

Annual Report



2014/2015

Sandy Bay
Child & Family Services Inc.
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SANDY BAY CHILD AND FAMILY SERVICES INC.

Annual Report 2014 / 2015

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Message from the Board of Directors

On behalf of the Board of Directors of Sandy Bay Child and Family Services Inc. I am pleased to present the 2014-2015 Annual Report. This document provides an overview of the agency's operations and programs serving the community members of Sandy Bay Ojibway First Nation.

The protection and safety of children is the top priority and we will continue to allocate the necessary human and financial resources to support children and families. The demand for services has continued to increase and more significantly, off-reserve. The agency is currently providing child and family services to Dakota Plains Wahpeton Nation, however, this is currently in the process of transfer to Dakota Ojibway Child & Family Services as the original providers for this community. Sandy Bay CFS will focus on commitment to the people of Sandy Bay First Nation.

We would also like to acknowledge the vital role of our Executive Director, Richard De La Ronde, in leading a team of dedicated staff and we thank them for all their positive work at all levels of the Agency. We value their time, dedication and commitment. Sandy Bay Child and Family Services Inc. has also received continued support from several key sources, including the Chief and Council of the Sandy Bay Ojibway First Nation, The Southern First Nations Network of Care, the Province of Manitoba and Aboriginal Affairs and Northern Development Canada. We are also grateful to our partner agencies and resources which have been an important link in servicing our people.

Diana Beaulieu
Chairperson

Message from the Executive Director

Our Commitment to Community

Every decision that Sandy Bay Child and Family Services makes lies at the basis of whether or not it will benefit the children and families of Sandy Bay Ojibway First Nation. This year, Sandy Bay Child and Family Services saw a number of purposeful changes that helped solidify the organization as a leader in the child and family services sector, and establish the most effective intervention and support for our community.

With Sandy Bay Child and Family's collaborative approach to child welfare, there is an improved coordination and management between systems stakeholders, improved networking, deepening of intersecting sector relationships and powerful advocacy regarding policy and funding for child welfare. Sandy Bay Child and Family Services also worked to break down systemic and programmatic cultural silos which create barriers to effective, coordinated and integrated responses addressing children and family needs.

Our 2014/15 activities included increasing staff and management interactions through consistently occurring management meetings, improved and culturally relevant training for potential foster parents, issue specific training for staff, and inter agency meetings between Southern First Nation Child and Family Services Directors, examining existing protocols and engaging in systemic improvement discussions. Incorporating cultural congruent services into our practice and securing outside funding to work with families in a more meaningful way outside the restrictions of existing funding, such as our domestic violence program. Sandy Bay Child and Family Services is focused on cultivating and fostering relationships within the community that strengthen our collective impact, and we continued to take meaningful steps to engage all parties involved in the child welfare process, to discuss larger systemic changes that can improve efficiencies, and ultimately positively impact our children, families and community.

As we look to the year ahead, we recognize that there will be hurdles we will need to face in light of the current economic state. Through the guidance of our Board of Directors, we will be able to overcome these challenges to continue to help the children and families of Sandy Bay Ojibway First Nation. I extend my humble gratitude to my colleagues at Sandy Bay Child and Family Services who walk the path with our clients, supporting them along the way, wherever their journey leads them. Thank you for your dedication! You are making a real and marked difference in the lives of our First Nation Families.

Meegwetch,

Richard De La Ronde, MSW RSW

Board of Directors

Diana Beaulieu	Chairperson
Denis Roulette	Board Member
Marlyn Bennett	Board Member
Elizabeth Aitkens	Board Member
VACANT	Board Member

Note: Currently there is one vacant Board member position. The Board of Directors is actively seeking a new member. Position is expected to be filled in April 2015.

Staff Listing as at March 31, 2015

Sandy Bay Office

Box 105, Marius, Manitoba, R0H 0T0

Phone: 1-866-235-6968 or (204) 843-2687

Facsimile: (204) 843-2696

Richard De La Ronde	Executive Director
Tanya Aitkens-Beaulieu	Director of Operations
Elissa Roulette	Executive Assistant
Katie McIvor	File Clerk/Statistician
Jaclyn Starr	Intake/Admin Support
Valine Demach	CFSIS/File Clerk
Sherry Spence	Receptionist
Brenda Spence	Chief Financial Officer
Janice Roulette	Finance Clerk
Jessica Levasseur	Finance Officer
Myrna Beaulieu	Finance Officer
Brenna Sanderson	Maintenance Clerk
Mary L. Roulette	CFS Supervisor
Emilie Ames	CFS Worker
Sandra Beaulieu	CFS Worker
Arnold Spence	CFS Worker
Sheena Roulette	CFS Worker
Russell Spence	CFS Worker
Roger Roulette	CFS Worker
Sharon McIvor	Child Protection Worker
Tammy Coyne	Family Enhancement Worker
Ida Mae Pangman	Family Enhancement Worker
Emilie Ames	Family Enhancement Worker
Annie Beaulieu	Family Enhancement Worker
Russell Beaulieu Jr.	Alternative Care Worker
Sandra McIvor	Alternative Care Worker
Carol Roulette	Alternative Care/Operations Assistant

Dakota Plains Office
B53 School Road Dakota Plains, MB
Mail: 32 Tupper St. N., Portage la Prairie, MB R1N 3P1
Phone: (204) 252-2580
Facsimile: (204) 252-2627

Sheila YellowQuill CFS Worker

Winnipeg Office
1721 Main Street Winnipeg, MB R2V 1Z4
Phone: 1-888-336-3440 or (204) 336-3440
Facsimile: (204) 336-3444

Elana Baseraba	CFS Supervisor
Tricia Edgeworth	CFS Worker
Melody Chateauneuf	CFS Worker
Kaleigh Pasternak	CFS Worker
Richard Zolondek	CFS Worker
Julie Williams	CFS Worker
Donald K. Smith	Alternative Care Worker
Candace McIvor	Case Aide
Lauren Macdonald	Case Aide
Rayne De La Ronde	Project Facilitator
Kelly Pinnell	Quality Assurance Specialist
Justin Richard	IT Manager
Raymond De La Ronde	Program Manager (FE)
Charites Mangaron	CFSIS/File Clerk

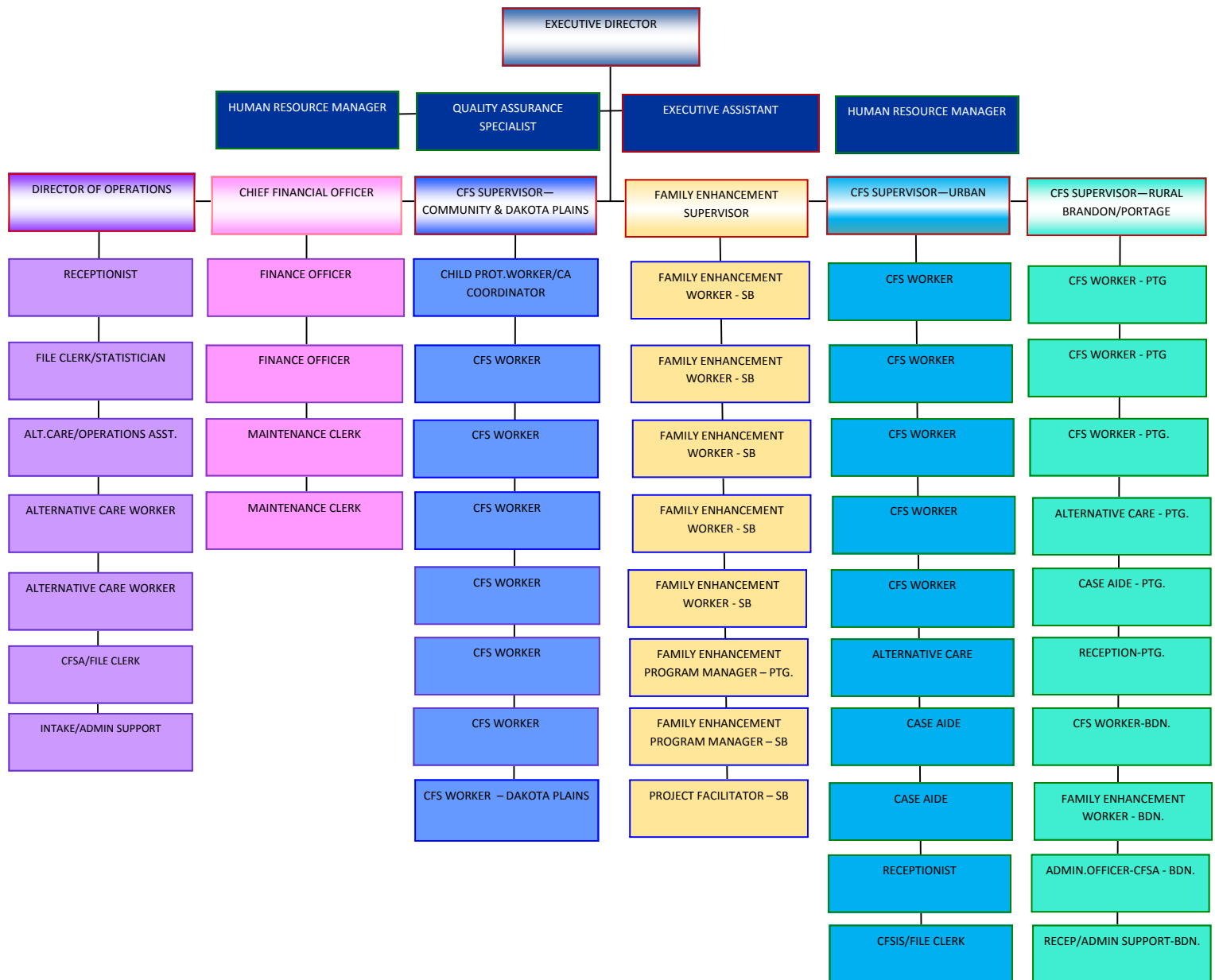
Portage Office**32 Tupper Street North, Portage la Prairie, MB R1N 1W8****Phone: (204) 856-2030****Facsimile: (204) 856-2039**

Shannon Pelletier	CFS Supervisor
Janis Maxwell	CFS Worker
Kailey Mullin	CFS Worker
Ashley Darling	CFS Worker
Jodi Sigurdson	Family Enhancement Worker
Gail Rice	Case Aide
Scott Thorsteinson	Alternative Care Worker
Nicole LaFleche	Human Resources Manager
Ashlee McDonald	Receptionist

Brandon Office**Unit F - 1700 Pacific Avenue Brandon, MB R7A 7L9****Phone: (204) 725-5760****Facsimile: (204) 725-5764**

Roberta Riglin	Family Enhancement Supervisor – SB/PTG
Claudine Fries	Family Enhancement Worker
Cheyenne Bone	CFS Worker
Rose Mousseau	Admin/CFSA Support
Amanda Beaulieu	Reception/Admin. Support

Organizational Chart as at March 31, 2015



Organizational History

1981

- DOCFS acquired mandate to provide child and family services, Sandy Bay was included under this mandate

1996

- Sub-agreement signed with DOCFS for provision of services to community of Sandy Bay

1999

- Letter of Intent for mandate to Manitoba Family Services & Housing – declines

2001

- Letter of intent for mandate to Manitoba Family Services & Housing – accepted

2001

- Incorporation of SBCFS Inc. Board of Directors

2004

- Request for Pre-Assessment to Southern Authority for mandate.

2005

- Pre-assessment review completed; interim working board established.

2006

- Work plan developed and review areas addressed (Governance, Service Delivery, Practice Standards, Agency Administration, Human Resources, Communication, Infrastructure).

2007

- Final mandate review completed.

2007

- *Agency Mandates Regulation* signed by minister of family services and housing, Gord Mackintosh on Aug.20/07.

2007

- Mandate celebration Aug 21/07.

2007

- Mandate effective Sept.1/07. Provincial mandate. New offices opened in Winnipeg and Portage la Prairie.

2009

- Acquisition of service agreement to provide services to Dakota Plains Wahpeton Nation. New offices opened in Dakota Plains and Brandon effective Aug.1/09.

2012

- Dakota Plains service agreement renewal completed for additional 3 years

2012

- Portage la Prairie office moved to new location (32 Tupper Street North)

2013

- Acquisition of property in Swan River for cultural & ceremonial purposes

2015

- Transfer process initiated for Dakota Ojibway Child & Family Services to resume child welfare services to Dakota Plains Wahpeton Nation. Process pending finalization in April 2015.

- **SBCFS MISSION STATEMENT**



●.....●

PROTECTING CHILDREN

STRENGTHENING FAMILIES

PRESERVING CULTURE

●.....●



Sandy Bay Child & Family Services is committed to maintaining and strengthening the family, ensuring the safety and protection of the children and preserving the culture.

MISSION GOALS AND OBJECTIVES

TO MAINTAIN THE CHILD AND FAMILY SERVICES MANDATE —As a mandated agency Sandy Bay Child & Family Services strives to provide an effective service to the families and children of Sandy Bay First Nation, both on and off reserve, in accordance with the *Child & Family Services Act of Manitoba*.

TO DELIVER A CHILD AND FAMILY SERVICES PROGRAM— that is community based, designed and oriented, while still offering a wide range of services required by provincial legislation, including:

- Family Preservation & Family Reunification Initiatives;
- Community Based Prevention Programs;
- Youth Empowerment & Crime Prevention Initiatives
- Building Healthy Families & a Healthy Community

AGENCY ADMINISTRATION

PROGRAM DESCRIPTION

Sandy Bay Child & Family Services is operated administratively by a staff which includes the Executive Director, Director of Operations, Executive Assistant, Receptionist, File Clerk/Statistician, Chief Financial Officer and Financial Officers. Each position offers a number of administrative tasks to assist the agency in its daily and long-term operational functions.

The Operations Department is primarily responsible for the following areas of administration:

- Administration
- Human Resources
- Finances

ADMINISTRATION

In administration a number of areas are monitored and operational systems have been developed in each area. In order to facilitate organization of the agency, a number of independent filing systems have been developed including administrative, personnel, child and family services, financial and form filing. Financial filing is divided into two departments to cover the operations and maintenance areas.

A number of forms are available for each department based on the service needs. A majority of the forms are maintained centrally by the receptionist, while the high need forms have been developed into templates for the computer and are available to staff on the shared network drive.

HUMAN RESOURCES

Human resources are monitored and managed through the Executive Director, Director of Operations, Human Resources Manager and CFS Supervisors. Administratively, the tasks are managed by the Executive Director and the Director of Operations.

An independent filing system has been developed for the personnel filing of each staff member hired by the agency. Files are securely locked daily and are kept by the Director of Operations and Human Resources Manager and are only available as per agency policy and procedures. Administrative forms and documents are available and are kept centrally by the receptionist; however, all personnel documentation or computerized letters are kept privately on the system of the Director of Operations and Human Resources Manager.

Recruitment and hiring is completed primarily based on service demands and budget availability. Job postings are circulated in the community and most often, are also distributed to Southern CFS and other related agencies. Hiring is completed by the job interview process. All individuals selected for hire are required to complete a criminal record check (CPIC), child abuse registry check (CAR)

and a prior contact check (PCC) and any other applicable forms for that position (i.e. CFSIS setup/commissioner of oaths, etc.). Once employed, new staff are provided with the following:

- Personnel Policy & Procedures Manual,
- Orientation/setup on computer system,
- Orientation session from department supervisor,
- Assigned a mentor, depending on experience with position,
- Evaluated prior to the completion of their six month probationary period.

FINANCES

The operations finance department is managed by the Chief Financial Officer and is responsible for all operations, accounts payable, accounts receivable and payroll administration. The maintenance finance department is managed by a Finance Officer and is responsible for all finances related to children in care maintenance, maintenance accounts payable/receivable, and foster parent payments. All disbursements/payments made for each department are to be authorized by the Executive Director and must be signed off by the Executive Director and/or the Chairperson of the Board of Directors.

Signing authority of cheques is restricted to the Executive Director (primary), Board of Directors (primary), Director of Operations (secondary) and the Chief Financial Officer (secondary). All cheques are to be signed by one primary signer and one secondary signer only. The signing authority for purchase orders is restricted to the Executive Director, Director of Operations and the Chief Financial Officer. Purchase order books are held only by the Director of Operations, Executive Assistance, Finance Officers and the Chief Financial Officer.

CONCLUSION

The proper management and operation of the agency administration department is integral to the successful function of the agency, as is each department. Each member of the operations team functions for the betterment of the agency as a whole and serves to continually improve the quality of service provided.

ALTERNATIVE CARE (FOSTER) SERVICES

PROGRAM DESCRIPTION

Sandy Bay Child & Family Services has a responsibility to ensure that all children placed in foster care are provided with a safe and loving environment, which meets the child's emotional, mental, physical, educational, social, cultural and spiritual needs.

The Agency encourages placement with extended family but where that is not possible will make every effort to place within their home community or with a First Nation family.

Sandy Bay Child & Family Services has the mandate for the development, utilization, maintenance and overall coordination of the foster care/alternative care program within its administrative structure. The *Child and Family Services Act* defines a foster home as:

“a home other than the home of a parent or guardian of a child, where not more than four children who are not siblings are placed by an agency for care and supervision but not for the purposes of adoption.”

Foster homes are licensed under the *Foster Homes Licensing Regulation (Regulation 18/99)*.

The purpose of the foster care program is to protect children and strengthen the family. A foster family provides the child with the stability of an alternative family that is seen as complementary to the child's biological parents, rather than as a substitute family. This view of the foster family is an extension to the biological family, rather than a replacement and will reduce conflict between the foster parents and biological parents. Their role is to assist the child and his/her family with reunification, if that is the plan. The length of time each child remains in care is determined by the needs of the child and his/her family situation.

The Agency has also developed a network of contacts with alternative care facilities in the area, the City of Winnipeg and within the Province of Manitoba. The licensed facilities are accessed through the Child Protection and Support Branch and provide a range of placements for children in need of a higher level of care. Their facilities include group homes and child care institutions (Knowles Center, Marymound Inc., Macdonald Youth Services and New Directions).

PLACE OF SAFETY

The *Act* defines a place of safety as any place used for the emergency temporary care and protection of a child as may be required under the *Act*.

Under clause 4(2) of the *Act*, the Director may designate in writing a place or type of places as a place of safety. The *Act* does not list specific types of places of safety except in subsection 22(2) which states where a child who is apprehended is a patient in a hospital, the hospital is a place of safety.

Section 2 of the *Foster Home Licensing Regulations* (Regulation 18/99) applies if a home is used for four or more days a month on a regular monthly basis, or for 15 or more consecutive days in any year.

PROGRAM OBJECTIVES

Foster family care is appropriate for a child who is:

- In need of a family based program;
- Not at risk of acting out that could put the foster family at risk;
- In care for the first time, or who has had extensive group treatment;
- In a large family of children whose individual needs would be best served by remaining together;
- Preschool children;
- Emotionally disturbed or physically disabled but is ready for discharge from residential care, can live with a family in the community with special help, and has experiences geared to his/her readiness;
- In need of specialized medical or physical care.

PROCEDURES

Foster family services provide a substitute family for a planned period of time for a child who has to be separated from his/her natural or legal parents. This service also includes social work and other intervention services needed by the child, his/her parents, and the foster parents.

Foster family services provide a combination of care for the child and family who need placement, plus services and resources to the child, family, and foster family. These services offer opportunities for the health development of the child in accordance with the Act.

It is important this resource is used for the child who can benefit most from a family environment. Other forms of placement may be preferable for the child who has extreme needs which a foster family could not meet.

Placing a child in a foster family affects not only the child but the entire foster family. Each person in that family is considered for each placement and discharge.

RECRUITMENT

The Agency responds to enquiries from prospective foster parents **within five working days** and provides information on the orientation and application processes.

FOSTER PARENT EDUCATION

A foster parent applicant receives an orientation or pre-service program as part of the approval process and any ongoing and specialized training to meet the needs of an individual child. An agency

provides an opportunity for an applicant to receive an orientation **within three months** of contacting the agency unless the agency has advised the applicant it will not approve the application.

LICENSING REQUIREMENTS

The Agency has certain requirements they must meet in order to ensure the child is in a safe and secure environment.

1. Complete an Application Form
 - a. Criminal Record Check on all adults living in the home
 - b. Child Abuse Registry Check on all adults living in the home
 - c. Prior Contact Check with all Child and Family Services Agencies for all adults residing in the home
 - d. Medical checks for all applicants
 - e. Physical Requirements Checklist
 - f. Four written references or approval from the Local CFS Committee
2. Completed and approved Foster Home Study

FINANCIAL SUPPORT

Foster parents receive a daily allowance to assist in caring for the child. SBCFS follows the Provincial Chart of Accounts which details what is covered in the daily rate.

CHILD PROTECTION (ABUSE) SERVICES

PROGRAM DESCRIPTION

The abuse intake units provide an intake, investigation and assessment function on all new abuse cases being referred to the Agency.

The mandate of the program was that the creation of abuse units would ensure that investigations would be completed by specifically trained abuse workers that would result in efficient, well conducted investigation, assessments and treatment plans, which then would result in the required quality control and standardization of approach to investigating allegations of abuse.

Other positive aspects that were considered in the development of the child abuse unit, was a recognition that training needs could be contained to a limited amount of social workers, thereby allowing training to become more focused and specialized; that presentation at the Child Abuse Committee would be handed by a smaller number of people, thereby ensuring that social workers had a solid working knowledge about the function and responsibilities of the Committee, and what information is relevant to the number of social workers completing abuse investigations would develop strong working relationships with the police and hospital, thereby ensuring that all investigation were in keeping with a multi-disciplinary approach.

As well as being responsible for all new abuse intake cases, the child abuse unit is responsible for investigating all allegations of abuse in foster homes, day cares and schools. As these investigations almost always involve Agency social worker and/or other outside systems, the child abuse unit's added role is to ensure that appropriate coordination of the investigation occurs. The child abuse unit does not investigate allegations against agency staff, abuse allegations against agency staff, abuse allegations in residential facilities or agency receiving or group homes, where staff are employees of the Agency. These are investigated by the Provincial Investigations Specialists.

PROTOCOLS FOR THE ASSIGNMENT OF WORKER TO THE CHILD ABUSE UNIT

There is one staff person assigned to respond to all child abuse referrals directed to the Agency.

REFERRAL PROCESS

ROLE OF ABUSE UNIT: Investigations of all new reports of suspected physical or sexual abuse, including intrafamilial abuse, third party incidents, position of trust investigations (day care, school teachers, etc.) and licensed foster homes.

DEFINITION OF "ABUSE" FROM THE *CHILD AND FAMILY SERVICES ACT*: "abuse" means an act or omission by any person where the act or omission results in

- a) physical injury of the child
- b) sexual exploitation of the child with or without the child's consent

REFERRAL(S) TO ABUSE INTAKE FOR INVESTIGATION:

- Any allegation of sexual abuse/assault (including concerns re: sexualized behavior in children).
- Any allegation of physical abuse where there is a current injury and a disclosure from child.
- Suspicious death of a child.
- Where there is no disclosure, but an injury is suspicious.
- Where the injury was caused by an implement.
- Where there is a disclosure of a specific incident of physical aggression, without an injury, of such severity that an injury could have occurred, i.e. punching, slapping, shaking (dependent on the age of the child and the area of the injury).

GREY CASES REQUIRING FLEXIBILITY/CASES THAT COULD BE ASSESSED BY INTAKE AND/OR ABUSE INTAKE:

1. on cases where there are elements of both an abusive incident and neglect – recommend partnering of abuse intake worker and intake worker
2. situations of physical discipline rather than “abuse”
 - a. minor use of a common implement where there is no injury, no specific incident and no use of unreasonable force, i.e. infrequent spanking with a wooden spoon
 - b. use of physical discipline with/without specific incident that does not result in injury, does not cause fear or distress in child, is not severe nor intended to injure, i.e. spanking on buttocks, slap on hand, cuff on the head
3. situations involving suspected mutual altercation between adolescent and parent where there is no injury or the stated “injury” is not severe (i.e. faint grab mark or faint single bruise)
4. cases of domestic violence where there is not specific incident, nor any disclosures by children nor any recorded history of abuse concerns. If the child is a witness, but not involved, case goes to general intake.

SERVICES PROVISION AND ASSESSMENT – PROCEDURES FOR ABUSE INVESTIGATIONS

1. INTERVIEW REFERRAL SOURCE
To be done before interviewing the child to gain as much information as possible.
2. CHILD AGENCY PREVIOUS INVOLVEMENT
 - a. Check CFSIS
 - b. Have unit secretary do a file check, including miscellaneous contacts
 - c. Abuse registry check on CFSIS – have designated person check
3. BACKGROUND CHECK WITH RCMP/DOPS
Check regarding previous investigations involving both the child and the alleged offender. If there is a concern of violence in the home, have police check regarding past criminal involvement and domestic interventions.

4. BACKGROUND CHECK WITH THE CHILD PROTECTION CENTRE

Check previous contact with the child's family and the offender's family.

5. DETERMINE RESPONSE TIME WITH SUPERVISOR

When – response time determined based on safety assessment.

6. INTERVIEW VICTIM

Where – Child should be interviewed alone in a quiet, safe place. In interfamilial cases, this should be done away from the family home if at all possible.

How – Child should be interviewed alone. Exceptions could be made if the child is very young and needs the support of someone he/she knows. (Note that certain school divisions require that the child be specifically asked if/who they would like in the room). This person should be notified of the interview process beforehand and should be a silent observer only during the interview. This person should also be neutral to the proceedings.

7. ARRANGE MEDICAL APPOINTMENT

In cases of acute or visible injury, this should be done immediately, ideally through the Child Protection Centre. Private practitioners may be used to document minor physical injuries, but Child Protection Centre is preferred as they keep background information. Child Protection Centre should always be used for cases of complex physical abuse and for all cases of sexual abuse. In cases of sexual assault, Child Protection Centre should be notified immediately, but may book a future appointment at the sexual assault clinic depending on the abuse described.

8. INTERVIEW SIBLINGS

In intrafamilial abuse cases, siblings should be interviewed before parents, if possible. In all other cases, siblings should be interviewed if they have also had contact with the alleged offender. This could be done after the parents have been interviewed, but should be done before the investigation is concluded.

9. INTERVIEW PARENTS

In cases of intrafamilial abuse where the police investigation is pending or ongoing, the parents should not be interviewed without the investigating officers' consent. If an apprehension is necessary, parents must be notified of such, but are only informed that the child has been found in need of protection and an investigation is pending. (If parents are persistent, consult with unit supervisor). Parents are interviewed only when the police have completed their investigation or give their consent for the agency to proceed. There are exceptions in interviewing the non-offending parent, i.e. non-offending parent has no knowledge of the abuse, as reported by the victim, and may be supportive. All exceptions should be discussed with the police and abuse unit supervisor before

proceeding. The agency coordinator is available for consultation to the family service workers if an abuse investigation required is on an open protection family file.

10. INTERVIEW OFFENDER

The offender should be interviewed only at the conclusion of the investigation. In all cases of abuse, the offender should always be interviewed unless he/she refuses. In instances where the offender is dangerous, intervention should be discussed with the unit supervisor or abuse coordinator to ensure worker safety. Where a criminal investigation has occurred, consultation with the assigned officer or Sergeant is to occur when the criminal interview is completed.

REPORT TO POLICE FOR INVESTIGATION: Police should be notified immediately after interviewing the victim if there is a disclosure. In cases of severe injury or death (such as shaken baby syndrome, multiple sexual assaults, or offenders in the positions of trust, these cases need to be reported to police prior to investigation as police may want to interview prior to the agency worker). In cases where the worker is unsure of procedures, the abuse supervisor or the abuse coordinator should be consulted. Even if there is not enough information to launch a police investigation, police should be given the details as information which they will hold pending further details. Reports to the police are an expectation. They will prioritize and may assign the case to the Abuse Unit, the Youth Division/Sex Crimes Unit, or the local district. All of the information, however, is coordinated and funneled through the RCMP/DOPS Child Abuse Unit.

REPORT TO EMPLOYER: As per the legislation, some cases must be reported to employers. This process is never done without prior consultation with the supervisor, abuse worker and the Executive Director.

ABUSE SUBMISSION TO THE ABUSE COORDINATOR: The initial submission is done within thirty (30) days of the date of the referral to the agency. The legislation requires this. They are then passed on to the supervisor for review/signoff and are then submitted to the abuse worker to be presented at the monthly regional abuse committee. This process must begin the first working day of the month in order to meet the regional committee deadline. Completion of these reports must be given priority in order to meet the necessary deadlines for profiling/presentation at Committee. A photocopy of this completed form is to be kept by the worker and placed in the family file.

Final submissions can be submitted prior to the final criminal court dispositions if offender is not in a position of trust (if applicable). The worker is still expected to make the supervisor aware of any criminal court proceedings, however, and, at the final disposition, the supervisor is to be notified through a memo.

If the worker has been made aware of a criminal court conviction, the supervisor needs to know what the conviction date is, as well as the offender's birthdate. This information is absolutely necessary in order to obtain proper documentation for the Abuse Registry. The police will always have the offender's birthdate if they have been involved. If police have not been involved, it is the worker's responsibility to get this information.

REPORT TO THE PROVINCIAL ABUSE REGISTRY: This is the abuse worker's responsibility in consultation with the Regional Child Abuse Committee. The worker will be notified if the registration process is to proceed.

PROCEDURES AND PROTOCOLS IN FOSTER HOME INVESTIGATIONS

1. Investigations into allegations of abuse in foster homes are coordinated and completed by the Agency which licenses the foster home. When SBCFS is the "licenser" of the foster home, allegations of abuse are forwarded to the respective supervisor for investigation. This policy also applies to foster homes which are managed by other agencies or treatment agencies (i.e. Mamawi, Marymound, MYS) where SBCFS approved the foster home license.
 - Allegations against staff in residential facilities (not foster homes) are different and currently will be forwarded to the Provincial Investigations Specialists, for investigation, following consultation with supervisor and the abuse worker.
2. Upon receipt of an allegation, information must be obtained about all individuals in the foster home (i.e. biological children, adoptions, children over 18), and the file will be opened as PRT under the foster parents.
 - This information can be obtained, as well as clarification about the license, from the Resource Department or Foster Care Worker listed on CFSIS. If not on CFSIS, contact the Resource Department for clarification.
3. People who require information about the abuse social worker/supervisor once an allegation is received and the initial plan to investigate has been determined:
 - Provincial Investigations Specialists, 114 Garry (as per Section 18.6 of the Act). Currently they do not directly investigate allegations in foster homes but does require notification of the allegation and the conclusion of the investigation. This can occur by phone, fax, e-mail.
 - Resource Supervisor/Foster Care Social Worker for the foster home.
 - Supervisors/Social Worker(s) for all children in care placed in the home.
 - Winnipeg Police Service – Child Abuse Unit, or RCMP, in appropriate jurisdiction where home is located.
4. Where the severity of the allegation, the proximity of the offender, and the vulnerability of the children suggest that there is a moderate or high risk, a decision about removal of the children is necessary.

This decision is made in joint consultation between the abuse worker/supervisor, the children's workers/supervisors and the foster worker/supervisor. The abuse worker/supervisor will form an opinion about the risk to all of the children, as well as about the need for removal and ensure this information is provided to all of the social workers

involved. The child's worker/supervisor has the final decision with regard to their children in care.

When possible and an immediate intervention is not required (i.e. acute injury, death, etc.), a meeting is recommended to include all of the parties named above in order that an initial plan for investigation can be presented and roles clarified. This is particularly recommended in cases where the plan is contentious or where there may be disagreement between the units or workers involved (i.e. removal of children). Should the disparity be unresolved, a larger forum should be convened that might include CFS Management.

5. Once the plan to investigate has been clarified, the abuse worker begins to coordinate and complete the investigation.
 - This worker determines when/who informs the foster parent and what information can be shared.
 - The abuse worker determines who and how the children/alleged victims should be interviewed in consultation with the police. In some cases, it is requested that the child's worker interview the child, however, it may be recommended that joint interview occur with the abuse worker (in order to assure the required "forensic" information is received) and the child's worker (to support the child). If the child's worker does not feel comfortable interviewing the child around abuse, the abuse worker is responsible for completing and assisting with this task.
 - The abuse worker will coordinate and ensure that completion of all other tasks related to the investigation as in any intrafamilial abuse case. This may include consultation/medical examination at the Child Protection Centre, interviews of all family members or witnesses to the alleged incident, interviews with collaterals, liaison with the assigned police officers, etc.
6. The abuse social worker is responsible for sharing the details of the investigation with the foster parent in accordance with the general steps in abuse investigation. When interviewing the foster parents, the foster care social worker may request to observe/offer support during the interview.
7. The abuse social worker/supervisor is responsible for determining whether the investigation is concluded as,
 - No abuse occurred
 - Inconclusive
 - Or abuse confirmed

and is responsible for making a statement of risk with regard to all the children in the foster home. Some recommendation may be made in these cases in consultation with the foster care worker and children's workers (particularly in "inconclusive" investigations).

Where recommendations or the ongoing plans are disputed, contentious, the matter is “high profile”, or involves many social workers from various systems, “findings” meetings may be necessary in order to jointly clarify a plan. The same principles as in Section 4 apply.

8. The investigation is complete when:

- All agency personnel have heard verbally from the abuse social worker about their conclusion, and the recommendation discussed.
- Any criminal investigation has been concluded (including charges and conviction/court disposition).
- The case has been reviewed by the abuse worker/supervisor, presented and closed to the respective Regional Child Abuse Committee. (In some cases of unfounded allegations the abuse coordinator may approve a conclusion prior to presentation to the committee).

9. Once the investigation is complete with verbal findings shared and recommendations approved by all social workers involved, any criminal case disposed (including conviction), and the case is closed to an abuse committee (presentation registry process completed or not deemed necessary), then the abuse social worker/supervisor shall provide a letter of conclusion to the foster parent, indicating that the information has been provided to the foster care worker.

This letter is copied to:

- The Child Protection Branch
- The foster care supervisor and social worker; and
- The child (children’s) social worker(s) and supervisor(s)

All of the above-named receive a copy of the letter. Additionally, the Child Protection Branch will receive a full copy of the abuse closing summary. As a caution that the protection information does not get placed on the foster home file, the package to the Resource Supervisor should be marked with “Read Only – Not to be Placed on the Foster Home File”. The children’s’ workers should have copies of any interviews of their children in care (or any other documentation they require).

As per provincial statute, the child (if over 12), the parents of the children, and the source of the report, are entitled to the conclusion, however, the means of providing this information should be determined between the abuse social worker and the family service worker (or other).

CHILDREN IN CARE SERVICES

PROGRAM DESCRIPTION

Sandy Bay CFS (“the Agency”) maintains as primary its legally mandated responsibility to ensure the safety and protection of children throughout its work with families in the community. Where intervention to prevent children from coming into care has not been successful, it is necessary that a range of resources be available to provide care, nurturing, and supervision to ensure the healthy growth and development of the child.

These resources may be for emergency, short-term or long-term placements. Placement resources include adoption homes, foster homes, group homes and institutions. Additional placement resources may include proctor programs, professional parents, alternative parenting and extended family placements.

The goals and principles for children in care are as follows:

GOALS

- Ensure the continued safety of the child;
- Develop permanency plans for children;
- Ensure children in agency care receive adequate care and supervision to meet their needs in the least restrictive way;
- Provide resources and services to enable children to deal with issues in a constructive way and where possible, return home;
- Prepare the family of the child in care for the child’s return;
- Provide services to meet the needs of children in care, function in the least restrictive environment possible and establish stability in their living environment; and
- Develop and implement a continuum of support services for the service provider(s).

PRINCIPLES

Every child in care is entitled to:

- Decisions made in their best interests;
- Freedom from physical, emotional and sexual abuse;
- Adequate and appropriate food, clothing and housing;
- Live in a clean, emotionally and physically safe environment;
- Receive adequate and appropriate medical, dental and optical care;
- Receive an education that considers their potential and/or handicaps;
- Freedom of thought and conscience;
- Reasonable enjoyment of privacy;
- Access to Manitoba’s available services and resources free from discrimination based on race, religion, and ethnic origin and which respect their cultural and linguistic heritage;
- Appropriate care and services to meet their needs and to enable them to function successfully within the community;

- Ample opportunity to integrate and reintegrate into the neighborhood and larger community;
- Regular contact with a child and family service agency;
- Placement with an individualized, time-limited, goal-oriented plan of care;
- Have their family prepared for a placement;
- Appropriate adult counseling, support, and supervision;
- Be informed of their rights, have their opinions heard, and be included in any decisions affecting their life; and
- A continuous family environment in which they can flourish.

PARENTS/GUARDIAN'S RIGHTS

- Be involved in making plans for their child;
- Be consulted when changes are considered for the plan;
- Attain visitation rights. The parent/guardian must be aware of the agency worker's right to limit visiting (other court-ordered visits), set the time and place for visiting, with the foster parent's cooperation;
- Appeal any decision made by the agency worker affecting their child or themselves, including an appeal to the courts concerning visiting privileges;
- Receive assistance in resolving family problems; and
- Attend any court hearing affecting the child and parental rights.

Even a child in permanent care may have an emotional bond with his/her family. The fact that a child is a permanent ward does not necessarily restrict his/her family's involvement. The agency reviews the child's relationship with birth/extended family on a planned basis to determine the nature and extent of the involvement.

As guardian of a child, Sandy Bay CFS shall:

- a) Have the care and control of the child;
- b) Be responsible for the maintenance and education of the child;
- c) Act for and on behalf of the child; and
- d) Appear in court and prosecute or defend any action or proceeding in which the child's status is or may be affected.

PROCEDURES

Legal Status – A child may come into care through a Voluntary Placement Agreement (VPA), Voluntary Surrender of Guardianship (VSG) or an order of guardianship.

A VPA is a contractual agreement whereby an agency assumes legal responsibility for the care of a child. A VSG involves a voluntary transfer of guardianship. An order of guardianship by a court may be granted with or without the consent of a parent or guardian.

Agency Manuals – Agency manuals are available for all staff and clearly identify the agency's policies and procedures with respect to children in care (philosophy, expectations of worker regarding prescreening, quality of referrals, and worker contact). This includes how workers internally access resources and deal with emergency situations. At a minimum the criteria for emergency intake includes when:

- a) The child is abandoned;
- b) The child's immediate physical safety cannot be guaranteed due to abuse, self-injury or physical surroundings;
- c) A runaway child is found; and
- d) The court orders the child's placement.

PLACEMENT RESOURCES USED BY AGENCY

The children presently in care of Sandy Bay CFS are placed in a variety of resources, including;

- foster homes
- own home
- place of safety
- group home
- other

EXPECTANT & SINGLE PARENT SERVICES

PROGRAM DESCRIPTION

MANDATE

Services to expectant and single parents are available as per Section 9(4) of the *Child and Family Services Act*.

PREAMBLE

- Evidence indicates that adolescent parents are at a far greater risk for domestic violence due to the fact that many of them are involved in emotional and abusive relationships. In addition, many if not all adolescent parents are subject to having received limited education and thus are more vulnerable to poverty and health-related problems.
- Enhanced parenting skills have a direct correlation to the overall enhanced functioning of the parent. The focus of the programming or services offered to these young parents who want to parent their child(ren) will be delivered from the philosophy that actively supports and encourages positive connections to their families and their communities in a culturally sensitive manner. It will be structured in a manner that puts baby's needs first and foremost, always recognizing the competing needs of the young parent. It will subsequently involve hands-on training and education of the parent, beginning with recognition and understanding of the normal developmental issues of adolescents and young adults.
- Counseling services, with a focus on decision-making and problem-solving, will be provided on an ongoing basis in an effort to provide these young parents with information that will assist them in both the short-term as well as the long-term. These services will be provided in partnership with other collaterals within the community which would include health and education. Assistance in the form of connecting the young parent to legal aid for advice and counseling regarding legal rights and responsibilities will also be offered. Outreach to community services such as the Adolescent Parent Centre, Villa Rosa, Resources for Adolescent Parents (RAP), and Ma Mawi Wi Chi Itata Centre's Adolescent Parent Support Program is viewed as a critical part of the services to be offered. Parenting groups will be offered with the focus on traditional teachings.

OBJECTIVES OF THE PROGRAM

The objectives of the program will include:

- Early intervention with young expectant parents, providing greater opportunity to explore alternatives and options;
- Earlier assessment of risk thereby providing more opportunity for planning and intervention;
- Connecting young parents to positive role models within their community;
- Providing young parents with access to traditional parenting teachings and elders if and where appropriate for the adolescent;

- Provide adolescent parents with an enhanced knowledge of parenting, e.g. assist as well as “hands-on” strategies, thereby enhancing the overall level of care provided to their infant; and
- Achieving an overall reduction of the number of adolescent pregnancies.

A continuum of services would be provided from the time of referral until the child is one year of age or until the young mother reaches the age of 18 years, whichever comes first.

Agency initiatives in prevention are clearly articulated in agency planning processes including specific target populations, goals, strategies and anticipated outcomes. Planning and implementing prevention activities are done in collaboration with other human services including:

- Community groups;
- Public health services;
- Medical practitioners or clinics;
- Hospitals or maternity homes; and
- Schools.

SERVICE GOALS

The goal(s) of these services is to ensure that expectant and single parents, who need assistance in caring for themselves or their child, will receive such help. This includes appropriate services to birth fathers, grandparents and significant others in order to:

- a) Ensure and protect the well-being and the rights of the child born to parents not married to each other, and the well-being and the rights of the parents;
- b) Ensure immediate needs of the child and parents are met;
- c) Anticipate and assist with any consequent problems for the parent, the child and/or community;
- d) Assist in the achievement of a satisfying and effective way of life; and
- e) Promote the normal growth and development of the child.

PROGRAM EVALUATION

Expectant and single parent services are evaluated at least once a year by the agency. This may occur as part of an overall review of the agency’s activities.

FAMILY SUPPORT SERVICES

PROGRAM DESCRIPTION

Sandy Bay CFS (“the Agency”) maintains as primary its legally mandated responsibility to ensure the safety and protection of children throughout its work with families in the community.

MANDATE

The Family Support Services program is an internal service to assist the case managing social worker in providing a range of services to families and children that are goal-oriented and time limited. The services are primarily offered in the client’s home. The primary objective is to enhance parental competencies that lead to healthy and positive personal development of the child and the parents and therefore reduce and prevent incidents of abuse and/or neglect.

Family support services are offered primarily to families whose children are in their own home and are at risk of coming into Agency care. Services can be of a preventative nature to promote more efficient family functioning.

OPERATING VALUES

The services provided by this program are based on the following assumptions:

- All families need support at some point in time;
- A child’s development is enhanced by a healthy parent/child relationship and a positive nurturing environment;
- Most parents want to be effective parents;
- Any services should emphasize and build on the strengths of the family; and
- Services should be respectful of the cultural and ethnic values of the family.

SERVICE GOALS

- To sustain the capacity of the parents to meet the requirements of their parenting role;
- Promote the healthy development of children and prevent any obstacles from achieving their goals;
- Provide parents with the skills and knowledge to be effective advocates for themselves and their children; and
- Prevent the separation of children from their families wherever possible.

REFERRAL PROCESS

The request for service will come from the community person. The referral will be assigned and the worker is expected to initiate contact with the client, assess the request and plan the intervention.

TYPES OF CONTRACTS

- Respite Care
- Parent support
- Supervise visits
- Emergency support services – medical demands on child and/or parent

MONITORING AND SUPERVISION

All requests for support services will be directed to the program supervisor. If appropriate, the case will be assigned to one of the case aides. The supervisor will be responsible to evaluate the work of the case aide so as to ensure that they are meeting the expectation of the program's standards and the assigned contract. The assigned staff person will provide the support to the family on all aspects of the case, including goals and intervention. Other activities will include the setting of review/renewal meeting with the client as well as documenting the contact with the service recipient.

It is expected that there will be appropriate written documentation of all services to the family. This is the responsibility of the assigned worker and the oversight function will be maintained by the supervisor. Contact notes will be maintained for daily contact with the client; notes will be completed on supervised visits and reunification assignments.

REVIEW PROCESS

The supervisor is responsible to set monthly review/renewal dates to determine whether the goals have been met, to revise the goals (if necessary) and to discuss the need for continued services. The Family Support Service Agreement Form will be completed on each case.

TERMINATION PROCESS

During the review/renewal meeting, all parties involved will decide upon the timing of the service termination. This collaborative process allows for a "celebration" of the family's accomplishments and the opportunity for the worker and supervisor and the family to end their work in a planned fashion.

INTAKE/AFTER HOURS

PROGRAM DESCRIPTION

Sandy Bay CFS (“the Agency”) maintains as primary its legally mandated responsibility to ensure the safety and protection of children throughout its work with families in the community.

PROGRAM DESCRIPTION

The Agency has a service structure in place that ensures prompt and appropriate responses to reports or referrals concerning children in need of protection. The intake/after hours unit is an emergency service responding to crisis situations and emergent protection matters outside the regular day time hours of the Agency.

The mandate of the service is to ensure the safety of children in the short term, until the assigned worker or a new worker is assigned to the case. The service philosophy is to make every effort to keep families intact. When this is not possible, as evidenced by the risk factor inherent in the referral, the Agency will seek out family, friends or community as a resource to avoid apprehension. The role of the intake/after hours service is to provide emergency services to children and families after regular business hours. It is not the role of this service to provide services to families that is not emergent or that falls within the regular duties of the assigned worker.

All agency staff who carry out intake/after hours investigations are officers of the Agency, with the authority of the legislation to take whatever actions are necessary to ensure the safety of the child(ren) believed to be in need of protection.

PROTOCOLS FOR THE ASSIGNMENT OF WORKERS TO THE INTAKE/AFTER HOURS

All the on-reserve agency staff involved in the provision of child and family services are assigned one week on the on-call schedule. The staff are provided with a vehicle, a satellite telephone and a schedule of back up personnel they can contact. The on-call staff also have a list of the emergency homes which could be utilized if a child has to be removed from his/her home on an emergency basis.

The workers involved in the intake/after hours have a working knowledge of the *Child and Family Services Act* and regulations, intake policies and procedures and a registry of the community resources related to services for children and families.

TRAINING

The workers involved in the intake/after hours service will be trained to develop skills in crisis intervention, child abuse risk assessment, interpersonal communication and multi-disciplinary teamwork. Staff are also encouraged to work in an integrated service framework with other community resources to ensure that critical services are delivered in a timely manner.

HOURS OF THE INTAKE/AFTER HOURS SERVICE

The intake/after hours service are available 24 hours per day, seven days a week. All agency staff, excluding administrative staff, are required to assist in the provision of on-call duties as part of their job responsibilities. One week of on-call duty is from 8:30 AM Friday to 8:30 AM Monday, and each workday from 4:30PM to 8:30AM the following morning.

SERVICE REQUESTS FOR INTAKE/AFTER HOURS SERVICE

- The agency worker on-call will be available to receive requests for service as per his/her schedule for on-call;
- The hours for the service is from 4:30 p.m. to 8:30 a.m.;
- If the call is received between the hours of 4:30 p.m. to 9:00 p.m. the worker is expected to respond by telephone or by a home visit;
- If the call is received after 9:00 p.m., the on-call worker will request back up from another staff person and/or DOPS (See Personnel Policies and Procedures Policy Manual on Health and Safety-Sec.24);
- If a significant issue arises on an open case, the on-call worker may consult with the assigned worker or the worker's supervisor. Every effort will be made to ensure that the work response of the intake/after hours worker is consistent with the on going case plan. The decision, however, regarding case investigations, apprehensions and placements is the responsibility of the intake/after hours worker during the hours of its operation. The more information available to the intake/after hours worker, the more informed the decision will be in the response to the call; and
- The on-call worker will respond to the call and will assess the validity of the call and take the required action to resolve the issues which necessitated the call.
- The case referral will be reviewed with the supervisor at the opening of the business hours the following day.

RECORDING

All information pertaining to the call will be recorded on an intake document. The information will be placed on the child/family file (if open to the Agency) or will require a new file to be opened to ensure that the follow up work will be done. The intake information will be forwarded to the appropriate supervisor the following day. In the case of a weekend, the information would be provided Monday morning.

SERVICE REQUESTS FOR MONITORING A FAMILY

The intake/after hours on-call worker may receive a service request to check on a family due to concerns of neglect or associated issues over the course of the weekend. The on-call worker will make one visit to the home and complete an assessment. The exceptions will be as follows:

- The on-call worker will continue to return to the home if on the first visit no one is home;
- The on-call worker will make subsequent visits if the children are in the care or under a supervision order and the concerns are substantial;

- The on-call worker may make a second visit if in the initial assessment the situation raises some concerns but not presently sufficient enough to warrant the removal of the children.

SERVICE REQUESTS FOR FOOD VOUCHERS

The on-call worker will provide food vouchers to families on an emergency basis. The guiding principle will be that the voucher will assist the family and the Agency will not have to bring the child(ren) into care.

SERVICE REQUESTS FOR TRANSPORTING CHILDREN

These requests will be arranged with the assigned worker. However, it should be noted that the assigned worker should make every effort to arrange for transportation during the regular hours of work. These after hour requests are often difficult for the on-call worker as other matters may take a higher priority. The on-call worker will review the escort policy if a trip is being made outside the community.

SERVICE REQUESTS TO SEARCH FOR AWOL WARDS

The on-call worker will accommodate requests to search for AWOL wards if the level of risk is high. If the on-call worker is to carry out a search, a physical description and a picture of the ward should accompany the service request.

SERVICE REQUESTS TO PLACE CHILDREN

The on-call worker will only place children on an emergency basis as a response to the call that they received. The safety of the child is critical to any plan. The on-call worker may also have to respond to a breakdown of a placement in a foster home. The assigned worker will be notified the following day of the action taken. Again, the safety of the child must be addressed.

SERVICE REQUEST FOR TAXI AUTHORIZATION

The assigned worker is encouraged to pre-arrange the use of a taxi during the regular office hours. The intake/after hours staff person will assess each request by a client for a taxi and/or bus tickets on an individual basis.

DIFFERENTIAL RESPONSE/ FAMILY ENHANCEMENT

PROGRAM DESCRIPTION

Differential response is a Child Welfare service delivery model that allows for more than one method of initial response to reports of child abuse and neglect. Also called "dual track," "multiple track," "DR" or "alternative response," this approach recognizes variation in the nature of reports and the value of responding differently to different types of cases and family situations and circumstances.

While definitions and approaches vary from CFS Agency to CFS Agency, differential response generally uses two or more "tracks" or paths of response to reports of child abuse and neglect. Typically, these responses fall into two major categories:

- **Investigation.** These responses involve gathering forensic evidence and require a formal determination regarding whether child maltreatment has occurred or the child is at risk of abuse or neglect. In a differential response system, investigation responses are generally used for reports of the most severe types of maltreatment or those that are potentially criminal.
- **Assessment (Family Enhancement).** These responses are usually applied in low- and moderate-risk cases, generally involve assessing the family's strengths and needs and offering services to meet the family's needs and support positive parenting. Although a formal determination or substantiation of child abuse or neglect may be made in some cases, it is typically not required.

However, not all agencies that employ a differential response focus simply on choosing an assessment or investigation track. In some areas, there is more variation in types of response. Additional tracks may include a resource referral/prevention track for reports that do not meet screening criteria for Child Protection Service but suggest a need for community services, or a law enforcement track for cases that may require criminal charges.

Similarities Between Differential Response and Traditional Child Protection

While introducing a more flexible way of responding to reports, differential response systems still share many underlying principles with the traditional child protection approach. Both:

- Focus on the safety and well-being of the child
- Promote permanency within the family whenever possible
- Recognize the authority of CPS to make decisions about removal, out-of-home placement, and court involvement, when necessary
- Acknowledge that other community services may be more appropriate than CPS in some cases

Differential response systems acknowledge that investigations are necessary in some cases. They typically allow for changes in the response track if circumstances change or information emerges that indicates a different type of response is needed to ensure child safety or better respond to the family.

Differences Between Assessment and Investigation Approaches

In traditional child protection practice, all accepted reports receive an investigation response. Investigations are conducted to determine if children have been harmed or are at risk of being harmed and to provide protection if needed. In differential response systems, investigations are no longer the singular focus of CPS response to reports of child maltreatment. While investigations are conducted for some reports (typically the more serious and severe), assessment is used for most other screened-in reports.

In comparison to investigations, assessment responses tend to:

- Be less adversarial
- Focus more on understanding the conditions that could jeopardize the child's safety and the factors that need to be addressed to strengthen the family
- Tailor approaches and services to fit families' strengths, needs, and resources
- Place importance on engaging parents to recognize concerns that affect their ability to parent and to participate in services and supports
- Tap into community services and the family's natural support network
- Offer voluntary services

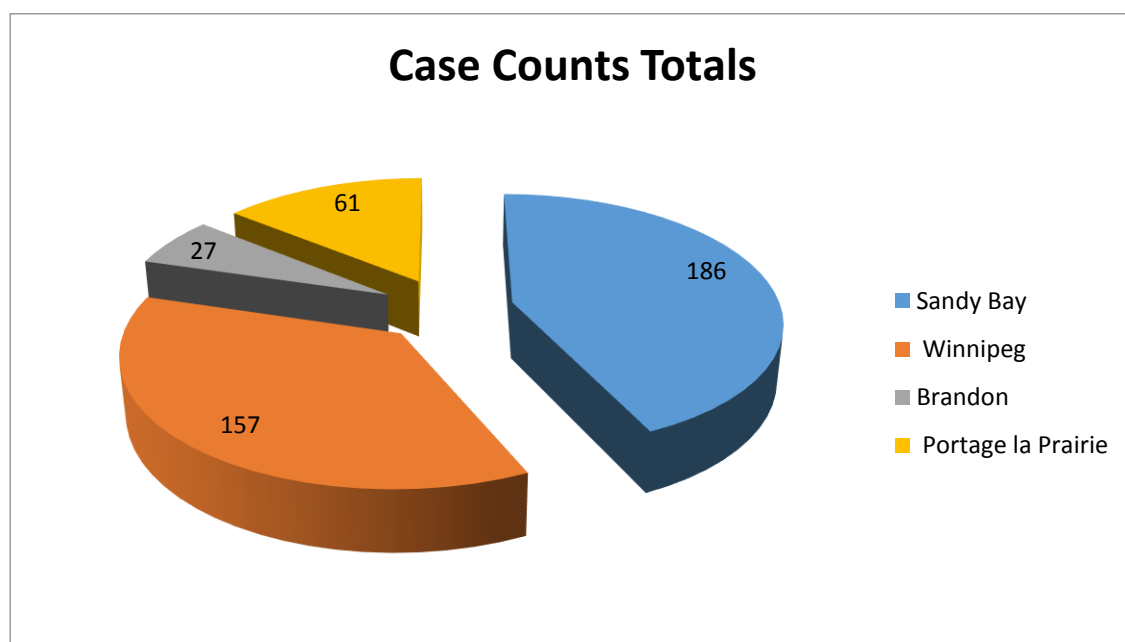
Unlike investigations, assessment responses typically do not require caseworkers to make a formal finding regarding whether child abuse or neglect occurred, identify victims and perpetrators, or enter perpetrator names into central registries.

STATISTICS – AS AT MARCH 31, 2015

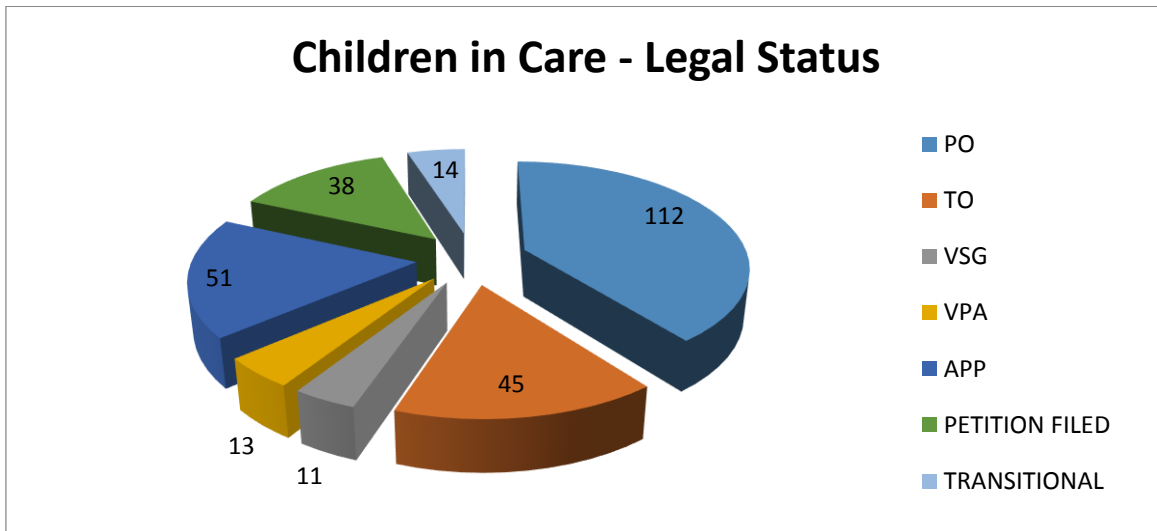
Based on the case count submissions as at March 31, 2015. The following statistics report the standing of Sandy Bay Child & Family Services in regard to case counts, case load and pertinent information related to children in care.

Field Office	Children in Care (E of C included)			Family Service			All Cases	Case carrying workers
	Federal	Provincial	Total	Federal	Provincial	Total	Total	
Sandy Bay	92	18	110	69	7	76	186	9
Winnipeg	10	109	119	1	37	38	157	5
Brandon	1	16	17	1	9	10	27	2
Portage la Prairie	7	31	38	5	18	23	61	4
Totals	110	174	284	76	71	147	431	20

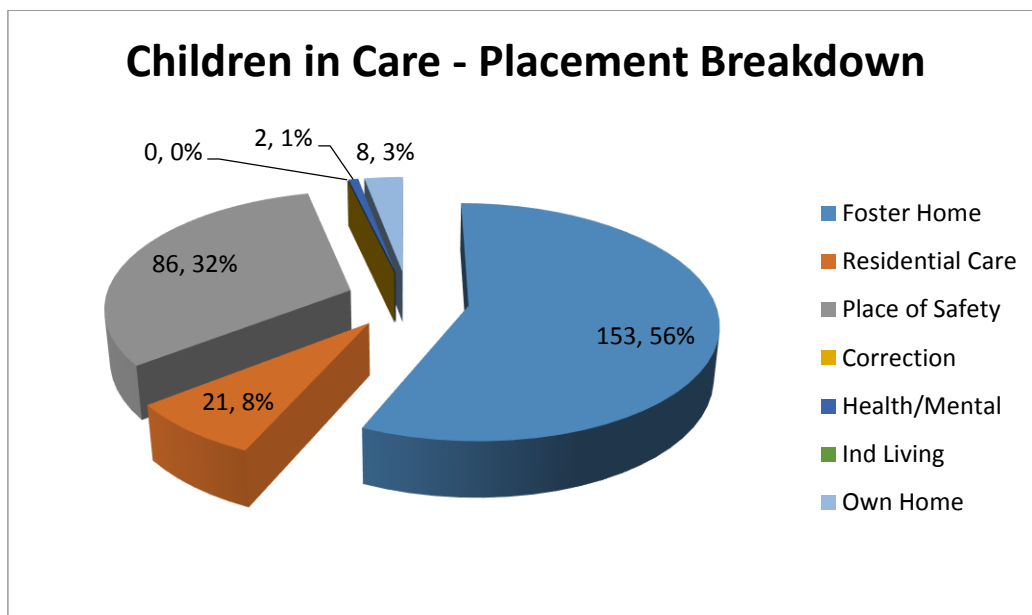
The case count totals per office have been identified in the table below. The Sandy Bay office has maintained the highest case numbers at 43% with Winnipeg following at 37% which was a 6% increase from 13/14 for Winnipeg. The Sandy Bay office caseload decreased by 7%. Brandon case numbers increased by 1 % and now stands at 6%. Portage la Prairie increased by 3% and is now at 14% of the overall cases. The Dakota Plains caseload was absorbed by sub-offices and is not reflected separately in the numbers. Dakota Plains files are pending transfer in April 2015 to Dakota Ojibway Child & Family Services.



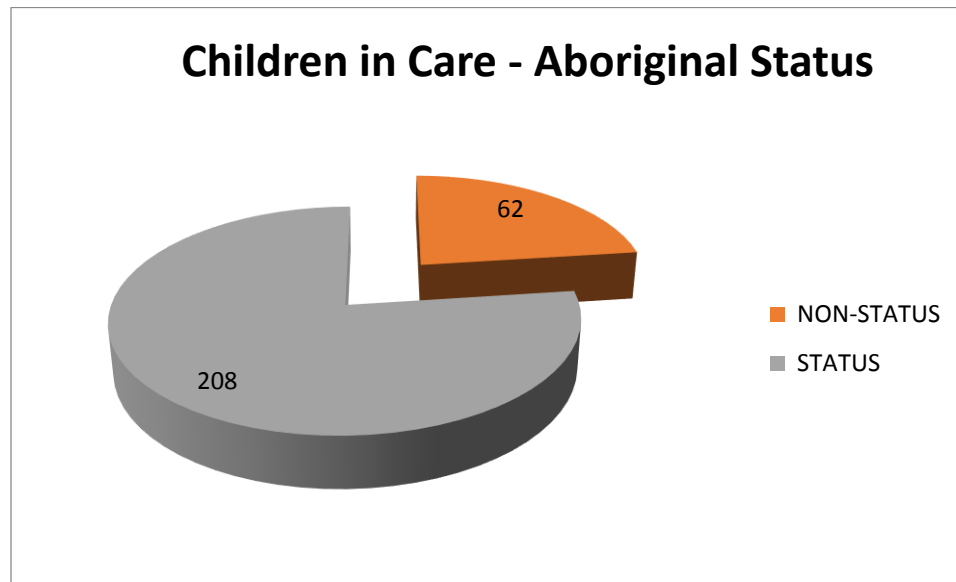
The chart below identifies the legal status of the children in care. The percentage breakdown in each status is identified as follows: Apprehension – 18%, Permanent Orders – 39%, Temporary Orders – 16%, Voluntary Placement Agreement – 5%, Petitions Filed – 13% and Voluntary Surrender of Guardianship – 4%. In comparison to 13/14 statistics, apprehensions and petitions filed for further order remained at the same rate. Increases were seen for permanent orders (21%), temporary orders (8%), and voluntary surrender of guardianship (2%). Decreases were only seen in voluntary placement agreements (7%).



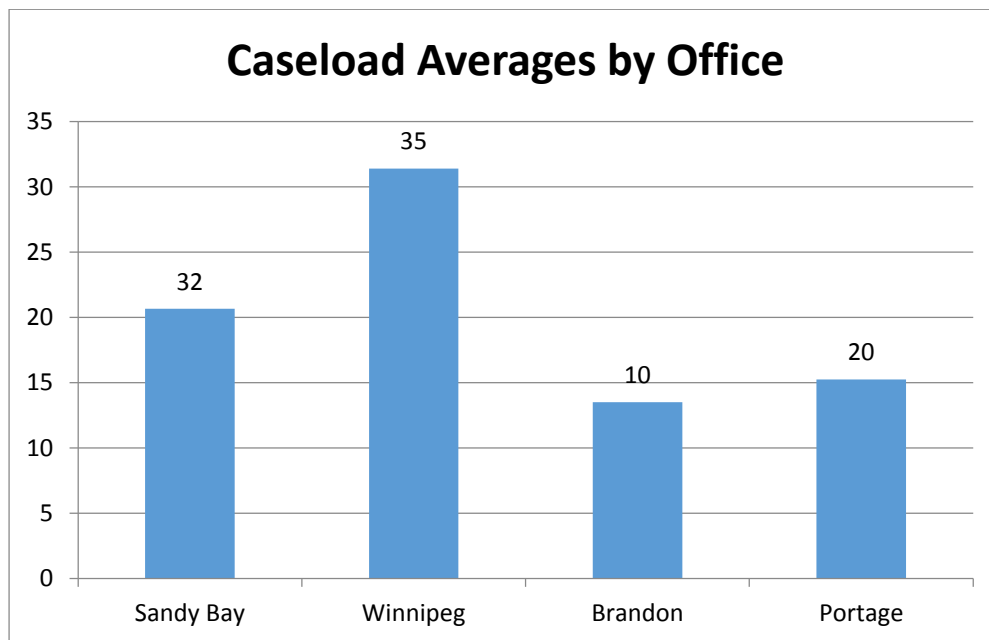
As per the Children In Care – Placement Breakdown, the results of the placements of children are identified in the chart below. The significant placement types are Foster Homes at 56% (153 homes), Place of Safety at 32% (86 homes) and Residential Care at 8% (21 placements). In comparison to 13/14 data, foster homes increased by 18%, Places of Safety remained at 26% of placements, and residential care/placements increased by 5%.



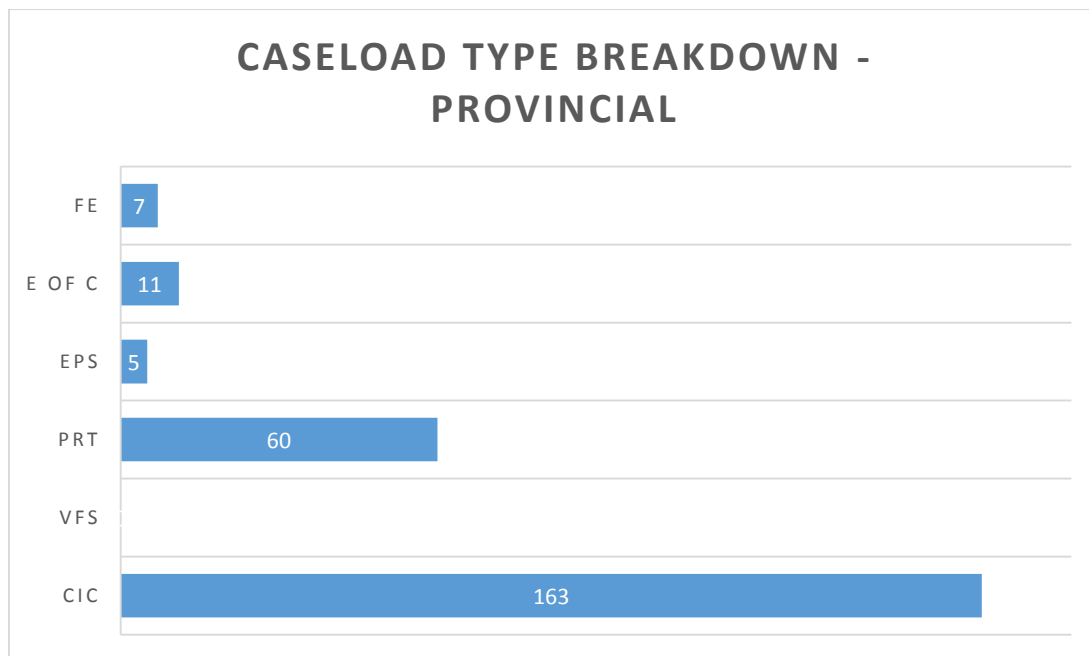
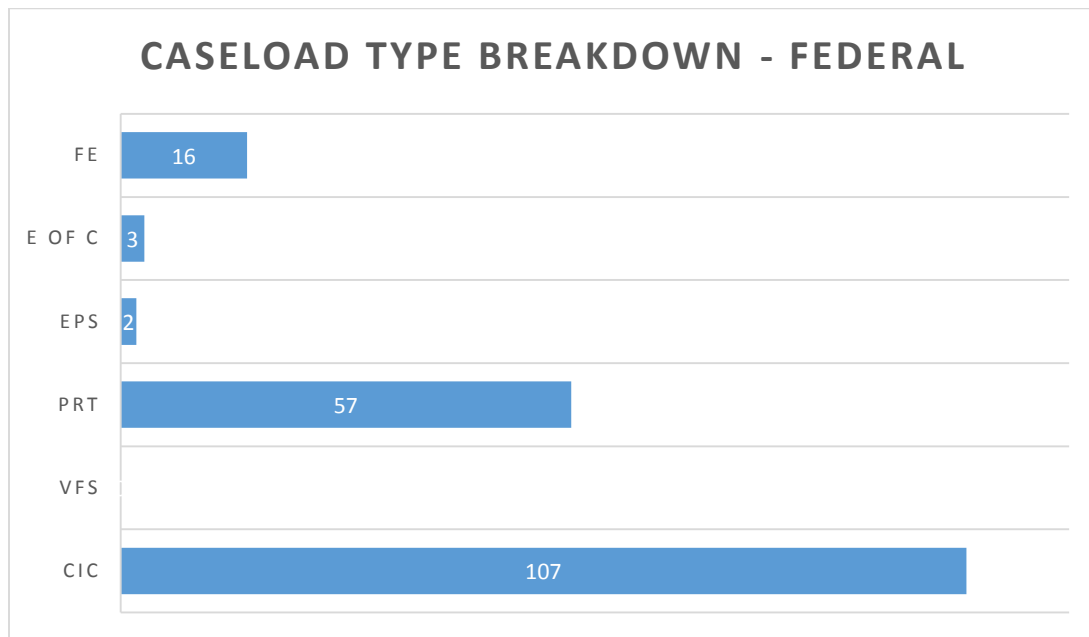
The following chart identifies the aboriginal status of the children in care. The agency currently has an initiative underway to register those children entitled to be registered for the Indian Status within the meaning of the “Indian Act”.



In regard to changes in Caseload Averages, the comparative numbers from 13/14 indicate that Sandy Bay, Winnipeg, and Brandon caseloads remained at 32, 35 and 10 cases respectively. The only decrease in caseload was Portage which went from 21 to 20 average cases per worker.



The following charts identify the caseload type breakdowns for federal and provincial cases.



The following charts identify the caseload – provincial/federal comparison and the caseload averages per agency office. Data from 12/13 compared with provincial status at 58% and federal status at 42% indicating a significant shift in federal/provincial status in agency cases. Data from 13/14 revealed a 54% provincial status and 46% federal status. In 14/15, the federal/provincial status has shifted slightly again with provincial status increasing by 3% and federal status decreasing by that amount.

