Options for Action

An Implementation Report for *The Legacy of Phoenix Sinclair:* *Achieving the Best for All Our Children*

Submitted to The Honourable Kerri Irvin-Ross,
Minister of Family Services

AMR Planning & Consulting
January 2015

In preparation for the community gatherings in Northern and Southern Manitoba, the AMR implementation planning team invited Aboriginal youth participating at Ma Mawi Chi Itata Centre in Winnipeg and Ma-Mow-We-Tak Friendship Centre in Thompson to create an image that represents their inspiration. The images they produced would be featured at the gatherings and help all of us keep in mind, as we discussed the recommendations from the Hughes report, our shared responsibility for children and youth.

One youth painted the wolf featured on the cover of this report. In the Seven Sacred Teachings, the wolf represents humility, and as well relationship, and family. Within the wolf pack, each member has a role and responsibilities.

Like the wolf teacher, when we come together, work with humility and respect, and communicate, co-operate and collaborate, we can achieve our shared vision of supporting our children, youth, families and communities.

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Acknowledgments

AMR Planning & Consulting was humbled and honoured to be tasked with the responsibility of developing options for action for 31 of the 62 recommendations made by The Honourable Ted Hughes, Commissioner of The Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair. This report chronicles the AMR implementation planning team's findings.

I would like to express my gratitude to the many committed and generous individuals who have contributed to this report and project. My first thanks must go to the youth, families and foster families who freely shared their experiences, understandings, and invaluable wisdom with us. To all the representatives of child welfare agencies and authorities, and collateral and community-based agencies, and Manitoba Government staff members who so generously shared their time and knowledge with us, Meegwetch. Their willingness to meet with us within a tight time frame and prioritize this work within their busy schedules demonstrated a strong and moving commitment to working together for all Manitoba's children.

My sincere appreciation is extended to the project's advisory team – Lucille Bruce, Dr. Michael Hart and Mallory Neuman - who guided the process and provided ongoing feedback. I wish to give a special acknowledgment to Janet Sarson, AMR research lead and writer, and Nicki Ferland, AMR researcher and writer, for their role in preparing this report. We couldn't have completed this without the tireless work of the entire AMR Team: Marlyn Bennett, Dr. Alex Wilson, Don Robinson, Michelle Boivin and Angie Bruce. I also want to extend my appreciation to Raven Hart and Lee Spence for their administrative and planning assistance, and to Marjolaine Hébert for her invaluable transcription services throughout the project.

Finally, special thanks to Elder Velma Orvis for providing guidance, wisdom and spiritual support throughout this project, and to Elders Doris Young, Christine Sawatzky, Jack Robinson, Wally Swain, Stan McKay, Albert McLeod and Velma Orvis for their spiritual support, guidance and input at the community gatherings.

Meegwetch. Ekosani. Merci. Thank you.

Barbara Bruce
Project Lead

Executive Summary

The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children, the three-volume report from the Commission of Inquiry in the Circumstances Surrounding the Death of Phoenix Sinclair, was released to the public on January 31, 2014. The report presents 62 recommendations to better protect Manitoba children. At the time of the report's release, the province had already completed or was undertaking actions on 31 of the recommendations. With the release of the report, Manitoba Family Services Minister Kerri Irvin-Ross announced that an implementation planning team (headed by Barbara Bruce of AMR Planning & Consulting) had been appointed to address the remaining 31 recommendations.

The implementation planning team was responsible to identify actions that could be taken to implement or respond to the remaining recommendations, with the overarching goals of improving support to agencies, keeping children in Manitoba safe and protected, and promoting the healthy development, well-being and inclusion of children and families. The scope of work established for the project included:

- developing a process to gather stakeholders' insights, input and ideas on actions that could be taken to implement or respond to the recommendations assigned to the team
- meeting with stakeholders to discuss the recommendations and gather their input on actions that could be taken to implement or respond to the recommendations
- organizing and facilitating two community gatherings (one in Northern Manitoba and one in Southern Manitoba) with a variety of stakeholders to discuss community-based solutions to a number of the recommendations put forward by Commissioner Hughes
- reviewing internal and external documents and other materials that would offer context for the analysis and interpretation of information gathered from stakeholders, and inform the development of actions
- submitting (by September 30, 2014) an interim report on project activities-to-date to the minister of Family Services
- preparing a final report that presents a plan with options for actions that might be taken to implement the 31 recommendations for submission (in early 2015) to the minister of Family Services

The recommendations assigned to the AMR implementation planning team fall within nine of the areas for action the commission identified: differential response, devolution, funding, education and training of child welfare workers, supporting the transition to adulthood, children's advocate, prevention based on children's rights, building community capacity, and the importance of early childhood intervention.

A first task for the implementation planning team was to develop an approach, methodology and strategy for the project. Consultation activities, including individual and group interviews, gatherings and community visits, would form a primary data source for the project, and the team recognized that it would need to engage a broad group of stakeholders in these activities. Over the course of the project, more than 300 participants were involved in these activities:

- The team met individually and in groups to discuss recommendations with representatives of all mandated CFS agencies (63 participants) and authorities (eight participants) in the province, the child and family services standing committee (nine participants), Manitoba Family Services (17 participants), other provincial and federal government departments and offices (18 participants), collateral and community-based organizations (30 participants), social work sectoral organizations (15 participants), and post-secondary programs and research units (six participants).
- The team organized gatherings in Thompson (39 participants) and Winnipeg (37 participants) that brought together Elders and youth formerly in care or on extensions of care with representatives of child and family services agencies, early childhood development programs, family resource centres, and other collateral and community based programs and services to discuss the recommendations.
- Two gatherings to discuss the recommendations with parents and other members of families that had been involved with the child and family services system (33 participants) and with foster families (15 participants) were held in Winnipeg.
- In community visits to Brandon, Rolling River, Dauphin, Opaskwayak Cree Nation, Norway House Cree Nation, Garden Hill First Nation, Thompson and within Winnipeg, team members met with representatives of CFS agencies, collateral organizations, and Band Councils, as well as youth, Elders and other community members (60 participants).

To supplement and build upon findings from the consultation activities, the AMR team gathered and reviewed materials that provided context for and related to the recommendations, and that could inform the plan with options for actions to implement or respond to the recommendations. These included the three-volume report from the Commission of Inquiry in the Circumstances Surrounding the Death of Phoenix Sinclair, Manitoba legislation and regulations, child and family services standards, materials provided or referred by consultation participants, and other materials gathered by the team that provide information on best practices or models, and technical information to inform the development of specific options for action.

Analysis of findings began in the early phases of the project, a necessary step to ensure that the team followed through on referrals and new insights from participants that pointed to issues and areas that the team should explore. In the final phases of the project, information was gathered from all consultation activities and from the document and literature review for integrated analysis. The AMR team identified key themes and key findings relating to each recommendation, and to the overarching context in which the recommendations may be implemented. From this, the team identified areas for action, and developed options for immediate, short, medium, and long-term actions that Manitoba Family Services and other stakeholders might take to implement or respond to each recommendation.

The report from the project summarizes findings from all activities, and presents a plan with options for action. The report is organized in the following way:

- A section is devoted to each of the nine areas for action under consideration in this project: differential response; devolution; funding; education and training of child

welfare workers; supporting the transition to adulthood; children's advocate; prevention based on children's rights; building community capacity; and the importance of early childhood intervention.

- Each of the nine sections includes subsections focused on specific recommendations within that section that were assigned to the AMR implementation planning team. Findings relating to the recommendation are discussed, and options for actions relating to each recommendation are detailed.
- The final section of the report brings together the options for action from all of the preceding sections, and presents a plan with options for actions to implement or respond to the 31 recommendations assigned to the AMR implementation planning team.

The options for action to implement or respond to each of the recommendations assigned to the implementation planning team are presented below. The actions are discussed in more detail throughout the body of the report, and are the focus of the final section of the report.

ACTION AREA: DIFFERENTIAL RESPONSE

> Recommendation: That the Province ensure that the family enhancement services required to support the differential response practice model are developed, coordinated, and made accessible, through partnerships and collaboration among the child welfare system, and other departments and community-based organizations

Option for action: Manitoba Family Services and the CFS authorities encourage and support co-operation between the child welfare system, other departments, and community based organizations that serve children, youth and families.

Option for action: Manitoba Family Services and the four CFS authorities encourage and support collaboration within the child welfare system.

Option for action: Manitoba Family Services and the CFS authorities develop a model and protocols for a shared service delivery framework that supports collaboration between the child welfare system, other departments and community based organizations for urban-based service delivery that can be adapted to reflect the resources and capacities of the community sectors in different geographic regions and communities.

Option for action: Manitoba Family Services and other departments strengthen the capacity of the community to deliver family enhancement services.

Option for action: Manitoba Family Services, AANDC and the CFS authorities develop a rural service delivery framework that supports access for families involved with the child welfare system in rural and First Nations communities.

> Recommendation: That All Nations Coordinated Response Network (ANCR)—whose role is triage and delivery of short-term services—no longer provide family enhancement services but should transfer families who need those services to a family services unit as soon as possible.

Option for action: The Designated Intake Agency Review Working Group assess (as part of the review currently underway) whether all designated intake agencies should provide the same scope of programs and services and, in particular, whether ANCR should continue to provide family enhancement services. Reporting from the working group's review should include recommendations that relate to these components of the review.

Option for action: Manitoba Family Services and AANDC build the capacity of CFS agencies to develop and deliver family enhancement programs and services and ensure that CFS agencies have adequate funding to support, at minimum, one family enhancement worker whose responsibilities include the development of relationships with community service providers, and additional family enhancement workers at a caseload ratio of 1:20.

Option for action: The CFS authorities facilitate ongoing dialogue between family service agencies and designated intake agencies.

Option for action: The CFS authorities ensure that, when files are transferred from designated intake agencies to the family services agency that will provide ongoing services, completed assessments and records are sent to the receiving family services agency as soon as possible to avoid delays in the time between intake and service provision and to support case planning at the receiving agency.

Option for action: Manitoba Family Services and the four CFS authorities reconsider the time frames currently allowed for family enhancement service delivery.

> Recommendation: That every effort be made to provide continuity of service by ensuring that, to the extent reasonably possible, the same worker provides services to a family throughout its involvement with the child welfare system.

Option for action: Manitoba and the four CFS authorities work together to develop a comprehensive worker retention strategy that supports continuity of service.

Option for action: Manitoba Family Services and the four CFS authorities consider a move to generalist practice teams that will better support continuity of care and client/family centred practice, and support a more balanced case load for individual social workers.

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard for transfers within an agency that will ensure continuity of care during the transfer process.

> Recommendation: That agencies strive for greater transparency and information sharing with caregivers, which may require changes to legislation.

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities,

ensure that workers use the case planning methodology in the case recording package, which includes a case planning template, and provide additional training to child welfare workers, as needed, to ensure that they have a solid understanding of the tools and processes they use in planning with families.

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard to ensure that workers use a family-centred approach to planning, and involve extended family and other community supports in planning for the family, whenever possible and reasonable.

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard to ensure that all clients, regardless of case category, receive, at minimum, a written summary of their case plans.

Option for action: The four CFS authorities develop clear guidelines for information sharing with families and caregivers, similar to and, as appropriate, expanding upon the fact sheet titled Information Sharing using the Privacy Acts (PHIA and FIPPA) and *The Child and Family Services Act*, which provides clear guidelines for information sharing between collateral service providers and CFS workers.

> Recommendation: That *The Child and Family Services Act, The Personal Health Information Act, The Freedom of Information and Protection of Privacy Act,* and any other legislation as may be necessary, be amended to allow service providers to share relevant information with each other and with parents (or caregivers) when necessary for the protection, safety or best interests of a child.

Option for action: Manitoba Family Services develop a process to determine whether information sharing issues are a result of the practical limits set by *The Child and Family Services Act, PHIA, FIPPA* and other legislation, misunderstandings of the privacy legislation, or practice issues that require additional training or discipline.

Option for action: The CFS authorities redistribute the fact sheet titled Information Sharing using the Privacy Acts (PHIA & FIPPA) and The Child and Family Services Act, which provides clear guidelines for information sharing between collateral service providers and family service workers, ensuring that all frontline workers are provided with a copy.

Option for action: Manitoba Family Services and the CFS authorities, in consultation with other departments and community-based organizations, develop protocols and practice guidelines that support multi-disciplinary case management teams for improved service coordination.

> Recommendation: That the Authorities enhance availability of voluntary early intervention services by placing workers in schools, community centres, housing developments and any other community facilities where they would be easily accessible.

Option for action: The CFS authorities collaborate with community in the development of pilot projects to introduce child welfare workers in to schools or other community facilities.

Option for action: Before placing workers in schools or other community sites, the CFS authorities clearly define the mandate, roles and responsibilities of community-based CFS workers, and communicate these to community members and organizations that share or use the site.

ACTION AREA: DEVOLUTION

> Recommendation: That the Standing Committee discuss as a regular agenda item, the programs and policies being implemented by each Authority to determine those that can be adapted more broadly, in a culturally appropriate manner.

Option for action: Add discussion of programs, policies and other initiatives that are underway at an authority and that may be modified for adaptation or inform development of culturally-based approaches at other authorities as a standing item on the agenda of regularly scheduled standing committee meetings**.**

> Recommendation: That the Standing Committee issue annual reports of its work to the Minister for tabling in the legislature and for concurrent release to the public.

Option for action: Standing committee and minister or other senior representatives of Manitoba Family Services and the standing committee come to mutual agreement about their expectations for the standing committee's annual reports.

ACTION AREA: FUNDING

> Recommendation: That the Authorities be funded to a level that supports the differential response approach, including a) funding to allow agencies to meet the caseload ratio of 20 cases per worker for all family services workers; b) Increasing the $1,300 fund for family enhancement services to a reasonable level, especially for families who are particularly vulnerable, many of whom are Aboriginal; and c) determination of the amount of necessary funding after meaningful consultation between agencies and the Authorities, and between the Authorities and government, after agencies have reasonably assessed their needs.

Option for action: Fast track the reduction of the caseload ratio to 1:20 for all family services workers.

Option for action: Increase the province's current $1,300 allocation for family enhancement services to a more reasonable level and explore options for introducing more flexibility in how that funding is used.

Option for action: Determine the amount of funding needed to support the differential response approach through meaningful consultation with agencies, authorities, relevant government departments, ensuring that agencies have the supports and resources they need to reasonably assess their needs.

Option for action: Establish long-term demonstration projects in one or more communities that will be sites for intensive and coordinated prevention and family enhancement activities.

- Projects should be community-driven and community-led, draw on the strengths and address the distinct needs of the community, and focus on building capacity at community, agency and service provider levels.
- Projects will provide opportunities to 1) evaluate the impacts of focused and coordinated resourcing for intensive prevention and family enhancement services and supports, 2) develop and refine the differential response approach, 3) explore different approaches to resourcing prevention and family enhancement activities, 4) enable refined approaches (including the development of culture-based approaches) to prevention and family enhancement, 5) build capacity of agencies, authorities, and communities and 6) if they are sited in First Nation communities, contribute to building capacity for increased self-governance in child welfare.
- Include a strong evaluation component to track success indicators, such as keeping families together, reducing the number of children in care, EDI outcomes and other indicators.
- As agencies, authorities and communities develop capacity, the option of moving to block funding within specific agencies, authorities, communities or regions can be explored.

ACTION AREA: EDUCATION AND TRAINING OF CHILD WELFARE WORKERS

Recommendation: That a Bachelor of Social Work or equivalent degree, as recognized by the proposed Manitoba College of Social Workers, be required of all social workers hired by agencies to deliver services under the act.

Recommendation: That a concerted effort be made to encourage Aboriginal people to enter the social work profession, by promoting social work as a career choice and supporting educational institutions in removing barriers to education through access programs and other initiatives.

Option for action: Ensure that the Manitoba Institute of Registered Social Workers (MIRSW)/ Manitoba College of Social Workers (MCSW) have the resources needed to successfully manage the transition to the professionalization of social work practice.

Option for action: The University of Manitoba's accredited social work programs and programs that ladder into an accredited social work program develop and implement strategies to expand these programs to meet the expected increased demand for graduates of the University's BSW program. This includes strategies that will ensure that prospective students have meaningful access to these programs.

Option for action: Adopt an Indigenous Social Work program as the standard for training for Aboriginal social worker.

Option for action: Manitoba Family Services, AANDC, the four child and family services

authorities, and mandated child and family service agencies work collaboratively to expand training and education activities for staff working in the child welfare system and provide ongoing support for these activities. The partners should:

- Provide financial compensation to agencies for costs associated with their support of staff members pursuing a BSW, as well as students completing a practicum at their site.
- Implement a system of forgivable student loans or tuition coverage for people who agree to contract for return of service for a designated time in the North – for example three years for a three-year degree program (minimum of year-for-year of degree program, with additional incentives if workers decide to stay on longer).
- Consider introducing an apprenticeship model for new graduates of social work programs, in which they work alongside an experienced worker for some period of time before they get their own cases or full responsibility.
- Ensure that all social workers in child welfare get access to annual training opportunities to keep current in best practices and provide a professional development break from day to day work.
- Support agencies to allow staff to participate in professional development and training while ensuring that their caseload is covered.

Option for action: The Child and Family Services Standing Committee establishes a working group to develop a strategy to encourage Aboriginal people to pursue social work in the Manitoba child welfare system as a career. The working group should include recruitment specialists from social work and social-work related programs, Manitoba Family Services, the Manitoba office of AANDC, and individuals with relevant experience.

ACTION AREA: SUPPORTING THE TRANSITION TO ADULTHOOD

> Recommendation: That *The Child and Family Services Act* be amended to allow for extension of services to any child who at the age of majority was receiving services under the *Act*, up to age 25.

Option for action: The Manitoba government amend *The Child and Family Services Act* to enable extensions of care and maintenance for youth up to the age of 25 based on criteria developed in consultation with youth who have been in care, and with representatives of CFS agencies and authorities, and youth-serving community-based organizations.

Option for action: The minister of Family Services ask the All Aboard Committee to consider, as part of Manitoba's Poverty Reduction and Social Inclusion Strategy, developing a strategy that provides wraparound services for 18 to 25-year-olds, particularly former youth in care. Components of this strategy might include a new service tier or program, guided by a framework and standards that focus on support rather than protection, a come-and-go philosophy that provides a supportive space for youth when needed, and resourced with sustainable funding tied to specific self-defined outcomes for the youth who access services and supports.

Option for action: Manitoba Family Services and other departments strengthen the capacity of the community to play a central role in the provision of supports and services for youth and former youth in care; this may include ongoing (not project-based) funding for youth-serving community based organizations.

Option for action: Manitoba Family Services, in consultation with the four CFS authorities, amend the age of majority planning standards to require workers to begin transition planning with youth at the age of 15.

Option for action: Manitoba Family Services and the four CFS authorities develop and introduce tools and practice guidelines for CFS workers that will support a successful transition to adulthood for youth in care, including a youth transition checklist and a corresponding youth transition case planning template that both the worker and the youth will retain a copy of the transition case plan for their records.

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, develop standards and policies that clearly articulate criteria and eligibility for extensions of care and maintenance, and ensure that extensions of care and maintenance are applied consistently across all four authorities.

Option for action: Manitoba Family Services and the CFS authorities facilitate youth transition training for CFS agencies, families and alternative caregivers caring for youth, and community based organizations that provide services for youth.

> Recommendation: That a program be implemented to ensure that children who have been receiving services under the *Act*, at age 18, have available to them an individual social worker to coordinate services and ensure that they receive the necessary support for a successful transition into the community.

Option for action: Manitoba Family Services and AANDC improve transition supports for youth in care by providing funding to each CFS agency to support, at minimum, one youth transition worker position.

ACTION AREA: CHILDREN'S ADVOCATE

Recommendation 1: That the position of a Manitoba representative for children and youth be established under its own legislation, titled *The Representative for Children and Youth Act,* with these features: (a)status as an officer of the legislature, with the same independence afforded to the Ombudsman and Auditor General, (b) a mandate to advocate not only for children in the child welfare system, but for all children and youth in the province who are receiving or are eligible to receive any publicly-funded service, (c) responsibility to review not only deaths, but also critical injuries to any child in care and any child who had been involved with child welfare during the previous year and (d) authority to make special reports to the Legislative Assembly where considered necessary, including reports on compliance with recommendations made previously by the representative under the Act, such special reports to be delivered to the speaker and the Standing Committee on Children and Youth.

Recommendation 2: That the Representative be appointed by a resolution of the Legislative Assembly, on the unanimous recommendation of the Standing Committee on Children and Youth following a search for a suitable candidate. In making its recommendation, the Committee must be required by the Act to consider the skills, qualifications and experience of the candidate, including the candidate's understanding of the lives of Aboriginal children and families in Manitoba.

Recommendation 3: That the Representative for Children and Youth be appointed for a five-year term with an option for a second term, but no one should serve in the position beyond 10 years.

Recommendation 4: That a Deputy Representative be appointed by the Representative for Children and Youth.

Recommendation 5: That a Standing Committee on Children and Youth be established as a standing committee of the Legislature, and the Representative be required to report to it, at least annually, and to discuss special reports, and on other appropriate occasions.

Recommendation 6: That the Representative be required to prepare: (a) an annual service plan, with a statement of goals and specific objectives and performance measures, and (b) an annual report including a report on the Representative's work with Aboriginal children and families, and with others, and comparing results for the preceding year with the expected results set out in the service plan.

Recommendation 7: That all annual reports, special reports and service plans are to be made public, following delivery to the Speaker for placement before the Legislative Assembly and the Standing Committee on Children and Youth.

Recommendation 8: That in the hiring of all new staff for the Office of the Representative, except those filling clerical roles, consideration be given to an applicant's understanding of the lives of Aboriginal children and families in

Manitoba.

Recommendation 9: That at the end of the term of the current Children's Advocate, an acting Children's Advocate be appointed, pending enactment of new legislation to create a Representative for Children and Youth. If any amendment to existing legislation is required to make that possible, that should be done now.

Recommendation 10: That the new Act contain provisions similar to the following, which are contained in Section 6(1) of the *Representative for Children and Youth Act of British Columbia*:

> 6(1) The Representative is responsible for performing the following functions in accordance with this Act:
>
> (a) support, assist, inform and advise children and their families respecting designated services, which activities include, without limitation,
>
> (i) providing information and advice to children and their families about how to effectively access designated services and how to become effective self-advocates with respect to those services,
>
> (ii) advocating on behalf of a child receiving or eligible to receive a designated service, and
>
> (iii) supporting, promoting in communities and commenting publicly on advocacy services for children and their families with respect to designated services;
>
> (a.1) support, assist, inform and advise young adults and their families respecting prescribed services and programs, which activities include, without limitation,
>
> (i) providing information and advice to young adults and their families about how to effectively access prescribed services and programs and how to become effective self-advocates with respect to those services and programs,
>
> (ii) advocating on behalf of a young adult receiving or eligible to receive a prescribed service or program, and
>
> (iii) supporting, promoting in communities and commenting publicly on advocacy services for young adults and their families with respect to prescribed services and programs;
>
> (b) review, investigate, and report on the critical injuries and deaths of children as set out in Part 4;
>
> (c) perform any other prescribed functions.

Recommendation 11: That in drafting the new legislation, reference be made to British Columbia's *Representative for Children and Youth Act* to ascertain whether provisions other than those addressed in the above recommendations are suitable for inclusion.

Recommendation 12: That the responsibility of the Ombudsman with respect to

special investigation reports be removed.

Recommendation 13: That a public awareness campaign be undertaken to inform the public about the expanded mandate and role of the Representative for Children and Youth.

Option for action: Take action to enhance the Office of the Children's Advocate's capacity to represent the rights, interests, and viewpoints of First Nations and Metis children and youth, and to work collaboratively with First Nations and Metis families, child and family services agencies and authorities, community-based organizations, communities and leadership on systemic issues that contribute to the overrepresentation of Aboriginal, children, youth and families in the child and family services system. This initiative and the ongoing activities it generates must be appropriately resourced.

Option for action: Develop and implement a made-in-Manitoba model that will establish greater independence for, and broaden the mandate, powers and scope of activities of the children's advocate. The guiding principle for the development of this model should be to enhance the advocate's ability to represent the rights, interests and viewpoint of all children and youth in Manitoba who are receiving or entitled to be receiving, designated publicly funded services. The model should enable the advocate to provide advocacy services to children and youth, and, where it is consistent with a child-first approach, services to their families. This may require the introduction of independent legislation for the children's advocate and other legislative amendments.

ACTION AREA: PREVENTION BASED ON CHILDREN'S RIGHTS

Recommendation: That the Province amend *The Healthy Child Manitoba Act* to reflect the rights entrenched in the United Nations Convention on the Rights of the Child, in a manner similar to Alberta's *Children First Act,* stipulating that the well-being of children is paramount in the provision of all government services affecting children.

Option for action: Following consultations, the Manitoba government amend the preamble of an act to reflect the principles of the Convention on the Rights of the Child.

Option for action: The Manitoba government adopt a child rights impact assessment (CRIA) lens in public service policy development.

ACTION AREA: BUILDING COMMUNITY CAPACITY

Recommendation: That a legislated committee, functioning under the provisions of *The Healthy Child Manitoba Act* (in its present or amended form) be charged with:

a) coordinating the services provided for children and families between

community-based organizations and government departments; and

b) allocating government funding to those community-based organizations, following meaningful and inclusive consultation. It is understood that funding from the private sector and other levels of government will continue to play an important role, as it has done, in supporting these organizations

and that the composition of this committee mirror the committee described by s. 21(3) of *The Healthy Child Manitoba Act*, which reflects Manitoba's various regions and cultural diversity, and includes representatives of the community and recognized experts.

Option for action: Parent-child coalitions consider expanding their mandate beyond its current focus on early childhood to include children, youth (up to the age of 18) and families.

Option for action: The CFS authorities, in partnership with Healthy Child Manitoba, pilot the Children, Youth and Families Integrated Service Systems project in selected communities.

ACTION AREA: THE IMPORTANCE OF EARLY CHILDHOOD INTERVENTION

Recommendation: That the Healthy Child Committee of Cabinet consider and recommend for legislative action a framework for the delivery of early childhood development programs with the following characteristics: a) voluntary but universally available, b) offering a place where children regularly attend to learn with other children, c) staffed by trained educators who follow a defined curriculum, and d) involving parents.

Option for action: Introduce a preamble to the *Healthy Child Manitoba Act* that establishes principles to guide the development, implementation and evaluation of the Healthy Child Manitoba strategy:

- The principles introduced in the preamble can be drawn (with one revision) from the principles that currently guide the activities of the Healthy Child Manitoba Office (HCMO). The HCMO principles relate to community-based, inclusive, comprehensive, integrated, accessible, quality assurance and public accountability
- The principle referring to 'accessible' currently states "Services and programs are available and accessible to families and their children across Manitoba" (Healthy Child Manitoba, n.d.). This can be revised to incorporate the principle of proportionate universality. For example, the revised principle might state "A universal platform of services and programs are available and accessible to families and their children across Manitoba, accompanied by supports and services that target highly vulnerable children and families and low-income and under-resourced neighbourhoods and regions, and that work to eliminate barriers to access". The revised principle would then more accurately refer to 'accessible and proportionately universal'.

Recommendation: The legislative framework for delivery of early childhood development programs should also provide for establishment of integrated service delivery centres to provide a range of services in addition to early childhood education, including public health, employment and income assistance, housing, child welfare and adult education. These integrated service centers should be located in existing infrastructures such as schools or facilities that house community-based organizations.

Option for action: Establish integrated service delivery centres in three communities across Manitoba.

- Healthy Child Manitoba Office (HCMO) will approach the northern First Nations authority, southern First Nations authority, and Metis authority and invite each to identify a community that might benefit from the establishment of a demonstration integrated service delivery centre. The general authority is not included in this group because, as noted earlier in this document, HCMO is already partnering with this authority on an integration project in the Gimli area.
- If an authority is interested in engaging in this project, HCMO will share information about potential models for integrated service delivery, and work in partnership with them to: 1) consult with and engage key partners from the community and from relevant service sectors, provincial, federal and First Nation government departments, healthy child committees, private sector and philanthropic sector; 2) with additional support from engaged partners and drawing on the models, successful practices and lessons learned from other integration projects, develop a model for the centre that addresses the needs and makes the most of the strengths and assets of the area or region it will serve; 3) plan, develop and secure resources to establish an integrated service delivery centre.

Recommendation: That government funding to support integrated service delivery centres be allocated, following meaningful and inclusive consultation, by a committee that mirrors the committee described by s. 21(3) of *The Healthy Child Manitoba Act* and reflects Manitoba's various regions and cultural diversity, including representatives of the community and recognized experts.

Option for action: Explore opportunities to empower regional inter-agency and cross-sector coalitions to allocate funding for activities focused on enhancing integration of services and systems that support the development and well-being of children, families and communities. The Manitoba government has committed to establish a Commission on Early Learning and Child Care that will be looking at ways to redesign Manitoba's system of early learning child care and guide the province's future plans. As part of these activities, the Commission could take responsibility for this action.

Table of Contents

Introduction

On January 31, 2014, the report from the Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair was released to the public. The three-volume report, entitled *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children,* presented Commissioner Ted Hughes' findings from the inquiry, and 62 recommendations to better protect Manitoba children.

At the time of the report's release, Family Services Minister Kerri Irvin-Ross advised the public that the province had already taken action on 20 of the recommendations, and action was underway on an additional 11 recommendations. Minister Irvin-Ross also announced that the province would appoint an implementation planning team (headed by Barbara Bruce of AMR Planning & Consulting, Inc.) to develop a plan with options for actions to implement or respond to the remaining 31 recommendations.

The recommendations assigned to the AMR implementation planning team related to areas for action identified by the commission: differential response, devolution, funding, education and training of child welfare workers, supporting the transition to adulthood, children's advocate, prevention based on children's rights, building community capacity, and the importance of early childhood intervention. The 31 recommendations are listed in an appendix to this report.

Project Scope

Under the terms established for this project, the AMR implementation planning team was responsible to:

1. Develop a process to gather stakeholders' insights, input and ideas on actions that can be taken to implement or respond to the thirty-one recommendations assigned to the team.
2. Meet with stakeholders to discuss the recommendations and to gather their input on actions that can be taken to implement or respond to the recommendations.
3. Hold two community gatherings with a variety of stakeholders - one in northern Manitoba and one in southern Manitoba, to discuss community-based solutions to a number of the recommendations put forward by Commissioner Hughes.
4. Review internal and external documents and other materials that will provide context for the analysis and interpretation of information gathered from stakeholders.
5. Prepare and submit by September 30, 2014 to the Minister of Family Services an interim report on project activities-to-date.
6. Prepare and submit (in early 2015) to the minister of Family Services a final report that presents a plan with options for actions Manitoba Family Services might take to implement the thirty-one recommendations. The report will be based on discussion meetings with stakeholders, and address ways to improve support to agencies, keep children in Manitoba safe and protected, and promote the healthy development, well-being and inclusion of children and families.

Approach and Methodology

The AMR implementation planning team began developing the approach and methodology immediately after AMR was engaged for this project. The team began by reviewing the 31 recommendation assigned to the team; assessing, for each recommendation, what information would be needed to identify actions that could be taken to implement or respond to the recommendation; identifying where that information might be found (material that might be relevant and areas in which to focus our document and literature review, and individuals and organizations that might have experience and expertise relevant to the recommendations); and, with respect to individuals and organizations, a process and time line for connecting with them.

Based on the document produced from this review, the team developed a detailed strategy and road map to guide project activities, and began preparing for consultation activities. All the recommendations relate, directly or indirectly, to families who are involved with the child welfare system. Many of the recommendations assigned to the team relate directly to service delivery in the child welfare system or to community-based organizations that provide collateral services. Other recommendations relate to the social work profession, to the post-secondary education system, or to specific government offices. Additionally, in the process of developing the plan with options for actions to implement or respond to the recommendations, the team recognized the need to draw on the technical expertise and practical knowledge of individuals working within Manitoba Family Services and within Aboriginal Affairs and Northern Development Canada.

Each of these groups was included in a preliminary list of potential consultation participants. The AMR team wanted to ensure that the plan was informed by an understanding of on-the-ground service delivery in First Nation communities, and included community visits in the project road map and work plan. The team took into consideration the different contexts of service delivery in Northern Manitoba and Southern Manitoba, and included two gatherings (one in each region) that brought stakeholders together to discuss the recommendations. The team also recognized the importance of connecting with families and with youth who had received services from the child welfare system.

Consultation activities, including individual and group interviews, community visits, and gatherings, are seen as a primary data source for this project. Interview and discussion guides were developed for each consultation format, and then modified to focus on the recommendations that related most directly to the individual or organization being interviewed.

To support participants' comfort and provide them with an opportunity to prepare for the interview or meeting with the team, where possible, the discussion guide was distributed to participants in advance of the interview or meeting.

In addition to individual and group interviews, consultation activities have included community visits and gatherings. In the community visits, AMR team members completed individual and group interviews with community members working in child and family services agencies and in collateral organizations delivering services in the rural or reserve communities they visited.

They also had the opportunity to spend unstructured time with other community members. The visits provided opportunities to deepen the team members' understanding of the context and practical realities of service delivery in these communities.

The Northern and Southern gatherings brought together representatives of child and family services agencies with a diverse group representing community-based organizations and programs in the regions they serve, as well as youth over the age of majority who have been in care, and Elders. The gatherings were designed to provide participants with an opportunity to reflect on the implications of the recommendations in the context of service delivery in their own region. Working in small groups aligned with particular aspects of services for children, youth and families, they participated in facilitated group discussions of the recommendations. The discussion guides were similar to those used in interviews with representatives of the sectors in which they work. Group members developed a collective response to the recommendations that drew on their shared experiences of service delivery in their region.

The AMR team also organized and facilitated group discussions with parents and caregivers who had been involved with the child and family services system, and with foster parents. These discussions focused on specific recommendations that the team felt were most pertinent to these groups, and heightened the team members' sensitivity to the impacts any actions suggested in the plan they developed might have on families that are involved in the system, and on families that the child welfare system relies on to provide care to children who have been apprehended.

In the latter stages of the project, the AMR team focused on gathering technical information to inform the development of a plan with options for actions to implement or respond to the recommendations. Within the provincial government, the team met with representatives of Manitoba Family Services, the Strategic Initiatives and Program Support division of the Child Protection branch, Community Service Delivery, and Community Living Disability Services, as well as the Healthy Child Manitoba office and the office of the Children's Advocate. . Within the federal government, the team met with a representative from the Manitoba office of Aboriginal Affairs and Northern Development Canada. The team met with representatives of the University of Manitoba's social work faculty, other programs provided by or associated with that program, and several professional associations for social workers.

Over the course of the project, more than 300 participants were involved in these activities:

- The team met individually and in groups to discuss recommendations with representatives of all mandated CFS agencies (63 participants) and authorities (eight participants) in the province, the child and family services standing committee (nine participants), Manitoba Family Services (17 participants), other provincial and federal government departments and offices (18 participants), collateral and community-based organizations (30 participants), social work sectoral organizations (15 participants), and post-secondary programs and research units (six participants).
- The team organized gatherings in Thompson (39 participants) and Winnipeg (37 participants) that brought together Elders and youth formerly in care or on extensions of care with representatives of child and family services agencies, early childhood

development programs, family resource centres, and other collateral and community based programs and services to discuss the recommendations.

- Two gatherings to discuss the recommendations with parents and other members of families that had been involved with the child and family services system (33 participants) and with foster families (15 participants) were held in Winnipeg.
- In community visits to Brandon, Rolling River, Dauphin, Opaskwayak Cree Nation, Norway House Cree Nation, Garden Hill First Nation, Thompson and within Winnipeg, team members met with representatives of CFS agencies, collateral organizations, and Band Councils, as well as youth, Elders and other community members (60 participants).

A complete list of consultation activities (identifying all organizations represented in these activities) is attached as an appendix to this report.

To supplement and build upon findings from consultation activities, the AMR team gathered and reviewed materials that provided context for and relate to the recommendations, and that could inform the plan with options for actions to implement or respond to the recommendations. These include:

- the Hughes Report and related materials (including materials referred to in the report or materials include in exhibits from the inquiry), which provide context for the recommendations
- Manitoba legislation and regulations, including The *Child and Family Services Act, The Child and Family Services Authority Act, The Child and Family Services Amendment Act (Critical Incident Reporting), The Social Work Profession Act, The Healthy Child Manitoba Act,* and *The Ombudsman Act* along with legislation from other jurisdictions
- the *Child and Family Services Standards Manual*
- internal documents and other materials provided or referred by the department , along with media articles and additional materials gathered by team members that provide information about the child welfare system in Manitoba. These materials grounded team members in a solid understanding of the mandates, roles and responsibilities of the four authorities, leadership council, standing committee and department, and the overarching structure of the child welfare system in Manitoba
- materials provided or referred by consultation participants
- materials that relate specifically to the recommendations assigned to the implementation planning team. These materials were gathered using database and web searches and provide information on best practices or models and technical information that inform the development of the plan with options for actions to implement or respond to the recommendations assigned to the team

Analysis of findings began in the early phases of the project, a necessary step to ensure that the team followed through on referrals and new insights from participants that pointed to issues and areas that the team should explore. In the final phases of the project, information was gathered from all consultation activities and from the document and literature review for

integrated analysis. The AMR team identified key themes and key findings relating to each recommendation, and to the overarching context in which the recommendations may be implemented. From this, the team identified areas for action, and developed options for immediate (within six months of release of this report), short (six months to one year), medium (one to three years), and long-term (over three years) actions that the Department and other stakeholders might take to implement or respond to each recommendation.

This report summarizes findings from the project, and presents a plan with options for action. The report is organized in the following way:

- A section is devoted to each of the nine areas for action under consideration in this project: Differential Response; Devolution; Funding; Education and Training of Child Welfare Workers; Supporting the Transition to Adulthood; Children's Advocate; Prevention Based on Children's Rights; Building Community Capacity; and the Importance of Early Childhood Intervention.
- Each of the nine sections includes subsections focused on specific recommendations within that section that were assigned to the AMR implementation planning team. The subsections open with an explanation of Hughes' reasoning behind the recommendation followed by a discussion of findings related to the recommendation, and options for actions to implement or respond to the recommendation. For each option for action, a time frame is suggested and parties with primary responsibility for the action are identified.
- The final section of the report brings together the options for action from all of the preceding sections, and presents a plan with all options for actions to implement or respond to the 31 recommendations assigned to the AMR implementation planning team.

Differential Response: A New Model of Practice

The first recommendations that Commissioner Ted Hughes presents in the executive summary of the report *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children* relate to differential response, Manitoba's child welfare practice model. These recommendations are brought to the forefront because of their importance to service delivery in Manitoba, and therefore, to the children, youth and families receiving services.

In the inquiry report, Hughes introduces Manitoba's new model of practice, differential response, which was adopted by the province and all four child and family service (CFS) authorities in the wake of the tragedy that sparked the inquiry.[1] In *Changes for Children*, Manitoba's commitment to strengthening the child welfare system based on an external review, Manitoba Family Services explained that differential response "will create a new capacity to provide support services where, following a comprehensive assessment, it has been determined that a child protection investigation is not warranted but that a family is struggling with challenges. If left unaddressed, the challenges would likely result in children being at risk in the future. The "differential response" is a preventative and supportive approach that will be provided early so that more intrusive and adversarial child protection responses may not be required. In practical terms, this can include funding for intensive casework; respite service for parents; income supplements; housing assistance; in-home family support; and active support to attend community-based programs. Much of this approach will involve more formal linkage with community-based service providers. In all situations, the safety of children will remain a paramount consideration" (Manitoba Family Services and Housing, 2006, pp. 8-9).

The province and the four CFS authorities worked together to adapt the differential response model for Manitoba's unique service delivery context (services are provided concurrently rather than geographically[2]). The authorities implemented a series of differential response pilot projects beginning in 2009, and full implementation of the differential response model is now underway in all authorities.

During the inquiry, Hughes asked, what brings a vulnerable family in contact with the child welfare system? The answer, he discovered, was neglect, which "is commonly associated with factors that are largely out of the parents' control: poverty, poor housing, and often, the parents' own troubled histories" (Hughes, 2014, p. 445).

The differential response approach recognizes that neglect calls for a **different response** than the child welfare system's traditional response to abuse. A differential response approach does

[1] The province adopted the differential response model in 2006 as part of the *Changes for Children Action Plan* and adapted the model into a made-in-Manitoba framework following stakeholder engagement and research.

[2] Two First Nations CFS authorities deliver services both on- and off- reserve, and all four authorities and their mandated agencies deliver services throughout the province.

not limit service providers by requiring the need for statutory protection from the state, rather, in situations where children are assessed as being safe, a differential response means that service providers can provide a non-adversarial service in a voluntary, supportive and collaborative context.

The differential response approach calls on the child welfare system to shift its focus (and its funding) from protection services to prevention and early intervention services. The model requires that the child welfare system adopt an approach that Hughes refers to as family enhancement (sometimes known as family assessment or alternative response), "where workers aim to develop relationships with children and families and connect them with support services that can enhance their ability to keep children safe at home and provide stable and nurturing homes, before a crisis occurs" (Hughes, 2014, p. 351).

Manitoba's differential response model has two streams of service:

- the traditional protection (intervention) stream
- the family enhancement (prevention) stream, for families who can stay together at home with some support

While protection services are mandated by Part III: Child Protection of *The Child and Family Service Act*, family enhancement services are voluntary services mandated by Part II: Services to Families. This part of the act begins:

> 9(1) A member of a family may apply to an agency for and may receive from the agency counselling, guidance, supportive, educational and emergency shelter services in order to aid in the resolution of family matters which if unresolved may create an environment not suitable for normal child development or in which a child may be at risk of abuse (Manitoba. Legislative Assembly, 2012).

Hughes notes that a differential response requires that the services that may be called for are available and accessible because differential response "relies on services being in place once the assessment has identified a family's needs" (Hughes, 2014, p. 352). Further, as he notes in his introduction to differential response, this new approach "recognizes that although an immediate threat to a child's safety requires speedy intervention, most cases call for a less urgent – but more intensive and sustained – response" (Hughes, 2014, p. 350).

In the differential response section, Hughes also reports on a number of other issues that were echoed by participants that the implementation planning team spoke with, including:

- **Concern about perceived cultural bias in the SDM assessment tools:**

  As part of the differential response project, the four CFS authorities established and led the Assessment Processes and Tools Working Group, which selected and adapted the Structured Decision Making® (SDM) assessment tools[3] to help workers make consistent assessments across all agencies, and to enable appropriate decision making with the families they serve (Manitoba Family Services, 2014, p. 18). The tools result in a detailed

[3] Hughes describes the SDM suite of tools in the inquiry report on pages 355-357.

assessment that can help guide worker decisions. One participant explained, "we expect social workers to use their judgement. If we didn't need this, we'd have the family fill in the assessments by themselves and fax them in." Another participant likened the tools to a thermometer that social workers use to assess families' temperatures to determine the types of responses that are warranted – it is crucial, the participant explained, that social workers are all using the same thermometer.

In reality, an intake worker assesses a family's strengths and needs using the suite of standardized assessment tools, and recommends that the family enter either the protection stream (mandated services) or the family enhancement stream (voluntary services). A participant explained, "the tools are meant to determine factors that cause risk, which includes, for instance, history and family size, in order to help the family service worker decide how best to intervene and how to address each risk." CFS agencies observed that, unfortunately, most families that are sent to agencies for ongoing services have been assessed as high risk, which funnels them away from the voluntary family enhancement stream into the mandated protection stream. Many felt that this was especially true for Aboriginal families and attributed this, in large part, to culturally inappropriate elements of the intake process; in particular, the probability of future harm assessment in the SDM tools. The team learned that streaming decisions are predicated on the "Decision Matrix," a policy construct created by the authorities. The matrix directs workers to open a protection file on a family where children have been assessed as being safe but who have a high probability of future harm.

During the inquiry, Dr. Cindy Blackstock testified that standardized assessment tools might codify structural issues like poverty and treat them as parental deficits. Also, Aboriginal parents may report histories of abuse or prior contact with the child welfare system because of their residential school or sixties scoop experiences, which are no fault of their own (Hughes, 2014, pp. 364-365). Hughes explains that a validation study to determine whether there is cultural bias will be conducted by the American developers of the tools, but only once they have been in use in Manitoba for three to five years (Hughes, 2014, p. 365).

Participants representing all categories of stakeholders suggested that the province commit to explore, at its earliest opportunity, the perceived cultural bias in the SDM tools. It was also suggested that the decision matrix in the SDM policies and procedures manual should be reviewed and revised, as needed.

- **The role of community based organizations, and who exactly should be delivering family enhancement services:**

  The role of community partners in the delivery of family enhancement and other child welfare services was discussed throughout consultations.[4] It was generally agreed that community should play a larger role in the delivery of family enhancement services.

[4] The role of community based organizations in service delivery as well as who should be delivering services are discussed throughout the recommendations in the differential response and building community capacity sections.

- **The need for more flexibility in funding to support family enhancement services:**

  This concern was raised in Commissioner Hughes' report and was repeated by participants throughout consultations. Many acknowledged, like Hughes, that differential response requires a more intensive and sustained response than the current funding model allows.[5] Participants acknowledged that once a child comes into care, there are fewer meaningful resources put in place for that family; most of the funding goes to maintaining the child in care. Another participant observed, "The families who would most benefit from the family enhancement approach and services are not getting them: the higher risk families." One participant wondered, "How do you return kids to a home where you haven't done anything to support that family and resolve any issues that brought the kids into care in the first place?" Participants pointed out that this sense that CFS workers can only support families in the family enhancement stream is reinforced by the funding model that funds workers at a ratio of 1:20 families in the family enhancement stream and 1:25 children, youth and families in the protection stream. Hughes draws a similar conclusion: "Unfortunately the artificial distinction between the two "streams" has been embedded in the differentiated caseload ratios contained in the existing funding model" (Hughes, 2014, p. 351).

- **The increase in workload caused by the differential response model, particularly the SDM tools:**

  Participants representing CFS agencies noted that since implementation of the differential response model, workload has increased significantly. The implementation planning team heard from the child and family services division that the paperwork burden should dissipate as workers become more familiar with the tools and processes.

- **Challenges to engaging with families and building trusting relationships, which are foundational for a successful child welfare intervention:**

  These challenges and related concerns were discussed throughout consultations with CFS and community stakeholders.[6] Participants noted that the family enhancement approach, which calls for an early, intense and sustained intervention, can help workers engage with families and build trusting relationships. The majority of participants felt that the family enhancement approach should be available to all families in all case categories, whether they are receiving voluntary or mandated (protection) services. As one participant stated, "Family enhancement should be a way of thinking, a way of being, a way of practice, not a case category. Whether it's protection issues or a need to assist a family with some other issue, family enhancement services should be available to families regardless of their assessment." They explained that the intensive services at the beginning help develop a relationship and build trust between the worker and the family in the hopes that the family will reach out to the worker if they run into trouble in the future.

[5] This will be discussed in more detail in the funding section.

[6] Challenges to building trusting relationships will be discussed throughout the differential response and building community capacity sections.

Hughes concluded this section with recommendations intended to improve implementation of the differential response model of practice, including:

1) that Manitoba and the four CFS authorities adhere to the principles of the differential response approach
2) that Manitoba ensures family enhancement services are developed, coordinated and made accessible through partnerships and collaboration
3) that All Nations Coordinated Response (ANCR) no longer provide family enhancement services
4) that every effort be made to provide continuity of service by ensuring that one worker provides services to a family
5) that child welfare workers communicate orally with each other when transferring files
6) that agencies strive for greater transparency and information sharing with caregivers
7) that the authorities enhance the availability of voluntary early intervention services by placing workers in schools and other easily accessible community facilities
8) that all child welfare workers be trained on the use of the SDM assessment tools
9) that legislation be amended, as necessary, to allow service providers to share relevant information with each other and with parents or caregivers

The implementation planning team was tasked with developing options for action to implement or respond to recommendations 2, 3, 4, 6, 7 and 9 above.

Support the differential response model through collaboration with government and community partners

> **Recommendation:** That the Province ensure that the family enhancement services required to support the differential response practice model are developed, coordinated, and made accessible, through partnerships and collaboration among the child welfare system and other departments, and community-based organizations
>
> **Reason:** The differential response model holds great promise for the better protection of children, but its success will depend on the availability of services, once the assessment tools have identified a family's needs (Hughes, 2014, p. 371).

Discussion

In issuing this recommendation, Hughes reasons that the success of the differential response model will depend on the availability of services. Participants noted that the CFS system is overburdened, other systems cannot keep up, and something has to give. The implementation planning team consistently heard that more services, especially addictions and mental health services for youth are required across the province. Even in Winnipeg, services are difficult to access and waiting lists are long. The team heard about many of the unfortunate consequences resulting from service gaps and barriers including, for example, stories about youth who are committing misdemeanours to access housing and other services quicker than youth on the straight and narrow.

Participants debated whether family enhancement services can be successfully delivered by Child and Family Service (CFS) agencies, or whether prevention services should be delivered by community-based organizations (CBO). Hughes asked the same question in the inquiry report: "The emphasis on the significance of prevention services and the need to establish trust so that a family is open to receiving those services, led to the question of whether child and family services should be limited to its traditional protection role, leaving prevention services to be delivered by some other entity. In other words, should child welfare be delivering prevention services at all?" (Hughes, 2014, p. 367).

A participant explained:

> Under the original or authentic differential response model, families who require services are directed to one of two streams: either protection services (where the well-being of a child is at risk) provided by a CFS agency, or the worker refers a family to appropriate supports and services (for example, parenting classes) provided by community-based organizations. And those community-based organizations receive appropriate funding to support this service delivery. In Manitoba, the current response – Manitoba's version of the differential response model – is not much different from a non-differential response type intervention.

Some participants felt that devolving services to the community leaves family service workers doing the adversarial (read: protection) work. Participants also noted that prevention work with

families is more gratifying. CFS agencies told the implementation planning team that they **want** to be working with families in a different way, but that their capacity to build trusting relationships with the families they serve, the cornerstone of a successful intervention, is lacking. Part of the problem, the team heard, is that it is difficult to build workers' capacity to deliver prevention services when they do not have many prevention cases. Most Winnipeg-based CFS agencies reported that they did not even have enough family enhancement cases to support a staff position (prevention is funded differently on reserve, see the section on funding). The reasons for this are twofold:

- In Winnipeg, intake and after hours services are provided by All Nations Coordinated Response (ANCR). ANCR provides the majority of early intervention and prevention services (ex: family enhancement services) for families in Winnipeg. Because the family enhancement stream is voluntary and services should be provided in the least disruptive manner, it was decided that short-term services (family enhancement services) could be provided at intake so that the family would not have to become involved with a CFS agency. ANCR has 90 days to work with families before either closing the case (service completion) or transferring the file to the culturally appropriate CFS agency for ongoing services (the authority determination process (ADP) is part of the intake process). Many of the families are initially assessed (or reassessed after 90 days) as higher risk, and then transferred to a CFS agency in the protection stream. The families who are transferred immediately or after brief services at intake are often the families that are not willing or able to engage with the intake agency, and are therefore recommended for the protection stream (mandated services). In his evaluation of the general authority's differential response pilot projects, McKenzie reports that a family's willingness to engage is the most important factor for a successful intervention (McKenzie B. T., 2011, p. 8).
- The implementation planning team learned that CFS agencies can talk to their designated intake agency (DIA) about what types of culturally appropriate services the intake agency can provide and what types of cases should be transferred immediately to an agency for ongoing services (services past the initial 90 day period that the ANCR and other DIAs have to work with families). CFS agencies recognized that families often need support beyond 90 days and that, in most cases, they would rather work with the family themselves right from the beginning. However, few agencies have had this conversation with their DIA. Additionally, many believed that they currently do not have the capacity or the resources to serve the volume of family enhancement cases that ANCR would be transferring if they requested all cases come directly to the ongoing service agency.

Community based organizations (CBO) have a history of working well with families, but there are concerns about their capacity to provide the level of service required to make a difference for families. As Trocme explained during the inquiry, "unless a service provider has the resources and the mandate to provide the level of outreach necessary to work with families who are difficult to engage with, there is a risk that these families will fall by the wayside" (Hughes, 2014, p. 369).

Participants discussed other practical considerations and concerns about devolving responsibility for the delivery of family enhancement services to CBOs, including:

- Who would be responsible for the safety of the child? One participant explained, "A risk associated with community based implementation of the differential response model is that the CFS system loses control of the process, it loses the capacity to monitor the service plan and follow up." Another explained: "If family enhancement cases were transferred to a community based organization and closed by ANCR or another DIA, then the CBO's board would have civil liability in the case of a child death, for instance." Most participants agreed that the responsibility for children's safety should remain with the mandated CFS agency. It was suggested that services could be delivered through CBOs with case management residing with family enhancement workers at the CFS agency. Family enhancement workers would be responsible for conducting the necessary assessments/re-assessments and developing and monitoring service plans in collaboration with the family, CBO(s) and other service providers.
- There are limited CBOs outside of Winnipeg and where there are, their capacity is often stretched by the needs of the community. In some rural and reserve communities, CFS is the one agency (or one of few) providing services, or as one participant remarked, "CFS is the only show in town." As it is difficult to access specialized services in rural and remote locations, CFS often serves as a "catch-all" for the community's needs. In rural and First Nations communities where there may be other programs serving children and families, there is rarely a history of collaboration or integration with the child welfare system.
- The CFS authorities, First Nations leadership (the Assembly of Manitoba Chiefs and the Southern Chiefs Organization) and others testified that separating prevention and protection activities would be difficult and could lead to gaps in service (Hughes, 2014, pp. 367-368). The general authority argued, "whichever stream the case falls into, it is nevertheless child protection work" (Hughes, 2014, p. 367). Hughes noted that in practice, the two streams of social work are an artificial distinction and that "child welfare services are provided on a continuum, focusing on protection in the face of an immediate threat to a child's safety but almost always working with a family enhancement approach to keep children safe at home" (Hughes, 2014, p. 351).

In testimony to Hughes, a representative of Manitoba Family Services suggested that CBOs "do not want to support CFS and do not want to disclose information to CFS because it would destroy their relationship with the client" (Hughes, 2014, p. 368). While CBOs do not want to harm the relationship with their clients or be seen as part of the "system," they still have, like all individuals in Manitoba, a duty to report a child in need of protection.[7]

Alternatively, factors which would support CFS agencies working with CBOs to deliver family enhancement services were also addressed throughout consultations. Many suggested that the

[7] Section 18(2) of *The Child and Family Service Act* sets out the duty of **all individuals** to report a child in need of protection, when they reasonably believe that a child is or might be in need of protection, even when obtained through professional relationships (barring solicitor-client privilege) **Invalid source specified.**.

responsibility for family enhancement services should be shared with CBOs. Some of the points brought forward were:

- CBOs are successful (and, it was argued, perhaps more successful than CFS agencies) in building relationships with families. One participant explained, "People assume the CFS system is adversarial. … Someone is more likely to walk into Ma Mawi or Ka Ni Kanichihk and ask for help than to walk into a CFS office." Participants explained that, when families are struggling, informal networks (neighbours, community members) refer children, youth and families to CBOs for supports, not CFS agencies.

  Additionally, the way families are approached is important. In an assessment of model fidelity that looks at the implementation of differential response in several American states, Seigel explains that the model has two **core** components, approach and services. Workers should engage with families "in a manner that is respectful, supportive, positive and friendly and not confrontational, accusatory, or coercive" (Siegel, 2011, pp. 7-8). While CBOs tend to engage with families in this way, CFS agencies are still learning how to apply the differential response approach to the families they serve. In an evaluation of the southern authority's differential response pilot project, Bennett reported that all four agencies evaluated found it hard to shift from child welfare's traditional paradigm to this new way of thinking (Bennett, 2012, p. 8).

- CBOs may be able to deliver voluntary family enhancement services in a manner that reduces harm.

  Families served by ANCR are often provided short-term services and then reassessed in a higher risk category (often because of an inability to engage with the family enhancement worker), eliminating them from the family enhancement stream before the case is transferred to ongoing services. Additionally, families may enter the protection stream because it is easier to support a family once a child is in care than to support a family to stay together at home. This happens in part because family enhancement is often a more intense, sustained and expensive response than the allotted 270 days and $1,300 that CFS agencies get to work with families. Also, the implementation planning team heard that it is easier to work with a protection family (mandated services) and access the dollars to support a child in care than a family who is seeking voluntary support services. It is especially difficult to access those services when families do not live in or near an urban centre where those services exist.

  Participants recognized that CFS agencies have an important mandate to protect children in need but explained that prevention and early intervention (family enhancement) often fall to the wayside while family service workers tend to crises and higher risk cases. Participants acknowledged that CBOs, which are more successful at engaging and building trusting relationships with children, youth and families, may be better suited to provide these services.

Family enhancement service delivery in rural and reserve communities

Some participants felt that differential response/family enhancement is more difficult to implement in rural and reserve communities because of the lack of services available. Others

thought differential response lent itself more to the rural service delivery model: more generalized, less specialized practice, and an approach that recognizes that prevention and protection services are provided on a continuum. One participant remarked, “collaboration and working with families in a different way is easier in remote centres.”

In some rural or reserve communities, where families typically have access to relatively few community-based organizations and other service providers, CFS agencies collaborate with other systems, including education, health and local government to develop and deliver a continuum of supports for families.

The implementation planning team spoke with First Nations CFS agencies operating on reserve to learn more about the innovative, culturally appropriate family enhancement programs that they have developed.

- Hughes discusses the Nisichawayasihk Cree Nation (NCN) CFS Wellness Centre in his report. The wellness centre follows an integrated service delivery model, where a number of government and community services and programs are co-located.
- Kinisoa Sipi Minisowin Agency (KSMA) in Norway House built a family enhancement program centre that is within easy referral distance from most other community services.
- NCNCFS operates the designated intake agency in Thompson. Their Wechitiwin family enhancement program serves several northern communities.

The implementation planning team learned that despite the success of community-led family enhancement programs, the lack of other health and social services in the North results in children becoming involved with the child welfare system and even coming into care to access services.

Supporting collaboration for family enhancement service delivery

Participants largely agreed with Hughes that partnerships and collaboration are key to ensuring that family enhancement services are developed, coordinated and made accessible throughout Manitoba. However, participants were concerned that the aforementioned lack of resources in rural and reserve communities and the reluctance of CFS agencies to work with CBOs, and vice-versa, are obstacles that have to be overcome before collaboration can be considered as a meaningful way to deliver services for children, youth and families.

The implementation planning team heard that CFS agencies do not connect with CBOs for service delivery. One participant suggested that CFS agencies consider themselves to be the essential service delivery system for the families involved with the child welfare system. The data supports this. Of the roughly 25,000 calls made to ANCR, the intake agency in Winnipeg where the community sector is most established, in a one year period, only 75 were transferred to external organizations (CBOs and collateral agencies). Others were closed at intake following brief service (4,300), transferred to a CFS agency for ongoing services (2,800, mostly protection, cases) or provided with information (4,600). A quality assurance review in the CFS Division is currently reviewing cases to determine why the decisions are made to transfer families to the community, transfer to a CFS agency for ongoing services, or offered brief services at intake.

CBOs feel that partnering with CFS could jeopardize their relationships with the families and communities they serve. They were also concerned that working more closely with the child welfare system would impose regulations that might require changes to the way they deliver services (ex: in order to secure funding and have their programs recognized by the child welfare system) and could increase their workload to unmanageable levels if not supported with the additional funding, resources and capacity building necessary to take on more responsibility.

There are some examples of collaboration between the child welfare system and CBOs. The implementation planning team met with groups that are working collaboratively on joint government-community initiatives[8] and heard about legislation and pilot projects that aim to improve coordination and access to services for children and families.[9] Many participants suggested that the province continue to support joint government-community collaboration and monitor the pilot projects taking shape across Manitoba to learn how to address participants' concerns about relying on partnerships for service delivery. As one participant noted, "even when groups are working well together, when money or resources are limited or a service need can't be met, groups might fall apart." If this happened, participants wondered, where this would leave families?

The implementation planning team heard about the wraparound support that CFS agencies can provide when they collaborate with community partners to develop resources and deliver services for children, youth and families. Many CFS agencies, however, do not have the resources (financial or human) to build relationships with potential partners or even identify, let alone develop, opportunities for collaboration. The general authority agencies, for example, being primarily based in Winnipeg and larger urban centres, have long-held partnerships and large donor funding bases built on a history with the community that most newer First Nations and Metis agencies do not have. When AJI-CWI was implemented, cases were transferred, staff were transferred, and funding was transferred to the new agencies but, as one participant explained, "The partnerships that were associated (with existing CFS agencies) were not transferred over. These resources were not transferred over."

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

[8] These initiative include Morningstar, which will be discussed in more detail below under the recommendation that CFS workers be placed in schools or other community sites, as well as Block by Block Community Safety and Wellness Initiative, which is discussed later in the early childhood intervention section.

[9] Parent-child coalitions, which are legislated in *The Healthy Child Manitoba Act*, and Healthy Child Manitoba's systems integration pilot project in Gimli are discussed later in the building community capacity section.

Everyone agreed that more partnerships and collaboration between the child welfare system, community partners and other government departments would improve service delivery. The province will have to navigate the stigma and mistrust of CFS to get buy-in from community organizations, other government departments **and** CFS agencies for more collaborative work. Stakeholders need to learn more about each other's mandates, roles and responsibilities in serving families to build an understanding and appreciation of the unique and related resources that are working towards the same end as well as to identify opportunities for partnerships.

Manitoba Family Services and the CFS authorities encourage and support co-operation between the child welfare system, other departments, and community based organizations that serve children, youth and families.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- the CFS authorities and agencies
- collateral service providers that serve children, youth and families
- community based organizations that serve children, youth and families

Time frame:

- short- to medium-term action: develop and implement opportunities for parties to communicate (ex: designated intake agencies develop, in partnership with community partners and collateral service providers, regional compendiums on programs and services for children, youth and families that serve as inventories to support access as well as address gaps) and come together (ex: community gatherings, forums) to clarify their mandates, roles and responsibilities; where possible, stakeholders should use these occasions to identify opportunities for partnerships and collaboration (ex: where services align, where coordination or integration is beneficial; where services close gaps or address needs)

More collaboration is also required within the child welfare system at the authority level (facilitated by the standing committee[10]) and **between agencies** across all four authorities. CFS agencies have a lot to learn from each other and they need more opportunities to meet and share. Some interesting programs and policies implemented by individual agencies and other important child welfare issues can and should be shared system wide.

Manitoba Family Services and the four CFS authorities encourage and support collaboration within the child welfare system.

Responsible parties:

- Manitoba Family Services, CFS Division

[10] *The Child and Family Services Authorities Act* (2008) states that the standing committee 30(2) "is responsible for facilitating cooperation and coordination in the provision of services under this Act." The standing committee will be discussed more in the section on devolution.

- the four CFS authorities (both as individual authorities and as members of the standing committee)
- CFS agencies

Time frame:

- short- to medium-term action: develop and implement opportunities for agencies to come together (ex: inter-agency relations teams, annual conference or forums) to discuss individual and systemic issues

In Winnipeg and other urban centres where there is a more established community sector, the child welfare system should collaborate with other departments and community partners. There are precedents (ex: case conferencing and other collaborative case management models) where CFS, families and both government service providers and community based organizations come together to improve coordination, increase access to services and reduce duplication. Following an assessment of the family's strengths and needs, the partners develop a plan together and share responsibility for monitoring the plan and coordinating access to services (liability remains with the CFS agency).

Manitoba Family Services and the CFS authorities develop a model and protocols for a shared service delivery framework that supports collaboration between the child welfare system, other departments and community based organizations for urban-based service delivery that can be adapted to reflect the resources and capacities of the community sectors in different geographic regions and communities.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- the CFS authorities and agencies
- community based organizations that serve children, youth and families

Time frame:

- short-term action: consult with community based organizations and other departments to identify key features of a shared service delivery framework
- medium-term action: develop clear partnership agreements, communication protocols (for information sharing and joint case reviews), and other protocols outlining the collaborative intake, assessment and referral processes for families; develop a model for a shared delivery framework

CBOs need to strengthen their capacity to deliver services for the children, youth and families involved with the child welfare system, which may involve training on the assessment tools and reporting so that all third party service providers know when and how to report, as well as funding which reflects the additional resources necessary to take on shared service delivery with the child welfare system.

Manitoba Family Services and other departments strengthen the capacity of the community to deliver family enhancement services.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- community based organizations and collateral service providers that serve children, youth and families

Time frame:

- short-term action: consult with community service providers in regards to capacity and needs associated with an increased role in service delivery
- medium-term action: train community based organizations and other service providers on assessment and planning processes, reporting; address other needs, as identified in consultations

Service delivery in rural and reserve communities must reflect certain geographic truths, including the lack of services available in these regions, generally, and the challenges of engaging partners for improved service accessibility in these regions.

Manitoba Family Services, AANDC and the CFS authorities develop a rural service delivery framework that supports access for families involved with the child welfare system in rural and First Nations communities.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the four CFS authorities and agencies serving rural areas or First Nations communities
- rural and First Nations communities

Time frame:

- short-term action: consult with parties to identify key features of an inter-sector strategy that addresses gaps in services and supports for families in rural and First Nations communities
- medium-term action: fund designated intake agencies for a staff person to build relationships and coordinate partnerships, to act as a navigator for other workers and clients; provide rural and First Nations agencies with additional resources, as needed, to support the development of culturally appropriate, community-led family enhancement resources and programs for their communities, this may require new infrastructure be developed or renovated (ex: to support co-location or other integrated service delivery models)

Transfer families from intake to ongoing services as soon as possible

In the Inquiry report, Hughes notes that due to the authorities' concurrent and overlapping jurisdiction across the province, central points for coordination and intake were deemed necessary to avoid confusion by the public, and to prevent gaps in services. *The Child and Family Services Authorities Act* requires the authorities to jointly designate a single agency (the designated intake agency (DIA)[11]) to provide coordination and intake services for defined geographic areas. In most areas, intake is designated to an existing family service agency. In Winnipeg, an agency was created for this purpose (Hughes, 2014, p. 89).

In early February 2007, the Joint Intake Response Unit (JIRU), which served as a single entry point for all family service agencies operating in Winnipeg, became an independent agency, reconstituted as the Child and Family All Nations Coordinated Response Network (ANCR). ANCR is mandated by the southern authority, which means that ANCR's funding and oversight for the agency flows through the southern authority. ANCR is the entry point for referrals throughout the Winnipeg region, which includes Winnipeg, Headingly, East St. Paul and West St. Paul. The Winnipeg region is a large jurisdiction; ANCR processes about three quarters of all intakes in the province and receives over 80, 000 calls a year.

ANCR provides coordinated intake services and after hours coverage for the 23 child welfare agencies operating in Winnipeg. They also run the crisis response program (abuse investigations) for the entire jurisdiction and an early intervention program (EIP). ANCR explained, "The early intervention program is our family enhancement approach. Some people think it's differential response but differential response is not a program - it is an approach." ANCR's EIP predates the adoption of the differential response/family enhancement model in Manitoba.

Child and Family All Nations Coordinated Response Network (ANCR)
Early intervention program

ANCR still calls their program "early intervention" because they want to distinguish it from family service agencies' family enhancement programs. ANCR provides brief voluntary services for 90 to 120 days [12] in contrast to family service agencies, which can provide voluntary services for up to a year. ANCR has two resource centres, All Nations Family Resource Centre and Snowbird Lodge, as well as two family service teams who provide case management services for the families receiving short-term services. ANCR's website clarifies:

[11] Fourteen DIAs operate throughout Manitoba without consistent mandates. A Designated Intake Agency Review Working Group was established by the standing committee to assess the appropriateness of current intake and related services models given the trend in service demand, the expressed needs of families, and the characteristics of the communities being served. The working group includes a representative from each of the four CFS authorities and Manitoba Family Services (First Nations of Northern Manitoba Child and Family Services Authority, 2014, pp.12-13). The implementation planning team heard that the goals of the working group are, in part, to determine whether or not designated agencies should continue to manage cases.

[12] ANCR notes that 30 days are allowed for the assessments before "we start the clock on the 90 day services."

- Service Teams provide intensive and culturally relevant services that support families to prevent further child protection issues from developing and escalating.
- Family Resource Centres ensure accessible, wrap around services to families delivered through supportive prevention and intervention focused group and individual programs and services (Child and Family All Nations Coordinated Response Network, 2010).

Family resource centres

All Nations Family Resource Centre serves mainly the general and Metis CFS authorities, while Snowbird Lodge serves mainly the two First Nations CFS authorities. Both resource centers are strictly voluntary; they do not take "forced referrals." The resource centres provide a safety net for families. The implementation planning team heard that program evaluations completed at the resource centres indicate that families feel safe, accepted, respected, and not judged, and that the resource centres are somewhere families can go to get some help.

ANCR explained that, initially the resource centres were supposed to be used primarily for the families that were involved with ANCR's EIP, "families that were coming into the attention of the child welfare system, but only needed some resources and supports without going further into the system." The resource centres, they noted, have evolved to become primary resources for families receiving services (mainly protection services) from ongoing service agencies. "The majority of referrals at both resource centres come from [family service] agencies." The increase in demand on the centres has resulted in space shortages, particularly at Snowbird Lodge.

Funding

ANCR, like other DIAs, are block funded. When the federal/provincial funding model was developed five years ago, there was no funding formula defined for designated intake. Other agencies are funded based on the number of family enhancement and protection cases they have. That is, they are allocated one worker to every 20 or 25 cases, in the respective streams.

ANCR does not receive specific funding for the resource centres, rather they are funded through ANCR's operations budget, which covers salaries, benefits, rent, telephones, training, legal fees and other business-related costs, as well as the family support funding, which covers the programming offered out of the resource centres. ANCR also does not have service purchase agreements with family service agencies, despite the trend in referrals to the resource centres (that is, the majority of referrals come from CFS agencies, not ANCR).

In addition, ANCR does not have access to the $1300 that family service agencies receive per family to fund voluntary services. They note, "It's inconsistent that we're mandated to provide respite and in-home support [under *The Child and Family Services Act*], but they don't give us the money to do it."

A two-tiered intake system

Following ANCR's initial assessment (the screening process), moderate or higher risk families are transferred to programs in ANCR's second intake tier, either the abuse program or the early intervention program (EIP). For families referred to the EIP at the second tier, ANCR determines whether or not brief services can achieve success with the family. If a family presents with complex needs that will require more than brief services, they can be referred directly to the appropriate family services agency, to support worker continuity (the same worker delivering services to a family throughout its involvement with the child welfare system). Once ANCR has determined that a family's issues will take longer to resolve than their allotted time frame, "[i]ntake would complete the process to determine the family's choice of Authority, and then refer the family for ongoing services under that Authority. ANCR can recommend that the family receive either protection or family enhancement services" (Hughes, 2014, p. 363).

ANCR noted that they never transfer low risk families and rarely transfer moderate risk families to family service agencies for ongoing services. The moderate risk families are served by ANCR's EIP and most low risk families are screened out during the initial intake. The families that ANCR transfers to ongoing services generally present as high or very high risk. ANCR acknowledged, however, that while the SDM assessment tools score some families as high risk, ANCR may close the case or refer to their EIP because the SDM Caregiver Strengths and Needs Assessment demonstrates that the risk factors are historical and no longer applicable (i.e. a parent had a substance misuse problem but has been sober for 10 years). In other cases, families that are scored as high risk "recognize their challenges and are very willing to engage and work on their issues." In the Inquiry report, Hughes' notes, the primary criteria for keeping a family with ANCR's EIP are whether or not the child can be safely maintained in the home, and the family's willingness to engage. ANCR admits, "Typically under the rules we shouldn't work with high risk families at our early intervention program, but we do all the time. If we didn't I don't know if we would have a program to be quite honest because there are no low risk families [being served by ANCR's EIP]."

If ANCR feels "we can help them resolve the issues and get them connected to community supports within our time frame," they will keep the family within ANCR's EIP. "The goal," ANCR explains, "is to try and not have them in the child welfare system, so families don't go further into the system." ANCR acknowledged that they may keep families for some extra time (typically less than a month) passed the allotted 90 days to complete the case plan, based on their "professional judgment and the best interests of the family."

When the implementation planning team met with ANCR, they noted that they close about 80 percent of their EIP (family enhancement) files and transfer the other 20 percent to family service agencies for ongoing services, in contrast to the 50 to 60 percent they were closing when ANCR's executive director, Sandie Stoker, testified at the Inquiry (Hughes, 2014, p. 363).

ANCR acknowledged that their two-tiered intake system sometimes means that "there are more hands on a case." They noted, however, that they are drafting a revised service model based on recommendations resulting from a service model review at ANCR that would support continuity of service (a single worker per family).

Transfer families from intake to a family service agency as soon as possible to avoid disruptions in service

> **Recommendation:** That All Nations Coordinated Response Network (ANCR)—whose role is triage and delivery of short-term services—no longer provide family enhancement services but should transfer families who need those services to a family services unit as soon as possible.
>
> **Reason:** This will avoid disruptions in service for families whose needs cannot be effectively met within ANCR's limited time frame (Hughes, 2014, p. 372).

Discussion

In the differential response section of the Inquiry report, Hughes notes, "a large number of families needed services for longer than the 90 days that was first predicted for them" (Hughes, 2014, p. 364). This conclusion is based on an evaluation of differential response, in which McKenzie also states, "It is not in the best interests of families to be referred from one Family Enhancement program to another because the service deadline has been reached. The discontinuity in service provision that results in such cases is contrary to best practice in the field" (McKenzie, Taylor, & Maksymyk, Evaluation of The General Child and Family Services Authority's Differential Response/Family Enhancement Pilot Projects, 2011, p. 8). Toward this end, McKenzie recommends, "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 Differential Response/Family Enhancement services to agencies representing the Authority of Record for these families" (McKenzie, Taylor, & Maksymyk, Evaluation of The General Child and Family Services Authority's Differential Response/Family Enhancement Pilot Projects, 2011, p. 121).

In issuing this recommendation, Hughes reasons that transferring families who need family enhancement services to a family services unit as soon as possible "will avoid disruptions in service for families whose needs cannot be effectively met within ANCR's limited time frame" (Hughes, 2014, p. 372). Participants agreed that transferring a family from ANCR's EIP to an agencies family enhancement program after brief services does not support best practice and worker continuity. Despite this, participants were divided as to whether or not ANCR should continue to provide family enhancement services.

Should ANCR continue providing family enhancement services?

Many participants felt that ANCR should be passing families on to other agencies as quickly as possible. During the inquiry, the general authority's chief executive officer Jay Rodgers explained, "Families who had to be transferred to Winnipeg's family enhancement program after ANCR had been unsuccessful in resolving their issues within 90 days found this confusing... And although family enhancement services can improve a situation within 90 days, it typically takes longer to reduce the probability of harm to a level where an agency can be comfortable closing the file" (Hughes, 2014, p. 364). Others agreed that ANCR's brief time frame does not provide sufficient time for a family to receive meaningful supports that can address the concerns that caused them to come in contact with the child welfare system. Participants noted

that the brief time frame ANCR is allotted is also challenging because other service providers, like mental health and addictions, cannot respond with supports within that time frame (due to barriers such as accessibility and availability).

Some participants acknowledged that ANCR's current intake and service delivery model does not support worker continuity and the "best practice approach to delivering intensive services" (Hughes, 2014, p. 364). They noted that transferring families to an agency as quickly as possible would support continuity and best practice. Also, some participants suggested that transferring a family to the proper authority provides them with access to culturally appropriate services, the rationale for devolution. Others worried that due to delays in the transfer process, families may not receive services as quickly as they otherwise might have if they had remained with ANCR.

Additionally, some felt that since many cases are transferred from ANCR to ongoing services in the protection stream, families consider ANCR to be more lenient (they do the voluntary "soft" work that supports families) and the family service agency to be tougher (they do the mandated protection work). These perceptions can hinder relationship building between a family and the worker at the family service agency.

Others felt that ANCR should maintain their family enhancement services (the EIP and, in particular, All Nations and Snowbird Lodge Family Resource Centres) because of their value to both families and agencies in Winnipeg and the surrounding regions. Some suggested that by supporting families at intake, ANCR "prevents families from coming in further into our system than need be." Participants acknowledged that families should not have to become immersed in the child welfare system and that voluntary services should be provided in the least disruptive manner: at intake.

Some participants in the CFS Division felt that, if the decision is made to keep family enhancement programs at intake, an arbitrary time frame should not determine whether a family moves to ongoing services. They noted that ANCR should be able to work with families who are engaged and making progress for as long as necessary, and that families who are difficult to engage or whose risk would not be reduced with brief services should be transferred immediately to an ongoing service agency. They noted that, technically, this should already be happening.

Family service agencies, at the direction of their authority, should communicate with their designated intake agencies about the types of cases they would like transferred immediately (ex: families that need more than 90-days of family enhancement support; families that present with specific needs such as parent-teen conflicts) and those that can be served by the intake agency (ex: families that need to be connected with community or collateral supports; families who require brief and available programming). This was intended to allow agencies to develop and deliver their own culturally appropriate family enhancement resources (including partnerships to improve service delivery) and define the parameters of their family enhancement programs (ex: eligibility criteria) without being overwhelmed by **all** family enhancement cases that intake might transfer. One participant explained, "Agencies have the right to say these are the cases we want and this is when we want the cases transferred." Some

participants acknowledged that the lack of communication between ANCR and some agencies is, in part, the reason ANCR does not transfer many family enhancement cases.

Concerns and challenges

Participants discussed the concerns and challenges associated with ANCR no longer providing family enhancement services and transferring families to the appropriate agency as soon as possible, including:

- **Capacity and volume.** Family service agencies currently receive very few cases from ANCR that are eligible for family enhancement services. [13] Most of the families that are transferred from ANCR's EIP to a family service agency are classified as higher risk families and recommended for the protection stream of services. ANCR notes that this is because the criteria to transfer families to agencies' family enhancement programs are very limiting, due to the current "risk averse approach" to child welfare. Family enhancement cases from ANCR are so few that agencies do not have the funding to develop meaningful family enhancement resources.

  According to the funding model, agencies are currently funded for one family enhancement worker for every one to 20 families (Aboriginal Affairs and Northern Development Canada & Manitoba Family Services, 2012, p. 23), which means that most agencies in Winnipeg would have only one family enhancement staff. Some agencies currently have so few family enhancement cases that they do not have the funding to support a family enhancement worker in their Winnipeg offices. ANCR asked, "how can we transfer family enhancement cases to an agency that doesn't have a family enhancement worker?"

  Additionally, the implementation planning team heard from some agencies that if ANCR transferred all family enhancement cases directly to agencies, the burden on some family service agencies would be insupportable. One participant explained, Winnipeg offices are "just maintaining current caseloads; the large volume of family enhancement cases [coming from ANCR] would be overwhelming."

- **Focus.** Regardless of whether agencies have non-existent ("not every agency is providing family enhancement services"), weak or well established family enhancement units, some participants worried that family service workers' focus is on the high risk cases, leaving little time or resources for other families. One participants explained, "When I started working, the focus was on family preservation, that was the big thing, but what happens when you are a worker and you get hit with you know 30 to 40 cases, where is all your energy going to go, to your highest risk families." Participants worried that some families might fall through the cracks while their worker tends to crises and the families with the greatest needs.

- **Resources.** Some participants suggested that the resources currently associated with family enhancement services at ANCR should be transferred immediately to family

[13] Some family enhancement cases are transferred from offices outside of Winnipeg, but these are mainly children who are receiving supports under federal jurisdiction for medical or other issues.

service agencies operating in Winnipeg. If ANCR's EIP was dismantled, then about 30 staff positions[14] and the two resources centres would be divided up between 23 agencies. Participants worried that if this recommendation was implemented, "you'd lose two resource centres that provide service to thousands of people." Further, services would be provided by the 23 different family service agencies operating in Winnipeg. Participants worried that this decentralization of family enhancement resources could result in less effective service delivery and no significant improvement for families. Some also worried that this could prevent families, who might otherwise have participated in ANCR's EIP, from reaching out for supports on their own due to the stigma and mistrust of CFS.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

Hughes reasoned that transferring families who need family enhancement services to a family services unit as soon as possible "will avoid disruptions in service for families whose needs cannot be effectively met within ANCR's limited time frame" (Hughes, 2014, p. 372).

The Designated Intake Agency Review Working Group assess (as part of the review currently underway) whether all designated intake agencies should provide the same scope of programs and services and, in particular, whether ANCR should continue to provide family enhancement services. Reporting from the working group's review should include recommendations that relate to these components of the review.

Responsible parties:

- Designated Intake Agency Review Working Group, designated by the standing committee

Time frame:

- immediate action: the Working Group assess whether DIAs should have a consistent mandate, and in particular, whether ANCR should continue to provide family enhancement services at intake
- short- to medium-term action: following their review, the Working Group recommend whether or not ANCR should continue to provide family enhancement services at intake

[14] This number includes the staff at All Nations and Snowbird Lodge resource centres (6 and 8, respectively), the family service teams who manage cases, the unit supervisors (4) and the administrative positions (3).

Because CFS agencies in Winnipeg currently receive very few cases from ANCR that are eligible for the family enhancement stream of services, their capacity to deliver family enhancement services is limited.

Manitoba Family Services and AANDC build the capacity of CFS agencies to develop and deliver family enhancement programs and services and ensure that CFS agencies have adequate funding to support, at minimum, one family enhancement worker whose responsibilities include the development of relationships with community service providers, and additional family enhancement workers at a caseload ratio of 1:20.

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- CFS agencies operating in Winnipeg

Time frame:

- short-term action: develop terms of reference for family enhancement worker that may include family enhancement resource development and relationship building with community and collateral service providers for improved service delivery
- medium-term action: agencies post and hire family enhancement workers

CFS agencies should be communicating with designated intake agencies to ensure that the families who fall within the agency's defined family enhancement criteria are identified during the screening process and transferred directly to the mandated authority and agency.

The CFS authorities facilitate dialogue between ongoing family service agencies and designated intake agencies.

Responsible parties:

- the four CFS authorities and agencies, including designated intake agencies and ongoing family service agencies

Time frame:

- immediate action

The designated intake agency should identify and transfer a family to the authority and agency immediately to avoid delays in the service provision.

The CFS authorities ensure that, when files are transferred from designated intake agencies to the family services agency that will provide ongoing services, completed assessments and records are sent to the receiving family services agency as soon as possible to avoid delays in the time between intake and service provision and to support case planning at the receiving agency.

Responsible Parties:

- the four CFS authorities and agencies, including designated intake agencies and ongoing family service agencies

Time frame:

- immediate action

The best practice approach calls for an intensive and **sustained** response. Designated intake agencies are allotted 90 days to work with families and ongoing service agencies are allotted 270 additional days. These time frames should be reviewed, particularly if the decision is made to continue delivering family enhancement services at intake.

Manitoba Family Services and the four CFS authorities reconsider the time frames currently allowed for family enhancement service delivery.

Responsible Parties:

- Manitoba Family Services, CFS Division
- the four CFS authorities

Time frame:

- short-term action

Provide families with continuity of service

Recommendation: That every effort be made to provide continuity of service by ensuring that, to the extent reasonably possible, the same worker provides services to a family throughout its involvement with the child welfare system.

Reason: Switching workers unnecessarily can interfere with the building of trusting relationships between family and worker (Hughes, 2014, p. 371).

Discussion

In the differential response section of the inquiry report, Hughes reports that many witnesses testified "the foundation of a successful child welfare intervention is the worker's ability to build a relationship of trust with the family (Hughes, 2014, p. 366)." He points to a few issues that can challenge the building of a trusting relationship with families:

- The dual mandate of the child welfare system

  The dual (prevention and protection) mandate can make it difficult to engage with families in a collaborative way after an initial adversarial period where child protection concerns are investigated.

- The manner in which CFS agencies share information with caregivers

  Without transparency, it is unlikely the family will engage with the worker. This will be discussed in detail below under the recommendation about information sharing with caregivers.

- The number of workers that many families have

  Hughes acknowledges that Phoenix Sinclair and her family had many different workers over the course of five years, each with limited involvement in the family's life (Hughes, 2014, pp. 366-367).

In issuing this recommendation, Hughes reasons, "switching workers unnecessarily can interfere with the building of trusting relationships between family and worker" (Hughes, 2014, p. 371). All participants agreed that switching workers unnecessarily can damage relationships and that providing continuity of service, by ensuring the same worker provides services to a family throughout its involvement with the child welfare system, is the best practice and should be the standard that agencies strive to meet.

At the same time, most participants who work within the child welfare system pointed out that there are practical challenges that get in the way of ensuring continuity of service. Many stated that an agency's ability to provide continuity of service depends on a number of factors, including agency and community size,[15] staff retention and sometimes, the relationship between the worker and a child, youth or family.

[15] Smaller agencies and smaller communities have fewer staff.

Some noted that the structure of the child welfare system inhibits worker continuity. For instance, All Nations Coordinated Response (ANCR) provides intake services and voluntary (family enhancement) services for Winnipeg and the surrounding region (other designated intake agencies, to a lesser extent, provide intake and voluntary services for other regions in Manitoba) in order to limit the family's involvement with a CFS agency. However, after 90 days, ANCR transfers some of those families to an ongoing service agency for more support. In the inquiry report, Hughes notes, "disrupting services in this way, often with a resulting delay, flies in the face of a best practice approach to delivering intensive services and building a relationship between worker and family" (Hughes, 2014, p. 364). For this reason, the previous recommendation (that ANCR no longer provide family enhancement services) is supportive of worker continuity or at least supportive of limiting the number of workers that families have contact with.

Participants also took note of the impacts that the increasingly specialized practice within CFS agencies have on continuity of service. Participants explained that as the needs of families and children change, workers may change. A case that opens in the hands of an intake worker might move, for instance, from a family enhancement worker, to a protection worker, then to a permanent ward worker and, finally, to an adoption worker. Some noted that the generic model of social work that rural workers employ, where they fill all the roles (family enhancement, protection and others) themselves is better able to provide continuity of service for families than the division of services among workers.

At some agencies, participants felt that the division of services (where workers have either a family enhancement caseload or a protection caseload, rather than a generic or mixed caseload) supports the differential response model. These participants felt that the continuum of services from prevention to protection should be provided by different workers, because it can be confusing for families and difficult for workers to wear both prevention and protection hats (collaborative partner and investigator of concerns). Others felt that, while it is true that some workers may find it difficult to work collaboratively with families, the family enhancement approach (to engage as a partner with families) should be applied with all families, regardless of their case category.

The implementation planning team heard that some agencies supported continuity by ensuring that, when cases transfer between workers within their agency (for example, if a family's case category changes from prevention to protection), the worker who has held the case and the worker who will be receiving the case will work together with the families as they transition from one worker to another. This is sometimes referred to as a warm hand-off in transitioning the family. One participant explained, "Hopefully, that family will not be transferred, but if that happens, then at least there's already that connection with the new worker. We have found that that worked really well because there's that relationship with the workers, and the family's seeing the seriousness of it."

Strategies to support worker retention

Most agencies noted that they do make every effort to provide and maintain continuity of service (in instances of a family's return to the child welfare system, for example), as long as the worker is still with the agency and able to take on the case. "Staff turnover," they said, "is a

significant problem in the child welfare system." One youth who had been in care explained, "Maybe it's because of salary, or maybe it's because of work load or stress levels within the job, but those aspects have to be tackled in order for our workers to be happier, and therefore, the youth they're managing to be healthier." Participants representing CFS authorities and agencies attributed the high turnover rate of workers to burnout, which in turn is linked to high case ratios, high workloads, and the often unpredictable and stressful nature of work in CFS agencies. They pointed out that ensuring continuity to the extent reasonably possible means supporting worker retention.

Participants noted that it is important to have a well-supported workforce. They explained that the child welfare has become risk averse and is increasingly under public scrutiny. One CFS agency staff explained: "We hear all the time, your work must be so hard. That's not the hard thing. We went into it knowing that people's lives are messy and it's hard work. It's the managerial support, the team support. I don't want to have to worry about that stuff. I want to help those families out there, but I want to know that my team is behind me, my supervisor is behind me, my director, the whole agency, is behind me."

The implementation planning team also heard that CFS agencies have difficulty recruiting and retaining the right kind of staff. Participants noted that other sectors like education and health offer more competitive wages and better work conditions.

Families involved with the child welfare system noted that workers with lived experience were often better able to build relationships with families than, for example, workers with a Bachelor of Social Work (BSW) but no experience. One participant explained that some "workers, even BSW grads, don't have the skills to be an effective intervener for families." They emphasized that, within agencies, mentoring and supervision play an important role in building workers' capacity to intervene effectively with families. Participants suggested that Manitoba should shift focus from competency-based training for staff to intensive competency-based training for supervisors. They argued that investing in intensive training can provide supervisors with the skills needed to mentor new staff members and train new staff more effectively than the core training provided by the Child Protection Branch.

Participants suggested that retention strategies could include:

- wellness supports and self-care
- administrative supports that reduce the case managers' workload
- a thoughtful process of staff orientation, on-the-job training and mentoring

Ensuring continuity of care in case transfer within an agency

Youth and families involved with CFS shared stories that illustrated the importance of continuity of workers. Some had workers that changed every few months or every couple of years. Others had the same worker the whole time. Sometimes, relationships with the workers were good, other times, more difficult.

The implementation planning team heard about the effects of worker turnover on the children and youth in care. One youth noted, "Changing workers, every time, was stressful." Youth also

explained that repeated changes affected their willingness to engage with new workers: “We had different workers every year. We connected with them, then all of a sudden we changed to another worker. And it’s like, okay, what are we supposed to do? Get to know another person again? And then that one quits too.”

A participant representing a CFS agency explained, “When you get five different social workers for a child within the course of a year – in the north we've had that in the course of a week – the child doesn't know who their social worker is. It leaves kids vulnerable, and that's when we see behavioural problems and suicides. This is a really important person to these young people and it's critical that everyone work towards achieving continuity of care.” Another noted, “Relationships don’t just happen, and for families that have experienced so many service providers, they're reluctant to give that trust to you because maybe somebody broke it along the way or maybe somebody left right in the middle of a crisis. …families take that personally.”

Youth acknowledged that, even in cases where they had the same worker throughout their involvement with the child welfare system, the relationship with workers is what counts. Youth noted that continuity of service should not trump a negative relationship. One youth said, “I had one worker the whole time. We always fought.” Youth were adamant that they should be able to change workers if they feel they are not being served. One youth described the process of changing a worker, which involved speaking to the director of the agency and appealing the director’s decision at the authority level: “It’s not reasonable to expect this from youth that are dealing with any sort of crisis situation, which is constantly for many youth in care.” Youth said that the process should not be so bureaucratic and difficult: “…so many steps required for a simple thing like ‘my social worker is not listening to me.’” One youth noted, “It should be about whether or not the youth is getting their needs met.”

“It’s incredibly important that staff maintain their positions,” one youth remarked, “children need stability, otherwise they’re not going to maintain productivity and live healthy and fruitful lives.” This youth felt that worker continuity should be one of the foundational goals of CFS because constant turnover creates a sense of distrust with the system. Others suggested that, in light of the high turnover in staff, the province should develop a standard to ensure continuity of care when cases are transferred within an agency.

The standard for transferring a case within an agency states that a supervisor is responsible for:

a) assigning the case to a new worker, and giving first consideration when feasible to case managers who have had a positive relationship with the family
b) meeting with the child or family to address any issues (in cases of client dissatisfaction or a request for change in a worker)
c) reviewing (within 14 working days) and placing the transfer summaries on the case file (within 30 working days) (Child Protection Branch, 2014).

The standard for transferring a case to another agency ensures that relevant documents, including the transfer summary and case plan, are forwarded to the new agency. Many participants felt that a similar policy should be in place to ensure continuity of care during the transfer process within an agency.

In the Inquiry report, Hughes also recommends that when responsibility for delivering services to a family is transferred from one worker to another, those workers communicate orally with each other and either record the conversation in the file, or document the reason why a conversation was not possible (Hughes, 2014, p. 372). One participant suggested that agencies go further than ensuring that workers communicate with each other when transferring responsibility for a case to possibly even introducing the new worker to the family, when feasible, or taking other steps to mitigate risks and ensure continuity of care.

The implementation planning team heard that when a family's worker changes, the family's case plan also often changes. This can negatively affect the relationship between the new worker and a family, particularly if the new plan excludes items from the previous plan that families have completed.[16] The service plan standard currently states that when a child or family is transferred to the care of **another agency**, the supervisor must ensure that a plan is in place that identifies:

- who will have responsibility for providing services to the family
- a specific date when responsibility will be transferred
- the actions required by both agencies, the family and any other service providers to ensure continuity of care and how any safety issues and risk factors are to be handled during the transfer process (Child Protection Branch, 2014)

While there is currently no such standard in place, it was suggested that a similar standard be developed for transfers **within an agency**. The service plan standard for transfers to another agency provides a blueprint for ensuring continuity of care during case transfers within an agency.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

Hughes recommended that every effort be made to ensure continuity of service. He reasoned, and participants agreed, that disruptions in service can hinder the development of a trusting relationship between workers and families. Disruptions in service are often caused by worker turnover.

> **Manitoba and the four CFS authorities work together to develop a comprehensive worker retention strategy that supports continuity of service.**

[16] Case plans will be discussed further in this section under the recommendation relating to information sharing with caregivers.

Responsible parties:

- Manitoba Family Services, CFS Division
- the four CFS authorities

Time frame:

- short- to medium-term action: develop retention strategy
- medium-term action: implement retention strategy

The generic or mixed caseloads that some rural and First Nations workers carry support worker continuity; rather than transferring a family from one worker to another in distinct family enhancement and protection units (specialized practice teams), generalist practice teams work with a family throughout their involvement with the child welfare system. This model may be equally well suited to both urban and rural communities.

Manitoba Family Services and the four CFS authorities consider a move to generalist practice teams that will better support continuity of care and client/family centred practice, and support a more balanced case load for individual social workers.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- short-term action: investigate best practices in generic social work models

While continuity of service is the best practice that agencies strive for, it is not always feasible or desirable. More important is **how** cases are transferred between workers within an agency. Standards should ensure that the same consideration given to agency transfers (ex: a plan to provide continuity of care during the transfer) is given to transfers within an agency.

Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard for transfers within an agency that will ensure continuity of care during the transfer process.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards related to transfers; consult to develop the new standard
- short-term action: draft and distribute the new standard

Enhance information sharing with children, youth and families

In the section of the Inquiry report where Hughes discusses the differential response model of practice, he issues two recommendations that call for legislative amendments, as necessary, to support enhanced information sharing. The first calls for greater transparency and information sharing with families to help build trusting relationships, and the second calls for more information sharing with service provides and caregivers when necessary for the protection, safety, or best interests of a child (recommendations 6 and 9, respectively). Due to the similar nature of these recommendations, there are many overlapping issues. For this reason, these recommendations will be discussed consecutively, rather than in the order they were presented in Hughes' report.

Build trust with families through greater transparency and information sharing

> **Recommendation:** That agencies strive for greater transparency and information sharing with caregivers, which may require changes to legislation.
>
> **Reason:** Building trust between a worker and a family is imperative to provision of effective family enhancement services (Hughes, 2014, p. 372).

Discussion

In the differential response section, Hughes notes, "One other aspect of relationship building that ought to be considered is the manner in which agencies share information with caregivers. *The Child and Family Services Act* restricts a caregiver's access to information about a child who is the subject of protection services. While I recognize the importance of confidentiality in this context, a trusting relationship requires as much transparency as possible between the caregiver and the agency. Without this, it is doubtful a family will truly engage with the worker as they must do, for the benefit of the child. For example, it would be important for the agency to share, as far as possible, the agency's concerns and plans for the child and family" (Hughes, 2014, p. 367).

In issuing this recommendation, Hughes reasons that greater transparency and information sharing will help workers build trust with families for the provision of effective family enhancement services. One participant explained, "There's a different way of thinking [about information sharing] that exists between the First Nation culture and the dominant society. … It's expected that you need to share as much information with the family as much as possible if you're going to work with them. If you keep the information from them, it becomes an adversarial approach with the family and they won't work with you. And so, for me as a First Nations [social worker], to work with families, you need to share information with them. You need to involve them into your plan."

Some participants representing CFS agencies said that information sharing with families receiving voluntary family services is not usually a problem. They explained that typically these families have approached or been referred to the agency for voluntary services and that families sign a voluntary service agreement, which lists all collateral service providers who may be involved in the provision of family enhancement services. In cases with voluntary

designations, once this consent form is signed, CFS workers can share information with external collaterals (Child and Family Services Standing Committee, 2008). Agencies noted that information sharing becomes more challenging when families enter or are transferred to the protection stream.

Others noted that while information sharing with other service providers is enabled by a consent form, there is still a lack of clear communication with the family. One participant who worked for a CFS agency noted that, "even with voluntary services, there is a lack of clarity." One participant explained, "Clarity is sometimes the issue. At times I'll work with people who don't really understand what the protection concerns are. Their kids are in care but they don't know what happened. The reasons why there's involvement with child protection and reasons why the involvement is continuing. And what the goals are for safety. I think sometimes there's a little confusion for parents about getting a certificate [for participating in a program] equals my kids coming back. The goal isn't the certificate, the goal is safety and this might be a vehicle to help them with the kids and it becomes a stable household." A caregiver agreed, "there needs to be clearer communication." Some participants noted that language barriers can impact information sharing and that workers should strive for clarity through the use of plain language and specificity when communicating with families. Where possible, it was suggested that interpreters should be used to ensure clarity.

Parents, caregivers and youth generally agreed that more transparency and information sharing could support relationship building. Others noted that a transparent process would give families more control over what information is shared (during case planning, for instance), empowering those families and ultimately building trust. One said, "Trust begins with transparency; communication is essential to transparency."

One participant said, "More information is better, always. We really have hidden behind the confidentiality provision of The [Child and Family Service] Act." Many participants noted that the ability to share information with service providers and caregivers is constrained by the *Child and Family Services Act* and other privacy legislation.

Legislation and policies governing information sharing

Records, or "information in any form" as defined in Section 1 of *The Child and Family Services Act* (2008) are governed by several pieces of legislation, including *The Child and Family Services Act, The Adoption Act, The Child and Family Services Authorities Act, The Freedom of Information and Protection of Privacy Act, The Personal Health Information Act, The Mental Health Act* and *The Archives and Record Keeping Act*. Privacy legislation is a sometimes complicated network of overlapping rules and regulations. For instance, while *The Child and Family Services Act* prevails over *The Freedom of Information and Protection of Privacy Act* (and nothing prevents the sharing of information during a child protection investigation), *The Mental Health Act* prevails over all other provincial statutes (Child Protection Branch, 2010).

The confidentiality and access policy defined in the service record section of the standard manual states, "Agencies are expected to have written policies regarding confidentiality and access provisions in section 76 of *The Child and Family Services Act* and sections 103 to 105 of

The Adoption Act. These policies should be available or accessible to board members, management, staff, committee members and others providing work or services for an agency."

The policy clarifies that the confidentiality and access provisions in those Acts (*The Child and Family Services Act* and *The Adoption Act*) allow agencies to use their discretion in disclosing information provided it is for the protection of or *in the best interests of* the child (Child Protection Branch, 2010).

One participant who had been involved in the process of revising the CFS legislation recalls, "that's why we said 'best interest.' [CFS workers and other service providers] need to be able to talk to each other, to share information when trouble is happening and it's starting, right? So 'best interest' means if I, in my heart, believe that I'm doing the right thing by talking to you or you or you about this child and sharing this information with integrity and with truth and with honesty, then that's in the best interest of that child."

Others agreed, "we have an act that gives us all, whether we're foster parents, clinicians, therapists, social workers, managers, politicians, people in a community that are concerned about a kid they see on the street – that says to us all, If we do this from a good place in our heart, and it's honest and we truly care, then that's what we should be held accountable to. That standard. So this exists. It already tells us we can share information."

Transparency and accountability through service plans

Families and youth noted that they did not receive a copy of their plan. One participant noted, "No. She just made me sign it and read it." One participant representing CFS remarked, "So you've heard families say "I didn't get the plan," that's because there isn't one: it only exists in the head of the worker." The standard for record management practices (service records) states that the content of intake records and records opened for ongoing service must include case notes, client and collateral contacts, intake assessments, intake decisions, services provided and case decisions (in cases of ongoing service) (Child Protection Branch, 2010). There is no requirement to record and retain service plans (case plans) in case records (files).

Another participant explained why it is so important to document the plan: "anything as long as it's not in [the workers] head anymore, because if the worker leaves, the plan is gone. Right now, when a worker leaves, no matter how good the plan is, it's gone."

Participants recognized that plans frequently change (if there is a change of worker and/or after a review of the plan). One remarked, "they'll change workers and then [the plan] is gone." Participants noted if children, youth and families were provided with a written copy of the plan, the process would be a much more transparent and would hold all parties accountable.

Some participants also thought plans facilitate the process of information sharing; with a plan, they figured, it is easier to identify what can and cannot be shared. One participant remarked, "It's not clear what you can share because there is no plan." Participants noted that all children, youth and families, regardless of their case categories should get a copy of the plan.

The standard for managing the planning process states that the case manager (the child and family service worker) "invites, and when possible, involves all individuals identified in the family assessment relevant to the development of a written plan for the family regardless of a

child's status in care" (Child Protection Branch, 2014). The planning process policy states, "Effective planning occurs when family members, including children, and the community are actively involved in the process and the process results in a written plan that is *owned* by all partners" (Child Protection Branch, 2014, emphasis in original).

Participants noted that the plan, based on a logical engagement with families, should be a process that involves assessing the issues that a family presents with; determining the root causes of those issues; identifying which resources you can apply to this family to achieve a certain set of outcomes; ensuring the intervention is implemented (monitoring and brokering services); and reassessing. And, most importantly, documenting every step of the process. One participant acknowledged that part of the problem is that "we don't tell workers that they have to document these things and we don't provide them with options to document them. We don't have the required case planning templates." Another explained that workers need tools to help them document the plans for better continuity, records and communication, and because, otherwise, there is no way to go back to see how the case plan was developed. One participant asked, "how do we achieve accountability? Training and good tools."

Participants suggested that additional training is also required to build understanding about the role of the Structured Decision Making (SDM) tools in the planning process. One participant explained, "we need to go back and train the social workers properly on how to use the SDM tools. If workers are trained well on how to use the tools, that's supposed to be the start of the conversation with the family. They score that family and then they should sit down with that family and say, look how you scored – low, medium, high – and these are the reasons why. It's a conversation. Also, part of the package is case planning. The family is supposed to sign on to that case plan. The worker, the family, sometimes the child, the supervisor, they're supposed to sign on to that case plan. That conversation is part of that transparency and information gathering." Before signing on to a case plan, a family should clearly understand what the plan entails and what are the expected outcomes.

Participants noted that not having a written case plan that the family gets a copy of is a shield for bad practices; there is no way to hold workers or the family accountable. Participants suggested that case plan methodologies help worker capture the relevant information in a more structured way. For instance, the planning process policy states that based, on the assessment, the outcomes of planning are:

- specific, measurable, achievable, realistic and timely case goals
- service activities that address the needs and issues of the family and the children
- time lines (Child Protection Branch, 2014)

The case recording package includes a child case plan template and a family (caregiver) case plan template. One participant noted that the CFS Division has the capacity to develop an electronic version of a case planning tool that could print out a simple summary of the plan for the child, youth or family. They envisioned a single document for the case plan that was about 250 words and includes the reason (the need or issue to be addressed), the root cause, if

applicable, the plan to meet the need(s), the expected outcomes, the time line, and the date of the next visit or review.

One participant suggested “It would be very easy to condense the case plan and print them on the back of a brochure.” Others noted that even a handwritten summary of the plan on the back of a brochure (what is expected of the client and other service providers, the time lines, important dates) would be beneficial.

The implementation planning team heard that CFS used to have lots of brochures that covered a range of topics for younger, middle and older children coming into care in either rural or urban settings, for youth with an indigenous first language, for youth with who identified as LGBT, and others. The brochures were shelved because CFS “consistently heard the same complaints.” The brochures were too confusing (“written at a level 4 civil servants capacity”); contained too many topics (“families are not going to read through five pages of gibberish”); and were too “self congratulatory” (“CFS works well with families,” “CFS is constrained by The Act”, “CFS is really great at our work”). The team heard that the Branch took a different approach a couple of years ago with very short, single topic brochures, using a minimum number of words (100 words per page), plain language, and offering a few specific pieces of advice (follow your case plan, show up at court).

The Branch printed one of these brochures, entitled “When children are removed by Child and Family Services,” for review and feedback from the CFS authorities, Manitoba Family Services, and a group of families out of the North End Family Centre. The brochure was, ultimately, tabled, despite the families responding positively in the focus group.

Participants liked the idea of a brochure or information package to give to children, youth and parents when there are protection concerns; one remarked, this might “remove some of the fear cause there's a lot of distrust.” Some noted that the brochures should provide information on what is going to happen (the process), what the parent or child/youth should do (advice), phone numbers for important resources like Legal Aid or the Children’s Advocate, and a section on the parents’ rights (ex: their right to an appeal or an advocate) and children’s rights (ex: their right to be heard in decisions that affect their lives).

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

The youth and families involved with the child welfare system described a general lack of clarity around planning, including the roles of assessment and re-assessment in the planning process. The case recording package contains a methodology that helps the worker develop a plan with a family.

Manitoba Family Services, in conjunction with the four CFS authorities, ensure that workers use the case planning methodology in the case recording package, which includes case planning templates, and provide additional training to child welfare workers, as needed, to ensure that they have a solid understanding of the tools and processes they use in planning with families.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- short-term action: consult with CFS agencies to determine whether the case recording package is suitable and whether additional or ongoing training is required
- medium-term action: address any issues or training needs identified during consultations, this may include development of a new case planning methodology and templates

As per planning policy, workers should actively involve family, including children, and community in the development of the case plan and should document the plan and provide the family with a copy.

Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard to ensure that workers use a family-centred approach to planning, and involve extended family and other community supports in planning for the family, whenever possible and reasonable.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards and policies related to planning; consult to develop the new standard
- short-term action: draft and distribute new standard

Providing all clients, regardless of the case category, with a copy of their case plan will increase transparency and accountability for all parties. If part of the plan has to be omitted in the client's copy for a valid reason (ex: that part of the plan pertains to another member of the family who wishes that it remains private), this should be explained. Clients should, at the very least, be provided with written information about what to expect from all parties, including themselves, and the time lines. Without a written plan, continuity of care may be disrupted because when the worker changes the case plan, which exists only in the mind of the worker, also changes.

Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard to ensure that all clients, regardless of case category, receive, at minimum, a written summary of their case plans.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards and policies related to planning; consult to develop the new standard
- short-term action: draft and distribute new standard

The implementation planning team heard from youth that, in some cases, too much information is shared with caregivers. The team heard from caregivers that, in other cases, too little information is shared. Clear guidelines are required that define what can (what should and what must be shared) and what cannot be shared with families and caregivers.

The four CFS authorities develop clear guidelines for information sharing with families and caregivers, similar to and, as appropriate, expanding upon the fact sheet titled Information Sharing using the Privacy Acts (PHIA & FIPPA) and The Child and Family Services Act, which provides clear guidelines for information sharing between collateral service providers and CFS workers.

Responsible parties:

- the four CFS authorities

Time frame:

- short-term action: develop and distribute guidelines

Enhance information sharing with service providers and caregivers

Amend legislation to allow information sharing for the best interests of the child

> **Recommendation:** That *The Child and Family Services Act*, *Personal Health Information Act, Freedom of Information and Protection of Privacy Act* and any other legislation as may be necessary be amended to allow service providers to share relevant information with each other and with parents (or caregivers) when necessary for the protection, safety, or best interests of a child.
>
> **Reason:** Protection of children sometimes requires that information be shared among service providers such as police, social workers, educators and health professionals. (Hughes, 2014, p. 372).

Discussion

In the inquiry report section The Story of Phoenix's Life, Hughes notes, "Throughout the Inquiry, the evidence was clear that the agency, and the child welfare system as a whole, rely on information from collateral sources such as EIA and public health nurses to bring child protection concerns to its attention and to assist in its investigations" (Hughes, 2014, p. 256) but that the information these collateral sources are able to share is limited by *The Personal Health Information Act* and other privacy legislation including the *Freedom of Information and Protection of Privacy Act*, *The Child and Family Services Act* and *The Mental Health Act*.

In issuing this recommendation, Hughes reasons that information sharing between service providers and caregivers is sometimes necessary for the protection, safety, or best interests of a child. Participants acknowledged, however, that there is a "difficult balance between people's right to confidentiality and the protection, safety and best interests of a child."

Information sharing with caregivers

Youth noted that, with respect to sharing their information with alternative caregivers, "there's a certain amount of information you should share, but not all the information." The implementation planning team heard about experiences where youth's information was used as a form of abuse ("I had foster homes that would really demean my birth mother and call her bad names and really make me feel bad about who she was"). Youth acknowledged that while it is sometimes necessary to provide a detailed history to the caregivers, "it has to been done in consultation with the youth."

Participants worried about the quantity and quality of information being collected about the children, youth and families involved with the child welfare system. Youth worried that their files contained "lots of bad stuff" and "stuff that wasn't true," and that they were being negatively labelled, "They don't write positive things about you and when somebody else reads about you, they just label you."

Due to the mistrust of CFS, participants speculated why the information was being collected: "It's almost like they're collecting all this information to use against us." Another remarked,

"they're not using the information that they just gathered to try to help you. They bring you down more … when they should be using all that information for the positive."

Youth felt that it was important that caregivers got to know children and youth one-on-one instead of reading a file about them. "I think it would be better too if they didn't [include the entire family history and other things that are "none of their business"] because then you can build that relationship instead of thinking, I know this kid. They can try to actually meet the young person and actually hear their story from them, not a file." Youth also acknowledged that information should be shared if it poses a protection concern: "if there's something about the kid that would put another child's life in danger, then yeah, you'd have to write that" in the file.

Foster families debated the importance and necessity of having detailed histories of the children and youth in their care. One participant explained, "He wants to know everything. I, on the other hand, only give me enough to know what I need to relate to this child. My fear is, if you get a whole pile of information, particularly children who have been in care for several years, you get that kind of report that's this thick with all kinds of labels and diagnoses, and then that becomes your guide. So on one hand, yes, I think we need more information. On the other hand, I don't want too much. Where's the balance? I think that's going to depend on both the child, how long they've been in care, and on the home that they're coming to."

Foster parents want to know "where [the child or youth] is coming from, what space did they come out of. Was it a healthy space? And for whatever reason, why are they with us? It seems very simple but often, we don't know that." Foster families noted that the more information they have, the better they can support the child or youth and meet their needs. And medical information, including allergies and medications, is the kind of information that absolutely needs to be shared.

Without clear guidelines to govern practice, family service workers make judgement calls about which information to share with alternative caregivers. Sometime workers withhold information because they do not want to prejudice the placement. The implementation planning team heard that, in some situations, child welfare workers have not shared pertinent medical or behavioural information with alternative caregivers. These are not information sharing issues, the team heard, but misconduct ("that's neglect, not sharing medical information with foster parents or ensuring that the family has the capacity to deal with a child's medical issues").

Information sharing with service providers

Participants acknowledged that many of Hughes' recommendations propose improved collaboration and coordination for the provision of services to the children, youth and families involved with the child welfare system. They recognized, however, that "a lot of social workers have a hard time navigating the dilemma of inter-sector coordinated service to families versus client confidentiality." It was suggested that multi-disciplinary team case management protocols be developed to support information sharing for the coordination of services.

The implementation planning team learned that the health and child welfare systems recently signed a formal information sharing protocol. The year long process involved Winnipeg and Rural Regional Health Authorities, the Health Trustee, Manitoba Health, ANCR, the Child

Protection Branch, and others in the development of protocols to enable and support information sharing between systems.

Most participants felt that the legislation did not need to be amended to improve information sharing. Information can be shared between CFS and external service providers during a child protection investigation,[17] and for coordinated service delivery.[18] One participant suggested that Manitoba Family Services' CFS division develop a process to document information sharing issues towards determining whether the legislative framework is too narrow. If the legislative framework is determined to be too narrow, an omnibus bill could amend several acts at once, in a manner similar to Alberta's *Children First Act*, which contained provisions enabling information sharing for the purposes of providing services and for research.

The *Children First Act* enables information sharing to provide coordinated services

The legislation enables information sharing between service providers, including: government departments, educational bodies, police services, health care bodies, an individual or organization that provides programs or services for children under an agreement with a public body, and others as defined within the regulations. Under the Act, service providers may disclose information to other service providers, provided the organization/individual in possession of the information deems the disclosure to be in the best interests of the child and the disclosure is for the purposes of planning and providing services or benefits to a child. As well, a service provider can collect and use information received from another service provider. The information may include information about the child and/or their parents/guardians.

The Act also authorizes service providers to disclose information to parents/guardians of a child, provided doing so is not against the child's request and that the service provider deems the disclosure to be in the best interests of the child.

The *Children First Act* enables information sharing for research purposes

The Act enables the Government of Alberta to disclose anonymized personal information about a child or youth and their parent/guardian to the Alberta Centre for Child, Family and Community Research. The research must focus on the development of effective programs and services for children; the integration of policies affecting children; and/or the co-ordination of programs and services for children. Safeguards will be in place to monitor and control sharing of information with external researchers and to ensure the security and privacy of the data.

This partnership, known as the Child and Youth Data Lab, is intended to provide government with information about the patterns and potential relationships that exist between government programs and services for children and youth, and the root causes leading to the need for intervention. Government and stakeholders will use this information to make policy and

[17] "*The CFS Act* supersedes *PHIA* and *FIPPA* and allows for the ongoing sharing of information during a child protection investigation" (Child and Family Services Standing Committee, 2008).

[18] **"***The CFS Act* allows for information sharing between a CFS worker and an external collateral(s) as part of an ongoing coordinated case plan developed between professionals involved with an child/family. Best practice dictates that client consent should be obtained to allow CFS workers and collateral organizations to share information, however, consents are not mandatory in protection cases if it is required "in the best interests" of the child" (Child and Family Services Standing Committee, 2008).

program decisions related to Alberta's children and youth.

Excerpted from Healthy Child Manitoba Office, Overview of the Government of Alberta's Children First Act, June 2014, pp. 4-5.

However, Alberta's Information and Privacy Commissioner had several concerns about the privacy implications of the *Children First Act*, principally, that it "erodes individuals' ability to control what happens to their own personal and health information by broadening the ability to share information without consent. The ability to say yes or no to the sharing of one's own information is, fundamentally, what privacy laws are intended to provide – control" (Office of the Information and Privacy Commissioner of Alberta, 2013). Following the news release expressing the commissioner's concerns, the Government of Alberta amended the *Children First Act* but did not address all of the concerns raised by the commissioner (Healthy Child Manitoba Office, 2014, p. 5). For more information, see the Information and Privacy Commissioner's statement and Dave Hancock's (MLA, now Premier) response.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

The implementation planning team heard about several experiences where necessary information was not shared with caregivers and alternative care providers.

Manitoba Family Services develop a process to determine whether information sharing issues are a result of the practical limits set by *The Child and Family Services Act, PHIA, FIPPA* and other legislation, misunderstandings of the privacy legislation by service providers, or practice issues that require additional training or discipline.

Responsible Parties:

- Manitoba Family Services
- the four CFS authorities and agencies
- collateral service providers and community service providers
- children, youth, families and other caregivers

Time frame:

- short- to medium-term action: develop a process to document information sharing issues that CFS workers and other collateral service providers experience in the process of working with the children, youth and families involved with the child welfare system; review

- medium-term action: take appropriate action to respond to findings from the information sharing review

Family service workers need clear guidelines that govern the practice of information sharing because there is an uneven understanding of the privacy legislation and how it impacts service coordination with other collaterals and information sharing with caregivers.

The CFS authorities redistribute the fact sheet titled Information Sharing using the Privacy Acts (PHIA & FIPPA) and The Child and Family Services Act, which provides clear guidelines for information sharing between collateral service providers and family service workers, ensuring that all frontline workers are provided with a copy.

Responsible Parties:

- the four CFS authorities and agencies

Time frame:

- immediate action: distribute guidelines

Clear protocols and practice guidelines that support multi-disciplinary case management teams will enable collaboration and improve coordination.

Manitoba Family Services and the CFS authorities, in consultation with other departments and community based organizations, develop protocols and practice guidelines that support multi-disciplinary case management teams for improved service coordination.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- the four CFS authorities and agencies
- community based organizations that serve children, youth and families

Time frame:

- short-term action: consult with community based organizations and other departments to identify key features of multi-disciplinary case management teams
- medium-term action: develop clear partnership agreements, communication protocols (for information sharing and joint case reviews), and other protocols outlining the collaborative intake, assessment and referral processes for families; develop protocols and practice guidelines for multi-disciplinary case management teams

Enhance early intervention services by placing workers in schools and other community sites

> **Recommendation:** That the Authorities enhance availability of voluntary early intervention services by placing workers in schools, community centres, housing developments, and any other community facilities where they would be easily accessible.
>
> **Reason:** These workers will raise the profile of the agency and build trust within the community, gain an understanding of the community's needs, and increase accessibility of voluntary supports and resources to individuals and groups, for the better prevention of child maltreatment (Hughes, 2014, p. 372).

Discussion

In the inquiry report, Hughes notes that a comprehensive strategy is required to prevent children, youth and families from coming into contact with the child welfare system. Hughes explains, "The task of prevention before maltreatment generally falls to systems and agencies outside the child welfare system, such as public health and education through universal services accessible to everyone, and targeted services, typically aimed at high-risk families" (Hughes, 2014, p. 352).

This strategy, Hughes proposes, would include a wide range of both universal and targeted programs and services available for families both inside and outside of the child welfare system, and would be "designed, funded, and implemented by the department in conjunction with the four authorities" (Hughes, 2014, p. 365). "The strategy would identify the steps to be taken to achieve a continuum of prevention and early intervention services, including increased partnerships with other government services and with community-based organizations that operate outside of the formal child welfare system but have essential roles to play in promoting the well-being of children and families in Manitoba" (Hughes, 2014, p. 365).

In issuing this recommendation, Hughes reasons that placing a worker in a school or another community facility will:

- raise the profile of the agency and build trust within the community
- help the worker gain an understanding of the community's needs
- increase accessibility of voluntary prevention and early intervention supports and resources for children, youth and families (Hughes, 2014, p. 372)

Participants agreed that increasing the availability and accessibility of voluntary prevention and early intervention supports and resources for children, youth and families is an important goal. Most acknowledged that it would be nice to have a social worker with child welfare experience located in schools, community centres or other places that children, youth and families frequent. This community-based worker could:

- liaise with the child welfare system, and bridge, when necessary, voluntary services and mandated services (ex: if protection concerns were raised, or a family with parent-teen conflict was struggling to stay together at home)
- advocate for other services and supports that families need (ex: housing, employment and social assistance) and be a collateral resource for the community

Elders noted that families require more accessible and effective prevention and early intervention services. One Elder stated that, in their community, prevention and early intervention services are absent: "We need to be at that point when we see a family coming apart. There are people that need to be in place to help rebuild this family before it comes down to apprehension … I have not seen anyone that comes into a home, before a breakdown, and says, these are the steps that you're going to before your house falls apart, or your family falls apart."

Some noted that placing workers in schools and other community facilities that children, youth and families frequent could increase accessibility. One said: "That's a great idea, because a lot of youth go to community centres right after school and spend a few hours there. I can see the worker building a relationship with the kids there, and with the families and the community."

The majority of youth that the implementation planning team spoke with thought that it was a good idea to place workers in schools. Youth suggested that a younger worker might connect better with youth, and be seen as more trusting and understanding. Some youth thought that CFS workers should be placed in other community facilities that youth frequent, like youth centres, resource centres, community and recreation centres, and friendship centres.

Elders agreed that workers should be placed in community sites and explained that schools are a good place for prevention and early intervention efforts. "Teachers spend a lot of time with the children. …What happens in the home, children bring it to the school. Whether there's abuse that's happening, they bring it to the school. Whatever talk is happening at home, they bring it to the school. Where else do they go? They don't go anywhere else, other than school." Youth participants affirmed this. The adults in schools, including education assistants, teachers, guidance counsellors, other members of the school's clinician team and the administrators, are sometime the only adults in youth's lives beyond their parent or caregiver. One youth, when asked why they had approached the school's guidance counsellor about protection concerns, answered: "Because I literally didn't know anybody else to go to."

Participants pointed out that schools can and should be used around the clock, including evenings and weekends. Most participants suggested that other service providers, above and beyond the child welfare system, should also be available and accessible in schools – "the hubs of communities" – and other community sites.

Challenges and concerns

Participants presented both general concerns about the practicality of placing workers in schools and other community facilities, and specific challenges related to school-based placements.

Participants were concerned by the allocation of responsibility for placing workers in schools and other community sites to the authorities. Participants hoped that the authorities would provide additional funding to support this initiative but worried that funding for school or community-based workers would take away from agency funding. One noted that: "If it falls on the backs of the authorities, it's still money coming out of the agencies' pockets." Acknowledging that it would be difficult for a community worker to carry a caseload, some participants wondered if this would ultimately increase the workload on an agency, effectively increasing their workload and decreasing the funding they have to hire staff.

Participants repeatedly emphasized that this initiative would have to be resourced properly. A participant clarified that it's not just the human resources, it's the financial ability to be able to connect families with supports. For example, a participant explained: "There are not a lot of mental health services in rural Manitoba, so we pay for a lot of private counselling for families. Most of our family support dollars go towards counselling. If the child is connected to child welfare, these other collaterals won't pay for service because they feel it's the responsibility of child welfare," and added that some children in rural and First Nations communities are only connected to the child welfare system to access otherwise unavailable services.

Participants noted that any decision to place a worker in a community site should take into consideration factors such as agency and community size. A front-line worker from a CFS agency stated disagreement with the recommendation, "…because we don't have enough resources as is, and if we were to hire a social worker and say, go sit at that school all day. Well…." Participants noted that smaller agencies may not have the human resource capacity to contribute a member of staff to a school-based initiative, and that some communities may not have the need. Others suggested that in rural and reserve communities, the most efficient use of resources might be to have a single school-based worker available to all schools in the community.

Participants emphasized that CFS authorities and agencies should actively involve and meaningfully collaborate with community in the development and implementation of any plan to introduce social workers into community sites. Community knowledge and insights should guide decisions about whether placing workers in community facilities would enhance availability and access to voluntary services and, if so, as a participant observed, where that should be: "It doesn't necessarily have to be schools…. It might be a friendship centre, or it might be that the band office is the most accessible place in town…. It would have to be decided by the community. Because the community has the best sense of where a worker like this may or may not fit."

Participants pointed out that because the child welfare system is decentralized, establishing a regional centralized function (appropriately staffed and funded) to place workers at schools and other community facilities might be the best use of resources. The community school teams in Vancouver (discussed later in this section) offer one model of this approach.

Some participants suggested that, in the Winnipeg region, ANCR outreach workers could fill the positions of school and community-based workers. ANCR has dedicated community teams, intake capacity, and more experience delivering voluntary, short-term services than other agencies in Winnipeg. Others noted that CFS agencies would rather introduce their own staff

(rather than ANCR's staff) into community sites because it would help the agency build meaningful connections within the community.

Many participants debated whether placing and supporting social workers in schools, housing developments and other community facilities should be the responsibility of the child welfare system. A participant suggested: "It's not the responsibility of this ministry. It falls under the departments of education, or housing, for instance." Participants observed that the child welfare system is already overburdened, particularly in rural and reserve communities, where CFS agencies are the only, or one of few, service provider. As one participants stated: "Not everything has to fall under child welfare. It can't."

The implementation planning team heard that in the past, school and community-based workers have often been approached to deal with issues relating to, for example, housing or employment assistance, "things that other departments should be working on, not child welfare issues." Families who needed those supports included families who did not need or want to be involved with CFS. A participant from a CFS agency noted, however: "The advantage of placing social workers in high-risk neighbourhoods and housing developments was that you were based on site directly where low income families with large numbers of children were struggling to meet their day-to-day parental responsibilities."

Participants identified the need for more education and awareness about the roles and responsibilities (particularly with respect to prevention and early intervention) of the child welfare system and collateral systems such as health and education. Some participants acknowledged that these systems, and especially education (because teachers, guidance counsellors and administrators, after parents, are the second point of contact for most children) need training to develop the knowledge and skills to intervene more effectively with families. The implementation planning team heard, for instance, that schools sometimes inform the child welfare system of concerns before discussing the issue with the family, which should be the option of first resort.

Participants noted that since ANCR became the intake and brief service provider for the Winnipeg region, there have been fewer opportunities for Winnipeg-based agencies to engage with and build relationships in the community. Participants from community-based organizations noted that there was little awareness in the community of the broad range of voluntary family enhancement services and supports provided by CFS agencies. They suggested that CFS agencies increase their presence in the community in a positive way before attempting a school-based voluntary early intervention initiative. A participant drew parallels between public mistrust and fear of CFS agencies and public mistrust and fear of the Winnipeg Police Service, explaining: "That's why we're getting more police officers out in the community and the schools. The more you get to know people and interact, the more likelihood that you'll be able to intervene in situations later on. Or when people need help, they'll come to you."

Participants acknowledged that increasing the accessibility of voluntary prevention and early intervention services by placing workers in community facilities could raise the profile of CFS agencies. A participant explained, "Because of the idea that people have of CFS services, CFS agencies are trying to reverse that way of thinking and actually have people see them as a resource for assistance and help, as opposed to the enemy."

Participants noted that to build trust with communities, the child welfare system has to be honest with itself and with families and acknowledge that the widespread mistrust and fear comes from people's historic and present day experiences of the system. They said this does not mean that CFS agencies should not talk about how they are working differently with families, but should acknowledge they are still just beginning to implement the differential response model and are still learning how to work more positively with families.

Some participants also debated whether or not the school or community-based worker should have the statutory mandate to remove children in need of protection. The implementation planning team learned that similar programs have been tried in the school system with the child welfare worker on site having the mandate and the expectation to apprehend and remove children from their families who are deemed to be in need of protection. School based social workers struggle in the role when expected to complete the full range of child protection services, including apprehending children. Child protection investigation became the primary function of the social worker as opposed to them being a service provider and supportive partner to the families and to the school clinician team.

Mistrust and fear that their children may be apprehended can also make it difficult for families to engage with a worker who holds the statutory mandate. It can be confusing for families. A participant further extended the parallel between CFS agencies and the police: "Community relationship builders aren't the same guys going out to arrest people. Social workers who try to be nice are confusing to clients." Participants noted that removing the mandate can help workers be more accessible to community members. They also acknowledged that, like all people, the workers would still have a duty to report a child they suspect might be in need of protection. "A differential response model of placing the mandate in your back pocket and concentrating on the strengths, identifying family and collateral support networks, and enhancing the resilience of the children seems to be a more logical and functional approach to the success of these school based initiatives."

Participants also pointed out that, if a worker is placed in a school or other community site, the result might be that some children, youth and families will stop using the site, because they do not want to be associated with CFS. As a participant stated, "If you come with a child welfare label, then it's no longer a safe zone." Because of this, participants representing community-based collateral organizations suggested that a better option might be to place staff from their organizations rather than social workers in schools or other facilities. They also worried that efforts to build trusting relationships with families could come crashing down if protection concerns are raised and the worker is identified with CFS.

Participants discussed potential challenges that might arise if CFS agencies and other organizations share community facilities (whether co-locating or sharing space to deliver programs and services). Because of the stigma attached to the child welfare system, there may be resistance to bringing child welfare services into a community site. Other organizations operating out of the site may also be concerned that community members will stop frequenting the site because, as one participant noted: "We also have the police at our table, but CFS is probably the most feared." Workers located in community facilities would need to gain the trust of families, organizations and communities in the neighbourhoods or regions they serve.

Developing and maintaining collaborative working relationships with the people and organizations that share the site will be crucial. Participants suggested that before placing workers in schools or other community facilities, the mandate, roles and responsibilities of CFS workers in schools and community facilities be clearly defined and communicated to community members and to organizations that share or use the site.

Models for School and Community Based Child Welfare Initiatives

There are many projects and programs that serve as precedents and models for school and community-based child welfare initiatives throughout Manitoba and other jurisdictions. Several will be discussed below, including the Vancouver School Board Community Schools Teams and Morningstar, a pilot project of the Southern First Nations Network of Care (the southern CFS authority).

Vancouver School Board's twelve community schools teams (CST) have been in place since 2004. Each CST is comprised of a community schools coordinator, a youth and family worker, and part time activity programmers. CSTs work in hubs or clusters of schools and provide universal and targeted programs to support vulnerable students in four areas: nutrition, academics, social-emotional functioning and community connectedness (Vancouver School Board, 2014). One participant explained that the idea behind the CST is to have the school be used during the day, the evening, and on the weekends as a central meeting place to support the children in a wraparound program that also includes involvement with family members.

CSTs are funded through multiple sources, including British Columbia's Ministry of Education, The United Way of the Lower Mainland, and the Ministry of Community, Culture and Sport. Additional funders and partners support programming at the hub level. Partnerships are essential to the work of the community schools teams. CSTs nurture over 200 partnerships, ranging from local and national non-profits, to the private sector and government agencies. Partners fund initiatives, plan collaboratively, and provide in-kind supports and services (Vancouver School Board, 2014).

The Morningstar Network of Student Support

Morningstar will be discussed in more detail because it comes close to Hughes' vision. Morningstar is a collaborative network of support for students housed in R.B. Russell Vocational High School. A two-year pilot project was developed during the 2013-14 school year and was officially launched in September 2014. Morningstar's government and community partners share a commitment to offer culturally appropriate, student-centred, strengths-based supports and to continue building and strengthening partnerships to respond to the needs of students, families and the community.

Morningstar is built on the understanding that enhanced integration of services and a wraparound approach will support improved outcomes for students and their families. The wraparound approach is defined as a team based process for many systems to come together with children, youth and caregivers in creating an integrated, highly individualized plan that includes the coordination of existing services and the development of new/non-traditional supports (Healthy Child Manitoba, 2013, p. 9).

Morningstar will provide two tiers of student support:

- **Support for all R.B. Russell Vocational High School students.** R.B. Russell students and their families can access school supports (members of the school's clinician team), as well as a network of partnering community and government service providers, some of whom offer services right out of the school (some services are co-located in the school hub, similar to the community access centre model)
- **Support for students with more immediate needs.** Morningstar will work with up to 30 students with more immediate needs to help these students and their families navigate and access a range of resources across systems on a priority basis. The voluntary intake process and collaborative planning with the student and family will support engagement, and improve access to and response time of services

Morningstar's partners have committed to provide resources and services to support mental health, health and wellness, employment training and opportunities, volunteerism, recreation, programming for absent students, programs and services for justice-involved youth, housing resources and supports, tutoring, addictions support, parenting support, child welfare services and supports, and more. The Southern First Nation Network of Care (the southern CFS authority) seconded two full-time family service workers to fill the roles of Morningstar Skaabe (helpers) during the pilot phase. The Skaabe will be available to students, manage the Morningstar partnerships, and coordinate the interventions for students and their families.

Morningstar partners include **the Manitoba Government:** Children and Youth Opportunities, Family Services (Children's disAbility Services, Community Living disAbility Services, Employment and Income Assistance, MarketAbilities Program), Education and Advanced Learning, (Aboriginal Education Directorate, Education and Advanced Literacy Program and Student Services Branch), Health, Housing, Probations; **Health and Wellness Supports and Resources:** Addictions Foundation of Manitoba, Aboriginal Health and Wellness Centre, Canadian Mental Health Association, Mount Carmel Clinic, Winnipeg Regional Health Authority; **Education Supports and Resources:** R.B. Russell Vocational High School, University of Winnipeg, Winnipeg School Division, Winnipeg School Division's Child Guidance Clinic; **Child Welfare Resources:** Southern First Nations Network of Care; **Justice Supports and Resources:** Onashowawewin Justice Circle, Winnipeg Police Service; **Employment and Volunteerism Resources:** Aboriginal Youth Opportunities, Centre for Aboriginal Human Resource Development (CARHD); **and Other Community Resources:** Aboriginal Council of Winnipeg, North Point Douglas Women's Centre.

Principles to guide school-based child welfare initiatives

Participants shared the following principles and practical suggestions learned during the development and implementation of past or current school-based child welfare initiatives:

- **Relationship-building and partnerships:** Relationship building is crucial. To that effect, the worker should be introduced to families as a member of the school clinician team, and as a partner working with the other community collaterals. Removing the worker's mandate to apprehend children in need of protection also supports relationship building

because it will decrease the community's mistrust of the school-based worker (or a worker placed in another community site).

- **Strong and stable leadership:** The successful development and implementation of these initiatives often depends on leaders who are committed to the initiative (including the school's administrators); backing from senior management within CFS authorities, agencies and other systems, as necessary (for instance, Manitoba Housing and Community Development if a worker is being placed in a subsidized housing development); and an infrastructure of support. Unfortunately, turnover in leaders can disrupt the continuity and momentum of initiatives. A participant representing a CFS agency operating in a First Nations community told the implementation planning team that their community school partnered with health and CFS to introduce a public health nurse and child welfare worker to the school. "We had two social workers, and it really started to pay dividends for both systems. There was a change in leadership in the school and the partnership fell through."

- **A mandate that meets needs**: As participants pointed out, social workers attached to a CFS agency bring with them access to the resources available through the CFS system, and a legislated mandate to provide voluntary services. The implementation planning team heard that, for approximately 20 years until recently, two social workers had been based at a school in Selkirk, Manitoba. The workers supported collaboration between the child welfare and education systems and were such effective interveners that the school recently hired two new social workers to replace them. Without the connection to the child welfare system, the new workers are not able to offer the same continuum of services and serve the same need in the community.

- **Information sharing:** Information sharing between government and community service providers is a major challenge. Participants told the implementation planning team that a failure to resolve issues relating to information sharing can result in the dissolution of a group. Referring to a program that involved the police, probations, child welfare and other resources, one participant noted that sharing and privacy legislation were especially difficult for the group's leaders. The participant explained that the group's "brick wall was the confidentiality piece. We did a lot of work underneath that together. It was an interesting journey, but the confidentiality piece was a problem. It didn't matter what any front-liners said or did, the upper levels couldn't get passed the info sharing and privacy legislation."

  Most participants also acknowledged that families are sometimes resistant to information sharing with the child welfare system, but less so when it comes to voluntary services. Many participants recognized that a simple consent form can enable information sharing. One participant explained: "Everybody was very stuck in their silos and hid behind the information laws to justify it. But we were able to, through a consent that the parents sign, share information between the agencies. And initially, especially with some of the service system like mental health – who hold their information very close to them – it was hard to get that sharing happening. Once it became clear that this happens at this table, with the parent, hopefully with the youth at the table at the same

time, it is completely consensual. Nobody's walking outside the room and talking about what's going on and what the plan is, and what's been put on the table."

The implementation planning team heard that when schools, the child welfare system, and other government and community partners come together to, for example, offer school-based programs and services, the partners are often sceptical that families will sign the consent form if they know that CFS is involved. Many acknowledged, however, that information sharing for the purposes of developing and implementing a family's voluntary service plan often proved to be relatively simple. Participants noted that the family should be at the centre of the consent process and the owner of all gathered information. The consent forms should list all service providers who may be involved in the planning or delivery of services.

- **Tracking and evaluating outcomes:** Pilot projects can demonstrate the effectiveness of community-based child welfare initiatives. Participants, however, alluded to the dilemma of measuring the success of prevention efforts: "The police and CFS face the same issue – how do we measure success when success means you don't see those families, or those young people don't end up getting in conflict with the law?" Participants maintained that success should be defined and evaluated by community and government partners who are delivering the services as well as the families who are using services.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

The process of placing a child welfare worker in a school or other community facility must be community-led.

The CFS authorities collaborate with community in the development of pilot projects to introduce child welfare workers in to schools or other community facilities.

Responsible parties:

- the four CFS authorities
- community leaders and members
- school and community partners

Time frame:

- immediate action: identify pilot communities, based on consultation with communities and community interest

- short-term action: consult with stakeholders in the catchment areas; develop protocols and guidelines for placing workers in the schools or other sites
- medium-term action: implement pilots, followed by an evaluation component

School or community-based child welfare workers will have to build trusting relationships with the families, community and other services providers who share the site.

Before placing workers in schools or other community sites, the CFS authorities clearly define the mandate, roles and responsibilities of community-based CFS workers, and communicate these to community members and organizations that share or use the site.

Responsible parties:

- the four CFS authorities
- school-based child welfare workers
- community-based organizations and collateral service providers
- community members

Time frame:

- short-term action: define the mandate, roles and responsibilities of community-based child welfare workers
- medium-term action: communicate the mandate, roles and responsibilities of community-based child welfare workers to community members and organizations sharing the site

Devolution

The recommendations in this section refer to the child and family services standing committee, established as a result of the Aboriginal Justice Inquiry-Child Welfare Initiative (AJI-CWI). The 1991 Aboriginal Justice Inquiry recommended that First Nation and Metis people should be responsible for the management and delivery of Aboriginal child and family services. AJI-CWI took on the task of addressing this recommendation, and after extensive consultation and planning, began the process of restructuring the child and family services system to devolve authority over child and family services to four newly created authorities.

The First Nations of Northern Manitoba Child and Family Services Authority, Southern First Nations Network of Care Child and Family Services Authority, Metis Child and Family Services Authority, and the general authority – along with the standing committee, and a new governance structure for delivery of child and family services – were created by *The Child and Family Services Authorities Act (2003)*. The mandates of existing First Nations child and family services agencies were expanded so that they could provide services both on- and off-reserve and the agencies were now mandated and supervised by the appropriate authority. Each authority became responsible for administering and providing for the delivery of services throughout Manitoba.

Under the act, the standing committee consists of the senior executive officer of each of the authorities, the director (e.x., the provincial director of child welfare), and an additional member appointed by the Metis authority. The role of the committee is "to serve as an advisory body to the authorities and the government, and is responsible for facilitating cooperation and coordination in the provision of services under [the] Act" (Manitoba. Legislative Assembly, 2003, p. 17, Section 30).

The resulting structure of child and family services in Manitoba is unique in Canada, not only because it transferred responsibility for the provision of services to Aboriginal people to Aboriginal authorities and agencies, but also because the act affirms Aboriginal rights. Section 3 of the act states: "This Act must not be interpreted as abrogating or derogating from (a) the pursuit of self-government by aboriginal peoples in Manitoba through present or future negotiations or agreements; and (b) the aboriginal and treaty rights of the aboriginal peoples of Canada that are recognized and affirmed by section 35 of the [federal] *Constitution Act, 1982."*

Hughes heard from First Nation leaders, as well as senior managers within the child welfare system that the act was intended to set up a temporary governance structure that would provide opportunities for First Nations and Metis people to assume more control over child welfare and, should they choose, prepare to move forward on the path to Aboriginal self-governance in child welfare. He notes that, "What is needed now, at this interim stage, is to make the current system work as effectively as possible and to build within the Aboriginal community "the capacity for whatever the future might hold" (2014, p. 345). Hughes sees the standing committee, whose central purpose he suggests, is "to ensure consistency of service delivery across the province" (2014, p. 348), as having a significant role in achieving this.

Share programs and policies

Recommendation: That the Standing Committee discuss as a regular agenda item, the programs and policies being implemented by each Authority to determine those that can be adapted more broadly, in a culturally appropriate manner.

Reason: This will further the purpose of the committee, which was created under *The Authorities Act* to ensure consistency of services across the province (Hughes, 2014, p. 349).

Discussion

Participants with whom the AMR team discussed this recommendation[19] acknowledged that it would be beneficial if, in their monthly meetings, the standing committee members spent more time discussing programs, policies or initiatives that they had implemented and that might be adapted for use by other members of the group. This is consistent with the standing committee's mandate (to serve as an advisory body to the authorities and government, with responsibility to facilitate co-operation and coordination in the provision of services).

Over its relatively short history, the standing committee has had some significant accomplishments. For example, the committee has contributed to work to implement the 295 recommendations relating to Manitoba's child and family services system that were presented in six eternal reviews that followed the death of Phoenix Sinclair; established the Inter-Authority Standards Working Group to collaborate on the development of new case standards; and established a working group to develop a service and funding model for designated intake agencies (DIA) in Manitoba (Manitoba Family Services, 2014). Currently, the standing committee is participating in a team that is working to address the overreliance on hotels and develop alternate emergency placement resources.

In these projects and others, the standing committee has worked productively within its mandate towards a common vision and shared priorities. At the same time, as one participant observed, the Committee is "still maturing and making progress as a system". In 2008, an office was created to support the committee's ongoing work with respect to the AJI-CWI, the external reviews, and other foundational work. The standing committee can also delegate specific priorities to subcommittees. Still, for the committee, some challenges remain:

- The standing committee brings together the CEOs of the authorities to facilitate co-operation and coordination, and provide advice to the authorities and government. The committee provides a forum for discussion and resolution of shared issues, but to a considerable extent, whether or not the committee functions well depends on the relationships between the parties in the committee. Participants suggested that there is less co-operation than hoped for between the Committee partners.
- The standing committee uses a consensus decision-making model. If all the committee parties do not agree, a decision cannot be made, and items get pushed back onto the

[19] Because the recommendations in this section focus only on the standing committee, they were discussed only with participants who are part of or have working relationships with the standing committee.

menu for the next meeting. The AMR team heard that some items have been sitting on the menu for more than five years.

- To function well, the standing committee members need to have a shared vision. With a shared vision, the committee members would have a better opportunity to discuss, negotiate and make decisions on actions
- Some questioned whether it was appropriate for the director of child welfare to be a member (as required by the act) of the standing committee, in part because, in some areas, the director cannot independently make decisions.
- The standing committee sits once a month, and the meetings typically have heavy agendas including items that cannot be quickly resolved. Additionally, members often have competing responsibilities, and may be pulled away from or not be able to fully attend to the meetings.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

In discussions of this recommendation, the AMR team frequently heard that the standing committee works most effectively when it focuses on a common vision and shared priorities. Making it a regular agenda item to consider the effects of programs, policies, and other initiatives adopted by other authorities might help keep the committee focused on the mandate to facilitate co-operation and coordination in providing services.

For example, in the AMR team's meeting with the standing committee, the team heard that one authority is working to develop culturally based standards. In the act, a mandated duty of the authorities is to "ensure that culturally appropriate standards for services, practices and procedures are developed" and that these standards "are consistent with provincial standards, objectives and priorities" (Manitoba. Legislative Assembly, 2003, p. 8, Section 19). This is also consistent with the spirit and intent of the AJI-CWI, an ongoing focus for the standing committee's work. Discussing the progress of this authority's work on culturally-based standards at the standing committee's meeting, where all the authorities could share their own experiences and insights into the development of standards could help move this work forward. It could also help all the authorities build on their responsibility to deliver services that support and affirm their cultural identity (as recognized in the principles presented in the preamble of the act), and strengthen consistency of services across the province.

Other common issues and concerns for the standing committee members that could be discussed under this agenda item include emergency resource development, training for foster parents, and issues around recruitment and retention of Aboriginal foster parents.

Additionally, including discussion of programs, policies and initiatives that are underway as a regular agenda item would provide opportunities to discuss and resume work on items that are pending or stalled, such as the development of terms of reference for the standing committee. It also may be an opportunity to clarify and resolve some of the challenges discussed above that affect the standing committee's ability to enhance its efficiency and effectiveness.

When the AMR team joined a meeting of the standing committee to discuss these recommendations, the attending members agreed that it would be beneficial to implement the option for action presented below.

Add discussion of programs, policies and other initiatives that are underway at an authority and that may be modified for adaptation or inform development of culturally-based approaches at other authorities as a standing item on the agenda of regularly scheduled standing committee meetings.

Responsible parties:

- standing committee members

Time frame:

- immediate action

Issue, table and publicly release annual reports

Recommendation: That the Standing Committee issue annual reports of its work to the Minister for tabling in the legislature and for concurrent release to the public.

Reason: This will better inform the public about the workings of the child welfare system in Manitoba (Hughes, 2014, p. 349).

Discussion

In the discussion of this recommendation at the meeting of the standing committee, attending members indicated their willingness to prepare annual reports, and suggested that the first report could be prepared for the 2014-15 fiscal year. They also suggested that, to support the development of the report, as well as ensure that the standing committee is apprised of the progress of work being done by its subcommittees, the subcommittees should submit annual work plans to the standing committee.

The attending standing committee members rejected Hughes' suggestion that the standing committee's annual reports should be issued to the Minister of Family Services for tabling in the legislation and concurrent release to the public. As they and other participants pointed out, the role of the standing committee is clearly defined in the act ("The Standing Committee is to serve as an advisory body to the authorities and the government, and is responsible for facilitating co-operation and coordination in the provision of services under this Act" (Manitoba. Legislative Assembly, 2003, pp. 17, Section 30)). Under the terms of the act, the standing committee is not required to formally report to any individual or body, and within the governance structure of the child and family service system, the relationship between the minister and standing committee is purely advisory.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

While the standing committee members agreed that the committee should begin issuing annual reports, some members observed that the standing committee does not have an obligation to report to the Minister of Family Services. At the same time, the standing committee was established as part of the AJI-CWI restructuring of the child and family service system in Manitoba. As stated in the AJI-CWI conceptual plan for restructuring (developed jointly by representatives of the Assembly of Manitoba Chief, Manitoba Metis Federation, Manitoba Keewatinowi Okimakanak, and the Manitoba Government), "It is about all the parties

working together, putting their minds and hearts together and doing the hard work to make this initiative a success" (Joint Management Committee, 2001, p. 6).

With this spirit and intent in mind, the following options for action are offered:

Standing committee and minister or other senior representatives of Manitoba Family Services come to mutual agreement about their expectations for the standing committee's annual reports.

Responsible parties:

- standing committee
- minister of Family Services and Manitoba Family Services
- standing committee office
- standing committee subcommittees

Time frame:

- immediate action: the standing committee and the minister or other senior representatives of Manitoba Family Services meet to discuss, clarify and come to mutual agreement about their expectations for annual reports from the standing committee, including the purpose, content and other aspects of the reports, and in particular, whom the reports will be issued to and shared with
- short-term action: once Manitoba Family Services and the standing committee have come to a mutual agreement on reporting expectations, the standing committee begins to prepare an annual report for the upcoming current fiscal year; subcommittees of the standing committee assume responsibility for submitting annual work plans to the standing committee

Funding

As Commissioner Hughes observes, “When resources are scarce there is heightened tension between competing claims: are resources better spent on prevention? Or on protection services?” (Hughes, 2014, p. 389). While recognizing that services to protect children who are at high risk must be well resourced, Hughes also recognizes that “investment in early intervention ultimately saves children from coming into care and not only benefits those children, but results in savings to the public purse” (Hughes, 2014, p. 394). In Manitoba, the differential response approach has been introduced into the child and family services system to ensure that both prevention and protection services are available to families (Manitoba Family Services and Housing, 2006; McEwan-Morris, 2006). Hughes’ recommendation in this section focuses on strengthening investments in the differential response approach.

Fund authorities to support the differential response approach

Recommendation: That the Authorities be funded to a level that supports the differential response approach, including:

a) Funding to allow agencies to meet the caseload ratio of 20 cases per worker for all family services workers;

b) Increasing the $1,300 fund for family enhancement services to a reasonable level, especially for families who are particularly vulnerable, many of whom are Aboriginal; and

c) Determination of the amount of necessary funding after meaningful consultation between agencies and the authorities, and between the Authorities and government, after agencies have reasonably assessed their needs.

Reason: If the new differential response practice model is to achieve its goal, the agencies must have adequate staff and resources:

- The funding model’s caseload ratios should no longer be based on an artificial distinction between protection and prevention services. Family enhancement is an approach that should be embedded in all ongoing services. The cost of keeping children safe at home is far less than the cost of maintaining children in care; directing resources towards prevention and family enhancement will reduce the high number of Manitoba children currently in care.
- Many families have complex needs and require considerably more services than can be purchased within the current limit of $1,300 if they are to be supported so that their children can be kept safe at home

- Funding decisions must take into account the complexity of some families' needs, and the added cost of providing services to particularly vulnerable families, many of whom are Aboriginal (Hughes, 2014, p. 396).

Discussion

The AMR implementation planning team discussed this recommendation with participants who are directly involved in Manitoba's child welfare system, and, within this group, there was unanimous agreement that the current funding model could be improved.

Manitoba's joint funding model

In all regions of Canada, provincial and territorial government have the authority and responsibility to deliver child welfare systems. The federal government, however, shares responsibility for funding these services to First Nations people. In Manitoba, the 2003 introduction of *The Child and Family Services Authorities Act* and restructuring of the child and family services (CFS) system in Manitoba, further complicated the jurisdictional context of child welfare in the province. The restructured system, in which First Nations CFS agencies deliver services both on- and off- reserve, and in which the four authorities and mandated agencies deliver services throughout the province, required a new approach to funding (Manitoba Family Services, 2014). Ultimately, this resulted in the current Manitoba funding model, which was implemented in 2010 with a five-year term and will be renewed in 2015 (Aboriginal Affairs and Northern Development Canada & Manitoba Family Services, 2012). The Manitoba model incorporates a joint federal-provincial model to coordinate funding for mandated child and family services agencies and authorities that provide services both on- and off-reserves in the province.

The joint federal-provincial model allocates money to support authority funding, standing committee, agency core funding, agency protection services, designated intake agency (DIA) services, child maintenance, and agency prevention services:

- The Province provides 100 percent of funding to the four CFS authorities so that each can provide necessary oversight of their agencies;
- Agencies receive core funding for executive operations and governance functions. The province contributes 60 percent and the federal government contributes 40 percent of core funding for 15 First Nation agencies[20]. For all other agencies, the Province provides 100% of core funding. A participant reported that the province has received feedback from agencies that funding to support agency governance and infrastructure is insufficient for reasons that include: 1) the capacity of some agencies is affected by variables such as board, executive management, and support staff experience; 2) the growth of some

[20] There are 16 First Nation CFS agencies in Manitoba. These include Animikii Ozoson, which serves children and families from First Nations in Ontario. Because Animikii serves a First Nation population based out of the province, funding is not allocated to this agency through AANDC's Manitoba offices.

agencies since devolution; and 3) the geographic area that some agencies serve, which may demand a relatively high number of work sites and travel and staff support to remote communities.

- The amount of core funding allocated to an agency is determined by the size of the agency. The size of an agency is determined on the basis of three factors: the number of full-time employees at the agency; the size of the child population (defined as 0-18 years of age) the agency serves (in the case of First Nation agencies, this refers to the on-reserve population); and the number of active cases, including both children in care and families.
- Protective service funding covers staff positions to provide services to families with protection risk factors and for children in care (excluding child maintenance, which is invoiced) and positions to support front line workers (such as supervisors, administrative support, and managers). The provincial and federal governments share protective service funding, contributing in similar proportions as they do with core funding (ex: roughly a 40:60 split), but with differences between the ways in which each partner calculates the amount of funding they provide in this area. The primary difference between the two formulas is that federal funding in this area is calculated based on the size of the on-reserve status child population an agency serves and provincial funding is based on the number of provincially funded children in care plus family service cases.
- The Province allocates all funding for DIA services.
- Both levels of government allocate funding for prevention and family enhancement, as detailed immediately below.

Funding for prevention and family enhancement

The new funding model that introduced Manitoba's family enhancement funding stream dovetailed with separate initiatives on both the federal and provincial sides. The federal government introduced the Enhanced Prevention Focused Approach, a national program reform activity. Manitoba had recently announced funding ($15 million phased in over three years) to support the introduction of differential response/family enhancement and the standardized structured decision making tools[21].

As participants pointed out, there are significant differences in how the federal and provincial governments approach prevention funding. Each jurisdiction allocates funding to support a 1:20 caseload ratio for prevention workers, and additional funding for purchased prevention services. In determining the amount of funding they will allocate for prevention funding, both jurisdictions make assumptions about the number of families that will receive prevention services:

[21] The SDM tool is used at intake to assess the level of risk to children. Family situations that present an immediate or high probability that children are at risk receive a child protection response. Family situations that present a low to medium risk are offered voluntary prevention services through family enhancement interventions.

- Federally, the assumption is made that 20 percent of the families on reserve will need prevention services. Additional assumptions are used to mathematically derive an estimate of the number of families on a given reserve. This calculation starts with the actual number of children (0-18 y.o.a) on a reserve, assumes that the average on-reserve family has three children, and, from there, calculates that the number of families on a reserve is equal to one-third the number of children on that reserve.
- The federal government provides additional funding to purchase prevention services for families, allocated to agencies on the basis of $100 per child population in the communities the agency serves.
- The province's funding to support a caseload ration of 1:20 for prevention workers is based on a baseline estimate that was developed to guide the introduction of family enhancement services in Manitoba. This assumes that 3,300 off-reserve families will need prevention services and that those families will be distributed throughout the province similarly to families that need protection services.
- The province provides additional funding to agencies to carry out direct family support interventions, allocated annually to agencies on the basis of $1,300 per family protection or prevention case, and intended to be pooled at an agency level.

In addition to differences in the calculation and allocation of prevention funding, the provincial and federal governments have different understanding of how prevention funding can be used. The provincial model allows some flexibility, particularly with respect to how the $1,300 allocated for all family service cases can, at an agency level, be distributed in proportion to families' need for prevention supports or services. As a participant observed, "the total 'family support' funding provided to agencies annually is actually a flexible pot of money that the agency can access for direct family interventions in addition to the support provided by agency staff. The pool of funding is set up in such a way that the agency can allocate $10,000 to a family that requires it while another family may require no additional funding or intervention beyond the assigned case worker." The same participant pointed out that, "Agencies themselves are confused as the province has received feedback that 'their' agency only allows $1,300 per family in any given year which is not the intent or the proper allocation of family support funding. It is meant to be a flexible funding source." This funding, then, can be accessed when needed to augment interventions provided by social workers, as well as other professional services from other systems. The province's definition of what family enhancement entails is somewhat narrower than that of the federal approach (as described below). This enables the province to collect data that will enable it to assess program effectiveness, service outcomes, and, more generally, whether activities are having a positive impact on children and families.

On the federal side, there is considerable flexibility in how prevention funding may used. A participant explained that, "The amount of funding that is provided to an agency is not necessarily case specific... [T]hey have the flexibility to partner and collaborate with

other First Nation band-operated services and programs to develop what they feel is required in the community. Putting it back to [the agency] to say, 'Here's your funding envelope for prevention… We will direct you to use those prevention dollars to deal with those cases, but we also want to see you working [within the prevention context] with the community'."

Funding Flexibility + Prevention Activities = Community Building

In Manitoba, federal funding allocations to First Nation child and family services are provided directly to agencies as fixed funding, which must be used within the fiscal period it is provided. Fixed funding allows the recipient to retain any surplus, as long as the surplus is reinvested into the program or purpose for which it was provided. However, if an agency wants to use their surplus outside of those parameters, they can submit a plan to AANDC for approval. This flexibility has enabled CFS agencies in the north to expand the availability of family enhancement and prevention activities in the communities they serve, and, in some cases, build community infrastructure:

- An agency was interested in developing a skating program for youth in one of the communities it served. There was no functioning rink in the community, so the agency presented a proposal to AANDC that was based on collaboration, cost sharing, and partnership. The proposal was approved. The band contributed materials for the rink, and the agency covered labour costs with funding from their prevention stream. Once the rinks were built, the agency and the band partnered to get youth within the community to run the skating program.
- An agency was able to redirect a surplus into culture-based prevention programming. With approval from AANDC, the agency was able to bring youth and Elders together for a winter culture camp. Activities included rabbit snaring, ice fishing, and other traditional teachings. The AMR team heard that "the whole community got involved from all the surrounding communities… That's the kind of community activity we want for our youth!"
- An agency used a surplus to build a youth centre four communities affiliated with the region's tribal council. The agency signed a memorandum of understanding with the tribal council. Surplus prevention funding was provided for construction of the youth centres. Under AANDC policy, as a non-profit organization, the agency cannot own an asset, so the centres belong to the band. The agency was able to hire two family enhancement workers at each centre as well as an intake coordinator. Other organizations in the community are welcome to use the space for activities that promote prevention and healing.

The Manitoba approach to prevention funding was developed in consultation with First Nation stakeholders, with the intention of getting prevention and early intervention dollars into communities, and allowing enough flexibility that the agencies would be able to manage family enhancement cases and also purchase services or develop

programs and services that would meet the needs of the community. The Manitoba office of Aboriginal Affairs and Northern Development Canada (AANDC) is monitoring the implementation of the prevention funding program, meeting regularly with representatives of First Nation agencies and authorities to learn about how it is working on the ground and how it could be improved. One outcome of this process has been the development of a funding model working group, formed in 2013 and with membership that include representatives of the four authorities, agencies, and both provincial and federal funding bodies. The working group is reviewing, analyzing and costing out shortcomings in the current model identified by agencies and authorities at meetings of the Regional First Nations CFS Committee. The working group has established priority areas for action and, recognizing the need for data to support their analysis and costing work, have distributed data collection templates to agencies associated with all four authorities.

Impacts of the current funding model on service delivery

The funding model working group is exploring 35 areas of concern, many of which (including caseload ratios and aspects of family enhancement funding) participants referred to in their discussions of this recommendation.

Caseload ratios

When the AMR team asked participants from CFS agencies about caseload ratios at their agencies, they reported figures that varied over time and with the location of a given office, but ranged from 1:12 to 1:43, with the majority of agencies reporting figures that were above the expected ratios of 1:20 for federally funded on-reserve prevention and protection workers, and 1:20 for provincially funded prevention workers and 1:25 for provincially funded protection workers in the rest of the province.

In discussions of this recommendation, all participants from agencies and authorities agreed that caseload ratios for all workers delivering services should, at minimum, be 1:20. As one participant observed, “Family enhancement cases often don’t get attention until they blow up into protection cases. Reducing the caseload ratio even further would help ensure that workers with complex and demanding protection cases would have the time they need to establish a relationship with children and their caregivers, and help caregivers develop the skills they need to care well for their child.”

Participants agreed with Hughes that “the funding model’s caseload ratios should no longer be based on an artificial distinction between protection and prevention services. Family enhancement is an approach that should be embedded in all ongoing services” (Hughes, 2014, p. 396). It should be noted that some agencies are already working to embed family enhancement in all services. It was suggested that if caseload ratios are established as 1:20 for all protection and prevention workers, this change should be supported by additional resourcing in areas such as core operations, administrative and management staffing. Without additional resourcing in these areas, agencies may need

to resource these needs (as some do now) from funding allocated for other purposes, such as protection services.

Many participants also emphasized that there is a significant difference between caseload and workload, pointing out that "there is no such thing as a generic case." A participant clarified that caseload is "the number of cases assigned to an individual worker in a given time period" and workload is "the amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to do the work required for each assigned case, and complete other non-casework responsibilities." Workload varies widely from case to case. As a participant stated, "You can have one child who take's everyone's time. There are geographical issues, with clients all over Manitoba. The caseload ratio does not consider what a child actually needs – a child with high needs demands more time from a worker."

The category of 'other non-casework responsibilities' referred to in the definition of workload includes compliance and reporting requirements. "Filing reports takes time away from relationship building with families. There has to be a balance between being accountable for what you do and actually doing it", stated one participant. Another participant representing a northern First Nation agency with a catchment area that includes remote and isolated communities related that, when the standards requiring monthly face-to-face contact with each child were introduced, the agency calculated that, given the travel time required to reach every child in every community they served, they would need an additional 13 staff to meet these standards.

Several participants suggested the need to incorporate workload into the determination of caseload ratios. Towards this, they suggested that "complexity and intensity of service, distance, family size and other needs should be factors in determining caseload" and "instead of counting cases, a system could be developed to record the intensity of cases." For example, an acuity tool could be developed to enable supervisors at agencies to track the numbers of complex cases their workers serve, and use this information to make better decisions when assigning cases so that workers' workloads would be balanced. Agencies that carry higher acuity caseloads would also be able to use the information gathered with the tool to support requests for additional funding resources.

Family enhancement funding

Participants agreed that the $1,300 currently allocated by the province for purchased services for prevention should be increased. They acknowledged that, given their mandate and the current risk-averse climate, CFS agencies and the system they operate in prioritizes protection work, and, like Hughes, also recognized that a stronger focus on successful family enhancement work would lower costs related to children in care. One agency reported that, over the last year, costs associated with the provision of in-home support services (including respite services so that families could attend programming or to give them a break from caring for children with complex and challenging needs;

individual support services to children at home; and skills development for parents) had averaged over $2,000 per family (excluding operational expenditures associated with the provision of those services). This figure is much higher than the provincial allotment of $1,300 per family, an allocation that is also expected to cover other prevention needs.

Family enhancement services are also constrained by limits set on the provision of these services. Under provincial regulations, a family enhancement file can be opened initially for 90 days. If an agency wants to continue to provide services (and it is likely they might, given that, as participant pointed out, most family issues cannot be resolved in 90 days), it may be extended for a maximum of 180 days, at which point it must be closed or reclassified as protection. As a participant pointed out, "Over the initial 90 day period, $1,300 would likely not even be enough to cover transportation to a *free* service for many families." The $1,300 per family is very quickly exhausted when families require intensive services in areas that agencies or community-based organizations cannot support, such as therapy (especially important for Aboriginal families affected by trauma). Costs associated with accessing family enhancement services can also be higher in rural areas, particularly for agencies that are serving widely dispersed families and communities. Participants offered the reminder that, if families are to be supported so that their children can be safe at home, limits cannot be put on a family's needs.

When participants were asked how much funding should be provided, some participants presented figures ranging from $2,000 to $5,300. Other participants suggested that a pool of funding that agencies could draw from on a case-by-case basis should be established. As one participant observed, "No one tracks the 'what ifs'. What if we spent $5,000 on this family now? Would it mean saving $100,000 in maintenance fees down the line?" Family enhancement, the AMR team heard repeatedly, should be embedded in all ongoing services. If a family is receiving protection services and their child is in care, but they are not in the highest category of risk and it is likely that their child will be returned to them, it makes sense to help that family in whatever ways will ensure that, if their child is returned – or before they are apprehended – the family will provide them with a safe home. Alternately, family enhancement funding could be set up like child maintenance funding, where agencies provide or arrange services, and bill costs back to the province.

Distinct needs of First Nation families and agencies

Participants representing or associated with First Nation agencies identified several concerns and challenges related to this recommendation:

- To a certain extent, the 2003 expansion of the mandate of First Nations CFS agencies to enable them to deliver services off reserve placed these agencies at a disadvantage relative to non-Aboriginal agencies with long histories of service delivery in their catchment areas. The non-Aboriginal agencies, by and large, had well-developed organizational infrastructure, and established working relationships with organizations that provide collateral services in their

catchment areas. Many also had developed valuable partnerships with the private and philanthropic sectors. As one participant put it, "The problem is that an agency that already has a good basis and a functioning board faces totally different issues than the newer [Aboriginal] agencies."

- For many First Nation agencies, the costs associated with delivering services are much higher than they are for other agencies. This is considered in the joint funding model, but participants suggested that the additional funding allocated within the model is not enough to cover the actual additional costs of delivering services. This is particularly true if families need to leave their communities to access the services and supports they need.
- Many First Nation communities have very limited access to services. In many communities, much-needed services are available from, for example, psychologists who fly in to provide services. As one participant related, "A lot of times, [children or families] are on a six or nine month wait list. And if something should happen to that child, who is responsible? It will be the agency that's responsible." To address this, the agency this participant works for has had to use a portion of its funding to bring two therapists onto staff.
- In some communities, issues like access to services are a very real issue. A participant explained that, "It's not just that it will cost more for people to travel to another community where they will be able to access services. It's also that some communities are dealing with significant socio-economic issues or struggling, for example, with intergenerational suicide or substance use. People need on-going access to in-community supports and services and they don't have that."

Meaningful consultation

When asked what "meaningful consultation between agencies and the authorities, and between authorities and government" might look like, participants from CFS agencies emphasized the importance of ensuring that, in advance of any consultation activity, they be provided with clear parameters for the consultation (what is being explored in the consultation and why, and what outcomes might be produced by the consultation), allowed adequate time to prepare for the consultation, and, as needed, be appropriately resource to prepare for and participate in the consultation activities.

When the same question was asked to participants who are directly involved with the provincial or federal funding bodies, they offered more detailed responses that described key elements of the consultation process that Hughes recommends and, in the larger picture, enhancing resourcing towards prevention and family enhancement as part of an initiative to reduce the number of Manitoba children in care:

- As the joint funders of child and family services, Manitoba Family Services and AANDC should hold preliminary meetings to explore changes that could be made to the current funding model to enhance resources for prevention and family enhancement and, ultimately, contribute to reducing the number of Manitoba

children in care. The partners may want to consult with the funding model working group to get a clear picture of the funding-related issues and concerns of agencies and authorities.

- To mobilize change requires buy-in from the top. An early step should be a meeting between key stakeholders, including senior representatives of Manitoba Family Services, AANDC, and other relevant departments, as well as First Nation and Metis leadership. The objectives of the meeting would include: 1) to gauge, amongst the group, the level of interest in directing more resources towards prevention and family enhancement with the goal of reducing the high number of Manitoba children currently in care; and 2) to explore what these key stakeholders might be able to bring to this effort.
- The authorities provide an invaluable link between the agencies, First Nation and Metis leadership and Manitoba Family Services and AANDC. The authorities should be advised of and involved in the early stages of conceptualizing, planning and implementing any consultation with the agencies. It may be most appropriate to first approach them as members of the standing committee, which is responsible for facilitating co-operation and coordination in the provision of services.
- As one participant observed, the prevailing mentality within child welfare is "counter to sharing or even talking… they fear that if they share information, it will come back to haunt them. To get good information, you need to have a dialogue." It would be helpful to connect with agencies early in the process to provide them with information about what the consultation is about, why it is being undertaken, and what they have to contribute to the consultation process, and making it clear that the overarching goal of the consultation is to gather information that will enable the introduction of changes to the funding model that will enhance the capacity of their organizations to provide the supports that children and families need.
- The recommendation refers both to "meaningful consultation with agencies" and to ensuring that "agencies have reasonably assessed their needs." Participants with expertise in financial management and who have worked closely with agencies pointed out that some agencies may require additional resourcing to reasonably and accurately assess their needs.
- The assessment of agency needs should, in addition to historic, current and projected costs, also take into consideration what one participant described as "aspirational costs. What would it cost for the authorities and agencies to do what they really want to be doing?"

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report

- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

The following options for action are offered in response to this recommendation:

Fast track the reduction of the caseload ratio to 1:20 for all family services workers.

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office

Time frame:

- short term action

Increase the province's current $1,300 allocation for family enhancement services to a more reasonable level and explore options for introducing more flexibility in how that funding is used.

Responsible parties:

- Manitoba Family Services

Time frame:

- immediate action: increase the current $1300 allocation for family enhancement services; develop and distribute to CFS agencies communications materials that fully and simply explain how this allocation can be used (including explanation that funding can be pooled at agency level)
- short-term action: Explore options that will allow more flexibility in how agencies and individual workers may use funding

Determine the amount of funding needed to support the differential response approach through meaningful consultation with agencies, authorities, relevant government departments, ensuring that agencies have the supports and resources they need to reasonably assess their needs.

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the four CFS authorities and agencies

Time frame:

- medium-term action: Manitoba Family Services and AANDC consult internally and with each other to: 1) determine which aspects of the

current funding model and funding practices could be changed and 2) come to a consensus on the objectives and scope of the consultation activities involving agencies and authorities. Issues explored in the consultation activities might be drawn, in part, from what has been learned through the activities of the funding model working group

- medium- to long-term action: initiate and complete consultations with agencies and authorities. This should be supported by clear communication of the intention, scope, expected outcomes and other aspects of consultation activities, and the provision of adequate resources (such as access to expertise on financial operations) to ensure that agencies and authorities will be able to reasonably assess their present, future and aspirational funding-related needs
- long-term action: based on consultation findings, review and redevelop (as needed) current funding practices to better support the differential response approach

Establish long-term demonstration projects in one or more communities that will be sites for intensive and coordinated prevention and family enhancement activities.

- **Projects should be community-driven and community-led, draw on the strengths and address the distinct needs of the community, and focus on building capacity at community, agency and service provider levels.**
- **Projects will provide opportunities to 1) evaluate the impacts of focused and coordinated resourcing for intensive prevention and family enhancement services and supports; 2) develop and refine the differential response approach; 3) explore different approaches to resourcing prevention and family enhancement activities; 4) enable refined approaches (including the development of culture-based approaches) to prevention and family enhancement; 5) build capacity of agencies, authorities, and communities; and 6) if they are sited in First Nation communities, contribute to building capacity for increased self-governance in child welfare.**
- **Include a strong evaluation component, to track success indicators, such as keeping families together, reducing the number of children in care, EDI outcomes, and other indicators.**
- **As agencies, authorities and communities develop capacity, the option of moving to block funding within specific agencies, authorities, communities or regions can be explored.**

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office

- Other provincial and federal government departments, agencies and offices
- the four CFS authorities and agencies
- community leaders
- community service providers

Time frame:

- medium-term action: key partners identified, and working group develops concept and plan for long-term demonstration projects
- medium- to long-term action: demonstration project sites selected; community leaders collaborate with working group on development of plan that meets community needs and is community-led
- long-term action: projects launched
- ongoing: evaluation, coordination of activities, development of refined and culturally congruent approaches to prevention and family enhancement, and capacity building for agencies, authorities

Education & Training of Child Welfare Workers

As Commissioner Hughes (Hughes) observes at the start of the section entitled 'Education and Training of Child Welfare Workers' in *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children* (Hughes, 2014), historically, social workers who provide services to children in care in Manitoba have not been required to have post-secondary degrees such as a Bachelor of Social Work (BSW). In fact, a post-secondary degree in social work or any other area has not been required for any professional practice of social work in Manitoba.

Hughes' recommendations in this section are intended to change this. The first recommendation requires that all social workers hired by a child and family services (CFS) agency hold a BSW or equivalent degree, as required by the proposed Manitoba College of Social Work. As Hughes explains in his report, "Child welfare workers work with one of the most vulnerable segments of our population. There is important and demanding work that requires a range of skills. It calls for the requirement of educational credentials" (Hughes, 2014, p. 397). Hughes also recognizes the value of the experience-based and academic knowledge that credentialed Aboriginal social workers will bring to the child welfare system, and the second recommendation in this section calls for a concerted effort to encourage Aboriginal people to enter the social work profession.

The process to professionalize social work practice in Manitoba was well underway at the time that Hughes issued these recommendations. In 2009, *The Social Work Profession Act* was passed in the Legislative Assembly in 2009, assented to in 2014, and will come into force (along with its regulations) in April 2015. The act establishes a formal and self-regulating Manitoba College of Social Workers, which will be mandated to regulate and govern the professional conduct and discipline of social work members, students and professional corporations.

The act provides three ways to become a registered social worker: 1) possession of a BSW or other post-secondary degree in social work from a school or faculty accredited by the Canadian Association of Schools of Social Work; 2) completion of a post-secondary degree recognized as equivalent by the college board; or 3) education, training, work, volunteer experience or a combination of them that the college registrar feels meets established guidelines. The act also includes a grandparenting clause that will be in effect in the first three years after the act comes into force. This clause enables the initial registration and (following that) continuing renewal of registration for applicants who: 1) currently or recently functioned in the role of a social workers; 2) meet other requirements established for applicants with educational credentials; and 3) other requirements that may be specified for these applicants. The intent of this clause is to ensure that social workers who are currently practicing without professional credentials (as is true for some social workers currently employed at CFS agencies) can continue employment as registered social workers.

Ensure that CFS social workers have the education and experience their clients need

1. **Recommendation:** That a Bachelor of Social Work or equivalent degree, as recognized by the proposed Manitoba College of Social Workers, be required of all social workers hired by agencies to deliver services under the Act.
   Reason: Child welfare workers do complex, demanding work that requires a high level of knowledge, skills, and analytical abilities (p. 403).
2. **Recommendation:** That a concerted effort be made to encourage Aboriginal people to enter the social work profession, by promoting social work as a career choice and supporting educational institutions in removing barriers to education through access programs and other initiatives.
   Reason: The child welfare system, which serves an overwhelmingly Aboriginal population, needs the unique insights and perspectives that Aboriginal social workers can bring to their practice (p. 403).

Discussion

There is no denying that the nature of child welfare work is challenging and requires sophisticated analytical knowledge, acute judgment skills and critical thinking, knowledge of human behavior and phases and stages of development, well honed intuition and, most importantly, compassion. The reality of the delivery system of child welfare demands that workers are further equipped with knowledge of the legal mandates that govern child welfare, high-level communication skills, and exemplary organization skills. Many of the skills and much of the knowledge required to be an effective social worker can be acquired through obtaining a Bachelor of Social Work degree from an accredited university. It was argued, however, by several of the people the AMR team spoke with, that some aspects of child welfare are best learned in the community, rather than through a degree program.

The professionalization of social work

This subsection summarizes discussions of the recommendation relating to the requirement that all social workers hired by agencies to deliver services under the act be required to have a BSW or equivalent degrees recognized by the Manitoba College of Social Workers.

Child and Family Services Agencies

As many of the participants representing child and family services agencies pointed out, the practical knowledge (gained, for example, through life and work experience, training available within the child welfare system, or two-year diploma programs focused on child welfare in Aboriginal communities) can be more valuable in the practice of social work than knowledge gained through a Bachelor of Social Work (BSW) program. In some remote and/or Aboriginal communities, long-term employees who have considerable competency – but no BSW – have had statutory responsibilities under *The Child and Family Services Act*. Participants felt these workers' connections and sense of community made them especially effective workers. While

most workers in these communities want to pursue a BSW, they must negotiate significant challenges to do that. They may not have prerequisites to enter a program; on-line courses may not be viable because of connectivity issues; regional cohort programs may not be a realistic possibility; attending a BSW program in the south may be extremely stressful; and costs associated with the program and accreditation may be prohibitive for both the workers and their agencies.

Participants pointed out that, while a degree might impart theoretical knowledge, it does not necessarily prepare people to work in the child welfare environment. In order to learn this, there must be on-the-job training that is extensive and comprehensive and goes beyond workplace orientation. Most BSW programs are generalist, and any courses in child welfare are taught as electives. Often, it was observed, the stages of child development are taught within other courses and not much concentrated attention is given to this essential knowledge. In addition, most new graduates from BSW programs come into agencies not equipped with the knowledge of how to do a basic assessment; this is a skill that needs to be learned on the job.

Participants suggested that if it becomes mandatory for child welfare workers to have a BSW then they should be able to access a BSW program that specializes in child welfare. One group of workers asked, “Do we want competent child welfare workers or do we want BSWs?” While these are not necessarily mutually exclusive, it was generally believed that current BSW programs in Manitoba do not train competent child welfare workers.

Participants from northern child welfare agencies observed that this recommendation might further complicate problems they already have with the recruitment and retention of qualified child welfare workers. It is difficult to get people with BSWs to come up north because, for example, they may be reluctant to relocate, or adequate housing may not be available. In these communities it was felt that the value of lived experience in the delivery of child welfare should not be underestimated: “My life experiences are more… well, once you accept what you've come through from childhood to adulthood and all those negative experiences, once you begin your healing journey you can use those experiences to help your people in a pro-active approach. And that's not in any book.“

When qualified child welfare workers are not available, agencies may hire community people with best qualifications available and then train them. This makes it especially important that training and education be provided in community, they emphasized, pointing out that issues relating to family, housing, cultural difference, or costs can make it difficult for workers to travel south for training or education. This was illustrated by an example offered by a northern agency, which arranged for six workers to participate in a BSW cohort program in Winnipeg. The students were given one week off work each month to travel south to attend their classes and study. The students found these trips to the south difficult and, for the agency, which covered costs associated with their participation in the program (such as travel, accommodations, tuition fees, and staff to cover them while they were away studying), it was onerous financially. Of the six who started the program, only one graduated and another is one course short of degree completion. Participants representing other agencies reported that workers at their agencies are also provided with support to participate in BSW programs or other training (such as professional development opportunities or competency based training).

In these instances as well, agencies often arrange coverage for the staff members who are away for training, and cover tuition, books or other training costs. Clearly, child welfare agencies are doing what they can to develop a strong, healthy, educated and highly functioning work force.

It was generally agreed that a fair arrangement was for agencies to provide time and financial supports to enable staff to obtain their degrees in exchange for contracting return for service. Return of service arrangements, however, are not without problems. It typically takes five or six years for a staff member to complete a degree. If a five-year return of service arrangement is in place, employees may end up tied to an agency for up to ten years. One staff observed that, "you sign a contract and if you don't fulfill your duties, then you have to give something back. So…you have to be here for ten years." Another added: "See, that's what I see in my head when I look at this… Everything sounds great. Oh, I get to go to school and I get paid for it, yeah! And now, I'm going to do my caseload, then I'm going to go to school. Oh – I have to cook supper for my kids because we have a family somewhere. They're somewhere. They're always on the back burner… How much can you handle? And if you don't finish your program, you don't have a job. And you're burned out and you can't function."

Issues related to jurisdiction were also identified as barriers. A Northern Authority agency office was trying to set up training for seven or eight staff members working out of its Winnipeg office, including a few federally-funded workers who had come from an on-reserve office to Winnipeg to work with families who ordinarily lived on-reserve but had relocated temporarily to Winnipeg to access specific services. The agency had worked with the University of Manitoba and the Southern and Metis authorities to set up a two-year diploma program. Each student would spend one week each month participating in the course. The agency had no provincial money for training, so they approached Aboriginal Affairs and Northern Development Canada (AANDC), the agency's funder for on-reserve service delivery, to ask if they could use federal money. When they made this request, they pointed out that all recent reviews of the agency had recommended training for staff to upgrade them in their positions as case managers – and also noted that recommendations from the Hughes inquiry call for more training. AANDC refused because training off reserve is a provincial responsibility. It is important to note that tuition for this training opportunity would cost about one quarter of what it costs to do similar training in the North, with no costs related to travel or accommodations, leading to significant cost savings. These same participants noted with some frustration that, while all reviews have criticized agencies for undertrained staff and have recommended that staff be properly trained, to date there has been no additional funding provided by the province to resource and fund the agencies to be able to get the training required:

> Because it's a provincial recommendation, I want the province to pay for this. They have core training. What I'd like to see is if the province could fund or provide module training for people who don't have degrees. In our communities, we don't have qualified social workers. We fall into staff turnover. When people come in with degrees, they don't stay long. This is a First Nation community. Housing is an issue. We send our staff to core training in the city – maybe they can offer this in The Pas or provide some sort of distance education support.
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> They want our staff to have degrees but what are they going to do to help us get

there. On our own, we have the Aboriginal CFS program delivered. One week per month, they attended classes at UCN in The Pas. There are other programs with cohorts now. We've just finished a five-year plan. We included leadership from the community. They voiced that they would like to see more than one person being trained so that if they retire or leave, others have the training. There are very limited opportunities for people in our community to get degrees. The premier has said they would train ten people for an upcoming Hydro dam or a mine. If they can do this, why can't we do the same for Child and Family Services?

Some agency staff also pointed out that the universities seem to be failing students in terms of the value of education they are receiving: "When we recruit, we get excited about educated people, but they do a written competency and we're like, 'When did you graduate?' Basic writing skills and common sense, problem solving are lacking. I think somehow or another the system has forgotten critical thinking." Further, what the system does not allow for are the administrative and technical supports needed in order to do the job effectively. Connectivity is an issue, as is general lack of administrative support to assist with heavy (but necessary) paperwork demands that accompany each case.

Agency staff, particularly those who work in rural and northern agencies, indicated that this new regulation would have "a direct impact on us. We are underfilling positions with a person from the community and we will develop that person - put the money time and energy to bring him up to par. In a lot of First Nations and rural [communities], it's hard to attract child welfare workers." One alternative suggested by agency staff was to build in mentoring for new child welfare workers, particularly when agencies are forced to underfill a position because of lack of trained applicants. Before assigning a case load to a new worker, one possible structure might be to designate a one month mentoring time period where that new worker gets a chance to "learn the ropes" and give them a solid foundation and orientation to the agency and the work itself.

Participants were unclear about what Commissioner Hughes meant in his reference to an equivalent degree, asking whether this meant that it would be someone with a bachelor's degree in an area other than social work would be able to register as a social worker. In many agencies, only some of the people in social work positions have a BSW – others might hold a degree in a different subject area. The AMR team heard that, when staff within an agency have different levels of education, training and experience, it can actually enhance critical thinking and generate well-rounded discussions within the staff team, which, in turn, can support effective teamwork. Staff observed that whether or not a worker holds a BSW does not seem to determine whether they are a good or bad worker. It bears repeating that a BSW degree does not always fully prepare graduates to work in the child welfare system.

Social Work regulatory bodies

The Manitoba Institute of Registered Social Workers (MIRSW) is "the provincial body that regulates the profession of Social Work in Manitoba" (Manitoba Institute of Registered Social Workers, n.d.). Currently in Manitoba, social workers are voluntarily registered, that is, if they hold a BSW or higher degree from an accredited social work program or have a combination of

experience and education or training that MIRSW accepts as substantially equivalent to a social work degree (an option rarely used), they can apply to become a registered social worker and member of MIRSW.

MIRSW's most recent annual report includes data that describes its membership (Manitoba Institute of Registered Social Workers, 2014). In 2013, 999 registered social workers were members of MIRSW. Within that group, only 55 were employed within the provincial child and family services sector, and 44 were employed within the First Nation child and family services sector.

On April 1, 2015, when *The Social Work Profession Act* comes into force, the Manitoba Institute of Registered Social Workers (MIRSW) will become the Manitoba College of Social Workers (the college), a formal self-regulating association for social workers. The act establishes that only people who hold a current certificate of practice with the college will be entitled to represent themselves as practicing social workers or use the professional designations of social worker or registered social worker in Manitoba. The college is mandated to maintain registers of social workers, based on criteria established in the act (discussed in detail in the introduction of this section). The act includes a grandparenting clause which, within specific criteria, will allow practicing social workers who are currently working without the academic credential of a BSW or equivalent degree to register during the first three years following the act coming into force, and then renew their registration as long as they continue to work as social workers. Individuals who do not meet the criteria for grandparenting will be able to become a registered social worker only if they: 1) hold a BSW or other post-secondary degree in social work from an accredited program; 2) have successfully completed another approved program; or 3) have a combination of education or training and work or volunteer experience that is acceptable to the College.

When AMR team members met with representatives of the organization, they were preparing for the act to come into force: "We are on a learning curve already. We've known for years that there are a lot of folks working in social work jobs who don't have social work degrees. That's not a surprise. The challenge is going to be to determine how to develop the provision for transition for those folks in a fair, transparent, reasonable way".

As a participant observed, grandparenting in people who have been working in the field without formal BSW degrees will be an important component of the transition phase:

> The intent of grandparenting provisions [is to recognize] the fact that it's a change in the environment from a non-regulated environment to a regulated environment. That provision is to ensure that people already practicing in their field will not be left out or left behind as the result of the change in the regulatory environment… If you're already working in the field and meet minimum competence requirements, you should be able to continue working in the field of social work and call yourself a registered social worker under Section 11 of the act. The section is there to ensure that people will not be put out of work – and the three-year window is to acknowledge that people may not all be able to come forward immediately – they may need some time for this kind of monumental change.

Hughes' recommendation that all social workers in child welfare have a BSW degree was intended to ensure that the workers doing the very important job of child welfare have the educational credentials that would supply them with the skills to do the job. MIRSW acknowledges that while this is the desired state, there are other combinations of education and experience that people currently working in the field possess that would serve as equivalent to a BSW. One of the tasks of the newly formed College will be to quantify and define what these equivalencies might be. MIRSW staff pointed to other jurisdictions, including Newfoundland and Labrador, which, over a period of several years, went through a similar and successful professionalization of social work practice:

> [They have moved] from an environment in which there are lots of people without BSWs working as 'social workers' to one in which they are completely degreed…. There are a lot of remote places in Labrador and for many years there was a lot of untrained people doing social work in those communities. About 25 years ago, the government of Newfoundland made a commitment to change that so that there would be BSW social workers in those communities. They set up a program in which there was a requirement that people in those positions would be making progress on a BSW degree. Now, the extent to which they supported them in doing so I don't know. So that would be very interesting to find out because if it's true… that people want the BSW but there are barriers to getting it, then one might say, "Well what are the barriers and what can the government do to remove some of those barriers?" And maybe that's about funding people who are not – but would like to be degreed – in achieving that goal. For example, in Manitoba in the 1960s, there weren't enough teachers in rural communities with education degrees, so the provincial government paid for those degrees – no tuition for those students.
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> In Newfoundland, I don't know what incentives they used or how they helped that process along, but I know that one of the requirements was that people had to show progress towards completion of their degree to stay in their position – they had to take a course or two, show some steps towards completing. They were supervised by degreed social workers through those years, so they had access to social work support and supervision. I've been told that there is no one doing child welfare in Newfoundland and Labrador now that does not have a social work degree.

In their discussion with the MIRSW participants, the AMR team related that other participants had expressed concern that the implementation of the *Social Work Profession Act* would increase competition for social workers with a BSW, and it would become even more difficult for CFS agencies to recruit and retain workers. The MIRSW participants pointed out that the salaries available to registered social workers in the CFS system are not competitive with the salaries available in other sectors such as health.

The MIRSW participants also emphasized the importance of developing a comprehensive communications plan to accompany the coming into force of the *Social Work Profession Act.* This will help to minimize anxiety, confusion or fear about the changes the act introduces. The participants also observed that, while the government is committed to move the regulatory

body forward, they have not provided MIRSW with resources to do this. MIRSW relies primarily on membership fees as it revenue source, and while the implementation of the act will certainly increase that revenue, it will also significantly increase the organization's workload and expenses. It should be noted that the work ahead for MIRSW includes clarifying the practical implications of the act and the regulations that will accompany it.

The implementation planning team also followed up on the MIRSW participants' referrals to representatives of the Newfoundland and Labrador Association of Social Workers, and the Saskatchewan Association of Social Workers. They provided more detail on their own experiences with the legislated professionalization of social work.

Mandatory registration of social work professionals was introduced in Newfoundland and Labrador in 1992. As in Manitoba, the legislation included a grand parenting provision that allowed, in the year following the act coming into force, consideration of applications for registration from individuals who did not hold a BSW but had been employed as a social worker for two years prior.

The Newfoundland act also included a provision that allowed temporary registration for individuals who were employed in a social work position, did not hold a BSW but did hold a bachelor's degree in another discipline, and who were employed within government. Temporary registration status required that these individuals complete a BSW within seven year. This provision was in place until 2001. In 2011, a new regulatory act introduced a provision that addresses recruitment issues in specific regions within the province. Individuals who do not meet the requirement for a BSW are able to register if they: 1) are employed in a region of the province where it is difficult to recruit registered social workers, 2) hold a diploma or degree from an accredited institution, 3) enroll in a BSW program; and 4) have access to enhanced supervision.

Currently in Newfoundland, every social worker is registered, with approximately one third of registered members working within child and family services. The recruitment and retention of social workers continues to be a challenge in some parts of the province. In part, this has been addressed by increasing opportunities for participation in a BSW program, including expanding existing post-secondary social work programs in the region, enhancing the accessibility of education and training by offering courses on-site in communities, and partnerships between post-secondary institutions, government and organizations.

Prior to the 2000 introduction of mandatory registration in Saskatchewan, the Saskatchewan Association of Social Workers' membership consisted of approximately 2,000 registered social workers. The legislation provided a one-year grand parenting window and in this year, approximately 1,500 people applied for registration through this provision, placing a considerable burden on the association.

Post-Secondary Institutions

The University of Manitoba Faculty of Social Work is the largest accredited social work program in Manitoba. The program is delivered by four distinct campuses: the Fort Garry campus; the Inner City ACCESS program campus in Winnipeg's North End; the Northern Social Work ACCESS

program campus in Thompson (reserved for residents of northern Manitoba); and through distance delivery services. In the fall term of 2014, Aboriginal people constituted 26 percent of the students registered the faculty's graduate and undergraduate programs. The percentage of Aboriginal students varies across campuses. For example, at the Northern campus, 68 percent of the students who graduated last year self-identify as Aboriginal. A similar proportion of students at the inner city campus also identify as Aboriginal. The distance education program is particularly valuable for CFS agencies, which frequently establish student cohorts to go through the program.

In Fall 2014, the total number of undergraduate students across the four campuses was 745. The number of students that graduate with a BSW from the social work program each year varies, but approximately 80 percent of students who enter the program successfully complete it and graduate, with identifiable differences in the length of time students take to complete the program. Fort Garry students tend to complete the program in three years, although some take courses in the summer to finish more quickly. Students at the Inner City campus typically complete in four or four and a half years. Distance or students who are participating in one of the CFS agency cohorts take a bit longer than students at the other locations because they do the courses part time. The Faculty has a standard of 40 percent educational equity and a significant proportion of the students who are admitted under that provision are Aboriginal students at the Fort Garry campus. Participants from the Fort Garry campus estimated that approximately 50 percent of the university's BSW graduates are employed at CFS agencies. A representative of the Northern Social Work ACCESS program reported that approximately 77 percent of the students who have graduated from the program over the last 30 years went on to work in Northern Manitoba.

The Faculty of Social Work participants declared that they are eager and willing to work with government and agencies to achieve this recommendation. The CFS cohorts and the certificate programs were developed to work towards the goal of ensuring that social workers in the CFS system have the education and skills they need to do their complex and demanding work. Participants also pointed out that, while the faculty of social work is committed to this goal, it is currently operating at full capacity and, because of this, has to turn away qualified applicants. Faculty members suggested that the Aboriginal Child and Family Services diploma, offered through the University's extended education program, and additional continuing education programs could help meet the need for more education and training. At least one of the child welfare authorities has contracted with another educational institution, Yellowquill College, to develop a child welfare training program that meets their needs. It should be noted, however, that Yellowquill College's social work program is not accredited.

The University of Manitoba prepares BSW students for generalist practice. At the Thompson and inner city campuses, where there are high numbers of Aboriginal students, there has been ongoing discussion on indigenizing courses, focused on how Aboriginal ways of knowing, teaching and doing can be infused into coursework. There is also an ongoing dialogue between the university, agencies and government on what kind of education can reasonably prepare students to practice in most settings. Specialization is only beginning to evolve.

The AMR team discussed recommendations in this section with staff from the Aboriginal ACCESS Programs of the University of Manitoba. Aboriginal ACCESS provides specific supports to Indigenous students with a focus on assisting them to achieve success in university studies. The Aboriginal ACCESS staff members identified many of the same problems and issues with meeting this recommendation as did the child welfare agency staff members, including: cost, access to relevant programs of study, lack of training and an over-emphasis on theoretical education, and students' struggles to balance work, life and study. That said, they were strongly supportive of the recommendation itself, and its call for adequate training for the child welfare workforce.

A representative of the Northern Social Work ACCESS program pointed out that while, in the early years of the program (which has been around for approximately 30 years) was jointly supported by the provincial and federal governments and students were provided with a living allowance, in 1990, the federal government pulled out of the program, and the allowance was discontinued. The Northern program can recommend up to ten students who have a student loan for ACCESS bursaries (up to $25,000 per year).

The Northern program is well aware of the positive difference that the availability of cultural supports can make to student success. The program offers students access to Elders, and actively recruits Indigenous faculty. On-site academic and counselling supports are available to students. The program's curriculum incorporates as much Northern knowledge as possible, and some of the faculty in the program were previously employed at Northern CFS agencies.

The participant noted that, since the announcement that the *Social Work Profession Act* will come into force in April 2014, agencies have been in contact with the Northern program to set up cohorts. The Northern program can accept up to 30 new students each year, and receives as many as 100 applications each year. If needed and if additional ACCESS funding were provided, the program would likely be able to expand to accommodate demand.

The participant observed that the most frequent reasons for students dropping out of the Northern program are financial and family issues. For students who must move to Thompson from other northern communities to participate, child care and housing are significant issues. Many students in the Northern program must work, which makes it even more difficult to complete the program. They estimated an attrition rate of approximately 50 percent for the program, but added that students in the CFS agency cohorts are generally more likely to complete the program, in part because they bring practical knowledge from their work in the system, and because they are supported in the program by their agency.

Child and Family Services Division

Provincial government staff supported the need for a professional degree. They acknowledged that current BSW programs do not adequately prepare students to work in child welfare and suggested that a period of articling or apprenticeship should be required by newly hired staff at CFS agencies: "Child welfare workers need extra training on risk assessments, implementing theory in practice, etc. Agencies should develop an orientation process and have periodic

refreshers on the standards." Other suggestions these participants offered in support of this recommendation included:

- Embed a staff orientation in social work curriculum
- Provide core training in areas that include: risk or safety assessments (and what would prompt these kinds of assessments); parent-child assessments; family assessments; theories of addiction; theoretical underpinning of abuse; and understanding the indicators ("the meat and potatoes of social work").
- Consider the introduction of a tiered system for social work professionals, such as the system established by the Ontario College of Social Workers and Social Service Workers.
- Training should be tied to performance, with supervisors monitoring the training needs of the workers they supervise.
- Standards are in place because that's the minimum amount of service we should provide and compliance is required. In cases of noncompliance, or where social workers have failed to execute their responsibilities, there should be an accountability mechanism such as mandatory training.
- Having in-house trainers or practice specialists at agencies would provide a resource that staff can constantly draw on for support and mentorship.
- Given the high turnover rate at agencies, agencies should incorporate training into succession planning (for example, CFSIS mentors for new staff).

Encouraging Aboriginal people to enter the social work profession

This subsection summarizes discussions of the recommendation calling for a concerted effort to encourage Aboriginal people to enter the social work profession, by promoting social work as a career choice and supporting educational institutions in removing barriers to education through access programs and other initiatives.

Most people the AMR team spoke with strongly supported encouraging Aboriginal people to enter the social work profession. Participants spoke of the need to counter negative messaging about the child welfare system and the practice of social work. In some communities, social workers are widely seen as "kidnappers" – this is particularly true if the only time that social workers are visible in a community is when they are apprehending children. Additionally, in smaller communities where everyone knows everyone else or is connected in some way, people might be reluctant to enter a social work career because, at some point, they might be required to, for example, intervene in their uncle's family or apprehend their auntie's children.

A key element to changing the perception of people in communities regarding social workers and the social work profession is the message carried by the integrity of workers themselves. The AMR team heard that when someone – Aboriginal or non-Aboriginal – goes the extra mile and provides real help or is a role model in the community, it can change how social workers (and social work as a career) are perceived. "We should practice as Indians, because we're Indians," stated one participant: "Our mandate says that. The province says that. Because ceremony is important, staff can take off five days for ceremony." It is these kinds of changes

that are helping make agencies a more open and welcoming place for Aboriginal workers.

Participants also suggested that education and outreach activities focused on social work as a career option in high schools can also help address negative messaging: “There needs to be more information as to what Child and Family Services is all about. Down the road, we still need to provide a service to support families even if we stop taking children into care. Young people don’t know what they want to do when they get out of school. The other thing is just explaining the different roles in Child and Family Services – it’s not just apprehending children.” University of Manitoba recruitment officers reach out to Indigenous high school students through annual recruitment drives. The Inner City campus has worked hard to reframe social work in a positive view, reshaping the role of the social worker from enforcer to one of helper and change agent.

Participants expressed considerable support for training specific to and for Aboriginal social workers. The inclusion of Indigenous issues in a more holistic way in the education programs will also attract more Aboriginal students to the profession. A participant described their own experiences in such a program:

> I took my social work degree at First Nation University, which is a Bachelor of Indian Social Work degree. And I think tailoring that degree to the perspectives of Aboriginal people is really empowering in a system that can feel really disempowering, even as a worker sometimes. Just knowing that as Aboriginal people, we are the experts. We have our healing methods, culture. They really stress culture as giving identity. And we do that in our program, too. We've taken participants to Sun Dances and the wellness centre on the reserve has a family camp where they do that. And a teen camp, a women’s wellness camp, father and son camp, mother and daughter thing, and it's all very traditional, cultural based work. And there's been studies done too, that that's the most healing for our people and our families, those types of approaches. And having a worker, too, that understands you as an Aboriginal person, understanding the community, those are issues.

The University of Manitoba’s ACCESS and Aboriginal Focus Programs (AFP) (which operates separately from the university’s Faculty of Social Work) offers a local example of post-secondary programming that fits the needs of Aboriginal child welfare workers. Staff from AFP described their programs of study to the AMR team. Most of the students in their programs are Aboriginal, and many are from rural Metis and First Nations communities. Most are adult learners who have been either working or aspiring to work in the helping field. As adult learners, many have not been in a learning environment since their youth and, when they enter the AFP programs, often need to learn or relearn basic academic skills.

AFP offers two programs that relate directly to child welfare and that ladder into the University of Manitoba’s BSW program:

- Certificate in Interdisciplinary Studies in Child and Family Services Entry Level, Protection and Family Enhancement Program – two year program
  Topics include: Basic University Skills, Communication and Group Dynamics, Early Intervention, Differential Response, Working with Aboriginal Families, Suicide, Effects of

Abuse, Neglect and Trauma, Mental Health, Family Violence, Case Management and CFSIS, Community and Organization Theory.

- Aboriginal Child and Family Services Diploma – three year program
  Topics include: English Composition, Human Behaviour and Social Work Practice, Interpersonal Communication Skills, Orientation to Child Welfare, Addictions, Human Development in the Family, Community and Organization Theory, Aboriginal People and Social Work, Family Issues Across the Life Span, Childhood Developmental Health, Introduction to Social Welfare Policy, Introduction to Social Work Practice, Children in Alternate Forms of Care, Risk and Resilience in Behaviour and Social Development, Critical Intervention in Social Work Practice, Case Documentation in Child Welfare.

Aboriginal Focus Programs also offers a Community Wellness Diploma program focused on counselling and working in the community. The Aboriginal Focus Programs have delivered these programs of study within First Nations communities and AFP continues to develop training that is relevant to community needs.

While the safety of children is paramount, the ubiquitous nature of child welfare – the fact that sometimes for service it is, indeed, the only game in town – lends itself to a strong argument for child welfare workers who are able to work beyond a narrow child welfare case management mandate and work with and within the community towards long term sustainable change. This requires knowledge of the community, the ability to build trusting relationships, and a vision that goes beyond individual child protection to community change. Some attention to structural issues, then, might be necessary. It is certainly essential that all social work education contains information about colonization, residential schools and their long term intergenerational impacts, and trauma-informed practice principles.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

Several key areas of concern emerged in the discussions of the recommendations relating to education and training, the requirement that social workers in the child welfare system hold a BSW, and the need to actively encourage Aboriginal people to join the social work profession.

- The *Social Work Profession Act* comes into force in April 2015, and from that time on, social workers in Manitoba will be required to be certified by and registered with the Manitoba College of Social Workers (currently known as MIRSW). It will be important to ensure that this transition is managed well.

- With the coming into force of the act, it is reasonable to expect that there will be increased interest in and demands placed on social work programs in the province. It will be important to ensure that these programs are available and accessible to students
- A Bachelor of Social Work program can provide students with a strong theoretical background for social work, but does not necessarily prepare them for the day-to-day work of delivery services in a child and family services agency, particularly at First Nation and Metis agencies.
- The financial and personal costs associated with participation in a BSW program can be a significant burden both for students and for agencies that are supporting their workers through those programs.

The options for actions presented below focus on addressing these areas of concern.

Ensure that the Manitoba Institute of Registered Social Workers (MIRSW)/ Manitoba College of Social Workers (MCSW) has the resources needed to successfully manage the transition to the professionalization of social work practice.

Responsible parties:

- Manitoba Institute of Registered Social Workers/Manitoba College of Social Workers
- Manitoba Family Services
- representatives of social work related programs at Yellowquill College, University of Manitoba's Aboriginal Focus Programs, and Assiniboine Community College.

Time frame:

- immediate action: Manitoba Family Services meets with MIRSW to discuss and assess their needs (in the context of the implementation of the requirement that all workers delivering child and family services be certified and registered with MCSW) with respect to technical expertise, advice, funding and other resources that will support a smooth transition to the professionalization of social work practice and throughout the three-year grandfathering period established in *The Social Work Profession Act*. Once these needs have been assessed, Manitoba Family Services and MIRSW can collaborate on the development and implementation of a plan to ensure that, as much as reasonably possible, these resources are made available to MIRSW. This may require contributions from other provincial government departments, and other stakeholders; MIRSW develops a communication plan with key messages that will help reduce anxiety, fear or confusion about the registration process; MIRSW develops and implements a plan for ongoing tracking and evaluation of the processes and outcomes associated with the coming into force of the act and the professionalization of social work practice. A particular concern is whether the grandfathering period established by the act is adequate to ensure that all social workers who may

rely on that provision have a meaningful opportunity to register with MIRSW/MCSW

- short-term action: representatives of social work focused post-secondary certificate, diploma and other programs (such as the Yellowquill College's First Nation Child and Family Services Worker diploma program, University of Manitoba's Aboriginal Focus Programs, and Assiniboine Community College's Social Service Worker program) meet with representative's of MIRSW to share information about their programs and to clarify whether completion of their program(s) will, in combination with work or volunteer experience, satisfy the criteria for registration established by Item 10 (1) (iii) of the act. This should be determined as quickly as possible, to ensure that students and agencies do not invest resources in programs that will not meet the criteria for registration
- medium- to long-term action: ongoing tracking and evaluation of processes and outcomes associated with the professionalization of social work practice

The University of Manitoba's accredited social work programs and programs that ladder into an accredited social work program will develop and implement strategies to expand these programs to meet the expected increased demand for graduates of the University's BSW program. This includes strategies that will ensure that prospective students have meaningful access to these programs.

Responsible parties:

- University of Manitoba Faculty of Social Work
- The Inner City ACCESS Social Work Program
- The Northern ACCESS Social Work Program
- Aboriginal Focus Programs
- Distance Delivery Program
- Manitoba Education and Advanced Learning

Time frame:

- immediate action: representatives of all relevant programs meet to discuss and begin the process of identifying how and where their programs might be expanded, and to assess where resources to support this expansion might be found and secured
- short-term action: additional meetings between representatives of the post-secondary programs and other stakeholders to develop strategy for expansion of programs. Stakeholders should include representatives of the province's CFS authorities (to gain a more detailed understanding of agencies' need, to explore how existing programs could be made more accessible to agency employees, and to explore what resources they might have available to support employees' participation in programs), Manitoba Family Services and

the Manitoba office of AANDC (to explore and identify ways in which the department and the AANDC office may be able to better support the participation of child and family services workers in BSW and BSW-related programs) and Manitoba Education and Advanced Learning (to assess the extent of support for the expansion of programs). In addition to the expansion of the distance delivery, Aboriginal Focus and ACCESS programs, topics that should be explored in relationship to enhancing accessibility of the programs should include:

    - incorporating prior learning assessment and recognition (PLAR) into the application and admission process
    - transition supports for students who must travel or relocate to Winnipeg to participate in programs
    - enhanced financial supports for students and for agencies whose workers are participating in BSW and BSW-related programs
    - ways in which the BSW programs can be made more relevant to social work practice in the child welfare system, including the introduction of components that focus on child welfare and curriculum focused on culturally appropriate service delivery in Aboriginal communities
    - partnering with CFS agencies to expand opportunities for BSW students to participate in practicums, co-ops or residencies as a way to gather practical knowledge and skills.

- medium- to long-term action: develop and implement plans to expand and increase the accessibility of BSW and BSW-related programs

Adopt an Indigenous Social Work program as the standard for training for Aboriginal social workers.

Responsible parties:

- University of Manitoba Faculty of Social Work
- the two First Nations authorities and the Metis authority
- Manitoba Family Services
- Manitoba Education and Advanced Learning

Time frame:

- short- to medium-term action: fully develop a proposal to support the adoption of an Indigenous Social Work program as the standard for training for Aboriginal social workers
- long-term action: provide program within the University of Manitoba's Faculty of Social Work

Manitoba Family Services, AANDC, the four child and family services authorities, and mandated child and family service agencies work collaboratively to expand

training and education activities for staff working in the child welfare system and provide ongoing support for these activities. The partners should:

- **Provide financial compensation to agencies for costs associated with their support of staff members pursuing BSWs, as well as students completing practicums at their site.**
- **Implement a system of forgivable student loans or tuition coverage for people who agree to contract for return of service for a designated time in the north – for example 3 years for a 3-year degree program (minimum of year-for-year of degree program with additional incentives if workers decide to stay on longer).**
- **Consider introducing an apprenticeship model for new graduates of social work programs, in which they work alongside an experienced worker for some time before they get their own cases or full responsibility.**
- **Ensure that all social workers in child welfare get access to annual training opportunities to keep current in best practices and provide a professional development break from day to day work.**
- **Support agencies to allow staff to participate in professional development and training while ensuring that their caseload is covered.**

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the four CFS authorities and agencies

Time frame:

- short-term action: the collaborative work of the department, AANDC, authorities and agencies to develop these supports should begin as soon as possible
- medium- to long-term action: provide ongoing training and education activities and associated supports

The Child and Family Services Standing Committee establishes a working group to develop a strategy to encourage Aboriginal people to pursue social work in the Manitoba child welfare system as a career. The working group should include recruitment specialists from social work and social-work related programs, Manitoba Family Services, the Manitoba office of AANDC, and individuals with relevant experience.

Responsible parties:

- Child and Family Services standing committee
- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office

Time frame:

- short-term action: standing committee to establish working group
- medium-term action: development and implementation of plan

Supporting the Transition to Adulthood

Beaujot and Kerr, in their paper on youth transition patterns in Canada, note that various social, demographic and economic changes in Canada have altered the transition patterns of youth. Generally, youth take longer to become adults because they postpone or wait longer to leave home, finish school, enter the labour force, form unions, and bear children (Beaujot & Kerr, 2007). Considering this trend among Canadian youth, it is logical to afford these same opportunities (delayed independence, more time to prepare for adulthood) to vulnerable youth. Around Canada, provincial governments and child and youth advocates are making, considering and recommending changes to their extended care and maintenance frameworks in response to the emerging trends in youth transitions.

Policy makers have begun to turn their attention toward providing support and services to ensure improved outcomes for youth leaving care. These include the provision of stable and supportive placements with a positive attitude toward education, maintenance of links with either family members or community supports, a flexible and functional process for graduating from dependence to interdependence, the active involvement of young people in the planning and decision-making processes around leaving care, the availability of a range of accommodation options, and ongoing support as required (Mendes, 2005; McEwan-Morris, 2006; Stapleton & Tweddle, 2010).

The following summary of all Canadian extension of care and maintenance provisions is excerpted from Ontario's Provincial Advocate for Children & Youth's report *25 is the New 21* (The Office of the Provincial Advocate for Children & Youth, 2012, p. 28).

Extension provisions in provincial child protection legislation throughout Canada	
Province or Territory	**Extension Provisions**
Newfoundland	A youth who is receiving services at age 16 may, on turning 18, enter into a Youth Care Agreement to have services extended either to age 21 or the completion of school, whichever comes first.
Prince Edward Island	A youth in permanent care and guardianship who turns 18 and is attending an approved Island education, training, or rehabilitation program may continue to receive services to age 21. A mentally incompetent youth may receive transitional support up to age 21.
Nova Scotia	A youth in permanent care and custody who turns 19 and is either pursuing an education program or is disabled may continue to remain in care until age 21.
New Brunswick	A youth in care under a guardianship agreement or order who turns 19 may enter into a Post Guardianship Agreement to extend care and support to age 24. The youth must be enrolled in an educational program or not be self-

	sufficient due to a physical, mental, or emotional disability.
Quebec	Foster care may be extended past age 18 to age 21.
Ontario	A youth who is a Crown Ward or under customary care who turns 18 may receive support and services under an Extended Care and Maintenance Agreement until age 21.
Manitoba	Care and maintenance of a former Ward may be extended to age 21 to assist in the transition to independence (usually completion of high school or a treatment program).
Saskatchewan	A youth who is a permanent or long-term care Ward who is continuing an educational program or has a mental or physical disability or impairment may receive support to age 21.
Alberta	A youth turning 18 who is the subject of a family enhancement agreement, a custody agreement, a temporary guardianship order, or a permanent guardianship agreement or order may receive financial assistance and services until age 22 under a Support and Financial Assistance Agreement.
British Columbia	A youth in care under an agreement or an order who has significant adverse conditions (substance abuse, behavioural or mental disorder, experienced sexual exploitation), may enter into an agreement at age 19 to receive services and financial assistance up to age 24. The total term of all agreements may not exceed 24 months.
Yukon	A current or former youth in permanent care may receive transitional support services from age 19 until reaching age 24.
Northwest Territories	Agreements and orders can be extended from the youth's 16th to 19th birthday.
Nunavut	A permanent order can be extended from the youth's 16th to 19th birthday.

Extend services up to age 25 for youth receiving services at the age of majority

> **Recommendation:** That *The Child and Family Services Act* be amended to allow for extension of services to any child who at the age of majority was receiving services under the *Act*, up to age 25.
>
> **Reason:** Many young people require support in the transition to adulthood, even past age 21, and this applies not only to those who were in care, but to those whose circumstances put them in need of services under the *Act* (Hughes, 2014, p. 415).

Discussion

In the supporting the transition to adulthood section of the inquiry report, Hughes notes that about 500 Manitoban children each year reach adulthood while in care of the child welfare system, and that they are ill-prepared for this new stage in their lives (Hughes, 2014, p. 412). Hughes concludes: "young people who have been permanent or temporary wards continue to need supports as they transition into adult life in the community. These supports can take many forms, including assistance with housing, education, and employment. They can and should be provided by Child and Family Services, other government departments, and community organizations, either alone or in partnership" (Hughes, 2014, p. 415).

The implementation planning team learned nearly a quarter of the children in Manitoba who are approaching independence (15-18 years old) have spent part of their formative years in care. This become increasingly problematic when you consider that youth in care have poorer social and educational outcomes than other youth. [22]

In issuing this recommendation, Hughes reasons, "Many young people require support in the transition to adulthood, even past age 21, and this applies not only to those who were in care, but to those whose circumstances put them in need of services under the *Act*" (Hughes, 2014, p. 415).

Extending services to the age of 25

The majority of participants agreed with Hughes that most youth require support past the age of 21. They recognized that former youth in care are especially vulnerable, possibly dealing with the ongoing effects of trauma, mental health and exploitation, as well as a host of other issues

[22] For instance, Dr. Marni D. Brownell, in her paper prepared for Phase III of the Phoenix Sinclair Inquiry, finds that children and youth receiving services from CFS had poorer education and social outcomes than children and youth who did not present with one of the following risk factors: being a child of a teen mom, experiencing poverty, and being involved with CFS. For instance, 81.9 percent of youth with none of the three risk factors completed high school within seven years of entering grade 9, compared to 57.2 percent of youth who's only risk factor was receiving services from CFS. Outcomes dropped significantly for youth involved with CFS who also presented one of the other risk factors; 38.5 percent of youth involved with CFS who also had a teen mother and 28.3 percent of youth involved with CFS whose family received income assistance completed high school within seven years of entering grade 9. Outcomes were poorest for youth with all three risk factors; only 15.8 percent of youths with all three risk factors completed high school (Brownell M. D., 2012, pp. 3-4).

that may have led to them coming into contact with the child welfare system. Most also agreed that extensions should be allowed up the age of 25; however, they noted that an influx of resources and more consideration about how the child welfare system will support youth aging out of care is required before the legislation is amended.

Many acknowledged that young people are not ready for independence at the age of majority because they have not been prepared, and they do not have the tools or resources to be a successful adult. One participant explained, "Chronologically, [some youth] might be 18, but developmentally they might be only 12 years old." Participants explained that extensions can benefit youth, who might otherwise not know what to do or where to go once they have aged out of care, and family service workers, who get more time to work with youth who need more support and stability (that is, after they turn 18 years of age). Some participants suggested that supports beyond termination of guardianship should be dependent on vulnerability and not age because "everyone's body reaches 18 at the same time, but their minds may not." Some participants wondered, what makes 25 a magic number? Participants noted that there is no single definition of youth in Canada;[23] age ranges vary but typically encompass young people aged 15 to 24.[24] It was suggested that Manitoba define youth before extending services beyond the age of 21.

Participants acknowledged that most extensions are provided for youth with intellectual disabilities (an IQ quotient below 70 points[25]), followed by youth pursuing post-secondary education or finishing high school. In their progress report on the implementation of recommendations made in their 2006 report, *Strengthening Our Youth: Their Journey to Competence and Independence*, the Office of the Children's Advocate explains, "the majority of extensions involve youth who are on waiting lists for adult services followed by youth who are

[23] Definitions of youth, adolescence, young adulthood, and even emerging adulthood appear to be at odds. The lack of consensus stems from disagreements on whether to define youth in terms of an age criterion, social and economic determinants, degree of autonomy, or other factors. Various Aboriginal organizations also have their own definitions of youth (Reading & Wien, 2009). For examples, the Congress of Aboriginal Peoples, The Metis National Council, and the National Association of Friendship Centres use the 15 to 24 years definition. The Aboriginal Healing Foundation, the Native Women's Association of Canada, and the Assembly of First Nations define youth as those between the ages of 18 and 24. The Inuit Tapiriit Kanatami defines youth more broadly, inclusive of those aged 13 to 29.

[24] Several government programs have extended the age definitions of youth in response to implications highlighted in several studies that examined youth transitioning trends within Canada (Beaujot, 2004; Beaujot & Kerr, 2007; Gaudet, 2007; and Franke, 2010). More recently, definitions of youth have started to include young people from ages 13 years up to 35 years old.

[25] Participants discussed another challenge related to supports for youth with an intellectual disability: despite some young adults not having the functional abilities to be independent, they do not meet the IQ quotient to be eligible for adult supports from Community Living and Disability Services. These youth, who have an "IQ of 70 or over, but despite the risks, adult services won't take them on," are referred to as 'gappers' because they are they fall through the cracks. One participant suggested, "The criteria for adult services need to include functional ability and not just IQ." Additionally, participants acknowledged that Community Living and Disability Services has more specialized knowledge and competence to stabilize and support young adults living with intellectual disabilities than the child welfare system. It was suggested that the child welfare system work with the adult system to ensure that services and supports are available to youth who are transitioning out of the child welfare system but do not meet the IQ quotient that determines eligibility for the adult system.

enrolled in educational programs" (Office of the Children's Advocate, 2012, p. 98). Some participants noted that youth with intellectual disabilities will likely require support beyond the age of 25.

Although extensions are also provided for youth who are finishing or continuing their education, many participants suggested that extensions should not only be available to the "gifted students going to university or high needs kids." Atkinson suggests that youth between the ages of 18 and 24 should be categorized as transitional youths and should receive age-appropriate services consistent with their needs and wants. He suggests that conditions such as remaining in school[26] or pursuing a vocation should not be necessary prerequisites for the receipt of services and support after age eighteen; indeed, it is often the youths who are not in school or not making progress towards employment who most need help (Atkinson, 2008). Others agreed that extensions need to be more inclusive and that young people who do not want to finish or continue their education are often the youth that need extended services the most.

Participants who were not in favour of extending services from 21 to 25 understood that there is a system in place for adults who need supports beyond 18 (ex: Community Living and Disability Services). Several suggested that services for former youth in care should not be the child welfare system's responsibility: "I agree that the services should and can continue until the age of 25 but that's for somebody else to do: adult services [Community Living and Disability Services], maybe? What they need is to be properly resourced to accept the growing influx [of former youth in care]." Many stipulated that the child welfare system should not extend services to young adults but transfer youth directly to a supportive adult system instead. Many noted that the child welfare system does not have the resources or infrastructure to support former youth in care for an additional four years. One participant remarked, "We're running into lots of placement issues already."

The Need for More Data and Concrete Statistics

Participants noted that more data about youth transitioning out of care and their outcomes is required. Tweddle suggests that Canada does not have the capacity to track the outcomes of youth as they leave care, nor identify the types of interventions showing the most promise in helping them to achieve better outcomes (Tweddle, 2005). One participant explained, "We don't necessarily need to know how many kids are in care, we need to know the quality of service they received, their outcomes, if they achieved placement stability." Another noted, "we have stats on numbers of youth on extensions but not their outcomes." The Assembly of First Nations has also called for conducting extensive and methodologically sound research to determine the outcomes of the current child welfare system (Assembly of First Nations, 2012).

Many mentioned that it would be important to consider the outcomes of youth who have been granted extensions in comparison to the outcomes of youth who were not supported passed

[26] In the United States, however, extensions of care have been found to encourage and promote post-secondary educational attainment among foster care alumni (Dworsky & Courtney, 2010).

the age of majority. Both should be tracked to develop a better understanding of the benefits and advantages of extensions. Brownell et al. notes that better information systems are needed to track educational outcomes and socioeconomic status (post-care outcomes) among those who have had prior child welfare involvement (Brownell, Roos, & Fransoo, 2006).

Extensions of service: concerns and challenges

Adults can opt out of services but cannot opt back in. Participants, including youth themselves, noted that young people, generally, and in particular youth who have cognitive issues, including fetal alcohol spectrum disorder (FASD), do not understand the consequences of opting out of extensions of service. One participant said, "Some kids are fine when they're 18, its great, but there are a lot who just aren't. And considering what they've gone through and some of the issues that they have, you can't expect them to be [independent]." Some noted that youth opt out of extensions because they feel they are "being watched, harassed and labeled." Others have tired of their dependence on the child welfare system and want to try being independent and autonomous. One participant noted, "As soon as kids reach 18, they want out. They don't want to have to follow through with all the rules anymore."

One participant explained, "Children in care who age out, at 18, they're an adult, they can make their own decisions now, so 'I'm outta here.' Two months later, they need additional support. Some foster parents let the young person come back and live with them. But not all foster parents. That's why it's important to hook youth up with other supports, identify a young person's natural supports so that when they run into challenges, there are supports there for them. For example, MYS Resource Centre, Ndinawe, their birth family," and other natural supports.

There was general acceptance that youth who have matured out of care should be allowed to return for extended supports if they run into challenges. Part of becoming an adult includes making your own choices. Unfortunately, this a bitter lesson that former youth in care learn. Participants suggested that former youth in care should be afforded the same opportunities as their counterparts who were never involved with the child welfare system. Participants noted that former youth in care do not have the option to return home, as other young adults might. Trends demonstrate that young adults are more likely to continue to live with their parents well into their twenties, or move out at 18 and return home later (Boyd & Norris, 1999).

Participants suggested that more flexibility is required to support youth who have previously opted out of extensions. One participant explained, "These kids have been through hell. Some have this fantasy that they will go home to their family but nobody's worked with the family, so things are the same or worse. They need to be able to return, and get an extension." Some participants noted that the general authority is able to grant extensions to youth who have opted out but wish to return to care within six months of attaining the age of majority. However, the majority of participants believed that youth have to opt in to extensions before reaching the age of majority and that youth cannot return at a later date.

Criteria and eligibility for extending care. Participants were confused about the criteria for extending services to youth. Some CFS agency staff admitted that the criteria for extensions is confusing: "It's really hard to keep up." Many believed that to be eligible for extensions, youth

have to have an intellectual disability, be finishing high school or continuing in post-secondary education. However, the only existing criterion for extensions of service is that youth are permanent wards. There are no other guidelines or eligibility criteria. *The Child and Family Services Act* simply states that extensions of service are provided "for the purpose of assisting the ward to complete the transition to independence" (Manitoba. Legislative Assembly, 2012, p. 50(2)). The lack of clarity around eligibility criteria, or lack thereof, demonstrates a need to develop clearer standards and policies around extensions of service.

Many participants wondered, by "any child who at the age of majority was receiving services under the *Act*," was Hughes suggesting that CFS continue supporting youth in permanent care, temporary care, under voluntary service agreements, and youth who received services while remaining safe at home? Participants noted that it is important to define the eligibility criteria for extensions before amending the legislation. Currently, only permanent wards are eligible for extension. Some participants suggested that extensions should be available for temporary wards. As one person stated, "When some workers go to court after apprehending, they will ask for a temporary ward status up to the age of majority, but they don't realize the challenges this can pose to a young adult," because as temporary wards, they are ineligible for extensions. In Manitoba, the costs and benefits of extending services to temporary wards, as well as other youth receiving services under *The CFS Act*, should be considered. A cost-benefit analysis in Ontario led the provincial child and youth advocate to recommend extending the eligibility criteria to include temporary wards. It should be noted that there are relatively few temporary wards in Ontario.[27]

(**In)Consistency.** Extensions of care and maintenance have increased significantly since 2006. As of March 31, 2014, the northern authority had 96 youth on extensions, the southern authority had 173 youth on extensions, the general authority had 209 youth on extensions, and the Metis authority had 64 youth on extensions. Of the combined total numbers of children in care and adults receiving supports beyond termination of guardianship in Manitoba, 5 percent are adults receiving extended supports. The Office of the Children's Advocate notes, "According to staff from all four CFS authorities, 100% of applications for extensions are being approved" (Office of the Children's Advocate, 2012, p. 98). Participants noted, however, that there are still many youth who do not receive extensions. Some wondered if the youth who did not receive extensions of care opted out, did not meet the existing criteria or were not submitted for extensions by their workers. The Children's Advocate notes, "There are no clear criteria for extensions and no means to review decision making around application for extensions. These

[27] In Ontario, the Office of the Provincial Advocate for Children and Youth undertook a cost-benefit analysis of to assess the costs associated with continuing extended care and maintenance to the age of 25. They found that increased investments in services for youth transitioning from care will result in future cost savings, numerous benefits to society and improved long-term outcomes for youth leaving care (The Office of the Provincial Advocate for Children & Youth, 2012). In their report, *25 is the New 21*, the office recommended that Ontario make legislative amendments to the provincial *Child and Family Services Act* to reflect a maximum age of 25 for extended care and maintenance instead of 21. The office also recommended that eligibility for extended care be extended to include youth in temporary care, noting, "There are not a large number of these youth, since most 16 to 17-year-old youth in care are Crown Wards and youth in customary care" (The Office of the Provincial Advocate for Children & Youth, 2012, p. 58).

decisions are part of a discretionary process involving the caseworker and the supervisor." (Office of the Children's Advocate, 2012, p. 98). Some suggested that standards need to be established to ensure that extensions are not offered at the workers' discretion, but applied consistently to all eligible youth who are receiving services.

Funding for extended services. While many participants supported the idea of extending services to former youth in care up to the age of 25 and expanding the eligibility for extensions to temporary wards and other youth who are receiving services at the age of majority, most noted that such an endeavour must be accompanied by additional funding and resources to support *more* youth *for longer*. Participants noted that a well developed and well funded plan is required before the legislation is amended to increase the age of extensions to 25 in order to support the volume of youth entering and continuing under extensions of service. Participants stated that whether it is "new money or redirected money," more is required to support extensions of care and maintenance. Another said, "Extensions of care need to be properly resourced." One more remarked that if the legislation is amended, "that there has to be funding attached to it, otherwise how are we going to provide services to these [youth]?"

Additional funding to offset the increased workload resulting from extending care to all or some former youth in care until the age of 25 also has to be considered. Participants clarified that this means funding for additional staff to manage the increase in workload and specialized staff to develop transitional resources and ensure that focus remains on youth in transition to adulthood. Others noted that the resource limitations make it difficult to offer every youth an extension; clear criteria defining who the child welfare system will continue to support needs to be established.

Others noted that special consideration must be paid to the unique circumstances of First Nations youth; in particular, how to ensure that jurisdictional issues do not result in different quality of service for those living on and off reserve.

Youth-in-transition: Issues

Transition planning with youth

Participants noted that the child welfare system does a good job of transitioning youth with disabilities to adult supports; the process has been described as having bumps but working. It was suggested that Manitoba Family Services' Child and Family Services Division, in consultation with the four CFS authorities develop inter-sector protocols for youth transitioning out of care and/or into extension of care. Participants gave the example of "*Transitional Planning: Child and Family Services to Adult Supports, a guide for Child and Family Services workers and young persons living with a disability*," which establishes clear guidelines (eligibility criteria, and transition planning steps) and provides other useful material, including program descriptions and contact information. A similar resource that guides the worker and the youth, but with a more general focus on youth transitioning to adulthood (the existing guide focuses on programs and services that serve youth with disabilities) could support improved planning processes; and, more importantly, support workers who do not have the time to locate specialized resources and develop detailed resource lists.

Participants noted that workers need to start transition planning earlier. The age of majority planning standards states:

> 9. Age of majority planning – The case manager ensures that a plan for a child aged 16 and older includes preparations for becoming an adult such as:
>
> - referral to appropriate adult services in keeping with *Bridging to Adulthood: A Protocol for Transitioning Students with Exceptional Needs from School to Community*
> - extension of support services and development of other support systems (for example, extended family, others)
> - assessment and development of skills for independent living (Child Protection Branch, 2014)

Some noted that case planning is critical as it provides an opportunity to involve youth in decision-making, ultimately empowering the youth to **own** their plan and, therefore, participate actively in executing the plan. Some suggested that planning for youth's transitions should always include life skills development. Others suggested that job training and career development should also be prioritized during age of majority transition planning. Participants acknowledged that not all youth can engage in transition planning. One noted, "you can transition plan with some kids, but not others." Participants explained that if a youth's placement is breaking down, workers prioritize stability, not transition planning. Most participants suggested that workers should be transition planning with youth by the age of 15 and no later than 16.

Participants also suggested that during transition planning, it is important to define a successful transition to adulthood in order to establish whether or not the child welfare system is supporting successful transitions. One suggested, "Successful transitioning might include teaching young people to make connections, making sure they are in a job, being supported, learning now to access resources and handle responsibility, knowing how to get and keep an apartment, and achieving maturity." Participants suggested that youth should individually define a successful transition as a benchmark for ensuring that the youth has achieved a successful transition. This information can help improve service delivery, staff training, standards and other elements of youth transition planning.

Building and maintaining connections with family

Research has begun to recognize the importance of the biological family to youth in care. Youth have better outcomes when they have strong social supports and feel connected to their family, school, and community (Courtney et al, 2001; Leslie & Hare, 2000; McCreary Centre Society, 2004; 2006; Tweddle, 2005). Further, high-risk youth experience better post-care outcomes if they have strong support networks, including the presence of family members (Ministry of Children and Family Development, 2002).

Youth who age out of care naturally gravitate to their biological family once they reach adulthood even after spending years in foster care (Barth, 1990). Randi O'Donnell notes that

there is a growing trend in child welfare within the United States toward recognizing the importance of facilitating and maintaining connections between children in foster care and their biological parents even where parents have had their parental rights terminated (O'Donnell, 2010).

Participants noted that families need to be included in transition planning because youth tend to transition back home after care. They acknowledged that families should be provided with the resources they need for youth to successfully transition back home after reaching the age of majority.

Housing: a major barrier to successful transitions

Many youth leaving the child welfare system face homelessness.[28] Siloam Mission notes that former youth in care comprise 43 percent of the homeless population (Siloam Mission, 2014). The kinds of accommodation and support that are appropriate for youth transitioning out of care need to be carefully considered. The range of accommodation options for young people in Canada who are without the support of parents or guardians typically includes emergency shelters, transitional housing, group homes, supported housing and independent living, depending on the community in question.

Some participants expressed concern about the lack of placements available for youth leaving care. In some cases, placements break down when youth are on extensions because youth find it difficult to reconcile their newfound adulthood with living under the same rules they had in childhood. Foster parents noted that when youth stay in their foster homes after they turn 18, they struggle because "there's still rules, there's still boundaries."

Independent living programs (ILPs), which incorporate life skills and personal development, are one strategy frequently used to improve outcomes for young people leaving care (Montgomery, Donkoh, & Underhill, 2006). The implementation planning team heard that youth leaving care need more independent living options. Youth leaving care need supportive, secure and independent placements. As one participant stated, "Some of our teens do not want to live independently and they do better in a home where they know they're making progress instead of living on their own... If they live in this group of kids, they learn from that group of kids to be responsible, to be independent, to be a good role model, to be a good person." A

[28] Gaetz's report on homelessness among youth and young adults draws on an existing base of research in Canada, the United Kingdom, Australia and the United States, in order to identify effective approaches to youth homelessness policy and practice. He notes that, "in seeking to end youth homelessness, the focus should be on developing integrated homelessness strategies with the goal of ensuring that no young person becomes homeless as a result of the transition to independent living. This report argues that such strategies should have the following components: 1. Develop a plan. 2. Create an integrated system response. 3. Facilitate active, strategic and coordinated engagement by all levels of government and interdepartmental collaboration. 4. *Adopt a youth development orientation* [emphasis because a lot of young people leaving care are told what to do as opposed to being asked for their input on decisions that affect them]. 5. Incorporate research, data gathering and information. The key to the framework is a detailed three-part model that incorporates prevention, emergency services, as well as accommodation and supports, as part of a comprehensive strategy to end youth homelessness (Gaetz S. , 2014). The framework could be helpful in producing support structures for youth aging out and in extensions of care.

mentoring system and community for former foster care youths could assist youth in obtaining social support similar to that of their peers (Atkinson, 2008).

Participants identified other models, including the transitional housing program at the YWCA in Prince Albert, Saskatchewan that offers a supportive living environment for youth ages 16 to 21 as well as the tools and opportunities for social and skills development (including budgeting, meal preparation and other life skills). One participant explained, “they're being cared for, and it's teaching them how, eventually how, to live in their own apartment.”

Participants worried that due to the lack of housing in the north, many youth gravitate towards urban centres, typically Thompson or Winnipeg, where their vulnerability increases. Participants suggested that resources to support youth transitioning from rural or reserve communities to an urban centre should be developed. Some noted that Thompson could use an organization like Eagle Urban Transition Centre in Winnipeg that supports youth transitioning from communities in the region for high school and post-secondary education. One participant remarked, “Another thing I'd love to see is, because we're in a hub in the North… we have children that come in because there's no high school on a lot of reserves… So I would love to be able to get some kind of program that supports and mentors these kids that come in from out of town, to make sure that they're adequately supported, to keep them from ending up being a child in care or in trouble with the law.”

Participants suggested that Manitoba should invest in staffed transitioning homes for youth exiting care, particularly in the North, where there is less housing available. One participant noted, “Youth leaving care need support and they need assistance getting into housing.” Others suggested community transitioning or receiving homes to help support youth through their transitions in their own communities. Participants suggested that the northern authority develop, in consultations with their funders, agencies and communities, well-staffed, affordable housing options for youth transitioning out of care and other systems of dependence. Programming to support youth’s transitions could be offered on site. Participants noted that special consideration should be given to staffing these resources and developing a process to transition youth out of the transitional homes, given the lack of available housing. One participant asked, “Once you build it, how do you support the people that are coming? And how do you transition people out of that?”

These are not unfamiliar suggestions. In the Office of the Children’s Advocate’s 2006 report on youth leaving care, *Strengthening Our Youth*, the office recommended, “That the Department of Family Services and [then] Labour, along with the Manitoba Housing Authority, develop a number of housing units in the province solely for youth leaving care.” The office stipulated that those housing units should include short-term transition and emergency housing options as well as long-term apartments, and that those housing units must be affordable and located in areas that are safe and close to public transportation. In 2012, the Office reported that there has been some progress on the recommendation (Office of the Children's Advocate, 2012, pp. 37-38), which included the launch of a four-year pilot in 2009, the Manitoba Youth Transitional Employment Assistance Mentorship project, or MYTEAM. MYTEAM is a partnership between Manitoba Housing and Manitoba Family Service’s Employment and Income Assistance Program and Child Protection Branch. The project provides housing, financial assistance, education or

employment preparation, and support in life skills to youth aged 16-21 who are temporary and permanent wards of a child and family service agency. Initially, only temporary wards were eligible, but the criteria were expanded to support increased participation. The implementation planning team heard from youth that MYTEAM is a valuable project. Participants noted that more spaces in similar programming are required, especially in the North.

Training to help prepare youth for adulthood

In their 2012 progress report, *Strengthening Our Youth*, the Office of the Children's Advocate noted, "All recommendations related to training programs for service providers and caregivers were referred to the Joint Training Team (JTT). The JTT is composed of training coordinators from all Authorities as well as Manitoba Family Services and [then] Labour and reports to the child and family services Standing Committee. In 2011, the Preparing Youth in Care for Independent Living Training Program Working Group was established with representatives from all Authorities, the Manitoba Foster Family Network, VOICES: the Manitoba Youth in Care Network, other community organizations and government departments. This work group is tasked with developing training programs on age of majority and transition planning for youth aging out of care" (Office of the Children's Advocate, 2012). The office suggested that "this work group consider assuming the task of developing life skill competencies for youth as part of the training package. These life skill competencies should include the knowledge and skills youth should have at different age points. For example, by age 16 all youth in care should have a bank account."

The implementation planning team learned that the working group is piloting a training course, Preparing Youth for Successful Adulthood, a PRIDE (Parent Resources for Information, Development and Education) Speciality Module that is expected to become part of the core competency training following an evaluation. The pilot session has 23 participants that represent agency staff, foster parents, staff from children and youth-focused community-based organizations, educators, and youth in care. Four sessions spread over a month address the seven life dimensions: cultural and personal identity formation, supportive relationships and community connections, physical and mental health, life skills, education and training, employment, and housing (Child Welfare League of America, 2007, pp. 90-91). The training manual is modeled on the PRIDEbook, which is licensed through the Child Welfare League of America. The pilot is expected to wrap up in early January 2015 and then undergo an evaluation.

Partnerships and collaboration for enhanced youth service delivery, accessibility and coordination

Participants suggested that the child welfare system should collaborate with others to support youth's transitions and ensure that youth's needs are met. As one person noted, "agencies need to develop partnerships with collaterals agencies, CBOs and government departments, for example EIA and housing, that can support this transition." Participants suggested that collaboration should take place between foster parents, caregivers, families, the child welfare

system, other departments, collateral service agencies and community based organizations. Some suggested that health, mental health, housing and other systems should play a larger role in supporting youth's transitions.

Many participants acknowledged the role that community plays in transitioning youth to adulthood. Others suggested that community based organizations (CBOs) are better suited to provide services for young adults emerging from the child welfare system. Many CBOs already work with youth in care and former youth in care, including RaY (Resource Assistance for Youth), Urban Eagle Transition Centre, and Ndinawe, among others. These organizations can provide valuable services and supports for youth transitioning out of care but they need more funding to provide better (increased availability and accessibility) programs and services that are practical, flexible and address the needs of youth. Others noted that government services also need to improve their services for youth. One participant said, "We need support from adult services [Community Living and Disability Services]; EIA rates are so dismally low; housing is not good. These programs need to be improved so that extensions can be more successful. We need more support from the province."

Some inter-sector partnerships have been established that support youth in transition. For instance, the general authority has arranged with the University of Winnipeg, Winnipeg Technical College, Red River Community College and other post-secondary institutions for some tuition waivers for permanent wards aging out of care. Since September 2012, current and former youth in care from all four authorities have benefited from these partnerships (Hughes, 2014, p. 413).

The implementation planning team also heard about a new Aftercare Benefits Initiative in Ontario that was developed in response to recommendations made in a youth-focused report released in 2013. This initiative is founded on inter-sector collaboration. Since the summer of 2014, eligible former youth in care ages 21 to 24 can access:

- health and dental services, including prescription drugs, vision care and hearing aids
- extended health services, such as physiotherapy, psychotherapy, acupuncture, and chiropractic treatment
- additional benefits, including therapy and counseling (Ontario Ministry of Children and Youth Services, 2014)

An inter-sector strategy to improve services for former youth in care

Participants noted that the vicious cycle of youth transitioning from care into homelessness and poverty, and then back into the child welfare system, but this time as the next generation's parents, needs to end here and now. It was suggested that an inter-sector strategy for former youth in care be developed in consultation with stakeholders, including youth in care and former youth in care. Participants noted that the strategy to support youth transitioning out of care should reflect the barriers that youth face in their transitions to adulthood, including a lack of housing and income support, and the shortage of specialized resources to support youth transitioning out of the child welfare system.

Participants noted that a strategy to support youth in care requires a whole-of-government approach. It was suggested that the issues of former youth in care be brought to a high level inter-sector committee like the Healthy Child Manitoba Committee of Cabinet. Others noted, however, that Healthy Child has a focus on the early years (0-6) and that youth may be better served by another cross-department committee. Participants noted that the All Aboard Poverty Reduction and Social Inclusion Committee, which the minister of Manitoba Family Services currently co-chairs, may be better suited to address the unique concerns of youth transitioning out of care. The All Aboard Committee is comprised of

- the ministers responsible for policies, programs and services that affect poverty reduction and social inclusion
- community representatives
- representatives from the Premier's Advisory Council on Education, Poverty and Citizenship

The All Aboard Committee is responsible for Manitoba's Poverty Reduction and Social Inclusion Strategy, which reflects a concerted government-wide effort to reduce poverty and promote social inclusion in all regions of Manitoba. The committee was established by *The Poverty Reduction Strategy Act*. The act specifies that the strategy must address multiple needs and recognize that certain groups face a higher risk of poverty and social exclusion. The committee ensures that the strategy targets the most vulnerable and addresses four pillars:

- safe, affordable housing in supportive communities
- education, jobs and income support
- strong, healthy families
- accessible, coordinated services

It was suggested that the All Aboard Committee consider how Manitoba's Poverty Reduction and Social Inclusion Strategy can support former youth in care.

A unique service tier for former youth in care

Participants largely agreed that the child welfare system needs to put more emphasis on transitioning youth to adulthood well before youth reach the age of majority. However, many debated whether or not the child welfare system should be responsible for youth after the age of majority. Some participants suggested that youth should be transferred to a new system once they reach age 18 because "child welfare workers don't have the time and they have other priorities." Some clarified that child welfare is protection-focused and while youth transitioning out of care are vulnerable, another system could provide them with more focused and specialized resources and supports.

Others suggested that it is important that youth perceive after care service delivery as different from the care they received in the child welfare system. Atkinson suggests that the treatment of adult youth should be dramatically different from that of minor youth, and that involvement

should be structured in a way that promotes autonomy (Atkinson, 2008). One participant remarked, “Often [the youth leaving care] don't have a friend. It's not just about an apartment, it's about building connections.” Some acknowledged that young people gravitate towards places of trust, where they have a sense of belonging and know that somebody will support them. A participant noted, “That's what the kids keep running to... the trust. So we need to build a place where they can trust.”

Some participants suggest that another department entirely or a new tier of services under Manitoba Family Services should be responsible for supporting former youth in care. One participant asked, “Why isn’t there a department for children that have aged out?” Participants suggested that another service tier could support youth’s transition to adulthood as well as their transition out of the child welfare system; former youth in care would no longer be working with their child welfare worker, but rather new service providers who support independence and autonomy. Some suggested the new tier be called something that reflects this, like Post-Child and Family Adult Living or AfterCare Adult Services. Participants noted that if another system assumes responsibility for providing services to young people on extensions of care and former youth in care, then it should be properly resourced to deal with this responsibility.

Some participants envisioned transitional services for youth as hubs where service providers are co-located to improve access to services, resources and support. Participants suggested that this hub would operate with youth-first principles, and advocate on youth’s behalves. They may offer life skills and other programming on site. One participant remarked, “We need a transitional service that is set up for children who require or opt in to support beyond termination of guardianship, which is not a child welfare worker, which is a system of independence, not a system of dependence.” Participants noted that transitional services need to be individualized and youth-focused.

Other ideas for supporting youth in transition

Participants made other suggestions geared towards supporting youth in care and former youth in care, including:

- create a separate three-digit provincial number (ex: 611) for youth to call for assistance navigating the child and adult systems
- extend services to young adults who are not involved with the child welfare system but who need support in their transition to adulthood
- increase the funding provided to young people leaving care. Several years ago, the Manitoba government approved the amount of $1,000 for youth leaving care; this amount has not been increased to reflect the rising cost of living
- special-rate teenagers in foster parents’ per diem rates; parents need extra support to keep teenagers engaged during this critical period
- fund in-home skills building supports and other mentoring support for youth

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

Canadian trends demonstrate that youth often require supports well into their twenties.

> **The Manitoba government amend *The Child and Family Services Act* to enable extensions of care and maintenance for youth up to the age of 25 based on criteria developed in consultation with youth who have been in care, and with representatives of CFS agencies and authorities, and youth-serving community-based organizations.**
>
> Responsible parties:
>
> - the Manitoba government including Manitoba Family Services
> - youth in care and former youth in care
> - community based organizations serving youth
>
> Time frame:
>
> - short-term action: consult with stakeholders, including youth who have been in care, to define youth and consider the needs associated with extending services for longer to more youth; analyze the costs and benefits of extending services to some or all youth receiving services under *The Child and Family Services Act*; develop criteria for extensions of service (ex: include temporary wards, up to the age of 25)
> - medium-term action: draft amendments to section 50(2) of *The Child and Family Services Act*, as necessary, and adopt in Legislative Assembly

Children and youth should be strengthened by their care experiences, but the data demonstrates that former youth in care experience poorer social and educational outcomes than other youth. This is alarming, particularly in light of the fact that nearly a quarter of all children in Manitoba approaching independence have spent part of their formative years in care. A strategy to support former youth in care requires a whole of government approach. Considering the outcomes of former youth in care, Manitoba's Poverty Reduction and Social Inclusion Strategy seems like a good fit.

> **The minister of Family Services ask the All Aboard Committee to consider, as part of Manitoba's Poverty Reduction and Social Inclusion Strategy, developing a strategy that provides wraparound services for 18 to 25-year-olds, particularly former youth in care. Components of this strategy might include:**

- **A new service tier or program, guided by a framework and standards that focus on support rather than protection, a come-and-go philosophy that provides a supportive space for youth when they need support, and resourced with sustainable funding tied to specific self-defined outcomes for the youth who access services and supports.**

Responsible parties:

- minister of Manitoba Family Services
- All Aboard Poverty Reduction and Social Inclusion Committee

Time frame:

- immediate action: minister brings request to the All Aboard Committee
- short- to medium-term action: consult with stakeholders; develop a strategy that targets former youth in care and addresses their unique needs
- medium- to long-term action: implement the strategy

Community based organizations and other collateral agencies can support the child welfare system in preparing youth for adulthood.

Manitoba Family Services and other departments strengthen the capacity of the community to play a central role in the provision of supports and services for youth and former youth in care; this may include ongoing (not project-based) funding for youth-serving community based organizations.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that fund the community sector that serves youth
- community based organizations and collateral service providers that serve youth

Time frame:

- immediate to short-term action: consult with community service providers in regards to capacity and needs associated with an increased role in service delivery for youth and former youth in care
- medium-term action: address needs, as identified in consultations

The age of majority planning standard suggests that workers begin transition planning with youth at the age of 16. However, due to workers' sometimes unmanageable workloads, the difficulties they face in engaging some youth in the transition planning process and the lengthy referral processes for admission to adult supportive services (Community Living and Disability Services), some youth are not being prepared for adulthood by the age of majority.

Manitoba Family Services, in consultation with the four CFS authorities, amend the age of majority planning standards to require workers to begin transition planning with youth at the age of 15.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards and policies related to planning; consult to develop the new standard
- short-term action: draft and distribute new standard

Transition planning is key to preparing youth for adulthood.

Manitoba Family Services and the four CFS authorities develop and introduce tools and practice guidelines for CFS workers that will support a successful transition to adulthood for youth in care, including a youth transition checklist and a corresponding youth transition case planning template that both the worker and the youth will retain a copy of for their records.

Responsible parties:

- Manitoba Family Services, CFS Division
- the four CFS authorities
- youth in care and former youth in care

Time frame:

- short-term action: consult with youth to determine key features of a successful transition; develop a corresponding checklist and case planning template for age of majority transition planning

Too many young people who would benefit from extensions of service fall through the cracks because their workers believe them to be ineligible for extensions (due to confusion about eligibility) or do not submit them for extensions (due to youth's lack of interest, or the worker's workload or apathy).

Manitoba Family Services, in conjunction with the four CFS authorities, develop standards and policies that clearly articulate criteria and eligibility for extensions of care and maintenance, and ensure that extensions of care and maintenance are applied consistently across all four authorities.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: consult to develop new standard and policies related to extensions of care and maintenance;
- short-term action: draft and distribute new standard

Youth need assistance preparing for a successful adulthood. Education and training for the adults in youth's lives will support a successful transition.

Manitoba Family Services and the CFS authorities facilitate youth transition training for CFS agencies, families and alternative caregivers caring for youth, and community based organizations that provide services for youth.

Responsible parties:

- Manitoba Family Services, CFS Division
- The four CFS authorities and agencies
- families and alternative caregivers that care for youth, including foster parents, residential treatment centres, and residential care facilities
- community based organization that serve youth

Time frame:

- immediate to short-term action: evaluate PRIDE's Preparing Youth for Successful Adulthood training pilot that finished in January 2015
- short-term action: make necessary revisions or adapt and pilot a new model
- medium-term action: add transition prep courses to core competency training and ensure that CFS workers, community service providers and caregivers that work with youth have access to training

Ensure youth have an individual social worker available to support a successful transition into adulthood

Recommendation: That a program be implemented to ensure that children who have been receiving services under the *Act*, at age 18, have available to them an individual social worker to coordinate services and ensure that they receive the necessary support for a successful transition into the community.

Reason: Young people need help navigating a successful transition into adulthood (Hughes, 2014, p. 415).

Discussion

In issuing this recommendation, Hughes reasons that youth "need help navigating a successful transition into adulthood (Hughes, 2014, p. 415).

Research demonstrates that having a positive relationship with a stable, caring adult is an important asset and protective factor for young people as they navigate the transition from adolescence to young adulthood (Kurtz et al, 2000, Loman & Siegel, 2000, Mann-Feder & White, 2001; NGA Centre for Best Practices, 2007). Participants noted that they see the same children, youth and families dealing with social worker after social worker and that there appears to be very little continuity of service for youth transitioning out of care. There was general consensus among participants that worker continuity is important for youth reaching adulthood, but that continuity is complicated by worker turnover and other factors. Another concern was that family service workers do not have a lot of time for transition planning and life skills development with the youth in their caseloads because their focus is on the highest needs cases: "a lot of crisis intervention, a lot of AWOL's, a lot of high-risk behaviours." Other issues, such as licensing for residential care and the application process for extensions and adult supports, also result in delays that leave workers scrambling to find placements for youth who are days away from the age of majority.

Youth transition workers

Participants suggested that CFS agencies should have a full time designated youth transition worker who specializes in adolescence.[29] Some agencies have an age of majority worker who works one-on-one with youth around age 16 to teach them independent living skills, among other things. Other agencies have a youth engagement worker who does long term planning with youth. Some of the CFS authorities have age of majority specialists who may develop resources and guidelines for their agencies.

Participants recognized that it is unrealistic to expect that a family service worker with a caseload that represents a diverse group of children, youth and families would have the know-how or time to focus on youth transitions. Some participants who worked at CFS agencies noted that it is difficult to find the time to work intensively and one-on-one with young people transitioning toward adulthood. Participants also noted that it is not feasible to have a youth

[29] Service delivery should include social workers who specialize in adolescents (Atkinson, 2008).

worker who carries a caseload due to staffing allowances and because it does not support worker continuity to transfer a young person aged 15 or 16 to a new worker. Rather, participants suggested that new staff positions (youth transition workers) could be a general resource for the agency, workers, caregivers, and for youth.

Participants noted that transition workers should be youth-centered, and play an important role in coordinating services for youth before and beyond the age of majority. Some participants hoped that these workers could provide more intensive supports to youth (ex: help getting their SIN number, opening a bank account), the kind of intensive supports that case managers do not have the time for. Additionally, participants noted that while continuity of workers is not always feasible, a transition worker who, for instance, maintained a record of youth's transition plans, could limit or decrease the effect of a transfer on the youth and ensure **continuity of care**.

Participants noted that working with youth on extensions of care is very different than working with younger children and youth. "It's a different way of working. It will require different legislation and different standards." Some suggested that standards for youth on extensions should reflect youth's independence and adulthood by, for example, calling for meaningful face-to-face visits up to every 90 days instead of every 30, depending on the youth's levels of independence and vulnerability.

Participants suggested that youth transition workers would develop relationships with service providers and resources in the government and community sectors. The transition worker would work with the youth and their family service worker to build connections with family and community until the youth had successfully transitioned out of government care to community supports (staff at a community based organization or collateral agency who will mentor and support the youth) or a new aftercare service tier.

It was suggested that the proposed transition workers might look a lot like the Youth-in-Transition workers that Ontario has developed. Ontario recently committed to helping young people transitioning out of care find the right supports and services by creating 50 Youth-in-Transition worker positions across the province. The Youth-in-Transition workers will help young people ages 16 to 24 by:

- securing local affordable housing
- finding education and employment resources to help cover the cost of post-secondary education and training, or to find a job
- identifying skills training, such as financial literacy courses and meal planning
- accessing health and mental health services like being connected with a family doctor and counseling.
- locating legal services, including advice for youth in the justice system (Ontario Ministry of Children and Youth Services, 2014)

Participants noted that similar positions should be funded federally to ensure that First Nations youth receive the same quality of services.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

Workload is a significant barrier to meaningful engagement between a worker and a youth receiving services under *The CFS Act*. Workers have little time to plan and support youth transitions while crises and other immediate concerns take up their attention. Workers need additional support to prepare youth for adulthood.

Manitoba Family Services and AANDC improve transition supports for youth in care by providing funding to each CFS agency to support, at minimum, one youth transition worker position.

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the four CFS authorities and agencies

Time frame:

- Immediate to short-term action: consult to develop terms of reference for transition workers that may include
    - supporting case managers by alerting them to impending milestones of youth in care and deadlines for applications to adult supportive services
    - facilitating transition-focused training for workers, foster parents and community partners to ensure that youth are developing the life skills and other skills required to live independently after leaving care
    - building relationships with community partners and adult service systems to improve access for youth after care (EIA, housing, health and mental health services)
    - developing resources for youth, independently or in partnership with community partners who work with youth, that help prepare youth for adulthood
    - developing an inventory of resources and services to help youth and workers navigate the system
    - developing other supports and resources for youth in care and former youth in care
- short- to medium-term action: agencies post and hire transition workers

Children's Advocate

In Manitoba, the mission of the Office of the Children's Advocate (OCA) is "to ensure the voices of children and youth involved with the child welfare system are heard" (Office of the Children's Advocate, n.d.). As an independent office of the Manitoba Legislative Assembly, the OCA is mandated by *The Child and Family Services Act*, with responsibilities that include reviewing, investigating and providing recommendations that relate to children who receive services under the act. The thirteen recommendations that Commissioner Hughes presents in this section of the report are intended to expand the OCA's mandate and strengthen its independence. The more broadly empowered advocate (renamed the Manitoba Representative for Children and Youth) would have the authority to advocate for all children and youth in Manitoba who receive or are entitled to receive public services, provide more supports to help families become more effective advocates for their families, and focus more strongly on the service experiences of First Nation and Metis children, youth and families.

Advocate for all children

1. **Recommendation:** That the position of a Manitoba Representative for Children and Youth be established under its own legislation, titled *The Representative for Children and Youth Act*, with these features:

    a. status as an Officer of the Legislature, with the same independence afforded to the Ombudsman and Auditor General,

    b. a mandate to advocate not only for children in the child welfare system, but for all children and youth in the province who are receiving or are eligible to receive any publicly funded service,

    c. responsibility to review not only deaths, but also critical injuries to any child in care and any child who had been involved with child welfare during the previous year, and

    d. authority to make special reports to the Legislative Assembly where considered necessary, including reports on compliance with recommendations made previously by the Representative under the Act, such special reports to be delivered to the Speaker and the Standing Committee on Children and Youth.

    Reason: Manitoba needs a truly independent officer of the legislature, with authority to advocate for all Manitoba children who receive, or are entitled to receive publicly funded services, and to report on matters that concern them (p. 423).

2. **Recommendation:** That the Representative be appointed by a resolution of the Legislative Assembly, on the unanimous recommendation of the Standing Committee on Children and Youth following a search for a suitable candidate. In making its recommendation, the Committee must be required by the Act to consider the skills,

qualifications, and experience of the candidate, including the candidate's understanding of the lives of Aboriginal children and families in Manitoba.

Reason: This is an important position that requires the support of the child welfare system, and because of the large numbers of Aboriginal children to be served, it requires a person with understanding of their varied concerns and circumstances (p. 424).

3. **Recommendation:** That the Representative for Children and Youth be appointed for a five-year term with an option for a second term, but no one should serve in the position beyond 10 years.

   Reason: A term in office of between five and ten years offers a balance between the need for experience in the position, and the advantages of fresh energy and insights that a new office holder can bring (p. 424).

4. **Recommendation:** That a Deputy Representative be appointed by the Representative for Children and Youth.

   Reason: This will be a close working relationship and it will be important that the Representative be free to choose a person who complements the Representative's own strengths and areas of expertise (p. 424).

5. **Recommendation:** That a Standing Committee on Children and Youth be established as a standing committee of the Legislature, and the Representative be required to report to it at least annually and to discuss special reports, and on other appropriate occasions.

   Reason: This committee will be a forum for collaboration between the Representative and the Legislature and it will promote greater understanding, both in the Legislature and in the public, of the workings of the child welfare system (p. 424).

6. **Recommendation:** That the Representative be required to prepare:

   a) an annual service plan, with a statement of goals and specific objectives and performance measures, and

   b) an annual report including a report on the Representative's work with Aboriginal children and families and with others, and comparing results for the preceding year with the expected results set out in the service plan.

   Reason: This is a mechanism for ensuring accountability of the Representative to the people of Manitoba (p. 424).

7. **Recommendation:** That all annual reports, special reports, and service plans are to be made public, following delivery to the Speaker for placement before the Legislative Assembly and the Standing Committee on Children and Youth.

   Reason: These will enhance public understanding of the child welfare system, and of the challenges facing other children in the province who are receiving, or are entitled to receive other publicly funded services (p. 425).

8. **Recommendation:** That in the hiring of all new staff for the Office of the Representative, except those filling clerical roles, consideration be given to an applicant's understanding of the lives of Aboriginal children and families in Manitoba.

   Reason: A great deal of the work of this office will be with Aboriginal children and youth and their families: it is important not only that staff have an understanding of their concerns and life circumstances, but also that the people who need its services feel comfortable approaching the office (p. 425).

9. **Recommendation:** That at the end of the term of the current Children's Advocate, an acting Children's Advocate be appointed, pending enactment of new legislation to create a Representative for Children and Youth. If any amendment to existing legislation is required to make that possible, that should be done now.

   Reason: This will ensure a smooth transition to the new position of Representative for Children and Youth (p. 425).

10. **Recommendation:** That the new Act contain provisions similar to the following, which are contained in Section 6(1) of the *Representative for Children and Youth Act of British Columbia*:

    6(1) The Representative is responsible for performing the following functions in accordance with this Act:

    (a) support, assist, inform and advise children and their families respecting designated services, which activities include, without limitation,

    (i) providing information and advice to children and their families about how to effectively access designated services and how to become effective self-advocates with respect to those services,

    (ii) advocating on behalf of a child receiving or eligible to receive a designated service, and

    (iii) supporting, promoting in communities and commenting publicly on advocacy services for children and their families with respect to designated services,

    (a.1) support, assist, inform and advise young adults and their families respecting prescribed services and programs, which activities include, without limitation,

    (i) providing information and advice to young adults and their families about how to effectively access prescribed services and programs and how to become effective self-advocates with respect to those services and programs,

    (ii) advocating on behalf of a young adult receiving or eligible to receive a prescribed service or program, and

(iii) supporting, promoting in communities and commenting publicly on advocacy services for young adults and their families with respect to prescribed services and programs,

(b) review, investigate, and report on the critical injuries and deaths of children as set out in Part 4,

(c) perform any other prescribed functions.

Reason: These provisions have worked to the benefit of children and youth in British Columbia and I have every reason to believe that they will bring similar benefits in Manitoba (p. 425-426).

11. **Recommendation:** That in drafting the new legislation, reference be made to British Columbia's *Representative for Children and Youth Act* to ascertain whether provisions other than those addressed in the above recommendations are suitable for inclusion.

    Reason: These provisions have worked to the benefit of children and youth in British Columbia and I have every reason to believe that they will bring similar benefits in Manitoba (p. 426).

12. **Recommendation:** That the responsibility of the Ombudsman with respect to special investigation reports be removed.

    Reason: This responsibility will be assumed by the Representative for Children and Youth (p. 426).

13. **Recommendation:** That a public awareness campaign be undertaken to inform the public about the expanded mandate and role of the Representative for Children and Youth.

    Reason: If this new position is to offer support and protection to vulnerable members of society, it is essential that there be a broad public understanding of the office, and its role, and the extent of its authority (p. 426).

Discussion

Recommendations in this section were discussed both with individuals and families (including families of birth and foster families) that had been involved with Child and Family Services and with people representing or associated with the CFS system (representatives of CFS agencies, collateral agencies, and the Child and Family Services Division). The AMR team also discussed the recommendations in three meetings with representatives of the Office of the Children's Advocate.

Youth and families

The youth and families with whom the AMR team discussed these recommendations recognized the value of the Office of the Children's Advocate (OCA). A participant described their own experiences with the OCA. When a child in the family was apprehended, the participant had sought help from the OCA. The OCA helped the parent understand steps they could take to get their children back, explaining what should be provided to their child in care,

guidelines and rules the parent would need to follow, and the CFS worker's responsibilities with respect to information sharing. Working with the OCA, the parent learned how to interact effectively and productively with the CFS agency. As the participant described, "They gave me the tools to use so I could take it back to the CFS worker... I got to keep my baby."

At the same time, participants recognized that the OCA is constrained by its current mandate. Youth, in particular, supported the idea of expanding the advocate's mandate (which currently refers only to children, defined as under the age of majority, which is 18) to include youth (and it should be noted that Hughes does not define an age range for youth, which, within service sectors, is often defined as between the ages of 15 and 25), and making the advocate's office more independent from government. As a youth observed:

> We have a system where inquiries can be done, and reviews can be done on how treatment is happening in different homes and things like this, but it's just a report with the OCA. They have no power to make any change, and if they are the ones seeing that the problem is there, and then saying here is how to fix the problem, why can't they be the ones that are actually fixing it? Instead of creating another layer of bureaucracy where they have to go to an Authority and say these are some changes that need to happen… If the OCA doesn't have power, it's meaningless – and it doesn't have power now. If they have power, they're an extremely useful organization. They will be able to enact real change that they completely understand is necessary… Real change has to happen from above, where it dictates across all CFS agencies' policy. And in order for us to have any faith in that, it has to be an independent organization that actually has power.

The same participant also pointed out that that, within this limited mandate, it can be risky for a child in care to turn to the OCA for support:

> They'll say, "We're going to talk to your worker and we're going to try to make things change. We'll talk to the ED – we know them, we have a relationship with them." It's like it just hits a wall and then it's done. You alienate your social worker because you've reported them, and you've alienated the ED because they're the one getting the call over this. And it's even more difficult to have your needs met… they need to have more power than the [social] workers and they don't. They have the power to talk to the workers and to talk to their manager, but I can do that. As soon as I realized that my articulation to my staff and their supervisors made change, I started doing that. But the average youth in care usually can't articulate themselves in order to really say, "These are my needs." And they don't really feel like they want to. And the OCA is trying to address that, but failing.

Collaterals working with children and youth

Participants associated with collateral agencies that provide services and supports to children and youth were very supportive of a reformed advocate's office with increased independence and an expanded mandate that would enable the office to advocate for all children and youth in the province who are receiving (or eligible to receive) publicly funded services. Currently, while the OCA is able to provide some supports to all children and youth, its mandate prioritizes

advocacy for children and youth who are involved with child and family services. OCA can only advocate with or for a child or youth in other public systems if that person is involved with child and family services. A participant's comments echoed what the AMR team had heard from youth: "I think Children's Advocate does amazing work... I want them to have legitimacy to do the work that they do, because their hands are always tied, they can only go so far… There's nothing that can move forward, there's no other office of any other system under the government that allows them to go any further. It's just lost."

This participant group also had questions about specific aspects of Hughes' call for an expanded mandate. They appreciated that Hughes' recommended changes to the children's advocate might mean that, in addition to children, youth over the age of 18 would be able to access the advocate's services, and pointed out that youth who need services sometimes cannot get them unless they are in care of the child welfare system. They wondered what criteria would be used to define youth, observing that, in other sections of Hughes' report, youth are defined as up to the age of 25. Within the context of community programming, the term youth' is sometimes understood to include people up to the age of 29. "For some of our youth," a participant added, "because of mental health and cognitive [issues], you can't go by their chronological age. You have to go by meeting their need, because they're vulnerable." Noting the reference to 'publicly funded services' in the first recommendation, they wondered whether this would include the services provided by community based service delivery organizations, which typically rely on government funding.[30]

Government

As noted earlier in this section, the AMR team discussed recommendations in this section with several representatives of the Child and Family Services Division. Participants indicated that they have considerable respect for Manitoba's current Children's Advocate, who, they pointed out, came to the position with professional experience in the child and family services system. "That's rare," a participant commented, "Many advocates are lawyers, who… see child welfare from their own value base." Additionally, as a participant noted, the current Children's Advocate "is not afraid to take hard stands on issues", and Manitoba Family Services benefits from that.

A participant observed that to implement the recommendations as written in *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children* (Hughes, 2014) would result in a dramatic shift in the role of the OCA. Several agreed that the advocate's services should be extended to youth beyond the age of 18. Others acknowledged that establishing a broader reach for the advocate would help ensure that recommendations that the advocate puts forward will be acted on: "Currently, the OCA's mandate stops at the walls of CFS. They should

[30] Subsection 8.2.3 of Manitoba's *Child and Family Services Act*, which describes the current duties of the Children's Advocate with respect to the review of services after the death of a child in care, states that "a program or service is publicly funded if it is operated or provided by the government or by an organization that receives funding from the government for the program or services" (Manitoba. Legislative Assembly, 1985). Hughes refers to 'publicly funded services' only in the first recommendation, which proposes fundamental changes to the advocate's mandate and level of independence. In a later recommendation (Recommendation 5) describing the proposed functions that the advocate would be responsible for, Hughes refers to 'designated services'.

be able to access all the services and systems in the province." At the same time, they cautioned that enhancing the advocate's power to get information and records from other services and systems would require the development of new or revised protocols to guide information sharing between provincial and federal government departments, and outside government.

Concerns raised by participants about the recommendations in this section include the suggestion that, under the expanded mandate that Hughes proposes, child welfare cases and other cases that require immediate attention might take focus from other (equally important) cases. Another participant suggested that, if implemented, the recommendations would introduce an unnecessary additional level of oversight, and move the advocate away from their most important responsibility – to influence programs and services at systemic and community levels.

The Office of the Children's Advocate

The recommendations in this section focus on recreating the Office of the Children's Advocate (OCA), establishing greater independence for the advocate and office, and significantly broadening its mandate. Because of this, the AMR team met several times with the OCA representatives to discuss the recommendations. These discussions are summarized below, supplemented by information presented in materials provided by the OCA or other materials included in the AMR team's literature and document review.

The recommendations in this section are similar to recommendations that Hughes put forward in an April 2006 report with recommendations from *The BC Children and Youth Review,* commissioned by the government of British Columbia (Representative for Children and Youth, 2011). The B.C. government accepted those recommendations, and the *Representative for Children and Youth Act* was passed in May 2006, and phased in over three phases, including: the appointment of the province's first Representative for Children and Youth in November 2006, the bringing into force the Representative's advocacy and monitoring functions in March 2007, and the bringing into force the Representative's critical injury and death review and investigation function in June 2007.

Participants from the OCA pointed out that the context in which publicly funded services are provided in Manitoba is very different than that of British Columbia or any other Canadian province or territory. While the child and family services systems of other provinces are centralized, Manitoba's system is decentralized and jurisdictionally complex, with four authorities that each have mandated responsibility under *The Child and Family Services Authorities Act* for administering and providing for the delivery of child and family services to distinct populations (Manitoba. Legislative Assembly, 2003). With this in mind, participants emphasized that if the existing legislated mandate of the Children's Advocate is restructured, while it may be beneficial to consider models from British Columbia and other provinces and territories, ultimately, what is needed is a made-in-Manitoba model.

Recommendation 1

That the position of a Manitoba Representative for Children and Youth be established under its own legislation, titled The Representative for Children and Youth Act, with these features: a) status as an Officer of the Legislature, with the same independence afforded to the Ombudsman and Auditor General, b) a mandate to advocate not only for children in the child welfare system, but for all children and youth in the province who are receiving or are eligible to receive any publicly funded service, c) responsibility to review not only deaths, but also critical injuries to any child in care and any child who had been involved with child welfare during the previous year, and d) authority to make special reports to the Legislative Assembly where considered necessary, including reports on compliance with recommendations made previously by the Representative under the Act, such special reports to be delivered to the Speaker and the Standing Committee on Children and Youth.

Hughes' purpose in putting forward this recommendation was to ensure that Manitoba has "a truly independent officer of the legislature, with authority to advocate for all Manitoba children who receive, or are entitled to receive publicly funded services, and to report on matters that concern them" (Hughes, 2014, p. 423).

OCA participants agreed that the advocate should: 1) be established under its own legislation, 2) have the same independence afforded to the Ombudsman (who has broad investigative powers and reports only to the highest level of government), 3) be mandated to provide services to both children and youth, and 4) be mandated to respond to issues and concerns of children and youth that relate to any publicly funded service.

The creation of the OCA, they observed, was embedded in the CFS act, and, within that, the Office has a statutory duty to advise the minister. This may cause some to question the Office's independence, credibility, and whether its first duty lies with the minister or with children and youth. Most other advocates in the country are completely independent, with their own legislation. With a similar level of independence, the OCA would be accountable only to the Legislative Assembly and to the children and youth it serves.

Under its current mandate, the OCA is restricted to providing services to children who are receiving or eligible to receive services under the *Child and Family Services Act and The Adoption Act.* As a participant noted, "It's rare that families are involved only with child welfare, and not also with, for example, justice, education, or health." The OCA's mandate, however, does not extend to these and other publicly funded services, and the OCA cannot provide advocacy supports in these areas to children unless they are also seeking supports in child welfare services, the OCA must redirect them. While in Manitoba, children's interests and rights are protected in only one of the many systems that serve them, advocates in other jurisdictions throughout Canada have much broader mandates.

Currently, the OCA is responsible for reviewing the death of any child who is in care or receiving services from a child and family services agency or whose parent or guardian had received

services from an agency in the year preceding the child's death. Within these reviews, the OCA is also responsible to make recommendations that will help improve the safety and well-being of children, and reduce the likelihood that, in the future, a death will occur in similar circumstances (Manitoba. Legislative Assembly, 2014). As OCA participants observed, this responsibility determines the scope of the review the OCA might undertake in any one of the approximately 65 reviewable deaths presented to the office this year. At a practical level, the office's limited human resources mean that the OCA cannot complete an in-depth review of each death, and they must use some discretion as to where their resources might be expended. The OCA's responsibilities in this area affect the office's relationship with CFS agencies and workers, some of whom may feel scrutinized and judged by the office and, more generally, these reviews can amplify the current risk averse climate in CFS.

Hughes proposes to expand the advocate's responsibilities in this area, making them responsible to also review "critical injuries to any child in care and any child who had been involved with child welfare during the previous year."[31] The addition of responsibility for reviewing critical injuries to the OCA's current responsibility for reviewing deaths will significantly increase the office's workload. To illustrate the additional work this responsibility might imply, in 2013/14, the BC Representative for Children and Youth (who has responsibility for reviewing both critical injuries and deaths) was required to complete case reviews on 229 critical injuries and 32 deaths (Representative for Children and Youth, 2014).

As OCA participants observed, if Manitoba's advocate "is given responsibility for critical injuries, the resource implications would be significant." They noted that it will be important to clearly define what might be classified as a critical injury. For example, critical injuries reviewed in 2013/2014 by the BC Representative for Children and Youth included: physical assault, sexual assault, substance overdose, suicidality, self-inflicted injury, non-intentional injury, motor vehicle incident, mistreatment in an approved placement, and witnessing or in close proximity to the death of another person (Representative for Children and Youth, 2014).[32,33] In British Columbia and other jurisdictions, advocates have considerable discretionary power to decide which child deaths and critical incidents they will review or investigate. This enables them to allocate resources where they can have the greatest effort. The AMR team heard that it is also

[31] In the time since *The Legacy of Phoenix Sinclair* report was issued, Manitoba's Legislative Assembly has passed *The Child and Family Services Amendment Act (Critical Incident Reporting)* (Manitoba. Legislative Assembly, 2014). Subsection 8.16 of the amendment establishes, on the part of any person who provides work or services to a CFS agency or authority a "general duty to report" critical incidents (defined as an incident that has resulted in the death or serious injury of a child). The AMR team was advised by a representative of the Child and Family Services Division that the intent of the Amendment is "to ensure that the CFS Agency, Authority, and Director [of the Child Protection Branch] are all made aware of critical incidents. It also outlines the duties and powers of the Director to a) review and b) investigate… It has not been decided whether the review and investigation provisions in the Amendment are instead of a review by the proposed Representative or whether this is to be in place while the recommendation for expanding the responsibilities of the Advocate/Representative is more fully considered."

[32] Of note here is that the critical injuries reviewed by the BC Representative for Children and Youth include the emotionally traumatic experience of witnessing or being in close proximity to a person's death.

[33] The categories are listed here in order of magnitude, that is, the highest number of critical injuries was in the category of physical assault and the lowest were in the categories of mistreatment in an approved placement, and witnessing or in close proximity to the death of another person.

important not to saturate the public with reports: "If you are issuing report after report saying the same thing, you run the risk of watering down your voice. The OCA needs to be careful about the timing and the wording of the reports we issue. We don't want to overwhelm the public and the media. People might stop listening."

The final item that the recommendation proposes would require the advocate's office to make special reports (including reports on compliance with recommendations made previously by the advocate) to the Legislative Assembly. The reports would be delivered to the Speaker and to the Standing Committee on Children and Youth.[34] The OCA currently makes special reports (for example, the OCA has recently prepared reports on children with complex needs, and on youth transitioning out of care) to the Legislative Assembly that are also made public.

With respect to monitoring compliance with recommendations, that responsibility currently lies with the Ombudsman. Section 16.1 of *The Ombudsman Act* states that, "The Ombudsman must monitor the implementation of recommendations contained in the reports provided to the Ombudsman by the children's advocate under section 8.2.3 of *The Child and Family Services Act* [and] In the annual report to the assembly under section 42, the Ombudsman must report on the implementation of the children's advocate's recommendations" (Manitoba. Legislative Assembly, 1988). From the OCA's perspective, "The Ombudsman is an external body, which puts them in a position to also be critical of OCA's recommendations – there's an advantage to that." OCA participants also pointed out if the advocate's office is responsible for "chasing someone down to implement recommendations", this might interfere with the office's ability to build collaborative relationships with CFS and other systems. At the same time, participants commented, if the advocate were vested with responsibility for monitoring implementation of the recommendations it issues, it would enable the office to ensure that recommendations were implemented as they were written and intended. Participants observed that, if this item in the recommendation were implemented, *The Ombudsman Act* would require revision.

With respect to changing the advocate's title, a participant explained that, "There's a significant difference between a representative and an advocate. The difference lies in the nature of the action: a representative stands in your place, an advocate helps you stand in your place. There's a big difference between representing people and acting collaboratively on their behalf". Participants also felt that, to signal the broadened mandate, the advocate's title should refer to both children and youth (for example, Children & Youth Advocate).

Recommendations 2 and 8

That the Representative be appointed by a resolution of the Legislative Assembly, on the unanimous recommendation of the Standing Committee on Children and Youth following a search for a suitable candidate. In making its recommendation, the Committee must be required by the Act to consider the skills, qualifications, and

[34] The Standing Committee on Children and Youth referred to here does not currently exist, but is proposed in Recommendation 5, which is discussed later in this section.

experience of the candidate, including the candidate's understanding of the lives of Aboriginal children and families in Manitoba.

and

That in the hiring of all new staff for the Office of the Representative, except those filling clerical roles, consideration is given to an applicant's understanding of the lives of Aboriginal children and families in Manitoba.

These two recommendations refer to the skills, qualifications, and experience required for both the advocate's position, and for staff in the advocate's office. Because of this, they are discussed together here. It should be noted that, within the recommendations themselves and in the reasons that Hughes presents for them, he emphasizes the importance of ensuring that both the advocate and office staff understand the "varied concerns and circumstances" of Aboriginal people.

As OCA participants pointed out, this is particularly important because the overwhelming majority (approximately 80 percent) of children in care are First Nation or Metis. They agreed that consideration should be given to both the advocate's and office staff's understanding of the lives, concerns and circumstances of Aboriginal people, and, with respect to office staff, suggested that the recommendation should go further. They asked why Hughes excepts those filling clerical roles from this consideration, pointing out that "The clerical staff are the first faces most people see when they come into an office." Within the provincial government, the current benchmark is that Aboriginal people should constitute 14 percent of an office's staff. Currently, the OCA meets that benchmark, but participants suggested that a higher benchmark should be set for their office: "The staff should reflect the people they serve, so that potential clients can feel comfortable, confident that the office understands their needs, concerns and interests, and will support their rights."

The OCA is constrained, to some extent, because its hiring practices must adhere to civil service rules. As a union shop with very little turnover, it will take considerable time to develop the level of Aboriginal representation in staff that the office would like to have, especially given that there is a lot of competition for qualified Aboriginal candidates. Currently, the office makes an effort to attract Aboriginal candidates and then to hire the candidate most qualified for posted positions. A posting may include information that draws Aboriginal people, such as a call for knowledge and understanding of the impacts of colonization within the context of Manitoba. The OCA also offers its staff access to Aboriginal cultural awareness training and other staff development activities that help build staff members' understanding of present-day realities for Aboriginal children, families, communities and nations.

Participants suggested that with respect to the appointment of an advocate and the recruitment of staff for the advocate's office, consideration should also be given to the unique characteristics (in particular, the shared jurisdiction of the four authorities) of the child welfare system in Manitoba and that, if the advocate's mandate is expanded, consideration should also be given to candidates' knowledge about the publicly funded services and service systems in the province.

Recommendation 3

That the Representative for Children and Youth be appointed for a five-year term with an option for a second term, but no one should serve in the position beyond 10 years.

As Hughes states in the report, this recommendation is put forward to establish a term that will offer "a balance between the need for experience in the position, and the advantages of fresh energy and insights that a new office holder can bring" (Hughes, 2014, p. 424). OCA participants agreed with this reasoning, noting that the children's advocate in Manitoba has the shortest term of office (renewable once) of any advocate in the country. A longer term will support a new children's advocate's transition into the appointment, and will also allow adequate time for OCA staff to understand and engage with the new appointee's philosophy and direction and for the staff and advocate to develop effective working relationships. A longer term will also enhance the advocate's ability to act independently, confidently and boldly, and to develop and complete long-term projects as well as provide more consistency for the children and youth who access the supports the office provides.

Recommendation 4

That a Deputy Representative be appointed by the Representative for Children and Youth.

OCA participants pointed out that implementation of this recommendation could destabilize the office. They reflected on the role and responsibilities of the deputy advocate. The deputy stands in for the advocate in their absence and they are responsible for overseeing the operations of the office and supervising managers of the various units within the office. In essence, they are "the co-pilot that steers the ship, so that the advocate can get out and do their work. The ship steers in different directions under different advocates. The deputy anchors that course." With this in mind, they suggested that, to preserve stability and continuity, the deputy advocate's term should not coincide with that of the advocate.

Participants also reflected on the working relationship between the advocate and deputy advocate. This relationship must be healthy and respectful, and enable the parties to challenge each other at times and, in the end, work together to fulfill the office's mandate. They suggested that, rather than implementing this recommendation as written, the advocate should be provided with mechanisms to replace the deputy if the working relationship is not functioning. This would be consistent with Hughes' reasoning behind the recommendation (that, in the close working relationship between the advocate and deputy advocate, it is important that they complement each other's strengths and areas of expertise), and, at the same time, support consistency and stability for the office's staff.

Recommendation 5

That a Standing Committee on Children and Youth be established as a standing committee of the Legislature, and the Representative be required to report to it at least annually and to discuss special reports, and on other appropriate occasions.

Hughes envisions this committee as "a forum for collaboration between the Representative and the Legislature [that] will promote greater understanding, both in the Legislature and in the public, of the workings of the child welfare system" (Hughes, 2014, p. 424). OCA participants agreed with Hughes, and felt that it would be particularly valuable as a forum to discuss inter-sector and cross-sector issues. They pointed out that a similar body is in place in British Columbia. The Representative for Children and Youth's meetings with that body have helped to raise the profile of the Representative's office, supported collaboration across parties, and established a record in the Hansard of the work of the representative and the Legislative Assembly.

When asked who should sit on the proposed Standing Committee on Children and Youth, participants noted that the committee should include people who have knowledge about publicly funded systems, and suggested it should bring together representatives of relevant government departments (such as Child and Youth Opportunities, Family Services, Aboriginal Affairs, Status of Women, Education, Health, Municipal Affairs) and non-governmental sectors (such as Metis and First Nations leadership, Elders and youth, and front-line people working in community).

Recommendation 6

That the Representative be required to prepare: a) an annual service plan, with a statement of goals and specific objectives and performance measures, and b) an annual report including a report on the Representative's work with Aboriginal children and families and with others, and comparing results for the preceding year with the expected results set out in the service plan.

This recommendation is intended to establish a mechanism that will ensure the advocate's accountability to the people of Manitoba, and OCA participants agreed that it would support good governance.

The recommendation calls for more detailed reporting from the OCA than what is currently underway. The OCA currently submits an annual report to the Speaker of the Assembly, and completes annual strategic planning to guide the office's practice, but does not currently compare results against expectations set out in previous service plans. The OCA recently established a quality assurance position, which will enhance the OCA's ability to, for example, collect and analyze data describing outcomes from activities.

The second item in the recommendation proposes that advocate's annual report should include a report on the advocate's work with Aboriginal children and families. The group raised some concerns in relation to this item.

- The OCA currently does not have access to meaningful data relating to the cultural identity of the children and families the office services. For example, with respect to the OCA's responsibility to review services after the death of a child in care who was in the care of or received services from a CFS agency, the information that the OCA receives from the medical examiner does not include information about the child's cultural identity. The OCA may learn from the files that the child is associated with a particular CFS agency (which will be affiliated with either the general authority, the Metis Authority or one of the First Nations authorities), but is not comfortable assuming the child's cultural identity from that information. If they contact the agency to ask about a child's cultural identity, they frequently encounter distrust about why they want that information, and what they will do with it.
- Additionally, the OCA has only limited or no access to information gathered or held by federal programs that play critical roles in the lives of First Nation people. In particular, the OCA has tried, without success, to establish a Memorandum of Understanding with Health Canada to gain access, for example, to information held at nursing stations.
- As a provincially mandated office, the OCA has no way to make recommendations related to federal programming or hold the federal government to account.
- While there is value in reporting on the advocate's work with Aboriginal children and families, it may be more valuable to report on broader issues that Aboriginal children, youth and families negotiate, and that drive their overrepresentation in the child welfare system.

OCA participants suggested that, should the advocate undertake reporting on its work with Aboriginal children, youth and families, the following items should be taken into consideration:

- A first step should be consultation between the OCA and First Nation and Metis leadership
- The legislation that mandates the advocate (currently *The Child and Family Services Act*) should be amended to include reference to the advocate's responsibility to report on work with Aboriginal children, youth and families.
- The advocate should have discretionary power with respect to what is entailed in this reporting.
- The amended act should also require that annual reports, service plans and any public reports be shared with the Prime Minister's Office. This would ensure that information gathered through the advocate's work would be available to the federal government, and that concerns raised in these reports could not be dismissed as provincial issues of which the federal government was unaware.

Recommendation 7

That all annual reports, special reports, and service plans are to be made public, following delivery to the Speaker for placement before the Legislative Assembly and the Standing Committee on Children and Youth.

Hughes' intention, in this recommendation, is to "enhance public understanding of the child welfare system, and of the challenges facing other children in the province who are receiving, or are entitled to receive other publicly funded services" (Hughes, 2014, p. 425). OCA participants are comfortable with this recommendation, and related that, currently, the OCA's annual reports and special reports (but not its service plan or child reports from child death reviews) are made public. The OCA also supports public education through reports from special investigation reviews. The special reports, which often relate to systemic review, provide an especially valuable opportunity to raise public awareness about the need for change, and are an important piece of the OCA's accountability to the general population. Participants pointed out that requiring the OCA to deliver special reports to the Speaker might mean that, if the OCA completes a special report while the Legislative Assembly is not in session, it will not be able to immediately make the report public.

Recommendation 10[35]

That the new Act contain provisions similar to the following, which are contained in Section 6(1) of the Representative for Children and Youth Act of British Columbia:

> *6(1) The Representative is responsible for performing the following functions in accordance with this Act:*
>
> > *(a) support, assist, inform and advise children and their families respecting designated services, which activities include, without limitation,*
> >
> > > *(i) providing information and advice to children and their families about how to effectively access designated services and how to become effective self-advocates with respect to those services,*
> > >
> > > *(ii) advocating on behalf of a child receiving or eligible to receive a designated service, and*
> > >
> > > *(iii) supporting, promoting in communities and commenting publicly on advocacy services for children and their families with respect to designated services,*
> >
> > *(a.1) support, assist, inform and advise young adults and their families respecting prescribed services and programs, which activities include, without limitation,*
> >
> > > *(i) providing information and advice to young adults and their families about how to effectively access prescribed services and*

[35] Recommendation 8 was discussed in conjunction with Recommendation 2 earlier in this section. OCA participants did not comment on Recommendation 9, which calls for the appointment of an acting children's advocate at the end of the current advocate's term because the current children's advocate had recently been reappointed.

programs and how to become effective self-advocates with respect to those services and programs,

(ii) advocating on behalf of a young adult receiving or eligible to receive a prescribed service or program, and

(iii) supporting, promoting in communities and commenting publicly on advocacy services for young adults and their families with respect to prescribed services and programs,

(b) review, investigate, and report on the critical injuries and deaths of children as set out in Part 4,

(c) perform any other prescribed functions,

OCA participants expressed some concern about whether implementation of this recommendation, which proposes that the office assume some responsibility for providing limited services to families, might compromise the office's children-and-youth-first position. Currently the OCA provides only information services to families. They acknowledged that parents need some support and advocacy within the system, for example, to better understand legislation and standards, and to build their capacity for self-advocacy. They also pointed out that children's rights include the right to have a relationship with their parent(s). The recommendation states that the reformed office would provide families (as well as children and youth) with information and advice, and promote and comment publicly on advocacy services for families (as well as children and youth). Notably, the reformed office would restrict its advocacy services, however, to advocacy on behalf of a child or young adult. Participants suggested that, if this recommendation were implemented, either the reference to families should be removed (to preserve the office's commitment to children-and-youth-first), or there should be further clarification with respect to the services that will be available to families.

Recommendation 11

That in drafting the new legislation, reference be made to British Columbia's Representative for Children and Youth Act *to ascertain whether provisions other than those addressed in the above recommendations are suitable for inclusion.*

OCA participants emphasized the importance of developing a made-in-Manitoba model for any reformation of the advocate's role. Rather than focus on the British Columbia model, the process of developing Manitoba's model should include a review of advocacy models from other jurisdictions across Canada and incorporate elements that would strengthen the Manitoba advocate's ability to represent the rights, interests and viewpoints of youth. For example, participants pointed out, the Alberta Child and Youth Advocate can appoint counsel for children within the child welfare system. In Manitoba, the OCA cannot represent children within the context of child protection litigation, under current legislation, this can be done only at the discretion of the courts. They also commented that in five provinces, the office of the advocate or representative is prohibited from being a witness in court proceedings. In

Manitoba, there is nothing in legislation that expressly states that the office cannot be called as a witness in court proceedings.

Recommendation 12

That the responsibility of the Ombudsman with respect to special investigation reports be removed.

Participants pointed out that it would make sense to remove this responsibility from the Ombudsman if the first recommendation in this section of the Hughes report (which would vest the advocate, rather than the Ombudsman, with responsibility for monitoring implementation of the recommendations it issues in special investigation reports) were implemented.

Recommendation 13

That a public awareness campaign be undertaken to inform the public about the expanded mandate and role of the Representative for Children and Youth.

OCA participants agreed with Hughes' reasoning that, "If this new position is to offer support and protection to vulnerable members of society, it is essential that there be a broad public understanding of the office, and its role, and the extent of its authority" (Hughes, 2014, p. 426). They commented that the media has presented Hughes' OCA-related recommendation as "blowing up the office rather than expanding it", and suggested that a key message of the public awareness campaign should be that the transformation of the OCA is about strengthening and expanding, rather than starting over

Distinct needs of Aboriginal children, youth and families

Many of the First Nation and Metis participants with whom the AMR team discussed these recommendations commented on Hughes' suggestion that, in the appointment of an advocate and in the hiring of staff for the advocate's office, consideration should be given to a candidate's "understanding of the lives of Aboriginal children and families in Manitoba."

A youth participant observed that, "It's really important when you talk to indigenous families and you're apprehending children… that's such a deep issue and on some levels people talk about – especially indigenous activists right now, they're talking a lot about the over-representation of indigenous youth in CFS and how that's taking away their children, et cetera. But I think that it's a deeper issue than that, and that it's the inter-generational poverty and abuse that's what is taking away the children… Somehow developing some sort of understanding for those parents and some sort of game plan for how they can get back into being their biological caregivers and current caregivers, is essential."

Other participants clearly felt that understanding - or, as a youth commented, "education in colonization" - is not enough. Experience is essential. Some suggested that staff in the office should represent the population it serves, which, in turn, means that Aboriginal people should constitute roughly 80 percent of the staff. As a participant asked, "Who better understands

Aboriginal people than other Aboriginal people?" and then added, with respect to the advocate, "It's our children who are being taken away. It ought to be an Aboriginal person."

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

In the discussions of these recommendations with participants who included youth who had been in care, families, and foster families, and representatives of community-based collateral organizations, child and family services agencies, the Child and Family Services Division, and the Office of the Children's Advocate, two significant areas where action might be taken emerged:

- Expansion and enhancement of the Children's Advocate's role to enable the Office of the Children's Advocate to more effectively represent the rights, interests and viewpoints of children and youth in Manitoba.
- Strengthening the Children's Advocate's ability to work effectively with Aboriginal children, youth and families.

The first area for action is discussed at length in this section. The second area for action emerged from the analysis of findings from the AMR team's discussions of the recommendations in this section with participants, as well as materials included in the document and literature review for this section. Participants repeatedly emphasized the need for a significant increase in the representation of Aboriginal people (and the profound, and practical experience-based knowledge and understanding they would bring to the office) in the OCA's staff. Representatives of the OCA related that they make a significant effort to recruit Aboriginal candidates and have increased Aboriginal participation in their workforce, but also see that there is still more work to be done. In the discussion of Hughes' recommendation that includes the proposition that the advocate's annual report should include a report on the work they have done with Aboriginal children and families with OCA representatives, the AMR team heard that the office does not currently have access to the information it needs to develop such a report. This is not to suggest that the OCA does not work with or issue reports that relate to Aboriginal children. In addition to providing advocacy services, it has undertaken several valuable projects that look at systemic issues, which include, in the last year alone, a study of the challenges facing vulnerable Aboriginal girls, a research project that examines culturally based alternatives to resolving child protection concerns, and a series of child rights posters featuring artwork by Aboriginal artists (Office of the Children's Advocate, 2014). Nonetheless, in a province where approximately 80% of children involved with the child welfare system are Aboriginal children, only 15% of the OCA's staff members identify as Aboriginal, and,

additionally, the OCA does not have specific staff positions dedicated to work with First Nations and Metis children, youth, families, communities and Nations.

The materials reviewed by the AMR team for this report include the recent report from the public forums on First Nations Families and Children Welfare hosted by the Assembly of Manitoba Chiefs (Assembly of Manitoba Chiefs, 2014). The report presents ten recommendations, including a recommendation that calls for the establishment of a First Nations Family Advocate and office. Options for action presented below are not intended to replace the advocate or office proposed by the Assembly of Manitoba Chiefs. They do, however, recognize the need for advocacy supports and services that meet the distinct needs of Aboriginal children, youth, and families, the need to address systemic issues that contribute to their overrepresentation in the child welfare system, and the value and importance of focusing resources within the OCA on addressing these needs.

Take action to enhance the Office of the Children Advocate's capacity to represent the rights, interests, and viewpoints of First Nations and Metis children and youth, and to work collaboratively with First Nations and Metis families, child and family services agencies and authorities, community-based organizations, communities, and leadership on systemic issues that contribute to the overrepresentation of Aboriginal, children, youth and families in the child and family services system. This initiative and the ongoing activities it generates must be appropriately resourced.

Responsible parties:

- The Children's Advocate and Deputy Children's Advocate
- First Nation and Metis Leadership
- the two First Nations authorities and the Metis authority
- CFS leadership council
- other Aboriginal partners and stakeholders
- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the Manitoba government

Time frame:

- immediate action: a first step will be to establish within the Office of the Children's Advocate (OCA) a staff position dedicated specifically to engaging and working with First Nations and Metis children, youth, families, organizations, communities, agencies, authorities, and nations. The duties, responsibilities and scope of work associated with the position should be developed by the OCA in consultation with representatives of the Aboriginal authorities and other Aboriginal partners and stakeholders, but should focus on ensuring that Aboriginal children and youth will have the choice of working with an Aboriginal advocate should they so chose. The position should be designated for Aboriginal peoples, and should be posted as immediately as possible

- short-term action: develop and implement a strategy to increase successful recruitment of First Nations and Metis people as OCA staff. This should be done in consultation with Aboriginal partners and with human resource consultants who have expertise in the recruitment of Aboriginal candidates. An appropriate element of this strategy would be to designate all posted openings as Aboriginal-preferred until an agreed upon benchmark has been reached
- medium- to long-term action: establish an Aboriginal Engagement and Advocacy unit within the OCA that has primary responsibility for working collaboratively with First Nations and Metis families, child and family services agencies and authorities, community-based organizations, communities, and leadership to protect children and youth, and to investigate and address systemic issues that contribute to the overrepresentation of Aboriginal, children, youth and families in the child and family services system. This initiative and the unit and ongoing activities it generates must be appropriately resourced. A framework that lays out the structure, duties, responsibilities and objectives of this unit should be developed in partnership with First Nations and Metis authorities, leadership, and other Aboriginal partners and stakeholders. Leadership of the unit should be attached to a new Aboriginal-designated position at a senior management level equivalent to that of the current deputy advocate.

Develop and implement a made-in-Manitoba model that will establish greater independence for, and broaden the mandate, powers, and scope of activities of the children's advocate. The guiding principle for the development of this model should be to enhance the advocate's ability to represent the rights, interests, and viewpoint of all children and youth in Manitoba who are receiving or entitled to be receiving, designated publicly-funded services. The model should enable the advocate to provide advocacy services to children and youth, and, where it is consistent with a child-first approach, services to their families. This may require the introduction of independent legislation for the children's advocate, and other legislative amendments.

Responsible parties:

- Working Group members
- relevant government departments
- Children's Advocate and Deputy Advocate
- Legislative Counsel Office

Time frame:

- short-term action: establish a working group to take responsibility for the development and implementation of a new model for the children's advocate. The working group should include people who have knowledge

about publicly funded systems and bring together representatives of the OCA, the four child and family services authorities, relevant government departments (such as Child and Youth Opportunities, Family Services, Aboriginal Affairs, Status of Women, Education, Health, Municipal Affairs), and non-governmental sectors (such as people working in publicly funded service delivery sectors and community leaders). The working group must be appropriately resourced to complete the work ahead of them.

- medium- to long-term action: the working group partners will develop a new model for the children's advocate and implementation plan for that model. When developing the model and implementation plan, the working group will take into consideration: the unique and jurisdictionally complex context of child welfare in Manitoba, systemic issues that contribute to the over-representation of First Nation and Metis children, youth and families in Manitoba's child welfare system, the recommendations provided by Hughes and under discussion in this section, and the models that support child and youth advocates in other jurisdictions. The working group will also need to consult extensively with Manitoba stakeholders (including youth and families) to ensure that the model and plan are developed with a solid understanding of the impact they may have on the children, youth and families who may access the advocate's services and supports
- long-term action: implementation of the plan to roll out the new model for the children's advocate. The new model will be rolled out in phases, and the first step in implementation will be the introduction of any legislation or legislative amendments needed to support the new model

Prevention Based on Children's Rights

The United Nations Convention on the Rights of the Child (UNCRC) lays out the specific rights afforded for children in 54 articles. These rights include protections (ex: from abuse, discrimination), provisions (ex: for education, health, standards of living) and participation (ex: in matters affecting a child, the views of the child must be heard) (UNICEF Canada). Hughes argues that the UNCRC is a legal instrument for implementing policy, accountability and social justice, and a framework for preventing child maltreatment by raising child protection from a moral obligation to a legal obligation. The children's rights-based approach, Hughes notes, offers important insights and principles for prevention and intervention efforts related to child maltreatment, and for broader efforts to foster healthy families and communities.

Children's rights, Hughes explains, can provide a benchmark for evaluating any public policy, legislation or program that affects the well-being of children. He begins, "...an analysis based on internationally recognized children's rights provides another way of looking at prevention" (Hughes, 2014, p. 460).

Hughes offers Alberta's *Children First Act* as an example of legislation that proposes a rights-based approach to child well-being. This act calls on the minister to "establish a Children's Charter to guide the Government of Alberta and its departments in the development of policies, programs and services affecting children and to guide collaboration among departments and agencies, service providers and Albertans" (Alberta. Legislative Assembly, 2013, p. 2(1)). The Children's Charter, by virtue of s. 2(2) of the act, must recognize the following principles:

> (a) that all children are to be treated with dignity and respect regardless of their circumstances
>
> (b) that a child's familial, cultural, social and religious heritage is to be recognized and respected
>
> (c) that the needs of children are a central focus in the design and delivery of programs and services affecting children
>
> (d) that prevention and early intervention are fundamental in addressing social challenges affecting children
>
> (e) while reinforcing and without in any way derogating from the primary responsibility of parents, guardians and families for their children, that individuals, families, communities and governments have a shared responsibility for the well-being, safety, security, education and health of children

Alberta's Children First Act

The *Children First Act* was drafted in response to feedback from community stakeholders and public servants about systemic issues that were creating delays or roadblocks and impacting their ability to assist children. The act, which came fully into effect in 2014, was intended to

enhance the tools, processes and policies that impact how government and service providers deliver programs and services for children and youth in the province. The act aligns with and supports other Government of Alberta initiatives (Healthy Child Manitoba Office, 2014, pp. 1-3).

The act mandates a Children's Charter; a government-wide review of policies, programs and services that impact children; and information sharing for the purposes of providing services and research. The act also provides for detailed amendments to other Alberta legislation respecting programs and services for children and families, including the role and mandate of the Child and Youth Advocate; relationships between frontline workers and families; the *Premier's Council On Alberta's Promise Act*; the Family Violence Death Review Committee; recognition of Family Violence Protection Orders from other jurisdictions; access to justice; the child support recalculation program; offence provisions; and funding for programs for child victims of crime (Healthy Child Manitoba Office, 2014, pp. 1-3).

The government consulted with a relatively small group of stakeholders in the development of the act, but undertook broad consultations following the act's passage to gather input for the development of the Children's Charter (mandated by the act). Meetings, presentations, and discussion forums in 85 communities throughout the province were attended by approximately 3,600 people, who responded to three broad questions about 1) what principles could be included in a children's charter, 2) what role government/communities/individuals and families have in supporting these principles, and 3) other thoughts, comments or suggestions (Healthy Child Manitoba Office, 2014, pp. 1-3).

Based on the consultations, the Government of Alberta has drafted a Children's Charter that outlines the principles that will be used to guide decision making, both within government and in communities, and represents a commitment to uphold a "children first" approach when looking at all programs and policies that impact children and their families (Healthy Child Manitoba Office, 2014, pp. 1-3).

More information is available at http://childcharter.alberta.ca.

Hughes concludes, "I believe that Manitoba requires legislation similar to the *Children First Act*. *The Healthy Child Manitoba Act*, if amended, could meet that need. It would put the well-being of children at the forefront, not only of the child welfare system, but of all government departments and service providers. It would provide a collaborative platform upon which government departments and service providers could develop policies and programs to truly keep the best interests of children at the forefront of decision making and service delivery" (Hughes, 2014, p. 464).

The *Children First Act* is tailored to the Alberta situation and is still at an early stage of development. The draft Children's Charter has not yet been approved, implemented, or tested within a legal context (Healthy Child Manitoba Office, 2014). A participant in the consultations undertaken for this report explained that "the Manitoba legislative landscape is very different than that of Alberta," and suggested that, "prior to importing legislative provisions from Alberta, or any other jurisdiction, other legislation that deals with children's rights would need to be carefully assessed and potential conflicts considered." Additionally, one participant cautioned, it "is important to assess any proposed legislation against the existing legislative

context within Manitoba. The language used in … the recommendation ["the well-being of children is paramount in the provision of all government services affecting children"] seems to be inconsistent with the language used in other Manitoba legislation. For example, *The Child and Family Services Act* uses the concept of best interests of the child, rather than well-being" (Healthy Child Manitoba Office and Civil Legal Services, 2014).

In Manitoba, children's rights are protected, to some extent, by a combination of provincial and federal legislation, including the *Canadian Charter of Rights and Freedoms*, *Manitoba Human Rights Code* (both list family status and age as protected grounds), *The Child and Family Services Act*, *The Adoption Act*, and the new *The Accessibility of Manitobans Act*. Canada has also signed and ratified the UNCRC (1991) and other international instruments that afford special rights for children (ex: the Universal Declaration of Human Rights (UDHR) and the Convention on the Elimination of Discrimination Against Women (CEDAW)).

Rather than incorporating an international treaty in whole, or by reference, into domestic legislation, Canada generally implements international human rights treaties such as the UNCRC through a combination of policies, programs and, if needed, legislation. The danger of incorporating a treaty in whole, or by reference, is that legislation is a relatively inflexible tool. For example, even though Canada ratified the UNCRC in 1991, it would be difficult to develop legislation to enforce those rights for two reasons. The first is that the UNCRC includes the recognition that these rights are to be progressively realized over time and not immediately as enacting a law would imply,[36] and the second is that when Canada ratified the UNCRC, it did so with two reservations,[37] that is, formal statements that it would not comply with specific provisions within the convention (Healthy Child Manitoba Office and Civil Legal Services, 2014, pp. 3-4). One participant noted that a right enshrined in a statute is very different from a goal or a principle, and added that "entrenching children's rights within a statute may not be the best approach… It would be preferable to pursue an approach that would allow the province to work toward meeting these aspirational goals, while maintaining the flexibility to adapt in a timely way as situations evolve and our knowledge base grows."

Like the Aboriginal and treaty rights protected in Section 35 of the *Constitution Act, 1982*, the Indigenous rights enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) are collective rights. Some participants expressed disappointment that

[36] Some participants worried that "enshrining a right in a statute risks diverting much-needed resources away from service delivery and community-based programs to legal proceedings related to scope and progress in achieving the rights" (Healthy Child Manitoba Office and Civil Legal Services, 2014, p. 2).

[37] Canada's reservations are related to (1) the requirement for a state-controlled adoption process, and (2) an absolute requirement that children not be imprisoned with adults. The first would have precluded recognition of Aboriginal custom adoption. Although such adoptions are rare, they are permissible under Canadian law. The second reservation also reflects usual Canadian practice, but would have precluded the rare but permissible raising of a young offender to adult court on very serious charges. It would have also created problems in remote areas where youth in conflict with the law may have to be held temporarily in a facility that also holds adults. It also would have created problems for youth facilities (and youth themselves) when a young offender held in the facility turns 18 years of age – technically, in this situation, children are being held in the facility with an adult, but the appropriate response would not seem to be to move the recently-turned 18 year old to an adult facility to complete their term (Healthy Child Manitoba Office and Civil Legal Services, 2014, p.3).

Canada has not ratified the UNDRIP (despite signing it in 2010), in part because of the significant role First Nations leaders played in drafting the UNDRIP. One participant suggested that individual rights are a western discourse and reflect, to some extent, the laws, policies and approaches that have resulted in the overrepresentation of Indigenous children and families in the child welfare system (Trocme, 2004). It was suggested that meaningful implementation of the UNDRIP could address some systemic issues faced by First Nations people living in Manitoba.

Amend an act to reflect the rights entrenched in the United Nations Convention on the Rights of the Child

> **Recommendation:** That the Province amend *The Healthy Child Manitoba Act* to reflect the rights entrenched in the United Nations Convention on the Rights of the Child, in a manner similar to Alberta's *Children First Act*, stipulating that the well-being of children is paramount in the provision of all government services affecting children.
>
> **Reason:** The well-being, safety, security, education and health of children must be at the forefront, not just of the child welfare system, but throughout government. This statement of children's rights must be entrenched in legislation: *The Healthy Child Manitoba Act* is the perfect home (Hughes, 2014, p. 465).

Discussion

Some participants expressed concern that provincially legislated children's rights would provide little more than lip service to the children living under federal jurisdiction in First Nations communities. Others, however, pointed out that in the absence of overlapping federal legislation, provincial legislation applies on reserve. For example, Manitoba's *The Child and Family Services Act* prevails on reserve because there is no federal counterpart (ex: no federal child welfare act). Jordan's Principle also provides an alternative process for resolving jurisdictional disputes about the provision of services for children within and between federal and provincial/territorial governments. This child-first principle applies to all government services available for children, including child welfare services.

Legislative action

Participants were unanimous in their support for the United Nations Convention on the Rights of the Child (UNCRC) and the principle that the well-being of children should be central to the provision of all government services affecting children. Participants suggested that if a legislative response to this recommendation were undertaken, one option would be to amend the preamble of an act. Manitoba's *Interpretation Act* (2000) states that:

> Preamble
>
> 13 The preamble of an Act forms part of it and is intended to assist in explaining its meaning and intent.

One participant suggested that a statement affirming the government's commitment to and support of the principles contained within the UNCRC could be placed within the preamble of a Manitoba statute, and that "this approach allows for greater flexibility and adaptation to local contexts than incorporating an international treaty in whole, or by reference, into domestic legislation" (Healthy Child Manitoba Office and Civil Legal Services, 2014). Precedents exist in the *Manitoba Human Rights Code*, the federal *Youth Criminal Justice Act* and Nunavut's *Representative for Children and Youth Act* (Healthy Child Manitoba Office and Civil Legal Services, 2014).

Hughes reasons that *The Healthy Child Manitoba Act* is the perfect home (or at least the best starting point) to embed the principles of the UNCRC as a benchmark for evaluating any public policy, legislation or program that affects the well-being of children. He notes that *The Healthy Child Manitoba Act* provides for collaboration among government departments and recognizes the importance of community partners in the success of the Healthy Child Manitoba strategy, the government's prevention and early intervention strategy to achieve the best possible outcomes for Manitoba's children.

Most participants wondered if *The Healthy Child Manitoba Act* is in fact the perfect home for children's rights. Some participants lauded that act's cross-departmental structure, while others acknowledged that the UNCRC includes provisions in areas that would fall under departments not legislated under the act (ex: Manitoba Conservation and Water Stewardship). *The Healthy Child Manitoba Act* has a clear focus on children 0-6 years of age and is relatively silent on middle years and youth. Some wondered if this focus on the early years is too narrow and might result in a lack of attention paid to children in their middle years and youth.

In a written submission to the implementation planning team, Healthy Child Manitoba Office and Civil-Legal Services explain:

> The purpose of *The Healthy Child Manitoba Act* is set out in section 2:
>
> > **Purpose**
> >
> > 2 The purpose of this Act is to guide the development, implementation and evaluation of the Healthy Child Manitoba strategy in the government and in Manitoba communities generally.
> >
> > **Healthy Child Manitoba strategy**
> >
> > 3(1) The Healthy Child Manitoba strategy is the government's prevention and early intervention strategy to achieve the best possible outcomes for Manitoba's children with respect to their
> >
> > (a) physical and emotional health;
> >
> > (b) safety and security;
> >
> > (c) learning success; and
> >
> > (d) social engagement and responsibility.
>
> *The Healthy Child Manitoba Act* does not deal with substantive legal rights or obligations, nor does it deal with delivery of programs or services. Rather, it establishes a legislative framework

for a coordinated and collaborative administrative structure to develop and implement the Healthy Child Manitoba strategy and evaluate policies, programs or services that have a direct impact on children and their families (section 10 of the act). It does not mandate government or government agency programs or services, and unlike Alberta's *Children First Act*, it does not regulate such programs and services. As such, inclusion of language that sets out children's rights within *The Healthy Child Manitoba Act* seems to be a very uncomfortable fit. Such a statement would be inconsistent with the intent, scope and stated purpose of the act (Healthy Child Manitoba Office and Civil Legal Services, 2014, p. 6).

One participant remarked, "I don't know if [*The Healthy Child Manitoba Act*] is the best place – it's **one** place. It doesn't only need to live in one home. Children's rights could logically be located in a number of Manitoba statutes." Participants suggested a number of other homes for children's rights.

- One participant noted that, in *The Healthy Child Manitoba Act*, the only logical home for this statement of children's rights is in the section that establishes the Healthy Child Manitoba Office (beginning with Article 12). The participant suggested that the statement of rights could be included here as a guiding principle of the Healthy Child Manitoba Office.
- The most logical home, many suggested, is in the provincial legislation enabling the Office of the Children's Advocate. The UNCRC is a guiding document for Manitoba's Office of the Children's Advocate (OCA). Under their guiding principles, the OCA lists the UNCRC as the cornerstone for their activities and efforts. They promote the UNCRC throughout their work. In turn, the UNCRC adds power to their reviews and recommendations by reflecting the universal standards.

  In Manitoba, the OCA is legislated by *The Child and Family Services Act*; however, if the decision is made, as recommended by Hughes, to create the new office of the Manitoba Representative for Children and Youth, participants suggested that this new legislation would be a good fit. McKenzie notes, in part because current advocacy provisions are embedded in the CFS act (with its own set of principles), "...legislation pertaining to the Office of the Children's Advocate in Manitoba does not contain any references to either a philosophical approach on a set of principles that are found in some of the more recent Child and Youth Advocacy legislation in Canada" (McKenzie B. , External Review of Legislation and Policy Affecting the Office of the Children's Advocate in Manitoba, 2011, p. 57). He cites provisions in other provinces and territories that could strengthen Manitoba's legislation, including

  - a set of *First Principles for Children and Youth*, based on the UNCRC, adopted as policy in Saskatchewan
  - the inclusion of the UNCRC's principles in Ontario and Yukon's legislation as a basis for interpreting and applying their children and youth advocate acts (McKenzie B. , External Review of Legislation and Policy Affecting the Office of the Children's Advocate in Manitoba, 2011, pp. 57-58)

- Others suggested that children's rights could be included in the preamble of *The Child and Family Services Act* or that the act's Declaration of Principles could be amended to reflect the intent of this recommendation.
- Others suggested *The Poverty Reduction Strategy Act*, Manitoba's poverty reduction and social inclusion strategy. The act calls for a targeted, coordinated strategy that:
    - addresses multiple needs, including supports for strong and healthy families
    - recognizes that certain groups face a higher risk of poverty and social exclusion
    - is designed to ensure that programs and initiatives to implement the strategy are co-ordinated across the government

  This act established the All Aboard Committee on poverty reduction and social inclusion, which the minister of Manitoba Family Services sits on and currently co-chairs with the minister of Manitoba Housing and Community Development. Strong, Healthy Families, pillar 3 of the All Aboard Strategy, considers the number of children in care among other indicators adopted to measure progress towards meeting the objective to ensure that Manitoba children and families are emotionally and physically healthy, safe and secure, socially-engaged and responsible and have access to the supports that allow them to reach their full potential.
- Participants noted that the child welfare system should not be the only one that ensures children's rights; they suggested that children's rights should also be embedded in other systems, including education and health.

Some participants noted that enshrining children's rights in an act could mean that almost all legislation pertaining to children in Manitoba would be affected and need to be amended. They suggested a more in-depth evaluation and analysis of Manitoba's legislation and further consultation with stakeholders.

Children's rights as a benchmark for evaluating public policy

Participants recognized that including a statement of principles in a statute is an important way that the government demonstrates where they stand on an issue, but is not a sufficient mechanism for implementation or accountability. Principles, participants noted, are open to interpretation, which is evident in the different readings and interpretations of the standards across the four CFS authorities.

In the inquiry report, Hughes notes, Manitoba "needs to go further to protect children's rights by providing a benchmark for evaluating any public policy, legislation, or program that affects the well-being of children" (Hughes, 2014, p. 463). One participant noted, "Enshrining children's rights within law may not be the most effective way to ensure that a rights-based approach or lens is used to evaluate initiatives. It may be preferable to consider establishing coordinated, inter-departmental procedures to assess existing and proposed legislation, policies, programs and services from a children's rights perspective." Participants suggested that the province adopt an implementation mechanism, which ensures that children's best interests and the

potential impacts of policy change upon children are considered in the policy-making process. Child rights impact assessments (CRIA) are just such a tool.

UNICEF Canada defines CRIA as:

> a tool for assessing the potential impacts of a proposed policy, law, program or particular decision on children and their rights. The Convention on the Rights of the Child is the framework used to assess these impacts. The impacts revealed can be positive or negative; intended or unintended; direct or indirect; and short-term or long-term. The focus is to understand how the matter under assessment will contribute to or undermine fulfillment of children's rights and well-being – and to be able to maximize positive impacts and avoid or mitigate negative impacts (UNICEF Canada, 2014, p. 3).

The implementation planning team was presented with compelling evidence in favour of CRIA, including

- In 2003 and then again in 2012, Canada was encouraged by the UN Committee on the Rights of the Child to implement the principle of best interests of the child (contained in article 3 of the UNCRC) in all legislative, administrative and judicial proceedings as well as in all policies, programmes and projects relevant to and with an impact on children. The UN Committee has identified CRIA as an obligation for state parties to the Convention on the Rights of the Child (Healthy Child Manitoba Office and Civil Legal Services, 2014, pp. 8-9).

  Article 3 of the UNCRC states, "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative bodies or legislative bodies, the best interests of the child shall be a primary consideration" (United Nations, 1989, p. 3(1)). In Manitoba's *The Child and Family Services Act*, paramount consideration of the best interests of a child is currently delegated to the director of CFS, a CFS authority, the children's advocate, a CFS agency and family court (Manitoba. Legislative Assembly, 2012, p. 2(1); Family Dynamics, 2014; Family Dynamics, 2014) and not to the whole of government, as recommended.

- UNICEF Canada highlights CRIA's benefits to policies, policymakers and children (UNICEF Canada, 2014, p. 5) that support existing priorities enshrined in Manitoba legislation, such as improving coordination across government departments (*The Poverty Reduction Strategy, The Healthy Child Manitoba Act*), ensuring that the safety, security, well-being and best interests of children guide the provision of services for children and families (*The Child and Family Services Act*), considering the most vulnerable children in the policy making process (*The Poverty Reduction Strategy*), and many others.

One concern that the implementation planning team heard is that impact assessments can delay the policy making process. The province uses other lenses (ex. disability, gender) when considering submissions to the Manitoba government, yet some participants worried that an additional lens (children's rights) might slow things down. Policy makers would have to begin considering how children could be impacted by a new housing development, a highway

expansion or an energy project. Some participants noted that considering the potential impacts on children is not the way that most legislators approach their work. Most agreed, however, that concern about slowing down policy development is not a good enough reason **not** to consider the impacts on children during that process.

UNICEF Canada explains that CRIA allows the government some discretion in implementing the assessments. They note, "...it would be impossible to carry out a CRIA on every legislative or policy decision across the government that might have an effect on children. Instead, CRIA should be carried out on those decisions that are likely to have a significant impact on children, including both those that directly concern children – such as criminal justice, immigration or child health policy – and those that may have a more indirect impact where children are not obvious stakeholders – such as macroeconomic policy reform that will have an impact on family incomes" (UNICEF Canada, 2014). Participants noted that Manitoba could consider applying a CRIA lens to any proposed bill on a case-by-case basis, by assessing whether it could have an impact on children (an initial screen determines the need for and scope of a CRIA).

A growing number of countries are developing CRIA processes to address issues ranging from energy price increases (Bosnia-Herzegovina) and welfare reforms (England), to planning transportation routes (Sweden) (UNICEF Canada, 2014, pp. 6-7). At municipal and provincial levels across Canada, CRIA are being developed and adopted. The implementation planning team heard that some provinces are looking into a child impact assessment mechanism that will look specifically at the impacts on Aboriginal children. The City of Edmonton has developed a child impact tool for assessing services to its child residents and the Government of New Brunswick has adopted a CRIA lens, which has been enshrined in legislation since February 2013. CRIA are mandatory on all proposed laws, policies and regulations being considered by cabinet in New Brunswick (UNICEF Canada, 2014, pp. 8-9).[38]

In 2012, New Brunswick's Child and Youth Advocate initiated the use of child impact assessments to assess the advocate office's own advisory function and worked with the Government of New Brunswick to integrate CRIA methodologies into their policy-making processes (Whalen, New Brunswick Office of the Children and Youth Advocate – Overview 2012, 2012, p. 3).

The table below demonstrates, in brief, New Brunswick's road map for implementing the UNCRC.

[38] UNICEF Canada has compiled more information about the Canadian experience, including key elements that have contributed to the successful CRIA implementation in New Brunswick and lessons learned from the New Brunswick experience.

New Brunswick Road Map to the Progressive Implementation of the Convention on the Rights of the Child

1. Establishment of a central agency responsible for the coordination and integration of services to children and youth within the province.

2. Establishment of a provincial children's plan to guide the implementation of the CRC.

3. Establish a system of child impact assessments for all provincial legislative, regulatory and policy changes.
4. Conduct an analysis of the province's budget process and the impact of the core services review in relation to services to children.
5. Year over year reporting on children's rights and well-being.
6. Increased emphasis on child rights training, education and awareness.

7. Supporting child rights and well-being research and dialogue between researchers and policymakers.

(Whalen, Taking Children's Rights Seriously: The Children's Rights and Well-Being Framework, 2012, p. 6)

Manitoba's Office of the Children's Advocate has undergone CRIA training, provided by UNICEF Canada, and employs a CRIA lens in their work. Participants acknowledged that the OCA is well suited to work with the province on the development and implementation of a CRIA model for Manitoba. It was suggested that the province meet with the Office of the Children's Advocate to begin consultations about developing a made-in-Manitoba CRIA model.

Public education and workplace training on children's rights

Participants generally acknowledged that more public education and, specifically, workplace education and training for family service workers, would accompany either or both an amended preamble that reflects children's rights or a mechanism to implement child rights impact assessments. Many suggested more investment in public education about society's fundamental and shared responsibility for the well-being and best interests of children, a principle enshrined in the CFS Act.[39] A broader public education campaign could be targeted to a range of audiences from children to adults. The Office of the Children's Advocate (OCA) has various public education efforts and presentations for a wide range of audiences including children and youth, parents and alternative caregivers, CFS agencies, and Red River College's outgoing Child and Youth Care Diploma students.

Many participants also agreed that family service workers and supervisors need additional workplace training with a focus on the UNCRC, how it applies to the child welfare system, and how to ensure that children's rights are implemented in their work. Some participants

[39] *The Child and Family Service Act* Declaration of Principles places the (1) fundamental responsibility for the "safety, security and well-being of children and their best interests" on society, while "parents have the primary responsibility to ensure the well-being of their children (3)."

suggested that this should be addressed in Social Work courses at university or college levels and others thought that the caseworker and supervisor core competency-based training was a better fit.

The OCA has a standing appointment with the Child Protection Branch's core competency-based training. Newer workers and supervisors are provided with a half an hour overview of the office and a presentation on their statutory duties with respect to Office of the Children's Advocate. The OCA explained that they would need at least twice that amount of time to have any sort of meaningful discussion about children's rights.

Some participants noted that since core competency training is for new caseworkers and supervisors, those who had been in the field for some time require refreshers. Others observed that the Child Protection Branch, which delivers the core competency-based training for caseworkers and supervisors, does not have the resources to offer all courses all of the time and that CFS agencies cannot always lose their staff to training sessions. Others suggested that the Branch develop service contracts with trainers who can travel to communities rather than staff having to travel to Winnipeg for training sessions. Others suggested an annual children's rights convention for family service workers in Manitoba to learn more about the UNCRC and how to apply it in their work.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

The overall sentiment was that more public education and, specifically, workplace education and training for family service workers, would accompany either or both options for action suggested to implement or respond to this recommendation.

Following consultations, the Manitoba government amend the preamble of an act to reflect the principles of the Convention on the Rights of the Child.

Responsible parties:

- the Manitoba government
- other stakeholders, including the Healthy Child Manitoba office, the Office of the Children's Advocate, and the four CFS authorities, community partners

Time frame:

- short-term action: review existing legislation in Manitoba and other jurisdictions that concerns children and their rights to consider potential conflicts and determine whether they are consistent with the language and intent of this recommendation (that the province amend *The Healthy Child Manitoba Act* to

reflect the rights entrenched in the United Nations Convention on the Rights of the Child); consult with stakeholders to identify key features of amendments and determine where amendments should be made (to what piece or pieces of legislation)

- medium-term action: draft amendments, based on consultations, and adopt in Legislative Assembly

A CRIA process will effectively make the best interests of the child a paramount consideration in the legislative process.

The Manitoba government adopt a child rights impact assessment (CRIA) lens in public service policy development.

Responsible parties:

- the Manitoba government
- UNICEF Canada, the Office of the Children's Advocate, other stakeholders

Time frame:

- immediate to short-term action: consult with UNICEF Canada and other stakeholders about the process of developing a local CRIA model; review the CRIA processes being developed and implemented in other jurisdictions
- medium-term action: in partnership with UNICEF Canada and other stakeholders, develop a mechanism to implement CRIA in Manitoba's legislative process

Building Community Capacity

Commissioner Hughes opens the building community capacity section of the report with the reminder that "responsibility for protecting Manitoba children is one that is shared by all of us. Child welfare agencies alone cannot bear this burden. They must be supported by individuals, families, and communities" (Hughes, 2014, p. 465). The recommendation that concludes the section focuses on establishing a formal structure that will support this shared responsibility.

Coordinate and fund community partners to build capacity

> **Recommendation:** That a legislated committee, functioning under the provisions of *The Healthy Child Manitoba Act* (in its present or amended form) be charged with:
>
> a) coordinating the services provided for children and families, between community-based organizations and government departments; and
>
> b) allocating government funding to those community-based organizations, following meaningful and inclusive consultation. It is understood that funding from the private sector and other levels of government will continue to play an important role, as it has done, in supporting these organizations;
>
> and that the composition of this committee mirror the committee described by s. 21(3) of *The Healthy Child Manitoba Act*, which reflects Manitoba's various regions and cultural diversity and includes representatives of the community and recognized experts.
>
> **Reason:** Having recognized the role that these organizations can play in supporting families and protecting children, it is important that a formalized process be put in place to ensure that services are provided and accessible in a coordinated and fiscally responsible manner (Hughes, 2014, p. 480).

Discussion

Many participants, particularly those working in a rural or First Nations community, remarked that some of Hughes' recommendations, and certainly this one, were written with an urban lens that does not account for the unique service delivery context in Manitoba. One participant representing a CFS authority explained, "it is difficult for systems that work geographically, like health and education, to partner with systems that don't, like the four CFS authorities and 23 distinct CFS agencies, that have overlapping jurisdiction across the province."

Participants feared that the proposed committee would suffer from this same perimeter-itis, as participants called it, and ignore the unique challenges faced by Manitoba's rural and northern communities where sometimes, as participants said, "CFS is the only show in town." In Winnipeg, where community based organizations (CBOs) and other services exist in spades, working collaboratively with each other is much easier. Most participants acknowledged that, in Winnipeg and some other urban areas, there are enough collateral agencies and CBOs to support community-led collaboration and fill a community table with people that may have some prior relationship. McCracken and Higgins (2014) mapped CBOs with services available to

children, youth and families, and found 43 in Winnipeg's inner city alone (McCracken & Higgins, 2014, p. 34). However, in rural, remote and reserve communities, where CBOs are few and far between, participants noted that it is more difficult, and sometimes impossible, depending on the circumstances, to engage and maintain the right partners. That is not to say that there are not examples of collaboration and coordination happening regionally in rural and northern Manitoba. The team visited communities where CFS agencies were collaborating with their First Nations Bands to coordinate and, in some cases, even co-locate services. In certain cases, the resources were not all in one location, but were within easy referral distance (a couple of blocks).

Participants suggested that in rural, remote and reserve communities, where CFS is the only or one of few agencies providing services, that agencies should be provided with additional support (funding and other resources) to develop and implement programs and services for children, youth and families, as needed.

Concerns and challenges

Participants had major concerns about different parts of this recommendation that will be discussed in more detail below. In particular, participants were concerned that the proposed committee could be:

- legislated under *The Healthy Child Manitoba Act,*
- charged with **coordinating** government and community-based services provided for children and families,
- charged with **allocating funding** to CBOs, and
- reflective of the regional and cultural diversity of Manitoba, and representative of community and recognized experts

> ***A legislated committee, functioning under the provision of The Healthy Child Manitoba Act (in its present or amended form)***

Many CBOs had concerns about legislating to create a centralized committee to coordinate their activities. One participant who represented a collaborative government-community initiative summarized the sentiments expressed by many: "it is better to build relationships naturally as opposed to some legislation coordinating my services. We all know how [CBOs] respond to mandates. I think providing opportunities for coordinating our services, as opposed to a committee doing the coordinating for us, would be good. I think that providing us opportunities for that to happen would be good. The wording of this recommendation needs to change. The province should encourage working together for the best services for the family."

CBOs were uncomfortable with the idea of a government body stepping in to coordinate their services because they felt it might remove the flexibility they now have to design and deliver programs in ways that work well for, and build on the strengths of, the communities they serve; that align with their organizations' mandates; and that support and provide space for voluntary

participation by community members[40]. Participants were concerned that services coordinated by a centralized community would no longer be community led and driven.

Hughes recommends that this committee could function "under the provision of *The Healthy Child Manitoba Act* (in its present or amended form)." Many participants noted that even Hughes seemed unclear as to whether this would require legislative changes or whether the legislation already enables this. Some wondered if *The Healthy Child Manitoba Act* was the right fit but most saw the benefits of mandating coordination (among systems that provide services for the children, youth and families involved with the child welfare system) in *The Healthy Child Manitoba Act*. Benefits of mandating coordination in this act, include:

- the formal structure that brings together the ministers and deputy ministers of partner departments, including Children and Youth Opportunities; Aboriginal and Northern Affairs; Education and Advanced Learning; Family Services/Status of Women; Health; Healthy Living and Seniors; Housing and Community Development; Jobs and the Economy; Justice; and Labour and Immigration, to talk about the Healthy Child Manitoba Strategy
- the established mandate that the government collaborate with community partners
- the implicit recognition that no single department or area can meet the needs of children, youth and families

Also, Healthy Child Manitoba is guided by principles that align with this recommendation, including planning and service delivery coordination across sectors for more and better supports for children and families, and fiscal responsibility (collaboration between governments and communities ensure that programs are delivered in a cost effective manner) (Healthy Child Manitoba Office, 2014).

Some participants worried that a committee functioning under the provision of *The Healthy Child Manitoba Act* would have an early childhood (ages 0-6 years) focus and neglect issues that are faced by other children, youth (particularly youth transitioning to adulthood) and families. While Healthy Child Manitoba's priority focus is on the prenatal period through the preschool years, they have also developed a continuum of supports and strategies for children, youth and families.

A few participants felt that having coordination mandated by departments enables appropriate resourcing (a staff person to keep the children's agenda at the forefront, with the capacity to pull stakeholders together) and supports a joint government-community table to work together to deal with policy issues that get in the way of a preventative approach to child welfare.

Many of the CBOs consulted felt that their participation and others' should be a voluntary process based on mutual respect and the spirit of co-operation, not mandated by legislation. Others agreed: "If something like this is welcome and beneficial, it will be less about the structure [of the committee] and more about the process of building collaborative

[40] CBOs noted that clients who participated in programming voluntarily were often more successful than clients who were mandated to attend (by a CFS agency, for instance). One inferred that volunteer participation indicates that clients *want and/or are [spiritually, emotionally, mentally and physically] ready to make changes in their lives*.

relationships and a way to coordinate supports for children, youth and families. We need to do things voluntarily rather than mandated."

Participants noted that there is no evidence to suggest that the proposed committee would support on-the-ground co-operation and collaboration, which are stepping stones towards coordination. What is evident is that the province shares the values embedded in this recommendation (strengthening the integration and coordination of service delivery):

- two of the four pillars in All Aboard: Manitoba's Poverty Reduction and Social Inclusion Strategy are **strong, healthy families** and **accessible, coordinated services**
- in Changes for Children, Manitoba's commitment to strengthening the child welfare system based on an external review released in 2006, they envision service delivery as "…an integrated system that is responsive and coordinated where families and communities are respected, engaged, and supported to protect, value, nurture and love their children" (Manitoba Family Services, 2014).
- the Healthy Child Committee of Cabinet has identified enhanced integration of service systems for children, particularly vulnerable children and their families, as a priority area for action (Healthy Child Manitoba Office and Civil Legal Services, 2014).

> ***That a legislated committee be charged with coordinating the services provided for children and families***

Participants agreed that community, represented by neighbourhood- or community-based organizations (particularly in urban areas), has an important role to play in supporting the safety, well-being and best interests of children, youth and families.

Participants explained that CBOs play an important role in supporting families and protecting children because they are:

- community-based, accessible supports for clients are offered in their own neighbourhoods
- community-led, supports for community members are developed by other trusted community members
- community-driven, supports are developed to meet clients' expressed needs and build on the strengths of the individual, the family, and the community

Another reason CBOs work successfully with their clients is because they collaborate extensively within their communities and neighbourhoods, and not because they are mandated to. The implementation planning team heard that many executive directors and senior staff of CBOs devote their personal time to sit on several collaborative committees, community tables and coalitions. One example is Community Led Organizations United Together (CLOUT), which comprises the executive directors of nine community-based organizations in Winnipeg's inner city who provide an array of services to a wide range of clientele. CLOUT's executive directors have insight into the community's needs, not just the needs of their own clients, and the benefit of the big picture, which enables the organizations to pool their resources and prevent overlap in program delivery for the benefit of the children, youth and families they serve (O'Brian, 2010, p. 4).

CBOs acknowledged that collaboration plays an essential role in the provision of services; it provides a continuum of supports to meet their clients' needs. But despite their willingness to collaborate with each other, many are reluctant to partner or collaborate with CFS agencies because they do not want to align with an (perceived) adversarial system that seems at odds with their own. CBOs felt that while they are mandated by their guiding principles to build meaningful relationships with clients and use a non-adversarial, strengths-based approach, which identifies and capitalizes on individual and family assets, family services workers were perceived to employ a deficit approach, which identifies and seeks to fix individual and family problems (The Canadian Observatory on Homelessness, 2014). This is what some participants said gets in the way of a preventative approach to child welfare. Many CBOs echoed Dianne Roussin's comments at the inquiry on the importance of building a foundation of trust with clients, "…at the core of all of our programs and services we're in the business of building relationships" (Hughes, 2014, p. 468). CBOs do not want the children, youth and families they work with to feel like they have become another CFS agency, and they cannot risk losing the trust of children, youth and families, whose well-being, and sometimes safety, depends on those trusting relationships.

Some participants suggested that the first step towards strengthening relationships between CFS agencies and community for improved collaboration is to clarify the roles and mandates of CBOs and CFS agencies in the planning and provision of services, including family enhancement and support services for children, youth and families.

The National Technical Assistance and Evaluation Center for Systems of Care Resources (2014) defines coordination of services as a "centralized process by which multiple services and supports, often provided by multiple agencies, are synchronized to address the needs and strengths of each child, youth, or family. This process commonly follows a strength-based child and family team approach to develop a service plan."

Most participants lauded the merits of collaboration and coordination in providing the children, youth and families they serve with supports that meet their needs, and some CFS agencies and community-based organizations pointed to models for collaboration and service coordination for the families involved in the child welfare system that already exist. Some examples cited include Family Group Decision-Making, the WrapAround model of care, and other team-based, collaborative case management approaches (The Canadian Observatory on Homelessness, 2014).

One participant noted, "To coordinate services, you have to be involved in the cases, not sitting on a committee without access to their files. Supervisors are responsible for reviewing cases to make sure there is a good plan in place." Participants wondered how a committee could coordinate services when those services are offered as part of individualized, needs-based plans; would this committee have access to case plans and would it be conducting high level reviews of case plans? If so, what information sharing protocols and confidentiality provisions would be in place?

Most participants were uncomfortable with a top down approach to service coordination; they noted that coordination has to be community-led. Many participants referenced a natural continuum from co-operation to collaboration, coordination, and finally, full integration (Child

Welfare Intersectoral Committee, 2009, p. 14). The Canadian Observatory on Homelessness explains that this "requires a bottom-up (ex: local, grassroots) meets top-down (ex: regional, institutionalized or governance-oriented) approach" (The Canadian Observatory on Homelessness, 2014).

Many CBOs were surprised that Hughes suggested coordination because co-operation and collaboration (where service providers work together towards common goals and eventually plan together and address issues of overlap, duplication of services and service gaps) must exist before coordination is possible (Child Welfare Intersectoral Committee, 2009). The Canadian Observatory on Homelessness observes: "…while the term collaboration describes any collective endeavour to reach a common goal; coordination requires processes, communication pathways and procedures for aligning work processes across organizational sites" (The Canadian Observatory on Homelessness, 2014).

Participants acknowledged that while you do not want a top down approach, you do want the support of the top. Participants noted that once a collaborative relationship was established with CFS agencies and other service systems, then a coordinating leadership committee at the departmental level could ensure that policy enables and adapts to best practice, which will happen as emerging and more established collaborative initiatives begin to evaluate the development and implementation of their projects. This corresponding leadership committee would work in the background to address isolation in departments and areas, and to coordinate resources. Senior buy-in would provide a way to move policy forward. One participant suggested that the Healthy Child Deputy Ministers' Committee could fill this role (as it intends to for the Gimli pilot project described below). The committee consists of the deputy ministers from the Healthy Child Manitoba Strategy partner departments;[41] the committee's function is to assist the Healthy Child Committee of Cabinet in carrying out its responsibilities (Manitoba. Legislative Assembly, 2007).

That a legislated committee be charged with allocating government funding to community-based organizations

Participants liked the idea of **more** funding following meaningful and inclusive consultation. The truism "increase upstream investments, decrease downstream costs" was often repeated. And while some participants hoped that this recommendation might mean more funding for CBOs, most acknowledged that it could mean the opposite: "When [Hughes] says 'allocate government funding' I'm not reading that to mean they're going to find more funding. I think they're saying we're going to take the funding we've always had and now a committee is going to say where it goes. Well, who's deciding that now? And is part of that funding going to pay for the committee? In which case there's going to be less to allocate." Many were concerned that the expense of this unnecessary level of middle management would divert funds from frontline service delivery. One participant succinctly described the concerns of many: "The

[41] Healthy Child Manitoba Strategy partner departments include Children and Youth Opportunities; Aboriginal and Northern Affairs; Education and Advanced Learning; Family Services/Status of Women; Health; Healthy Living and Seniors; Housing and Community Development; Jobs and the Economy; Justice; and Labour and Immigration.

approach outlined within [this recommendation] carries the risk of diverting much-needed resources from service delivery and community-based organizations. Sustaining an additional administrative layer to disseminate funding would be a costly undertaking."

Most participants felt that collaboration,[42] a commitment to working together to meet a common goal, and coordination,[43] more formal efforts to support children and families across a range of services, were more fiscally responsible than the current divide and conquer approach to funding that supports unhealthy competition between CBOs and duplication of services. However, one participant raised an opposing concern: "Putting in place one body responsible for allocating funding may result in pitting community organizations against one another and introduce further barriers to partnering."

Most participants representing CBOs felt they had to jump through hoops to secure public funding, which they reported was barely enough to provide services for the number of publically referred clients. Participants representing CBOs lamented the year to year struggles to get funding. It was suggested that the province consider long-term (multi-year) funding for CBOs and also consider streamlining the annual reporting required by publically-funded CBOs, who felt that they spent too much time writing reports and proposals to secure funding from government, as well as foundations and the private sector.

That the composition of this committee reflect Manitoba's various regions and cultural diversity, and represent community and recognized experts

Hughes recommends that the proposed committee mirror Healthy Child's Provincial Advisory Committee: a table of at least 12 appointed by the minister, six of whom are recommended by parent-child coalitions, and at least another six persons who:

a) represent Manitoba's various regions and its cultural diversity, including the Indigenous and francophone communities
b) are parents of children under 18 years of age
c) have recognized expertise in prevention or early intervention strategies, in child development, or research or in evaluation methods

[42] The Canadian Observatory on Homelessness (2014) defines collaboration as a "term used to describe loosely affiliated networks as well as more formal partnerships between people working across departments, organizations, or sectors. Working groups, professional networks, community-tables, and so forth all represent forms of collaboration. Collaboration signals a commitment to work together. Unlike integration, collaboration does not require formal infrastructure to merge work processes across organizational sites. The goals of collaboration often include: joint problem solving, service coordination and collective planning. Collaboration always involves working together towards a shared goal or common purpose."

[43] The Canadian Observatory on Homelessness (2014) defines service coordination as "a term we use to describe inter- or intra-organizational efforts to support individuals across a range of services. We use this term to describe services that are not fully integrated (ex: using shared terminology, uniform processes, and shared funding streams), but where some form of "joined up" thinking and planning has lead to increased interaction across organizational contexts. While the term, collaboration describes any collective endeavour to reach a common goal; coordination requires processes, communication pathways, and procedures for aligning work processes across organizational sites."

Participants were concerned whether adequate representation that captured Manitoba's various regions and its cultural diversity, which includes the Indigenous and francophone communities (as per the Healthy Child legislation) could be obtained. Some participants also wondered how a half a dozen people could accurately reflect Manitoba's various regions and cultural diversity, as well as represent community. Healthy Child's experience with parent-child coalitions demonstrates that "It is difficult to engage rural, northern, and isolated communities, despite our best efforts. As well, each region is unique – while rural and northern areas within our province may share some common needs, strengths and concerns, etc., by no means are they homogeneous. Even within a region, stakeholders may have varying priorities, concerns, and recommendations" (Healthy Child Manitoba Office and Civil Legal Services, 2014). Committee members with varying agendas would make service coordination and funding prioritization difficult.

Also, collaborative initiatives suffer from the same dynamics that plague other groups, including turnover that can disrupt continuity and momentum, dominating personalities, and getting the right people to the table. Participants recognized that it is important to have senior staff (decision makers) from both government and CBOs sitting at those tables. They also acknowledged that securing the involvement of decision makers is not easy and that there's no guarantee they will be able to attend every meeting with their busy schedules.

A few participants suggested organizations or groups that should be represented to ensure cultural diversity and various lenses or areas of expertise, including:

- Indigenous political organizations (ex: AMC, MKO, MMF, ITK) and community leaders
- youth, who could be represented by Voices: Manitoba's Youth in Care Network
- family service workers
- CBOs or community leaders
- representatives of government departments that serve children, youth and families
- families or communities

Support on-the-ground service coordination in place of a centralized committee

Due to the concerns discussed above, most participants challenged the recommendation for a centralized committee and instead suggested taking a closer look at new and developing community-based and regional collaborative initiatives that are meeting the spirit of Hughes' recommendation, "to ensure that services are provided and accessible in a coordinated and fiscally responsible manner." A couple of examples, including parent-child coalitions and the children, youth and families integrated service systems pilot project, will be discussed in more detail below.

Parent-child coalitions with an expanded mandate

Participants suggested the parent-child coalition model in contrast to a centralized decision-making body. Parent-child coalitions are recognized in *The Healthy Child Manitoba Act* by the Healthy Child Committee of Cabinet as any group of organizations (2) that

a) is located in a region or represents a community
b) supports achieving the outcomes of the Healthy Child Manitoba strategy

c) meets any other criteria specified by the Healthy Child Committee of Cabinet

Healthy Child Manitoba supports 26 such Coalitions across Manitoba, including 12 regions outside of Winnipeg, 13 community areas within Winnipeg, and one cultural organization that serves the needs of Francophone communities. Parent-child coalitions, an emerging best practice, build upon existing community networks and foster new networks to work more collaboratively, increase coordination and enhance communication among service providers towards supporting the healthy development of children (Healthy Child Manitoba Office and Civil Legal Services, 2014).

Parent-child coalitions come together to share information (ex: early development instrument scores in the populations they serve), discuss and analyze the implications (ex: children are arriving at kindergarten unprepared in a certain community), look at available programming, identify where gaps exists, and work together to develop plans to address them. Coalitions can apply for grants to invest towards program development. In areas where there is a good network of family resource centres in place, the coalitions may focus less on program development and delivery, and more on distributing grant funds to community organizations to develop or expand their programming and services.

One parent remarked, "The advantage of the [parent-child] coalitions is that they exist, they're set in legislation." And despite parent-child coalitions' early years focus, Healthy Child Manitoba has not explicitly limited them in this way. The coalitions have a reporting relationship with Healthy Child Manitoba's Provincial Advisory Committee (the committee that Hughes suggests the proposed committee mirror), which helps the advisory committee meet their role in "identifying and assessing community strengths and needs relating to children and their families" (Manitoba. Legislative Assembly, 2007). The advisory committee can address service gaps and policy issues, help to prevent silos, and support collaboration.

Coalitions bring together a variety of community partners, including parents and community members, newcomer and Aboriginal organizations, and Child and Family Services (all coalitions must include representation from public health, education and child care) to work towards:

- creating a shared vision to support children and families at a community level
- developing a community network for information and resource sharing
- increasing the quality, accessibility and responsiveness of community services
- identifying community needs, strengths and opportunities
- integrating policies and services
- reducing duplication of services
- mapping and sharing resources and funding (Healthy Child Manitoba Office, 2014)

Participants suggested that the province encourage collaboration and provide CBOs, CFS agencies and other service providers with more resources to coordinate services for improved supports for children, youth and families in a manner similar to parent-child coalitions. These child and family coalitions would have an expanded mandate beyond the early years and encompass all children, youth and families. Participants pointed to the grant scheme proposed

under the section Grants to Parent-Child Coalitions in *The Healthy Child Manitoba Act.*[44] These grants could support child and family coalitions in developing and implementing a community-led coordinated approach that meets the needs of the children, youth and families they serve, and that recognizes the strengths and challenges of their community or region.

The first step in this process is to consult with parent-child coalitions about their interest in broadening their mandates to encompass all children, youth and families, determine to what extent this already takes place, and identify the resources and supports coalitions would need to take that on.

The children, youth and families integrated service systems pilot project

The development of an integrated children, youth and families service system pilot project began with discussions at the CFS standing committee. Each authority was invited to identify a community where the concept of an integrated service system could be explored and potentially developed. To date, the concept has been introduced in the Gimli area in partnership between the general authority and the Healthy Child Manitoba Office, with input from the service delivery partners in the Gimli area. The sectors that have been identified as key partners in Gimli include: addictions, services for Aboriginal families, child welfare, children's disABILITY services, early learning and child care, education, employment and income assistance, health, justice, and recreation services (Healthy Child Manitoba Office and Civil Legal Services, 2014).

Input gathered in the developmental phase of the Gimli pilot, which includes consultation with key stakeholders in the Gimli catchment area, will be used to develop a comprehensive work plan for integration and a proposed plan for implementation of the pilot. The project will include an evaluation component to determine efficacy and ensure that they are working towards best practices (Healthy Child Manitoba Office and Civil Legal Services, 2014). Some participants were hopeful that the Gimli pilot and other regional and community projects would help them understand what works, and what enables collaboration and coordination across systems and sectors.

Participants suggested that the northern, southern and Metis CFS authorities should each nominate a pilot site for implementation of Healthy Child's integration project, which will serve the best interests of children by improving the coordination of standards, policies and procedures across a number of sectors, and optimizing resources through partnership development and collaboration.

One participant suggested that each pilot site should be assigned an individual from within Healthy Child Manitoba office to coordinate the project, but maintain the autonomy to determine how they will operate. Hughes concurred: "Communities need to be able to establish their own priorities, and manage their own services and resources" (Hughes, 2014, p.

[44] 23 The Minister of Finance, on the recommendation of the Healthy Child Committee of Cabinet, may make grants to parent-child coalitions for the purpose of carrying out initiatives that relate to the Healthy Child Manitoba strategy out of money appropriated by the Legislature for that purpose (Manitoba Legislative Assembly, 2007).

465). Participants suggested that despite their regional autonomy, these committees should come together on a regular basis to share and learn more about local and international best practices on children's integration.

Participants noted that parent-child coalitions and the Gimli pilot may inform, in part, a Manitoba model for the coordination of services along with other joint government-community initiatives that are being developed and adapted to serve local needs (such as Morningstar, Block by Block Community Safety and Well-Being Initiative (Thunderwing), and The Winnipeg Boldness Project).

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

Parent-child coalitions engage a variety of community partners for purposes that support Hughes' touchstone to ensure that services are provided and accessible in a coordinated and fiscally responsible manner.

Parent-child coalitions consider expanding their mandate beyond its current focus on early childhood to include children, youth (up to the age of 18) and families.

Responsible parties:

- Healthy Child Manitoba partner departments including Manitoba Family Services
- Healthy Child Manitoba Office
- parent-child coalitions

Time frame:

- immediate action: review legislation to determine if expanded mandate for parent-child coalitions would require legislative amendments
- short-term action: consult parent-child coalitions on interest, capacity, needs
- medium-term action: if interest exists, address needs and build capacity of parent-child coalitions; address legislative barriers to expanded mandates for parent-child coalitions

The Gimli pilot aims to serve the best interests of children, youth and families by improving the coordination of standards, policies and procedures across a number of sectors and optimizing resources through partnership development and collaboration. Best practices formally identified by this pilot project could be used to develop a model for establishing inter-sector collaboration between the child welfare system, community-based organizations and other

government departments. In partnership with Healthy Child Manitoba, the children, youth and families integrated service systems project should be tested in three other communities identified by the northern, southern and Metis CFS authorities (the Gimli pilot site was identified by the general authority).

The CFS authorities, in partnership with Healthy Child Manitoba, pilot the Children, Youth and Families Integrated Service Systems project in selected communities.

Responsible parties:

- the four CFS authorities
- Healthy Child Manitoba Office
- key partners from the pilot site catchment areas in selected communities including First Nations and Metis leadership, federal services (on reserve), services for Aboriginal families, addictions, child welfare, Children's disABILITY services, early learning and child care, education, employment and income assistance, health, justice, and recreation services

Time frame:

- immediate action: identify pilot communities, based on consultation with communities and community interest
- short-term action: consult with stakeholders in the catchment areas; develop a comprehensive work plan for integration
- medium-term action: implement pilots, followed by an evaluation component

Importance of Early Childhood Intervention

Commissioner Hughes (Hughes) observes at the start of this section in the report *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children,* that "early intervention offers the most effective means of protecting vulnerable children" (Hughes, 2014, p. 481). Early childhood development programs are an upstream investment with lifelong benefits for children, their families, and the larger society. With this as his starting point, Hughes has included recommendations in this section that focus on establishing: 1) universal access to early childhood development programs for children and parents in Manitoba, 2) integrated service delivery centres that, in addition to early childhood education, will offer a range of services that children and families need, and 3) a body that will allocate funding to support these activities.

Legislate a framework for the delivery of early childhood development programs

> **Recommendation:** That the Healthy Child Committee of Cabinet consider and recommend for legislative action a framework for the delivery of early childhood development programs with the following characteristics: a) voluntary but universally available, b) offering a place where children regularly attend to learn with other children, c) staffed by trained educators who follow a defined curriculum, and d) involving parents.
>
> **Reason:** Early childhood education programs, whether kindergarten, childcare, or other pre-school programs, can significantly benefit children and their parents. Pre-school years offer the most significant opportunity to influence children's capacity to learn throughout their lifetime. Universal access to quality early childhood programs supports parents by allowing them to address their own health issues including substance misuse and mental health, to seek employment, and to further their education. Ultimately, quality early childhood education results in cost savings to health and justice and other systems and combats poverty. Establishment of such a legislative framework is in line with developments in other jurisdictions in Canada and elsewhere (Hughes, 2014, pp. 491-492).

Discussion

Hughes' vision of universal access to quality early childhood development (ECD) programs was welcomed by virtually everyone that the AMR implementation planning team met with to discuss recommendations from this section. Participants identified ECD programs as a cornerstone for improved outcomes for children and families, and agreed that barriers that currently get in the way of children and parents' participation in ECD programs (including requirements that parents of children participating in child care programs be employed or involved in education and training, cost, shortage of spaces, and other accessibility issues) must be addressed. "It is always beneficial to children to be part of early childhood development programming," a staff member of a community-based organization observed, "and it would

enable us to really help families." Parental involvement was seen as an important support for the development of strong and healthy relationships between parents and children.

Participants also shared their practical considerations and concerns about how Hughes' vision of universally available early childhood development programs might be realized:

- Costs – the costs associated with universally available ECD programs would be substantial, and many participants wondered where funding to support these activities might be found.
- Human resources – implementation of this recommendation would require significant expansion of early childhood education activities, which, in turn, would raise the demand for trained early childhood educators (ECE). There is currently a shortage of trained ECEs in Manitoba.
- Universal availability – the model of universally available ECD programs would require decentralized program delivery, with programming easily accessible regardless of where people live. It will likely be much easier to realize this in urban centres than to provide similar programs to families living in rural and remote locations.
- Culturally relevant programming – participants emphasized the importance of ensuring that early childhood development programming is culturally relevant to the communities they serve, and that funding and resources be provided to programs to support culturally relevant programming.

The distinct needs of First Nation communities

Participants from First Nation communities and organizations raised important questions about how this recommendation might be implemented in the jurisdictionally complex context of a First Nation. The AMR team heard that "any program that relates to families as a whole, interacting with each other in a learning environment" would be valuable, but participants noted that, while ECD programs are expanding in the rest of Manitoba, the situation in First Nation communities is very different. Currently, the federal ECD program Aboriginal Head Start is available in only 40 of the 64 First Nations in the province. The First Nations and Inuit Health Branch's Maternal and Child Health program, which supported programming in 16 of the 64 First Nations, has experienced funding cuts recently, as have other on-reserve child and family programs and services. Implementing this recommendation on reserves would require significant investment of resources to develop and sustain both the day-to-day operations of ECD programs and the community infrastructure to support these programs. As one participant suggested, realizing Hughes' vision would require a coordinated effort between the province, First Nation leadership, the federal government, and the programs and services sector.

Modeling the Benefits of Early Childhood Development Programs: Strengthening Families Maternal and Child Health Program and Families First Home Visiting Program

Strengthening Families Maternal and Child Health Program, provided in 16 First Nation communities in Manitoba, is a family-focused home visiting program for pregnant women, fathers, and families of infants and young children (0-6 years of age) **Invalid source specified.**. The program strives to empower families, promote the physical, emotional, mental and spiritual well-being of women, children and families, promote trusting and supportive relationships between parents and children and care providers and families, strengthen relationships between resource providers, and increase communities' capacity to support families.

Strengthening Families draws on the Families First model (see below), but is based on a Manitoba First Nations cultural framework that is strength-based and inclusive of the entire family. In addition to home visits by nurses and specially trained home visitors, the program provides referrals and access to other service supports, and promotes coordination of services for children and families with complex needs. The program has also recently incorporated the Towards Flourishing Mental Health Promotion Strategy in its activities**Invalid source specified.**. Strengthening Families is co-managed by the Assembly of Manitoba Chiefs and First Nations and Inuit Health.

Families First Home Visiting Program offers home visiting supports to families with children from pregnancy to five years of age. The program, which began in 1999, is funded and coordinated by Healthy Child Manitoba, and is delivered across the province by public health. Families First is available at no cost and on a voluntary basis to families who may be at risk due to one or more factors (for example, a young, single parent who lives in poverty with few reported supports). The program begins with a visit from a public health nurse, who works with the family to identify resources that would best meet their needs. Based on this consultation, families may be connected to resources available in their community or through government services. They may also be offered a Families First home visitor who will meet with the family on a regular basis for up to three years. Program activities focus on "supporting healthy growth, development and learning, building strong family relationships, sharing information about child development, providing information on health, safety and nutrition, learning through play, exploring solutions to challenging situations, providing information about pregnancy, getting health care for [the] family, and connecting to community resources" (Healthy Child Manitoba Office, 2014; Healthy Child Committee of Cabinet, 2013). As with Strengthening Families, Families First has also recently introduced a mental health promotion component (Towards Flourishing) into program activities.

ECD programming with proven results. An early evaluation of the Families First home visiting program indicated that the program was "strongly associated with improved well-being in families" **Invalid source specified.**. This included an increase in positive parenting (and a decrease in hostile parenting), improvement to mothers' purpose in life, environmental mastery, and self-acceptance, increased social support, and increased connection with their neighbourhood. A more recent study looked at the relationships between participation in the Families First Home Visiting Program and the use of health and social services. Preliminary results from the study, which compared children who received the home visiting program with children who did not, describe more long-term outcomes from participation, and indicate that the program is "associated with decreases in child maltreatment and increases in children's immunization rates" **Invalid source specified.**.

A legislative framework for universal availability

In this recommendation, Hughes calls for a legislative framework that, as some participants noted, would provide a solid foundation for the delivery of early childhood development programs that are universally available. The report's discussion of legislative frameworks acknowledges that there are "excellent programs for Manitoba children, many of which are delivered through Healthy Child Manitoba, often in partnership with community-based organizations" (Hughes, 2014, p. 485). At the same time, in Manitoba, "responsibility for early learning and childcare programming is housed under Manitoba Family Services [and] the education system is housed separately under the Department of Education" in Manitoba. Other Canadian jurisdictions are moving early childhood programs from a "service patchwork into something coherent… a vision that is captured in a policy framework, with legislation and funding to back it up" (Hughes, 2014, p. 485). Such a framework can enhance the cohesion and coherence of services and programs, and support sustainability of community-based organizations that deliver these services and programs.

As noted earlier in this section, consultation participants welcomed Hughes' vision of universal access to early childhood development programs for Manitoba children and families. Notably, though, AMR team members were also presented with significant concerns about the introduction of a legislated framework to support this:

- If an attempt is made to establish a legislative framework to support this recommendation, individual lawmaker decisions about whether or not to support its passage will likely be influenced by concerns about the financial implications of a legislated entitlement to universally available ECD programs.
- If universal access to ECD is introduced in a legislative framework, the financial costs for government will be extremely high. Over the long term, it will pay off, but is it realistic? Both Ontario and Quebec, which have moved towards universal access to some ECD programming (Manitoba. Legislative Assembly, 2007), are struggling with the financial burden it has introduced.
- An unintended result of legislating universality for ECD programs may be to increase inequity, because, as has happened in other jurisdictions, the best and fastest uptake may not be from the families that need it the most. Our current childcare system does not fulfill everyone's needs, but opening an ECD centre in every suburb will not solve the system's problems.

The reasons that Hughes provides for this recommendation and others in the section refer to improved outcomes relating to poverty, social isolation, vulnerable children and families, and children who are at risk of abuse or neglect. He distils the intent of a universal ECD program as "supporting all children to reach the most vulnerable" (Hughes, 2014, p. 483), and, points out that achieving this requires "participation by a critical mass." Targeted approaches, on their own, are not enough. Small programs focused on specific at-risk groups, he reminds us, "are inevitably under-funded and vulnerable to shifting political priorities" (Hughes, 2014, p. 484).

What Hughes' recommendation seems to aspire to is proportionate universality, that is, "programs, services, and policies that are universal, but with a scale and intensity that is

proportionate to the level of disadvantage" (Human Early Learning Partnership, 2011, p. 1). Under this principle, a universal platform of supports and services are available to all children, but they are accompanied by supports and services targeting highly vulnerable children and families and low-income and under-resourced neighbourhoods and regions, and working to eliminate barriers to access.

As mentioned earlier in this section, one way to move toward Hughes' vision of a voluntary but universally available early childhood development program is to capture it in a child-centred policy framework, with legislation and funding to back it up. Several of these pieces are already in place in Manitoba and can support achievement of the vision that Hughes presents in this and other recommendations in this section, as well as the outcomes these recommendations are expected to produce:

- **The Healthy Child Manitoba Act**, enacted in 2007, created Healthy Child Manitoba, "the Government of Manitoba's long-term, cross-departmental prevention strategy for putting children and families first" (Healthy Child Manitoba Office, 2014, p. 2). Focused on prevention and early intervention, the strategy seeks to achieve the best possible outcomes relating to the physical and emotional health, safety and security, learning success, and social engagement and responsibility of Manitoba's children. The act calls on government to collaborate with community partners, governments and others whose contributions will move the strategy forward.

  The act established the Healthy Child Committee of Cabinet (HCCC), whose members consist of provincial ministers responsible for policies, programs or services that directly impact the lives of children. Currently, this committee includes the ministers of Children and Youth Opportunities, Family Services (responsible for child care), Education and Advanced Learning, Aboriginal and Northern Affairs, Housing and Community Development, Health, Healthy Living and Seniors, Jobs and the Economy, Justice, and Labour and Immigration. Under the terms of the act, this committee is responsible for working collaboratively on an evidence-based cross-departmental approach to the strategy:

  > HCCC develops and leads child-centred public policy across government and facilitates interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As a statutory committee of Cabinet, HCCC signals healthy child and adolescent development as a top-level policy priority of government. It is the only legislated Cabinet committee in Canada that is dedicated to children and youth. HCCC meets regularly during the year and is supported by the Healthy Child Deputy Minister's Committee and the Healthy Child Manitoba Office (Healthy Child Manitoba Office, 2014, pp. 2-3).

  The Healthy Child Deputy Ministers Committee, which is directed by HCCC, brings together the deputy ministers of the HCC partner departments. They "share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensuring the timely preparation of proposals, implementation plans and resulting

delivery of all initiatives under the HCM Strategy" (Healthy Child Manitoba Office, 2014, p. 3).

The Healthy Child Manitoba Office (HCMO) is responsible for assisting the Healthy Child Committee of Cabinet to carry out their responsibilities under the act. As described in HCMO's most recent annual report, "Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet (HCCC), HCMO works across departments and sectors to facilitate a community development approach toward achieving the best possible outcomes for Manitoba's children and youth (prenatal to 18 years)" (Healthy Child Manitoba Office, 2014, p. 2). HCMO is responsible to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children and youth
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models
- increase the involvement of families, neighbourhoods and communities in prevention and promoting healthy child development through community development
- facilitate child-centred public policy development, knowledge exchange and investment across departments and sectors through evaluation and research on key determinants and outcomes of child and youth well-being (Healthy Child Manitoba Office, 2014, p. 4)

The Healthy Child Manitoba Act also established cross-sector community structures, including the Provincial Healthy Child Advisory Committee and parent-child coalitions. The advisory committee (whose members have community, educational, academic and government backgrounds and are appointed by the minister) "contributes to the Healthy Child Manitoba vision by providing recommendations to the Chair of HCCC regarding the Healthy Child Manitoba Strategy" (Healthy Child Manitoba Office, 2014, p. 3). Parent-child coalitions, which have been organized in specific regions or communities throughout Manitoba, "bring together parents, early childhood educators, educators, health care professionals, and other organizations to plan and work collaboratively to support the healthy development of children aged 0-6 years" (Healthy Child Manitoba Office, 2014, p. 7).

- **Starting Early, Starting Strong: Manitoba's Early Childhood Development Framework**, released in 2013 by the Healthy Child Committee of Cabinet "affirms the government of Manitoba's commitment to ECD" (p. 1). The framework presents ten principles and values to guide the province's efforts in ECD (community-based, evidence-based, culturally-based, responsive and inclusive, integrated, co-ordinated and comprehensive, partnership-driven, measurable, fiscally-sound, sustainable, and accountable) and four priority focuses or building blocks for continued ECD work:

- Promoting healthy starts, which includes a commitment from the Province to sustainable investments in universal supports for maternal health and healthy starts for newborns and babies,
- Supporting strong and nurturing families, with a similar commitment "to sustainable investments in services and supports that respond to the differing needs of families through an appropriate mix of universal and targeted approaches" (Healthy Child Committee of Cabinet, 2013, p. 6),
- Fostering safe, secure and supportive environments, with a commitment to (amongst others) "a five-year action plan for early learning and child care (p. 7), and
- Strengthening communities, with a commitment to community capacity building and training and partnership development" (p. 7).

- **Family Choices: Manitoba's Plan to Expand Early Learning and Child Care** was released in 2014 by Manitoba Family Services, the provincial department responsible for early learning and child care. The multi-year plan, which was developed following public consultations across the province to gather input on how to build a stronger system, lays out the department's "commitment to continue working together with other areas of government and community partners to enhance and improve Manitobans' access to licensed early learning and child care" (Manitoba Family Services, 2014, p. 1). The plan describes six areas for action:
  - Building and expanding – Manitoba will continue to invest in increasing spaces in both child care centres and enhanced nursery schools, and building and expanding school-based early learning and child care centres and other community-based centres.
  - Supporting the workforce – Manitoba will support higher wages for child care workers, provide more opportunities to increase the number of qualified early childhood educators, and engage community stakeholders and experts to examine recruitment and retention strategies in this sector and make recommendations for future planning.
  - Supporting families and the licensed system they depend on - Manitoba will work to ensure that the system is consistent and user-friendly, work to set up new approaches to licensing and monitoring centres, and improve and enhance information to parents about licensed early learning and child care services.
  - Supporting licensed child care in homes – Manitoba will work toward expanding and better supporting home-based family and group child care.
  - Improving quality, diversity and inclusion – Manitoba will maintain diversity and inclusion as a key focus of the early learning and child care system, enhance quality programming for children in licensed settings, develop new resource to help providers meet regulated standards and continue to improve quality of their programs, explore with post-secondary institutions ways to enhance their programming, develop new models and practices to support the inclusion and accommodation of children who need additional supports, and explore, with stakeholders (including the federal government), ways to support quality early learning programs for Aboriginal children.

- Exploring future change – Manitoba will establish a Commission on Early Learning and Child Care to explore (with input from parents, the workforce and other stakeholders) ways to redesign the province's system of early learning child care and guide the system's development.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

The recommendation discussed here focuses on the provision of early childhood development programs that are voluntary but universal, offer a place where children regularly attend to learn with other children, are staffed by trained educators who follow a defined curriculum, and involve parents. The recommendation calls for a legislated framework to support delivery of these programs.

The Healthy Child Manitoba Act offers a child-centred policy framework, with legislation and funding to back it up. The purpose of *The Healthy Child Manitoba Act* is "to guide the development, implementation and evaluation of the Healthy Child Manitoba strategy in the government and in Manitoba communities generally" (Manitoba. Legislative Assembly, 2007, pp. 2, Section 2). The Healthy Child Manitoba strategy, which is "the government's prevention and early intervention strategy to achieve the best possible outcomes for Manitoba's children with respect to their (a) physical and emotional health, (b) safety and security, (c) learning success, and (d) social engagement and responsibility" (Manitoba. Legislative Assembly, 2007, pp. 2, Section 3(1)), directs the Manitoba government to child-centred public policy. Recognizing that no single department can meet the broad-ranging needs of children and families, the act requires government "to collaborate with community partners, governments and others as it considers appropriate with respect to research, policy development, program development, implementation and evaluation of the strategy" (Manitoba. Legislative Assembly, 2007, pp. 3, Section 3(2)). It establishes the Healthy Child Committee of Cabinet, which "consists of ministers responsible for policies, programs or services that directly impact the lives of children" (Manitoba. Legislative Assembly, 2007, pp. 4, Section 6(1)). The act also establishes the Healthy Child Manitoba Office to work "with the partner departments, community partners, governments and others to develop, implement and evaluate the strategy… in the government and Manitoba communities: (Manitoba. Legislative Assembly, 2007, pp. 6, Section 13(1)). The powerful, positive impacts of the Healthy Child Manitoba Act are demonstrated by the network of programs and supports for children and families that are available in the province and the focus on child-centred policy that directs, for example, Healthy Child's Starting Early, Starting Strong Framework, and Manitoba Family Services' Family choices plan.

At the same time, the act can be strengthened by adding a preamble that aligns the context for understanding and interpreting the act more closely with the vision of proportionate universality. This may be achieved through the following option for action:

Introduce a preamble to *The Healthy Child Manitoba Act* that establishes principles to guide the development, implementation and evaluation of the Healthy Child Manitoba strategy:

- **The principles introduced in the preamble can be drawn (with one revision) from the principles that currently guide the activities of the Healthy Child Manitoba Office. The HCMO principles refer to community-based, inclusive, comprehensive, integrated, accessible, quality assurance and public accountability**
- **The principle referring to accessible currently states "Services and programs are available and accessible to families and their children across Manitoba"** (Healthy Child Manitoba, n.d.)**. This can be revised to incorporate the principle of proportionate universality. For example, the revised principle might state that a universal platform of services and programs are available and accessible to families and their children across Manitoba, accompanied by supports and services that target highly vulnerable children and families and low-income and under-resourced neighbourhoods and regions, and that work to eliminate barriers to access. A revised principle would then more accurately be referred to as accessible and proportionately universal.**

Responsible parties:

- Healthy Child Committee of Cabinet
- Healthy Child Deputy Ministers Committee
- Healthy Child Advisory Committee
- Legislative Counsel Office

Time frame:

- short-term action: consultation within and between the Healthy Child committees to determine if this change is consistent with the vision and purpose of the Healthy Child Strategy
- long-term action: drafting of legislative amendment by Legislative Counsel Office and subsequent passage in Legislative Assembly

Establish integrated service delivery centres

Recommendation: The legislative framework for delivery of early childhood development programs should also provide for establishment of integrated service delivery centres to provide a range of services in addition to early childhood education, including public health, employment and income assistance, housing, child welfare, and adult education. These integrated service centers should be located in existing infrastructures such as schools or facilities that house community-based organizations.

Reason: Combining a range of services that children and families need in community-based locations makes those services more accessible. It also combats social isolation by giving parents and children the opportunity to connect with others, and promotes visibility of vulnerable children (Hughes, 2014, p. 492).

Discussion

Hughes' call for the establishment of integrated service delivery centres with a range of services that families might need (including early childhood education) was supported by most of the people that the AMR team members met with to discuss recommendations from this section. They agreed that bringing programs and services that support the development and well-being of children and families into a community facility can increase uptake of these resources. Programs and services at an integrated service delivery centre would enhance both physical and **emotional** accessibility because when someone approaches the building, no one will know what kinds of services they might be seeking – a much different experience than, for example, walking in the doors of a child and family services agency. This may be especially significant in smaller communities where there is little chance of anonymity. Co-location supports self-referral, as well as referrals between on-site service providers. Integrated service delivery systems can push services into the community, and, with appropriate management, have the potential to strengthen relationships between community members and service systems.

Participants also anticipated there might be challenges associated with integrated service delivery centres:

- Integrated service delivery centres likely work well in urban centres, but may not be an effective or cost-efficient model for some rural regions, where the infrastructure (including space in schools or other community facilities) to support the centres may be limited, where the population is dispersed over relatively large geographic areas, and where providing programs and services at one central site might make them even more inaccessible for people who live outside the community where the centre is located.
- The presence of child welfare services (which are perceived by many families as threatening or, as one participant stated, a government body that "is there to regulate and punish" parents) in an integrated service delivery centre may discourage some families from accessing the other programs and service available there. One way to address this may be public education that addresses common assumptions about the child welfare system.

Participants also identified several "must-haves" for integrated service delivery centres:

- Programs and services that are meaningful and valuable to the families (in particular, young parents) in the communities or areas they serve.
- Strong links to community service organizations - community service organizations are often able to build relationships with and provide supports to children and families that prevent them from coming into contact with the child welfare system, are a valuable source of referrals, and can make an important contribution to the success of an integrated service delivery centre.
- An environment and staff who support the cultural safety and reflect the cultural identity of the people and communities they serve - this is particularly important to Aboriginal people, who frequently perceive racism or power imbalances when they attempt to access supports from non-Aboriginal service providers.
- An outreach component that will provide programs and services off-site - this will ensure that services are available to children and families who cannot easily visit the centre.

The distinct needs of First Nation communities

When this recommendation was discussed with representative of First Nation CFS agencies and other service providers in First Nation communities, some participants felt that an integrated service centre would be a significant asset for children and families living on reserve. Housing a broad range of services (ECD programming such as Aboriginal Head Start, maternal and child health programming, FASD programming, and Peer Parenting, along with health and wellness supports, housing, income assistance, child welfare and others) would help de-stigmatize the experience of accessing child welfare and other services. Participants also pointed out that, in many First Nation communities, a large number of families live in poverty and travelling between service sites (even within their own communities) is an expense they cannot afford.

Participants also had some significant concerns about the centralizing services in integrated service delivery centres. In many First Nations, the physical space available for the delivery of ECD and other programs and services is already very limited, and what is available may not be able to accommodate the needs of an integrated service delivery centre. They wondered where funding would be found to support both the construction and the development of integrated services delivery centres. Many First Nation CFS agencies and other service providers in First Nation communities (particularly those in the North and the eastern side of the province) are stretched thin. They serve populations dispersed across large catchment areas that include many small, remote and isolated communities, some accessible only by air or winter roads. Participants working in these regions reported that they already struggle to find the human resources, time, or other resources to maintain services, programming and staff in all the communities they serve, a challenge for both the agencies and for the children, families and communities that rely on their services. For example, if a client's case plan requires that they participate in parenting classes and those classes are not available in their community, resources must be scraped together to either bring agency staff into the client's community or to bring the client into a community where classes are available. First Nation families that need ongoing supports and services may choose to move to a larger community such as Thompson,

where they may have to negotiate a new set of challenges and barriers, including culture shock and the loss of any support networks they have in their home communities.

The integrated service delivery model

As one participant noted, "Co-location is not the same as integration. To achieve integration, you have to bend the policies and blend the dollars." Integrated service delivery is one phase in a continuum of partnership (Child Welfare Intersectoral Committee, Promoting Healthy Child Development Work Team, 2009, p. 6):

- Level 1: Co-operation – services work together toward consistent goals and complimentary services, while maintaining their independence.
- Level 2: Collaboration – services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes.
- Level 3: Coordination – services work together in a planned and systematic manner towards shared and agreed goals.
- Level 4: Merger/integration – different services become one organization in order to enhance service delivery.

In Manitoba, *The Healthy Child Manitoba Act* and other government policies and initiatives have created a strong foundation for an integrated approach to child development. There are many examples in the province that demonstrate the benefits of co-location, co-operation, collaboration, coordination and the potential for integrated service delivery centres:

- **ACCESS Centres** offer a range of health and social services that meet the distinct needs of the communities they serve. The centres are health-focused, with services that include front line health care from physicians or nurse practitioners, mental health supports, home care and employment and income assistance programs. Other services are tailored to meet the distinct needs of the communities they serve.

  There are currently five ACCESS Centres in Winnipeg, and one in Brandon. The first centres were developed through Winnipeg Integrated Services (a partnership between the Winnipeg Regional Health Authority, Manitoba Family Services, and Manitoba Health), with the goal of integrating health and social services in community areas throughout Winnipeg, making it easier for community members to access services and information, and improving coordination between services (Winnipeg Regional Health Authority, n.d.). The resources available at two of the centres are described more fully below:

  - The 7th Street Health Access Centre in Brandon, offers health and community services, as well as other services that target community members "needing help finding their way through the healthcare or social service systems or needing to know who to contact" (Brandon Regional Health Authority, n.d.). Towards this, the centre offers clients access to service navigators (who work with clients to assess their needs and help them connect with appropriate service providers and resources), a community social worker who provides long-term support to families with complex needs, on-site addictions services provided through the

AFM, a housing resource worker, cultural facilitators, and community peer support for anyone receiving mental health services.

- ACCESS Downtown in Winnipeg offers services that include a healthy aging resource team, a dental clinic, children's special services, respite coordination, childcare coordination, and Winnipeg Child and Family Services (Winnipeg Regional Health Authority, 2010).

The management structure of the ACCESS Centres supports integrated case management, and because the centres provide primary care, they can link service providers to marginalized families and individuals. At the same time, some challenges remain. Participants suggested that centres in Winnipeg would benefit from strengthening their relationships with community service providers. It has also been reported that, "in the ACCESS Centres in Winnipeg, child welfare continues to act primarily as a unit unto itself with little or no case work activity occurring with other service providers, save for referrals in and out. The children being served within the child welfare system, typically those who are most vulnerable, are the children for whom it is essential an integrated system be developed" (Child Welfare Intersectoral Committee, Promoting Healthy Child Development Work Team, 2009, p. 5). Participants in the consultation activities undertaken for this project also raised concerns about the fact that, in Winnipeg, a non-Aboriginal CFS agency provides services in the ACCESS Centres. Given that the vast majority of children and families that receive CFS services are Aboriginal (or, more accurately, First Nations) people, it would be more appropriate to have First Nation agencies providing these services.

- The **Nisichawayasihk Cree Nation (NCN) Family and Community Wellness Centre's** mission is "to promote, nurture and foster a sense of holistic wellness through the provision of meaningful, community based and culturally appropriate activities in a safe, respectful, and inclusive environment" (Nisichawayasihk Cree Nation, n.d.). The wellness centre brings together a range of programs and services under one roof to help community members "build on their strengths as individuals, as members of families, and as part of [their] community" (Nisichawayasihk Cree Nation, n.d.). The range of programs and services available at or through the Centre were developed in consultation with community members and include Head Start, daycare, maternal health, child and family services, and other child and family resource and supports. The list includes nursing and dental services, public health, home and community care, counselling services, mediation services, and an on-site therapist, Elder's program, arts and culture program, and a recreation and fitness centre. As a community-driven project that brings together programs and services to meet community identified needs, the wellness centre has helped create a unified approach to issues in the Nisichawayasihk Cree Nation (Hughes, 2014).
- **Lord Selkirk Park (LSP) Child Care Centre**, located in the heart of the Lord Selkirk Park Housing Projects in Winnipeg's North End and the **Lord Selkirk Park (LSP) Resource Centre**, located in an adjacent space, are enhancing the well-being and development of children, families and the larger community they serve (Manidoo Gi-Miini Gonaan, n.d.).

Both centres are operated by Manidoo Gi Miini Gonaan, a non-profit organization that also provides an infant centre at a nearby school, and a school age program affiliated with another neighbourhood school. The LSP Child Care Centre is an enriched, culturally-based early learning and child care centre with space for 47 infants, preschoolers and school-age children. It is the first ECD project in Canada to incorporate the Abecedarian approach, and has implemented baseline measurement of developmental milestones. The centre is helping connect families to child care resources before school begins, which enhances developmental learning for children. The LSP Resource Centre (which receives approximately 11,000 visits per year from community members) offers a space where community members can gather, and acts as an information and referral centre for residents: "The Resource Centre has become the primary support vehicle in assisting residents to develop leadership skills and ownership for the community. The success of the Resource Centre is a result of partnerships that have developed within the community and with the relationships built with the residents who are becoming engaged and taking ownership of their neighborhood" (Manidoo Gi-Miini Gonaan, n.d.).

The 2012 opening of the LSP Child Care Centre literally and figuratively placed children at the centre of the social housing project. Although it is too early to measure the results of co-locating the child care and resource centres, a participant in the consultations reported that, "We are already seeing families empowered, watching their children develop, and it's having a spillover effect in the community, so that people want to stay there now. It's not just about building a system – it's what a community should look like. It shows that we can make the ECD system work in ways that are real, culturally grounded, and partner-driven… We've heard it's changed the culture of that social housing project… One of the arguments against co-location is concern about loss of privacy and stigma. But at Lord Selkirk Park, it's created a space where people can find what they need."

- **Block by Block** is a new community safety and wellness initiative in Winnipeg designed "to improve neighbourhood safety by offering intensive, co-ordinated, community-based services to help prevent individuals and families from falling into crises and involvement with the law… [The] goal is to offer seamless, integrated service to people in the community when they need it most and ultimately improve neighbourhood safety" in a 21-block neighbourhood in the William Whyte area in Winnipeg (Province of Manitoba, 2013). Block by Block "will assist and support individuals or families who are at acutely elevated risk of harming themselves or others and require supports beyond what one agency can provide." It brings together provincial government departments (including departments represented on the Healthy Child Committee of Cabinet, i.e., Justice, Family Services, Housing and Community Development, Manitoba Jobs and the Economy, Children and Youth Opportunities, and Education and Advanced Learning), City of Winnipeg, Winnipeg Police Service, Winnipeg School Division, and community-based organizations to "work together to break down any existing barriers, to develop an immediate action plan and offer urgent services." Community-based service providers, who have well-established relationships within the neighbourhood and a long

history of working together to meet the needs of the families they serve, are seen as a key component of the initiative.

Thunderwing, the first project in the Block by Block initiative, brings agencies and organizations together to form a hub from which service delivery can be coordinated, with the goal of providing early interventions before issues or problems become crises. Block by Block's Centre of Responsibility (COR) which brings together officials and senior personnel who can ensure inter-agency co-operation, will direct the hub's policies, and address systemic issues (such as policies or regulations) that might get in the way of addressing issues that slow the work being done by the hub and by the community to improve neighbourhood safety (Linden, 2013).

Anticipated outcomes from Block by Block activities include the development of "local, strength-based solutions that simultaneously build the capacity of the communities and address the many systemic barriers [that] families encounter every day".

- The **Morningstar** initiative, which began formally operating in September 2014, was developed after consultations with community members in Winnipeg's North End (Healthy Child Manitoba Office and Civil Legal Services, 2014). Morningstar is designed to provide a continuum of readily accessible and responsive resources to the student population at R.B. Russell Vocational High School, with the goals of increasing attendance, student engagement and high school completion, and reducing substance abuse, criminal activity, and involvement with child and family services. The initiative also is intended to support successful transition to higher education, employment, and training or volunteer work. There are two tiers to the Morningstar initiative:
    - The introduction of integrated services offering a wrap-around approach to provide strategic, multi-disciplinary interventions for up to 30 high-risk students at R.B. Russell. To support this, the Southern First Nations Network of Care has contributed two social workers who will be on-site at the school and serve as community workers.
    - School staff will also be able to draw on the Morningstar partners to address the needs and concerns of the student body as a whole. This might include, for example, information sessions on sexual health.

  The social workers and school staff will be working with a joint government-community table, which will help them identify resources and services that will meet student needs. Representatives of the Winnipeg School Division and Manitoba Education and Advanced Learning will direct the table. Other table members represent service providers and advocacy groups in the community and include: Mount Carmel Clinic, Manitoba Housing, Winnipeg Police Service, Child and Family Services, the Centre for Aboriginal Human Resource Development, Aboriginal Council of Winnipeg, Aboriginal Youth Opportunities, and Onashowewin).
- The **Healthy Child Committee of Cabinet (HCCC)** and the **Healthy Child Manitoba Office (HCMO)** see enhanced integration of service systems for children (in particular, vulnerable children and their families) as a priority area for action and are actively

involved in the Lord Selkirk Park activities and Block by Block. HCCC and HCMO have also developed other structures, initiatives and projects that focus on service and system integration. Notable among these are the **parent-child coalitions**, which have been organized locally in centres and regions across the province, and the **Children, Youth and Families Integrated Service Systems Project**, now piloting in the Gimli area, activities that are described in detail in the *Building Community Capacity* section of this report.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

In the Commission's report, Hughes offers a persuasive argument for integrated services: they have been shown to reduce the likelihood that children will be removed from their homes, they offer parents respite and time and resources to address their own wellness needs, they reduce parents' isolation and increase their social connection, they enhance communication across service providers and across sectors, they enhance service providers' ability to connect with parents and families, and they are cost-effective.

The participants that the AMR team met with to discuss this recommendation largely agreed with Hughes. The question remains, though, as to what a made-in-Manitoba model of Hughes' integrated service delivery centre might look like. One possibility that emerged in the AMR team's discussions of this recommendation is described below:

- The centre would be a one-stop-shop for programs, services and referrals, developed in consultation with community members and community service providers in the area it will serve.
- Programs provided at the centre will be meaningful and valuable to the children and families in the communities or areas it serves.
- It would include, at minimum, a family resource centre, a quality early child care program (whose staff would share their expertise in parenting programs provided through the resource centre), child and family services, and other child and family-centred resources that meet community-identified needs and support early childhood development and family well-being.
- An advocate/navigator would be on site to help parents and families connect with on-site and off-site programs, services and other resources that will meet their needs and are appropriately accessible.

- The advocate/navigator and other centre staff will work to develop mutually beneficial working relationships with service providers in the community they serve and surrounding regions.
- Senior management will work with community service providers and decision makers in relevant service sectors to break down barriers, and work towards an efficient and sufficiently comprehensive continuum of services that meets the needs of the children and families the centre serves.
- Recognizing that opening the doors to the centre will not ensure that everyone who can benefit from the programs, services and resources available there will walk in those doors, the centre will be proactive and offer outreach activities.
- The centre will provide a welcoming, comfortable and culturally safe environment for the children, parents and families they serve, and will be staffed by people who reflect or have the skills, experience relationships, and sensitivity to work well with the people and communities they serve.

It should also be noted that in its recent report on public forms on First Nations Families and children Welfare it hosted, the Assembly of Manitoba Chiefs put forward a recommendation that called for the establishment of healing centre hubs to provide cultural healing interventions for families in First Nations communities, another model that may fit well with the **option for action** offered below.

Establish integrated service delivery centres in three communities across Manitoba.

- **Healthy Child Manitoba Office (HCMO) will approach the northern First Nations authority, southern First Nations authority, and Metis authority and invite each to identify a community that might benefit from the establishment of a demonstration integrated service delivery centre. The general authority is not included in this group because, as noted earlier in this document, HCMO is already partnering with this authority on an integration project in the Gimli area.**
- **If an authority is interested in engaging in this project, HCMO will share information about potential models for integrated service delivery, and work in partnership with them to: 1) consult with and engage key partners from the community and from relevant service sectors, provincial, federal and First Nation government departments, healthy child committees, and private and philanthropic sectors, 2) with additional support from engaged partners and drawing on the models, successful practices and lessons learned from other integration projects, develop a model for the centre that addresses the needs and makes the most of the strengths and assets of the area or region it will serve, and 3) plan, develop and secure resources to establish an integrated service delivery centre.**

Responsible parties:

- Healthy Child Manitoba Office

- the two First Nations authorities and the Metis authority

Time frame:

- short-term action: approach authorities to invite them to identify a community that might benefit from an integrated service delivery centre
- medium-term action: consultation and partnership development, and initial planning
- long-term action: planning, development and resourcing to support development of centre

Establish a committee to fund integrated service delivery centres

Recommendation: That government funding to support integrated service delivery centres be allocated, following meaningful and inclusive consultation, by a committee that mirrors the committee described by s. 21(3) of *The Healthy Child Manitoba Act* and reflects Manitoba's various regions and cultural diversity, including representatives of the community and recognized experts.

Reason: There is compelling evidence that these centres promote social cohesion in neighbourhoods, combat poverty by enhancing families' capacity to be self-sustaining, increase the visibility of young children in their community, and neutralize the conditions that make families vulnerable and put children at risk of abuse or neglect (Hughes, 2014, p. 492).

Discussion

In discussions of this recommendation, participants resisted the idea of "another top-down solution". Creating a new committee that must be resourced, they suggested, adds another layer of bureaucracy, and would likely divert resources from program and service delivery.

A better approach may be to draw on the experience, knowledge, relationships and other assets available at community and regional levels. Rather than establishing a new committee, it may be more cost-efficient and effective to establish a funding stream with criteria that focuses on progress towards full integration of service delivery and/or service systems and in which funding can be allocated by cross-sectoral regional or community-based organizations that focus on children and families. This, in turn, will help build capacity within the organizations, and within the communities served by the organizations.

For example, parent-child coalitions exist throughout the province, and are set in the Healthy Child Manitoba Act. They have long-term, ground level experience, and the practical knowledge and relationships that come with that. Their work focuses on integrating policies and services, reducing duplication of services, sharing resources and funding, and increasing the quality, accessibility and responsiveness of community services. The coalitions currently can apply for and, if successful, administer grants that facilitate community development in relation to the Healthy Child Manitoba strategy. Parent-child coalitions that function well and are making good progress towards service integration could be empowered to allocate funding for activities that support enhanced integration within the region or community they serve.

Similarly, the Children, Youth and Families Integrated Service Systems Project (including the Gimli pilot and the integrated service delivery pilot proposed in the option for action associated with the previous recommendation in this section) have the potential to develop well-functioning inter-agency and cross-sectoral coalitions that, over time, may also have the capacity to distribute funding within their catchment area.

Options for action

For each option for action, parties with primary responsibility for the action are identified and a time frame is suggested:

- immediate action should take place within 0 to 6 months of the release of this report
- short-term action within 6 months to 1 year
- medium-term action within 1 year to 3 years
- long-term action from 3 years onward

The following option for action is offered:

Explore opportunities to empower regional inter-agency and cross-sectoral coalitions to allocate funding for activities that support enhanced integration of services and systems that support the development and well-being of children families and communities.

- **The Manitoba government has committed to establish a Commission on Early Learning and Child Care that will be looking at ways to re-design Manitoba's system of early learning child care and guide the province's future plans. As part of these activities, the Commission could take responsibility for this action.**

Responsible parties:

- Commission on Early Learning and Child Care

Time frame:

- medium-term action

A Plan with Options for Action

In the year since Commissioner Hughes released *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children* and the implementation planning team began work on this project, many changes have occurred within Manitoba's child welfare system. In addition to actions that, at the time of the Hughes report's release, the Manitoba government had already taken or initiated in response to the inquiry's recommendations, Manitoba Family Services has also begun work to:

- Expand programs that "help build strong, healthy families" by introducing more flexibility into funding so that service providers can better meet the distinct needs of the families they serve, expanding support services for the most vulnerable families, parents and children, and working to provide services to families as early as possible, so that fewer children come into care (Manitoba, 2014)
- Introduce legislation that will ensure that critical incidents involving children in care are reported publicly (Manitoba, 2014)
- Update its programs for children in crisis "to improve care, reduce reliance on hotels as emergency shelters, and redirect funds to key support services for families and children" (Manitoba, 2014)
- Implement *The Social Work Profession Act*, which will establish the Manitoba College of Social Workers, responsible for maintaining professional standards and governance, and will help ensure that services delivered under *The Child and Family Services Act* are provided by registered social workers (Manitoba, 2014)
- Introduce a new information management system that will help ensure that "vulnerable children do not fall through the cracks" (Manitoba, 2014).

Manitoba Family Services is not alone in its commitment to improve supports for children, youth and families in Manitoba. As evidenced by many of the programs, projects and initiatives described earlier in this report, the department works in partnership with other provincial and federal government departments, and offices, and actively supports both the child and family services authorities and agencies and community-based organizations that work to strengthen the well-being of children, youth and families.

The current heightened public attention on the child welfare system also makes it clear that many others in our province recognize our shared responsibility to protect and care for children, youth and families. In a recent report on two well-attended public forums at which First Nation community members were invited to share their experiences in the child welfare system, the Assembly of Manitoba Chiefs stated, "Child welfare is not only a First Nations issue. It is an issue for everyone. Investments must be redirected to support a model of care based on prevention, strengthening families and reunification rather than apprehension" (Assembly of Manitoba Chiefs, 2014, p. 8).

This section brings together the options for action to implement or respond to all recommendations assigned to the implementation planning team. They were developed and

are offered here with the understanding that all of us share responsibility for making change that will better support and protect all Manitoba's children, youth and families.

In the time frame presented for each option for action, an immediate action should take place within 0 to 6 months following the release of this report, a short-term action within 6 months to 1 year, a medium-term action within 1 year to 3 years, and a long-term action from 3 years on.

Recommendation: That the Province ensure that the family enhancement services required to support the differential response practice model are developed, coordinated, and made accessible, through partnerships and collaboration among the child welfare system, and other departments, and community-based organizations

Option for action: Manitoba Family Services and the CFS authorities encourage and support co-operation between the child welfare system, other departments, and community based organizations that serve children, youth and families.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- the four CFS authorities and agencies
- collateral service providers that serve children, youth and families
- community based organizations that serve children, youth and families

Time frame:

- medium-term action: develop and implement opportunities for parties to communicate (ex: designated intake agencies develop, in partnership with community partners and collateral service providers, regional compendiums on programs and services for children, youth and families that serve as inventories to support access as well as address gaps) and come together (ex: community gatherings, forums) to clarify their mandates, roles and responsibilities; where possible, stakeholders should use these occasions to identify opportunities for partnerships and collaboration (ex: where services align, where coordination or integration is beneficial; where services close gaps or address needs)

Option for action: Manitoba Family Services and the four CFS authorities encourage and support collaboration within the child welfare system.

Responsible parties:

- Manitoba Family Services, CFS Division
- the four CFS authorities (both as individual authorities and as members of the standing committee)
- CFS agencies

Time frame:

- medium-term action: develop and implement opportunities for agencies to come together (ex: inter-agency relations teams, annual conference or forums) to discuss individual and systemic issues

Option for action: Manitoba Family Services and the CFS authorities develop a model and protocols for a shared service delivery framework that supports collaboration between the child welfare system, other departments and community based organizations for urban-based service delivery that can be adapted to reflect the resources and capacities of the community sectors in different geographic regions and communities.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- the four CFS authorities and agencies
- community based organizations that serve children, youth and families

Time frame:

- short-term action: consult with community based organizations and other departments to identify key features of a shared service delivery framework
- medium-term action: develop clear partnership agreements, communication protocols (for information sharing and joint case reviews), and other protocols outlining the collaborative intake, assessment and referral processes for families
- long-term action: develop a model for a shared delivery framework

Option for action: Manitoba Family Services and other departments strengthen the capacity of the community to deliver family enhancement services.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- community based organizations and collateral service providers that serve children, youth and families

Time frame:

- short-term action: consult with community service providers in regards to capacity and needs associated with an increased role in service delivery
- medium- to long-term action: train community based organizations and other service providers on assessment and planning processes, reporting; address other needs, as identified in consultations

Option for action: Manitoba Family Services, AANDC and the CFS authorities develop a rural service delivery framework that supports access for families involved with the child welfare system in rural and First Nations communities.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments

that serve children, youth and families

- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the four CFS authorities and agencies serving rural areas or First Nations communities
- rural and First Nations communities

Time frame:

- short-term action: consult to identify key features of an inter-sector strategy that addresses gaps in services and supports for families in rural and First Nations communities
- medium-term action: fund designated intake agencies for a staff person to build relationships and coordinate partnerships, to act as a navigator for other workers and clients; provide rural and First Nations agencies with additional resources, as needed, to support the development of culturally appropriate, community-led family enhancement resources and programs for their communities, this may require new infrastructure be developed or renovated (ex: to support co-location or other integrated service delivery models)

Recommendation: That All Nations Coordinated Response Network (ANCR)—whose role is triage and delivery of short-term services—no longer provide family enhancement services but should transfer families who need those services to a family services unit as soon as possible.

Option for action: The Designated Intake Agency Review Working Group assess (as part of the review currently underway) whether all designated intake agencies should provide the same scope of programs and services and, in particular, whether ANCR should continue to provide family enhancement services. Reporting from the working group's review should include recommendations that relate to these components of the review.

Responsible parties:

- Designated Intake Agency Review Working Group, designated by the standing committee

Time frame:

- immediate action: the Working Group assess whether DIAs should have a consistent mandate, and in particular, whether ANCR should continue to provide family enhancement services at intake
- short- to medium-term action: following their review, the Working Group recommend whether or not ANCR should continue to provide family enhancement services at intake

Option for action: Manitoba Family Services and AANDC build the capacity of CFS agencies to develop and deliver family enhancement programs and services and ensure that CFS agencies have adequate funding to support, at minimum, one family enhancement worker whose responsibilities include the development of relationships with community service providers,

and additional family enhancement workers at a caseload ratio of 1:20.

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- CFS agencies operating in Winnipeg

Time frame:

- short-term action: develop terms of reference for family enhancement worker that may include family enhancement resource development and relationship building with community and collateral service providers for improved service delivery
- medium-term action: agencies post and hire family enhancement workers

Option for action: The CFS authorities facilitate dialogue between ongoing family service agencies and designated intake agencies.

Responsible parties:

- the four CFS authorities and agencies, including designated intake agencies and ongoing family service agencies

Time frame:

- immediate action

Option for action: The CFS authorities ensure that, when files are transferred from designated intake agencies to the family services agency that will provide ongoing services, completed assessments and records are sent to the receiving family services agency as soon as possible to avoid delays in the time between intake and service provision and to support case planning at the receiving agency

Responsible parties:

- the four CFS authorities and agencies, including designated intake agencies and ongoing family services agencies

Time frame:

- immediate action

Option for action: Manitoba Family Services and the four CFS authorities reconsider the time frames currently allowed for family enhancement service delivery.

Responsible parties:

- Manitoba Family Services, CFS Division
- the four CFS authorities

Time frame:

- short-term action

Recommendation: That every effort be made to provide continuity of service by ensuring that, to the extent reasonably possible, the same worker provides services to a family throughout its involvement with the child welfare system.

Option for action: Manitoba and the four CFS authorities work together to develop a comprehensive worker retention strategy that supports continuity of service.

Responsible parties:

- Manitoba Family Services, CFS Division
- the four CFS authorities

Time frame:

- short- to medium-term action: develop retention strategy
- medium-term action: implement retention strategy

Option for action: Manitoba Family Services and the four CFS authorities consider a move to generalist practice teams that will better support continuity of care and client/family centred practice, and support a more balanced case load for individual social workers.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- short-term action: investigate best practices in generic social work models

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard for transfers within an agency that will ensure continuity of care during the transfer process.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards related to transfers; consult to develop the new standard
- short-term action: draft and distribute the new standard

Recommendation: That agencies strive for greater transparency and information sharing with caregivers, which may require changes to legislation.

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, ensure that workers use the case planning methodology in the case recording package, which includes a case planning template, and provide additional training to child welfare workers,

as needed, to ensure that they have a solid understanding of the tools and processes they use in planning with families.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- short-term action: consult with CFS agencies to determine whether the case recording package is suitable and whether additional or ongoing training is required
- medium-term action: address any issues or training needs identified during consultations, this may include development of a new case planning methodology and templates

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard to ensure that workers use a family-centred approach to planning, and involve extended family and other community supports in planning for the family, whenever possible and reasonable.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards and policies related to planning; consult to develop the new standard
- short-term action: draft and distribute new standard

Option for action: Manitoba Family Services, in conjunction with the four CFS authorities, develop a standard to ensure that all clients, regardless of case category, receive, at minimum, a written summary of their case plans.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards and policies related to planning; consult to develop the new standard
- short-term action: draft and distribute new standard

Option for action: The four CFS authorities develop clear guidelines for information sharing with families and caregivers, similar to and, as appropriate, expanding upon the fact sheet titled Information Sharing using the Privacy Acts (PHIA & FIPPA) and The Child and Family

Services Act, which provides clear guidelines for information sharing between collateral service providers and CFS workers.

Responsible parties:

- the four CFS authorities

Time frame:

- short-term action: develop and distribute guidelines

Recommendation: That The Child and Family Services Act, Personal Health Information Act, Freedom of Information and Protection of Privacy Act and any other legislation as may be necessary be amended to allow service providers to share relevant information with each other and with parents (or caregivers) when necessary for the protection, safety, or best interests of a child.

Option for action: Manitoba Family Services develop a process to determine whether information sharing issues are a result of the practical limits set by *The Child and Family Services Act, PHIA, FIPPA* and other legislation, misunderstandings of the privacy legislation, or practice issues that require additional training or discipline.

Responsible parties:

- Manitoba Family Services
- the four CFS authorities and agencies
- collateral service providers and community service providers
- children, youth, families and other caregivers

Time frame:

- short- to medium-term action: develop a process to document information sharing issues that CFS workers and other collateral service providers experience in the process of working with the children, youth and families involved with the child welfare system; review
- medium-term action: take appropriate action to respond to findings from the information sharing review

Option for action: The CFS authorities redistribute the fact sheet titled Information Sharing using the Privacy Acts (PHIA & FIPPA) and The Child and Family Services Act, which provides clear guidelines for information sharing between collateral service providers and family service workers, ensuring that all frontline workers are provided with a copy.

Responsible parties:

- the four CFS authorities and agencies

Time frame:

- immediate action: distribute guidelines

Option for action: Manitoba Family Services and the CFS authorities, in consultation with other departments and community based organizations, develop protocols and practice guidelines that support multi-disciplinary case management teams for improved service coordination.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that serve children, youth and families
- the four CFS authorities and agencies
- community based organizations that serve children, youth and families

Time frame:

- short-term action: consult with community based organizations and other departments to identify key features of multi-disciplinary case management teams
- medium-term action: develop clear partnership agreements, communication protocols (for information sharing and joint case reviews), and other protocols outlining the collaborative intake, assessment and referral processes for families; develop protocols and practice guidelines for multi-disciplinary case management teams

Recommendation: That the Authorities enhance availability of voluntary early intervention services by placing workers in schools, community centres, housing developments, and any other community facilities where they would be easily accessible.

Option for action: The CFS authorities collaborate with community in the development of pilot projects to introduce child welfare workers in to schools or other community facilities.

Responsible parties:

- the four CFS authorities
- community leaders and members
- school and community partners

Time frame:

- immediate action: identify pilot communities, based on consultation with communities and community interest
- short-term action: consult with stakeholders in the catchment areas; develop protocols and guidelines for placing workers in the schools or other sites
- medium-term action: implement pilots, followed by an evaluation component

Option for action: Before placing workers in schools or other community sites, the CFS authorities clearly define the mandate, roles and responsibilities of community-based CFS workers, and communicate these to community members and organizations that share or use the site.

Responsible parties:

- the four CFS authorities
- school-based child welfare workers
- community-based organizations and collateral service providers
- community members

Time frame:

- short-term action: define the mandate, roles and responsibilities of community-based child welfare workers
- medium-term action: communicate the mandate, roles and responsibilities of community-based child welfare workers to community members and organizations sharing the site

Recommendation: That the standing committee discuss as a regular agenda item, the programs and policies being implemented by each Authority to determine those that can be adapted more broadly, in a culturally appropriate manner.

Option for action: Add discussion of programs, policies and other initiatives that are underway at an authority and that may be modified for adaptation or inform development of culturally-based approaches at other authorities as a standing item on the agenda of regularly scheduled standing committee meetings.

Responsible parties:

- standing committee members

Time frame:

- immediate action

Recommendation: That the Standing Committee issue annual reports of its work to the Minister for tabling in the legislature and for concurrent release to the public.

Option for action: Standing committee and minister or other senior representatives of Manitoba Family Services come to mutual agreement about their expectations for the standing committee's annual reports.

Responsible parties:

- standing committee
- minister of Family Services and Manitoba Family Services
- standing committee office
- standing committee subcommittees

Time frame:

- immediate action: the standing committee and the minister or other senior representatives of Manitoba Family Services meet to discuss, clarify and come to mutual agreement about their expectations for annual reports from the standing committee, including the purpose, content and other aspects of the reports, and in particular, whom the reports will be issued to and shared with
- short-term action: once Manitoba Family Services and the standing committee have come to a mutual agreement on reporting expectations, the standing committee begins to prepare an annual report for the upcoming current fiscal year; subcommittees of the standing committee assume responsibility for submitting annual work plans to the standing committee.

Recommendation: That the Authorities be funded to a level that supports the differential response approach, including: a) Funding to allow agencies to meet the caseload ratio of 20 cases per worker for all family services workers; b) Increasing the $1,300 fund for family enhancement services to a reasonable level, especially for families who are particularly vulnerable, many of whom are Aboriginal; and c) Determination of the amount of necessary funding after meaningful consultation between agencies and the authorities, and between the Authorities and government, after agencies have reasonably assessed their needs.

Option for action: Fast track the reduction of the caseload ratio to 1:20 for all family services workers.

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office

Time frame:

- short term action

Option for action: Increase the province's current $1,300 allocation for family enhancement services to a more reasonable level and explore options for introducing more flexibility in how that funding is used.

Responsible parties:

- Manitoba Family Services
- the Manitoba government

Time frame:

- immediate action: increase the province's current $1300 allocation for family enhancement services; develop and distribute to CFS agencies communications materials that fully and simply explain how this allocation can be used (including explanation that funding can be pooled at agency level)
- short-term: Explore options that will allow more flexibility in how agencies and individual workers may use funding.

Option for action: Determine the amount of funding needed to support the differential response approach through meaningful consultation with agencies, authorities, and relevant government departments, ensuring that agencies have the supports and resources they need to reasonably assess their needs.

Responsible parties:

- Manitoba Family Services

- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the four CFS authorities and agencies

Time frame:

- medium-term action: Manitoba Family Services and AANDC consult internally and with each other to: 1) determine which aspects of the current funding model and funding practices could be changed and 2) come to a consensus on the objectives and scope of the consultation activities involving agencies and authorities. Issues explored in the consultation activities might be drawn, in part, from what has been learned through the activities of the funding model working group.
- medium- to long-term action: Initiate and complete consultations with agencies and authorities. This should be supported by clear communication of the intention, scope, expected outcomes and other aspects of consultation activities, and the provision of adequate resources (such as access to expertise on financial operations) to ensure that agencies and authorities will be able to reasonably assess their present, future and aspirational funding-related needs.
- long-term action: Based on consultation findings, review and redevelop (as needed) current funding practices to better support the differential response approach.

Option for action: Establish long-term demonstration projects in one or more communities that will be sites for intensive and coordinated prevention and family enhancement activities.

- **Projects should be community-driven and community-led, draw on the strengths and address the distinct needs of the community, and focus on building capacity at community, agency and service provider levels.**
- **Projects will provide opportunities to: 1) evaluate the impacts of focused and coordinated resourcing for intensive prevention and family enhancement services and supports; 2) develop and refine the differential response approach; 3) explore different approaches to resourcing prevention and family enhancement activities; 4) enable the development of refined approaches (including culture-based approaches) to prevention and family enhancement; 5) build capacity of agencies, authorities, and communities; and 6) if they are sited in First Nation communities, contribute to building capacity for increased self-governance in child welfare.**
- **Include a strong evaluation component, to track success indicators, such as keeping families together, reducing the number of children in care, EDI outcomes, and other indicators.**
- **As agencies, authorities and communities develop capacity, the option of moving to block funding within specific agencies, authorities, communities or regions can be explored.**

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office

- Other provincial and federal government departments, agencies and offices.
- the four CFS authorities and agencies
- community leaders
- community service providers

Time frame:

- medium-term action: key partners identified, and working group develops concept and plan for long-term demonstration projects
- medium- to long-term action: demonstration project sites selected; community leaders collaborate with working group on development of plan that meets community needs and is community-led
- long-term action: projects launched
- ongoing: evaluation; coordination of activities; development of refined and culturally congruent approaches to prevention and family enhancement; and capacity building for agencies, authorities and communities

Recommendation: That a Bachelor of Social Work or equivalent degree, as recognized by the proposed Manitoba College of Social Workers, be required of all social workers hired by agencies to deliver services under the Act.

Recommendation: That a concerted effort be made to encourage Aboriginal people to enter the social work profession, by promoting social work as a career choice and supporting educational institutions in removing barriers to education through access programs and other initiatives.

Option for action: Ensure that the Manitoba Institute of Registered Social Workers (MIRSW)/Manitoba College of Social Workers (MCSW) have the resources needed to successfully manage the transition to the professionalization of social work practice.

Responsible parties:

- Manitoba Institute of Registered Social Workers/Manitoba College of Social Workers
- Manitoba Family Services
- representatives of social work related programs at Yellowquill College, University of Manitoba's Aboriginal Focus Programs, and Assiniboine Community College.

Time frame:

- immediate action: Manitoba Family Services meets with MIRSW to discuss and assess their needs (in the context of the implementation of the requirement that all workers delivering child and family services be certified and registered with MCSW) with respect to technical expertise, advice, funding, and other resources that will support a smooth transition to the professionalization of social work practice and throughout the 3-year grandfathering period established in the *Social Work Profession Act*. Once these needs have been assessed, Manitoba Family Services and MIRSW can collaborate on the development and implementation of a plan to ensure that, as reasonably possible, these resources are made available to MIRSW. This may require contributions from other provincial government departments, and other stakeholders; MIRSW develops a communication plan with key messages that will help reduce anxiety, fear or confusion about the registration process; MIRSW develops and implements a plan for ongoing tracking and evaluation of the processes and outcomes associated with the coming into force of the Act and the professionalization of social work practice. A particular concern is whether the grandfathering period established by the Act is adequate to ensure that all social workers who may rely on that provision have a meaningful opportunity to register with MIRSW or MCSW

- short-term action: representatives of social work focused post-secondary certificate, diploma and other programs (such as the Yellowquill College's First Nation Child and Family Services Worker diploma program, University of Manitoba's Aboriginal Focus Programs, and Assiniboine Community College's Social Service Worker) meet with representative's of MIRSW to share information about their programs and to clarify whether completion of their program(s) will, in combination with work or volunteer experience, satisfy the criteria for registration established by Item 10 (1) (iii) of the Act. This should be determined as quickly as possible, to ensure that students and agencies do not invest resources in programs that will not meet the criteria for registration
- medium- to long-term action: ongoing tracking and evaluation of processes and outcomes associated with the professionalization of social work practice

Option for action: The University of Manitoba's accredited social work programs and programs that ladder into an accredited social work program develop and implement strategies to expand these programs to meet the expected increased demand for graduates of the University's BSW program. This includes strategies that will ensure that prospective students have meaningful access to these programs.

Responsible parties:

- University of Manitoba Faculty of Social Work
- The Inner City ACCESS Social Work Program
- The Northern ACCESS Social Work Program
- Aboriginal Focus Programs
- Distance Delivery Program
- Manitoba Education and Advanced Learning

Time frame:

- immediate action: representatives of all relevant programs meet to discuss and begin the process of identifying how and where their programs might be expanded, and to assess where resources to support this expansion might be found and secured
- short-term action: additional meetings between representatives of the post-secondary programs and other stakeholders to develop strategy for expansion of programs. Stakeholders should include representatives of the province's CFS authorities (to gain a more detailed understanding of agencies' need, to explore how existing programs could be made more accessible to agency employees, and to explore what resources they might have available to support employees' participation in programs), Manitoba Family Services and the Manitoba office of AANDC (to explore and identify ways in which the department and the AANDC office may be able to better support the participation of child and family services workers in BSW and BSW-related programs) and Manitoba Education

and Advanced Learning (to assess the extent of support for the expansion of programs). In addition to the expansion of the distance delivery, Aboriginal Focus and ACCESS programs, topics that should be explored in relationship to enhancing accessibility of the programs should include:

  - incorporating prior learning assessment and recognition (PLAR) into the application and admissions process
  - transition supports for students who must travel or relocate to Winnipeg to participate in programs
  - enhanced financial supports for students and for agencies whose workers are participating in BSW and BSW-related programs
  - ways in which the BSW programs can be made more relevant to social work practice in the child welfare system, including the introduction of components that focus on child welfare and curriculum focused on culturally appropriate service delivery in Aboriginal communities
  - partnering with CFS agencies to expand opportunities for BSW students to participate in practicums, co-ops or residencies as a way to gather practical knowledge and skills

- medium to long-term action: develop and implement plans to expand and increase the accessibility of BSW and BSW-related programs

Option for action: Adopt an Indigenous Social Work program as the standard for training for Aboriginal social workers.

Responsible parties:

- University of Manitoba Faculty of Social Work
- the two First Nations authorities and the Metis authority
- Manitoba Family Services
- Manitoba Education and Advanced Learning

Time frame:

- short to medium-term action: fully develop a proposal to support the adoption of an Indigenous Social Work program as the standard for training for Aboriginal social workers
- long-term action: provide program within the University of Manitoba's Faculty of Social Work

Option for action: Manitoba Family Services, AANDC, the four child and family services authorities, and mandated child and family service agencies work collaboratively to expand training and education activities for staff working in the child welfare system and provide ongoing support for these activities. The partners should:

- **Provide financial compensation to agencies for costs associated with their support of staff members pursuing BSWs, as well as students completing a practicum at their site.**

- **Implement a system of forgivable student loans or tuition coverage for people who agree to contract for return of service for a designated time in the north – for example 3 years for a 3-year degree program (minimum of year-for-year of degree program with additional incentives if workers decide to stay on longer).**
- **Consider introducing an apprenticeship model for new graduates of social work programs, in which they work alongside an experienced worker for some time before they get their own cases or full responsibility.**
- **Ensure that all social workers in child welfare get access to annual training opportunities to keep current in best practices and provide a professional development break from day to day work.**
- **Support agencies to allow staff to participate in professional development and training while ensuring that their caseload is covered.**

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the four CFS authorities and agencies

Time frame:

- short-term action: the collaborative work of the department, AANDC, authorities and agencies to develop these supports begins as soon as possible
- medium- to long-term action: ongoing provision of training and education activities and associated supports

Option for action: The Child and Family Services Standing Committee establishes a working group to develop a strategy to encourage Aboriginal people to pursue social work in the Manitoba child welfare system as a career. The working group should include recruitment specialists from social work and social-work related programs, Manitoba Family Services, the Manitoba office of AANDC, and individuals with relevant experience.

Responsible parties:

- standing committee
- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office

Time frame:

- short-term action: standing committee to establish working group.
- medium-term action: development and implementation of plan

Recommendation: That The Child and Family Services Act be amended to allow for extension of services to any child who at the age of majority was receiving services under the Act, up to age 25.

Option for action: The Manitoba government amend *The Child and Family Services Act* to enable extensions of care and maintenance for youth up to the age of 25 based on criteria developed in consultation with youth who have been in care, and with representatives of CFS agencies and authorities, and youth-serving community-based organizations.

Responsible parties:

- the Manitoba government including Manitoba Family Services
- youth in care and former youth in care
  community based organizations serving youth

Time frame:

- short-term action: consult with stakeholders, including youth who have been in care, to consider the needs associated with extending services for longer to more youth; analyze the costs and benefits of extending services to some or all youth receiving services under *The Child and Family Services Act*; develop criteria for extensions of service (ex: include temporary wards, up to the age of 25)
- medium-term action: draft amendments to section 50(2) of *The Child and Family Services Act*, as necessary, and adopt in Legislative Assembly

Option for action: The minister of Family Services ask the All Aboard Committee to consider, as part of Manitoba's Poverty Reduction and Social Inclusion Strategy, developing a strategy that provides wraparound services for 18 to 25-year-olds, particularly former youth in care. Components of this strategy might include:

- **A new service tier or program, guided by a framework and standards that focus on support rather than protection, a come-and-go philosophy that provides a supportive space for youth when they need support, and resourced with sustainable funding tied to specific self-defined outcomes for the youth who access services and supports.**

Responsible parties:

- minister of Manitoba Family Services
- All Aboard Poverty Reduction and Social Inclusion Committee

Time frame:

- immediate action: minister brings request to the All Aboard Committee
- short- to medium-term action: consult with stakeholders; develop a strategy that targets former youth in care and addresses their unique needs

- medium- to long-term action: implement the strategy

Option for action: Manitoba Family Services and other departments strengthen the capacity of the community to play a central role in the provision of supports and services for youth and former youth in care; this may include ongoing (not project-based) funding for youth-serving community based organizations.

Responsible parties:

- the Manitoba government including Manitoba Family Services and other departments that fund the community sector that serves youth
- community based organizations and collateral service providers that serve youth

Time frame:

- immediate to short-term action: consult with community service providers in regards to capacity and needs associated with an increased role in service delivery
- medium-term action: address needs, as identified in consultations

Option for action: Manitoba Family Services, in consultation with the four CFS authorities, amend the age of majority planning standards to require workers to begin transition planning with youth at the age of 15.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: review all standards and policies related to planning; consult to develop the new standard
- short-term action: draft and distribute new standard

Option for action: Manitoba Family Services and the four CFS authorities develop and introduce tools and practice guidelines for CFS workers that will support a successful transition to adulthood for youth in care, including a youth transition checklist and a corresponding youth transition case planning template that both the worker and the youth will retain a copy of for their records.

Responsible parties:

- Manitoba Family Services, CFS Division
- the four CFS authorities
- youth in care and former youth in care

Time frame:

- short-term action: consult with youth to determine key features of a successful transition; develop a corresponding checklist and case planning template for age of majority transition planning

Manitoba Family Services, in conjunction with the four CFS authorities, develop standards and policies that clearly articulate criteria and eligibility for extensions of care and maintenance, and ensure that extensions of care and maintenance are applied consistently across all four authorities.

Responsible parties:

- Manitoba Family Services, Child Protection Branch
- the four CFS authorities

Time frame:

- immediate action: consult to develop new standard and policies related to extensions of care and maintenance;
- short-term action: draft and distribute new standard

Option for action: Manitoba Family Services and the CFS authorities facilitate youth transition training for CFS agencies, families and alternative caregivers caring for youth, and community based organizations that provide services for youth.

Responsible parties:

- Manitoba Family Services, CFS Division
- the CFS authorities and agencies
- families and alternative caregivers that care for youth, including foster parents, residential treatment centres, and residential care facilities
- community based organization that serve youth

Time frame:

- immediate to short-term action: evaluate PRIDE's Preparing Youth for Successful Adulthood training pilot that finished in January 2015
- short-term action: make necessary revisions or adapt and pilot a new model
- medium-term action: add transition prep courses to core competency training and ensure that CFS workers, community service providers and caregivers that work with youth have access to training

Recommendation: That a program be implemented to ensure that children who have been receiving services under the Act have available to them an individual social worker to coordinate services and ensure that they receive the necessary support for a successful transition into the community.

Option for action: Manitoba Family Services and AANDC improve transition supports for youth in care by providing funding to each CFS agency to support, at minimum, one youth transition worker position.

Responsible parties:

- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada
- the four CFS authorities and agencies

Time frame:

- Immediate to short-term action: consult to develop terms of reference for transition workers that may include
    - supporting case managers by alerting them to impending milestones of youth in care and deadlines for applications to adult supportive services
    - facilitating transition-focused training for workers, foster parents and community partners to ensure that youth are developing the life skills and other skills required to live independently after leaving care
    - building relationships with community partners and adult service systems to improve access for youth after care (EIA, housing, health and mental health services)
    - developing resources for youth, independently or in partnership with community partners who work with youth, that help prepare youth for adulthood
    - developing an inventory of resources and services to help youth and workers navigate the system
    - developing other supports and resources for youth in care and former youth in care
- short- to medium-term action: agencies post and hire transition workers

Recommendation1: That the position of a Manitoba Representative for Children and Youth be established under its own legislation, titled The Representative for Children and Youth Act, with these features: (a)status as an Officer of the Legislature, with the same independence afforded to the Ombudsman and Auditor General; (b) a mandate to advocate not only for children in the child welfare system, but for all children and youth in the province who are receiving or are eligible to receive any publicly funded service; (c) responsibility to review not only deaths, but also critical injuries to any child in care and any child who had been involved with child welfare during the previous year; and (d) authority to make special reports to the Legislative Assembly where considered necessary, including reports on compliance with recommendations made previously by the Representative under the Act, such special reports to be delivered to the Speaker and the Standing Committee on Children and Youth.

Recommendation 2: That the Representative be appointed by a resolution of the Legislative Assembly, on the unanimous recommendation of the Standing Committee on Children and Youth following a search for a suitable candidate. In making its recommendation, the Committee must be required by the Act to consider the skills, qualifications, and experience of the candidate, including the candidate's understanding of the lives of Aboriginal children and families in Manitoba.

Recommendation 3: That the Representative for Children and Youth be appointed for a five-year term with an option for a second term, but no one should serve in the position beyond 10 years.

Recommendation 4: That a Deputy Representative be appointed by the Representative for Children and Youth.

Recommendation 5: That a Standing Committee on Children and Youth be established as a standing committee of the Legislature, and the Representative be required to report to it at least annually and to discuss special reports, and on other appropriate occasions.

Recommendation 6: That the Representative be required to prepare: (a) an annual service plan, with a statement of goals and specific objectives and performance measures, and (b) an annual report including a report on the Representative's work with Aboriginal children and families and with others, and comparing results for the preceding year with the expected results set out in the service plan.

Recommendation 7: That all annual reports, special reports, and service plans are to be made public, following delivery to the Speaker for placement before the Legislative Assembly and the Standing Committee on Children and Youth.

Recommendation 8: That in the hiring of all new staff for the Office of the Representative, except those filling clerical roles, consideration be given to an

applicant's understanding of the lives of Aboriginal children and families in Manitoba.

Recommendation 9: That at the end of the term of the current Children's Advocate, an acting Children's Advocate be appointed, pending enactment of new legislation to create a Representative for Children and Youth. If any amendment to existing legislation is required to make that possible, that should be done now.

Recommendation 10: That the new Act contain provisions similar to the following, which are contained in Section 6(1) of the Representative for Children and Youth Act of British Columbia:

6(1) The Representative is responsible for performing the following functions in accordance with this Act:

(a) support, assist, inform and advise children and their families respecting designated services, which activities include, without limitation,

(i) providing information and advice to children and their families about how to effectively access designated services and how to become effective self-advocates with respect to those services,

(ii) advocating on behalf of a child receiving or eligible to receive a designated service, and

(iii) supporting, promoting in communities and commenting publicly on advocacy services for children and their families with respect to designated services;

(a.1) support, assist, inform and advise young adults and their families respecting prescribed services and programs, which activities include, without limitation,

(i) providing information and advice to young adults and their families about how to effectively access prescribed services and programs and how to become effective self-advocates with respect to those services and programs,

(ii) advocating on behalf of a young adult receiving or eligible to receive a prescribed service or program, and

(iii) supporting, promoting in communities and commenting publicly on advocacy services for young adults and their families with respect to prescribed services and programs;

(b) review, investigate, and report on the critical injuries and deaths of children as set out in Part 4;

(c) perform any other prescribed functions.

Recommendation 11: That in drafting the new legislation, reference be made to British Columbia's Representative for Children and Youth Act to ascertain whether provisions other than those addressed in the above recommendations are suitable for inclusion.

Recommendation 12: That the responsibility of the Ombudsman with respect to special investigation reports be removed.

Recommendation 13: That a public awareness campaign be undertaken to inform the public about the expanded mandate and role of the Representative for Children and Youth.

Option for action: Take action to enhance the Office of the Children Advocate's capacity to represent the rights, interests, and viewpoints of First Nations and Metis children and youth, and to work collaboratively with First Nations and Metis families, child and family services agencies and authorities, community-based organizations, communities, and leadership on systemic issues that contribute to the overrepresentation of Aboriginal, children, youth and families in the child and family services system. This initiative and the ongoing activities it generates must be appropriately resourced.

Responsible parties:

- The Children's Advocate and Deputy Children's Advocate
- First Nation and Metis leadership
- the two First Nations authorities and the Metis authority
- CFS leadership council
- other Aboriginal partners and stakeholders
- Manitoba Family Services
- Aboriginal Affairs and Northern Development Canada, Manitoba Office
- the Manitoba government

Time frame:

- immediate action: a first step will be to establish within the Office of the Children's Advocate (OCA) a staff position dedicated specifically to engaging and working with First Nations and Metis children, youth, families, organizations, communities, agencies, authorities, and Nations. The duties, responsibilities and scope of work associated with the position should be developed by OCA in consultation with representatives of the Aboriginal authorities and other Aboriginal partners and stakeholders, but should focus on ensuring that Aboriginal children and youth will have the choice of working with an Aboriginal advocate should they so chose. The position should be designated for Aboriginal peoples, and should be posted as immediately as possible
- short-term action: develop and implement a strategy to increase successful recruitment of First Nations and Metis people as OCA staff. This should be done in consultation with Aboriginal partners and with human resource consultants who have expertise in the recruitment of Aboriginal candidates. An appropriate element of this strategy would be to designate all posted openings as Aboriginal-preferred until an agreed upon benchmark has been reached
- medium- to long-term action: establish an Aboriginal Engagement & Advocacy

unit within OCA that has primary responsibility for working collaboratively with First Nations and Metis families, child and family services agencies and authorities, community-based organizations, communities, and leadership to protect children and youth, and to investigate and address systemic issues that contribute to the overrepresentation of Aboriginal, children, youth and families in the child and family services system. This initiative and the unit and ongoing activities it generates must be appropriately resourced. A framework that lays out the structure, duties, responsibilities and objectives of this unit should be developed in partnership with First Nations and Metis authorities, leadership, and other Aboriginal partners and stakeholders. Leadership of the unit should be attached to a new Aboriginal-designated position at a senior management level equivalent to that of the current Deputy Advocate

Option for action: Develop and implement a made-in-Manitoba model that will establish greater independence for, and broaden the mandate, powers, and scope of activities of the Children's Advocate. The guiding principle for the development of this model should be to enhance the advocate's ability to represent the rights, interests, and viewpoint of all children and youth in Manitoba who are receiving or entitled to receive designated publicly funded services. The model should enable the advocate to provide advocacy services to children and youth, and, where it is consistent with a child-first approach, services to their families. This may require the introduction of independent legislation for the children's advocate, and other legislative amendments.

Responsible parties:

- Working Group members
- relevant government departments
- Children's Advocate and Deputy Advocate
- Legislative Counsel Office

Time frame:

- short-term action: establish a working group to take responsibility for the development and implementation of a new model for the Children's Advocate. The working group should include people who have knowledge about publicly funded systems and bring together representatives of OCA, the four child and family services authorities, relevant government departments (such as Child and Youth Opportunities, Family Services, Aboriginal Affairs, Status of Women, Education, Health, Municipal Affairs), and non-governmental sectors (such as people working in publicly funded service delivery sectors and community leaders). The working group must be appropriately resourced to complete the work ahead of them
- medium- to long-term action: the working group partners will develop a new model for the children's advocate and implementation plan for that model. When developing the model and implementation plan, the working group will

take into consideration: the unique and jurisdictionally complex context of child welfare in Manitoba; systemic issues that contribute to the over-representation of First Nation and Metis children, youth and families in Manitoba's child welfare system; the recommendations provided by Hughes and under discussion in this section; and the models that support child and youth advocates in other jurisdictions. The working group will also need to consult extensively with Manitoba stakeholders (including youth and families) to ensure that the model and plan are developed with a solid understanding of the impacts they may have on the children, youth and families who may access the advocate's services and supports

- long-term action: implementation of the plan to roll out the new model for the Children's Advocate. The new model will be rolled out in phases, and the first step in implementation will be the introduction of any legislation or legislative amendments needed to support the new model

Recommendation: That the Province amend The Healthy Child Manitoba Act to reflect the rights entrenched in the United Nations Convention on the Rights of the Child, in a manner similar to Alberta's Children First Act, stipulating that the well-being of children is paramount in the provision of all government services affecting children.

Option for action: Following consultations, the Manitoba government amend the preamble of an act to reflect the principles of the Convention on the Rights of the Child.

Responsible parties:

- the Manitoba government
- other stakeholders, including the Healthy Child Manitoba office, the Office of the Children's Advocate, and the four CFS authorities, community partners

Time frame:

- short-term action: review existing legislation in Manitoba and other jurisdictions that concerns children and their rights to consider potential conflicts and determine whether they are consistent with the language and intent of this recommendation (that the province amend *The Healthy Child Manitoba Act* to reflect the rights entrenched in the United Nations Convention on the Rights of the Child); consult with stakeholders to identify key features of amendments and determine where amendments should be made (to what piece or pieces of legislation)
- medium-term action: draft amendments, based on consultations, and adopt in Legislative Assembly

Option for action: The Manitoba government adopt a child rights impact assessment (CRIA) lens in public service policy development.

Responsible parties:

- the Manitoba government
- UNICEF Canada, the Office of the Children's Advocate, other stakeholders

Time frame:

- immediate to short-term action: consult with UNICEF Canada and other stakeholders about the process of developing a local CRIA model; review the CRIA processes being developed and implemented in other jurisdictions
- medium-term action: in partnership with UNICEF Canada and other stakeholders, develop a mechanism to implement CRIA in Manitoba's legislative process

Recommendation: That a legislated committee, functioning under the provisions of The Healthy Child Manitoba Act (in its present or amended form) be charged with:

a) coordinating the services provided for children and families, between community-based organizations and government departments; and

b) allocating government funding to those community-based organizations, following meaningful and inclusive consultation. It is understood that funding from the private sector and other levels of government will continue to play an important role, as it has done, in supporting these organizations;

and that the composition of this committee mirror the committee described by s. 21(3) of The Healthy Child Manitoba Act, which reflects Manitoba's various regions and cultural diversity and includes representatives of the community and recognized experts.

Option for action: Parent-child coalitions consider expanding their mandate beyond its current focus on early childhood to include children, youth (up to the age of 18) and families.

Responsible parties:

- Manitoba Family Services
- Healthy Child Manitoba Office
- parent-child coalitions

Time frame:

- immediate action: review legislation to determine if expanded mandate for parent-child coalitions would require legislative amendments
- short-term action: consult parent-child coalitions on interest, capacity, needs
- medium-term action: if interest exists, address needs and build capacity of parent-child coalitions; address legislative barriers to expanded mandates for parent-child coalitions

Option for action: The CFS authorities, in partnership with Healthy Child Manitoba, pilot the Children, Youth and Families Integrated Service Systems project in selected communities.

Responsible parties:

- Healthy Child Manitoba Office
- the two First Nations authorities and the Metis authority
- key partners from the pilot site catchment areas in selected communities including First Nations and Metis leadership, federal services (on reserve), services for Aboriginal families, addictions, child welfare, Children's disABILITY services, early learning and child care, education, employment and income assistance, health, justice, and recreation services

Time frame:

- immediate action: identify pilot communities, based on consultation with communities and community interest
- short-term action: consult with stakeholders in the catchment areas; develop a comprehensive work plan for integration
- medium-term action: implement pilots, followed by an evaluation component

Recommendation: That the Healthy Child Committee of Cabinet consider and recommend for legislative action a framework for the delivery of early childhood development programs with the following characteristics: a) voluntary but universally available; b) offering a place where children regularly attend to learn with other children; c) staffed by trained educators who follow a defined curriculum; and d) involving parents.

Option for action: Introduce a preamble to the Healthy Child Manitoba Act that establishes principles to guide the development, implementation and evaluation of the Healthy Child Manitoba strategy:

- **The principles introduced in the preamble can be drawn (with one revision) from the principles that currently guide the activities of the Healthy Child Manitoba Office. The HCMO principles refer to community-based, inclusive, comprehensive, integrated, accessible, quality assurance and public accountability.**
- **The principle referring to 'accessible' currently states "Services and programs are available and accessible to families and their children across Manitoba"** (Healthy Child Manitoba, n.d.)**. This can be revised to incorporate the principle of proportionate universality. For example, the revised principle might state "A universal platform of services and programs are available and accessible to families and their children across Manitoba, accompanied by supports and services that target highly vulnerable children and families and low-income and under-resourced neighbourhoods and regions, and that work to eliminate barriers to access". The revised principle would then more accurately refer to 'accessible and proportionately universal".**

Responsible parties:

- Healthy Child Committee of Cabinet
- Healthy Child Deputy Ministers Committee
- Healthy Child Advisory Committee
- Legislative Counsel Office

Time frame:

- short-term action: consultation within and between the Healthy Child committees to determine if this change is consistent with the vision and purpose of the Healthy Child Strategy
- medium-term action: drafting of legislative amendment by Legislative Counsel Office and subsequent passage in Legislative Assembly

Recommendation: The legislative framework for delivery of early childhood

development programs should also provide for establishment of integrated service delivery centres to provide a range of services in addition to early childhood education, including public health, employment and income assistance, housing, child welfare, and adult education. These integrated service centers should be located in existing infrastructures such as schools or facilities that house community-based organizations.

Option for action: Establish integrated service delivery centres in three communities across Manitoba.

- **Healthy Child Manitoba Office (HCMO) will approach the northern First Nations authority, southern First Nations authority, and Metis authority and invite each to identify a community that might benefit from the establishment of a demonstration integrated service delivery centre. The general authority is not included in this group because, as noted elsewhere in this document, HCMO is already partnering with this Authority on an integration project in the Gimli area.**
- **If an authority is interested in engaging in this project, HCMO will share information about potential models for integrated service delivery, and work in partnership with them to: 1) consult with and engage key partners from the community and from relevant service sectors, provincial, federal and First Nation government departments, Healthy Child committees, and private and philanthropic sectors; 2) with additional support from engaged partners and drawing on the models, successful practices and lessons learned from other integration projects, develop a model for the centre that addresses the needs and makes the most of the strengths and assets of the area or region it will serve; and 3) plan, develop and secure resources to establish an integrated service delivery centre.**

Responsible parties:

- Healthy Child Manitoba Office
- the two First Nations authorities and the Metis authority

Time frame:

- short-term action: approach authorities to invite them to identify a community that might benefit from an integrated service delivery centre
- medium-term action: consultation and partnership development, and initial planning
- long-term action: planning, development and resourcing to support development of centre

Recommendation: That government funding to support integrated service delivery centres be allocated, following meaningful and inclusive consultation, by a committee that mirrors the committee described by s. 21(3) of The Healthy Child

Manitoba Act and reflects Manitoba's various regions and cultural diversity, including representatives of the community and recognized experts.

Option for action: Explore opportunities to empower regional inter-agency and cross-sectoral coalitions to allocate funding for activities that focus on enhancing integration of services and systems that support the development and well-being of children families and communities. The Manitoba government has committed to establish a Commission on Early Learning and Child Care that will be looking at ways to re-design Manitoba's system of early learning child care and guide the province's future plans. As part of these activities, the Commission could take responsibility for this action.

Responsible parties:

- Commission on Early Learning And Child Care

Time frame:

- medium-term action

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Appendix: Recommendations Assigned to the AMR Implementation Planning Team

Recommendations assigned to the implementation planning team are presented below, along with the reason given for each recommendation and page number on which it appears in the report, *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children*.

10.15 Recommendations (from Section 10 Differential Response: A new model of practice)

2. **Recommendation:** That the Province ensure that the family enhancement services required to support the differential response practice model are developed, coordinated, and made accessible, through partnerships and collaboration among the child welfare system, and other departments, and community-based organizations.
   Reason: The differential response model holds great promise for the better protection of children, but its success will depend on the availability of services, once the assessment tools have identified a family's needs (p. 371).

3. **Recommendation:** That All Nations Coordinated Response Network (ANCR)—whose role is triage and delivery of short-term services—no longer provide family enhancement services but should transfer families who need those services to a family services unit as soon as possible.
   Reason: This will avoid disruptions in service for families whose needs cannot be effectively met within ANCR's limited time frame (p. 371).

4. **Recommendation:** That every effort be made to provide continuity of service by ensuring that, to the extent reasonably possible, the same worker provides services to a family throughout its involvement with the child welfare system.
   Reason: Switching workers unnecessarily can interfere with the building of trusting relationships between family and worker (p. 371).

6. **Recommendation:** That agencies strive for greater transparency and information sharing with caregivers, which may require changes to legislation.
   Reason: Building trust between a worker and a family is imperative to provision of effective family enhancement services (p. 372).

7. **Recommendation:** That the Authorities enhance availability of voluntary early intervention services by placing workers in schools, community centres, housing developments, and any other community facilities where they would be easily accessible.
   Reason: These workers will raise the profile of the agency and build trust within the community, gain an understanding of the community's needs, and increase accessibility

of voluntary supports and resources to individuals and groups, for the better prevention of child maltreatment (p. 372).

9. **Recommendation:** That *The Child and Family Services Act*, *Personal Health Information Act, Freedom of Information and Protection of Privacy Act* and any other legislation as may be necessary be amended to allow service providers to share relevant information with each other and with parents (or caregivers) when necessary for the protection, safety, or best interests of a child.
   Reason: Protection of children sometimes requires that information be shared among service providers such as police, social workers, educators and health professionals (p. 372).

9.4 Recommendations (from Section 9 Devolution)

1. **Recommendation:** That the Standing Committee discuss as a regular agenda item, the programs and policies being implemented by each Authority to determine those that can be adapted more broadly, in a culturally appropriate manner.
   Reason: This will further the purpose of the committee, which was created under *The Authorities Act* to ensure consistency of services across the province (p. 349).

2. **Recommendation:** That the Standing Committee issue annual reports of its work to the Minister for tabling in the legislature and for concurrent release to the public.
   Reason: This will better inform the public about the workings of the child welfare system in Manitoba (p. 349).

15.5 Recommendations (From Section 15 Funding)

1. **Recommendation:** That the Authorities be funded to a level that supports the differential response approach, including:
   a) Funding to allow agencies to meet the caseload ratio of 20 cases per worker for all family services workers;
   b) Increasing the $1,300 fund for family enhancement services to a reasonable level, especially for families who are particularly vulnerable, many of whom are Aboriginal; and
   c) Determination of the amount of necessary funding after meaningful consultation between agencies and the Authorities, and between the Authorities and government, after agencies have reasonably assessed their needs.
   Reason: If the new differential response practice model is to achieve its goal, the agencies must have adequate staff and resources:
   - The funding model's caseload ratios should no longer be based on an artificial distinction between protection and prevention services. Family enhancement is an approach that should be embedded in all ongoing services. The cost of keeping children safe at home is far less than the cost of maintaining children in

care; directing resources towards prevention and family enhancement will reduce the high number of Manitoba children currently in care.

- Many families have complex needs and require considerably more services than can be purchased within the current limit of $1,300 if they are to be supported so that their children can be kept safe at home
- Funding decisions must take into account the complexity of some families' needs, and the added cost of providing services to particularly vulnerable families, many of whom are Aboriginal (p. 396).

16.4 Recommendations (From Section 16 Education and Training of Child Welfare Workers)

1. **Recommendation:** That a Bachelor of Social Work or equivalent degree, as recognized by the proposed Manitoba College of Social Workers, be required of all social workers hired by agencies to deliver services under the Act.
   Reason: Child welfare workers do complex, demanding work that requires a high level of knowledge, skills, and analytical abilities (p. 403).

2. **Recommendation:** That a concerted effort be made to encourage Aboriginal people to enter the social work profession, by promoting social work as a career choice and supporting educational institutions in removing barriers to education through access programs and other initiatives.
   Reason: The child welfare system, which serves an overwhelmingly Aboriginal population, needs the unique insights and perspectives that Aboriginal social workers can bring to their practice (p. 403).

19.1 Recommendations (From Section 19 Supporting the Transition to Adulthood)

1. **Recommendation:** That *The Child and Family Services Act* be amended to allow for extension of services to any child who at the age of majority was receiving services under the Act, up to age 25.
   Reason: Many young people require support in the transition to adulthood, even past age 21, and this applies not only to those who were in care, but to those whose circumstances put them in need of services under the Act (p. 415).

2. **Recommendation:** That a program be implemented to ensure that children who have been receiving services under the Act have available to them an individual social worker to coordinate services and ensure that they receive the necessary support for a successful transition into the community.
   Reason: Young people need help navigating a successful transition into adulthood (p. 415).

20.6 Recommendations (From Section 20 Children's Advocate)

1. **Recommendation:** That the position of a Manitoba Representative for Children and Youth be established under its own legislation, titled *The Representative for Children and Youth Act*, with these features:
    1. status as an Officer of the Legislature, with the same independence afforded to the Ombudsman and Auditor General;
    2. a mandate to advocate not only for children in the child welfare system, but for all children and youth in the province who are receiving or are eligible to receive any publicly funded service;
    3. responsibility to review not only deaths, but also critical injuries to any child in care and any child who had been involved with child welfare during the previous year; and
    4. authority to make special reports to the Legislative Assembly where considered necessary, including reports on compliance with recommendations made previously by the Representative under the Act, such special reports to be delivered to the Speaker and the Standing Committee on Children and Youth.

    Reason: Manitoba needs a truly independent officer of the legislature, with authority to advocate for all Manitoba children who receive, or are entitled to receive publicly funded services, and to report on matters that concern them (p. 423).

2. **Recommendation:** That the Representative be appointed by a resolution of the Legislative Assembly, on the unanimous recommendation of the Standing Committee on Children and Youth following a search for a suitable candidate. In making its recommendation, the Committee must be required by the Act to consider the skills, qualifications, and experience of the candidate, including the candidate's understanding of the lives of Aboriginal children and families in Manitoba.
    Reason: This is an important position that requires the support of the child welfare system; and because of the large numbers of Aboriginal children to be served, it requires a person with understanding of their varied concerns and circumstances (p. 424).

3. **Recommendation:** That the Representative for Children and Youth be appointed for a five-year term with an option for a second term, but no one should serve in the position beyond 10 years.
    Reason: A term in office of between five and ten years offers a balance between the need for experience in the position, and the advantages of fresh energy and insights that a new office holder can bring (p. 424).

4. **Recommendation:** That a Deputy Representative be appointed by the Representative for Children and Youth.
    Reason: This will be a close working relationship and it will be important that the Representative be free to choose a person who complements the Representative's own strengths and areas of expertise (p. 424).

5. **Recommendation:** That a Standing Committee on Children and Youth be established as a standing committee of the Legislature, and the Representative be required to report to it at least annually and to discuss special reports, and on other appropriate occasions.
   Reason: This committee will be a forum for collaboration between the Representative and the Legislature and it will promote greater understanding, both in the Legislature and in the public, of the workings of the child welfare system (p. 424).

6. **Recommendation:** That the Representative be required to prepare:
   a) an annual service plan, with a statement of goals and specific objectives and performance measures, and
   b) an annual report including a report on the Representative's work with Aboriginal children and families and with others, and comparing results for the preceding year with the expected results set out in the service plan.
   Reason: This is a mechanism for ensuring accountability of the Representative to the people of Manitoba (p. 424).

7. **Recommendation:** That all annual reports, special reports, and service plans are to be made public, following delivery to the Speaker for placement before the Legislative Assembly and the Standing Committee on Children and Youth.
   Reason: These will enhance public understanding of the child welfare system, and of the challenges facing other children in the province who are receiving, or are entitled to receive other publicly funded services (p. 425).

8. **Recommendation:** That in the hiring of all new staff for the Office of the Representative, except those filling clerical roles, consideration be given to an applicant's understanding of the lives of Aboriginal children and families in Manitoba.
   Reason: A great deal of the work of this office will be with Aboriginal children and youth and their families: it is important not only that staff have an understanding of their concerns and life circumstances, but also that the people who need its services feel comfortable approaching the office (p. 425).

9. **Recommendation:** That at the end of the term of the current Children's Advocate, an acting Children's Advocate be appointed, pending enactment of new legislation to create a Representative for Children and Youth. If any amendment to existing legislation is required to make that possible, that should be done now.
   Reason: This will ensure a smooth transition to the new position of Representative for Children and Youth (p. 425).

10. **Recommendation:** That the new Act contain provisions similar to the following, which are contained in Section 6(1) of the *Representative for Children and Youth Act of British Columbia*:
    6(1) The Representative is responsible for performing the following functions in accordance with this Act:

(a) support, assist, inform and advise children and their families respecting designated services, which activities include, without limitation,

(i) providing information and advice to children and their families about how to effectively access designated services and how to become effective self-advocates with respect to those services,

(ii) advocating on behalf of a child receiving or eligible to receive a designated service, and

(iii) supporting, promoting in communities and commenting publicly on advocacy services for children and their families with respect to designated services;

(a.1) support, assist, inform and advise young adults and their families respecting prescribed services and programs, which activities include, without limitation,

(i) providing information and advice to young adults and their families about how to effectively access prescribed services and programs and how to become effective self-advocates with respect to those services and programs,

(ii) advocating on behalf of a young adult receiving or eligible to receive a prescribed service or program, and

(iii) supporting, promoting in communities and commenting publicly on advocacy services for young adults and their families with respect to prescribed services and programs;

(b) review, investigate, and report on the critical injuries and deaths of children as set out in Part 4;

(c) perform any other prescribed functions;

Reason: These provisions have worked to the benefit of children and youth in British Columbia and I have every reason to believe that they will bring similar benefits in Manitoba (p. 425-426).

11. **Recommendation:** That in drafting the new legislation, reference be made to British Columbia's *Representative for Children and Youth Act* to ascertain whether provisions other than those addressed in the above recommendations are suitable for inclusion.
    Reason: These provisions have worked to the benefit of children and youth in British Columbia and I have every reason to believe that they will bring similar benefits in Manitoba (p. 426).

12. **Recommendation:** That the responsibility of the Ombudsman with respect to special investigation reports be removed.
    Reason: This responsibility will be assumed by the Representative for Children and Youth (p. 426).

13. **Recommendation:** That a public awareness campaign be undertaken to inform the public about the expanded mandate and role of the Representative for Children and Youth.
    Reason: If this new position is to offer support and protection to vulnerable members of society, it is essential that there be a broad public understanding of the office, and its role, and the extent of its authority (p. 426).

24.4 Recommendations (From Section 24 Prevention Based on Children's Rights)

1. **Recommendation:** That the Province amend *The Healthy Child Manitoba Act* to reflect the rights entrenched in the United Nations Convention on the Rights of the Child, in a manner similar to Alberta's *Children First Act*, stipulating that the well-being of children is paramount in the provision of all government services affecting children.
   Reason: The well-being, safety, security, education, and health of children must be at the forefront, not just of the child welfare system, but throughout government. This statement of children's rights must be entrenched in legislation: *Healthy Child Manitoba Act* is the perfect home (p. 465).

25.5 Recommendations (from Section 25 Building Community Capacity)

2. **Recommendation:** That a legislated committee, functioning under the provisions of *The Healthy Child Manitoba Act* (in its present or amended form) be charged with:
   a) coordinating the services provided for children and families, between community-based organizations and government departments; and
   b) allocating government funding to those community-based organizations, following meaningful and inclusive consultation. It is understood that funding from the private sector and other levels of government will continue to play an important role, as it has done, in supporting these organizations;
   and that the composition of this committee mirror the committee described by s. 21(3) of *The Healthy Child Manitoba Act*, which reflects Manitoba's various regions and cultural diversity and includes representatives of the community and recognized experts.
   Reason: Having recognized the role that these organizations can play in supporting families and protecting children, it is important that a formalized process be put in place to ensure that services are provided and accessible in a coordinated and fiscally responsible manner (p. 480).

26.8 Recommendations (from Section 26 Importance of Early Childhood Intervention)

1. **Recommendation:** That the Healthy Child Committee of Cabinet consider and recommend for legislative action a framework for the delivery of early childhood development programs with the following characteristics:
   a) voluntary but universally available;
   b) offering a place where children regularly attend to learn with other children;

c) staffed by trained educators who follow a defined curriculum; and
d) involving parents.

Reason: Early childhood education programs, whether kindergarten, childcare, or other pre-school programs, can significantly benefit children and their parents. Pre-school years offer the most significant opportunity to influence children's capacity to learn throughout their lifetime. Universal access to quality early childhood programs supports parents by allowing them to address their own health issues including substance misuse and mental health; to seek employment; and to further their education.

Ultimately, quality early childhood education results in cost savings to health and justice and other systems and combats poverty. Establishment of such a legislative framework is in line with developments in other jurisdictions in Canada and elsewhere (p. 491-492)

2. **Recommendation:** The legislative framework for delivery of early childhood development programs should also provide for establishment of integrated service delivery centres to provide a range of services in addition to early childhood education, including public health, employment and income assistance, housing, child welfare, and adult education. These integrated service centers should be located in existing infrastructures such as schools or facilities that house community-based organizations.

   Reason: Combining a range of services that children and families need in community-based locations makes those services more accessible. It also combats social isolation by giving parents and children the opportunity to connect with others, and promotes visibility of vulnerable children (p. 492).

3. **Recommendation:** That government funding to support integrated service delivery centres be allocated, following meaningful and inclusive consultation, by a committee that mirrors the committee described by s. 21(3) of *The Healthy Child Manitoba Act* and reflects Manitoba's various regions and cultural diversity, including representatives of the community and recognized experts.

   Reason: There is compelling evidence that these centres promote social cohesion in neighbourhoods, combat poverty by enhancing families' capacity to be self-sustaining; increase the visibility of young children in their community; and neutralize the conditions that make families vulnerable and put children at risk of abuse or neglect (p. 492).

Appendix: Consultation Participants

DATE	ORGANIZATION	N
	STANDING COMMITTEE	
2014.05.20	Standing Committee Members and Staff	9
	AUTHORITIES	
2014.04.28	First Nations of Northern Manitoba Child and Family Services Authority	2
2014.03.12	General Child and Family Services Authority	1
2014.03.12	Metis Child and Family Services Authority	1
2014.03.24 2014.04.04	Southern First Nations Network of Care	3 1
2014.03.12	First Nations of Northern Manitoba Child and Family Services Authority and Southern First Nations Network of Care Annual Managers Meeting (presentation from AMR implementation planning team)	n/a
	CFS AGENCIES[45]	
2014.05.21	All Nations Coordinated Response Network (ANCR)	3
2014.05.08	Animikii Ozoson Child and Family Services	3
2014.05.22	Anishinaabe Child and Family Services	3
2014.06.24	Awasis Agency of Northern Manitoba	3
2014.06.20	Child and Family Services of Central Manitoba	5
2014.06.24	Cree Nation Child & Family Caring Agency	2
2014.05.21	Dakota Ojibway Child and Family Services	1
2014.06.04	Intertribal Child and Family Services	4
2014.05.28	Jewish Child and Family Services	2
2014.07.25	Kinosao Sipi Minisowin Agency	5
2014.05.15	Metis Child, Family and Community Services	4
2014.06.06	Michif Child and Family Services	1
2014.07.02	Nikan Awasisak Agency	1
2014.06.12	Nisichawayasihk Cree Nation Family and Community Wellness	1
2014.06.25	Opaskwayak Cree Nation Child and Family Services	2
2014.05.16	Peguis Child and Family Services	2
2014.05.01	Rural & Northern, Community Service Delivery, MB Family Services	8
2014.05.26	Sandy Bay Ojibway Child and Family Services	1
2014.05.07	Southeast Child and Family Services	5
2014.06.11	Winnipeg Child and Family Services	5
2014.10.14	Island Lake First Nations Family Services Winnipeg Outreach Office	2
	COLLATERAL AGENCIES	
2014.07.08	Alternative Care • McDonald Youth Services • Marymound • New Directions • Villa Rosa	6

[45] CFS agencies not included under this heading were consulted in community visits or gatherings.

DATE	ORGANIZATION	N
2014.07.09	Youth Transitioning • Ka Ni Kanichihk • Voices • R.a.Y.	3
2014.07.10	Residential Treatment Centres • AFM Compass • Knowles Centre • Project Neecheewam • Whiskeyjack Treatment Centre • Manitoba Adolescent Treatment Centre	5
2014.07.15	Collaborative Initiatives • Nor'west Community Co-op • Block-by-Block Community Safety and Wellness Initiative • Morningstar	3
2014.05.16	Children & Families • Ma Mawi Wi Chi Itata • Ndinawemaaganag Endaawaad	3
2014.05.17	Justice-Involved Youth • Victim Services, Winnipeg Police Services • START Program	2
2014.08.14	Ka Ni Kanichihk	3
2014.09.25	Eagle Urban Transition Centre	1
2014.10.06	DASCH	3
2014.09.05	Triple P Parenting Program	1
	COMMUNITY & SITE VISITS	
2014.05.29	Brandon: • CFS of Western Manitoba • Elspeth Reid Family Resource Centre • Westaway Bay Resource Centre	2
2014.07.28	Rolling River: • West Region CFS	4
2014.07.29	Dauphin: • Rural & Northern Services - Parkland	1
2014.08.18	Opaskwayak Cree Nation: • Opaskwayak Cree Nation CFS • Beatrice Wilson Health Centre	9
2014.08.19	Norway House: • Kinosao Sipi Minisowin Agency • Kinosao Sipi Minisowin Program Centre	6
2014.08.20	Thompson: • Nisichawayasihk Cree Nation CFS	9
2014.08.26	Garden Hill First Nation: • Island Lake First Nations Family Services • Garden Hill First Nations Band Council • St. Theresa Point Band Council	15

DATE	ORGANIZATION	N
	• Wasagamack First Nation Band Council • Nursing Station • Probation Services • Police Services • Foster Parent • Youth • Community Member	
2014.09.22	ANCR Family Resource Centre Tours • All Nations Family Resource Centre • Snowbird Lodge	14
	GATHERINGS	
2014.09.09	Ma-Mow-We-Tak Friendship Centre, Thompson: • Elders • Youth (youth formerly in care or youth on extensions of care) • Nikan Awasisak Agency • Cree Nation Child and Family Caring Agency • Opaskwayak Cree Nation Child and Family Services • Michif Child and Family Services Agency • Awasis Agency of Northern Manitoba • Rural and Northern Services • Kinosao Sipi Minisowin Agency • Nisichiwayasihk Cree Nation Family & Community Wellness Centre • RCMP • Mystery Lake School division • Ma-Mow-We-Tak • Macdonald Youth Services • New Beginnings: The Connection for Aboriginal Children • Aboriginal Head Start On-Reserve, Keewatin Tribal Council • The Pas Family Resource Centre • Lynn Lake Friendship Centre • Families First	39
2014.09.09	Circle of Life Thunderbird House, Winnipeg: • Elders • Youth (youth formerly in care or youth on extensions of care) • Child and Family Services of Western Manitoba • Animikii Ozoson Child and Family Services • All-Nations Coordinated Response Network • Anishinaabe Child and Family Services • Southeast Child and Family Services • Child and Family Services of Central Manitoba • Sandy Bay Child and Family Services • Rural and Northern Services – Eastman • Rural and Northern Services – Interlake • Winnipeg Child and Family Services • Intertribal Child and Family Services	37

DATE	ORGANIZATION	N
	• Sagkeeng Child and Family Services • Metis Child, Family and Community Services • Ndinawemaaganag Endaawaad • Ka Ni Kanichihk • Ma Mawi Wi Chi Itata • Onashowewin • Canadian Mental Health Association • Aboriginal Health & Wellness Centre • Winnipeg Boldness Project • Manidoo Lord Selkirk Park Childcare Centre • Family Dynamics • Wolseley Family Place • Aboriginal Head Start in Urban and Northern Communities • Healthy Child Manitoba Office	
2014.10.27	Family Gathering at Ma Mawi Wi Chi Itata, Winnipeg	33
2014.10.28	Foster Family Gathering at Ma Mawi Wi Chi Itata, Winnipeg	15
	MANITOBA FAMILY SERVICES	
Ongoing	Manitoba Family Services • Minister of Family Services • Deputy Minister of Family Services	 1 1
Ongoing	Child and Family Services Division (Strategic Initiatives and Program Support, Child Protection Branch) • Assistant Deputy Minister • Executive Director • Director • Managers o Policy Development and Support o Research and Evaluation o Supports to Authorities and External Agencies o Training o Other areas	12
2014.12.03	Community Service Delivery	2
2014.12.17	Community Living Disability Services	1
	OTHER STAKEHOLDERS	
2014.10.06 2014.12.01	Aboriginal Affairs & Northern Development Canada	1
2014.04.23 2014.07.07 2014.12.19	Healthy Child Manitoba Office	2
2014.05.16 2014.05.22 2014.12.11 2014.12.15	Office of the Children's Advocate	2 9 10 1
2014.11.18	New Funding Model Working Group	5
2014.07.24	Manitoba Centre for Health Policy	1

DATE	ORGANIZATION	N
	EDUCATION STAKEHOLDERS	
2014.10.10	Aboriginal Social Workers Society	11
2014.10.10	Manitoba Institute of Registered Social Workers	2
2014.11.10	University of Manitoba, ACCESS and Aboriginal Focus Programs	1
2014.11.10	University of Manitoba, Faculty of Social Work	3
2014.11.28	Saskatchewan Association of Social Workers	1
2014.12.04	Newfoundland & Labrador Association of Social Workers	1
2014.12.17	Northern Social Work ACCESS Program	1
	CHILD & FAMILY-FOCUSED FORUMS	
2014.03.13	All Children Matter: Protecting Sacred Lives Forum (as listeners only)	n/a
2014.05.01	Assembly of Manitoba Chiefs Open Citizen's Forum (as listeners only)	n/a