



COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

Commission Disclosure 1760



Manitoba

DATE: January 14, 2005

Memorandum

TO: Jay Rodgers

FROM: Darlene MacDonald on behalf
of Services to Children and
Families

SUBJECT: Case Management Standards Review and Feedback

We have had the opportunity to do a quick review of the new draft standards and want to provide the following feedback.

Chapter 1 – Introduction:

Pros:

- There is consistency, in that the standards are to be followed throughout Manitoba.
- The standards state that they will be flexible, i.e. we will take into consideration what works and what doesn't work, with regular opportunities to provide feedback to assist in their development
- It sets the tone
- Risk is outlined
- Timelines can be helpful in guiding practice provided they are not rigid
- The computer version has links to the relevant parts of the CFS Act and regulations

Cons:

- The timelines for implementing the standards are unrealistic
- the timing along with AJI—CWI is unrealistic
- how do these standards correlate with the Intake Module
- there is no training program attached
- standards can be interpreted differently by different people
- It feels like the standards have been put in place for compliance purposes, why is this so necessary?
- How do we measure compliance and what happens if we don't meet the standards? I.e., if a child passes away and we didn't meet a certain timeline what are the consequences?

Chapter 2 – Intake:

Pros:

- there is an expectation of face to face contact at Intake with clients

Cons:

- On Page 2-2, under "Requests for Service", subsection i), felt there should be a category included for a more *immediate response* (should this be required) than just stating "within 24 hours). This has been

addressed in the new version (online) where the wording states “immediately and within 24 hours...”

- Questioned what does it mean to provide a “response”, eg. Is that a support worker has been requested or that the worker has met with the family, etc.
- On Page 2-3, under “Requests for Service”, section 5), supervisors expressed concern about this statement, and questioned if this was a reasonable expectation, given the current high volume of workload.
- On Page 2-4, under “Requests for Service” section 8), supervisors felt this should read “before the end of the day”, not “within one working day” as this allows someone who got the call at 3:30 p.m. to decide not to do anything until the next day at 3 p.m.
- We did not understand the importance of submitting information to the Post Adoption Registrar in one day but an investigation into child abuse can take up to 10 days.
- When is it appropriate not to implement the child/family’s preferred placement choice?

Chapter 3 – Assessment:

Pros:

- Assessment standards apply to both Intake and to family service.
- On Page 3-4, under “Child Assessment”, noted that the new (online) version does not state that an assessment needs to be completed within 10 days of an apprehension.

Cons:

- Supervisors felt there were a lot of timelines, and this was overwhelming to digest
- Do we have enough staff to be able to respond to these timelines?
- Where did the timelines come from? Who created them? What are they based on? Was there a field test with a caseload of 30 to see if a worker could realistically meet these timelines? Does it matter that you are practising rurally vs. urban? What if you are down staff and covering more than one caseload?
- There are forms referred to in the Case Management Standards manual—where are the forms? Will we be expected to use these forms? Will they replace our Agency forms or will they be in addition or will our forms be an acceptable substitute?
- On Page 3-3, under “Family Assessment”, questioned why must the case manager make at least four contacts, and not, eg. 6 or 2? How is this number arrived at? Felt this requirement was like an “auditing mechanism” (insulting to the social work profession and does not allow for any professional judgement).
- Another question arose re: family assessments – what if supervisor is away for a few days – is the person providing coverage going to be responsible for answering questions/reviewing the case to which they’re not familiar with?
- On Page 3-3, under “Family Assessment”, section 2), “excluding children 12 or over from the planning process requires supervisory

approval” – comment was made that not a lot of 12 yr. olds are going to sit around and wait to talk to social worker. Why does this require approval?

- On Page 3-3, under “Family Assessment, section 3c), unclear as to the timelines established by the court – is this when first docket occurs, etc?
- Note: In our Agency the Worker has to do complete court particulars and now the family assessment within 10 days before court – will there be a method to get rid of one of these processes?
- On Page 3-3, under “Family Assessment, section 4d) – who determines what a “positive” change is? What is the definition?
- Training was brought up as an issue – felt there should be government training for staff re: the standards
- Concern expressed that workers can’t meet the present expectations required of them and these standards will also not be met even though staff will try
- On Page 3-4, under “Child Assessment”, section 3), puts the onus on the case managers, not the parents (as was previously the case, in accordance with the CFS Act). Do the standards supersede the CFS Act? This will open up a “Pandora’s box” with the parents. Question posed: “are we in a position to determine parents’ level of stability after a year of no contact? Is there a standard set around what kind of level of stability should be achieved before reunification is considered?
- What are the Perinatal and PW standards?
- On Page 3-4, under “Investigation”, section 2), there was a concern re: workers waiting until day 5 to make face-to-face contact with child (report of abuse can be done over the course of 5 days). Fear some staff may interpret this to mean they don’t have to respond for up to 5 days. There is no rank ordering of tasks—we felt that seeing the child should be identified as the first and foremost task. Perhaps the wording needs to be modified. Feels like this is not consistent with the Assessment process. Need face-to-face contact to assess level of risk.
- On Page 3-5, under “Investigation”, section 3), usually a verbal report is given to supervisor immediately however a written one may take longer to produce.
- On Page 3-5, under “Investigation”, section 4), there is a discrepancy re: number of days within which abuse report is submitted to the agency child abuse Coordinator (CFS Act states within 15 days whereas the standards state within 10 working days). Is this the same or different? Why the change in wording?
- What is our absolute priority—assessments or providing service?
- If Intake does an assessment does that constitute an initial assessment and does family services then do the subsequent ones after that at the listed timelines or is it expected that family services will do another set of assessments starting after the date the case is assigned to them?

Chapter 4—Planning

Pros

Cons

- Meets within 10 days of an approved assessment. Why 10 days, why not 15 or 22? Is this timeline realistic?
- Involves Aboriginal Agency—is this only in CIC situations or in all situations? Is it still relevant even if a family has made a choice through the ADP process?
- Who is a service provider? What is the definition?
- If a parent refuses to participate in planning the standards state we should talk to a supervisor about mediation—who does the mediation?
- Timeline for asking for an extension of care is listed as 3 months? We presently request 6 months. It doesn't outline why or when you would ask for an extension.

Chapter 5 – Service Provision:

Pros:

Cons:

- There is presently a six week wait list for FSW's so then in high risk cases it would mean the social worker would have to be out in the home once a week until someone else could be found to do the weekly contact. Feels unrealistic. Is that a proper interpretation—that someone has to be in the home having face to face contact once a week or is it expected that the worker herself will be in the home once a week on all her high risk cases?
- When does risk get reassessed? Where are the opportunities to change the risk assessment by intake? Is this part of the family assessment form as it is not a part of our Agency one as we have a different risk assessment form?
- If you add up all the contacts for a family of 2 parents, with 3 children in care in 3 different placements: a worker could be visiting with the parents each once a month $2 \times 1 = 2$, with each child twice a month (alone) $3 \times 2 = 6$, with each caregiver $3 \times 3 = 9$, for a total of 17 contacts in one month on one family—is this the intention? The standards don't get at the quality of the contacts. You could see a client once a month and it could be a very valuable session. Once a week could be for 5 minutes—it meets the standard but it doesn't do anything for the client or the worker. What are we supposed to be doing once a week?
- Using data from the working group proposals (WCFS, 1999) the number of hours a FSW has to work with families is estimated to be 3.04 hours per month per family (please refer to Table below for further particulars). Included in these limited hours are direct client services such as counselling, home visits, office meetings, apprehensions, placement of children, case conferences, review meetings, travel time to and from appointments, transporting children and parents to visits and appointments, phone calls, checking voice mail and email and assisting co-workers or covering emergencies for co-workers. Finally

administrative requirements such as daily contact notes, court particulars, trial preparations, family assessments, social histories, referral applications, abuse reports, financial disbursements, child care instruction sheets, memos and letters must be completed. Although court work is estimated to be three days a month for Core Area FSWs, this does not include trials, which can involve five hours a day, five days or even ten days in a row. The Table outlines the breakdown in the number of hours per month a FSW has to work with her clients; however, it does not take into account all of the above responsibilities as these are difficult to breakdown into hours. In essence a Family Service worker has fewer than 3 hours a month to work with any given client. With an average of 30.28 cases a worker has limited time to establish a relationship or to try and resolve the issues that led to the maltreatment of children, let alone meet standards imposed by a compliance body.

Table --Number of hours per case

Hours Expanded:	
Hours per year (52 weeks x 40 hours/week)	2080 hours
Statutory Holidays (11 days x 8 hours)	-88
Average Vacation (20 days x 8 hours)	-160
Average training and team days (5 days x 8 hours)	-40
Lunch hours and breaks	-195
Sick time (industry average is 8 days/year x 8 hours)	-64
Unit and other meetings	-104
Court work	-288
Supervision	-48
Total hours per year	1093 hours
1093 divided by recommended caseload of 30	36.43 hours/year /case
1093 divided by 12 month/year	91.08 hours/month
36.43 hours divided by 12 months	3.04 hours/month /case

Chapter 6 Evaluation

Pros

- Under Monitoring--Who is a service provider and what report are they sending where and what is it telling us about a child in an emergency placement? This could be good but we don't know what it means?

Cons

- Recording monitoring reports within 30 days—what does that report entail? Is this different from contact notes? There is no discussion about contact notes and how and when and what will be documented.
- Are the timelines about progress reviews different then service provision timelines? Are they in addition or can it be done at the same time?
- The supervisor reviews progress reports—are these verbal or written? Within one month from the date of protection concerns—what if protection concerns are ongoing how do you determine one month? From the first incident? From each incident?
- Records of supervisor—what do you record, how do you record, where does the record go?
- When will supervisors have time to do the other functions of supervision—these standards clearly emphasise administration issues only.

Chapter 7 Service Completion

Pros

- Clearly documents that it is the Supervisor who approves closures/transfers

Cons

- What do we do if an Agency does not provide us in writing that they will accept transfer of a case but the family is clearly living in their catchment area? Do we keep a file open and if so why, and for how long?

Other general comments:

- Standards are too high – not do-able; lower caseloads required in order to meet standards
- Would like to see a "priority list", i.e. what are most important standards to achieve, what are least important
- What are the consequences if case managers don't meet these expectations?