

**Child and Family All Nations Coordinated Response Network
(ANCR)**

**After-Hours Program (AHP)
Program Manual**

April 2013



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Program Description

All services delivered by ANCR After-hours Program (AHP) will be provided in accordance with ***The Child and Family Services Act, The Child and Family Services Authorities Act*** and the **Child and Family Services Standards Manual**. In accordance with the **Joint Intake and Emergency Services by Designated Agencies Regulation, 186, Section: 8(b)**, the After-hours Program (AHP) assesses all allegations involving child and family services (CFS) concerns on open and new CFS cases in the Child & Family All Nations Coordinated Response Network's (ANCR's) designated area. The AHP is an emergency CFS service that operates outside of normal business hours and on statutory holidays. The purpose is to provide emergency response on all after-hours CFS referrals, to gather and screen information, to determine the validity of referrals, to assign priority levels to referrals and to ensure further assessment or investigation occurs if required.

Service Definition

The AHP provides emergency first response services on all CFS referrals from 4:30 p.m. to 8:30 a.m., Monday to Friday, on weekends, and on all statutory holidays.

Jurisdiction

The AHP is responsible for investigating and assessing all CFS referrals which occur inside the city of Winnipeg, East and West St. Paul, and Headingly as is detailed in the **Joint Intake and Emergency Services by Designated Agencies Regulation, 186, Section: 8(b)**. If there is a CFS referral received from outside of ANCR's jurisdiction the AHP forwards information to the appropriate Designated Intake Agency, and in the case of emergency, alerts the appropriate police service.

Location

The AHP is located at the Child and Family All Nations Coordinated Response Network (ANCR) at 835 Portage Avenue, Winnipeg, Manitoba.

Staffing

The AHP consists of the following positions, including:

- Program Manager – 1
- Supervisors – 2
- AHP Social Workers – 18 Full-time Equivalences
- Roster of casual AHP Social Work staff
- Roster of casual AHP Supervisors
- Case Aide – 1
- Administrative Support Worker – .5

Casual Staff are utilized on an as needed basis. The Supervisors report to the AHP Program Director, who in turn reports to the ANCR Associate Executive Director of Service.

Goals

- To assess whether children and families are eligible for services as provided under PART II of *The Child and Family Services Act*, and provide said services or refer for provision
- To assess whether children are in need of protection as provided under PART III of *The Child and Family Services Act*, and provide said services or refer for provision

Objectives

- Provide after-hours service assistance to ANCR and all other child and family service (CFS) agencies within our jurisdiction.
- Provide emergency CFS services to children and families on open, closed and new cases outside of regular business hours.
- Conduct the initial safety assessments on all calls and referrals requiring an immediate child protection response.
- Conduct assessments on all referrals received.
- Provide referrals/linkages to other relevant community programs and services as appropriate.
- Communicate all case activity on open cases to ANCR and to our partner CFS agencies.

Key Functions and Activities

- Receive and respond to all after-hours referrals on new, open and previously closed child and family service (CFS) cases.
- Receive and respond to appropriate service requests from within ANCR and other CFS agencies within ANCR's jurisdiction.
- Complete all required documentation using the Intake Module.
- Gather and screen referral information to determine if a CFS response is necessary.
- Assess referrals and response times based on the presenting issues.
- Respond to all high risk child protection issues requiring an immediate response.
- Complete safety assessment on all allegations of abuse or neglect which require an immediate response.
- In circumstances in which the safety assessment indicates children are unsafe, the AHP will take the appropriate action to ensure the safety of all children involved
- Complete the Probability of Future Harm on all new allegations of abuse and neglect on which the After Hours Program has conducted an assessment and recommended the intake be closed.
- Crisis intervention and stabilization services.

- Determine the need for further CFS assessment and intervention. Refer all matters on open cases to the appropriate mandated agency the next working day.
- Provide CFS information to other Designated Intake Agencies (DIAs) as requested.
- Establish a strong working relationship with mandated CFS agencies in the jurisdiction.
- Establish a joint working relationship with other ANCR programs.
- Establish positive working relationships with key community collaterals (e.g. police, medical personnel, community agencies).

Roles and Responsibilities

All services delivered by the ANCR After Hours Program will be provided in accordance with the *Child and Family Services Act*, *Child and Family Services Authorities Act* and the Child and Family Services Standards Manual.

The AHP provides emergency first response services on all CFS referrals from 4:30 p.m. to 8:30 a.m., Monday to Friday, on weekends, and on all statutory holidays. It is responsible to ensure that families receive appropriate and timely services, including protective services related to the abuse and neglect of children.

After Hours Program workers are expected to establish good working relationships with all collateral service agencies and all other mandated CFS agencies.

The After Hours Program follows the ANCR client contact policy (Appendix A) on new referrals which require an immediate response.

After Hours Program Case Services

- Receive and screen all new referrals to Child and Family Services
- Gather all information from the Source of Referral to determine if the matter is appropriate for a child and family services response
- Provide referrals and linkages to other relevant community programs and services as appropriate
- Respond to and complete the safety assessment and safety plan on all referrals of abuse and neglect that require an immediate response
- In cases that are assessed by the AHP to be an immediate, within 24 hours, response AHP staff would be responsible for making the necessary contact(s) with the child/ren and any significant others as per the ANCR Client Contact Policy (Appendix A)
- Ensure a comprehensive and thorough history has been completed on intakes that are not currently open to the CFS system
- Provide emergency services and crisis intervention to stabilize family functioning
- Apprehend and place children who are in need of protection when appropriate
- Complete the required documentation when an apprehension of a child has occurred.
- Complete required documentation when a child is placed in a Place of Safety or Private Arrangement

- Make referrals to other external crisis programs and services as needed.
- Make referrals that involve an allegation that a child has been physically or sexually abused to the ANCR Abuse Program as per the Abuse Program Criteria (Appendix B)
- Make referrals to the ANCR Early Intervention Program as per the EIP criteria (Appendix C EIP Referral Criteria)
- Complete all required documentation on the Intake Module
- Respond to appropriate service requests from other mandated Child and Family Service agencies
- Provide service to walk in clientele, which would include information gathering, assessment, and referral to other community resources, and ANCR CRP.

Referral Process

In order to provide the most effective and appropriate services to children and families, the AHP needs accurate and detailed information.

Internal ANCR Referrals

- The assigned ANCR worker enters a case note into the Intake Module entitled “After-hours Service Request”.
- The case note will provide details regarding the service requested, the emergency nature of the request, how/why children are at risk, what the identified issue is, and what attempts were made by dayside to respond to the issue.
- The Intake Module report will be printed out and signed by the dayside supervisor to indicate approval.
- The service request is reviewed by the AHP supervisor who seeks out additional information if/when necessary from the dayside supervisor.

External Service Requests

- The referring CFS worker completes the After-Hours Service Request (see Appendix D).
- The service request provides details regarding the service requested, the emergency nature of the request, how/why children are at risk, what the identified issue is, and what attempts were made by the assigned social worker to respond to the issue.
- The service request will have been approved and signed by both the referring social worker and the referring supervisor.
- The service request is received by fax.
- If the after-hours supervisor has questions regarding the request, a phone call will be made to the assigned supervisor for discussion.

Requests for Apprehensions (both internal and external)

- All requests for apprehensions are discussed in-person or on the phone with the AHP supervisor.
- The reason for the apprehension will be included in the request, including the reason(s) the child/ren is/are in need of protection.

- The request will include information regarding the precipitating incidents that are leading to the apprehension request and what, if any, attempts were made by the case worker to complete the apprehension during the day.
- If any placements have already been arranged or any potential family members would be suitable places of safety, this information will also be included in the request.

Conditional Apprehensions (both internal and external)

- If a request is made to apprehend child/ren if certain conditions are present, such as an offender in the home or substance abuse by parents, the request will provide the AHP with specific grounds for the apprehension and if the family is aware that an apprehension would occur if the conditions were present.
- If it is unclear whether the family has been cautioned regarding these conditions, the AHP will establish the safety of the children, based upon the information presented and the situation to be assessed. (NOTE: This may or may not result in an apprehension)
- The request for service may also provide helpful information about any placements that have already been arranged or any potential family members who would be suitable places of safety.

Apprehensions of Newborn Children from Medical Facilities

- Apprehensions of newborn children may result from a new referral unknown to child and family services, a child and family services birth alert or a service request from a mandated CFS agency. The AHP will respond appropriately based upon the information available at the time of the birth.
- When a mandated agency has requested that ANCR AHP apprehend a newborn baby on their behalf, the referral should include instructions on access and breast feeding.
- In cases where the family is already opened to a mandated CFS agency, if the birth occurs late at night or in the early hours of the morning on a weekday, the hospital will be advised of the planned apprehension by CFS and the responsibility to apprehend will remain with the assigned CFS agency.

Well-being Checks

- The AHP receives requests to check on the well-being of children and families. Often these requests concern substance misuse, neglect and access to alleged child abuse offenders.
- Dependent on work load, the AHP will attempt the well-being check one time during the time period in which it was requested.
- The AHP continues to return to the home if on the first visit no one is home, or they are unable to fully assess.
- The AHP conducts subsequent visits if the concerns warrant.

Transportation

- The AHP's priority is to respond to emergency child and family service matters and therefore, the first priority for service will always be to ensure the safety of children. As such, requests to transport children will only be considered if the nature of the request could not be completed by the assigned case manager, and if work load permits.

Requests to deliver food vouchers or food hampers to families

- This service request will only be considered if the nature of the request could not be completed by the assigned case manager. The reasons why the task could not be accomplished during the day will be provided in the service request.
- Afterhour's first response to a request for food will be to refer the client contact to the EIA emergency contact line if they have an open file.
- Due to the emergency nature of the program, some requests for delivery of food vouchers and/or food hampers may not be able to be fulfilled, especially requests that are time specific. These requests will be prioritized along with all other matters needing consideration.

Response Process

New Cases

The AHP responds to all new referrals that come to ANCR's attention via phone or walk-in outside of regular working hours. These matters will be documented in the Intake Module and referred to the appropriate service the next working day if the matter has not been concluded by the AHP.

Open Cases

The AHP will provide emergency child and family services on open CFS cases within ANCR's jurisdiction.

When the intake is concluded, a copy of the intake is faxed to the open CFS agency by the overnight staff before the next working day. It is approved by the AHP supervisor and finalized by the CRP administrative support worker the next working day. The intake is attached to the receiving agency's CFSIS case. If the receiving agency does not have an open CFSIS file the intake is concluded as a non-electronic transfer.

Service Requests from mandated CFS agencies

Service requests are responded to based upon the presenting issue identified in the referral and urgency based upon the information provided in the service request form.

All completed Service Requests are documented in the Intake Module and the Intake report is attached to the referring agency's CFSIS file the next working day.

All completed Service Requests are stored with the corresponding Intake Module report as part of ANCR's record management process.

Closed Cases

Previously opened CFS cases which have been closed for more than 30 days are treated as new cases.

Cases that have been closed for less than 30 days are treated as open cases by ANCR (see Appendix E). Therefore, if ANCR receives a referral on a case which has been closed for less than 30 days, the matter is referred to the supervisor of the agency that closed the case. The information is entered into the Intake Module (IM). Upon completion of service, the CRP ensures that the information has been received by the agency by phoning the previously assigned worker to advise of ANCR's actions. The intake is faxed to the CFS agency and then concluded, approved by the AHP/CRP supervisor and finalized by the CRP administrative support worker.

Procedures

The Intake process involves the gathering and screening of information to determine whether or not child and family services are necessary or appropriate. The intake process involves three stages: information gathering, intake response and intake disposition.

1. Information Gathering

Referral Information – The after-hours worker obtains information from the referral source to determine whether the referral is appropriate for a child and family services agency.

Appropriate referrals relate to one or more of the following:

- a child who is or might be in need of protection
- services to children, families and communities that cannot be provided more effectively by another human service
- a person under 18 who is pregnant or has just given birth
- a person over 18 who is pregnant and is requesting support services (Services to families; CFS Act Subsection 9(1); CFS Act Part II Standards: Early Intervention)

Enquiries about:

- foster parenting
- homemaker and volunteers
- adoption of a child
- post-adoption

Refer to the appropriate day-side resource.

Non-Child-Welfare Matters – When preliminary information indicates that a request or referral is more appropriately provided by other human service organizations, the after-hours worker:

- determines the reason for the referral and service requested
- records the referral date and time
- identifies other resources for the person when possible
- concludes the intake and records the action taken on the Intake Module as a paperless file.

CFS Referrals – When preliminary information indicates that the referral is or may be appropriate for child and family services, the after-hours worker:

- determines the reason for the referral and service requested

- gathers and records information as to the immediate safety of all children involved, the required response time in the situation, and whether a safety assessment is required
- records information on the referral that is required by the Intake Module
- gathers and records information on persons or family members involved and where they live
- gathers and records preliminary information regarding possible risk to children and others

Prior Contact Checks – The after-hours worker conducts a prior contact check through CFSIS and the Intake Module to determine if a person or family is known to the system or agency or there is an open or closed case. Prior contact checks need to be completed on all known adults residing in the home.

Issue Identification – The after-hours worker obtains information on the presenting issues. If the referral pertains to services under **Part II or Part III of the Child and Family Services Act**, the worker uses the Intake Module to identify and record the presenting issues and to determine the recommended intake response time. It is essential that all identified issues are recorded in the Intake Module (IM); this means that there may be several different issues identified for each intake.

Use of Intake Module Case Notes – The after-hours worker records all relevant information not covered elsewhere in the Intake Module in case notes. Case notes must be completed prior to the After Hours Worker completing their scheduled shift.

2. Intake Response

Intake Response Time - The Intake Response time is determined by the issue identified in the Intake Module. The afterhour's worker will respond in accordance with the recommended response time unless otherwise authorized by the AHP supervisor. Supervisors have the capability to override the recommended response time if the information gathered indicates a different response time is more appropriate given the presenting information. All decisions to override response times must be documented in the Intake Module.

Safety Assessment/Safety Plan - When the identified issues on the intake module requires a safety assessment the afterhours worker will complete this prior to the end of their shift. When an afterhours worker completes a field on an allegation of abuse or neglect a safety assessment and safety plan, when required, will be completed before the end of their shift.

Use of Collaterals - When necessary, due to distance or circumstances, the after-hours worker may confirm the immediate safety of any children through contact with and assistance from:

- police
- hospital

- school
- individuals in the local community approved by the agency

The worker provides information to collateral contacts in accordance with confidentiality provisions in subsection **76(3) of *The Child and Family Services Act***.

Immediate Placement of Child - When immediate out-of-home placement of a child is required, the after-hours worker:

- when possible, involves the family and child in consultation regarding the choice of placement; helping to identify potential family placements
- involves other service providers or agency staff as necessary in identifying alternate caregivers
- implements the preferred choice of the family and child when possible unless that choice is known to put the child at risk of requiring protection or is clearly not in the best interests of the child
- places the child in accordance with ANCR's place of safety or private arrangement policy. (Appendix F and G)

Placement Priorities - In deciding on a placement resource, the after-hours worker considers the following caregivers in order of priority:

- immediate or extended family
- other families within the child's community of origin
- former care givers
- alternatives that meet the child's needs

3. Intake Disposition

New Case Decision and Referral – The after-hours supervisor authorizes the recommendation of the worker and submits the intake for finalization to the CRP administrative support worker. If the case activity occurred subsequent to the After Hours supervisor leaving their shift the reports are reviewed and approved by the CRP supervisor the following morning. The case notes are finalized and referred to the appropriate ANCR program for new cases. On open CFS cases, the case notes are finalized and referred to the appropriate CFS agency.

Records Management

In accordance with ***The Child and Family Services Act and the Child and Family Services Authorities Act***, ANCR uses the provincial automated Intake Module to record services provided to children and families. ANCR also uses the Child and Family Services Information System (CFSIS) for recording all services not included in the intake module, this includes child in care services, place of safety services and child abuse committee services.

Upon the request for service, an intake file is opened on the Intake Module by the AHP. All ANCR interventions and assessments are captured in the Intake Module. Any collateral correspondence is centralized on the hard copy file. Once a child is apprehended a CIC file is opened on CFSIS. Upon completion of service, the Intake Module file is concluded and the collateral information is stored at ANCR. If the family has been referred for on-going service to a mandated agency, ANCR creates a CFSIS family file for the receiving agency and transfers any CIC files to that agency. All ANCR file information is forwarded to the receiving agency.

Appendices

Appendix A - Client Contact Policy

Client Contact	Policy Category/Number	PSD 4
Responsible Authority: Associate Executive Director of Service	Date Approved	May 7, 2012
	Applicable to	All Staff
	Created by	Associate ED of Service
	Date Reviewed	Original
	Date Revised	Original
	Number of Pages	2

1.0 Policy Statement

ANCR is mandated to provide intake services on all reported allegations of abuse and neglect and all other requests for service eligible under the CFS Act in our jurisdiction. Highly skilled social workers conduct safety and risk assessments, using consistent tools and processes, to determine the services the child and family require. Face to face contact is an essential component of ANCR's assessment and investigation processes.

2.0 Legislative Base

Child and Family Services Act, Section 18.4 (1)

Where an agency receives information that causes the agency to suspect that a child is in need of protection, the agency shall immediately investigate the matter and where, upon investigation, the agency concludes that the child is in need of protection, the agency shall take such further steps as are required by this Act or are prescribed by regulation or as the agency considers necessary for protection of the child.

3.0 Child and Family Services Standards

The Child and Family Services Standards Manual (Volume 1, Agency Standards, Chapter 1, Case Management, Introduction) outlines the following:

The nature and frequency of contact with children are governed by the potential risk to a child and the service provided. Intake workers and case managers must *see* a child, that is, have direct face-to-face contact, to ensure the child is safe and receives appropriate services in relation to the following case management and service activities:

- Conducting a safety assessment to determine if a child is or might be in need of protection.
- Apprehending a child in need of protection.
- Assessing the risk to and needs of the child to determine what agency services or interventions are required.

- Involving a child in the planning process to help the child accept a service or prepare for a placement.
- Leaving a child found to be in need of protection in the family home or returning a child to the home.
- Contact with a child in care placed in a place of safety, foster home, group home, treatment centre or other child care facility.
- Placing or moving a child in care.

In the case of a child protection emergency, when time or distance prevents immediate face-to-face contact with a child, an intake worker or case manager may rely on the police, a health professional, school authority or community service provider to see the child and to confirm by email or telephone that the child was seen.

4.0 Policy

- 4.1 Where there is an allegation of abuse or neglect of a child a safety assessment must be conducted on all children in the household. This requires **at minimum** that the worker observe and, where possible, interview the child in a safe environment.
- 4.2 The worker is required to meet standards for intake response times on all referrals (Child and Family Services Standard Volume 1, Chapter 1, Section 1.)
- 4.3 All investigations require face to face contact by the worker with the primary caregiver at their current place of residence before the intake disposition is determined.
- 4.4 Where possible, the worker will make direct contact with the person who is alleged to have caused a child to be in need of protection.
- 4.5 Any exceptions to this policy must be approved by the Supervisor. Exceptions may include:
 - The primary caregiver resides outside of ANCR's geographic jurisdiction
 - The worker is unable to locate the primary caregiver after repeated attempts.
 - The intake is attached to an on-going service provider agency who is currently providing service and is responsible for case management activities
 - An interview may not be an option due to a child's developmental stage or cognitive ability
- 4.6 Where case disposition determines ongoing service under part 3 of the act, the worker will continue to provide case management services which meet the standards for frequency of contact as outlined in Standard 1.1.4 (2) – Frequency of Contact.
- 4.7 Program Directors are responsible for the development of program manuals which further outline procedures for client contact.

5.0 Policy Cross reference

- 5.1 Response times policy

Appendix B - Abuse Investigation Criteria

The Child and Family Services Act (the Act) section 17 (2) (c) states that “a child is in need of protection where the child is abused or is in danger of being abused”.

Section 18.4 (1) of *the Act* further states that:

Where an agency receives information that causes the agency to suspect that a child is in need of protection, the agency shall immediately investigate the matter and where, upon investigation, the agency concludes that the child is in need of protection, the agency shall take such further steps as are required by this Act or are prescribed by regulation or as the agency considers necessary for protection of the child.

The AIU will assess and evaluate all requests for abuse investigation services in accordance with the above two provisions of *the Act*.

Referrals will be assessed and accepted based upon the following two types of suspected abuse:

1. Physical Abuse

A. Physical Injury

A child has an alleged physical injury as a result of an act or omission of a person.

B. Physical Discipline

Allegation of physical discipline which involves any of the following factors:

- The use of an object/implement
- An injury to a child as a result of physical discipline
- Physical discipline was administered to the child’s head
- The child is under the age of two or over the age of twelve (in accordance with Section 43 of the Criminal Code of Canada)

Physical discipline was conducted in a manner that was degrading, inhuman, or harmful

C. Physical Altercations between Siblings

Allegations of physical abuse between siblings in which one sibling is in a position of trust/authority over the other sibling, there is a significant age difference between the siblings or there is a serious injury as a result of the altercation. Intake Program Manual Page 25 of 55
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D. Positions of Trust

Allegations of physical abuse of a child by someone that is in a position of trust, such as, but not limited to, a teacher, employer, foster-care provider or child-care provider.

2. Sexual Abuse

A. Sexual Exploitation

Allegations of individuals coercing, luring or engaging a child, under the age of 18, into a sexual act, and involvement in the sex trade or pornography, with or without the child's consent, in exchange for money, drugs, shelter, food, protection or other necessities.

B. Age of Consent

Allegations that involve the sexual activity of someone younger than 16 years old (Section 150.1, Sub 1 of the Criminal Code of Canada).

Allegations that involve the sexual activity of someone with a cognitive delay.

C. Intrafamilial Sexual Abuse

All situations involving intrafamilial sexual interactions with a child or children under the age of 18.

D. Positions of Trust

Sexual activity between a child under the age of 18 and someone that is in a position of trust, such as but not limited to a teacher, employer, foster-care provider, child-care provider.

E. Sexual Behaviour between children

Sexual behavior by children that is problematic and is not age-appropriate. This will be assessed using the following criteria: age difference between children, size difference between children, status difference between children, type of sexual activity and the occurrence of threat or coercion.

Appendix C - EIP Referral Criteria

The following is meant to provide a broad criteria guideline for referrals to the Early Intervention Program:

Low-High Risk:

Cases that are assessed as low to medium risk and high risk where current issues require a response time of five (5) days or longer.

Duration of 90 days:

Cases in which effective service can be provided within the timeframe of 90 days.

Willingness to engage:

Willingness on the part of families to engage with the Early Intervention program. This is a case management process which utilizes the SDM strengths and needs tool to create a case plan in which the family must agree to and be actively involved in the development and follow through.

Child custody:

Cases will be assessed on a case by case basis dependent on the circumstances.

Mandated Service:

Family must be advised that this service falls under the Manitoba child welfare mandate therefore all areas under the act and standards are adhered to. The purpose of the EIP is to prevent families from going further into the child welfare system

All referrals are reviewed on a case by case basis and the criterion is meant to be flexible.

REPEAT REFERRALS

The SDM tools will be applied on all repeat referrals of abuse and neglect to the EIP and based on the results may be accepted by the EIP. The assessment considers how many times the family has been referred or received services from the EIP; length of time between referrals; and historical engagement of families in preventative services. When the family has been referred or received services from the EIP in the last three month period or the family has repeatedly received referral or services from ANCR and/or Family Enhancement, the referring worker will need to consider that the family may have needs that are beyond the available 90 day service. These families are to be redirected to long-term programs/services.

After Hours Service Request

1ST FLOOR – 835 PORTAGE AVENUE, WINNIPEG, MANITOBA



Telephone: 944-4050 Fax: 944-4029

THIS FORM MUST BE DELIVERED VIA FAX ONLY. PLEASE SEE ABOVE NUMBER.

Requesting Worker: _____ Cell/Home #: _____

Supervisor: _____ Sup Cell/Home # _____

Family Name: _____ Agency _____

Request Date: _____ Time: _____ Expiration Date: _____

(Unless otherwise stated, service request memos expire the next business day, while Information only memos expire in 7 days.)

Last Contact with Family (Date): _____

Type of Contact Office: ☐ Home: ☐ Phone: ☐ School: ☐ Other: ☐

SERVICE REQUESTED

Case Assistance / Follow - up ☐ Apprehension ** ☐ Information Only ☐
 AWOL Child ☐ Remove Offender ☐ MYC Discharge * ☐

* Please provide placement information in Service Request

****All Requests for an Apprehension MUST be discussed with the After Hours Supervisor @ 944-4050**

FAMILY DEMOGRAPHICS

NAME	AGE	ADDRESS	PHONE #
Mother _____	_____	_____	_____
Father _____	_____	_____	_____

CHILD(REN)	AGE	CHILD(REN)	AGE
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Please indicate with an "X" any CICs and indicate their placement below

PLACEMENT INFO FOR CIC

NAME:	ADDRESS	PHONE #	CIC NAME
_____	_____	_____	_____
_____	_____	_____	_____

IF AN APPREHENSION IS REQUESTED PLEASE PROVIDE LEGAL GROUNDS:

Are parents aware of the apprehension? Yes ☐ No ☐

All Requests for an Apprehension MUST be discussed with the After Hours Supervisor @ 944-4050

POTENTIAL RISK FACTORS TO WORKERS

☐ Domestic Violence ☐ Aggressive Dog ☐ Threats to CFS staff ☐ Gang Involvement
☐ History of Violence ☐ Mental Health Issues ☐ Addiction Issues ☐ Other

Please indicate in Request

POSSIBLE ALTERNATE CARE PROVIDER

NAME: _____ ADDRESS: _____ PHONE # _____

REMOVE OFFENDER*

*If requesting to remove/check for an offender please include in your Service Request the reason they need to be removed, why you believe that they are in the home, and what can be shared with the family.

Has the family been

informed?

Yes ☐

No ☐

Date Informed: _____

Name of

offender: _____

D.O.B. _____

Physical Description

Height _____ Weight _____ Hair _____ Eyes _____ Marks _____

Charges / Orders in place _____

AWOL CHILD

Physical Description

Picture on CFSIS

Yes ☐

No ☐

Height _____ Weight _____ Hair _____ Eyes _____ Marks _____

Date last

seen: _____ Location last seen: _____

SPECIFIC SERVICE REQUESTED (comments)

Supervisor's Signature _____

Note: If supervision order in place, please attach

Note: Any requests for service will be prioritized among all other calls for service received by Night Duty.

Any request for apprehension services **must** be verbally discussed with and approved by Night Duty

Supervisor of Designate.

Appendix E - 30 Day Rule

New Intakes – no current case open or case closed beyond 30 days

The Regulation is fairly unambiguous when it comes to new cases requiring services from the designated intake agency (DIA) and which require transfer for ongoing services. The agreement between the partners also confirms that the agency to provide ongoing service must provide the written confirmation of transfer within five (5) working days of receipt of notice from the DIA that the case is ready for transfer. The DIA remains the case manager until the case is transferred.

It should be noted that written confirmation from the receiving agency should not be delayed beyond the allowable time frames. Further, the written confirmation does not imply discretion by the receiving agency. The receiving agency is required to take the case.

The choice of Authority of service means that it is the Authority of service that determines the service provider (agency) in cases of dispute. The Authorities have provided a list of their agencies that would normally provide the services in any given community and that list is the Authority's assignment of service provider. The DIA can rely on that list to direct it as to where the notice of readiness for transfer of a case should be sent.

In the case of a dispute or unexplained delay in providing written confirmation, the Authority of service shall be notified in writing (e-mail will suffice) with a copy to the DIA's Authority. Normally, a dispute would be declared when the DIA and the receiving agency cannot come to an agreement on the transfer of a case. The intended case plan of the receiving agency is irrelevant for this policy and should not be a factor in the dispute.

The Authority of service will assign or contract for a service provider upon learning of the dispute. It is recognized that not every case will be fully stabilized at the point that the DIA declares it ready for transfer. Financial responsibility should not be a factor in the dispute.

New Intakes in Open Cases – currently open to an agency or closed within previous 30 days

With new intakes on open cases (a case that has been closed within the previous 30 days is considered an open case) the regulation is more ambiguous. The term "case transfer" in these circumstances does not apply. The DIA may perform certain emergency functions on the case, especially if it is an after-hours case, and then involves the case managing agency as soon as possible. If an emergency arises on an open case during regular working hours, the case management agency would respond. The written confirmation stipulation does not apply. The DIA is acting only as the first recipient of information, ensuring that the Intake Module notation is made and closing their intake once the service provision agency has been notified. Consequently, the case management agency is required to take over the intake as soon as possible, immediately if possible.

There should only be rare disputes in this type of case. If a dispute does arise the Authority of service should be advised immediately in writing (e-mail will suffice) with a copy to the DIA's Authority. This

type of dispute needs to be viewed as the Authority of service's highest work priority for resolution in that it typically involves a case for which there is already an agency responsibility. In all circumstances the Authority of service will need to act immediately to ensure provision of services through its own agency or by arrangement with another agency.

CRP will open an intake on the Intake Module with the presenting concerns without needing to add the historical information.

Appeal to Director on the 30 day rule

If the dispute cannot be resolved on a timely basis and the designated intake agency continues to carry an intake case well beyond the point that it is ready to move to the service provision agency, the DIA's Authority may request that the Director of Child and Family Services resolve the dispute.

Appendix F – Place of Safety Policy

Place of Safety	Policy Category/Number	PSD2
RESPONSIBLE AUTHORITY: ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE	Date Approved	<i>September 5, 2012</i>
Program and Service Delivery	Applicable to	<i>Service Delivery Staff</i>
	Created by	ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE
	Date Reviewed	Original
	Date Revised	Original
	Number of Pages	3

1.0 Policy Statement

The Child and Family Services Act declares that children and families have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society. In the application of this principle ANCR utilizes Places of Safety where it is appropriate and in the child's best interest.

2.0 Legislative Base

The Child and Family Services Act states that the best interest of the child shall be the paramount consideration of the agency in all proceedings under this Act affecting a child, other than proceedings to determine whether a child is in need of protection, and in determining the best interests of the child all relevant matters shall be considered, including:

- Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.
- Children have a right to a continuous family environment in which they can flourish.
- Families are entitled to services which respect their cultural and linguistic heritage.

3.0 Child and Family Services Standards

In accordance with the CFS Standard 1.4.2 - Place of Safety, the Child and Family All Nations Coordinated Response Network (ANCR) is authorized to designate and use residences of relatives or friends of the child or his/her family as a place of safety.

4.0 Policy

- 4.1 All places of safety used by ANCR are to be designated and authorized by the supervisor and the Executive Director, or Director delegated to act on their behalf.
- 4.2 Specific residences must be individually designated for use as a place of safety by issuing a Notice of Agreement to Provide Placement as soon as possible following placement.
- 4.3 The use of a family residence is based on the best interest of the child.
- 4.4 Placement in a family residence is not to exceed **two weeks** unless the family applies to provide care as an approved foster home.
- 4.5 The placement of any child into a non-licensed family residence as a place of safety must in all cases be approved at the supervisor level. Where potential safety or risk concerns have been identified through required checks, Program Director approval is required. The placement requires the prior approval of the Executive Director or designate if:
 - Any adult in the home has an extensive prior child welfare history.
 - Any adult in the home has a criminal risk assessment with a high designation.
- 4.6 Prior contact checks, Child Abuse Registry Checks and Criminal Record (vulnerable sector) Checks must be conducted on all adults who reside in the home.
- 4.7 The physical environment of the home must be adequate to meet the needs of the child(ren) as per the *Children's Foster Home Provincial Requirements Check List*.

Procedures

In addition to the procedures outlined in the CFS standards manual (1.4.2) the following procedures apply:

Identifying Potential Place of Safety

1. ANCR worker apprehends the child(ren) and determines that a Place of Safety is in the child(ren)'s best interest.
2. Parent and/or child are asked to identify potential Places of Safety and informed that the recommendations must meet requirements before being supported by ANCR.
3. Identifying and contact information is gathered for all individuals residing within the home recommended for a Place of Safety.

Assessment of Potential Place of Safety

1. ANCR worker completes the Place of Safety package with the applicants and submits it to their supervisor for review and approval prior to or at the time of placement.
2. Prior contact checks, criminal risk assessments and Child Abuse registry checks must be completed on all adults in the home before any child is placed. The CFS Standards allow that, in emergency circumstances a place of safety may be used with checks to follow within 2 days of placement. An emergency use of a placement without prior checks in place requires supervisor approval and documentation in the Intake Module.
3. If any of the checks come back positive and the worker still sees merit in proceeding to designate the home as a Place of Safety, the circumstances of the record will be discussed with ANCR supervisor (and the place of safety applicants if necessary). Details and results of these conversations will be documented and retained on the Intake Module.

4. In a situation where one of the adults in the home has a criminal risk assessment designated as high risk: A Place of Safety may not be designated nor a child placed without the prior approval of the Executive Director or Director delegated to act on their behalf.
5. Worker completes POS package which is forwarded to the supervisor and program director for authorizing signatures.
6. ANCR worker places the child/ren in the Place of Safety family residence and provides Place of Safety family with the *Notice of Agreement to Provide Placement*.

Contact Following Approval of Place of Safety

1. The worker will visit the home within 2 working days of designating a place of safety (CFS Standards Manual 1.4.2 (6)).
2. The worker continues to maintain contact as required under ANCR's Contact Policy and the Provincial CFS Standards.

Administrative Follow Up for Place of Safety

1. Place of Safety package is forwarded to the ANCR worker's assigned administrative assistant.
2. Administrative assistant opens an FCM file and a Child in Care file on CFSIS and enters the placement as a Place of Safety.
3. The administrative assistant prepares a *Place of Safety memo* to be signed by the supervisor, prepares a *greens transmittal* and forwards to finance to initiate payments.
4. The administrative assistant creates a hard copy FCM file for the place of safety package and copies of the green transmittals regarding placement and payment. These files are reviewed for completeness by the Senior Administrative Assistant and tracked on an electronic spreadsheet.
5. Information pertaining to the approved Place of Safety will be documented in the FCM file on CFSIS.
6. If the POS file is still open after 14 days, the foster care application process must begin in accordance with standards.
7. If the Child in Care file is **closed** by ANCR, the FCM file must also be closed on CFSIS. The administrative assistant prepares a *greens transmittal* and forwards it to the finance department to issue final payment.
8. If the Child in Care file is **transferred** to an on-going service provider agency, the hard copy FCM file information is also transmitted. Acceptance of the family file (including Child in Care file and the POS) are confirmed in writing by the receiving agency.

Appendix G – Private Arrangements Policy

Private Arrangements	Policy Category/Number	PSD3
RESPONSIBLE AUTHORITY: ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE	Date Approved	<i>September 5, 2012</i>
	Applicable to	<i>All Service Programs</i>
Program and Service Delivery	Created by	ASSOCIATE EXECUTIVE DIRECTOR OF SERVICE
	Date Reviewed	Original
	Date Revised	Original
	Number of Pages	2

1.0 Policy Statement

The Child and Family Services Act declares that children and families have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society. In the application of this principle ANCR utilizes “Private Arrangements”, as an alternative to apprehension, for children who may otherwise be in need of protection, where it is appropriate and in the child’s best interest.

2.0 Definition

Private Arrangement – an agreement made between ANCR, the legal guardian, and an individual(s) (the “private arrangement caregiver”) identified by the family or child to provide for a child’s safety when the legal guardian(s) is unable to do so.

3.0 Policy

When To Use Private Arrangements

- 3.1 A private arrangement may be considered as an alternative to apprehension if the worker’s assessment determines that the current home environment is unsafe for the child to remain.
- 3.2 In determining whether a private arrangement is appropriate, the worker will consider the following factors: the presenting circumstances, family history, and the level of risk to the child posed by the legal guardian(s).
- 3.3 Private arrangements will not be pursued where the risk posed by the legal guardian(s) is assessed to be high.
- 3.4 Private arrangements shall not be entered into without prior approval from the worker’s Supervisor. The Supervisor must be satisfied that the proposed private arrangement caregiver will uphold the terms of the private arrangement.
- 3.5 Private arrangements are intended to be of short duration until further assessment occurs.

- 3.6 Where an alternate arrangement was made, not by ANCR (such as the police leaving a child with a temporary caregiver), the worker is responsible to conduct safety assessments and to ensure that the arrangement is suitable to provide for the child's safety.

Procedure for Assessing the Safety of Potential Private Arrangements

- 3.7 ANCR will conduct a Prior Contact Check, Child Abuse Registry Check and Criminal Records (vulnerable sector) check on all adults residing in the potential private arrangement prior to proceeding with the arrangement, or within 24 hours.
- 3.8 When applicable, ANCR will obtain detailed information from any agencies that have a record on a person in the home. (CFS standards 1.4.2 Places of Safety)
- 3.9 If the identified individual(s) is a Foster Parent or Place of Safety, the worker will contact the agency that licenses or authorizes the home as part of the assessment.
- 3.10 The worker will determine that the physical environment of the home is adequate to meet the needs of the child(ren).

Contact Following Approval of a Private Arrangement

- 3.11 A worker will visit the home within 2 days of private arrangement being made (following the same standard as is required for a Place of Safety 1.4.2 (6)).
- 3.12 The worker continues to maintain contact as required under ANCR's Contact Policy and the Provincial CFS Standards.

Documenting a Private Arrangement

- 3.13 The use of private arrangements will be thoroughly documented in the Intake Module.
- 3.14 All private arrangements should be documented using the "Private Arrangement Standard Form" containing all pertinent details about the arrangement. The Private Arrangement Standard Form should be reviewed and signed by all parties. The Private Arrangement Standard Form should be delivered to the private arrangement caregivers in person and the caregiver must be advised that any material changes from what is written must be reported to and approved by the Agency.

When can a Private Arrangement Case be Closed

- 3.15 As a rule, a case will not be closed while a private arrangement is in place. The exception is if the Probability of Future Harm ***with respect to the parent/guardian***, would be at ***no or low risk*** should the child return to their care. In all other cases the case will remain open and will be transferred for ongoing services. Any exceptions require the approval of the Program Director.

Appendix H – Repatriations Outside of Manitoba

Procedure for Return of Children Outside Manitoba

Children who are not in the care of a child and family services agency are repatriated through the Inter-Provincial Desk at the Child Protection Branch (CPB), Child and Family Services Division. All inter-provincial repatriations require approval from the CPB, and once approval is received, the agency may bill separately for this cost to the CPB.

The agency must:

1. Determine the child's full name, birth date, and status, as well as the name, address and telephone number of the child's legal guardian.
2. Determine why the child is in Winnipeg and state reasons in the Intake Module why repatriation is required.
3. Initiate contact with the agency for the child's home community and or legal guardian and advise of need for repatriation. The social worker should determine if the parents are financially able to reimburse the agency for the repatriation costs. (NB. If the parents are able to cover the costs, they can make necessary arrangements or be billed back by ANCR.)

In the case of wards:

When a runaway child is a ward of CFS, ANCR is responsible for the cost of repatriation and ANCR recovers the cost through the CPB.

In the case of non-wards:

When a runaway child is not a ward of CFS, and the child's parents are not able to pay costs, the agency that repatriates the child is responsible for the cost of repatriation.

NOTE: Discretion is left with the agencies to confirm arrangements.

Afterhours Procedure

1. Follow steps 1-3 above
2. Determine who will pay – another agency, guardian, or ANCR
3. Make travel arrangements if required
4. Bus should be used whenever possible – Greyhound can be reached at 1-800-661-8747 for schedule information.
(Complete a letter to Greyhound with reference to the account number so that it can be presented at the Greyhound counter at the bus depot. The Greyhound letter is on the T Drive.)
5. For air travel, contact Continental Travel at 989-9343.
6. If a meal allowance is required, amounts should be at the Government of Manitoba rates – see Schedule A below. Generally, these funds can be accessed through Petty Cash at front reception.

7. Prepare disbursement as required.
8. Have supervisor approve disbursement.
9. Advise Accounting regarding who will be responsible for the expense. This information can be noted on the disbursement form. Attach a copy of the Repatriation Intake Sheet and the Approval Request Form for their records.

SCHEDULE A

Meals

	Individual Meals			
	Breakfast	Lunch	Supper	Per Diem
Areas covered by Remoteness Allowance (@ April 1, 2007)	\$7.35	\$9.35	\$16.90	\$33.60
All other areas (@ April 1, 2007)	\$6.85	\$8.85	\$15.70	\$31.40

Incidentals Allowance

A client who is in travel status may access an incidentals allowance for each night in the amount of:

	@ April 1, 2007
Commercial accommodations	\$4.60
Non-commercial accommodations	\$3.20

Appendix I – Repatriations Within Manitoba

Procedure for Return of Children Within Manitoba

The following was issued by the Child Protection Branch (CPB):

Prior approval from the CPB is *not* required. Expenditures have to be made from the agency funds.

The agency must:

1. Determine the child's full name, birth date, and status, as well as the name, address and telephone number of the child's legal guardian.
2. Determine why the child is in Winnipeg and state reasons in the Intake Module why repatriation is required.
3. Initiate contact with the agency for the child's home community and or legal guardian and advise of need for repatriation. The social worker should determine if the parents are financially able to reimburse the agency for the repatriation costs. (NB. If the parents are able to cover the costs, they can make necessary arrangements or be billed back by ANCR.)

In the case of wards:

When a runaway child is a ward of CFS, the agency that has case management responsibilities for the child is normally responsible for the cost of repatriation.

In the case of non-wards:

When a runaway child is not a ward of CFS, and the child's parents are not able to pay costs, the agency that repatriates the child is responsible for the cost of repatriation.

NOTE: Discretion is left with the agencies to confirm arrangements.

ANCR's Procedure

1. Follow steps 1-3 above
2. Determine who will pay – another agency, guardian, or ANCR
3. Make travel arrangements if required
4. Bus should be used whenever possible. Greyhound can be reached at 1-800-661-8747 for schedule information.
(Complete a letter to Greyhound with reference to the account number so that it can be presented at the Greyhound counter at the bus depot. The Greyhound letter is on the T Drive.)
5. For air travel, contact Continental Travel at 989-9343.
6. If a meal allowance is required, amounts should be at the Government of Manitoba rates – see Schedule A below. Generally, these funds can be accessed through Petty Cash at front reception.
7. Prepare disbursement as required.
8. Have supervisor approve disbursement.

9. Advise Accounting regarding who will be responsible for the expense. This information can be noted on the disbursement form. Attach a copy of the Repatriation Intake Sheet and the Approval Request Form for their records.

SCHEDULE A

Meals

	Individual Meals			
	Breakfast	Lunch	Supper	Per Diem
Areas covered by Remoteness Allowance (@ April 1, 2007)	\$7.35	\$9.35	\$16.90	\$33.60
All other areas (@ April 1, 2007)	\$6.85	\$8.85	\$15.70	\$31.40

Incidentals Allowance

A client who is in travel status may access an incidentals allowance for each night in the amount of:

	@ April 1, 2007
Commercial accommodations	\$4.60
Non-commercial accommodations	\$3.20

Appendix J – Bus Ticket Procedures

Greyhound Ticket Procedures

- Call Greyhound at 1-866-562-1321
- Greyhound will make the ticketing arrangements and provide you with a PSO number.
(Greyhound will no longer be automatically faxing the PSO order forms.)
- As soon as you receive PSO confirmation, provide the PSO number to the traveler so they will be able to pick up the ticket at the local bus station. **The traveler must have the PSO number to pick up their ticket.**

Also please note:

- Every time you use Greyhound, you must prepare an ANCR disbursement form to be forwarded to Accounting a.s.a.p.