

RESPONSE TO THE CHILD AND YOUTH ADVOCATE

The Office of the Child and Youth Advocate advocates for the rights of children and youth in New Brunswick and provides information and advice to government agencies and communities about the availability, effectiveness, responsiveness and relevance of services to children and youth.

On January 17, 2008, the Child and Youth Advocate released the results of an investigation into the case of a two-year-old child who died in April 2004. The child's welfare was being investigated by the Department of Social Development (formerly Family and Community Services) at the time of death.

The Child and Youth Advocate made 16 systemic recommendations to government. Fifteen of the recommendations fall under the authority of the Department of Social Development, while one recommendation falls under the authority of the Department of Public Safety.

All of the 16 recommendations made by the Child and Youth Advocate have been accepted and are published below, with a formal departmental response.

1. The Department of Family and Community Services should ensure that risk factors are being properly read, interpreted and rated.

The Department accepts this recommendation.

Properly rating risk factors in completing a risk assessment is an important component of the risk management training and is also emphasized by clinical supervisors to front line child protection social workers. Supervisors approve decisions by front line workers, including how risks are rated.

Social Development has established a working group to look at ways of providing additional clinical support to supervisors. In addition, new clinical supervision training will be offered to all Child Welfare supervisors in 2008.

The Risk Management System is a tool that assists social workers in identifying and assessing the level of abuse and neglect of children. A provincial Risk Management Committee was established to revise the Risk Management System.

The *Risk Management Manual* has also been updated to provide clarification and more concrete examples provided regarding ways to assess risk factors for abuse and neglect. It will also be modified to include a clear statement that "social workers must factor in the family's previous involvement with child protection services when assessing a new referral and must consider this information in the decision to investigate or not to investigate a new referral."

Risk Management Training has been modified and enhanced and this training is ongoing provincially. All Social Development regional offices have identified a social worker to act as a resource expert to provide clarification to the Risk Management System.

In Woodstock, a new child protection social work position was added to recognize the challenges of rural social work practice. This new position is dedicated to child protection investigations.

Clinical audits of Child Welfare case files will begin in fall 2008, beginning with clinical audits of child protection cases. The clinical audits will promote system accountability, ensure mandatory standards and best practices are followed and identify areas for improvement and future training.

2. The Department of Family and Community Services should review the function of the Permanency Planning Committee to ensure that it is being utilized properly.

The Department accepts this recommendation.

Permanency planning is a foundation for Child Welfare practice in New Brunswick.

The role of permanency planning committee meetings is being reviewed as part of the New Directions in Child Protection Initiative, a reform of the delivery of child-protection services to better protect children, provide more assistance to families, and strengthen the role of social workers.

3. The Department of Family and Community Services should ensure that Practice Standards are being adhered to, not just in Woodstock, as per their internal recommendations, but all over the province. If staff are unable to adhere to the standards due to workload issues, the Department should determine the cause of the failure to meet standards and make adjustments accordingly, i.e. hiring of staff if workload necessitates.

The Department accepts this recommendation.

It is expected that social workers in child protection services adhere to Practice Standards. Supervisors ensure adherence to Practice Standards. The department's electronic database, NB Families, also provides supervisors and front line social workers with systematic prompts related to timeframes and Practice Standards.

Regional monitoring of Child Welfare programs is performed by supervisors and program delivery managers. A pilot project in Region 6 (Chaleur) was launched in 2007 to develop an additional tool to help regions monitor staff adherence to Standards. Provincial implementation of this tool will be considered at the end of this pilot project.

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4. The Department of Family and Community Services alter the Practice Standard and Guidelines as follows : Practice Standard #27, continue to read as follows: "In order to accurately assess risk to all children and to determine the level of intervention and appropriateness of services, the Child Protection Social Worker must see all children who have not entered the public/private school system or children who are disabled, in their home environment during the investigation phase and directly observe the children's living situation." In addition, I recommend that the similar text under "Investigation Process" be removed.

The department agrees with this recommendation.

Practice Standard 27 will be amended and this specific guideline will be removed.

5. The Department of Family and Community Service should modify practice standard #19 in the Risk Management System manual to include a clear statement that when assessing every new referral on a family, that all the findings in the family's previous involvement with child protection services must be factored in the new referral information. In addition, clear instructions should be outlined on how the information in the records of the family's previous involvement with FCS child protection services must be weighed in the decision to investigate or not to investigate the new referral.

This recommendation is accepted.

The *Risk Management System* manual will be modified to include a clear statement that "social workers must factor in the family's previous involvement with child protection services when assessing a new referral and must consider this information in the decision to investigate or not to investigate a new referral."

The *Child Protection Services Practice Standards and Guidelines* were updated as of January 2007. An automatic investigation is now required when a third child protection referral is received on a young child within a 12 month period, even if the first two referrals were not valid. This procedure was formerly a guideline, but is now a mandatory Practice Standard.

6. The definition of child neglect be reviewed with a view to providing child protection workers and other support workers with clear and unambiguous guidelines for assessing cases of chronic neglect, and establishing risk levels.

7. All child protection workers and other related services providers be given clear direction and training in identifying, understanding and working with cases of chronic child neglect.

8. Greater clarity be provided on the dual function carried out by child protection workers in helping to preserve the family while ensuring the best interest and safety of the child.

The Department accepts these three recommendations.

Specialized training in child neglect will be offered to all child welfare staff in spring 2008 by Dr. Bruce Perry, a child neglect training expert. Dr. Perry will offer training in defining chronic neglect; the long term effects of neglect on brain development, cognition, behaviour, socialization, emotions and physical well being; best practice assessment/investigative approaches; promising interventions with children; innovative and effective investigative responses in chronic neglect cases; and innovative and effective treatment programs.

Training with experts knowledgeable with recent research in child abuse and neglect has also recently occurred:

- September 2007, provincial conference for all Child Welfare staff on collaborative, strength based approaches was held with Dr. Andrew Turnell, from Australia, a world renowned specialist
- Since 2007, Dr. Steven Bellemare a paediatrician from the IWK in Halifax who specializes in child neglect has been a presenter at Child Welfare Core Training
- *Child Neglect: A Shared Responsibility*, conference hosted in New Brunswick in 1999 attended by over 800 participants.
- Since the mid 1990's and most recently in 2006, Dr. John Yuille, a prominent Canadian specialist in child sexual abuse, provided Investigative Child Protection Interviewing training

CORE training is continuously under review and promotes best practices relevant to child protection services including neglect, lack of supervision. This training includes a curriculum that defines neglect and offers guidance in assessing cases, intervention techniques, and the affects of neglect on child development. CORE training is foundational training that is mandatory for all social workers entering Child Welfare programs.

The Risk Management System has been updated in 2005 and 2007 to make it more sensitive to child neglect and to improve the guidelines and risk factors for assessing child neglect. As part of the reform of the delivery of child-protection services, the Risk Management System and Family Assessments will be redesigned. The assessment of chronological neglect will be part of this redesign tool.

The *Child Victims of Abuse and Neglect Protocols* were also revised in 2005 to further define child abuse and child neglect.

9. The Department of Family and Community Services should plan and implement workplace strategies to address the shortage of trained child protection workers, including an examination of the work environment and working conditions.

This recommendation is accepted.

The Department of Social Development will develop a strategy to attract, recruit and retain child protection social workers.

The Department of Social Development is also working with the social work faculties of Saint Thomas University and Université de Moncton in recruiting graduating social work students.

Social Development has established a working group to look at ways of providing additional clinical support to supervisors. In addition, new clinical supervision training will be provided to all Child Welfare supervisors in spring 2008.

10. The Department of Family and Community Services should implement a provincial clinical review system to be conducted on a regular basis on open and closed child protection investigations and on-going open and closed cases, for the purpose of measuring standards and regulation compliance, as well as best practice in clinical child protection service delivery. These reviews should be conducted by a monitoring and accountability team with staff experienced in child protection. The team would be responsible for outlining the results of these audits in a case practice audit report. FCS would then be responsible to disseminate the findings to the regions to improve the services to the children and their families, and to ensure follow-up to the findings.

The Department accepts this recommendation.

Clinical audits of Child Welfare case files will occur in fall 2008, beginning with clinical audits of child protection case files. The clinical audits will promote system accountability, ensure mandatory standards and best practices are followed and identify areas for improvement and future training.

The Department of Social Development has established a working group to examine best practices for conducting clinical audits. An auditing component will also be built into the New Directions in Child Protection Initiative, the reform of the delivery of child protection services in the province.

Social Development has established a working group to provide additional clinical support to supervisors. In addition, new clinical supervision training will be provided to all Child Welfare supervisors in spring 2008.

11. The Department of Family and Community Services should ensure that Child Protection workers who have indicated they need to be transferred from child protection services be given the opportunity to do so. The Department of Family and Community Services should examine the issue of staff rotation and make recommendations on whether or not it should be implemented and , if so, how.

The Department agrees with this recommendation.

The Department of Social Development will review ways to further assess the readiness of new social work graduates entering child protection positions.

The Department will also further examine the issue of staff rotation. The Department will also continue to look at reassignment of duties on an individual basis.

12. As per the Child Death Review Committee report in 1998 after the death of Jacqueline Brewer – A consultation team approach must be the norm, with all service providers, departmental and non-departmental, being consulted when critical decisions are being made.

The Department accepts this recommendation.

A Child Protection Consultant has been appointed to lead enhanced partnerships with other government departments through the use of Children at Risk Teams (CART) in every Social Development region in 2008. CART teams improve communication, collaboration, services, and interventions for at-risk children. Team membership may include representatives from child welfare, income assistance, public health, mental health, policing, probation, crown counsel, education and external community partners.

A redesign of the Early Childhood Initiatives Program is also in progress to ensure more effective and collaborative approaches are developed between child protection social workers and other agencies/individuals involved in the family, like early intervention workers. This will be completed in collaboration with the reform of child protection services.

The *Child Protection Services Practice Standards and Guidelines* will also be reviewed to ensure information sharing is emphasized. In addition, all departmental standards and policies will be reviewed to ensure that staff and service providers understand that information sharing is not optional, but mandatory.

A number of protocols and policies have also been introduced to clarify roles and responsibilities of professionals working together in child abuse situations and to elaborate on the multidisciplinary approach necessary to provide supportive services to abused or neglected children and their families.

Some examples include:

- *Protocol Between the Departments of Family and Community Services and Health Respecting Children in Care of the Minister of Family and Community Services Who Are Suicidal or Have Suicidal Ideation* implemented in July 2005. This protocol clearly articulates the roles and responsibilities of the Departments of Social Development, Health, Mental Health Services, with respect to children/youth-in-care of the Minister, whether in temporary or permanent care, who are suicidal or who are believed to have suicidal ideation.
- *Child Victims of Abuse and Neglect Protocols* which encourage collaboration between government departments in serving child victims of abuse have been revised and implemented in March 2005. These protocols outline how government departments respond to allegations of child abuse and neglect.

- *Protocols in Response to Recommendation 5 of the Brewer Report* were implemented in 1999 and were revised in January 2006 to enhance collaboration between Social Development and Mental Health Services and to ensure a continuum of services for Child Protection cases, and for children/youth in the care of the Minister. Regional forums have been established in every region served by Social Development for the mutual exchange of information; ensuring timely access to Mental Health services; and to ensure a continuum of services, for child protection cases, and for children/youth in the care of the Minister (including both temporary and permanent status).
- *Guidelines for Exchange of Information Between Family and Community Services and Regional Health Authorities* were implemented in October 2006. These guidelines were put in place to improve the sharing of information between the Department and Regional Health Authorities. The guidelines clearly articulate the process for the *Exchange of Confidential Information* relating to children and families serviced under child protection and child-in-care programs.
- *Policy and Procedures Joint Investigations – Access and Assessment/ Child Day Care Services* were implemented in 2007. Joint investigations require on-going consultation, collaboration and regular communication between the investigating parties. This clearly sets out the roles and responsibilities of the Day Care Coordinator and the social worker at Access and Assessment when an investigation at a child day care facility includes allegations of abuse and/or neglect against the children attending the facility.

13. The Department of Family and Community Services ensure that when incidents occur staff are *promptly* provided with support and the Department’s policy with regards to these incidents is followed both at the time of the incident and throughout the processes that follow, i.e. court proceedings.

The Department agrees with this recommendation.

Critical incident debriefing services must be made available to staff who have experienced traumatic incidents in the workplace.

The *Child Protection Services Practice Standards and Guidelines* provide provisions for critical incident debriefing for staff. Every effort will be made to ensure that staff feel encouraged to participate in critical incident debriefings, while recognizing participation is voluntary.

Staff can also access an Employee Assistance Program, which makes counselling available to staff.

14. In order to ensure independent monitoring of the committee and its recommendations, additional measures should be put in place to increase the committee’s independence from government.

The Government agrees with this recommendation.

In the Speech from the Throne, the government committed to move the Child Death Review Committee to the Office of the Chief Coroner and to enhance the resources available to the Coroner when reviewing the circumstances of sudden and unexpected deaths.

The role of the Child Death Review Committee is consistent with the Coroner's mandate to impartially investigate all sudden and unexpected deaths, including recommendations for any systemic changes arising from the case circumstances and is an independent and publicly accountable investigation of death agency.

15. The preamble to the *Family Services Act* be amended to clearly provide that when there is a conflict between the risk to the child and preservation of the family unit that the best interest and safety of the child must prevail.

The Department agrees with this recommendation.

Legislative amendments to the preamble of the *Family Services Act* will be reviewed by the Department of Social Development, in collaboration with the Department of Justice and Consumer Affairs.

Amendments respecting the Preamble of the *Family Services Act* were proclaimed in 1999 which emphasize the need to preserve the best interest and safety of the child. These amendments were made in response to recommendations from the Child Death Review Committee's review of the death of Jacqueline Dawn Brewer.

The "guiding principle" of the *Child Protection Services Practice Standards and Guidelines*, also states:

"In any child protection case, any doubt about a child safety, well-being, a child need for protection, or the ability or willingness of a child's parent to care for and to protect the child must be resolved in favor of protecting the child."

16. The Department of Family and Community Services should ensure that the recommendations from the previous Child Death Review Committees are implemented by creating a process to follow up on the recommendations on a biyearly basis.

The Department agrees with this recommendation.

Recommendations made by the Child Death Review Committee are reviewed by the Department on a regular basis to ensure implementation. The Department will continue with these reviews on a biyearly basis by incorporating this into the Child Welfare and Youth Services Branch provincial program monitoring process.

Reports have been provided to the Child Death Review Committee outlining the progress of implementation.