abuse Program when there were a high number of vacancies and ANCR was having difficulty filling positions.

- At Intake ANCR does not use floats or casual workers.

Training

- Regular training is available to all ANCR employees.

- It is mandatory that all social workers and supervisors participate in the Provincial CORE competency training. CFSIS, Intake Module and SDM assessment tools and ADP training is also mandatory.

- ANCR also mandates that workers take applied suicide intervention training and non-violent crisis intervention training.

- Because the Abuse Investigations Program provides a specialized function in the area of Abuse Investigations, social workers are also required to take forensic abuse interview training, as well as the Winnipeg Police Service Child Abuse Investigative training.

- ANCR is currently working in conjunction with the Southern Authority on other training initiatives. One is increased Provincial Case Management Standards training. ANCR is considering developing its own training program.

Quality Assurance

- Ms. Stoker will outline the ANCR's Quality Assurance program and review ANCR's QA work plan. **(Tab S)** ANCR does not have a permanently funded QA position.

- At ANCR, compliance with Standards and Policies is the responsibility of front line workers, Supervisors, Directors and the QA officer.

Supervision Policy

- Ms. Stoker will review the ANCR Supervision Policy. **(Tab T)**

The Intake Module

- Ms. Stoker will describe how the Intake Module works.

  Differences between IM and prior system
  1. Prior contact checks are now mandatory for a new Intake.
  2. Safety Assessments are incorporated into the IM.
  3. It is easier to attach related parties after prior contact checks.
  4. Information is entered by workers (not administrative personnel).
  5. Information entered becomes available to everyone on the system in "real time".
  6. Formal Safety Assessment are now mandatory on issues requiring an immediate response.
  7. The IM prompts workers to identify issues. The function of picking an issue prompts the computer to give a response time. Therefore, response time is no longer a matter of discretion.

CFSIS

- Ms. Stoker will discuss how the CFSIS system is used at ANCR and will discuss potential improvement which would facilitate better service delivery at ANCR. For instance, improvements could be made to the "Care and Caution field". It could be expanded to included extra high risk people or anyone that an agency has concluded cannot parent.

- It is very important for ANCR to have accurate CFSIS information.

- ANCR still uses faxes and phone calls to circumvent connectivity issues.

Staffing Levels and Workload

- In 2005, for the After Hours program, there were 18.3 FTE's consisting of 0.5 admin, 2 supervisors, and 16 full time social work positions. Currently at ANCR, as of July 2012, there

remain 2 supervisors, 0.5 admin. The social work complement is now 20.3 EFTs and ANCR has added 2 case aides to that program.

- Regarding CRP, in 2005 there were 2 supervisors, 1 admin, and 12 social work positions. At ANCR currently there is 1 admin, 2 supervisors, 12 social work positions and 2 social work phone screeners are dedicated to the phones exclusively. The program also oversees the medical liaison position. This position is housed at the Health Sciences Centre.

- Regarding Intake in 2005, there were 4 supervisors and 24 Intake social workers (4 units of 6 workers). ANCR Intake currently has one program director, a legal clerk, 5 admin staff, 5 supervisors and 30 social workers, who are set up in 5 teams of 6 and one case aid to assist with child in care case management duties.

- Regarding the Abuse Investigations Program, in 2005 there were 2 supervisors, 16 investigators, 2 administrative staff, a child abuse committee coordinator, and two child abuse committee administrative support workers. ANCR's current Abuse Investigations Program consists of 3 separate units. Each unit consists of a supervisor, 8 child abuse investigators and each unit has their own administrative support. ANCR also has a child abuse committee coordinator and one child abuse committee administrative support person.

- In terms of senior management in 2005, there were 2 assistant program managers responsible for the 4 programs. At that time each had responsibility for half of each program. ANCR has 4 program managers (now titled program directors). One for CRP/AHP, one is for the Intake, one for Abuse and one for EIP.

- The Child Welfare League of America ("CWLA") recommends a maximum of 12 child protection investigations per month per Intake worker. This should take into consideration vacation time, sick time and time away for training.

- The CWLA standard does not apply to CRP workers because of the short duration of services they provide to families.

- In the fiscal year 2011-2012, the average number of files per worker ranged from 12 up to 20.

- ANCR tracks the number of files per-worker. Each month the program director of Intake provides a program report which details the number of cases referred to Intake by unit and worker. Ms. Stoker will provide evidence relating to those statistics. **(Tab U)**

- Ms. Stoker will compare case statistics at CRP from 2002 to 2005 against the current measurement of service demand levels. **(Tab V - CD# 2113)**

- It is difficult to do a direct comparison of the two documents regarding CRP yearly statistics, because the Child Welfare System has changed and the service jurisdiction of CRP is different. Furthermore, the methodology associated with recording file opening and closing has substantially improved since 2005.

- Ms Stoker will speak to service demand trends referring to CD# 2114. **(Tab W – CD# 2114)**

- In 2007, CRP opened a total number of 6,537 intakes, closed 4,276, referred to Intake 2,220, referred to Abuse 815 and referred to Family Enhancement (EIP) 29. At that time, Family

Enhancement was a new program that was in development at ANCR, which explains why the number of referrals was so low at that time for that program.

- In 2011, CRP opened 7,322 intakes, which is an increase of approximately about 800.

- Regarding closings there were 4,276 in 2007 compared to 4,254 in 2011. Referrals to Intake were 2,220 in 2007 compared to 2,844 in 2011, which is an increase of approximately 600 intakes. This shows that gradually, over the last 4 years, the volume being referred to Intake from CRU has increased.

- The statistics clearly demonstrate that there has been a steady increase into the number of intakes that have been opened by CRP. In 2008 they opened approximately 5,600. In 2009 it was 6,800. In 2010 it was 7,500. In 2011 the number of cases referred to Intake appears somewhat stable however that may be because the number of intakes referred to EIP has increased.

- Regarding Abuse referrals, in 2007 there were 808 referrals to the Abuse program. In 2011 that figure rose to 1780, a substantial increase of approximately 972. (**Tab X)**

- The statistics show that there is a variation of volume dependant upon the month and the year. This is the result of a number of factors including the economy, population increases and migration to Winnipeg, the weather can even play a role.

- Over all ANCR is busier than it was in 2007 in terms of the volume of requests for service mandated or non-mandated.

ANCR Funding

- ANCR is mandated by the Southern Authority. Its funding flows from the provincial government through the Southern Authority.

- When ANCR went live in 2007 it was funded based upon the number of positions or EFTs (equivalent fulltime employees). In 2007 that funding was based on 151.5 EFTs.

- In 2008, an additional 3.5 positions were funded as part of a workload relief strategy.
- In the 2009-2010 fiscal year the Minister of Family Services and Consumer Affairs committed to funding a 3rd abuse unit: 6 Social Workers, a Supervisor and an Administrative Support person.
- Tracia's Trust (2009) provided funding to ANCR for 2 Sexually Exploited Youth Investigator positions to work within the Abuse Investigations Program.
- An agreement was reached in December 2009 to develop a Medical Liaison position to support key child protection work in the health care system. This position, along with the sexually exploited Youth Worker positions, the third Abuse unit, and the workload relief positions has brought the total allocated positions to 164.
- The 164 positions are broken down in terms of their classification by position. For each position there is a corresponding classification. ANCR is funded at the mid-pay scale of that classification regardless of the actual employee pay-scale.

- ANCR also receives 15% overhead for each position. Operational costs include everything that ANCR requires to operate the organization including rent, furniture, office supplies, travel expenses from staff, some legal costs, human resources and the majority of staff training.

- The 164 EFTs and overhead are described as ANCR's "core funding".

- A number of the employees at ANCR are seconded from Winnipeg CFS. The province of Manitoba pays employees of WCFS that are seconded to ANCR directly. When a seconded employee leaves ANCR for any reason, and is replaced by a direct hire, the funding for that position flows directly to ANCR.

- From 2008/2009 to the current budget year, salary costs increased from 5.1 million to $9.9 million. A portion of the increase is from the addition of Differential Response and Workload Relief funding.

- The majority of the increase in funding has resulted from the transfer out of secondments and the increase of the number of direct hires.

- In addition to ANCR's core funding, ANCR also receives funding for Family Support Services and Child Maintenance funding.

- The Southern Authority in partnership with the Department completed an ANCR Service Model Review in 2009 which made specific recommendations regarding additional positions:
    - Director of Service (rec. 5:9)
    - Child Abuse Committee Coordinator (rec. 2:9)
    - Abuse Trainer (rec. 2:7)
    - Case Aides (rec. 2:11)

- A three year Change Management Process was announced by the ANCR Board of Directors and the Southern Authority on January 18, 2010. Three consultants were assigned to support the process and to make both service and operational recommendations. The process was structured to ensure the participation of all four CFS Authorities, the province, the ANCR Board of Directors, MGEU, ANCR staff and management.

- In May 2010, the Change Management Consultants, together with labour and management representatives, made preliminary recommendations to address critical system issues as per the ANCR Service Model Review. These issues included: ANCR's capacity to respond to the volume of calls at reception and the Crisis Response Program, workload demands and service response times across all ANCR programs. Positions were added, as follows:
    - Two term Social Work positions for Crisis Response Program (CRP)
    - One term Case Aide for CRP
    - Three term Social Work positions for After Hours Program (AHP)
    - Two term Case Aides for AHP
    - Two term Administrative Support positions for Intake
    - Two term Case Aides for Intake
    - One term Receptionist position
    - One term Trainer/Mentor position for the Abuse Investigations Program (AIP)
    - One term Child Abuse Committee Coordinator position for AIP
    - Two term Case Aides for AIP
    - One term Building Coordinator position

- As the Change Management process progressed, the Change Management consultants made further recommendations based on their analysis and consultations with staff, as well as input from Dev Team (Dev Teams were work groups of staff representatives and external experts). The following additional positions were recommended and filled:
    - One Director of Quality Assurance and Compliance
    - One Director of Operations
    - One File Clerk
    - Two CRP Social Workers (11-7 shift)
    - One Staff Training and Development Coordinator
    - One Culture and Diversity Officer
    - One Communications Manager (recommended but not filled)
- A Communications Audit was completed in November 2011 which also recommended:
    - One Communications Manager position
        - One Communications Assistant position

- In March of 2012 ANCR and the Southern Authority commenced negotiations with the Province for a commitment for additional allocation of funding for the above noted positions. As a result of that ongoing process ANCR secured further funding for a portion of the request, but was unable to retain the following positions for reasons including lack of funding:
    - One After Hours Social Worker
    - Two 11:00 a.m. to 7:00 p.m. CRP social workers
    - One CRP Case Aide
    - One Intake Case Aide
    - One EIP Case Aide
    - Two Abuse Program Case Aides
    - One Abuse Investigation Trainer
    - Two Abuse Transcriptionists
    - One ANCR Building Coordinator
    - One Training Coordinator
    - One Culture and Diversity Officer

- The ANCR Financials documents **(Tab Y)** were prepared by ANCR's Chief Financial Officer, Linda Kerr. They show the breakdown of ANCR operational costs by salary dollars, by position and by program.

- In terms of positions, ANCR in its 2012/13 budget indicates that there are 202 EFTs. However, the core funded positions remain at 164 EFTs plus the 5th Intake unit funded through DR funding.

- ANCR and the Southern Authority continue to negotiate funding with the Province for the 2013/14 fiscal year.

Application of the above service model changes to the facts of the Phoenix Sinclair Case

- Ms. Stoker will elaborate further on how services to Phoenix and her family would have been different if the presenting concerns were dealt with under the current ANCR service model including:
    - How the Intake Module may have changed the delivery of services;
    - ANCR's policy on what were once referred to as "Private Arrangements";

- Current client contact requirements including the requirement to see all children in the home during all child protection investigations;
- Improvements with respect to the interaction between the 5 programs at ANCR;
- Improvements to CFSIS and deficiencies that still exist in the information system;
- Impediments to sharing information with collateral organizations;
- Difficulties associated with identifying new partners in the household;
- Difficulties associated with uncooperative families.

- What follows is Ms Stoker's application of ANCR's 2013 Policies and Procedures to the last 4 Intakes.

The 4th Protection Opening – January 14 to February 13 2004

- When a response time is immediate or 24 hours the Provincial Standards require that a Safety Assessment shall be done.
- ANCR's Client Contact Policy requires a Safety Assessment and a Probability of Future Harm assessment on "any allegation of abuse or neglect". **(Tab Z)**
- Ms Stoker has prepared a Safety Assessment **(Tab AA)** and a PFH assessments for this intake based on the information that would have been available to the workers at the time.
- Since there were two households known to be involved with Phoenix, a PFH had to be done on each household (Steve Sinclair's home and Samantha Kematch's). **(Tab BB)**
- The intake would be opened under Samantha Kematch, the secondary caregiver would be [redacted].
- Persons in the case who would be attached are Phoenix Sinclair, [redacted], Steven Sinclair and [redacted].
- The history would include history on Samantha, Steven and [redacted].
- Issues identified in issue management screen of the Intake Module would be:
  - Concern of on-going substance abuse affecting parental capacity (48 Hours)
  - Parent allows person who may pose risk to have access to the child (48 hours)
  - Abandoned child(ren) (24 hours)
- The 24 response time would qualify for an override as the information presented states that although Steven had abandoned Phoenix in November 2003, Phoenix was picked up by her mother. Upon further conversation with the SOR it is determined that Phoenix was picked up by friends in early January 2004.
- The 48 hour response indicates that this matter should be referred to Tier II intake for an assessment.
- The issues that would be identified are allegations of neglect and therefore, a safety assessment and probability of future harm would be completed prior to intake disposition.
- Once Phoenix was seen, a safety assessment would have been completed by the assigned intake worker.
- The Safety Assessment would indicate that a safety plan is required to ensure the safety of the child.

- ANCR's current policies would require the following:

- 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. Phoenix would be seen and interviewed dependent upon her developmental capacity.
- 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.) This would have been a 48 hour response as indicated by the issue management screen.
- 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. Intake worker would have to meet with Steven and Samantha at their current place of residence.
- 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. The worker should have attempted to follow up with [redacted] if Samantha was still residing with her, if not then safety planning should have been done with Samantha to ensure [redacted] had no access to Phoenix.

- A probability of future harm would be completed with Samantha as the primary caregiver and [redacted] at the secondary caregiver. The PFH would be high for neglect and high for abuse.
- A probability of future harm would be completed on Steven as the primary caregiver. The PFH would be high for neglect and moderate for abuse.
- This would prevent a private arrangement from being possible as per the ANCR private arrangement policy. The ANCR private arrangement policy states "Private arrangements will not be pursued where the risk is assessed to be high and preliminary assessment indicates that this family will likely need ongoing services to resolve child protection concerns".
- Phoenix would have been apprehended.
- Rohan Stevenson would not have been considered as a place of safety due to the fact that Kim Edwards was not living with him and he had previously lied about who was residing in the home. Further, it would have been unsafe to place Phoenix with him given that he worked the overnight shift.
- The ANCR Tier II Intake Program would conduct a full intake assessment including the Caregiver Strength and Needs Assessment on Samantha and Steven, as well as the Child Strengths and Needs Assessment on Phoenix.
- The file would have been transferred to an on-going service agency for further service.

<u>The 5th Protection Opening - May 11 2004 to July 14, 2004</u>

- The intake would be opened under Samantha Kematch.
- Persons in case that would have been attached are Phoenix Sinclair, [redacted], Steven Sinclair and Karl McKay.
- The history would include history on Samantha, Steven and Karl.
- Issues identified in issue management screen would be:
  - Parental Capacity Unknown (48 Hours)
- The 48 hour response indicates that this matter should be referred to Tier II intake for an assessment.
- The issue that would be identified is an allegation of neglect and therefore, a safety assessment and probability of future harm would be completed prior to intake disposition.

- Once Phoenix was seen, a safety assessment would have been completed by the assigned intake worker.
- The Safety Assessment would indicate that a safety plan was not required to ensure the safety of the child. **(Tab CC)**

- ANCR policies would require the following:

    - 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. Phoenix would be seen and interviewed dependent upon her developmental capacity.
    - 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.) This would have been a 48 hour response as indicated by the issue management screen.
    - 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. Intake worker would have to meet with Samantha at her current place of residence.
    - 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.

- A PFH would be completed with Samantha as the primary caregiver and Karl as the secondary caregiver. The PFH would be high for neglect and high for abuse**. (Tab DD)**
- The ANCR Tier II Intake Program would conduct a full intake assessment including the Caregiver Strength and Needs Assessment on Samantha and Karl, as well as the Child Strengths and Needs Assessment on Phoenix. This would have required direct contact with Samantha as well as Karl.
- The file would have been transferred to an on-going service agency for further service.

<u>The 6th Protection Opening – Dec. 1 2004 to Dec. 7 2004</u>

- The intake would be opened under Samantha Kematch.
- Person in case that would have been attached are Phoenix Sinclair, [redacted], [redacted], Steven Sinclair and Karl McKay
- History would have included history on Samantha, Steven and Karl.
- Issues identified in issue management screen would be:
    - Parental Capacity Unknown (48 Hours)
- The 48 hour response indicates that this matter should be referred to Tier II intake for an assessment.
- The issue that would be identified is an allegation of neglect and therefore, a safety assessment and probability of future harm would be completed prior to intake disposition.
- Once Phoenix was seen, a Safety Assessment would have been completed by the assigned intake worker.
- ANCR policies would require the following:

    - 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. Phoenix would be seen and interviewed dependent upon her developmental capacity.
    - 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.) This would have been a 48 hour response as indicated by the issue management screen.
    - 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. Intake worker would have to meet with Samantha at her current place of residence.
    - 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.

- A probability of future harm would be completed with Samantha as the primary caregiver and Karl as the secondary caregiver. The PFH would be high for neglect and high for abuse**. (Tab EE)**
- The ANCR Tier II Intake Program would conduct a full intake assessment including the Caregiver Strength and Needs Assessment on Samantha and Karl, as well as the Child Strengths and Needs Assessment on Phoenix. This would have required direct contact with Samantha as well as Karl.
- The file would have been transferred to an on-going service agency for further service.

<u>The 7th Protection Opening – March 5 to March 9, 2005</u>

- The intake would have been opened under Samantha Kematch.
- Person in case that would have been attached are Phoenix Sinclair, [redacted], [redacted], Steven Sinclair and Karl McKay.
- The history would have included history on Samantha, Steven and Karl.
- Issues identified in issue management screen would be:
    - Isolation of Child (48 hours)
    - Parent exhibiting inappropriate parenting skills (48 hours)
- The 48 hour response indicates that this matter should be referred to Tier II intake for an assessment.
- The issues that would be identified are allegations of neglect and therefore, a safety assessment and probability of future harm would be completed prior to intake disposition.
- Once Phoenix was seen, a safety assessment would have been completed by the assigned intake worker.
- ANCR Client Contact Policy would require the following:

    - 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. Phoenix would be seen and interviewed dependent upon her developmental capacity. [redacted] would also be seen.
    - 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.) This would have been a 48 hour response as indicated by the issue management screen.

  - 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. Intake worker would have to meet with Samantha at her current place of residence.
  - 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. Samantha would have been interviewed.

- A Probability of Future Harm would be completed with Samantha as the primary caregiver and Karl as the secondary caregiver. The PFH would be high for neglect and high for abuse**. (Tab FF)**
- The ANCR Tier II Intake Program would conduct a full intake assessment including the Caregiver Strength and Needs Assessment on Samantha and Karl, as well as the Child Strengths and Needs Assessment on Phoenix and [redacted]. This would have required direct contact with Samantha as well as Karl.
- At any point in the intake process, if there were any indications that Phoenix was being abused it would be referred to the ANCR Abuse Investigation Program. This would potentially require a referral to WPS and Medical.
- The file would have been transferred to an on-going service agency for further service.

ANCR Service Model Review

- Ms. Stoker will provide an overview of the ANCR Service Model Review **(See Witness Summary of Elsie Flette – Tab L)** and will review the latest Service Model Review Progress Report. **(Tab GG)** In particular she will discuss the plans to reconfigure the service functions of the CRP and Intake, as well as some elements of the After-Hours Program into a revised model that will improve delivery of services. ANCR is focusing on reconfiguring CRU/Intake to result in fewer workers being involved in each file. ANCR is looking at other jurisdictions to see how they do it. These significant changes were deferred until the full implementation of the differential response initiative, i.e. the roll-out of the SDM tools and changes to the Early Intervention Program.

- Ms Stoker will comment on the issues raised in the ANCR service model review including concerns regarding the capacity of the phone system to respond to calls on a timely basis. At the time of the review, the phone response capacity (in terms of a timely response by CRP, as opposed to the receptionists) was measured to be bellow industry standards which according to MTS are in the 90% range. With the additional resources that were added to the Crisis Response Program, ANCR improved that capacity to an average of 95%.