

11. *That a new initiative be undertaken to identify outcome indicators that might assist in monitoring the effectiveness of services to families where children remain in the home.*

These recommendations focus on the need for ongoing evaluation. However, Recommendation 9 suggests a cost-effective approach to commencing ongoing evaluation activities that begins with the development of a standard framework for collecting key outcome indicators across programs. Such a framework could first be applied to collecting follow-up information on the DR/FE projects from families served during the pilot project stage.

#### 9.4.3 Recommendations Pertaining to the Manitoba Child and Family Services System

12. *That stronger partnerships be fostered across Authorities and with other participating agencies and organizations pertaining to involvement in Differential Response within the Manitoba CFS system, and that these collaborations pay particular attention to the design and implementation of screening and assessment instruments that can facilitate the casework model, including case transfers, in the best interests of families and children.*
13. *That the Manitoba Risk Classification system be phased out and that a classification system consistent with that used in the SDM Probability Future Harm tool be adopted, and that a risk validation study of the Probability of Future Harm tool be conducted in Manitoba.*
14. *That the initiative to adapt and pilot the SDM Safety Assessment tool within the General CFS Authority be endorsed, and that results be examined with a view to having this tool replace the current safety assessment protocol included in the Intake Module.*
15. *That a policy review of the relative strengths and weaknesses of maintaining a family enhancement program at ANCR be conducted, and that this review give special attention to the advantages of shifting all DR/FE services to agencies representing the Authority of Record for these families.*
16. *That the Department of Family Services and Consumer Affairs undertake a future review of the role of designated intake agencies within Manitoba child welfare system with special consideration to the role of such agencies in Differential Response.*
17. *That a comprehensive prevention and early intervention strategy for child and family services be designed, funded and implemented by the Department of Family Services and Consumer Affairs, in conjunction with the four Authorities, and that such a*

*strategy identify steps that can be taken to realize a continuum of prevention and early intervention services. These should include:*

- *the expansion of resource centres;*
- *family based services utilizing a 'family enhancement' or 'family assessment' approach as developed during the DR/FE pilot project stage;*
- *family reunification services;*
- *services to youth transitioning from care; and*
- *increased partnerships with other government services and other community based organizations that operate outside the formal child welfare system but have essential roles to play in promoting the well-being of children and families in Manitoba.*

The rationale for phasing out the Manitoba Risk Classification system was outlined in Section 9.1. Although a new matrix incorporating safety issues is in the process of being finalized for the General Authority, the longer term goal should be to develop a new provincial standard on safety and risk.

Significant and positive changes to ANCR's services have occurred in recent years, but the increasing volume of referrals, and special issues that affect the interface between ANCR and the DR/FE program in Winnipeg CFS require ongoing attention. Of particular concern are the service discontinuities that occur for families transferred from ANCR's FE program to the DR/FE program at Winnipeg CFS. One option would be to shift the provision of all DR/FE services in the city to ANCR using a 'diversion at intake' service model. This would be a radical shift and is not consistent with the planned integration of a 'family assessment' approach within the General CFS Authority. Another approach is to retain ANCR's 90 day FE program but to more carefully limit this to cases that can be resolved within 90 days, or to modestly extend the time period beyond 90 days. In general, this reflects the current approach. However, the duration of FE services that are required is extremely difficult to predict at intake, particularly in the absence of a more comprehensive family assessment. A third option, and the one favoured here, is to limit ANCR's role to intake, very short term intervention, and specialized assessment and referral services. This would include:

- safety assessment and investigative actions in response to immediate safety concerns;
- careful attention to risk using SDM's PFH tool;
- integration of relevant safety consideration based on SoS tools;

- a preliminary assessment of needs and strengths;
- immediate actions on referrals where no further services are required;
- referral to community services, where CFS ongoing services are not required but further services to respond to needs would be helpful; and
- completion of the ADP and referral to CFS agencies when ongoing family assessment (DR/FE) or child protection services are required.

This more focused intake and assessment service by ANCR, which may also have some relevance to other designated intake agencies, may help to address at least some of the special issues facing DR/FE services in the Winnipeg context. It is difficult to establish a time line for such services but it is noted that other jurisdictions (e.g., Minnesota) use a 45 day time line for intake and the provision of short term services. Although this may need to be extended in some cases, this time line should not apply to potential DR/FE cases in that every effort should be made to transfer these cases as soon as possible.

The final recommendation recognizes that DR is not, by itself, an adequate response to the need for early intervention and prevention services for families where child welfare concerns exist. Although it is recognized that a number of such services do exist these need to be expanded and more effectively coordinated to meet the needs of Manitoba families. Manitoba has the highest rate of children in care among the ten Canadian provinces, a rate that also exceeds most jurisdictions in other countries, and the outcomes for children in care, although improving, remain marginal at best. Although these marginal outcomes can not necessarily be attributed to the child welfare system, it is quite obvious that increased investment is required in promoting the well-being of families and children before placement becomes necessary. Interventions from these investments provide future benefits that far exceed the initial costs.