



# Annual Report

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2018/2019

Sandy Bay  
Child & Family Services Inc.  
Box 105 Marius, MB  
R0H 0T0

Sandy Bay (204) 843-2687  
Winnipeg (204) 336-3440  
Portage (204) 856-2030  
Brandon (204) 571-2090 (WRCFS)

**SANDY BAY CHILD AND FAMILY SERVICES INC.**

**Annual Report  
2018 / 2019**

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For the Year Ended March 31, 2019

## **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

## 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 - Shawendasaawin

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. Completed April 15, 2015.

2016

- SBCFS Brandon Office closed April 2016. CFS Services operating with shared office space at West Region CFS

2018

- 10 Year Mandate Celebration
- Groundbreaking ceremony for new SBCFS building in Sandy Bay

## **Board of Directors**

Diana Beaulieu	Chairperson
Denis Roulette	Board Member
Marlyn Bennett	Board Member
Timothy Catcheway	Board Member
Ernest R. Roulette	Board Member

## Staff Listing as at March 31, 2019

### 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	Maintenance Clerk
Brenna Sanderson	Maintenance Clerk
Carlene Campeau	Maintenance Clerk
Myrna Beaulieu	Finance Officer
Roger Roulette	CFS Supervisor
Emilie Ames	CFS Worker
Sandra Beaulieu	CFS Worker
Jamie Watson	CFS Worker
Aaron Pierre	CFS Worker
Tammy Coyne	CFS Worker
Taylor Dyck	Case Aide
Sara Yager	Abuse Coordinator
Shania Beaulieu	Family Enhancement Worker
Ida Mae Pangman	Family Enhancement Worker
Russell Beaulieu Jr.	Alternative Care Worker
Sandra McIvor	Alternative Care Worker
Carol Roulette	Alternative Care/Operations Assistant
Leave:	
Louisa Beaulieu	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
Debbie Hall	CFS Worker
Marlene Moore	CFS Worker
Richard Zolondek	CFS Worker
Julie Williams	CFS Worker
James Urquhart	CFS Worker
Jennifer Ross	CFS Worker
Donald K. Smith	Alternative Care Worker
Terry-Lee Bailey	Case Aide
Blayse Moore	Case Aide
Kelsey Wade	Social Worker Aide (part-time)
Rayne De La Ronde	Project Facilitator
Justin Richard	IT Manager
Kevin Clowes	Computer Technician
Tammy Keller	Abuse Administrative Assistant
Brock Schapansky	Abuse Investigator (SB)
Jenelyn Zaballero	Reception/Admin Support
Charites Mangaron	CFSIS/File Clerk

Leave:

Kelly Zukewich	Quality Assurance Specialist
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**Brandon Office**

Workers are situated out of WRCFS Office

**1239 Princess Avenue Brandon, MB R7A 0R2**

**Phone: (204) 571-2090**

**Facsimile: (204) 571-2099**

Roberta Riglin	CFS/Family Enhancement Supervisor – SB/PTG/BDN
Cheyenne Bone	CFS Worker
Trisha Riglin	Case Aide



**Portage Office**

**32 Tupper Street North, Portage la Prairie, MB R1N 1W8**

**Phone: (204) 856-2030**

**Facsimile: (204) 856-2039**

Shannon Pelletier	CFS Supervisor
Kailey Taylor	CFS Worker
Candice Hulme	CFS Worker
Maxine Jean-Paul	CFS Worker
Tracy Pliszka	CFS Worker
Jodi Sigurdson	CFS Worker
Ashlee Thorsteinson	Family Enhancement Worker
Kellie McDonald	Family Enhancement Worker
Gail Rice	Family Enhancement Worker
Laura McGowan	Abuse Investigator (SB)
Alison Tuck	Case Aide
Nicole LaFleche	Human Resources Manager
Paige Martin	Receptionist

# Organizational Chart as at March 31, 2019



## **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, Human Resource Manager, Receptionist, File Clerk/Statistician, Chief Financial Officer, Financial Officers and Maintenance Clerks. 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, while the high need forms have been developed into templates and are available to staff on the shared network drive.

### **HUMAN RESOURCES**

Human resources are monitored and managed through the Executive Director and the Human Resource Manager. Administratively, the tasks are managed by the Human Resource Manager.

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 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 Resource 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 the Maintenance Clerks 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 or Treasurer of the Board of Directors.

Signing authority of cheques is restricted to the Executive Director (primary), designated Board members (primary), Director of Operations (secondary) and the Chief Financial Officer (secondary), Executive Assistant (secondary), and a designated 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, Chief Financial Officer and designated Financial Officers/Maintenance Clerks.

## **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. Children may be placed in a kinship licenced home, general licenced home, a place of safety or a third party provider.

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. Kinship care is a living arrangement in which children who cannot reside with their parents live full time with a relative, or a close non-relative. Kinship care providers have maintained a long-standing relationship or attachment with the child. The Kinship care program is focused on supporting and developing traditional connectedness between children, caregivers and community. This arrangement provides the child with a continuing role in the family, community and culture.

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 licenses 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, 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 as third party providers. 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 facilities (Knowles Center, Marymount 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/guardians. 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** 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. Orientations may be done in a group or individual session.

## **LICENSING REQUIREMENTS**

The Agency has certain requirements they must meet in order to ensure the child is in a safe and secure environment either in a generally licenced home or a kinship licenced home as follows:

### **GENERAL LICENCE**

1. Complete an Application Form
  - a. Criminal Record Check on 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
2. Completed and approved Foster Home Study

### **KINSHIP LICENCE**

3. Complete an Application Form
  - a. Criminal Record Assessment on 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. Declaration of Health and Fitness for all applicants
  - e. Physical Requirements Checklist
  - f. Four kinship caregiver references
4. Completed and approved Foster Home Assessment

## **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) & INTAKE SERVICES

## Program Description

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

The mandate of the program is to ensure that investigations are completed by specifically trained abuse workers that 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 considered in the development of the child abuse unit, is a recognition that training needs be contained to a limited amount of social workers, thereby allowing training to become more focused and specialized; presentations at Child Abuse Committee are handled by a smaller number of people which ensures that social workers have a solid working knowledge about the function and responsibilities of the Committee. This also allows focus on what information is relevant to social workers completing abuse investigations and allows for development of strong working relationships with the police and hospital, ensuring that all investigations keep 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 in residential facilities or agency receiving or group homes, where staff are employees of the Agency. These are investigated by the Provincial Investigations Unit based at the Child Protection Division as per the CFS Act Sec.18.6:

*18.6 Where an agency receives information that a child was or might have been abused by a person who provides work for or services to the agency or to a child care facility or other place where a child has been placed by the agency, the agency shall, in addition to carrying out its duties under subsection 18.4(1) and section 18.5, immediately report the matter to the director and the director shall investigate the matter and take such further steps as are required by this Act, prescribed by regulation, or as the director considers necessary.*

*S.M. 1997, c. 48, s. 9.*

## PROTOCOLS FOR THE ASSIGNMENT OF WORKER TO THE CHILD ABUSE UNIT

The child protection unit responds to all child abuse referrals directed to the Agency. Workers rotate taking these referrals through the week at the main office located in Sandy Bay. In the event an abuse unit worker is unavailable, CFS Workers will respond to the reported incident.



## 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
- Any allegation of physical abuse where there is a current injury and a disclosure from child. Historical allegations are also assessed and followed.
- Suspicious death of a child. For a child in care, suspicious deaths of children in care are also reviewed by the Medical Examiner's office and coordinated with Office of the Children's Advocate.
- 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/ABUSE INTAKE

1. on cases where there are elements of both an abusive incident and neglect
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 admin/worker 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, complete contact check with law enforcement regarding past criminal involvement and domestic interventions.
4. DETERMINE RESPONSE TIME WITH SUPERVISOR  
*When* – response time determined based on safety assessment.
5. 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. The interview is done in coordination with police relative to interference with the criminal process. The Abuse Unit will interview in the presence of an officer in the event no trained forensic interviewer is available in a timely manner via MFNPS.  
*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 or if an interpreter is required. There are specific standards in place for how and where these third parties are placed in the interview space. (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.
6. 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 track contact with families in concerning situations and 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.

7. INTERVIEW SIBLINGS

Dependent on the interview of the victim, all potential witness'/potential victims should be interviewed. This is never done by the agency unless criminal investigation has been closed. 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. The investigation process is parallel between agency and police. Interviews are thus more often than not done together to reduce the number of times anyone is interviewed, but especially children. Repeated interviews by different parties may compromise the criminal process and results in the charges being dismissed.

8. 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 may be interviewed when the police have completed their investigation or may give their consent, when required) 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.

9. 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.

10. REPORT TO POLICE FOR INVESTIGATION: Police should be notified prior to 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/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. All of the information, however, is coordinated and funneled through the RCMP/MFNPS.

11. **REPORT TO EMPLOYER:** As per the legislation, some cases must be reported to employers when the alleged offender works with children. This process is never done without prior consultation with the supervisor, abuse worker and the Executive Director.
12. **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.

13. **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, Marymount, 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 unit.
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 Alternative Care Department listed on CFSIS.
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 (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.
  - Alternative Care Coordinator/Alternative Care Worker for the foster home.
  - Supervisors/Social Worker(s) for all children in care placed in the home.
  - Law Enforcement and Child Abuse Unit, 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 name 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 they 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 Assistant Program or Program Managers.

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). Relative to the parallel investigation process utilized, police conclusions and agency conclusion may be different. Often where police do not lay charges, the agency may find that abuse occurred and consider placement on the Child Abuse registry.

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. This typically occurs during Child Abuse Committee review meeting where all involved parties contribute their knowledge.

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 is only when it involves a foster home. For all others, involved parties are entitled to ask about the outcome of investigation and be provided with a brief verbal outcome; however, details are not provided. The agency is not obliged to provide written confirmation to any others.

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)

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). All investigations involving children in care or are children who have open protection files, have the Abuse Investigations cross referenced in CFSIS- thus they become part of the family service record and can be reviewed at any time by the family service/ alternative care staff. The onus is on the workers to ensure they review the Intake Module embedded in their family file to clarify questions about outcomes, etc.

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 & FAMILY 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. In most instances, protection (family service) files are opened on parents/guardians when children come into care. Service will be provided to the families and a file will remain open until such time as the child returns home and services are no longer deemed necessary. Files may also be closed if a child should become a permanent ward or the family enters into a voluntary surrender of guardianship.

The goals and principles for children in care and family services 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 and families 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) and parent(s)/guardian(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), temporary order of guardianship (TW), permanent order of guardianship (PW) or Apprehension. Children beyond the age of 18 may also remain in care until 21 years of age.

A VPA is a contractual agreement whereby an agency assumes legal responsibility for the care of a child with parental/guardian consent. A VSG involves a voluntary transfer of guardianship by the

parent/guardian. An order of guardianship by a court may be granted with or without the consent of a parent or guardian. A child under apprehension is deemed in immediate need of protection.

**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, depending on circumstance, including:

- foster homes (general or kinship licence)
- own home (non-pay care)
- place of safety
- group home
- other (health, corrections)
- independent living

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.

## **SBCFS 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.

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 service 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 AFTER-HOURS**

All the agency staff involved in the provision of child and family services are assigned one week on the on-call schedule. The on-call staff will 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 and a family member is not available. The Alternative Care Department is responsible to provide a monthly update of emergency home availability with contact information. The list will be emailed to after-hours workers and reception desks where after-hour lists are maintained.

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.

## **FIELDING**

Fielding refers to the act of an on-call worker(s) responding to a call, either in person or by phone. If fielding is required during on-call periods, the following compensation will be provided in addition to the above:

- All time will be paid as overtime at time and a half. Overtime must be approved by the appropriate after-hours supervisor. The after-hours worker must provide recordings or back-up information to verify and approve the overtime request.

## **SERVICE REQUESTS FOR AFTER-HOURS SERVICE**

- All after-hours services will be restricted to emergencies only.
- The hours for the after-hours service is from 4:30 PM to 8:30 AM weekdays as well as 24-hour periods during weekends and statutory holidays.
- On-call worker will verify call is within our jurisdiction
- 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 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 after-hours worker during the hours of its operation. The more information available to the after-hours worker, the more informed the decision will be in the response to the call.
- 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 after-hours recording will be reviewed with the on-going supervisor at the opening of the business hours the following day.
- In any emergent matter, on-call staff may consult with the after-hours supervisor for direction. If necessary, workers are encouraged to utilize local law enforcement when needed.

## **RECORDING**

All information pertaining to the call will be recorded in a detailed case recording (this must include the **DATE** and **TIME** of the call and actions taken). This information should be forwarded to the on-going worker and appropriate supervisor the following day. In the case of a weekend, the information would be provided Monday morning or the next working day (after-hours supervisor should be cc'd as well). It is also the responsibility of the after-hours workers to attach their case notes onto any CFSIS PRT and/or CIC files regarding any call they received where there is an open file, including a print copy for master file. Intakes will be opened at the supervisor's discretion (i.e. abuse allegations, apprehensions, etc). Intakes must also be generated on "new" matters requiring on-going services, at the supervisor's discretion. It is the responsibility of the on-going supervisor to assign the on-going worker to the Intake on the next business day. The information will be placed on the child/family file (if open to the Agency) or will require a new intake module to be opened to ensure that the follow up work will be done.

On-call workers will be responsible to submit their weekly on-call log of recordings and overtime claims, where applicable, by noon on Friday to the on-call supervisor for review and circulation, then to the Executive Assistant for archiving.

### **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 working day of the action taken. Again, the safety of the child is paramount and must be addressed.

In the event of apprehension, the after-hours workers need to ensure that a Place of Safety (POS) package is completed when children are placed in a home that does not have a general licence to SBCFS. The completed package must be submitted to that Alternative Care department on the next business day.

In the event of a private arrangement, the after-hours worker must report to the on-going worker on the next business day for follow-up and planning. Private arrangements would be deemed unpaid care and are a short-term resolution to ensure the safety of the child. A safety plan/agreement would be required.

The after-hours supervisor may be contacted for guidance as needed.

### **UNEXPECTED ABSENCES**

The on-call schedule will be provided one (1) year in advance beginning March 29, 2019. The scheduled on-call worker will be responsible for finding their replacement, if required. In case of an emergency only, if a replacement cannot be found, the on-call supervisor will be responsible to delegate a replacement.

The master list will be maintained in the Main office. Once approved by the on-call after-hours supervisor, all revisions must be reported to the on-call answering service by the on-call worker who has made the changes.

## **FAMILY ENHANCEMENT**

### **Program Description**

The Family Enhancement program provides 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 enhancement 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. The family enhancement program is a voluntary program and families must consent to have an open file as part of the program with the exception of minor parent/expectant parent services where the agency is mandated to follow-up and assess.

### **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.

### **MONITORING AND SUPERVISION**

All requests for family enhancement services will be directed to the program supervisor. If appropriate, the case will be assigned to one of the family enhancement workers. The supervisor will be responsible to evaluate the work of the family enhancement worker so as to ensure that they are meeting the expectation of the program's standards. 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 or potential for transfer to on-going protection services.

### **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.

This may also be a period where a worker will assess if the file may require on-going service and the file would be transferred to protection/family services

## **EXPECTANT & SINGLE PARENT SERVICES**

### **Program Description**

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**

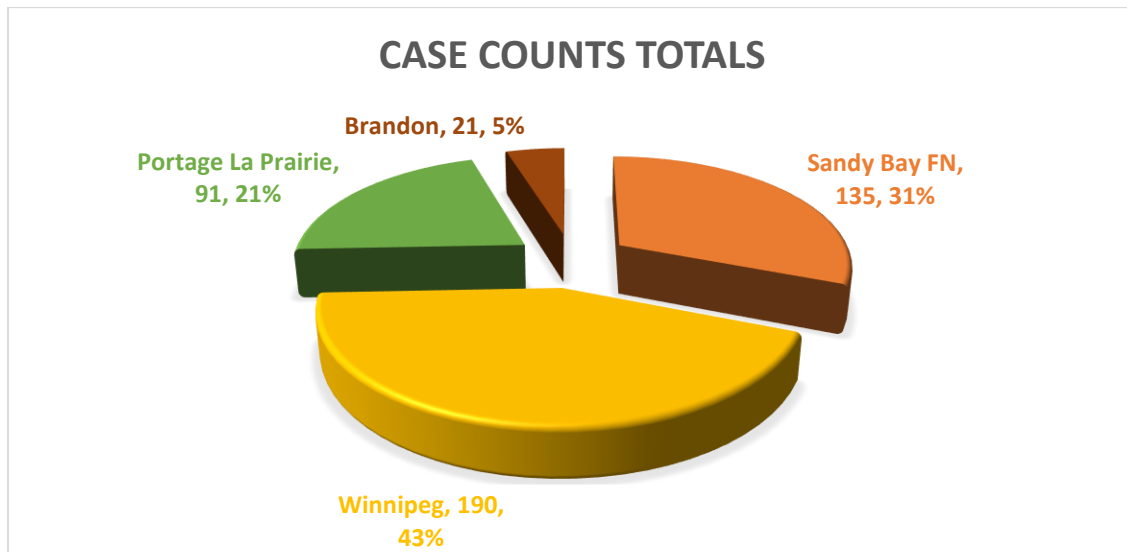
Expectant and single parent services are evaluated at least once a year by the agency. This may occur as part of an overall review of the agency's activities.

## STATISTICS – AS AT MARCH 31, 2019

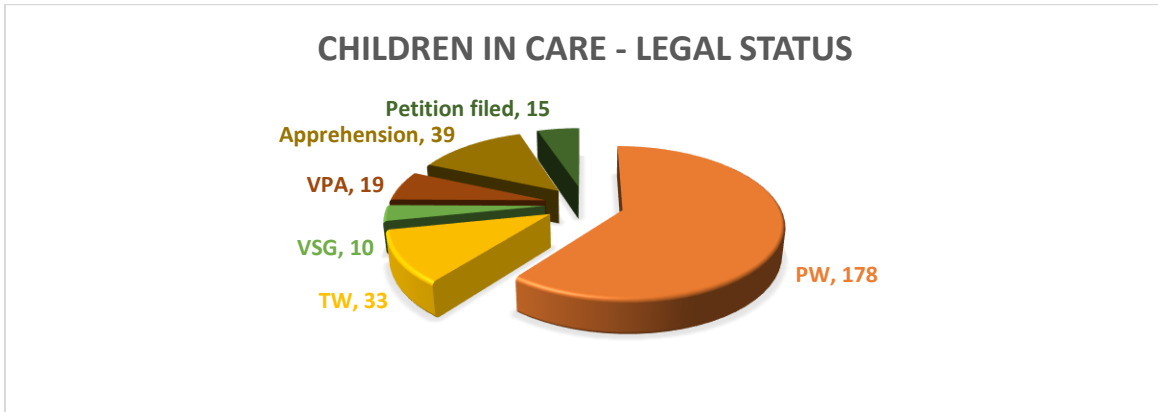
Based on the case count submissions as at March 31, 2019. The following statistics report the standing of Sandy Bay Child & Family Services in regard to case counts, case load and pertinent information related to children in care.

Field Office	Children in Care			Extensions of Care			Family Service			All Cases	Case carrying workers	Case Load Ratio
	Federal	Provincial	Total	Federal	Provincial	Total	Federal	Provincial	Total			
Sandy Bay FN	53	27	80	2	0	2	44	9	53	<b>135</b>	7	<b>19</b>
Winnipeg	10	128	138	4	8	12	3	37	40	<b>190</b>	7	<b>27</b>
Portage La Prairie	15	52	67	1	0	1	3	20	23	<b>91</b>	6	<b>15</b>
Brandon	0	9	9	0	0	0	0	12	12	<b>21</b>	1	<b>21</b>
<b>Totals</b>	<b>78</b>	<b>216</b>	<b>294</b>	<b>7</b>	<b>8</b>	<b>15</b>	<b>50</b>	<b>78</b>	<b>128</b>	<b>437</b>	<b>21</b>	<b>21</b>

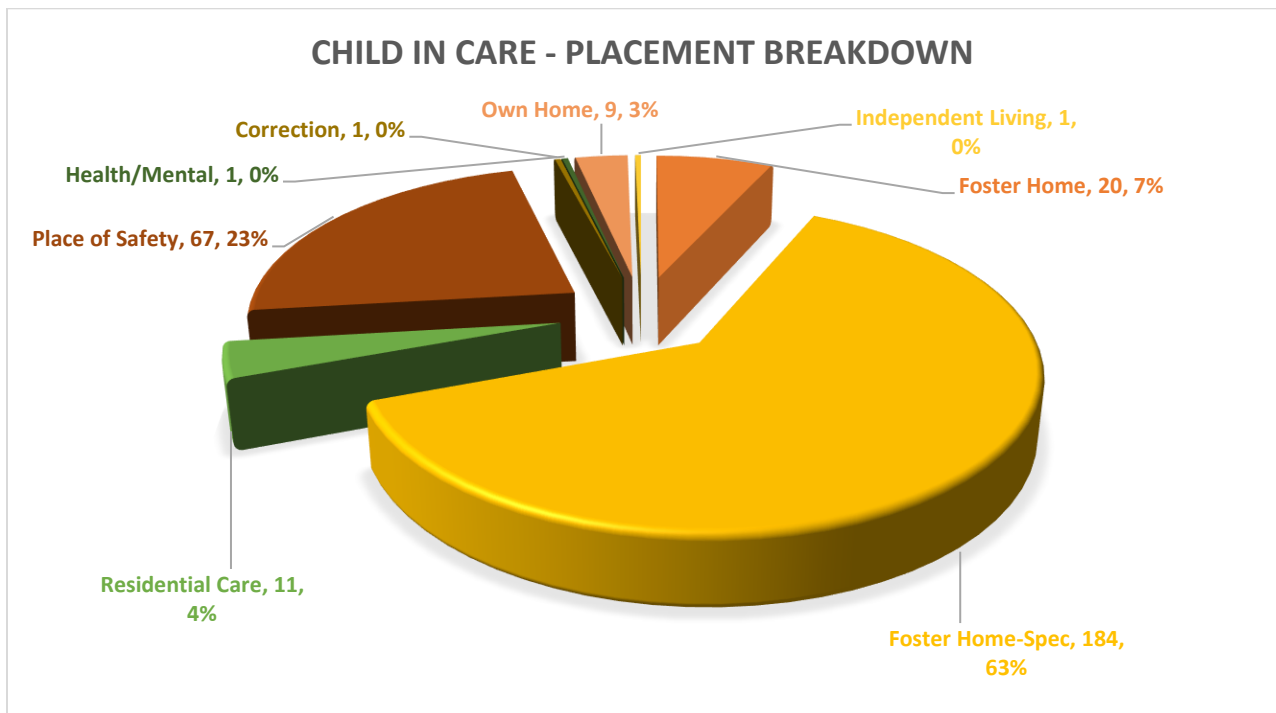
The case count totals per office have been identified in the table below. The Sandy Bay office has 31% of the caseload and Winnipeg office has 43% of the caseload. Winnipeg caseloads increased by 1% this past fiscal year. The Sandy Bay office had an increased caseload by 2% from 17/18. Brandon case numbers increased by 1%. Portage la Prairie has increased its caseload by 3% and is at 21% of the overall cases.



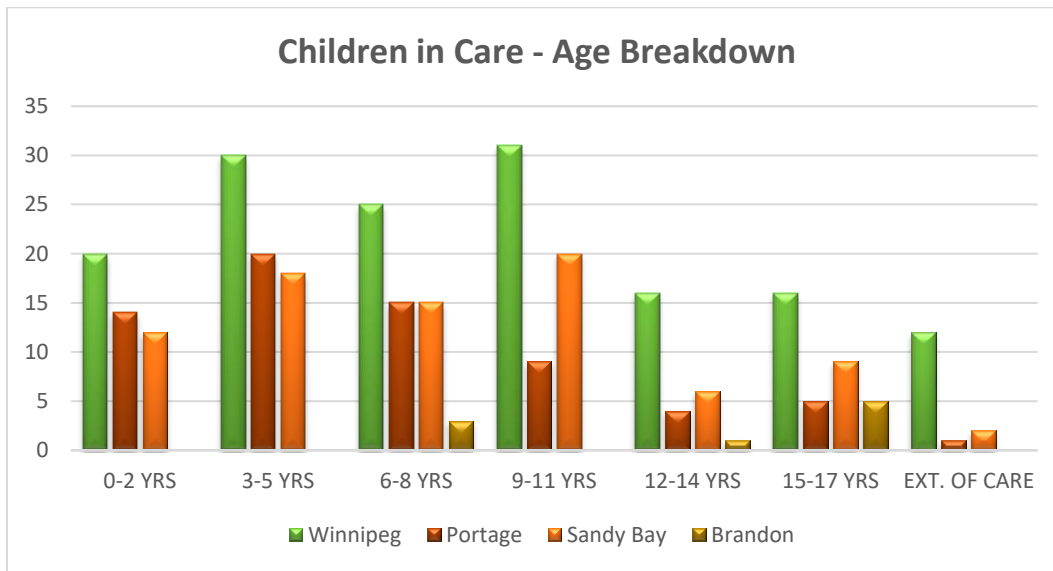
The chart below identifies the legal status of the children in care. The percentage breakdown in each status is identified as follows: Apprehension – 13%, Permanent Orders – 61%, Temporary Orders – 11%, Voluntary Placement Agreement – 7%, Petitions Filed – 5%, and Voluntary Surrender of Guardianship – 3%. In comparison to 17/18 statistics, apprehensions remained at the same rate of 13%. Increases were seen for petition filed (2%) and permanent wards (6%). Decreases were seen in voluntary placement agreement (2%), voluntary surrender of guardianship (2%), and temporary ward (4%).



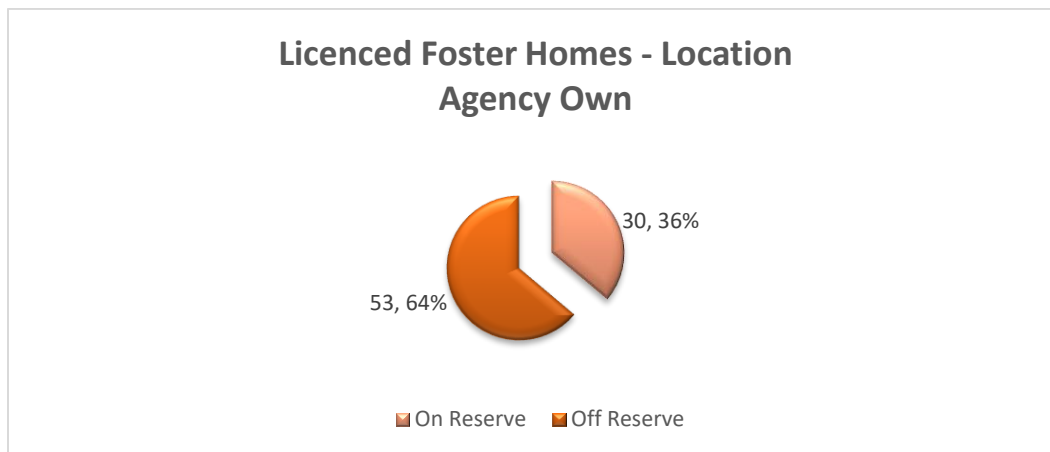
As per the Children In Care – Placement Breakdown, the results of the placements of children are identified in the chart below. The significant placement types are Foster Homes at 70% (204 homes) and Place of Safety at 23% (67 homes). In comparison to 17/18 data, residential care increased by 2% and Places of Safety increased by 10%. There was a decrease in foster homes by 10% and own home (2%). Corrections and Health/Mental remained at the same percentage.



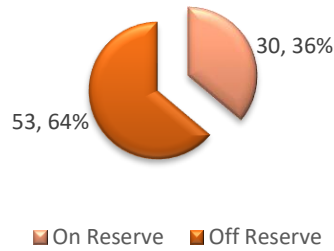
Identified below are the age breakdowns based on the current children in care as of March 31, 2019.



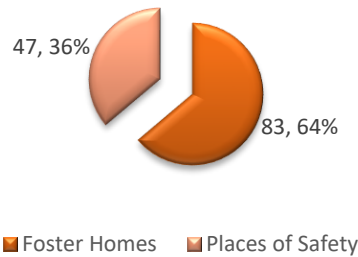
The chart below identifies the foster home and place of safety location – on/off reserve - based on agency own homes (not including third party providers). Also included is the agency own Foster Home and Place of Safety totals.



### Licensed Foster Homes - Location Agency Own

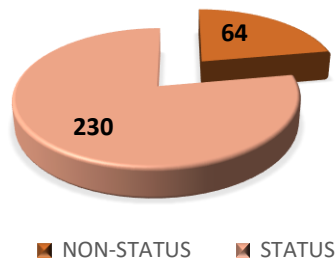


### Foster Homes / Places of Safety Total Agency Own

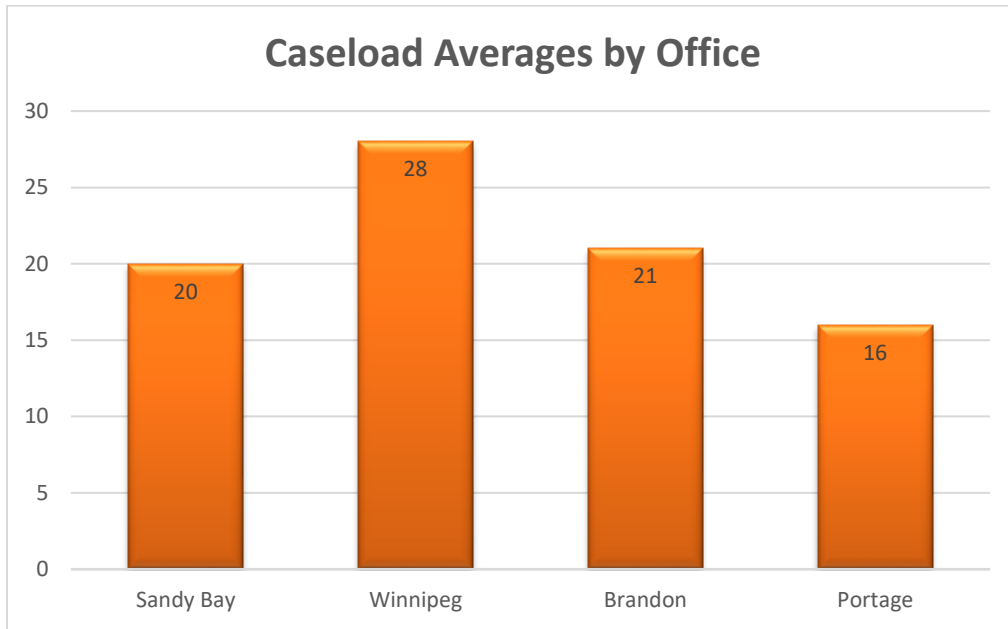


The following chart identifies the aboriginal status of the children in care. The agency currently has an initiative underway to register those children entitled to be registered for the Indian Status within the meaning of the “Indian Act”. In 2017/2018, the status numbers were 231 and the non-status was 66. Comparable to 2018/2019, the agency had a decrease in the number of status children which would be reflective of unregistered/non-status children coming into care that are affiliated to Sandy Bay First Nation. There was also a decrease in non-status numbers which would be reflective of children becoming registered for treaty status.

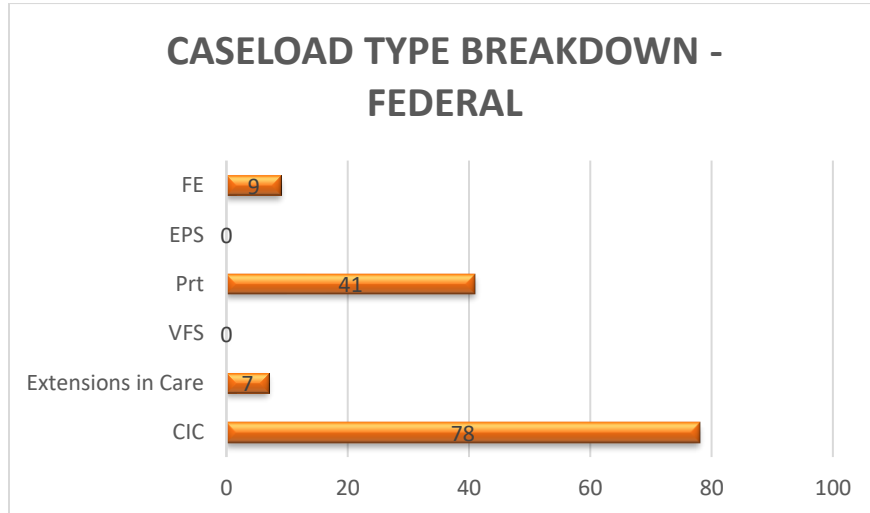
### CHILDREN IN CARE - ABORIGINAL STATUS

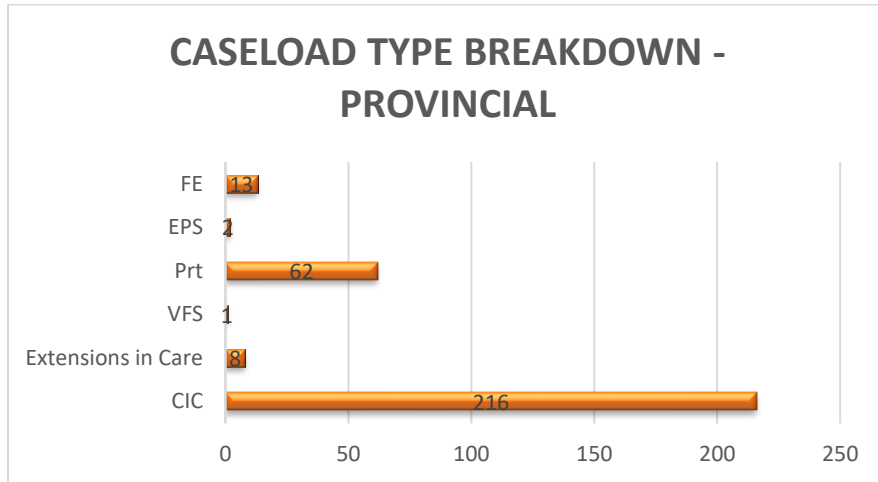


In regard to changes in Caseload Averages, the comparative numbers from 17/18 indicate that Winnipeg (31 to 28), Sandy Bay (23 to 20) and Portage (18 to 16) decreased average caseloads per worker. Increases in average caseloads were only seen in Brandon (19 to 21).



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





The following charts identify the caseload – provincial/federal comparison overall throughout the agency. In 18/19, there was a 1% decrease in provincial cases and a 1% increase in federal cases leaving the percentages at provincial – 69% and federal – 30% (previous year it was 70% provincial and 30% federal).

