



CHANGE THROUGH ENGAGEMENT



Children's
Advocate

YOU HAVE RIGHTS



THE OFFICE OF THE CHILDREN'S ADVOCATE

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MANITOBA

OFFICE OF THE CHILDREN'S ADVOCATE

ANNUAL REPORT

April 1, 2011 – March 31, 2012



Children's
Advocate

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ABOUT THE OFFICE OF THE CHILDREN'S ADVOCATE

CHILDREN'S RIGHTS



VISION STATEMENT

Our vision is of a safe and healthy society that hears, includes, values, and protects all children and youth.

MISSION STATEMENT

The mission of the Office of the Children's Advocate is to ensure the voices of children and youth involved with the child welfare system are heard. As an independent office, we advocate for systemic change for the benefit of children and youth under *The Child and Family Services Act* and *the Adoption Act*.

WHAT WE DO

The Office of the Children's Advocate is an independent office of the Manitoba Legislative Assembly. We are here to represent the rights, interests and viewpoints of children and youth throughout Manitoba who are receiving, or entitled to be receiving, services under *The Child and Family Services Act* and *The Adoption Act*. We do this by advocating directly with children and youth and by reviewing services after the death of any young person who received child welfare services in the year preceding his or her death.

The Children's Advocate is empowered to review, investigate, and provide recommendations on matters relating to the welfare and interests of these children.

GUIDED BY BEST INTERESTS

We carry out our role according to the best interests provisions of both *The Child and Family Services Act* and *The Adoption Act*. This means that in all of the activities carried out by the staff of the Office of the Children's Advocate, the best interests of the young person are our top consideration.

THE IMPORTANCE OF HAVING AN INDEPENDENT CHILDREN'S ADVOCATE

The independent status of the Office of the Children's Advocate is vital. It allows the Children's Advocate to freely challenge the system and work for change to practices, policies, or legislation when they are not meeting the best interests of children.

"Independent" means that the Government of Manitoba does not oversee the Office of the Children's Advocate. We are separate and apart from the child welfare system; we are not a child welfare agency.

Children are in particular need of advocates. They have a voice but virtually no legal power to make anyone listen to them. Our experiences speaking with children and youth in the child welfare system reveal that they often feel they have no say in what happens to them.

MESSAGE FROM THE CHILDREN'S ADVOCATE

CHANGE THROUGH ENGAGEMENT



In accordance with Section 8.2 (1) (d) of *The Child and Family Services Act*, I respectfully submit this document as my annual report for the time period beginning April 1, 2011, to March 31, 2012.

There are many individuals and groups in Manitoba with a wealth of knowledge and ideas about how to improve the wellbeing of children and youth. Although the Office of the Children's Advocate is formally charged with examining the child welfare system and advocating on behalf of children and youth, our work would be impossible if we did not collaborate with other individuals and organizations who share a vision of a safe and healthy society that hears, includes, values, and protects all children and youth.

To be an effective voice on behalf of young Manitobans, we have to engage their participation, and listen to what they have to say about their experiences. To make effective recommendations about changes to the system in order to improve services, we also need to engage child welfare workers, government and community leaders, other advocates, as well as foster parents and caregivers.

Lasting change never happens in a vacuum, and without input and cooperation, change is seldom effective.

Over the past year, we've dedicated significant time to building relationships with all of those concerned with the best interests of children. This included setting aside time internally to crystalize how best to carry out our services and to re-examine the mission and vision of this office.

Additionally, and through consultation with the four authorities that supervise Child and Family Services agencies, we developed a joint protocol for developing recommendations emerging from child death reviews. The new process allows for more collaborative dialogue, which is resulting in recommendations for change that continue to improve service delivery for vulnerable young Manitobans.

This year we also continued to reach out to communities across the province in order to connect with children and youth and enhance the public's understanding of the role of our office.

Most important, we increased our direct outreach to children and youth through special events, social media, and our continued partnership with VOICES Manitoba's Youth in Care Network. We've seen a marked increase in the number of children and youth initiating contact with our office.

We all have a role to play to ensure that Manitoba's children and youth are safe, protected and have their rights upheld so that they can thrive. We invite you to join us in reaching this goal, together.

Darlene MacDonald, MSW
Children's Advocate



EXECUTIVE SUMMARY



Children's Advocate
Darlene MacDonald

THEME OF THIS YEAR'S ANNUAL REPORT

CHANGE THROUGH ENGAGEMENT

To effectively foster improvements to Manitoba's child welfare system, we need the participation of those involved at every level including children and youth, child welfare workers, government, community leaders, other advocates, as well as foster parents and caregivers.

PROGRESS:

- ▶ Reviewed how best to carry out OCA services, re-examining our mission and vision.
- ▶ Developed a joint protocol with Child and Family Services agencies for developing recommendations emerging from child death reviews.
- ▶ Increased outreach activities, including special events and social media, to connect with children and youth and engage the public.

OVERVIEW OF ACTIVITIES

PROVINCIAL

- Released progress report on 2006, Strengthening our Youth – Their Journey to Competence and Independence report.
- Carried out review of services to youth with complex needs with report to be released next year.
- Carried out 29 community visits and 80 child and youth facility visits, attended more than two dozen community activities and took part in more than 20 public presentations and 5 OCA info booths.
- Launched a newsletter for youth as well as one for adults working in the child welfare system.



NATIONAL

- Participated through the Canadian Council of Child and Youth Advocates to create a national framework for consistent, quality services to children and families moving between provinces.

SPECIAL INVESTIGATION REVIEW SERVICES (SIR)*

* Case closings higher than openings due to cases carried from previous year.

163

Total child deaths in Manitoba

61

Total child deaths meeting criteria for review

154

Total reviews completed

NUMBERS ABOUT SERVICE*

ADVOCACY SERVICES

* Case closings higher than openings due to cases carried from previous year.

2,382

Total requests for service

1,334

Total cases opened

1,395

Total cases closed

THEMES & RECOMMENDATIONS



VIEWS OF CHILDREN AND YOUTH

The OCA receives frequent reports from children and youth related to lack of contact with or lack of response from, their social workers. Although high caseloads and demands of frontline work might make it difficult, hearing and considering the views of children and youth needs to be a priority.

involve issues such as removal of children before the appeal process is complete, problems with appeals for place of safety homes, and significant delays in the appeal process itself.

18+

TRANSITION PLANNING FOR EMERGING ADULTHOOD

We continue to get requests for advocacy regarding a lack of planning for independence when youth turn 18 and must leave care. We also get requests related to young adults (age 19-21) who are having difficulties with the terms of their extensions of care.



FAMILY ASSESSMENT

The OCA continues to see cases where there has been little or no assessment conducted at critical times during service delivery to children and families. Such assessment is vital in terms of understanding potential risk of harm to children and youth.



REMOVAL OF FOSTER CHILDREN/ FOSTER PARENT APPEALS

Requests for advocacy regarding the removal of children from placements have continued. These



SLEEP ENVIRONMENT RISKS

We've noted a number of child deaths associated with unsafe sleeping environments. Although parent-infant bed sharing is increasingly popular, the practice carries significant risks. We would like to see a more concerted effort to educate parents in this area.

OCA SHOUT OUT!

- The Children's Advocate gives a big "thumbs up" to the University of Winnipeg for launching its Youth in Care Tuition Waiver program.



- Congratulations to Manitoba Legal Aid lawyer, Corey La Berge, who received the Child Welfare League of Canada Advocacy Award. The OCA nominated Mr. La Berge for the award.



OVERVIEW OF INITIATIVES AND ACTIVITIES

PROVINCIAL

PROGRESS REPORT - STRENGTHENING OUR YOUTH

THEIR JOURNEY TO COMPETENCE AND INDEPENDENCE



We released a follow up report on the recommendations resulting from the OCA's 2006 report, *Strengthening Our Youth – Their Journey to Competence and Independence*. The full report is located on the OCA website: <http://www.childrensadvocate.mb.ca/resources/special-reports>.

In the original report, the OCA examined the conditions facing youth in care as they transitioned out of the provincial child and family services system into adulthood. The findings in the report were not encouraging. The OCA found that many youth did not complete high school, became parents before they were ready, were often referred to income assistance programs, and sometimes faced homelessness.

The report made 45 service improvement recommendations to the Department of Family Services and Labour (DFSL) and the Child and Family Services Authorities to address the concerns. The response was favourable:

- ▶ Shortly after the release of the report, the province announced \$240,000 of funding earmarked for youth in care for education, career training and to develop youth engagement strategies and mentorship programs, as well as to support increases to extensions of care past the age of majority for permanent wards.
- ▶ The DFSL also funded a pilot project in Winnipeg and Thompson that encompassed housing, financial support and mentorship in education or employment and life skills to 25-30 youth leaving care.
- ▶ Working groups were established to review and revise policy and service standards and develop a training program for service providers and caregivers.

¹ The Department of Family Services and Consumer Affairs (DFSCA) was renamed the Department of Family Services and Labour in January 2012.



Of some concern is that at the time of the review, the development of policy and standards for transitioning youth out of care had yet to be completed. The OCA found that between CFS authorities, there were different priorities and visions for structure and configuration for needed services. This has resulted in some youth having access to services that enable them to transition out of care feeling supported and prepared, while others are still leaving care without the support they need.

It has been positive to see a significant increase in the number of youth remaining in care past the age of majority over the past four years. However, these extensions are less likely to occur for youth who are struggling, refusing to cooperate and engaging in negative activities. Yet, it is these youth who need the most support as they transition to independence. They are the ones whose outcomes are most likely to be negative. The OCA is concerned that these youth are being discharged from care too soon to have a chance to succeed.

NATIONAL/ INTERNATIONAL

NATIONAL FRAMEWORK FOR CHILDREN'S ADVOCATES

There are times when children and families involved with child welfare authorities move to another province temporarily or permanently. This may result in a Children's Advocate office in one province requesting follow up or assistance from a Children's Advocate office in another province.

Through the Canadian Council of Child and Youth Advocates (CCCYA), Manitoba's Children's Advocate continues to participate in creating a framework for consistent, quality advocacy services to children and families moving between provinces.



Members of the Canadian Council of Child and Youth Advocates

YOUTH WITH COMPLEX NEEDS REPORT

In last year's report, we mentioned that our office had embarked on a special report looking at the needs of young people who struggle with multiple issues such as developmental delays, mental or cognitive challenges, mental health issues, and/or conflicts with the law. This review is nearing completion and will include a discussion about placement issues and the difficulties finding the right support services for these youth who require a high level of care. We expect to release this report early in the next fiscal year.





COMMUNITY OUTREACH

COMMUNITY VISITS AND PUBLIC EDUCATION

In addition to carrying out 29 community visits and 80 child and youth facility visits, the OCA attended more than two dozen community activities and took part in more than 20 public presentations and 5 OCA info booths.

NATIONAL CHILD DAY

To commemorate National Child Day, the OCA hosted a child rights information booth at Winnipeg's Portage Place Mall in November. OCA staff handed out colourful child's rights posters, crayons and pamphlets.



This event was an opportunity to reach out to children, youth and families, many of whom had limited knowledge about child rights or the role of the Office of the Children's Advocate.



SANTA CLAUS PARADE

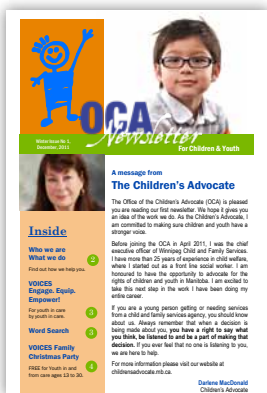
With the Office of the Children's Advocate located right on the Santa Claus Parade route, staff and volunteers took the opportunity to celebrate the season by inviting children staying in emergency care, along with their caregivers, to share in the fun. The OCA party included pizza, hot chocolate, cookies, and a goodie bag filled with treats for each child who attended.





NEWSLETTERS FOR YOUTH AND AGENCIES

The OCA launched two newsletters this year, one for children and youth in care and the other for CFS staff, caregivers, foster parents, and collateral service providers such as schools and nursing stations. Our office will use these publications to announce special projects and events as well as to provide ongoing awareness about child rights and the role of the OCA.



GIVING OUR ALL

The Office of the Children's Advocate won this year's All Charities Campaign Best Small Department Award. The OCA saw a 196.85% increase in pledges this year and its participation rate increased from 28% the previous year to 31%.

All Charities is a volunteer-driven workplace campaign that enables employees to donate to charities of their choice through payroll deduction.

STUDENT PRACTICUMS

The OCA welcomed two students this year. Jill Okrainec, a University of Winnipeg student studying conflict resolution, and Stacey Morin-Banfield, a University of Manitoba social work student, spent 8 months working on projects in our office.



Children's Advocate

SHOUT OUT FROM THE ADVOCATE



CHILD WELFARE LEAGUE OF CANADA ADVOCACY AWARD

The Office of the Children's Advocate was thrilled to learn that Winnipeg-based Legal Aid lawyer, Corey La Berge, was recognized by the Child Welfare League of Canada with its Advocacy Award. The OCA nominated Mr. La Berge for this well-deserved recognition.

Over the course of his career, Mr. La Berge has championed the rights of youth with Fetal Alcohol Spectrum Disorder (FASD) to fair treatment within the legal system by not only advocating for them individually as legal clients, but also by advocating for increased resources, and systemic change.

His efforts since 2004 have included offering increased education for his colleagues in the judicial system, giving hands-on support for the development of specific programs to address needs, acting as a consultant to those in Child and Family Service organizations working with affected youth, elevating the issue of justice for youth within organizations dedicated to serving persons with FASD, and finally, providing public education. Further, he has been able to link his work in a meaningful way to First Nations knowledge, culture, and traditions.

HELP FOR STUDENTS FROM CARE

The OCA commends the University of Winnipeg for launching its Youth in Care Tuition Waiver program. This pilot project will welcome 10 students from care per year who will have their tuition fees waived by the University of Winnipeg. The students' living expenses including housing, textbooks and meal plans will be covered through extensions of care from their child welfare authority until the age of twenty-one.

The program is reported to be the first of its kind in Canada, and we understand that other post-secondary institutions in Manitoba are developing similar programs to support youth from care.



AUTHORITY HIGHLIGHTS

GENERAL AUTHORITY

We continue to be inspired by the determination with which the General Authority is approaching the issue of emerging adulthood for youth in care. The General Authority is determined to develop best practice models for supporting young people who are emerging into adulthood and who have limited supports. We are encouraged by their research-informed models that seem well-poised to deliver positive outcomes for youth.

MÉTIS AUTHORITY

The Métis Authority demonstrated leadership and a commitment to child-centred service delivery by ensuring that throughout the reorganizational process involved in creating their new agency, Michif CFS, no child experienced a change in his or her worker.

NORTHERN AUTHORITY

We commend the Northern Authority's development of the Northern Training Centre in Thompson, which is working to meet the diverse training needs of its agency staff groups. Connecting geographically dispersed workers in the North to important opportunities for skill development will in turn help workers provide vital services to children, youth, and families.

SOUTHERN FIRST NATIONS NETWORK OF CARE

We applaud the Southern Authority's commitment to connecting young people to their cultural and community roots. During the 2011-2012 year, the Southern Authority began a youth engagement program known as Empowering Youth Engaging Spirits for Mother Earth, or EYES for ME. Operating primarily out of the Ji-zhaabwiing cultural room on Adele Avenue, EYES for ME engages Aboriginal youth, ages 10-24, through a lens of cultural exploration and understanding.

COMMITTEE INVOLVEMENT

The OCA continues to participate on the following committees:

- Children's Inquest Review Committee
- Provincial Advisory Committee on Child Abuse
- Voices: Manitoba's Youth in Care Network
- Canadian Council of Child and Youth Advocates
- Advisory Committee for Sexually Exploited Youth
- Child Health Committee, Children's Hospital
- Child Welfare League of Canada
- CIS Steering Committee (Canadian Incidence Study of Reported Child Abuse and Neglect)
- Canadian Association of Social Workers

CHILDREN IN CARE

The number of children in care has increased progressively over the years from 5,782 in 2004 to 9,432 in 2011, for a total increase of 3,650 children. As a proportion of the population of children in Manitoba, there has been an increase of children in care during this time from 2% to 3.25%.

(Source: Manitoba Family Services and Labour)



3.25%

THE OCA PRESENTS



We do numerous presentations on the role and services of our office each year. Contact us to arrange a presentation to your group or organization.



REVIEW OF SERVICES

ADVOCACY SERVICES STATISTICS

TOTAL REQUESTS FOR SERVICE

In 2011-2012, Advocacy Services received a total of 2,382 requests for service. This represents a 3.5% increase from the 2,299 requests for service the office received in the 2010-2011 fiscal year.

Of these requests, 442 were dealt with at reception and 1940 were dealt with by intake assessment officers.

The chart below indicates case numbers for the various levels of intervention, which include:

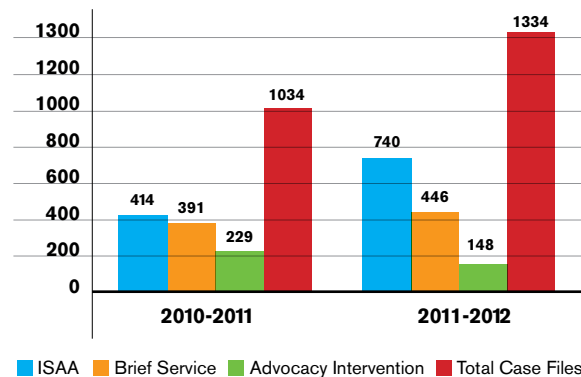
1. Information and Self-Advocacy Assistance (ISAA) - This category includes any referrals concerning a child or youth where, after minimal information gathering by the OCA, a resolution has been reached due to the matter being:

- out-of-scope (e.g. custody/access matters, education issues, etc.),
- an enquiry of a general nature (e.g. CFS agency contact information, OCA office hours or location, etc.),
- resolved through the provision of information and self-advocacy strategies (e.g. provide explanation of the CFS service complaint process).

2. Brief Service - All brief service cases are required to fall within the OCA mandate and are expected to be concluded within 90 days at the Intake level. Service interventions may include reviewing child welfare involvement, establishing contact with the CFS agency and/or attendance at a meeting to provide direct advocacy support for a child or youth.

3. Advocacy Intervention - Cases requiring advocacy intervention are typically matters that require on-going advocacy services due to the complexity of services or immediacy of presenting issues. Complexity of services refers to matters where the issues identified are multi-dimensional and/or there is a lack of community and/or family resources to meet the identified needs. Cases are seen as immediate when there is a significant personal or environmental breakdown that requires immediate intervention by one or more service providers.

TOTAL CASE FILES OPENED INDIVIDUAL ADVOCACY

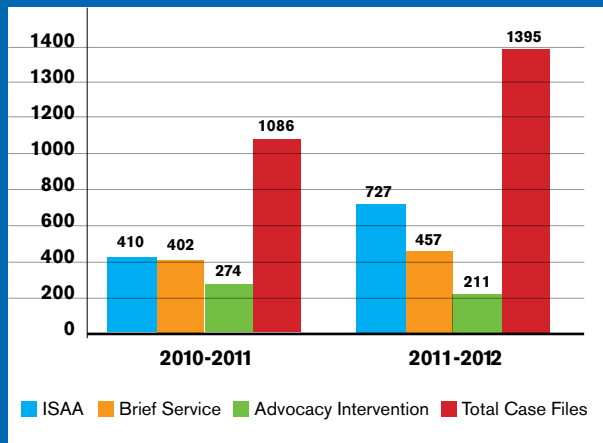


Note 1: Advocacy Services began the 2011-2012 fiscal year with 274 open case files.

Note 2: ISAA (Information and Self-Advocacy Assistance) and Brief Service case files are dealt with by intake assessment officers. Advocacy intervention case files are dealt with by children's advocacy officers.

Note 3: Not all requests for service result in a case opening.

TOTAL CASE FILES CLOSED



Note: Advocacy Services ended the 2011-2012 fiscal year with 208 case files remaining open (carried forward)

A file opening does not indicate the number of children served or reflect the complexity of the case. We may have contact with a sibling group but only one file is opened under the name of the oldest sibling.

In 2011-2012 there was a 22% overall increase in case file openings and closures. Most of this increase is due to improvements we made in the way we collect information. Collecting more robust information on the concerns, questions, and demographics arising in requests for service better reflects our workload and enhances our understanding of the issues the public brings forward. Our actual workload increase was 3.5%.

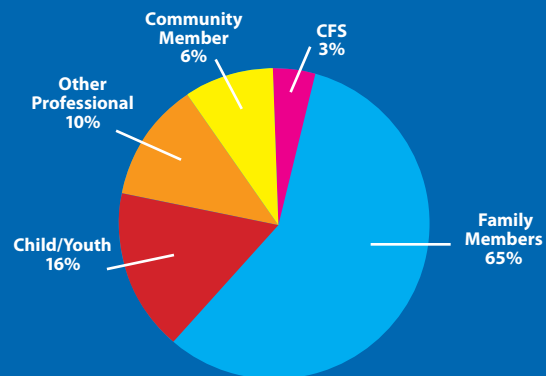
WHO CONTACTED THE OCA FOR ADVOCACY SERVICES

As in past years, the largest percentage (65%) of our referral base comprises parents, extended family, foster parents, and adoptive parents who contact the OCA on behalf of a child or youth.

In 2011-2012, children and youth made up 16% of our total referral source base.

The actual number of children and youth contacting the OCA for advocacy services has increased by 17% over the previous year. This year we had 213 children and youth contact our office compared with 176 last year.

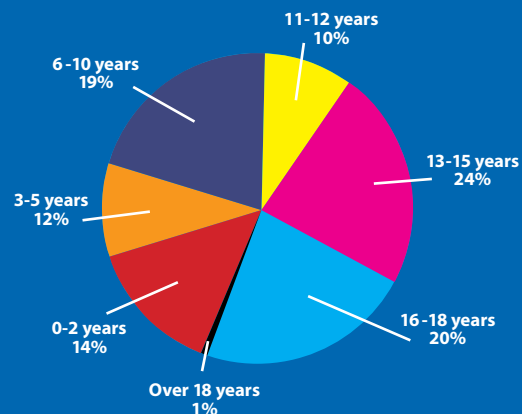
WHO CALLED US



THE CHILDREN AND YOUTH WE SERVE

Historically, we have served close to an equal number of male and female children and youth, with females slightly higher. This year we served 54 percent females and 46 percent males.

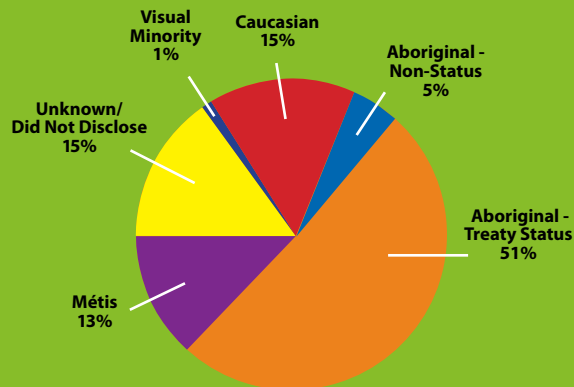
AGE OF CHILD/YOUTH



Among our age categories, we did see some variation as compared with past years. Traditionally, our highest age categories served are children ages 6-10, young adolescents ages 13-15, and older adolescents ages 16-18.

This year, we served young adolescents ages 13-15 (24%), older adolescents ages 16-18 (20%), children ages 6-10 (19%) and young children ages 0-2 (14%).

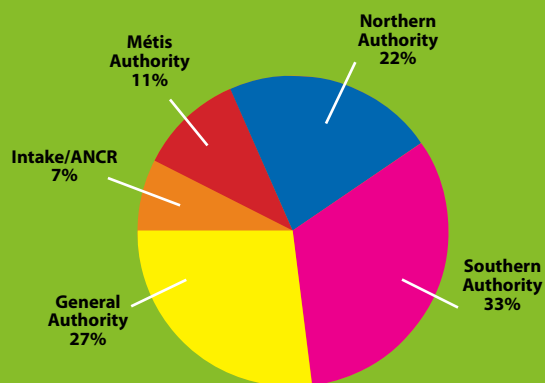
RACIAL ORIGIN



Note: The OCA does not determine racial origin; individuals must self-declare. Declaration of racial origin is not used to determine provision of advocacy services.

The racial origin of children and youth involved with Advocacy Services shows that 69% involved Aboriginal children and youth. This is up slightly from last year (65%). The majority of these children and youth (76%) were children in care with the CFS system, where the system had a legal responsibility over the child. Due to a variety of historic and systemic reasons, there is an overrepresentation of Aboriginal children and youth within the child welfare system. In light of this fact, these numbers are not surprising.

RESPONSIBLE CFS AUTHORITY



TOP CFS RELATED CONCERNS BY CATEGORY

Each advocacy case may have multiple concerns. Historically, the top reported concerns related to case planning. This year, we saw a shift, with rights moving to the top spot.

Top Issue	Number	Percentage
Rights **	2512	38%
Case Planning	1847	28%
Quality of Care	738	11%
Responsiveness/Timeliness	545	8%
Accessibility	387	6%
Child Maltreatment	204	3%
Transitional Planning	137	2%
Accountability	136	2%
Other	107	2%
Special / Complex Needs	63	>1%
Adoption	11	>1%
Total	6687 (1402 cases)	100%

** The category of rights as a reported concern is based on articles found under The UN Convention on the Rights of the Child and includes the following:

- ▶ **Right to information** – Information has not been shared with the individual
- ▶ **Right to participation** – The individual has not been included in the decision-making process
- ▶ **Right to consideration** – The individual's viewpoints have not been considered and/or given sufficient weight
- ▶ **Right to knowledge of advocacy** – The individual has not been made aware of his or her right to advocacy services
- ▶ **Right to legal advocacy** – The individual has not been given a legal advocate in the judicial process or has not been provided with effective legal advocacy

SPECIAL INVESTIGATION REVIEW STATISTICS



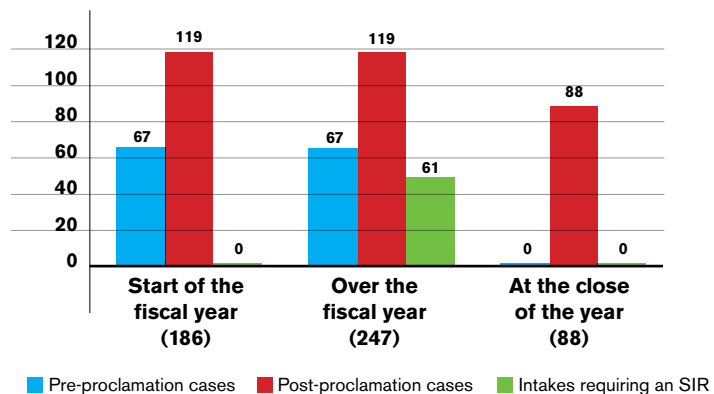
CASE OPENINGS AND CLOSINGS

The Special Investigation Review program assumed its responsibilities regarding child deaths as of September 15, 2008, through an amendment to *The Child and Family Services Act (CFSA)*, and 106 child death cases were transferred at that time to the OCA from the Chief Medical Examiner's Office (OCME).

We began the 2011-2012 year with 186 files carried over for investigation, although seven of those were later closed without reports as they did not qualify for review by our office. We received notification of 163 new child deaths and 61 of those required review.

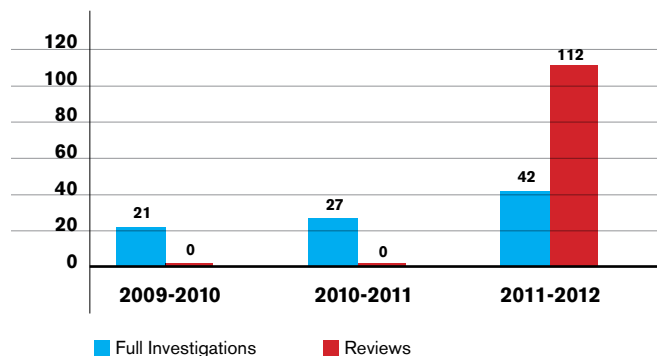
During the 2011-2012 year, the OCA completed a total of 154 child death reports. All 67 outstanding reports transferred from the OCME in 2008 were completed. This left us with 86 cases remaining at the end of March 2012. Two files, which had been earlier closed without reports, were subsequently reopened for investigation based on new information we received. This meant the final count of outstanding files at the close of the 2011-2012 fiscal year was 88.

SPECIAL INVESTIGATION REVIEW CASES 2011-2012



Note: "Proclamation" refers to the amendment to *The CFSA* that was proclaimed on September 15, 2008, which transferred responsibility for child death reviews to the OCA

COMPLETED CASES BY YEAR



CHANGES

TO SPECIAL INVESTIGATION REVIEWS



This year, the OCA restructured its Special Investigation Review reports.

Because the legislation requires a review of the death of every child who has received services, but only some circumstances require a full investigation, we have adopted two levels of reporting:

- ▶ **Investigation** - The case requires a full review of services that were or should have been provided and may include a review of publicly funded services including mental health and addiction treatment. It may include recommendations to enhance safety and well being and reduce the likelihood of a death occurring in similar circumstances.
- ▶ **Review** - A review outlines the circumstances of the death and presents a brief summary of the CFS involvement with the deceased child and/or the child's family. It may also include recommendations.

On June 1, 2011, the first review was sent to the Minister responsible for *The CFSA*.

AGGREGATE INVESTIGATIONS

Sometimes we observe that certain issues are common to multiple children who have died. Therefore, we sometimes find it helpful to group several investigations together into an aggregate report to address systemic issues.

The OCA is in a unique position that enables us to comment systemically on issues that span the province and relate to the child welfare system as a whole. It is critical that the various components of Manitoba's large child welfare system continually engage in self-evaluation and improvement due to the extensive impact the system has on children, families and communities. Examining these issues alongside those who work within the system allows us to make a stronger case for needed changes.

This year we initiated five aggregate reports, where child deaths were grouped thematically. These reports were grouped according to service delivery from particular agencies, or examinations of certain issues linking multiple agencies. Some of the systemic themes we explored involved staff training, record-keeping, inter-organizational communication, the ability of agencies to respond to the needs of older youth, and gang interference in the lives of children.

ADVOCATING FOR CHILDREN & YOUTH BY ENGAGING WITH AGENCIES AND AUTHORITIES

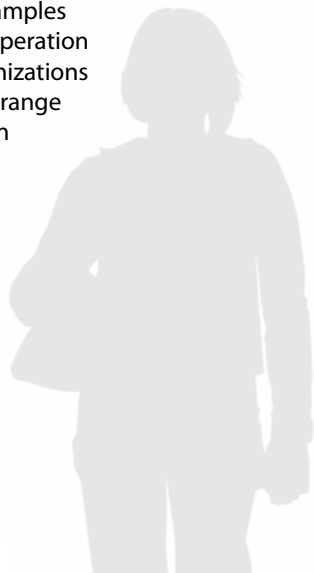
The child welfare system in Manitoba is a large and complex network of organizations, objectives, mandates, and priorities. From our unique status as an independent office outside of that system, the OCA has an ability to examine the issues that underpin and impact the child welfare system. Some of these issues affect the ability of children to access services, as well as the ability of agencies to deliver services effectively. As we complete investigations and design recommendations, we look to identify areas where gaps in services exist, or where we believe improvements should be made in the interest of better services for children and youth.

As we near the close of an investigation, we regularly invite relevant agencies and their authorities to discuss our findings and provide information and feedback to our office as we structure final recommendations. It has been our experience that involving the groups that may be impacted by our recommendations in the process of their development makes for more achievable and realistic calls for service improvement. This process of collaboration also allows us to be updated on any work the CFS agency or authority may already be undertaking that addresses the findings of the review. Additionally, these discussions provide us with opportunities to highlight with service providers, the needs and experiences of children and families affected by the child welfare system in Manitoba.

SPECIAL INVESTIGATION REVIEW RECOMMENDATIONS

Last year, our office made a total of 69 formal recommendations, which reflected the 176 areas of concern the OCA noted as part of its Special Investigation Reviews. The top three areas of concern related to the overall category of case management, which frequently pertained to risk assessment, plus case coordination between stakeholders, as well as case planning and service delivery.

These areas of concern are consistent with the issues raised in last year's report. We must note that in the area of case coordination, we also saw a number of examples of exceptional work and cooperation between agencies and organizations resulting in the delivery of a range of quality services to children and families.



MY LIFE



I have done a lot of the bad,
So much that it left you all so sad,
Now, I want to try again with the good,
So stand with me if you would,
I want another chance,
With no use of substance,
So now I try to see what others feel,
And slowly start to heal,
This life is short,
So there's no time for negative thought,
For a while I got caught,
Now that I'm unstuck,
I hope for the best of luck,
As I come back into the light,
I realize, the future is so bright,
For now I work on the hurt,
But I know that I am out of the dirt,
I am going to live my life right this time,
I know I'll be just fine,
Now I'm starting to know what I'm made of,
And part of that is love,
That love I will share,
Because I know you are always there ...

-T.R.L, aged 15

CHILD DEATHS IN MANITOBA

MANITOBA DEATHS

The Office of the Chief Medical Examiner (OCME) notified the OCA of 163 child deaths occurring in 2011-2012. Fifteen deaths involved non-resident children resulting in a total of 148 Manitoba child deaths.

REVIEWABLE DEATHS

Child deaths that meet the criteria for Special Investigation Reviews include those where the child, or the child's family, had an open file with a child welfare agency or a file that was closed within one year preceding the child's death.

There were a total of 61 child deaths that met the criteria for review this year. Twelve of those deaths were of children who were in the care of a CFS agency.

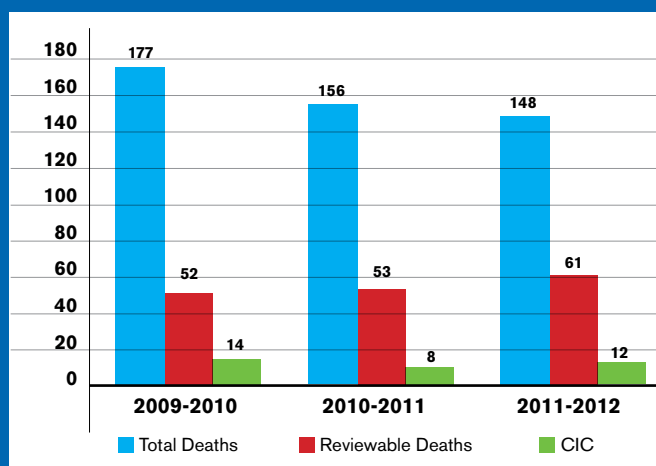
The OCME determines the manner of death of each child according to an established protocol. In the table below we have provided an analysis of the manner of death compared across Manitoba deaths as a whole, reviewable deaths, and child in care deaths. This reporting is unofficial and may differ slightly from the OCME's final determination.

MANNER OF CHILD DEATH MANITOBA 2011-2012

Manner of death	Manitoba Deaths		Reviewable Deaths		Child in Care Deaths	
	Number	Percent	Number	Percent	Number	Percent
Natural	80	54%	23	38%	5	42%
Medically Fragile	32		10		5	
Prematurity	40		10		0	
Disease	7		3		0	
Other	1		0		0	
Accidental	30	20%	11	18%	3	25%
Other	3		1		1	
Drowning	4		2		1	
In the Home	5		3			
Motor Vehicle	18		5		1	
Suicide	13	9%	9	15%	1	8%
Homicide	2	1%	2	3%	1	8%
Undetermined	23	16%	16	26%	2	17%
Total Deaths	148	100%	61	100%	12	100%

Reviewable deaths mirror the overall deaths in Manitoba in that most are considered to have occurred naturally. Eighty percent of reviewable deaths were of children who were not in care.

YEARLY COMPARISON OF REVIEWABLE DEATHS



This year there was an increase in the number of reviewable deaths. With the increase in the number of children involved with the child welfare system, an increase in the number of reviewable deaths is not unexpected.

The table below identifies reviewable child deaths according to the Child and Family Services Authority responsible for the agency that provided service.

SIR CHILD DEATHS: BY AUTHORITY 2011-2012 (N=61)

	Number	Percentage
General Authority	10	16%
Métis Authority	4	7%
First Nations Northern Authority	19	31%
First Nations Southern Authority	28	46%
Total Cases with CFS Involved	61	100%

The legal status of children in care who were the subject of a Special Investigation Review in 2011-2012 is noted in the table below.

CHILD IN CARE DEATHS 2011-2012: LEGAL STATUS

Legal Status	Natural	Accidental	Suicide	Homicide	Undetermined	Total
Permanent Ward	2	2	1			5
VPA	3			1	1	5
Apprehension		1			1	2
Total	5	3	1	1	2	12

OVERALL OCA THEMES & RECOMMENDATIONS



As we reflect on the past year, we look for progress that has been made on recommendations as well as new insights into how services for children and youth may be improved.

HEARING AND CONSIDERING THE VIEWS OF CHILDREN AND YOUTH



Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children have a right to express their own views freely in all matters that affect them and that these views must be given due weight in accordance with age and maturity.

The OCA continues to receive reports from children and youth related to a lack of contact with, or a lack of response from, their social workers. This could mean the child or youth being unaware of their care plan, having questions about family contact or not being informed about simple daily living needs (e.g., clothing entitlement, recreation, school etc.).

The crisis orientation of frontline child protection work, along with heavy workloads, exacerbates the impact of broken communication between a child or youth and his or her social worker. In some cases, social workers have not provided timely responses to children and youth unless the young person is acting out or significantly distressed (e.g., suicidal). The development of meaningful and trusting relationships between workers and children or youth is seriously compromised when regular, in-person contact does not occur. This is compounded in situations where an agency has significant staff turnover resulting in frequent worker changes for children or youth.

OCA officers have witnessed that the children and youth coming forward are quite capable of expressing themselves according to their age and level of maturity or development. These children and youth are willing to engage with a supportive adult who is open to hearing what they have to say. This is further evidenced by

the fact that we get repeat referrals from children and youth when new concerns emerge and we often have continued contact with children and youth no longer receiving our services, but who wish to remain in touch to let us know how they are doing.

Although systemic barriers of workloads and crisis prioritization exist, agencies need to keep as a priority the importance of young client engagement.

TRANSITION PLANNING FOR LEAVING CARE

18+

The requirement to leave care at age 18 remains a challenge for many youth, some of whom need significant support to make the transition to adult independence.

We continue to receive requests for advocacy in this area – particularly as it relates to planning for independence. Although we receive some of these concerns in advance of the young person's 18th birthday, a number of referrals come to our attention only a few weeks or days before the youth's age of majority. Unfortunately, these young people have no plan in place for their transition despite their imminent independence.

We also receive a number of requests from young adults (age 19-21) who are experiencing difficulties with the terms of their extensions of care or the supports being provided under these arrangements.

For a fuller discussion on these issues, see the summary of our progress report on the recommendations we made in the 2006 report, *Strengthening our Youth: Their Journey to Competence and Independence*, on page 9. The full report can be downloaded from our website.

REMOVAL OF FOSTER CHILDREN/FOSTER PARENT APPEALS



For a child in care, the process of moving from one caregiver to another is one that creates multiple disruptions. It can often mean severing meaningful relationships as well as changing schools, communities, and a familiar environment.

There are times when a move is necessary and is clearly in the best interests of the child; however, adhering to a clear and fair process in these situations can ease the transition. If a foster parent objects to the removal of a child, he or she has the right to appeal the decision.

The OCA continues to receive requests for advocacy services related to the removal of children from foster placements as it pertains to three areas:

- Children and youth being moved from the foster home prior to the completion of the foster parent appeal process. This contradicts CFS standards and regulations.
- Longer-term placements that originated as “places of safety” (meant to be short-term, emergency placements) being excluded from the foster parent appeal process. This is particularly problematic when agencies have not met standards in completing requirements to make the placement a “child-specific” foster home (a longer-term foster home licensed for a specific child rather than a general license).
- Reported significant delays in the foster parent appeal process.

While the Child Protection Branch reports having made efforts to clarify the expectations regarding foster parent appeals for agency staff as well as foster parents, we continue to receive reports about the above concerns on a regular basis.

FAMILY ASSESSMENT



Child welfare workers have the responsibility of both engaging families in order to empower them to achieve their goals, and of continually assessing the family environment and dynamics for risk of harm to the children and youth.

Assessment is the foundation of effective support, intervention, and casework. Effective assessments are conducted by examining the evidence, seeking out additional information, and analyzing the circumstances.

The agency worker must then determine the level of safety and risk and incorporate their findings into the planning process with a family.

Although we observe many examples of thorough assessments, the OCA continues to see cases where there has been little or no assessment conducted at critical times. There are many points at which an assessment is necessary or might provide important insight to a family’s functioning.

For example, best practice and provincial standards both highlight the need for an assessment to be completed prior to the return of a child. Such an assessment includes an examination of what has changed for the family and the child since the time of apprehension or voluntary placement with the agency.

A significant source of information in assessing the potential return of a child is the parent-child visitation that occurs when a child is in the care of an agency. In addition, an assessment of family and child functioning following the return of a child is important, as this can be a time of increased stress for children and families. This stress on the family can be amplified by a number of factors, including whether a parent has struggled with alcohol or substance misuse. If sufficient supports are not in place, parents and families may return to former coping mechanisms, which may lead to the same circumstances that caused the child to be removed in the first place.

SLEEPING ENVIRONMENT RISKS



The OCA has noted a number of deaths associated with unsafe sleeping environments.

Bed sharing is popular due to the belief that it fosters a better attachment between parent and child, supports longer periods of sleep for both infant and parent, and encourages infants to breastfeed longer. However, this practice may give rise to significant hazards including entrapment, overlay, overheating, and smothering by soft bedding. Bed sharing has also been identified as a practice associated with Sudden Unexplained Infant Death (SUID) and SIDS.^{2,3} It is important that parents and caregivers understand the risks associated with bed sharing and know what a “safe sleep environment” looks like. Medical and social services have an opportunity to ensure that the ample information on reducing sleep risks is available to parents and caregivers.

² Trifunov, W. (2009). (2009). The practice of bed sharing: A systematic literature and policy review. The Public Health Agency of Canada. Retrieved from http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pbs-ppl-eng.php

³ Although the term SUID is used as an inclusive term for the purposes of this report, the medical and research communities have yet to agree on standard terminology to describe the many possible factors related to these unexplained deaths of children. Other terms found in literature include: SUDI, SUD, SDII, etc. Source: http://www.childdeathreview.org/Symposium2009/KKA_Symp_Wed_CSM_LC.pdf

FINANCIAL REPORT

Total Salaries and Employee Benefits = \$1,994

Total Operating Expenses = \$870

OFFICE OF THE CHILDREN'S ADVOCATE STAFF MEMBERS

Darlene MacDonald - Children's Advocate

Bonnie Kocsis - Deputy Children's Advocate

ADMINISTRATION:

Patty Sansregret – Manager, Finance & Administration

Patsy Addis Brown (Casual), Manager, Special Projects

Vanessa Bodie, Senior Clerk, Advocacy Services

Holly Johnson, Administrative Assistant

Audrey McBride-Christle (Casual), Administrative Assistant

Cyd Ramsey, Administrative Assistant

Reji Thomas, Administrative Assistant

ADVOCACY SERVICES

Angie Balan - Program Manager

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Doug Ingram

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Kirstin Magnusson

Thelma Morrisseau

Rosie O'Connor

Carolyn Parsons

Denise Wadsworth

Paula Zimrose

SPECIAL INVESTIGATION REVIEW

Shelagh Marchenski - Program Manager

INVESTIGATORS:

Kevin Barkman

Bob Christle

Ranjodh Dhaliwal (started July 2011)

Justine Grain

Cathy Hudek

Tanis Hudson

Marion Jonassen (until May 2011)

Ainsley Krone

Joanne Lysak

Jennifer Rentz-Wright (started July 2011)

Lynda Schellenberg

Donna Sutherland (Casual)

Barb Tobin

SPECIAL INVESTIGATION REVIEW

ADVISORY COMMITTEE:

The OCA thanks the members of the Special Investigation Review Advisory Committee for their dedication to the children of Manitoba. This committee provides the OCA with expert feedback on Special Investigation Review recommendations, practices and policy issues.

Mr. Scott Amos	Social Development Operational Specialist, Aboriginal Affairs and Northern Development Canada
Mr. Alem Asghedom	Instructor, Inner City Social Work Program, University of Manitoba
Ms. Marie Christian	Director, Voices-Youth in Care
Dr. Charles Ferguson	Director, Child Protection Centre
Dr. Don Fuchs	Professor, Faculty of Social Work, University of Manitoba
Ms. Pamela Jackson	Therapist, Trainer and Consultant
Mr. Corey La Berge	Accommodation Council for Youth Living with FASD, Legal Aid Manitoba
Ms. Margaret Lavallee	Elder, University of Manitoba
Dr. Peter Markestyn	Former Chief Medical Examiner
Mr. Peter Rogers	Senior Advisor, Health Canada

A YOUNG PERSON'S PLEA FOR AN EXTENSION OF CARE



Nineteen-year-old J.F. had his CFS care extended in order to finish high school. In April 2012, he stopped attending school due to a family illness and other personal issues. Although he was determined to finish school, he was told by CFS that his extension of care would not be renewed past July 2012. J.F. submitted a document to CFS outlining the reasons he felt he should be granted a further extension to January 2013. The following is an excerpt:

If I never got in CFS I would probably be like the rest of my family, sitting in jail, in the hospital, selling drugs on the streets etc. In my eyes, I see my family being pretty messed up. Most of my family looks at me as a role model even though I've had some ups and a lot of downs. They were and probably always will be there for me when I need someone to talk to.

CFS is one of the best things that happened in my life even though I've been in a lot of bad foster, group and shelter homes. Nowadays, I help my family out as much as I can, I do a lot of preaching to little sisters, big brother, uncles, my mom and my aunts. I got my own place and it's going smoothly right now.

My whole life I've always had CFS support and it's been really helpful to this point, but now my CFS extension ends on July 31st and unfortunately, I haven't even finished high school yet. CFS took me, my brother and my sisters away from my mom a long time ago. It was rough times for us for seven or eight years then we moved back in with our mom where we saw her do a lot of bad things in front of us. I've been through a lot of good and bad times in CFS, but it's this point in my life that I need CFS's support the most to get through high school.



More than 50% of all Canadian youth between the ages of 18-25 live at home with parents. Almost one quarter of young people (20-29) who live in the parental home have left to live on their own at some point in the past.

Source: Human Resources & Skills Development Canada: Indicators of Well-being in Canada, Family Life – Young Adults Living with their Parents, July 2012. (Web Link: <http://tinyurl.com/bm4ajkb>)

Update: At this time, J.F.'s extension of care has been granted and he is continuing to receive agency support.

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