

# MANITOBA

THE OFFICE OF THE  
CHILDREN'S ADVOCATE

## ANNUAL REPORT

April 1, 2010 - March 31, 2011



Children's  
Advocate

# I HAVE RIGHTS



## THE OFFICE OF THE CHILDREN'S ADVOCATE

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# ABOUT

## THE OFFICE OF THE CHILDREN'S ADVOCATE



Giving children and youth a voice

### 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 are also responsible for carrying out a review of services after the death of a young person who was, or had been, receiving services through the child welfare system within the year prior to their death. We do this through our Special Investigation Review Unit.

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 arm's length relationship the Office of the Children's Advocate has with the child welfare system 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.

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

## RECOMMITTING TO CHILDREN AND YOUTH

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, 2010 to March 31, 2011.

Having been appointed as the children's advocate at the end of this reporting period, I have benefitted from the process of completing this annual report. The annual report reflects the work undertaken during this time period by acting children's advocate, Bonnie Kocsis, and the OCA team. This work has provided me with a start towards setting goals for this office that I'm eager to pursue.

Advocating on behalf of children and youth in a way that truly ensures they have a voice and rights is not easy. As adults, we are far removed from their perspective and they have few opportunities, and often limited ability, to speak out. This is especially the case for children involved in the child welfare system. So, it's not enough to set up an office and invite children and young people to bring their concerns to us. We need to make it as easy as possible. We need to help children and youth develop their voice.

That's why I'm pleased that the OCA has embarked on a strategy to increase the engagement of children and youth with this office. As you'll see when you review our service statistics, less than 20 per cent of the referrals we receive are from children and youth themselves. We want to make sure that young people know about their rights, our services and how they can find their own voice and be heard.

During my 25-year career in the field of child welfare, I have been involved in several initiatives that aimed to research and create conditions for best practices in child welfare. I am honoured to now have the opportunity to act as an official advocate for the rights of children. I look forward to leading a team of professionals committed to listening to those who frequently are not heard.



Respectfully submitted by,  
**Darlene MacDonald, MSW**  
Children's Advocate

### A NOTE ABOUT THE 2010-2011 REPORT

*Bonnie Kocsis was in the position of Acting Children's Advocate during the time period covered under this report. As a result, this report primarily represents the views, comments and perspectives of Ms. Kocsis, supplemented by the comments of Darlene MacDonald, who was appointed Children's Advocate in late March 2011.*



# EXECUTIVE SUMMARY

## THE OCA

The OCA is an independent office. We represent the rights, interests and viewpoints of children and youth throughout Manitoba who are receiving, or should be receiving, services under *The Child and Family Services Act* and *The Adoption Act*.

We also carry out a review of services after the death of a young person who was, or had been, receiving services through the child welfare system within the year prior to their death.

## THEME OF THIS YEAR'S ANNUAL REPORT

# RECOMMITTING TO CHILDREN AND YOUTH



New Children's Advocate Appointed  
**Darlene MacDonald**

- Appointed March 2011
- Took over from Acting Children's Advocate, Bonnie Kocsis.

We want to make sure they know about the OCA as well as their rights. We've developed a plan to do this.

## PROGRESS:

- Youth consultation on redesign of website
- Intro brochures translated into Cree and Ojibwe
- Getting out to where children and youth gather
- Strengthening partnership with **VOICES:** Manitoba's Youth in Care Network

## Overview of Activities



**147**  
FACILITIES

## PROVINCIAL

- The OCA annual report now gets tabled to the Committee on Legislative Affairs.
- Started two special reports this year:
  - Placement needs of young people with complex needs
  - Follow up on our 2006 report, *Strengthening our Youth – Their Journey to Competence and Independence*.
- We identified 147 facilities serving children and youth in care in Manitoba. We visited 73 this year and plan to visit them all.

## NATIONAL



- As a member of the Canadian Council of Child and Youth Advocates (CCCYA), we released a position paper entitled, *Aboriginal Children and Youth in Canada: **Canada Must Do Better***
- Stood in opposition along with the CCCYA against proposed changes to the Youth Criminal Justice Act.
- Provided funds for two young people to attend National Youth in Care Conference in Ottawa.



## SPECIAL INVESTIGATION REVIEWS

84

Cases carried from last year

164

Number of Manitoba child deaths

53

Cases eligible for SIR

124

Cases closed

Most OCA-reviewed child deaths mirror overall deaths in Manitoba in that most are considered to have occurred naturally. Reviewable deaths have higher proportion of suicide and homicide deaths.

### Top 3 CFS Related Concerns at Contact:

- Case Planning
- Rights
- Quality of Care

## Numbers about service

### ADVOCACY SERVICES

**2,299** Total requests for service

**1,034** Total cases opened

**1,086** Total cases closed

## Themes & Recommendations

### LEAVING CARE AT AGE 18



**Of concern:** The OCA is seeing an increase in requests for service from this older age group, which could strain our resources over time.

**Good news:** Young people in care are being granted extensions of services beyond 18 more often.

### ASSESSING RISK



**Of concern:** The OCA has been seeing cases where risk increases due to unsuccessful engagement between workers and clients. Agencies need to see this as a risk factor.

**Good news:** Manitoba introducing a new risk assessment tool for workers along with increased training.

### YOUTH WITH COMPLEX NEEDS



**Of concern:** The system has great difficulty meeting the needs of young people with multiple, complex needs.

### WATER SAFETY



**Of concern:** Leading cause of injury death of children 1-4 years. First Nations toddlers 15 times higher drowning rate than other Canadians. A change in attitudes, knowledge and behavior required.

### COMMUNICATION



**Of concern:** It's not easy for those who need CFS service to know where to go for help. The system needs improved internal and external communication to meet needs and respect rights of children.

**Good news:** Manitoba has developed a new website making more information available about child and family services in our province.

### EXPENDITURES



**\$1,679.0** Total Salaries and Employee Benefits

**\$789.0** Total Operating Expenses

Read the full report at [childrensadvocate.mb.ca](http://childrensadvocate.mb.ca)

You can also call (204) 988-7440  
1-800-263-7146 (toll free) for a print version.



# OVERVIEW

## OF INITIATIVES & ACTIONS



### Provincial

#### **COMMITTEE ON LEGISLATIVE AFFAIRS**

In June 2010, the Legislative Assembly of Manitoba Standing Committee on Legislative Affairs called upon the acting children's advocate to speak publicly about concerns affecting children and youth receiving, or entitled to receive, services from a child and family services agency. This was the first time this request had been made. In addition, an amendment was made to *The Child and Family Services Act* to ensure that the children's advocate will be referred to the committee within 60 days of tabling the OCA annual report.

The OCA welcomes this important change to the legislation as it allows for the citizens of Manitoba to hear directly from the children's advocate on issues concerning the children and youth of Manitoba.

### **SPECIAL REPORTS**

The OCA initiated two special reports this year. The first looks 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.

It is very difficult to find placements and to access the right support services for these youth who require a high level of care. The OCA has been advocating on behalf of a number of special needs youth and examining their needs and the services provided to them in greater depth. The goal is to identify strengths in the system that support these youth as well as identify areas for improvement. The plan is to have this report completed for release next year.

The second report is a review of the progress made on the recommendations resulting from the OCA's 2006 report, *Strengthening Our Youth – Their Journey to Competence and Independence*. This report is scheduled for release in 2012.

### National/ International

#### **ABORIGINAL CHILDREN AND YOUTH**

The Canadian Council of Child and Youth Advocates (CCCYA), of which Manitoba is a member, released a position paper in June 2010 entitled, *Aboriginal Children and Youth in Canada: Canada Must Do Better*.

The paper reflects the growing concern regarding the status of Aboriginal children and youth compared to their non-Aboriginal counterparts. Canadian Council members called on national, provincial, territorial and Aboriginal governments to take coordinated action on improving the living conditions and outcomes for Aboriginal children and youth in Canada. The Council made a number of recommendations including the need for a national plan. The full submission is available online at [childrensadvocate.mb.ca](http://childrensadvocate.mb.ca).

## BILL C-4

In March 2011, members of the Canadian Council of Child and Youth Advocates (CCCYA) travelled to Ottawa to make a submission to the House of Commons Standing Committee on Justice and Human Rights respecting Bill C-4, An Act to Amend the Youth Criminal Justice Act (YCJA). The bill was proposed to address perceived shortfalls within the YCJA with respect to extremely violent crimes committed by youth.

The proposed amendments include changes to the guiding principles as part of sentencing. This includes handing down sentences for crimes committed by youth with the goal of deterrence (i.e., discouraging the offender and others from committing crimes). Another guiding principle is that the sentence should denounce the offence (i.e., express society's condemnation of the offence). The principle of denunciation opens the door to potentially harsher sentences.

The changes would also result in an increase in pre-sentencing custody/detention for youth, and the ability for the courts to consider any past extrajudicial measures taken by law enforcement or Crown prosecutors. Extrajudicial measures are those actions that law enforcement or the Crown prosecutor have taken instead of legal proceedings. Finally, Bill C-4 would also see the broadening of judges' discretion to lift the publication ban on the names of young offenders.

The CCCYA asked the House of Commons to reject the proposed bill, arguing that there is no evidence to suggest the changes would reduce youth crime. Indeed, they would erode the original intent of the YCJA and undermine the spirit of the Convention on the Rights of the Child, which maintains that youth (under 18 years) are not fully developed in terms of their moral and ethical responsibilities as well as ability to reason and process criminal intent. Bill C-4 would allow for easier access to imprisonment, which is the most severe action available.

The full submission is available online at [childrensadvocate.mb.ca](http://childrensadvocate.mb.ca).

Ottawa-  
House of  
Commons



# COMMUNITY OUTREACH

## YOUTH ENGAGEMENT

In keeping with the OCA's goal to increase outreach to and involvement of youth, we undertook a variety of initiatives and activities. Some examples follow:

- Undertook a facilitated exercise to develop a vision for youth engagement, which resulted in specific goals. We also involved **VOICES: Manitoba's Youth in Care Network** in a review of these goals.
- Gathered youth to get feedback on the redevelopment of the OCA website.
- Expanded outreach materials (e.g., stuffed animals, playing cards) and designated supplies (e.g., food, bus tickets) to support youth engagement activities.

**9,120**

Children in  
care in 2010



*The number of children in care has increased progressively over the years from 5,782 in 2004 to 9,120 in 2010, for a total increase of just over 3,300 children. As a proportion of the population of children in Manitoba, there has been an increase during this time from 2% to 3.2%.*

*(Source: Manitoba Family Services and Consumer Affairs and Manitoba Health)*





### THREE WISHES FROM YOUTH IN CARE

Manitoba was well represented at the National Youth in Care Conference by nine youth delegates funded and supported by the OCA, VOICES: Manitoba's Youth in Care Network and the four child welfare authorities. At one point, participants were asked to speak out on what would improve their experience in care. Their top three wishes were:

- *Respect for privacy related to their own space in group/foster care.*
- *Ongoing and updated training for those providing them with care.*
- *Better access to education and other resources such as training.*

## Finding the Strength TO HEAL

Before I came into treatment, I was struggling with addictions and family issues. My addictions led me to gang life and from there I started stealing from family and other people. I started hurting people and myself all for nothing.

I never really grew up with my family. I have been on my own since I was 12-years old. My dad went to jail and my mom was seeing someone else I didn't like and he didn't want me around so I stayed with friends or other family members. Whenever I would get hungry or needed something, I would go see my grandma. She was always there and never gave up on me. When she passed away from cancer I stopped caring about what I did and about myself.

I started breaking the law even more than ever and I went to jail. While I was there I did a lot of thinking and started to wonder where I would be in a couple of years – in jail or dead.

I decided it was time to change. When I got out of jail I made the hard choice to go into treatment. I've had some set backs but now I'm doing better than before and I'm making little changes at a time because it's hard to change. It takes time, but it's worth it.

I know now that if you grow up and raise yourself on your own without family, you're a strong, smart person and you can handle anything life throws at you.

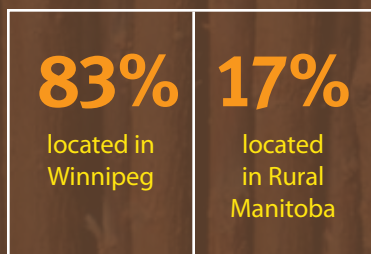
-Keagan  
(17 years)

# TRANSLATION OF COMMUNICATION MATERIALS

This year, the OCA focused on reaching out to the children and families living in regions of Manitoba where English and/or French is not always the first language spoken. Cree, Oji-Cree and Ojibwe are still used widely in some communities. In an effort to ensure that these community members learn about the OCA in their own first language, we began a process of translating our introductory brochures into these languages.

We have also translated the OCA's Suicide Prevention Newsletter into Cree and Ojibwe. The biannual publication covers current information on youth suicide prevention including current research and prevention strategies and programs in Manitoba and across Canada. The newsletter is sent to aboriginal agencies, CFS Authorities, child welfare agencies, community organizations, government departments, schools and nursing stations throughout the province as well as to national organizations.

The OCA worked with accredited language translators at Aboriginal Languages of Manitoba to develop these materials. We thank the translators as well as workers in the relevant communities who helped with the review of these items. The OCA plans to have all introductory materials translated into both Cree and Ojibwe within the next year.



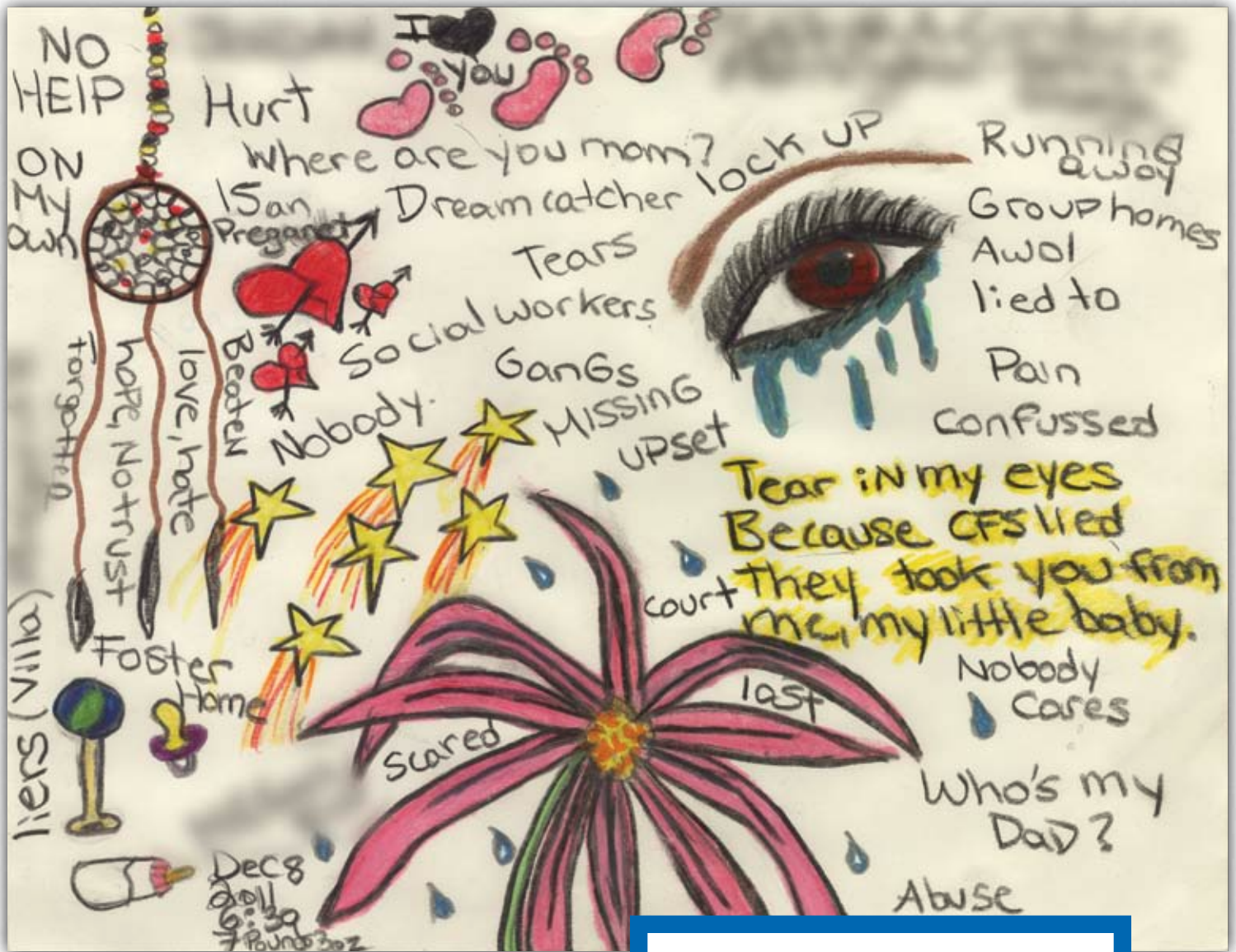
## Facility Visits

As part of our re-commitment to children and youth, the OCA made efforts this year to initiate contact with and to visit residential facilities for children and youth in order to provide rights education and advocacy services information.

Although a comprehensive database of these facilities in Manitoba does not exist, the OCA was able to identify 147 facilities. Of these, 83 percent were located within Winnipeg and 17 percent in rural or northern Manitoba.

In the first year of this initiative, the OCA managed to complete a total of 73 facility visits throughout the province. It is our goal to make contact with all the facilities we can identify to continue to build and strengthen relationships with them.

VISITS



## 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

### MY STORY ABOUT BEING IN CARE

When I came in care I was really scared. I started crying in my room and I tried to run away because I wanted to be with my mom.

I thought care was going to be hard but it was nice.

I met a lot of people and made new friends and I did a lot of new things that were fun.

I even have movie night here and everything.

-Kiana

(11 years)

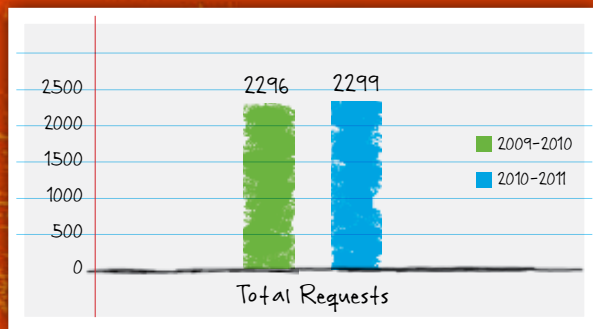
Artwork of Margaret (16 years)

# REVIEW OF SERVICES

## TOTAL REQUESTS FOR SERVICE

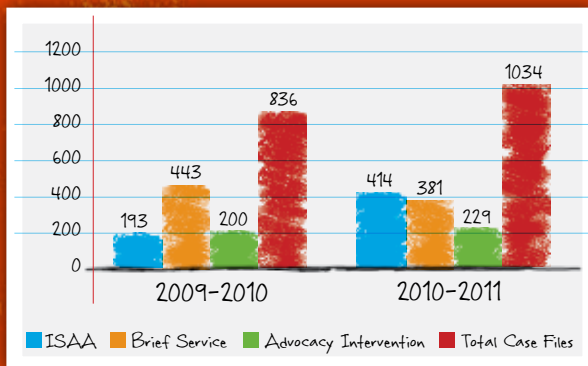
In 2010-2011, the Office of the Children's Advocate received a total of 2,299 requests for service.

The number of requests for service this year compared with last fiscal year was virtually the same.



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

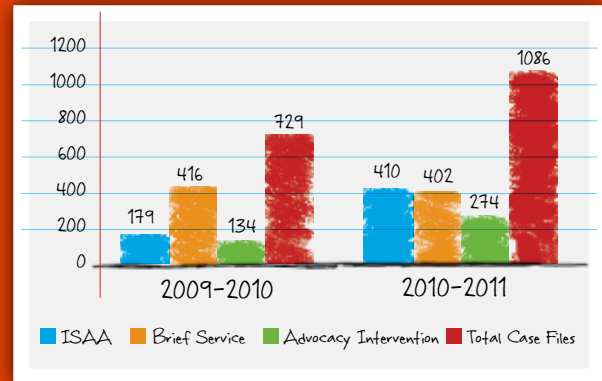
## TOTAL CASE FILES OPENED INDIVIDUAL ADVOCACY



Note 1: The OCA began the 2010-2011 fiscal year with 343 open cases.

Note 2: ISAA and Brief Service case files are dealt with by Intake Assessment Officers. Advocacy Intervention case files are dealt with by Advocacy Assessment Officers.

## TOTAL CASE FILES CLOSED



Note: The OCA ended the 2010-2011 fiscal year with 291 files remaining open (carried forward).

The increase in case openings from the previous fiscal year reflects changes the OCA made to its data entry/ case creation process, rather than an increase in service requests.

In particular, the number of case files opened in 2010-2011 increased significantly from the previous year due to more accurate data entry and file creation to reflect the information & self-advocacy (ISAA) aspect of OCA service provision.

As part of ISAA service, intake officers provide information/education and discuss advocacy techniques with children, youth and adult allies (e.g., family members, foster parents, professional collaterals, etc.). We do this with the goal of empowering individuals and families to do their own advocacy. Depending on the nature of the issues and individual capacity, time spent on ISAA contacts can vary significantly, from a brief call of a few minutes to upwards of an hour or more.

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 on the oldest or primary sibling.

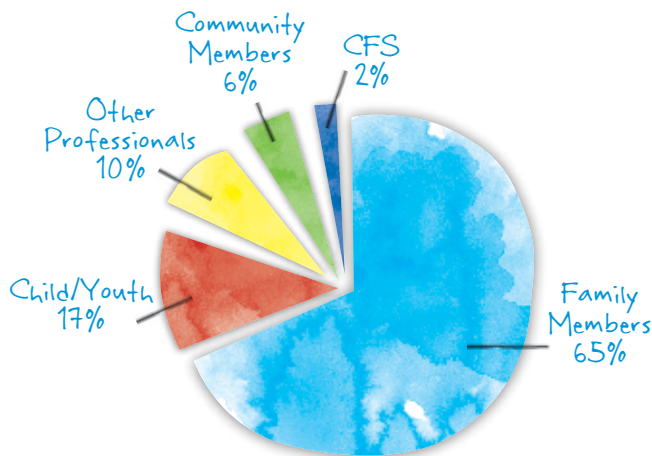
Advocacy officers closed twice as many case files in 2010-2011 as they closed in 2009-2010.



## WHO CONTACTED THE OCA

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

In 2010-2011, children and youth made up 17 percent of our total referral source base.



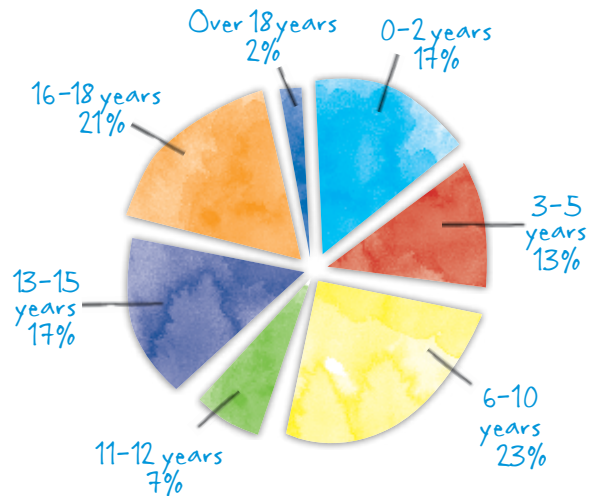
The actual number of children and youth contacting the OCA for advocacy services, has increased by 43 percent since 2008-2009. As the table below shows, in 2008-2009, 101 children/youth contacted the OCA versus 176 in 2010-2011.

2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
18% (122)	18% (128)	14% (94)	11% (66)	14% (101)	16% (101)	21% (173)	17% (176)



## 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.

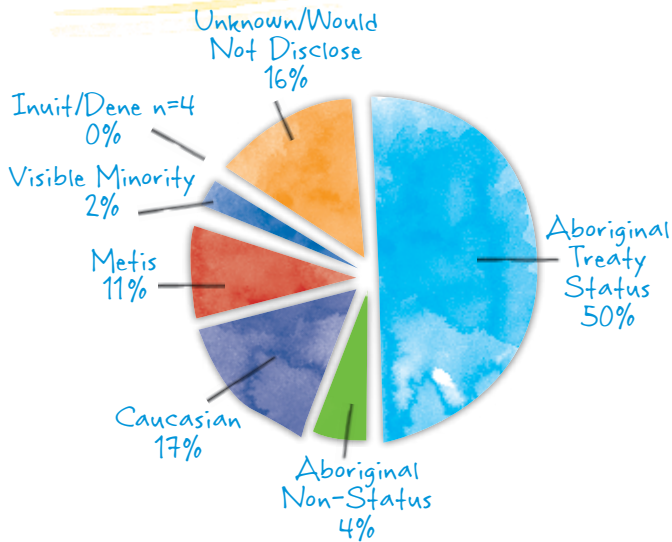


In keeping with past years, our age categories with the highest number served are children ages 6-10 (23%), older adolescents ages 16-18 (21%) and young adolescents ages 13-15 (17%).

Due to an increase in the number of youth receiving extension of care services, the OCA has also seen an associated increase (quadruple) in service requests from youth aged 18-21 years. In 2009-2010, there were four case files opened regarding requests for service for youth aged 18-21 years whereas in 2010-2011, the OCA opened 17 case files related to the same age group. See more about issues related to extension of care services under the heading "themes".

*The OCA's office on Winnipeg's Portage Avenue is very visible and easily accessible, which is important in terms of outreach to children, youth and families.*

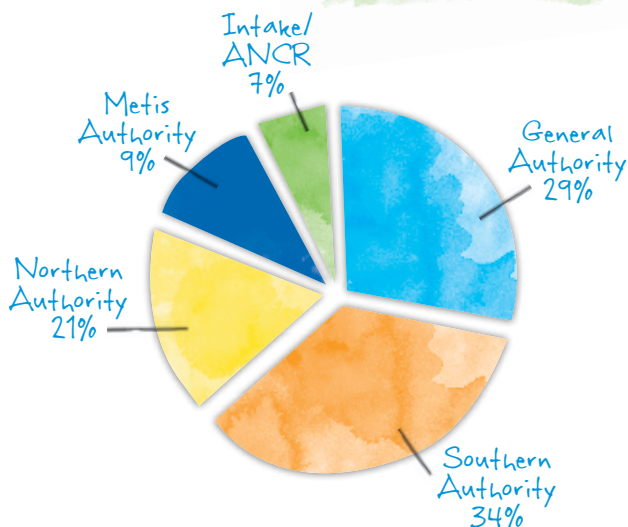
## RACIAL ORIGIN



**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.

A review of the racial origin of children and youth involved with the OCA shows that 65 percent were Aboriginal children and youth. The majority of these children and youth (76%) were children in care of 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

Advocacy cases may have multiple concerns. This year, our casework yielded 4,101 concerns.

Top Issue	Number	Percentage
Case Planning	1379	34%
Rights	1122	27%
Quality of Care	504	12%
Responsiveness/Timeliness	409	10%
Accessibility	231	6%
Child Maltreatment	168	4%
Accountability	96	2%
Transitional Planning	85	2%
Other	71	2%
Special/Complex Needs	29	1%
Adoption	5	-
Devolution	2	-
<b>Total</b>	<b>4101</b>	<b>100%</b>

\*\* 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 child/youth
- **Right to participation** – Child/youth not included in the decision-making process
- **Right to consideration** – Child/youth's viewpoints not considered and/or given sufficient weight
- **Right to knowledge of advocacy** – Child/youth not made aware of right to advocacy services
- **Right to legal advocacy** – Child/youth not given legal advocate in the judicial process or not provided with effective legal advocacy

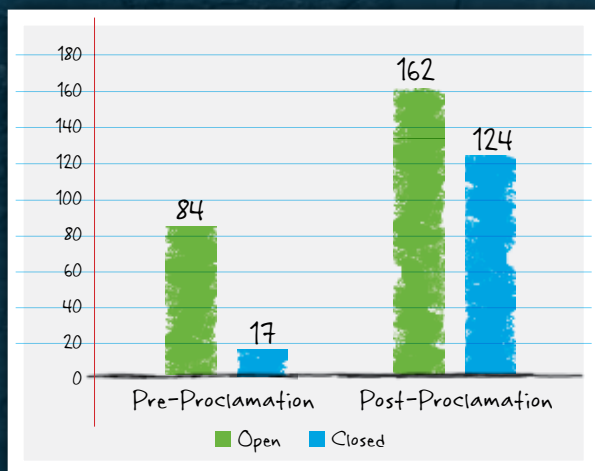
# SPECIAL INVESTIGATION REVIEW STATISTICS

## INVESTIGATION SUMMARY

The Special Investigation Review unit took on its responsibilities regarding child deaths as of September 15, 2008 through an amendment to *The Child and Family Services Act (CFS Act)*.

At the time the CFS Act amendment was proclaimed, a total of 106 outstanding reviews were referred by the Office of the Chief Medical Examiner to the Special Investigation Review unit. The chart below shows that 84 of those pre-proclamation cases remained open on April 1, 2010. Seventeen of those were completed with reports this year. The number of child death notifications received in 2010-2011 was 162. A total of 124 post-proclamation cases were closed.

## SPECIAL INVESTIGATION REVIEW CASES 2010-2011



In the cases that were reviewed, case management was identified as an issue 58 times. Under the case management heading, assessment and risk assessment were most frequently cited. Planning and service delivery were also emphasized. There were 19 citations related to training needs and 18 related to the challenges and barriers in coordination of services.

## CHILD DEATHS IN MANITOBA

### Manitoba Deaths

The Office of the Chief Medical Examiner (OCME) notified the OCA of 162 child deaths occurring in 2010-2011. Six deaths involved non-resident children leaving 156 Manitoba child deaths for potential review.

The OCME determines the manner of death of each child according to an established protocol. In the table below we have provided additional detail under the manner of death categories.

**Manner of Death – Manitoba Child Death Notification**  
(N = 156)

Manner	Number	Percent
<b>Natural</b>	<b>91</b>	<b>58%</b>
Medically fragile	45	
Prematurity	44	
Disease	2	
<b>Accidental</b>	<b>22</b>	<b>14%</b>
Other	2	
Drowning	1	
In the home	5	
Motor vehicle	14	
<b>Suicide</b>	<b>14</b>	<b>10%</b>
<b>Homicide</b>	<b>5</b>	<b>3%</b>
<b>Undetermined</b>	<b>24</b>	<b>15%</b>
<b>Total deaths</b>	<b>156</b>	<b>100%</b>

Our previous review of child deaths in Manitoba between 1999 and 2009 indicated that over that time the annual number of deaths ranged between 207 and 164 with an average of 179. The total for this year falls slightly outside that range. The majority of child deaths are consistently a result of natural causes.

The Chief Medical Examiner determines the official manner of death. This reporting is unofficial and may differ slightly from the OCME's final determination.

# SPECIAL INVESTIGATION REVIEW

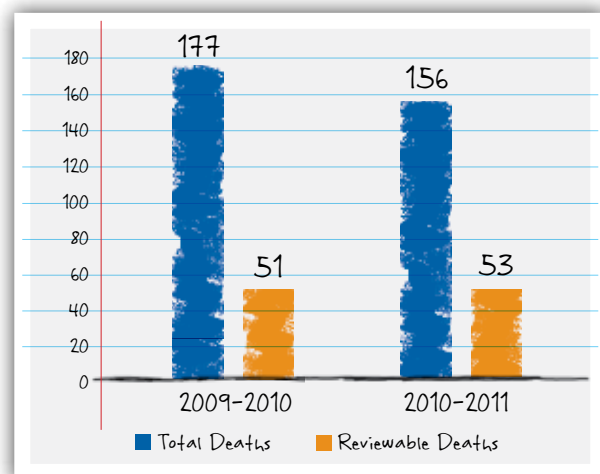
# REVIEWABLE DEATHS

Cases eligible for review by the Special Investigation Review unit 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 death.

Our 2009-2010 report provided a five-year comparison of the number of child deaths compared to reviewable deaths using calendar year data published by the OCME.

Over that period, the average annual number of child deaths was 177 and the average number of reviewable deaths was 51 (28%) of all deaths. This year, the number of child deaths was 156 and the number eligible for review was 53 (34%). This makes the number of deaths reported this year slightly lower than the five-year average, and the number of reviewable deaths slightly higher. This year we will begin a yearly comparison using OCA fiscal year data as shown in the chart below.

## YEARLY COMPARISON OF REVIEWABLE DEATHS



Reviewable deaths mirror the overall deaths in Manitoba in that most are considered to have occurred naturally. However, the reviewable group has a lower proportion of accidental deaths and a higher proportion of deaths by suicide and homicide.

Fifty-two percent of all Manitoba child deaths occurred in families who had no known child welfare involvement.

The table below identifies child deaths reviewed by the Special Investigations Review unit according to the Child and Family Services Authority responsible for the agency that provided service.

### Special Investigations Review Unit Child Deaths: By Authority 2010-2011 (N=53)

	Number	Percent
General Authority	8	15%
Métis Authority	2	4%
Northern Authority	23	43%
Southern Authority	20	38%
<b>Total Cases with CFS Involvement</b>	<b>53</b>	<b>100%</b>

## CHILDREN IN CARE DEATHS

Each year, a small proportion of child deaths occur in children who are in care. This year saw eight of the 156 child deaths involve children in care of an agency at the time of death. The following table outlines the legal status of those children in care.

### Child in Care Deaths 2010-2011:

Legal Status (N= 8)

CFS Involvement	Number	Percent
<b>Legal Status</b>		
Permanent Ward	3	37.5%
Temporary Ward	0	0%
Voluntary Placement Agreement (VPA)	1	12.5%
Apprehension	4	50%
<b>Total CIC</b>	<b>8</b>	<b>100%</b>

# 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.

### LEAVING CARE AT AGE 18

Reaching the age of majority (turning 18) can be a very stressful time for some youth in care, given that their supports (both formal and informal) often “drop away” as they move out of foster homes and group home resources and have to face adult responsibilities and expectations. There are some youth exiting the child welfare system who are particularly vulnerable.

As mentioned earlier in this report, the OCA is presently reviewing progress made on the recommendations resulting from the OCA's 2006 report, *Strengthening Our Youth – Their Journey to Competence and Independence*. We have seen some positive developments within the system since this report and look forward to the results of this formal review. Provincial standards for child and family services agencies offer reasonable guidelines for child welfare workers providing services to youth who are transitioning from care to adulthood. However, the OCA continues to see cases where these standards are not being followed.

Over the past several years, the OCA has consistently reported issues arising from the lack of supports for young people leaving care at age 18.

While we are still seeing referrals to our office involving cases where adequate preparation for leaving care at 18 has not taken place, one area that has shown improvement is the increase in extensions of care and services for young people who need continued support beyond the age of majority.

Although this is a positive development, with more young people receiving extended services, the OCA has seen an associated increase in service requests from youth aged 18-21 years. If this trend continues, our office could see a substantial rise in referrals that could strain our resources to respond appropriately. We are monitoring this situation closely.



Lack of supports for young people leaving care at age 18

# RISK

## Assessing Risk

It is impossible to accurately assess the risk of harm to a child 100 percent of the time. Human behaviour and the myriad factors that contribute to family situations of child abuse and neglect make assessing risk a challenge. Solid risk assessment is also hampered by the high caseloads of workers allowing them less time with children and families than is ideal.

A proven method of assessing risk of maltreatment is required as part of the everyday service planning on the part of child welfare workers. Without assessing risk in a methodical way, solid case planning and the development of appropriate interventions is much less likely.

We have identified a factor in risk assessment that is complex and somewhat difficult to address. When a child, youth or family repeatedly resists offers of support from a child welfare agency despite numerous reported safety concerns, the avoidance does not appear to be considered an added risk factor. However, it can result in many case openings and closings while borderline child protection concerns grow into significant ones.

We have called for the revision of provincial standards to acknowledge that unsuccessful engagement between the agency and the caregiver can increase risk levels to children. We have further recommended that agencies and their authorities develop strategies that must be attempted prior to disengaging with clients and that workers receive the appropriate training in those expected strategies.

The OCA has identified the lack of training in risk assessment as it relates to appropriate case planning within the child welfare system as a consistent concern over the years.

A positive development with respect to risk assessment and case planning is the province's introduction of the Structured Decision Making (SMD®) Model. SMD is an evidence-based approach that includes a series of tools to assess families and to structure the agency's response at specific decision points in the life of a case, from first intake to family reunification.

We are also seeing improvements in the areas of mandatory training for workers as well as the implementation of a new funding formula that will begin to address much needed workload relief.

The OCA is hopeful that these improvements will result in better observable outcomes for children and families.

### YOUTH WITH COMPLEX NEEDS

*As mentioned earlier in this report, the OCA is undertaking a special review of 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 office has dealt with a number of cases over the years that involve these children and the inability to find placements and support services that can meet their multiple, complex needs. This is clearly a systemic issue that needs to be addressed.*



# Water SAFETY

The OCA's Special Investigation Review Unit identifies water safety as a particular concern with respect to Manitoba child deaths. In Manitoba drowning is the leading cause of injury death of children 1 to 4 years of age<sup>1</sup>. First Nations toddlers are one of the populations at greatest risk with a drowning rate 15 times higher than other Canadians<sup>2</sup>. Water temperatures also play a role, with cold temperature water immersion increasing the risk of death.

With respect to toddler drowning, most are preceded by what has been described as a momentary lapse in supervision. A recent study of Manitoba drowning deaths found that 75 percent of pediatric drowning victims were without adult supervision at the time of the incident<sup>3</sup>.

Prevention education has been the focus of water safety recommendations arising from the inquest into the 2004 drowning death of Keyanna Snowdon and the 2006 *Honouring their Spirits* report on child deaths.

However, in many communities risk perception is a significant barrier to successfully implementing prevention programs. The OCA supports the call for further research into the most practical strategies for changing knowledge, attitudes and behaviour for the prevention of cold water immersions as was identified in the discussion and recommendations noted by the Canadian Red Cross (2006) in *Drownings and other related injuries in Canada* (p.63).

<sup>1</sup> Manitoba Health. (No date). *Preventing drowning in Manitoba: A review of best practices*.

<sup>2</sup> Assembly of First Nations (2006). *Injury prevention fact sheet*.

<sup>3</sup> Manitoba Health. (No date). *Preventing drowning in Manitoba: A review of best practices*.

## COMMUNICATION

The child welfare system has never been particularly easy to navigate for those who need to access it. However, clear communication has become even more of a challenge since the transfer of responsibility for child welfare to the four child welfare authorities. The system has become that much more complex. There is still no seamless, fully integrated information system that shares case and resource information between offices, agencies and the authorities.

Many of the calls we receive reflect that individuals within and outside of the system are unclear about whom to contact for their particular situation. There doesn't appear to be a defined communications strategy to inform the public about services available, responsibilities or appeal processes.

Lack of communication has a significant impact on the ability to assess risk and case plan. It also has implications for meeting the needs and respecting the rights of children and families who need help.

Although the province has made improvements to information available on the child and family services website, the system as a whole needs a comprehensive communications audit and plan to improve the flow, timeliness and methods of communication required to improve child welfare services in Manitoba.

The system has never been easy to navigate

# FINANCIAL REPORT

Total Salaries and Employee Benefits = 1,679.0 with 20 FTE's

Total Operating Expenses = \$789.0

## OFFICE OF THE CHILDREN'S ADVOCATE STAFF MEMBERS

Darlene MacDonald, Children's Advocate  
(Appointed March 2011)

Bonnie Kocsis - Acting Children's Advocate

Shelagh Marchenski - Acting Deputy

Children's Advocate

### Administration

Patty Sansregret - Administration & Finance Manager

Cyd Ramsey

Reji Thomas

Debra Swampy (to October 2010)

Patsy Addis Brown (Casual)

Audrey McBride-Christle (Casual)

### Advocacy Services

Angie Balan - Program Manager

### Officers:

Sarah Arnal

Kevin Barkman

Debra De Silva

Dawn Gair

Gerald Krosney

Kirstin Magnusson

Thelma Morrisseau

Rosie O'Connor

Carolyn Parsons

Denise Wadsworth

Paula Zimrose

### Special Investigations Review

Joanne Lysak - Acting Program Manager

### Investigators:

Bob Christle

Justine Grain

Cathy Hudek

Tanis Hudson

Doug Ingram

Marion Jonassen

Ainsley Krone

Lynda Schellenberg

Barb Tobin

Don Wells (to June 30, 2010)

## 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

Mr. Alem Asghedom

Mr. Corey La Berge

Ms. Kelli Windsor-Brown

Ms. Marie Christian

Dr. Charles Ferguson

Ms. Cheryl Fontaine

Dr. Don Fuchs

Ms. Pamela Jackson

Ms. Margaret Lavallee

Dr. Peter Markestyn

Mr. Peter Rogers

Mr. Glenn Sanderson

Mr. Cecil Sveinson

Ms. Doris Young

Social Development Operational Specialist, INAC

Instructor, Inner City Social Work Program

Accommodation Council for Youth Living with FASD, Legal Aid Manitoba

Corporal, Royal Canadian Mounted Police

Director, Voices: Manitoba's Youth in Care Network

Director, Child Protection Centre

Therapist, FNIH

Dean, Faculty of Social Work,

University of Manitoba

Therapy, Training and Consultation

Elder, University of Manitoba

Former Chief Medical Examiner

Senior Advisor, Health Canada

Political Advisor to the Grand Chief

Program Manager, Aboriginal Diversity, WPS

Assistant to the President on Aboriginal Affairs,

University College of the North



# HOPE



I've still got  
struggles,  
but I'm taking  
responsibility

*I've been living in a group home for the past nine months. My adoptive family couldn't handle me any longer. I was out of control and putting others in danger. They love me a lot and I love them. Now I live with the consequences of the choices I've made in the past two years.*

*I was born with fetal alcohol spectrum disorder. I don't have the facial features but my mind works differently. So at three days old I was taken into care and placed into a foster home. I was loved from the very start.*

*When I was young, my birth mom died by suicide, I barely saw her anyways. In grade one my foster mom adopted me and since then I grew up with her. I was already calling her mom. She always told me I'm hers I just didn't come out of her stomach. I had a happy childhood.*

*As a teen I started getting depressed, so I started doing drugs and drinking. I was running away from home, hanging out with adults; I was shoplifting and getting into trouble with the law. My parents were concerned and I ended up in the hospital and the crisis stabilization unit.*

*Now, I have been sober for nine months, I'm teaching Sunday school and am finishing grade eleven. I'm slowly gaining the trust of my family back. I've left behind a whole group of negative influences. I've still got struggles, but I'm taking responsibility. Even though I have FAS, it doesn't hold me back. In two years I want to go to university to become a nurse. I still have a good life. There's still a lot of hope for me.*

**-Tamara**

(16 years)



**THE OFFICE OF THE  
CHILDREN'S ADVOCATE**

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