



CHILD & FAMILY ALL NATIONS  
COORDINATED RESPONSE NETWORK  
**ANNUAL REPORT**

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April 1, 2012 – March 31, 2013

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# Our Mission and Vision

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## Mission

As the point of entry for child and family services in Winnipeg, ANCR is a leader in providing quality services that protect and advocate for children and families.

ANCR works to empower families to support their children in their homes and communities.

ANCR practices a strength-based approach, recognizing that families and community are partners in this collective work.

ANCR is committed to supporting families and children to reach their fullest spiritual, mental, emotional and physical capacity in ways that recognize and respect all cultures.

## Vision

ANCR recognizes and supports the rights of children to develop within safe and healthy families and communities, and recognizes that First Nations and Métis people have unique authority, rights and responsibilities to honour and care for their children.

## ANCR Background

The Child and Family All Nations Coordinated Response Network (ANCR) became a mandated agency on February 3, 2007, and assumed responsibility for all intake and emergency child and family services in Winnipeg, Headingley, and East and West St. Paul, Manitoba. This designated intake agency was one element of larger systemic reforms resulting from the Aboriginal Justice Inquiry Child Welfare Initiative.

ANCR operates as a private agency mandated under the Southern First Nations Network of Care, governed by a Board of Directors and managed by an Executive Director and a Senior Management team. The mandate includes providing culturally appropriate, high quality services and developing a skilled and capable staff team, reflective of the community that ANCR serves.



# Report from the Board Chair

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Tansi, Boozhoo, Anin!

I am pleased to greet you in the role of Board Chair, since I assumed that position in May of 2013. I have been a member of the ANCR board since 2007 and I am honoured to have the opportunity to provide leadership at this time.

As a board we express our appreciation and regret as we say farewell to Dan Highway, who held the role of board chair for the past 3 years. Dan was a representative of the CFS Northern Authority on the board and he led with vision and good humour. We have also said goodbye to Carole Shankaruk, Sharon Conway and Richard Benoit who have each made significant contributions to the development of this board and organization. We thank them for their dedication and commitment to service in this context. In the new year we welcome new members to the board and look forward to working together to support ANCR achieving its objectives.

This was the third and final year of a development process that has seen ANCR very focused on both service and operational objectives. Staff, management and board worked closely and intensively together; we are proud of the hard work and what has been accomplished by development teams and ad hoc committees and many configurations of stakeholders. ANCR has experienced increasing stability and growth as an agency, building our human resources systems, our labour relations capacity, strengthening our service processes and tools. Though the formal development period is over, the board continues its commitment to key objectives such as workplace wellness and increasingly culturally appropriate service.

The Phoenix Sinclair Inquiry has also framed the work of ANCR this past year. As a board we have been concerned with ensuring that our agency provided necessary information to the commission, in order that the inquiry would yield positive changes for the system and better outcomes for children, families and communities, and that our staff would know, beyond a doubt, that we support and value their work on behalf of the people of Manitoba every day.

I would like to thank ANCR's formal members, the four CFS Authorities, our agency partners and community partners for your continued investment in working together for the wellbeing of children and families. I would like to thank all of the staff at ANCR, the managers and particularly our Executive Director, Sandie Stoker, for a year of achieving major milestones and strengthening our service.

Respectfully submitted,

Dave Rundle  
Chair

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# Introducing the Board of Directors

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**RICHARD BENOIT** is the past Directeur of the M.Ed. program at the College Universitaire de St. Boniface where he still teaches part-time. He has also served as a board member and as President at Child and Family Services of Central Manitoba. [Richard's term on the board ended in February, 2013.]

**Sharon Conway** is the Director of Provincial Education for the Manitoba Métis Federation. She is also in the process of completing her Masters of Education as part of a small cohort group focusing on adult education with an Aboriginal focus. [Sharon resigned from the board in July of 2012.]

**DAN HIGHWAY** is a member of Barren Lands First Nations and understands the issues that Aboriginal people face in Northern Manitoba. He retired from Manitoba Highways & Transportation, Human Resources in Equity and Diversity where he served for 23 years. He served three years as the chair of this board. [Dan's ended in April of 2013.]

**Robert Maytwayashing** is Anishinaabe from the Lake Manitoba Treaty 2 First Nation. His diverse career has included First Nations governance and leadership, traditional knowledge and ceremony, health, economic development, child care, and administration. He is the Aboriginal Human Resources Development Officer for the Interlake Regional Health Authority.

**DAVE RUNDLE** is a member of Ebb & Flow First Nations and is now retired from work in child welfare. He has served more than 25 years, most recently in the capacity of Executive Director at Southeast, Anishinaabe and Animikii Child & Family Services.

**Carole Shankaruk** is an Aboriginal Social Worker who is currently working for the River East-Transcona School Division in the capacity of Aboriginal Community Networker. In this role Carole oversees the Aboriginal Academic Achievement Portfolio for the Division. [Carole resigned from the board in April, 2012.]

Joining the ANCR Board of Directors in 2013: **Don Fuchs** (General Authority), **Lisa Champagne** (General Authority), **Sherry Smith** (Métis Authority), **Tannis Kolisnyk** (Métis Authority), **William Lathlin** (Northern Authority).



# Report from the Executive Director

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The 2012/13 year continued with ANCR's theme of change and growth as we reached the end of the three year development process that was announced by the ANCR Board of Directors in January 2010. Over this period ANCR has made significant achievements in both the operational and service programs of our agency. A major focus has been on solidifying our Human Resource Policies and practices including our Workplace Safety and Health program. ANCR strives to be an employer who is committed to the investment of our most valuable asset, our staff.

ANCR continues to build upon our practices that strengthen families and strives to meet the highest standards of practice in child welfare. In July we successfully rolled out our Differential Response strategy which included standardized assessments to help us ensure the safety and protection of children. Our family enhancement services through our Early Intervention Program continue to offer supportive, engaged and collaborative services to families which help to strengthen and preserve the family as a whole. ANCR's two resource centres, Snowbird Lodge and the All Nations Family Resource Centre, offered a large range of services including parenting programs, cultural programs and individual support, which all contribute to the well-being of children, families and community.

ANCR's participation in the Phoenix Sinclair Inquiry was significant both in time and energy resources. ANCR staff members were among the witnesses called in "phase one" and ANCR was a key witness in "phase two", providing evidence about how the current system provides intake services. The experience of the Inquiry was at times incredibly stressful for individuals and the organization as a whole. ANCR worked diligently throughout the process to support our staff and to ensure that they remained well informed. I commend ANCR staff who testified for their professionalism, cooperation and on-going commitment to children. I also recognize and acknowledge the work of the Senior Management team for their role in compiling ANCR's evidence. Although the Inquiry had an overwhelming impact on ANCR's resources, it also provided ANCR with the opportunity to educate the commission and the public on ANCR's development as the front end of child welfare in Winnipeg and to highlight the great strides we have made in improving upon our services. Our commitment as an agency has been to learn everything we can from the tragic life and death of Phoenix Sinclair about keeping children safe. This has resulted in an improved ability to assess the safety and risk of children and allows us to work in a more engaged manner with families on supporting and strengthening the family unit.

It has never been clearer that the services that ANCR provides are part of a collaborative network of partners with common goals. I would like to give recognition to the partners that share our goals and enhance the services we provide. We continue to be part of the General Authority Newcomer Initiative, which aims to better educate New Canadians about our system and guide us in the development of culturally appropriate services. We also continue to work in partnership with the Winnipeg Police Services and the Winnipeg Child Advocacy Centre on providing more coordinated and less traumatic investigation services to victims of child abuse.

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The ANCR staff team are the backbone of ANCR’s success in the development process. This year we have seen the demands of our work continue to increase. Staff have continued to be dedicated to the safety and well-being of children and families. This is challenging work and I would like to thank everyone at ANCR for their effort and commitment.

I would also like to thank the ANCR Board of Directors for their dedication, guidance and support. ANCR continues to grow and develop due to their leadership. The Southern First Nations Network of Care, as our mandating authority, and ANCR’s Joint Management Group, the four Chief Executive Officers of the four Child and Family Services Authorities, all deserve our appreciation for their leadership, guidance and support.

In closing, it has been another tremendously busy but equally rewarding year at ANCR. I can say with confidence that ANCR is providing quality intake services to the Child and Family Services system and is an employer who values, respects and recognizes all of our staff.

Sandie Stoker  
Executive Director



# ANCR Development Process

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On January 18, 2010, the Board of Directors of Child and Family All Nations Coordinated Response Network (ANCR) announced a three-year process of organizational change and development, and began working together with the ANCR Senior Management Team, the Manitoba Government and General Employees' Union (MGEU) and all ANCR staff to ensure ANCR has the strength, stability and resources necessary to:

- ⊕ Build a stronger, more vibrant organization
- ⊕ Provide significantly improved child and family intake services, and
- ⊕ Build a great place to work

ANCR has experienced significant success in this process of change. External consultants departed ANCR after the first year, having established the framework for the remainder of the three year process. Senior Management, the MGEU and other stakeholders have sustained and increased efforts to integrate the change process into our structures. Staff members are systematically engaged in both service and non-service development processes and have reported positive results in the culture of the workplace and the quality of service. The principles agreed to at the outset of the change management process continue to be relevant to the change for which we are striving.

## Service Related Developments

Initiatives undertaken in the realm of service delivery have been both ambitious and strategic. At year end, 28 of 53 Service model recommendations were completed, with 12 in progress, 6 pending other progress and 7 forwarded to the appropriate authority. The plans for researching and finalizing the revised service model are in progress.

### *Differential Response/Structured Decision Making*

Following the pilot process in 2011/12, which allowed ANCR to test the application of Structural Decision making in the context of intake service provision, ANCR moved to training and full implementation in July of 2012. This included the addition of a fifth intake unit and significant changes in preventative services under a new program name, Early Intervention Program. Feedback received from staff and partner agencies is that the product is excellent and that the rollout has been a success. ANCR is engaged with authority partners and with the Children's Research Center in developing additional structured decision making tools for screening and safety assessment.

### *Increased Phone Capacity*

Concerns about telephone response rates at reception and screening were a key consideration in the ANCR Service Model Review. Immediate changes included new positions at reception, Crisis Response and After Hours programs. Next ANCR developed its capacity to monitor the phone system and established quality assurance mechanisms to track phone capacity on an ongoing basis. Other problem solving around scheduling and phone response procedures followed. ANCR is now achieving above industry standards with phone capacity consistently over 95%.

### *Service Positions*

Phone screeners, case aides, a file clerk, administrative and social work positions were added to increase response times and to improve the transfer and case closure times, and with great results. The non-service positions also contributed indirectly to these results by reducing the number of non-service

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pressures on service managers and providing them with greater support for human resources and other demands. A number of positions were not continued in the previous and current fiscal years due to lack of secured ongoing funding. We are hopeful that some of the positions recommended through the development process will become integrated into the new model and associated funding.

### ***Communication***

A communication audit, along with the previously mentioned service model review, provided recommendations for improvements to interagency communication in all ANCR programs. The Abuse Investigations Program reorganized in order to concentrate all investigations on cases open to partner agencies within one service unit, emphasizing information sharing and cooperation with partner agencies. All service programs have placed greater emphasis on inter-agency communication. ANCR has also reframed the agency advisory structure for better communication.

### ***Quality Assurance (QA)***

ANCR began its QA program this year, developing a work plan, coordinating and connecting with other agencies of the SFNNC, and gathering data for three areas of focus within the service context. Internal reports are being prepared which will allow the agency to refine practice and monitoring for the future.

### ***Service Model Development***

Now that ANCR has successfully implemented the structured decision making tools, and has made some critical additions and amendments to the current service structure, the attention of the organization has turned to developing a service model that truly takes advantage of the tools. Roll out is planned for the 2013/14 year.

## **Non-service Related Developments**

Senior Management has continued to meet with MGEU to work toward the aspirations established in year one and re-established the Labour Management Committee in the spring of 2012 as an ongoing mechanism for growth, feedback and collaboration.

### ***Culture and Diversity***

ANCR is developing an overall framework that links our various diversity strategies with a common philosophy and a common set of objectives. The framework is founded on the inter-related objectives of cultural competence and cultural safety and seeks to create cohesion among the multiple strategies that ANCR is initiating to address the requirement of culturally appropriate service. These strategies include: The Aboriginal Employment Strategy, integration of the Seven Teachings into ANCR's values, partnership in the General Authority Newcomer Initiative, a French language services strategy, acknowledgement of culture and diversity priorities in the collective agreement and anti-harassment and discrimination strategies.

A key development during the change management process has been the establishment of a data gathering cycle related to the cultural diversity of the children and families we serve, as well as the cultural diversity of our employees (based on self declaration voluntarily provided at time of hire). ANCR's strategies for building an increasingly diverse and representative workforce will be grounded in current and best information.

### ***Wellness***

A key foundation for wellness in the workplace is a Workplace Safety and Health program, compliant with provincial legislation. ANCR Human Resources has worked with an ad hoc staff team to finalize a



complete set of Workplace Safety and Health policies, and has begun the next phase of implementation which includes development of safe work procedures and associated training for all staff and supervisors.

A key change management recommendation was to create a feedback process that would authentically engage ANCR in measuring progress and change on identified issues and themes. Labour and management together identified a contractor, developed and delivered a survey. The survey has been delivered twice to date with very strong staff participation. The information gathered has helped us to celebrate our successes as well as to refine and reprioritize the strategies underway at ANCR for workplace wellness.

### *Communication, Engagement and Participation*

Staff development days are one good example of the integration of participatory management principles into leadership practices at ANCR. Another example is the process of creating updated mission, vision and values statements. Program, unit and management meetings have been restructured to allow for greater emphasis on decision making and information sharing. The lens of participatory management will be applied to the development of the ANCR five year plan and annual work plan processes in the coming year.

ANCR's original Mission and Vision Statements were developed prior to ANCR "go live" within the context of the Joint Intake Response Unit. Updates are necessary to make the statements more accessible to staff and community. Additionally the Board of Directors has encouraged the development of values statements which reflect the Seven Teachings shared broadly among First Nations and Métis traditions. A development process is well underway which, to date, has included a session with board and senior managers, an all staff engagement process, and a smaller team of staff volunteers that is currently creating draft statements.

### *Human Resources*

ANCR studied and adopted a Competency Based Model of human resource development this year which links together service and non-service objectives. ANCR has identified eight competencies that we seek in our employees and that shape the entire human resource process. An additional five competencies have been identified for managers at ANCR which focus on leadership and supporting staff through change. Human Resources has focused its efforts on hiring, managing and training staff to these competencies, and building tools and processes that reinforce the centrality of these competencies for successful employment at ANCR.

### *Labour Relations*

A Joint Labour Management Committee Terms of Reference was collaboratively developed by ANCR and MGEU. Meetings began in 2012 with representatives participating from Labour and Management.

Another shared accomplishment is a training module which lays out the rights and responsibilities of labour and management in their employment relationship. The module was jointly developed and delivered to all ANCR staff. It will become part of ANCR's orientation program for all new employees.

ANCR has developed policies to prevent and address harassment and violence in the workplace. Training has been developed specific to ANCR's policies and context, and was delivered to supervisors and directors as well as the Human Resources team in February of 2013. Following this training Senior Management will develop further plans to train all staff, and other strategies needed to fully address aggression in the workplace.

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### ***Mentorship and Staff Development***

As a Designated Intake Agency with approximately 180 staff delivering service 24 hours a day, every day, it can be challenging for ANCR to find opportunities to gather all staff together. Staff development days were one obvious context where a variety of needs could be addressed. To date, two staff development days have been held, and a third scheduled for June of 2013. Staff members have participated in the planning and delivery of these development days, with a survey of all staff driving the content of scheduled workshops and a balance of service and professional development related learning opportunities.

The addition of a Training and Development Coordinator position allowed for the staff training database to be updated and maintained, the development of procedures for coordinating and tracking training, communicating training opportunities and for the identification of a slate of mandatory training elements. Due to fiscal constraints, ANCR was unable to continue the training coordinator position in the 2012-13 fiscal year. Human Resources opted to integrate training duties into an HR Generalist position for the future. ANCR has also begun to create more consistent mechanisms for orientation and “on-boarding” new staff, including a new orientation handbook and presentation, greater consistency of program orientation, and introduction to policies and procedures.

### **Conclusion**

The formal period of change management named by the Board of Directors has come to a close, and years of hard work have paid off in stronger systems, integrity of processes and greater alignment between all levels of the organization. As we complete this process it becomes clear that there will be no “return to business as usual”, but rather continuous learning and growth, greater accountability and new standards for participation and for service. As ANCR looks ahead to the next five years of its existence, the goals and aspirations before us continue to be: To build a stronger, more vibrant organization, to provide significantly improved child and family intake services, and to build a great place to work.



# ANCR Service Reports

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## Abuse Investigation Program (AIP)

In accordance with the *Joint Intake and Emergency Services by Designated Agencies Regulation, 186/2003*, Section 8(b), pursuant to the Child and Family Services Authorities Act, the Child and Family All Nations Coordinated Response Network, the Abuse Investigation Program (AIP) investigates and assesses all allegations of child abuse on behalf of all child and family services (CFS) agencies in Winnipeg, Headingley, and East and West St. Paul. This responsibility includes abuse investigations involving intrafamilial, third party, position of trust (including day care and school division settings) and foster home allegations. This responsibility shapes an Abuse Investigation Program with highly dedicated staff, a strong investment in training, and a commitment to strong partnerships with community and collateral groups. The AIP coordinates Child Abuse Committees on behalf of each of the four authorities, providing review of all cases of abuse and position of trust investigations. The Child Abuse Committee oversees decision making related to the registration process.

There are thirty-three staff positions in the Abuse Investigation Program. This includes a Program Director, three Supervisors, twenty two Abuse Investigators, two Child Sexual Exploitation Investigators and four Administrative Support Workers. One Child Abuse Committee Coordinator is responsible for support to the four Child Abuse Committees. The AIP is comprised of three staff units. All new referrals are assigned according to culture of origin information. Families affiliated with the General Authority and Métis Authority are assigned to the General/Métis Abuse Unit. Families affiliated with the First Nations Northern Authority or First Nations Southern Authority are assigned to the FNN/FNS Abuse Unit. The third unit, our All Nations Abuse Unit offers auxiliary services and accepts all referrals from Child Welfare Agency partners where abuse is alleged to have occurred on their open cases.

The AIP is responsible to ensure that families receive appropriate and timely services including protective services related to abuse of child. The function of the AIP is to investigate allegations of child abuse or child sexual exploitation and formulate conclusions to indicate the outcome of investigations. The AIP is also responsible to ensure that children and families requiring ongoing services are transferred to a mandated CFS agency in a timely manner.

The Province of Manitoba maintains the provincial child abuse registry. Its primary purpose is to protect children. Under certain circumstances, organizations and employers can access the registry to determine whether persons who will have the care of children or have unsupervised access to children are known to have been involved in the abuse of a child. The AIP Child Abuse Committee Coordinator, acts in accordance with The Child and Family Services Act to coordinate four Child Abuse Committees. The Committees review all cases of suspected abuse of a child. They advise what actions, if any, may be required to protect the child and other children. They form an opinion on whether the accused individual abused the child and determine whether their name should be placed on the Child Abuse Registry.

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ANCR provides abuse investigation services in partnership with other child and family service agencies according to our mandate. This requires strong partnership and communication between AIP Abuse Investigators and social workers/supervisors at the agencies on behalf of whom they provide service. The All Nations Unit is assigned to complete these investigations, the All Nations Unit, participates in partnership meetings, information sharing sessions, case reviews, systems meetings and training to enhance and strengthen these relationships. The All Nations Unit also completes foster home investigations on behalf of external Child Welfare Agencies and is responsive to the needs of both children and foster parents impacted by an abuse investigation.

The AIP has many established partnerships with community collaterals and organizations involved in responding to the abuse of children. Here are some of the key partnerships that AIP has fostered and maintained over the past year:

- **The Manitoba Street Reach Initiative** - This provincial government sponsored initiative is mandated to identify and connect with children and youth in need of protection from sexual exploitation, to reduce and eliminate the sexual exploitation of children and youth and to identify and investigate individuals alleged to be sexually exploiting children and youth in the sex trade. Through this initiative the AIP has two child exploitation investigators who receive referrals to investigate children and youth who are at risk of being sexually exploited. These two AIP investigators also work as part of the multi-disciplinary Street Reach Team in the coordination of services to this highly vulnerable and exploited population.
- **The Winnipeg Police Service Child Abuse Unit** - Information sharing is critical to protecting the safety of children in Winnipeg. Information shared benefits the safety of these children to enhance risk assessment and expedite decision making regarding safety plans. ANCR also engages with law enforcement agencies including RCMP and other Winnipeg Police Service departments when mutual child abuse cases are investigated.
- **Manitoba Early Learning and Childcare** - AIP completes abuse investigations when daycare providers in home daycares or daycare facilities within our jurisdiction are alleged to have abused a child. Key partnerships have been established with the provincial delegates that share responsibility over daycare licensing and authority, in order to ensure prompt and effective communication and decision making in relation to persons in positions of trust.
- **The Winnipeg Child Advocacy Centre** - The centre opened in January of 2013 offering a child-focused hub in which representatives from all relevant disciplines (i.e. police, child protection, justice and health) work together, conducting joint forensic interviews and making team decisions about the investigation, treatment and management of child abuse cases. The primary goal of a Child Advocacy Centre is to ensure that children are not further victimized by the intervention systems intended to protect them. This includes providing culturally appropriate services to the child, family and community, providing abuse investigation services in a child-friendly facility, preventing further trauma to children caused by multiple contacts with different professionals and providing linkages and access to treatment and support services.



- **The Canadian Centre for Child Protection** - Cybertip is Canada's national tip line for reporting the online sexual exploitation of children through the Centre for Missing and Exploited Children. Cybertip analyzes a child pornographic referral report and, on concluding that the representation, material or recording is potentially illegal, reports the matter to law enforcement in the appropriate jurisdiction. Conversely, a referral to Cybertip may be required of ANCR in carrying out investigative responsibilities under the CFS Act. Cybertip and ANCR share a network portal to communicate data regarding Manitoba based alleged offenders. These referrals are received and managed by AIP if the alleged offender is identified to reside within ANCR jurisdiction.

***Service statistics for Abuse Investigation can be found in Appendix A.***

### **Crisis Response Program (CRP)**

The Crisis Response Program is the entry point to the services of ANCR and the wider system. The CRP is the first to respond to all new requests for service and all child protection referrals during normal working hours (Monday to Friday, 8:30 to 4:30). Screening and initial assessment occurs on all requests for service. Where an emergency response is warranted, the matter remains with CRP, with the exception of abuse matters which are promptly referred to the Abuse Investigations Program for response. The team addresses the most urgent and immediate concerns for child safety and well being, so that further assessment, planning and stabilization can occur.

Once CRP has assessed the service request, determined that a CFS response is warranted, and responded to any emergencies, an intake case is opened and referred to the appropriate ANCR program for further assessment or service. If the assessment indicates that ongoing services are not required, Crisis Response will complete the necessary follow up and close the file.

The CRP consists of nineteen staff members, including the Director of CRP and AHP, two Supervisors, two units of seven Social Workers (which includes two phone screeners), a Medical Liaison, and an Administrative Support Worker.

In the spring of 2012 all ANCR staff were trained and began to implement Structured Decision Making (SDM) tools. For CRP the implementation of SDM has resulted in greater internal consistency, whereby a safety assessment is now completed on every allegation of abuse or neglect fielded by the program.

Over the course of the last year CRP tackled the challenge of improving phone response capacity. Strategic change to our work processes resulted in our phone capacity increasing by 6%. This has been achieved in a year where the number of calls coming into the agency during regular work hours continued to increase.

In the past year CRP has begun a partnership with Corrections Canada to take preventative steps in supporting children and families when adults are leaving the institutions to resume their lives in the



community. The program works with parolees in the pre-release period to provide assessments which lead to better service planning and provision for families.

### **Medical Liaison Social Worker**

The Medical Liaison Social Worker is a unique position within ANCR. It was created by the *Health Sciences Centre and Child and Family Services working group* to build bridges and resolve service issues between the medical and child welfare systems, to benefit our shared clientele. The working group also offered a series of lunch and learn opportunities that have increased knowledge and awareness between the two systems.

The Medical Liaison consults on child welfare matters through the Social Work department at The Health Sciences Centre, Women's Hospital on outpatient services, labour and delivery, birth alert notices, and supervision requests and plans. She also relates to the Children's Hospital, adult and children's Emergency Departments, Child and Adolescent Mental Health, and Medicine and Surgery. As child welfare matters encountered at the hospital often extend beyond ANCR's immediate scope, the liaison role requires engagement with agencies from all four Authorities, as well as Foster Care, and Permanency Planning.

***Service statistics for Crisis Response can be found in Appendix B.***

### **After Hours Program (AHP)**

ANCR is mandated to provide emergency child welfare services outside of regular business hours (from 4:30 p.m. to 8:30 a.m. Monday to Friday, 24 hours a day on Saturday and Sunday, and all statutory holidays) on behalf of all agencies in our jurisdiction. AHP responds to new requests for service and all child protection referrals. Additionally CFS agencies may make requests for the After Hours Program to provide urgent service on open cases. The After Hours Program works closely with the Crisis Response Program to integrate dayside and afterhours functions. The program's success depends upon maintaining good communication and strong working relationships with other ANCR programs and with our partner agencies. It is our goal to deliver seamless services 24 hours a day to children and families.

The After Hours Program consists of 21.5 staff positions: Two Supervisors, a part-time Administrative Assistant, two Case Aides, and both full and part time Social Work staff. In addition, the AHP also has a roster of casual staff.

In the spring of 2012 the AHP staff participated in the training of all ANCR staff in the usage of the SDM tools. The implementation of the tools increased program consistency by requiring the completion of a safety assessment on every field where there is an allegation of abuse or neglect.

Afterhours continues to meet with our partner agencies to discuss our emergency services for information sharing and to provide a forum for feedback to increase the quality of service we provide.



We are also involved with Manitoba Housing Authority in meetings to discuss and find solutions to safety issues that children face in their housing complexes.

***Service statistics for After Hours can be found in Appendix B.***

## **Intake Program**

The Intake Program is the second level of intake within ANCR, responsible to assess whether children and families are eligible for services as indicated in Part II of the *Child and Family Services Act*, and whether children are in need of protection as defined in Part III of the *Child and Family Services Act*. The Intake Program is also responsible to determine the appropriate mandated Child and Family Services agency to provide ongoing service where necessary, and to conduct the transfer of the family to that agency.

The Intake Program receives referrals from the ANCR Crisis Response Program, the After Hours Program, the Early Intervention Program and the Abuse Investigation Program, where other issues in addition to abuse have been identified in an open case.

The main objectives and key functions of the Intake Program include:

- Providing intervention and crisis stabilization services to families
- Completing Safety Assessments and Safety Plans when required, and a Risk Assessment on all allegations of Abuse or neglect
- Completing thorough assessments and investigations of all child protection issues, including an assessment of the strengths and needs of both the caregiver and the child
- Case management activities on new ANCR Intakes
- Providing referrals internal and external to ANCR
- Transferring families for ongoing services with 20 mandated family service providers

The Intake Program consists of forty-three staff members including: one Program Director, five Supervisors, thirty Intake Workers, five Administrative Support Workers, one Case Aide and one Legal Clerk. Each Supervisor manages a team of six Intake Workers for a total of five Intake teams. Each Administrative Support Worker provides support to one Intake team.

The Intake Program has seen an increase in the number of referrals to the program and the number of families transferred to receive on-going child welfare services. For the year April 1, 2012 to March 31, 2013, the number of referrals to the Intake Program increased from 2,755 to 3,127, representing a 12% increase. The number of families transferred for further CFS services increased from 1,444 to 1,839, representing 21% increase. The number of children in care files referrals also increased from 480 to 568, or 15%. Overall, the Intake Program has seen an increase in the number of referrals, the number of family service transfers and child in care transfers over the past three years.

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April 2012, the Intake Program saw changes following the completion of the Differential Response pilot. Training and implementation on Structured Decision Making tools within the program occurred and the pilot “Assessment Team” was integrated into the program as the fifth Intake Unit. This addition to the Intake Program changed the naming convention of Intake Teams, which are now identified as teams A through E.

***Service statistics for Intake can be found in Appendix C.***

## **Early Intervention Program (EIP)**

The Early Intervention Program’s (EIP) services broaden the spectrum of child and family services. The program emphasis is placed on prevention and early intervention to support families to care for their children at home. Early intervention and prevention services assist families with staying together while ensuring that children are safe and protected. These services provide families with timely supports that can help them to address problems before they develop into crises. In this way, early intervention and prevention services promote healthier family relationships. Using a strength-based model, EIP seeks to reduce or eliminate the need for protective services among families at risk. EIP receives referrals from ANCR and all mandated CFS agencies and provides holistic, wrap-around, culturally appropriate, supportive services for families to assist them in building their family’s strengths and community resources.

Service Teams, Family Resource Centres and Youth Skills Services work in harmony in EIP to provide services, training and resources for families. There are two Service Units, one serving First Nations families and another primarily serving the Métis and General population. Two resource centres, All Nations Family Resource Centre and Waa Pina Kosiis Miiki Waahp Resource Centre (also known as Snowbird Lodge) provide a continuum of training, programs and resources that are culturally-based.

Two supervisors and thirteen social workers comprise the two service units. Each social worker provides concentrated supportive services to a maximum of twenty families for up to 90 days. The goal of the service units is to plan and coordinate intensive and culturally relevant programs and services to support families to decrease the risk to their children and prevent them from requiring further involvement with the Child and Family Services system.

Service teams use the Structured Decision Making (SDM) tools to assess risk and develop a case plan with the family’s participation. The SDM model provides workers with a set of tools and decision guidelines designed to provide a higher level of consistency and validity in the assessment and decision making processes and a method for guiding their response in order to focus on resources for families and the children at greatest risk of further harm. The workers are responsible for identifying and assessing family’s needs, development and coordination of plans, strategies and referrals to address the well-being of families and children.

The staff of the two Family Resource Centres work with the service teams by providing holistic and wrap around community based services to families they refer. Referrals are also made by other CFS agencies and families can also self-refer. The programs are developed and delivered based on the strengths and



needs of families as identified by the Structured Decision Making tools. The services at the Family Resource Centres are delivered through supportive prevention and intervention focused group and individual programs.

Snowbird Lodge Family Resource Centre staff include a Supervisor, two Elders, two Elders' Helpers, three Social Workers and an Administrative Assistant. Programs have been developed by the Centre's social workers and cultural program staff to meet the needs and requests of families, and ensuring all programming is delivered with a cultural component. Traditional teachings, Pow Wow and Drum teachings, cultural events and ceremonies are made accessible to families as well as to all of ANCR's staff.

The All Nations Family Resource Centre staff includes a Supervisor, four Social Workers, one Clinical Nurse and one Administrative Assistant. Programs are developed and delivered to families referred through the same three streams, working closely with the Métis – General Family Services Team to provide supportive prevention and intervention focused programs. The Nurse holds clinics to provide services to children in the care of the Four Authorities.

Youth Skills Services (YSS) consists of one staff member who works with the Early Intervention Program teams to deliver services to youth and their families. YSS is comprised of three components; Skills for Life training (SFL), Employment and Income Assistance (EIA) and Promoting Healthy Youth Relationships (PHYR). These three service streams provide practical support over a 90 day period. The YSS service is part of the overall Early Intervention Program for Child and Family Service's continuum of care and is for youth ages 16 and 17 who require additional supports and skills to transition to independency. YSS works on the premise that in order to successfully transition youth into adulthood, youth need belonging, mastery, generosity and independence mentored as part of their overall development as young adults (Dr. Martin Brokenleg).

***Service statistics for Early Intervention can be found in Appendix D.***

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# Human Resources

As a human services organization, the workforce of ANCR is our foundation. The Human Resources team supports the staffing, classification, labour relations, employee development and employment equity functions within the organization. We value the contributions of our people and continue to support the professional development of a highly skilled workforce, able to meet the challenge of supporting our communities and partners in the field of child welfare. Increasing the Aboriginal representativeness of our workforce is of primary importance to HR and critical in ANCR's strategy to provide culturally appropriate service to our clients.

<b>Staff Complement</b>	<b>March 31, 2013</b>	<i>March 31, 2012</i>	<i>March 31, 2011</i>
Direct-Hired Employees	156	146	142
Seconded Employees	38	39	39
Vacancies	18	20	23
<b>Total ANCR Staff Complement</b>	<b>212</b>	<i>205</i>	<i>204</i>

<b>Cultural Representativeness</b>		<b>March 31, 2013</b>		<i>March 31, 2012</i>		<i>March 31, 2011</i>	
Direct Hires	Non Aboriginal	94	60%	83	56.8%	91	64.1%
	Aboriginal	62	40%	63	43.2%	51	35.9%
Seconded	Non Aboriginal	36	95%	33	84.6%	33	84.6%
	Aboriginal	2	5%	6	15.4%	6	15.4%
<b>Total Workforce</b>	<b>Non Aboriginal</b>	<b>130</b>	<b>67%</b>	<i>116</i>	<i>62.7%</i>	<i>124</i>	<i>68.5%</i>
	<b>Aboriginal</b>	<b>64</b>	<b>33%</b>	<i>69</i>	<i>37.3%</i>	<i>57</i>	<i>31.5%</i>

# Appendices

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## Appendix A – Abuse Investigation Service Statistics

<i>Number of Abuse referrals received by the Abuse Investigations Program</i>							
	First Nations Team	GA/Métis Team	All Nations Team	Sexually Exploited Youth Unit	<b>Total 2012/13</b>	Total 2011/12	Total 2010/11
# internal ANCR referrals	483	703	72	8	<b>1266</b>	1,280	1,434
# external agency referrals	7	15	387	56	<b>465</b>	471	447
Total Abuse Referrals received	490	718	459	64	<b>1731</b>	1,751	1,881

<i>Number of external referrals received (distribution by CFS Authority)</i>				
General Authority	Métis Authority	Southern Authority	Northern Authority	<b>Total</b>
145	51	230	39	<b>465</b>

<i>Type of Abuse referrals received by AIP teams</i>					
	First Nations Abuse Team	GA/Métis Abuse Team	All Nations Abuse Team	Sexually Exploited Youth Unit	<b>Total</b>
Physical Abuse	272	393	214	3	<b>882</b>
Sexual Abuse	225	339	259	63	<b>886</b>
<i>*some cases are counted twice where both physical and sexual abuse are investigated.</i>					<b>1,768</b>



## Appendix B – Crisis Response and After Hours Service Statistics

<i>Reception – All calls received</i>	2012/13	2011/12	2010/11
Service calls received dayside(CRP)	37,979	39,208	36,865
Service calls received evenings/weekends(AHP)	43,350	41,327	33,927
Other calls received	19,267	17,256	16,825
<b>Total Calls received at reception</b>	<b>100,596</b>	<b>97,791</b>	<b>87,617</b>

<i>Calls forwarded to the Crisis Response Program and After Hours Program - 2012/13</i>				
Program	Total calls forwarded	Calls answered	Hang-ups, disconnects, lost calls	Call capacity
CRP	6,271	5,666	605	90%
AHP	41,449	40,130	455	97%

<i>Referrals Received - 2012/13</i>	Crisis Response Program	After Hours Program	Programs Combined
Screened out – not a child welfare matter	2,772	758	3,530
Screened in – new referral	3,451	801	4,252
Referral on existing case	1,174	7,683	8,857
<b>Total Referrals</b>	<b>7,397</b>	<b>9,242</b>	<b>16,639</b>

<i>Intakes Closed by CRP and AHP</i>				
Crisis Response Program	After Hours Program	Total Intakes concluded 2012/13	Total Intakes concluded 2011/12	Total Intakes concluded 2010/11
4,229	7,600	11, 829	8,362	10,730



## Appendix C - Intake Service Statistics

<b>Intake Referrals and Closings</b>			
	<b>2012/13</b>	2011/12	2010/11
Total Number of Referrals to the Intake Program	<b>3,127</b>	2,755	2,656
Intakes closed (no further services required from another Program or Agency)	<b>1,141</b>	596	916

<b>ANCR Transfers to CFS Agencies</b>							
	Southern Authority	Northern Authority	Métis Authority	General Authority	<b>Total 2012/13</b>	Total 2011/12	Total 2010/11
Family transfers to CFS agencies for ongoing service	563	256	281	930	<b>2,030</b>	1,444	1,270
Child in Care transfers to CFS agencies for ongoing service	212	170	46	140	<b>568</b>	480	424

## Appendix D – Early Intervention Service Statistics

<b>Services Teams - Team Case Load 2012/13</b>			
	<b># Files Open</b>	<b># Files Closed</b>	<b># Files Transferred</b>
First Nations Family Services *	130	103	59
Métis/General Family Services *	269	122	38

*\*Each providing services to two of four Child & Family Services Authorities*

<b>Youth Skills Services – Program Participation– 2012/13</b>		
<b>Programs</b>	<b>Participants</b>	<b>#s Completed</b>
YSS Skills for Life Groups	65	31
EIA Referrals	22	31
Promoting Healthy Youth Relationships	225 students	7 sessions

<b>Program - Parent Teen Series</b>	<b>Participants</b>	<b>#'s of Sessions</b>
Parent Teen Series	382	9

<b>Programs - DR Initiatives/Family Outings</b>	<b>Participants</b>	<b># of Sessions</b>
<b>EIP Service Team:</b> Fun Fabulous Fridays Tinker town	141	5
<b>Resource Centre Teams</b>	126	5

<b>Family Respite Service Referrals</b>	<b># of referrals</b>
EIP Service Teams	409
SBL	28
ANFRC	47



<b>Snowbird Lodge Family Resource Centre Program Participation – 2012/13</b>		<b>Participants</b>	<b># of Groups</b>
	Drop in (Program Info, On-site Activities, Research, Phone/Fax)	1,736	
	Elders' Consultations	198	
	Workers' Consultations	479	
	Intakes	237	
<b>CULTURAL PROGRAMS</b>	Family activities (camp Manitou, fish derby, puppet making)	2	1
	Feasts (equinox and solstice)	61	4
	Grandfather picking	45	3
	Language Class	19	1
	Medicine Bag Teachings	68	5
	Medicine picking	4	1
	Men's Wellness	128	9
	Open Family Sharing Circle	17	1
	Pipe Ceremony	32	1
	Pow Wow Teachings, Storytelling & drum group	9	1
	Rebuilding of sweat lodge	12	1
	Selkirk Sundance Observation	3	1
	Sundance Teachings	78	1
	Skirt Making	13	8 (sweats)
	Sweat Lodge (children, youth, men, women, ANCR staff)	23	4
	Traditional Arts & Crafts	6	1
	Vision Quest Teachings	35	4
	Water Ceremony	8	1
	Women's Sacred Teachings	18	1
Women's Wellness	32	2	
<b>REGISTERED PROGRAMS</b>	Anger Management	84	4
	Anxiety & Depression	20	2
	Basic Life Skills	44	4
	Family Harmony	107	4
	Family Harmony (CIC)	24	4
	Grief & Loss	47	2
	Parent/Teen	25	2
	Relapse Prevention Program	94	3
	Triple P	138	4
	Teen Anger Management	17	2
<b>TOTAL CULTURAL AND REGISTERED PROGRAM PARTICIPANTS:</b>		<b>1,213</b>	<b>82</b>

<b>All Nations Family Resource Centre Team</b>	<b>Participants</b>	<b># of Groups</b>
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Program Participation – 2012/13			
	Drop in (Program Info, On-site Activities, Research, Phone/Fax)	308	
	Computer Access	410	
	Elders' Consultations	12	
	Workers' Consultations	287	
	Intakes	646	
	Health Care (on-site nurse)	297 (monthly avg.)	
REGISTERED PROGRAMS	Anger Management Day	80	4
	Anger Management Eve	48	4
	Budgeting	39	3
	General Parenting/Family Harmony Day	59	4
	General Parenting/Family Harmony Eve	54	4
	Healthy Relationships	12	1
	Life Skills	14	3
	Men's group	5	1
	Nobody's Perfect	30	3
	Nobody's Perfect (CIC)	46	3
	Parent Teen Communication	72	4
	Self-Care/Self-Worth	75	4
	Triple P Day	112	4
	Triple P Eve	118	4
	Triple P Somalia Group Day	8	1
	Women's Wellness	1	1
	Wiggle Giggle & Munch	21	3
<b>TOTAL REGISTERED PROGRAM PARTICIPANTS:</b>		<b>794</b>	<b>51</b>

#### Resource Centre Intakes – 2012/13

	Northern	Southern	Métis	General	ANCR	Self Ref	Repeats	Other	Total
<b>Snowbird</b>	32	88	14	13	45	35	10	0	<b>237</b>
<b>ANFRC</b>	32	130	72	110	99	237	5	26	<b>646</b>

A COPY OF ANCR'S AUDITED FINANCIAL STATEMENTS  
CAN BE OBTAINED BY CONTACTING OUR FINANCIAL DEPARTMENT

**CHILD AND FAMILY ALL NATIONS**

**COORDINATED RESPONSE NETWORK**

835 Portage Avenue, Winnipeg, MB, R3G 0N6

(204) 944-4200 / 1-866-945-2627

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