



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

Commission Disclosure 1891

Inter-office Memorandum

To: Interim Management Board
From: Linda J. Trigg, Interim Executive Officer
Date: November 19, 2001

The intention of this memo is to give you a synopsis of key issues currently facing WCFS and those to be addressed through the upcoming transitions. This synopsis is primarily my perspective after four months on the job. I gathered my information through conversations with senior managers, certain supervisors and staff as well as visits to many of the agency teams.

My memo covers the following topics:

- Structure and Function of WCFS
- Service Trends
- Staffing and Human Resource Issues
- Short-term Placements/Shelters/Hotels
- Deficit Reduction
- Impact of the AJI-CWI
- The Future of WCFS and Internal Change
- Contractual Agreements
- Outstanding Lawsuits
- Other Areas to Address in the Devolution of WCFS

Structure and Function of WCFS

As you may know the agency underwent a complete reorganization in 1999 from an area structure to a program structure. Following an Operational Review of WCFS by Prairie Research Associates in 1997, apparently the previous government and Board wanted a reorganization with four constraints which were: a program model; no increase in EFT's; no increase in costs; and utilization of existing space. The reorganization seems to have focused upon program structure, staff redeployment and where to locate program units. Not as much attention was paid to day-to-day processes, the way programs relate to one another and organizational culture. Senior staff have told me that the required pace of the reorganization did not permit attention to these important factors at the time. There are eight programs.

<u>Program Name</u>	<u>Managed By</u>
Services to Children and Families	Darlene MacDonald
Resources in Support of Services	Ellen Peel
Permanency Planning and Adoption	Patrick Harrison
Community-based Early Intervention	Sue Hudson / Mallory Neuman
Quality Assurance, Research & Planning	Ken Murdoch
Aboriginal Services Liaison	(vacant)
Finance, Administration and Information Technology	Steve Childerhouse
Human Resources	Margaret Paterson

I believe there is consensus among management and staff that the reorganization was never completed with respect to how people function or work. The announcement of the AJI-CWI is one of several factors that seems to have precluded reorganization completion. Since the AJI announcement there has been considerable unease in the agency and significant staff turnover (details below). I have heard comments such as "the growth and momentum stopped in February 2000".

I have frequently heard reference and seen examples of the agency having replaced "area silo's with program silo's". In other words, prior to 1999 the four areas of WCFS were operating somewhat independently and in different ways but now the different programs are not well connected and do not seem to have mechanisms for inter-program problem-solving. Staff describe internal barriers such as the paperwork required for referrals between programs or the lack of paperwork filed to move children from short-term care to treatment centers. The 1999 amalgamation does not appear to have fostered cohesion and many programs and their components are still struggling to create one consistent framework for operation.

Some programs such as Permanency Planning, whose focus is permanent wards and adoptions, have benefited greatly from the reorganization. Staff in this program have been able to make concerted efforts to care for permanent wards and also to undertake connection of 75% of the children with birth families.

The creation of the Perinatal Service Team, a component of the Services to Children and Families Program, is another positive outcome of the reorganization. Prior to the reorganization, with the exception of one Area where such cases were assigned to a specific Family Service Social Worker in each service team, these services were provided by every Family Service social worker. Given low priority, services were generally provided very late in the pregnancy and consisted of simply supporting the mother's plan or, in the alternative, apprehending the baby at birth. The focus of the Perinatal Service Team is to assist the expectant adolescent parent with planning for her child and herself. Unfortunately, due to the high number of referrals, service has been limited to only those single, expectant parents under the age of 18.

The creation of the abuse investigation intake units was another positive outcome, even though they are not fully integrated within the intake program component and, again because of numbers of referrals, only referrals of child abuse on cases not active with the Agency are investigated by these two units. Staff are becoming more competent and confident, investigations and assessments are more comprehensive and balanced, police and medical personnel are very pleased with and supportive of the service, and the number of law suits arising from poorly conducted investigations has ceased.

The Community Program contains some interesting and worthwhile prevention and community development initiatives but it is extremely diverse. It appears that the community programs provided by the four different areas continue to exist. While it is true that community programs should be tailored to meet specific community needs, the overall agency program needs a cohesive focus and needs to be better integrated with other agency services such as child protection and foster home recruitment. Some integration initiatives are occurring.

Other programs are under significant stress or still in the process of clarifying roles and responsibilities. An example of the latter would be Intake, which was not only restructured during the 1999 reorganization but again in December 2000. The Intake Program has many internal problems, including 'after-hours'. There are ten teams involved in a multi-step intake system. A centralized intake was designed to provide consistent service for the city. I am not convinced that this goal has been achieved and furthermore the centralized system has robbed the 'front line' Services to Children and Families teams of community contact. Apparently some collaterals prefer the centralized system but others find it unwieldy and bureaucratic. Given that the intake system will be transformed through the AJI process it may not make sense to conduct another interim internal restructuring (or streamlining) of WCFS Intake. However, I am discussing how to address the various problems in the short-term with members of the management team.

Services to Children and Families is an example of a program under enormous stress. It is composed of 17 service teams (of about 8 staff each) who are considered to be the 'front-line'. These teams have no control over intake; they have no connection to resource centers, daycare, and clothing depots; they no longer have consistency of other supports such as family support workers; they no longer have case aids to attend to children sitting in offices waiting for placement; they feel completely disconnected from the foster care department; they have high workloads and no "buffer zone" cases (for example, permanent wards whom they could take to lunch); "it's constantly hard and constantly worrying". Even more serious is the fact that since the 1999 reorganization there have been many opportunities for staff to transfer from front-line protection work to other programs, a phenomenon that has decimated the workforce in child

- 5 -

protection services (see detail below under Staffing Issues). In accordance with the direct service workers collective agreement, transfers are based upon seniority. As one senior staff person in the program said, "we have created a terminal ward; it's the pits".

The Finance Department has not been well connected to service. The Chief Financial Officer prepares a very detailed monthly financial report which is shared with the Board, the Department and agency management. Additionally, other specific reports are prepared for each program. All of the reports highlight concerns over certain expenditure patterns. The CFO attends most of the monthly supervisor meetings in each program to discuss his concerns. What is lacking is the next step - problem solving to address those concerns. I will use discussion about family support spending as an example. The CFO will encourage reductions in various areas such as family support that is over budget this year. However, the family support spending is not related to team activities such as caseload or children in care. Both the CFO and Supervisors appear very frustrated with this process. The supervisors rightly argue that family support is a critical activity to keeping children with their families but operate with no guidelines for use of family support monies. On a positive note, both the Services to Children and Families and Resources in Support of Services programs, which oversee family support work, are proceeding with a joint project to develop a tool to assess use of family support and guidelines for it. The project at this point depends upon the availability of the Quality Assurance staff currently working on several projects related to the AJI transition.

I trust that the issues raised above and the experiences of the past 15 years of decentralizing and centralizing child welfare services will provide a basis for us to discuss the advantages and disadvantages of service delivery models for the future. Our intention prior to the announcement regarding the general mandate was to begin a process of addressing the WCFS challenges through a process described later in this memo under the heading of The Future of WCFS and Internal Change.

Service Trends

- The Quality Assurance Team is conducting a study at Intake to provide information for future directions and about current issues and trends. We are particularly interested in relationships between presenting problems, service interventions offered, return for service, and outcome as well as area of residence. We are also interested in capturing more detail about the profile of families served by the general mandate in Winnipeg. To undertake this study we required initial information from CFSIS through the Child Protections and Support Services branch. We requested the information in July and received it in October. Elaine Gelmon and I are examining referral patterns through the multi-level Intake to Family Services teams.
- There is concurrence that cases not being transferred through for ongoing service are returning time and again to Intake. A study is currently underway to determine the extent of re-openings at Intake, whether the rate of re-opening is within accepted limits, the reason for such re-openings, the interventions at Intake, and whether re-opening at Intake drives re-admissions to Agency care.
- Admissions to care have been decreasing over the past two years.
- Although admissions are down and days care have been decreasing slightly, children are remaining in care for longer periods.
- With the creation of the Permanency Planning program, the number of permanent wards for whom care beyond age 18 has been extended is increasing. These extensions are being approved to facilitate transfer to Adult Services, preparation for independent living and completion of education and training programs. Management is examining the impact of the increase in extensions on the availability of foster homes for children and youth under 18. Quality Assurance is completing a permanent ward profile that highlights the challenges for permanent wards as they reach their age of majority.

- The number of children discharged from care between April 1, 2001 and September 30, 2001 is 200 less than the same period in the previous year. Elaine Gelmon, Chief Operating Officer, is in the process of examining this phenomenon with program staff.
- WCFS is involved in discussions regarding integrated service delivery in the River East Access Centre project.
- Since arriving at WCFS, I have been struck by the competing pressures to keep children with families or to take children into care. Pressure for the latter approach tends to come from other systems or agents such as schools, the Chief Medical Examiners Office or the Children's Advocate.

Staffing and Human Resource Issues

The chart immediately below will give you an appreciation of the impact of the program structure and seniority system on front-line service delivery. Because of its collective agreement, the agency has had to hire inexperienced staff for key and front-line positions. Staff generally enter the agency through Services to Children and Families or Intake and subsequently transfer to other areas where the work is considered to be less stressful.

Program	Years of Service of Staff			
	1 - 2 yrs	2 - 5 yrs	5 - 10 yrs	> 10 yrs
Services to Children & Families	45%	31%	12%	12%
Intake	28%	18%	30%	24%
Foster Care	6%	25%		69%
Permanent Wards	5%	8%	40%	47%
Adoption		24%		76%
Community Programs	17%	21%	21%	41%
Preservation / Reunification	5%	19%	29%	47%