

### ***Broken Promises: Juli-Anna's Story – Report of the Ombudsman and Child & Youth Advocate***

*A number of these recommendations were addressed through the work completed on the design and implementation of New Directions in Child Protection (2007-2011) which included a significant number of transformational changes such as increased Child Welfare Training, implementation of Family Group Conference, Child Protection Mediation, Immediate Response Conference, Family Enhancement Services, Structured Decision Making Model, Multiple Response Approach, the extension of Child Protection Services to children aged 16-18 and the introduction of new social work positions and legal administrative assistants. Subsequent to the New Directions initiatives, the Department introduced additional supports such as Youth Engagement Services, redesigned Family Supports to Children with Disabilities program and new assessment tools for foster and adoptive parents. The department continues to enhance service to children and families through the development of the Network of Excellence and the Integrated Service Delivery.*

Recommendation	Departmental Response
<b>Recommendation #1</b> The Department of Family and Community Services should ensure that risk factors are being properly read, interpreted and rated.	<p>Efforts were made and continue to be made to ensure that risk factors are properly interpreted. This is done through a risk assessment tool, training and a requirement for social work supervisor oversight and approval.</p> <p>When the Risk Management System (RMS) was introduced in 1996, there was an extensive training process to support implementation including how to read and interpret risk factors. This system was used and reviewed multiple times over the years. Based on the use of the system, the Department was confident that risk factors were being read and interpreted correctly and part of the system included a required supervisory check that risk factors had been properly read, interpreted and rated. Training was continually being provided on reading and interpreting risk factors.</p> <p>In June 2011, the Risk Management System was replaced</p>

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	<p>by the Structured Decision Making<sup>®</sup> (SDM) system of assessment tools to support professional judgment and decisions. This system is internationally recognized by experts in assessing safety and risk in child protection families as the most reliable and valid assessment model currently available. New Brunswick was one of the first jurisdictions in Canada to adopt this tool. For each critical decision point in a case, there is a tool focused on collecting the information necessary to inform and make decisions. The assessments are research and evidence-based.</p> <p>Mandatory SDM training is completed by every social worker assigned to child protection and family enhancement services.</p>
<p><b>Recommendation #2</b> The Department of Family and Community Services should review the function of the Permanency Planning Committee to ensure that it is being utilized properly.</p>	<p>A review of Permanency Planning both as a committee and a process was conducted in 2009-2010 as part of the New Directions in Child Protection initiative.</p> <p>The importance of Permanency Planning was reinforced in training, standards and practice.</p> <p>It is recognized that</p> <ul style="list-style-type: none"> <li>• there must be consistent decision-making processes for children and families throughout all child welfare programs,</li> <li>• all children should receive services in accordance with Permanency Planning philosophy, and</li> <li>• decisions made at a Family Group Conference,</li> </ul>

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	<p>Immediate Response Conference and Child Protection Mediation are founded on the principles of Permanency Planning for children.</p>
<p><b>Recommendation # 3</b></p> <p>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.</p>	<p>By definition, practice standards outline the specific and mandatory tasks or activities that are performed by the social worker. The standards provide the baseline for measuring the level of performance within the Department's overall accountability framework for Child Welfare. Standards state what families and the public can expect.</p> <p>Workload and caseload management continues to be monitored by regional and central offices.</p> <p>Workload is managed and adjusted in a manner that supports compliance with the Standards and the provision of quality services to children and families.</p>
<p><b>Recommendation #4</b></p> <p>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.</p>	<p>The <i>Child Protection Practice Standards Procedures and Guidelines (2008)</i> were replaced by the <i>Multiple Response Practice Standards in Child Protection and Family Enhancement Services</i> in June 2011.</p> <p>The <i>Multiple Response Practice Standards in Child Protection and Family Enhancement Services</i> require that there be face-to-face contact with any child alleged to be the victim of abuse or neglect within 24 hours of commencing a child protection investigation.</p> <p>The Standards also require direct observation of the child's</p>

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	<p>living situation. If information is obtained that the child's living conditions are hazardous and/or that is suggestive of neglect, the entire home is observed.</p>
<p><b>Recommendation #5</b>  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.</p>	<p>The <i>Child Protection Practice Standards Procedures and Guidelines (2008)</i> were replaced by the <i>Multiple Response Practice Standards in Child Protection and Family Enhancement Services</i> in June 2011.</p> <p>The <i>Multiple Response Practice Standards in Child Protection and Family Enhancement Services</i> require that all information held by the Department is considered in determining whether or not to intervene.</p> <p>The considerations of the previous involvement and its impact on the decision are documented in the child's file.</p>
<p><b>Recommendation # 6</b>  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.</p>	<p>Dr. Bruce Perry, an international expert on the neurological impacts of neglect and trauma on children, travelled to New Brunswick in 2008 and again in 2016 to provide updated training.</p> <p>On-going training on neglect continues to be provided to child welfare social workers.</p> <p>Ssocial workers in child welfare services are required to complete competency based social work training which includes neglect.</p> <p>All mandatory training is routinely reviewed and updated to</p>

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	<p>ensure that social workers are trained using current research and best practices.</p> <p>The Structured Decision Making<sup>®</sup> system includes a detailed definition of neglect.</p>
<p><b>Recommendation # 7</b> 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.</p>	<p>The response to recommendation #6 addresses recommendation #7.</p>
<p><b>Recommendation # 8</b> 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.</p>	<p>The <i>best interests of the child</i> is continuously reinforced through standards, on-going training and clinical consultation.</p> <p>Training ensures the social worker understands the Departments range of responsibilities, including: assessing allegations of maltreatment; protecting children at high risk of harm; providing services that strengthen, support, and empower families; arranging temporary or foster care placements; promoting timely reunification; and providing permanent families for children who cannot be reunified.</p> <p>In 2008 an amendment to the <i>Family Services Act</i> required that child protection social workers develop a plan of care and a concurrent plan to ensure that the security and development of the child are adequately protected. The social workers are also required to consider using collaborative approaches such as family group conference or child protection mediation in establishing, replacing or</p>

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	amending such plans of care.
<p><b>Recommendation #9</b></p> <p>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.</p>	<p>Workload and caseload management continues to be monitored by regional and central offices to determine recruitment, retention and succession needs of child welfare.</p> <p>Legal administrative assistant positions were created to support social workers more time to focus on clinical interventions rather than administrative tasks.</p> <p>The Department recognizes the importance of providing support to individuals. Supports are provided through a number of means including but not limited to the Employee Family Assistance Program (EFAP).</p>
<p><b>Recommendation #10</b></p> <p>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.</p>	<p>As part of New Directions, three full-time positions were created to perform clinical audits and file reviews for all child welfare programs.</p>

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<p><b>Recommendation # 11</b></p> <p>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.</p>	<p>The Department's approach to the assignment of child protection staff must balance the needs of the clients, programs and social workers. Requests for reassignment continue to be considered on an individual basis.</p>
<p><b>Recommendation # 12</b></p> <p>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.</p>	<p>The Structured Decision Making<sup>®</sup> system requires that critical decisions are made on the basis of a consultative approach. Critical case decisions require the approval of a supervisor.</p> <p>There are extensive clinical consultation processes in place for social workers, including clinical supervision; clinical specialists; program consultants; Family Crown Counsel, permanency planning committee as well as collaboration with appropriate partners in public health, mental health, addictions, and other service providers.</p>
<p><b>Recommendation # 13</b></p> <p>The Department of Family and Community Services ensure that when incidents occur staff are <i>promptly</i> 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.</p>	<p>The Department recognizes the importance of providing support to individuals who have experienced a critical incident. Supports are provided through a number of means including but not limited to the Employee Family Assistance Program (EFAP).</p>

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<p><b>Recommendation # 14</b></p> <p>In order to ensure independent monitoring of the Child Death Review Committee and its recommendations, additional measures should be put in place to increase the committee's independence from government.</p>	<p>The Child Death Review Committee transferred to Public Safety, under the auspices of the Office of the Chief Coroner, to ensure it was independent of the Department of Social Development.</p>
<p><b>Recommendation # 15</b></p> <p>The preamble to the Family Services Act be amended to <u>clearly provide</u> 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.</p>	<p>The preamble to the <i>Family Services Act</i> states that “the best interests and safety of the child must always prevail when there is a conflict between risk to the child and the preservation of the family unit”.</p> <p>It is continuously emphasized through practice standards, on-going training and clinical consultation to all child welfare social workers that the <i>best interests of the child</i> must be the foundation of all decisions regarding the child.</p>
<p><b>Recommendation #16</b></p> <p>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.</p>	<p>The Minister's response to any recommendation of the Child Death Review Committee is made public.</p> <p>All recommendations are reviewed by the Child Welfare Program Consultants to ensure that changes to program standards, policies and procedures are consistent with the recommendations and responses.</p>