

Review of the Effectiveness of New Brunswick's Child Protection System

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1. EXECUTIVE SUMMARY

In February 2018 Savoury Consulting Ltd. was engaged to do an independent review of child protection and family enhancement services in New Brunswick. The mandate of the review was as follows:

1. Assess the effectiveness of the Department of Social Development's (DSD's) child protection system, including an examination of the following:
 - the Multiple Response Practice Standards in Child Protection and Family Enhancement Services;
 - the application of the Structured Decision-Making assessment tools;
 - the practice standards, policies and procedures relating to child protection and family enhancement services;
 - the clinical supervision practices;
 - internal decision-making processes, including briefing and issue escalation processes.
2. Identify the factors that positively or negatively influence the effectiveness of the child protection or family enhancement services system.
3. Make recommendations which may lead to system improvements.

Child Protection Services are delivered from offices located in 8 regions of the Province. A list of the regions and offices in each region is located in Appendix 2. The Central Office in Fredericton is responsible for the development of legislation, regulations, standards, policies, procedures, monitoring and auditing of compliance with standards and training of staff.

The Department's Child and Youth Services Branch is to be commended for its efforts to embrace new and innovative approaches to child welfare service delivery. The vision proposed in the report *Children Come First*, by the Department of Health and Community Services in 2000, is still appropriate today, "every child in New Brunswick is safely nurtured by a loving family, supported by a caring community and is free from abuse, neglect, and exploitation. (p, v). This report included 84 recommendations and formed the basis for several Child Welfare initiatives, including the New Directions in Child Protection, Phases 1 and 2 Projects. The New Directions in Child Protection Project was launched in December 2006 with the mandate to develop a Mediation Model and the Multiple Response Child Protection Model by 2010, which builds on a collaborative, prevention and strength-based approach with children, families and community partners that will reduce reliance on the family court system and provide better outcomes for children and their families." (A Review of Multiple Response, DSD, New Brunswick, May 18, 2018).

Under the New Directions in Child Protection Initiatives (2007 – 2011) a significant number of changes were introduced such as implementation of family group conferencing, child

protection mediation, immediate response conference, family enhancement services, structured decision-making system, multiple response approach, the extension of child protection services to children age 16 to 18, development of a learning culture, new social work positions and legal administrative assistants. Subsequent to the New Directions in Child Protection Initiatives, the Department introduced additional services such as youth engagement services, a redesigned family supports program for children with disabilities and introduced new assessment tools for foster and adoptive parents. The Department has continued its efforts to enhance services to children and families through the development of the Network of Excellence and Integrated Service Delivery. In recent years, the mandate of the Child Death Review Committee has been expanded from reporting deaths of children in care or receiving child protection services to now include children receiving any child welfare services. This includes children with disabilities and children who are medically fragile. Furthermore, the Child Death Review Committee, which was formed by the Department of Social Development in 1997, was transferred to the Office of the Chief Coroner in 2010. New Brunswick is one of only 5 provinces/territories in Canada to have a broad representational Child Death Review Committee.

Such processes as Immediate Response Conferences, Permanency Planning Conferences, Family Group Conferences, Youth Engagement Services, Integrated Services Delivery and Intimate Partner Violence are all approaches to better support families with the goal of better outcomes for children, youth and families. A centralized intake system located in Moncton was also implemented around the same time.

This review provides an excellent opportunity to address issues and concerns that has faced the field of child protection in New Brunswick for a number of years. They are not all unique to New Brunswick, yet New Brunswick now has the opportunity to resolve them.

All of the initiatives mentioned above were developed as part of New Directions. They all required significant work on the part of Director of Child Welfare, managers-provincially and regionally, supervisors and particularly social workers. Some additional social workers and legal administrative assistants were allocated to the regions to implement these initiatives. However, the additional demands and the complexity of the problems that children, youth and families are experiencing, exceed the resources that are available. In fact, during this same period of program expansion, there has been a reduction of essential support staff such as family support and administrative support, that used to be available within the Department. Furthermore, additional resources are required to enhance the Department's electronic case management system. Every social worker should be provided with essential tools such as cell phones and lap tops. Social workers should be able to access the electronic case management system in the field and record their notes and reports using voice to text technology. Unfortunately, these essential tools are not made available to social workers except for sharing several cell phones, without data, amongst each team.

The government should consider child protection workers as an essential service like police officers and health care workers, in terms of filling the positions as soon as possible since it takes an inordinate amount of time to fill permanent and casual positions. The police and health care fields would not be able to function if they had to deal with such delays in recruitment. Much of the authority to fill permanent and casual positions should be delegated to the regions. Staff on sick leave for any significant period of time e.g. beyond 30 days, should be filled with a casual position and approval to fill positions where it is known the employee will be off work, such as pregnancy leave, should be approved in advance to eliminate gaps when positions are unfilled. Furthermore, the current practice, whereby many positions are filled as temporary positions with incumbents in them for 3 years, should cease. After three years, the Civil Service Act requires them to leave for one year before they can return to the position. Despite significant investment in training and coaching of these social workers, the end result is that the Department lose many of them, only to commence the cycle again with new graduates. The frequent recruitment, training and coaching of new social workers takes its toll on the experienced social workers and supervisors in the system. Positions, which are permanent should be filled as permanent positions, not as temporary or casual positions.

In addition, responsiveness to change policies and standards, when recommendations are made, needs improvement. Examples were provided during this review where action was expected on an initiative or program, yet a significant period of time had elapsed without a decision. The kinship care program, the changes recommended to clarify the difference between the family enhancement and child protection programs and the changes to standards, all point to the critical need for the Department to examine how it can improve the process for decision making. Furthermore, child welfare has struggled to maintain priority within a Department with many programs. In fact, in one situation, child welfare resources were allocated to long term care/seniors, despite the pressures on child welfare. One forum that can be used for this purpose is the quarterly leadership team meetings. These meetings are attended by the executive, the directors and regional directors and child welfare could be a standing item on the agenda for these meetings. Of course, when changes require amendments to legislation and regulations, it must be recognized that while the Department can request that a matter be given priority, the actual decision as to whether the matter will be deemed a priority of government is made outside the Department.

Finally, while the protection of children from abuse and neglect is the primary focus of social workers and supervisors, the reality is that the caseload/workload, the lack of technological resources, the slowness in filling vacant positions, all make it very difficult. In many cases, it is difficult to ensure that standards and best practices are followed to protect children from abuse and neglect.

For the most part, the policies and standards are clear on the priority of placing the safety of children first. There is some work required to ensure staff are clear that children's rights

supersede the rights of parents. Policies and standards need updating. Social workers operate under the Family Services Act, which places the protection of children from abuse and neglect as paramount. They should not be worrying about the Charter of Rights and Freedoms and whether they are intruding on the rights of families. If someone wishes to challenge a provision in the Family Services Act as unconstitutional, then that is a decision best left to lawyers.

Social workers, like most individuals, believe that the best place for children to be raised is with their family. However, they should always practice with the understanding that the safety and protection of children is their first priority and that they need not engage in any of the collaborative processes that have been put in place, if doing so might put a child at risk of abuse or neglect.

Child protection is complex and successful partnerships with other Departments, agencies and service providers is critical as child protection requires a community effort. There needs to be "a clear understanding that protection of children is a shared responsibility between agencies and professionals" (Munro, 2011). The coordination of inter-agency involvement in the lives of children, youth and families takes considerable effort, which is often not recognized in the caseload/workload of social workers. Furthermore, the lack of services for children, youth and families is often the reality that social workers face in New Brunswick. "While the majority of child protection inquiries concluded that the alleged incident did not warrant further action, many of the parents were experiencing problems, such as domestic violence or mental ill health, which were having an impact on their standard of care but they were not offered any help." (Department of Health, London, 1995). The same is often the situation in New Brunswick in terms of specialized services. During meetings with social workers, many of them expressed the concern that, while the contracted family supports do their best, they often lack the training and skills to be effective. It is very challenging to find a family support worker where an agency is paying the minimum wage or slightly higher and expect them to possess the knowledge and skills acquired from a two-year community college program in Human Services or a Bachelor's degree in a human services field, plus experience and training in parenting education and support.

New Brunswick's Family Services Act (1980) is 38 years old and New Brunswick is one of the only jurisdictions in Canada without its own separate child protection legislation. The Family Services Act needs to be replaced. In the meantime, there are several amendments that are required to better protect children. The Family Services Act under section 33(6) does provide for the assistance of a peace officer in order for a social worker to investigate and to place a child under protective care. In some situations, where social workers deem it appropriate for police support to enter a home to protect children, police officers seem reluctant to assist social workers. Consequently, social workers may visit a home many times with parents avoiding them but where the children are possibly at risk. In most jurisdictions, police officers will go with social workers to a client's home without a court order. In the majority of these situations, parents will cooperate when they observe

the police being present and the social workers are able to enter the home to observe the children and/or take the children into protective care. Currently, should entry require force, an application can be sought under New Brunswick's Family Services Act, though stronger wording is required in the Act to enable social workers to perform their duties. The Family Services Act also requires amendments to better recognize First Nations culture and traditions.

New Brunswick is not alone in experiencing unfortunate and sad events, including death from happening to children, while being know or involved in the child protection system. Words cannot express the profound impact of their loss on families and communities. Child protection staff also experience the trauma and pain associated with these losses. The fact that a number of these children were known to child protection services and were supposed to have been protected by them makes the loss of these children more difficult to accept and understand.

Child protection services must utilize the lessons from these unfortunate losses to ensure that the same mistakes do not happen in the future. In addition, it is also important to examine and address the systems issues that directly impact on the ability of staff to perform their duties. Harm can never be totally prevented as unlikely events occur. The system needs to encourage and support staff, focus on information sharing and learn from success as well as failures. Social workers need to feel comfortable discussing issues, concerns and possible mistakes with their supervisors. When reviewing the quality of decisions, even when unlikely events occur "the standard expected and required of those working in child protection is that their risk decisions should be consistent with those that would have been made in the same circumstances by professionals of similar specialization or experience" (Munro, 2011, p.44).

There are no systems which are perfect and even with the best professional efforts and application of standards and procedures, unfortunate events can occur. There is always risk associated with decision-making in child protection. Removing children from a family to prevent harm involves risk and choosing to leave a child in a family where it's been determined the child can be safe from harm with services, involves risk. However, there is an obligation and onus to make sure that staff learn from mistakes. Organizations must also examine systems issues and take action to address any deficits. Despite the best risk management tools and clinical judgements, the risk and uncertainty associated cannot be eliminated. The public and the media need to recognize that risk and uncertainty are an inherent part of the work of child protection. Such recognition will not eliminate the anxiety that social workers, supervisors and managers experience. However, recognition of the realities of working in this difficult field is important.

The recommendations (see Appendix 1) of this review focus on addressing the following issues:

1. Lack of clear focus on the best interests of children
2. Outdated legislation
3. Caseloads/workloads

4. Clinical supervision
5. Training
6. Management and decision making
7. Centralized Intake Service
8. Confusion between Child Protection and Family Enhancement Services
9. Lack of fundamental supports and tools
10. Lack of assessment of resources required prior to implementation of initiatives
11. Recruitment and retention of casual and permanent positions
12. Updating of policies
13. Information Sharing
14. Serious Occurrences Reporting

Some of these recommendations will mean additional costs. However, the additional costs of not acting on those recommendations are even greater. The cost of child abuse and neglect rival other high-profile public health problems. " A study published in Child Abuse and Neglect, confirmed that the lifetime cost for each victim of child maltreatment who lived was \$210,012, which is comparable to other costly health conditions, such as stroke with a lifetime cost per person estimated at \$159,846 or type 2 diabetes, which is estimated between \$181,000 and \$253,000. The costs of each death due to child maltreatment are estimated even higher at \$1,271,900.00. " (Fang, Brown, Florence & Mercy, 2012, pp.156-165).

"Child maltreatment has been shown to have many negative effects on survivors, including poorer health, social and emotional difficulties, and decreased economic productivity. This CDC (http://www.cdc.gov/violenceprevention/childabuseand_neglect/) study found these negative effects over a survivor's lifetime generate many costs that impact the nation's health care, education, criminal justice and welfare systems."

"There is a significant body of ongoing research on the consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Ultimately, due to related costs to public entities such as the health-care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole. Therefore, it is imperative for communities to provide a framework of prevention strategies and services before abuse and neglect occur and to be prepared to offer remediation and treatment when necessary." (Child Welfare Information Gateway, Long Term Consequences of Child Abuse and Neglect, July 2013, p.7).

Excellent support was received at all levels in completing this review. All documents related to the review, including previous reviews, were made available.

Staff at every level were open, honest and willing to share their insights on the systematic challenges and solutions required to improve child welfare services in New Brunswick. The level of professionalism, dedication and commitment of staff providing child welfare services was incredible. Their desire to improve the child protection system and ultimately

provide excellent service was very strong. Also evident was the stress that social workers are experiencing. They deserve recognition and support for doing an incredibly difficult job and more importantly, they deserve action be taken on the 107 recommendations in this review. The implementation of the recommendations in this report will better enable social workers to do quality child protection work and result in New Brunswick having an excellent child protection system.

2. INTRODUCTION

“The importance of children and young people’s safety and welfare, is manifested in the development of a human rights instrument specifically for children and young people, the United Nations Convention on the rights of the Child (CRC). The United Nations Convention on the rights of the Child provides a child-centred framework within which services to children are located. It spells out the basic human rights that all children have, including the right to survival; to develop to the fullest; to protection from harmful influence, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the convention are: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. The vision of children implicit in the CRC is that they are neither the property of their parents nor are they helpless objects of charity. Children are individuals, members of a family and a community, with rights and responsibilities appropriate to their age and stage of development.” (UN Convention on the Rights of the Child, September, 1990).

Child protection services are mandated under New Brunswick’s Family Services Act, 1980. “The Act mandates that the Minister or his designate must assess/investigate all reports that a child may be in need of protection, and if necessary, take further action to protect the child. The purpose of the Minister’s intervention is to protect the child or children involved. If the Minister determines that the child is not in need of protection, the Minister’s mandate to intervene ceases.” (Child Victims of Abuse and Neglect Protocols, New Brunswick, March, 2005, p.8) The Act is not discretionary legislation. The Province is obligated to provide the resources to enable the Minister and its employees to carry out the legislative provisions of the Act. Child protection is no different than essential police or health care services.

In 1999, the Preamble of the *Family Services Act* was amended in the 6th paragraph by striking out, “and that children should only be removed from parental supervision either partly or entirely when all other measures are inappropriate” and substituted with “and that children should only be removed from parental supervision in accordance with the provisions of this Act.”

New Brunswick was struggling with the issue of primacy of children’s rights over parental/family rights 25 years ago. The Report of the Legislative Review Committee of November 30, 1993 noted that in its deliberations, two issues emerged: “1. Definition of ministerial powers in the investigative process and 2. Lack of formal statutory mechanism to ensure the protection of parental rights, particularly with regard to the use of protective care. (A major concern here was the Charter of Rights and Freedoms requirement that persons be protected from unreasonable search and seizure.) “(DHCS, *Story of Child Welfare*, New Brunswick, p.143) Child protection legislation provides the authority for social workers to enter homes to investigate child abuse and neglect. If parents refuse entry, an order should be available very quickly from a Family Court rather than possibly have a child continue to be abused or neglected. One of the Guiding principles in the *Child Protection Practice Standards and Guidelines* emphasizes, “In any child protection case,

any doubts about a child's safety, wellbeing, a child's need for protection, or the ability and willingness of a child's parent to care for and protect the child must be resolved in favour of protecting the child."

Both of these changes were made to provide clarity on the role of child protection and reduce or eliminate any confusion that the paramount and primary responsibility of child protection services is the "best interests" of the child. While families are the best place for the healthy growth and development of most children, child protection services should only leave children with their family when they are assured and confident that the child or children are going to be safe and protected by their family.

"The Child protection system should be child centered, recognizing children and young people as individuals with rights, including their right to participate in major decisions about them in line with your age and maturity. Although a focus of work is often on helping parents with their problems, it is important to keep assessing whether this is leading to sufficient improvement in the capacity of the parents to respond to each of their children's needs. This, at times, requires difficult judgments about whether the parents can change quickly enough to meet the child's developmental needs." (Munro, 2011, p.24)

The provisions of services, when parents are receptive and cooperative to receiving them, can strengthen and support children and families. In fact, early intervention services can reduce costs later. However, child protection services must not use this option, unless they are confident that the children are safe and can be protected from abusive or neglectful environments.

Child protection is complex work and the social workers and supervisors, who work in this field, carry out one of the most demanding and stressful jobs in our society. "Uncertainty pervades the work of child protection. Many of the imbalances in the current system arise from efforts to deal with that uncertainty by assessing and managing risk. Risk management cannot eradicate risk; it can only try to reduce the probability of harm. The big problem for society (and consequently for professionals) is working out a realistic expectation of professionals' ability to predict the future and manage risk of harm to children and young people... risk assessments are fallible and can err by over-estimating or under-estimating the danger the child is in. A well thought out assessment may conclude that the probability of a child suffering significant harm in the birth family is low. However, low probability events happen and sometimes the child left in the birth family is a victim of extreme violence and dies or is seriously injured. Professionals, in particular social workers, currently face the possibility of censure whatever they do: they are 'damned if they do and damned if they don't.' It is therefore important to convey a more accurate picture of the work and an understanding that the death or serious injury of a child may follow even when the quality of professional practice is high". (Munro, 2011, p. 38).

Adequate caseloads, support services, supervision, training, technology and a supportive environment are all essential for social workers to effectively do their job. Child protection work will always be demanding and stressful. However, the above elements, will result in the work being much more satisfying and rewarding.

It is not uncommon for reviews to focus on blame. Looking for blame would not be productive in moving forward to address the issues that need to be addressed. “A culture of being responsible, not blame is required. This culture must include seeking to understand why poor practice happened.” (Improving Child Protection Practice, Munro, Eileen and Tiotto, Jacky, Slides, p.7, October 25th, 2011) In fact, New Brunswick’s Department of Social Development has many positives that enables it to move forward to address the issues identified in this review. The Department has a very professional and dedicated professional staff, a very solid training program for social workers and supervisors, a robust clinical audit program, program standards and procedures and a very collaborative approach to working with families and community agencies.

The department continues to enhance services to children and families through the development of the Network of Excellence and the Integrated Service Delivery. Coordination of efforts and services with other partners is critical for success in developing and delivering effective services for children and youth.

The Child and Youth Advocate is to be commended for its leadership in developing the Child Right’s Indicators report which is included in the annual State of the Child Report. (State of the Child Report 2017, Child and Youth Advocate, New Brunswick, p.28).

3. METHODOLOGY

This review began with an examination of various documents (see References).

Meetings were held with the Honourable Dorothy Shepard, Minister of Social Development and with the executive, senior and program departmental staff. Meetings took place with all of the Regional Directors, Program Delivery Managers, Supervisors and Social Workers in each of the 8 regions. Meetings also took place with Norman Bosse, Child and Youth Advocate, and several of his staff, Christine Gilbert Estabrook, Executive Director, and Mary Ann MacKay, Student Services, Anglophone Sector, Department of Education, Maurice Richard, Executive Director for Family Crown Service and Stephen Drost, Provincial President, CUPE 1418 Rehab and Therapy, and their Child Welfare Committee (Shawna Morton and Gary Burris). A total of 322 individuals participated in meetings associated with this review. The schedule of meetings held is attached as Appendix 3.

During these meetings, strengths, concerns and possible solutions were discussed.

Staff were also requested to complete a survey as part of this review. The survey contained questions on the following: Policies and Standards, Caseload/Workload, Clinical Supervision, Training, Technology, Immediate Response Conference, Permanency Planning Committee, Child Protection Mediation, Family Group Conferencing, Documentation, Communication/Information Sharing With Partners, Clarity of Roles and Responsibilities, Management/Internal Decision Making, Structured Decision Making, Strengths and Opportunities, Weaknesses and Areas for Improvement, Top Issues Affecting Work and Solutions. A copy of the survey is included in Appendix 4.

Several telephone interviews took place with Suzanne Pelletier-Wood, Human Resources Strategist for the Departments of Social Development, Post-Secondary Education and Training and Department of Labour.

The results of the survey and some of the responses to the questions are provided throughout the body of this review.

Staff were able to complete the survey in French or English. A total of 284 staff completed the survey out of a total of 358, which is a 79 % completion rate. The survey was designed for completion by staff working in the program at the central office and for all regional staff. Executive level staff and external employees and Child Advocate Office staff were not expected to complete the survey. A completion rate of 79 % is an excellent response rate since "internal surveys will generally receive a 30-40 % response rate (or more) on average, compared to an average 10-15% response rate for external surveys. An important participation incentive to survey respondents is that their opinions will be heard and that action will be taken based on their feedback. If respondents believe that

participating in a survey will result in real improvement, response rate may increase, as well as the quality of the feedback.” (Fryrear, Andrea, July 2015).”

The surveys provided excellent information for this review. The fact that staff took the time from their busy schedules to respond to the survey questions as well as provide insightful comments was appreciated. It also highlights their investment in their jobs and commitment to making improvements that are required in order for them to better serve vulnerable children, youth and families. Developing a strategy for them to be included in the implementation of the recommendations in this report will convey an important signal that the views and input of front-line staff are highly regarded by the Department.

The draft report was submitted to the Department of Social Development on August 31, 2018. A presentation on the first draft of the report to the executive of the Department took place on September 26,2018, which was followed by additional feedback. A further presentation on the second draft to the Minister and executive was conducted on November 26,2018.

AREAS REVIEWED AND RECOMMENDATIONS

4. LEGISLATION AND LEGAL ISSUES

Legislation is one of the primary policy tools that governments use to dictate the extent of services to be provided and the manner in which they will be delivered. Each jurisdiction in Canada has its own legislation regarding child protection and adoptions.

New Brunswick's Family Services Act is nearly 40 years old and while amendments have been made to the Act over the years, it needs to be replaced. New Brunswick is one of the only provinces in Canada without its own separate child protection legislation. The legislation is combined with long term care and adoptions. The references to the Bill of Rights and terms such as "natural" parent instead of biological parent in the Act are examples of how outdated the Act is. The time lines for decision-making for children, particularly young children, also needs updating.

A significant amendment to the Act was made in 1999. That amendment was made to make it clear that that social workers, supervisors and managers involved in the investigation, assessment and decision-making regarding child abuse or neglect must always give priority to the "best interests" of the child" and not "parents' rights." The amendment in the 6th paragraph eliminated "and that children should only be removed from parental supervision either partly or entirely when all other measures are in the inappropriate" and substituted with "and children should only be removed from parental supervision in accordance with the provisions of this Act. (Family Services Act, NB, 1980).

The change that was made to the Family Services Act was not unusual and represents the debate and pendulum swings that have characterized the child protection field since its inception. "CPS (Child Protection Services) is initially driven by societal demands to intervene to ensure the safety of maltreated and at-risk children, even when against parent's wishes; then, in response to perceived violations of family rights, society demands that CPS be less intrusive, more engaging, and more collaborative in addressing each family's needs. Then, when the use of protective authority has been inappropriately set aside in favour of engaging and partnering with families, and children are seriously hurt or die from abuse or neglect, our laws, policies, and direct practice approaches are re-created once again to focus primarily on children's safety." (Vaughan-Eden and Vandervort, 2013, p. 10).

New Brunswick through its proposed legislative amendments related to kinship care has been working on the process to speed up court decision making in child protection especially for matters involving infants and toddlers.

The availability of legal counsel for parents through New Brunswick's Legal Aid Program for parents, when considering a custody agreement, was also raised as an issue. It is

important that parents involved with child protection have access to legal counsel, particularly to enable them to enter into custody agreement.

Child protection is very complex and judges appointed to the court may not have practiced family law and in particular child protection law. It is important that all judges hearing child protection matters understand the law pertaining to child protection. The delivery of such training, by legal counsel with extensive child protection litigation experience, on an ongoing basis at one of the annual educational workshops should be pursued.

Some jurisdictions in Canada are very supportive of First Nations in their child welfare legislation while others make no references or very minimal references to First Nation culture, families and communities. All jurisdictions including New Brunswick, use the word “culture.” However, the word “culture” is not unique to First Nations and would apply to all cultures. Most jurisdictions now include provisions specific to Aboriginal children, families and communities. (Savoury, George, Legislative Provisions in Canada’s Child Welfare Acts that support First Nations Culture, Savoury Consulting Ltd. Blog, June 2015).

The jurisdictions, with specific references to First Nations in their legislation, focus on the following areas: emphasizing the importance of First Nation culture and traditions in child welfare decision making in the preamble or principles to their Act; authority to enter into agreements with First Nations; authority to establish First Nation child welfare agencies with delegated authority; notice to band councils when children are taken into care; recognition of the importance of placing First Nation children, where possible, with the child’s family, extended family, or with another First Nation family in the community; recognition of Family Group Conferencing, custom adoption and consultation with First Nation bands, First Nation political leaders and native communities. Most jurisdictions with provisions related to First Nation children, families and communities, have also developed regulations and policies to accompany the legislation.” (Savoury Consulting Ltd, Proposal for Amendments to the Child and Youth Care and Protection Act and Adoption Act, NL, Miawpukek Child and Family Services, Miawpukek First Nation, Conne River, August 2016, pp 3-4)

In recent years, many jurisdictions have revised their legislation in a manner that demonstrates greater recognition of First Nations.

First Nations child welfare agencies in New Brunswick operate under the legislative authority of the Family Services Act. There are also Operational Protocols between the New Brunswick’s Department of Social Development and First Nation Child and Family Services Agencies (January 4, 2018) However, these agencies are unable to implement the programs, policies and standards of the Department in the same or similar manner as implemented by the Province, due to inadequate funding from the federal government.

The Family Services Act needs to be replaced and it needs to include provisions to recognize First Nation culture and traditions.

Legislation and Legal Recommendations

- (1) The Family Services Act is nearly 40 years old and while amendments have been made to the Act, it needs to be replaced with a new and separate child protection act. Resources for the anticipated one-and-a-half-year project, once government decides to replace the act, should also include administrative support, and funds for research and consultation.
- (2) It is recommended that the three levels of government (Federal, Provincial and First Nations) commence discussions on an independent review being conducted by a child welfare expert with First Nations child welfare experience to examine and make recommendations regarding the legislation, programs, standards, training and funding for First Nations child welfare in New Brunswick. The review should be funded by the federal government in view of its mandate for the funding of First Nations child welfare. The Province of New Brunswick should initiate the discussions in order to get the process for the review started.
- (3) The Province ensure that parents, who wish to access the services of a lawyer but lack the capacity to pay, can be represented by a lawyer from New Brunswick's Legal Aid, when the department is recommending a custody agreement. This recommendation was also made in the report, Children Come First (2000). Recommendation # 8.6.2 stated "Ensure that parents, who wish to access the services of a lawyer, but lacked the capacity to pay, can be represented by a lawyer when the department is recommending a custody agreement. Inclusion of this under the civil legal aid program would be the most likely mechanism to accomplish this. "(p.82).
- (4) Annual training on child protection law be made available to judges hearing child protection matters at their educational workshops by a lawyer with expertise in child protection law.
- (5) In the meantime, the following are some amendments that should be pursued, as it may be two years before a new Child Protection Act is proclaimed:
 - (a) It is recommended that the Province of New Brunswick and the First Nations Chiefs in New Brunswick commence discussions to consider adopting legislative amendments to better incorporate First Nations culture and traditions into the Family Services Act. It is recognized that First Nations intend to have their own child welfare legislation and they should be supported with this objective. However, as that process will take time, the legislative amendments attached as Appendix 5 be considered for adoption as an interim step, after consultation and agreement with the Chiefs of First Nations and input from the First Nations child welfare agencies in New Brunswick.
 - (b) Where an agent or representative has reasonable and probable grounds to believe a child is in need of protective services and the health or safety of a child is in immediate jeopardy, the agent or representative may, without warrant or court order, enter, by force if necessary, any premises and search for the

child for the purpose of taking the child into care as permitted by and in accordance with Section 33. (Children and Family Services Act -CFSA,1990), NS)

- (c) An agent or representative acting pursuant to this Section may enlist the assistance of a peace officer (CFSA,1990, NS)
- (d) A hearing pursuant to this Section shall be held in camera except that the court may permit any person to be present if the court considers it appropriate (CFSA, NS,1990, c. 5, s. 34).
- (e) The Act, state that in terms of the Immediate Response Conference (IRC), the Minister must consider a referral to the Immediate Response Committee. This is now the case for other collaborative approaches such as Family Group Conference and Mediation. Section 31.1 (2) now states:

The Minister shall consider using the collaborative approach of mediation or a family group conference in establishing, replacing or amending a plan referred to in subsection (1).

The preceding section, section 31.1. (1), states:

Where the Minister has determined, after completing an investigation, that the security or development of a child is in danger, the Minister shall ensure that a plan for the care of the child is established to ensure that his or her security and development are adequately protected and may subsequently replace or amend the plan at any time as circumstances require.

The “shall consider an IRC” should be added to section 31 (2.5) which states:

Where during an investigation conducted under this section, the Minister has reason to believe that the security or development of the child is in danger, the Minister may

- Enter into an agreement with the parent of the child that specifies what is and what is not to be done to ensure that the security or development of the child is adequately protected.
 - Where the parent of the child is unable or unwilling to enter into an agreement referred to in paragraph (a) or the Minister determines that the security or development of the child can not be adequately protected by an agreement of that nature, apply to the court under subsection 51 (2) for an order regarding the child, or
 - In the circumstances described in subsection 32 (1), place the child under protective care.
- (f) Amendments to the Family Services Act and regulations should be made to enable Kinship Care to be implemented.
 - (g) A Child Abuse Register along the lines of Nova Scotia’s Child Abuse Register be adopted. Such a Register would have better safeguards and eliminate the

work that social workers now have to perform with respect to Prior Records Checks and Exemptions. Furthermore, it is more respectful of the rights of individuals who may now be denied employment due to the broad criteria used to provide names of individuals under the Social Development Record Check Policy and Procedures. (August 2012, p.1)

- (h) At the moment, there is nothing in the Act that prevents a parent, who does not have a significant or meaningful role in the life of their child, from refusing to provide consent for Family Group Conferencing (FGC), thereby denying the child the benefit of FGC or Child Protection Mediation. To enable all children to have equal access to FGC and CPM, the following definition of significant and meaningful role in parenting should be added in terms of FGC and CPM:

“A parent who has a significant and meaningful role in the life of a child is “a parent who sees his or her child on a regular basis, who spends considerable time with the child, who provides aspects of care and control whilst with the child, who perhaps participates in the making of significant decisions with respect to the child’s health and/or education, and whose life is unquestionably interwoven with that of the child”. “

The above definition is now included in the FGC and Mediation Standards. New Brunswick has applied this definition to the issue of consent to FGC and Mediation by saying that the consent of a parent who has not played a significant and meaningful role in the life of the child for one (1) year is not required for a Family Group Conference to go forward.

The office of the Director of Crown Counsels should be involved in the drafting of these and any amendments to the Family Services Act since the lawyers from this office have to represent the Minister in court and speak to the various sections of the Act.

5. CHILDREN'S BEST INTERESTS

Linked to the legislation is whether staff are practicing with the best interest of the child as the primary consideration in doing investigations/assessments and making decisions. Therefore, the first question on the survey was whether maintaining or achieving the safety and well-being of children and young people is the primary consideration in completing safety assessments and in decision making. The majority of staff reported that the safety and best interests of children is their paramount concern.

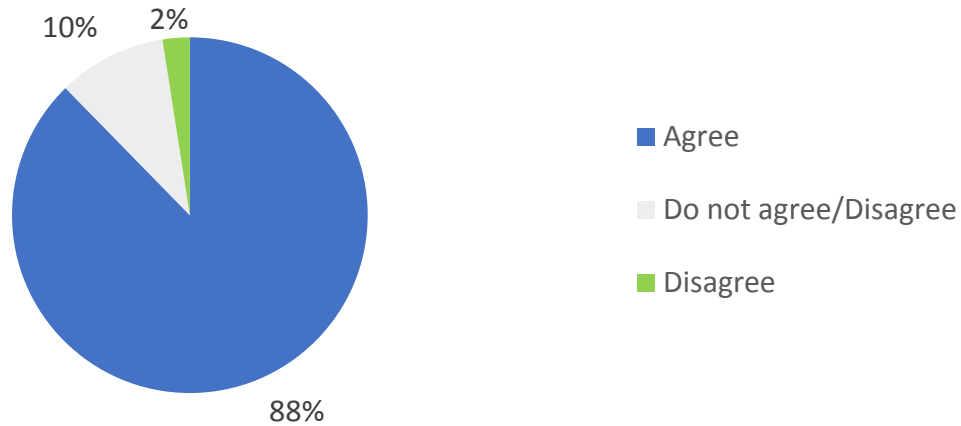
As indicated earlier, social workers and supervisors should always place the rights of children above the rights of parents. "However, the emotional dimension of working with children and families plays a significant part in how social workers reason and act." (Howe, 2008) It can lead to distortions in social worker's reasoning because of the unconscious influence it has on where attention is focused and how information is interpreted. For example, a social worker can feel such compassion for the neediness of a mother, that he or she fails to see her child's suffering. Social workers should always consider matters from the perspective of the child and ask themselves, what are the child's needs? Similarly, where domestic violence is an issue, it might be thought that the children were safe if the parents separated but research indicates that the violence continues in 50 percent of cases, often during visits, so social workers should not believe that the problem is necessarily solved by separation." (Stanley, Miller, Richardson & Thompson, 2009)

" Possibly the single most significant practice failing through the majority of serious case reviews was the failure of professionals to see the situation from the child's perspective and experience; to listen to what they say; to observe how they were and to take serious account of their views in supporting their needs". (Ofsted, 2008, p.18)

Social workers need to be assured that they do not need to worry that doing investigations and removing a child or children from unsafe environments is going to be a problem for them in terms of the Charter of Rights and Freedoms. In fact, any infringement on a Charter right would be seen as necessary or reasonable to keep children safe. Their mandate is to enforce the Family Services Act, which is the law. If a Charter challenge is brought, it needs to focus on the legislation and how the Family Services Act breaches an individual's Charter rights. The supervisors and social workers need to accept that the powers to intervene are determined by the Family Services Act, not the Charter.

The Department is to be commended for developing and implementing Practice Standard #19 in recognition that "children younger than five or children with a disability are at a higher risk of abuse or neglect and are often less visible in the communities." Practice Standard 19, which is now part of the Multiple Response Practice Standard # 1, requires that when three reports are received in one year regarding the same young child, an investigation must be undertaken even if none of the reports would individually be reason for an investigation." It is also "another mandated referral" criteria under the SDM Intake Assessment tool.

Staff responded to the survey questions # 1: Maintaining or achieving the safety and well-being of children and young people is the primary consideration in completing safety assessments and in decision making, was as follows:



Some of the Comments from Staff on This Question Were as Follows:

All colleagues have a strong commitment and understanding of departmental mandate and how that translates to practice.
This is our mandate by law and the reason why we exist. We have great tools to guide us as well as the support of supervisors, clinical social workers and provincial consultants.
I believe that safety and well-being is always the primary consideration in assessments and decision-making.
I think that we increasingly take children's rights into consideration but at times we struggle to balance a child's right to live free from harm with parental rights and family preservation. I also think that social workers don't quite understand that when we intervene with a family, we are potentially breaching their Charter rights, so we need to act in a manner that minimizes that breach, (essentially be quick, accurate, thorough, effective and move on).

Children's Best Interest Recommendations

- (1) Social workers, supervisors and managers should always practice with the understanding that the safety and protection of children is their first priority. This must include the decision to not engage in or discontinue any of the collaborative process unless they are assured that the child will be safe from abuse or neglect.
- (2) During the provision of clinical or legal advice, careful attention is required to ensure that it does not discourage social workers from doing investigations and/or apprehensions, to protect children. Children should not be left in unsafe environments. Children who remain in unsafe homes are at risk of serious injury, death or significant development challenges if they continue to reside in an unsafe home environment for a prolonged period of time.
- (3) Clinical or legal advice or direction should always emphasize that the safety and protection of children should be the first priority. Concerns about parents or family rights and the Charter of Rights and Freedoms are best left to lawyers to debate and they can pursue a challenge of the Family Services Act if they desire. This need not be the concern or worry of child protection social workers.
- (4) The Department establish a working group to develop an evidence-informed provincial strategy to enhance the recognition, assessment and case management of child neglect.

Activities to include:

- Review definitions and types of neglect to ensure a common understanding.
- Research and identify methods to assess for cumulative impact of neglect to children.
- Identify approaches to increase reflective practice and critical thinking during clinical supervision.
- Identify strategies for managing parental avoidance and disguised compliance.
- Review the use of parental capacity assessments and cognitive assessments.
- Review benefits of using chronologies to chronicle key events and concerns in a child's life.
- Explore ways to ensure children's visibility in neglect cases.
- Identify strategies to help families build formal and informal community networks.
- Identify specialized training for social workers.
- Develop measurable outcomes for the provincial neglect strategy, that the Department plans to develop.
- Explore strategies to minimize social worker changes.

- (5) All cases reaching the 12-months cumulative involvement threshold, within a 24-month period (intake and/or case), be reviewed at Immediate Response Conference for action to safeguard against disguised compliance and drift.
- (6) The Department ensure there is consultation and case conferencing with collateral contacts, service providers and those having significant knowledge/contact with the child(ren) such as school, parent aides, health care providers, etc.

6. MULTIPLE RESPONSE (MR) PRACTICE STANDARDS IN CHILD PROTECTION, FAMILY ENHANCEMENT SERVICES (FES) AND CENTRALIZED INTAKE SERVICES

The New Directions in Child Protection Project was launched in December 2006 with the mandate to “develop a Mediation Model and a Multiple Response (MR) Child Protection Model by 2010, which builds on a collaborative, prevention and strength-based approach with children, families and community partners that will reduce reliance on the family court system and provide better outcomes for children and their families.” (A Review of Multiple Response, DSD, New Brunswick, May 18, 2018).

Instead of using the term most commonly used, Differential Response (DR), New Brunswick’s Department of Social Development made the decision to use the term Multiple Response (MR). Other terms referring to the same approach are “alternative response”, “dual track”, or “multiple track”. “MR is a process in child protection practice that offers more than one way to respond to a report of child maltreatment, abuse or neglect. Each report that is screened in and accepted for response is then assessed to determine the most appropriate, most effective and least intrusive response that can be provided by child protection services, in collaboration with the community resources. A key element is that without expanding existing definitions of abuse and neglect, a multiple response model offers preventative and supportive services to some families without first having to investigate or substantiate an allegation of maltreatment, abuse or neglect.”. (A Review of Multiple Response, Child Protection and Family Enhancement Services Visioning Committee, May 18, 2018, p.5) The debate regarding the role child welfare should play in terms of preventive services versus child protection and striking the right debate has been a long-standing debate in the field of child welfare. Whenever negative outcomes occur, the child welfare system is criticized for losing sight of its primary mandate. One of the most notable reviews in Canadian history was the Gove Inquiry in British Columbia (Gove, 1995). The Gove Inquiry strongly criticized the British Columbia’s Ministry of Social Services for emphasizing supportive services to families at the expense of protecting children from abuse. “Judge Gove points out that the death of five-year old Matthew Vaudreuil could have been prevented if the Ministry social workers and supervisors had seen Matthew as their primary client, instead of his mother, Verna Vaudreuil. Furthermore, he argues that the focus on examining family strengths, rather than the needs of Matthew, confused Ministry staff about their role (Gove,1996)”. However, Gove recognized very clearly the need for supportive services for families.

"The basic premise of DR or MR in New Brunswick is that the child welfare system has a wide range of needs, strengths, capabilities, and problems, which necessitate an equally wide range of potential intervention strategies to address family needs and achieve goals of child safety, permanence, and well-being." (A Review of Multiple Response, Child Protection and Family Enhancement Services Visioning Committee, May 18, 2018, p.5) "This is highly complicated work, and child welfare organizations have much to do to achieve these goals for all children being served. (Hughes and Rycus, p.15) ...Ohio and

Minnesota require the use of empirically supported decision-making protocols such as Structured Decision Making, with every family served by the agency. This ensures that contributors to risk are monitored and that safety planning is implemented whenever called for, regardless of track assignment, and throughout the life of every case". (Hughes and Rycus,2013, p.10)

New Brunswick is to be commended for having adopted and implemented Structured Decision Making in June 2011. This is a well-researched and developed tool and New Brunswick has invested the required resources to train its staff and develop the policies to support the use of this tool. "In any child protection agency, the absence of a standardized, empirically tested, and fully implemented system to identify and respond to risk in families, from screening until case closure, potentially increases the risk of harm to children, regardless of tracking assignment" (Hughes and Rycus,2013, p. 4). This is not the situation in New Brunswick since it has done a good job of adopting and implementing the Structured Decision-Making Tool.

The issue that was examined is whether staff are clear on which cases should be assigned to the Child Protection (CP) or the Family Enhancement track. Baird, Park and Lohrbach stated, " the various methods used to determine which families are eligible for Differential Response (DR) open the door for myriad unintended consequences" (p.2). "They cited data from research they had conducted in California, demonstrating that 30.7 % of the families identified as low risk had a safety concern that required an in-home safety plan; and in 2.1%, the safety concerns were at such a level that out-of-home placement was required " (Hughes and Rycus, p.6.).

New Brunswick's Child Welfare and Disability Supports Branch, along with the regions, has recognized that there have been issues with the development and implementation of MR in New Brunswick. There has been a number of processes put in place to identify challenges with the implementation of MR and each of them have made recommendations to address them. A Provincial Implementation Team and eight Regional Implementation Teams (RIT), were established to monitor the coordinated and consistent implementation of the MR in child protection services. In May 2013, a Full Integration Team (FIT) was formed to provide recommendations on unresolved clinical, provincial issues identified by the Provincial Child Welfare Managers. In October 2014, a Child Welfare Leaders Forum was held, which formulated some recommendations in relation to the MR model. In February 2015 the Provincial Child Welfare Managers submitted to the Regional Directors a discussion paper entitled, *Recommending A Review: Multiple Response Model for New Brunswick*. In July 2016, a conference call with Dr. Judy Rycus from the Institute of Human Services, Columbus, Ohio, was held to understand her perspective on Multiple Response models and have her recommendations on New Brunswick's model. During this conference call, Dr. Rycus expressed her perspective on Multiple Response Models. In her opinion there wasn't any support in the Differential Response to draw conclusions on the validity of such a model.

On October 6, 2016 the New Brunswick's Child Protection and Family Enhancement Services Committee, held its first meeting with a mandate to review the MR Model and make recommendation. On May 18, 2018, the report of this committee was completed. (A Review of Multiple Response, Child Protection and Family Enhancement Services Visioning Committee, May 18, 2018, p.5-7). There are no recommendations of the Child Protection and Family Enhancement Services Visioning Committee that adequately address the issues identified by staff at various levels during this review.

Based on the results of the survey and the commentary from staff, it is clear that there is a lack of clarity and indeed confusion as to which cases should be assigned to Family Enhancement Services (FES) and which cases to Child Protection (CP). The consequence of this is that children may be left at risk because the interventions or practices of social workers are not congruent with the level of risk that the child may be experiencing. Many social workers in the regional meetings and on the surveys requested that the Department only have child protection services as both programs are really child protection. Furthermore, it has become impossible to explain the difference between the two programs, either internally or externally.

"In the five years since we completed our original research and analysis, there has been continuing controversy about the strengths, benefits, problems, and challenges of DR programming. Some jurisdictions continue to profess confidence in and operate DR programs, while others have made significant changes to their operations or abandoned DR entirely. Some jurisdictions undertook deeper exploration of their programming and ultimately reinstated fundamental Child Protective Services (CPS) interventions that DR advocates had characterized as being hostile and unfriendly to families. In the research arena, outcome data remain inconclusive. Recent research continues to raise issues that have been largely unaddressed, creating ongoing scepticism about the validity of "evidence – based" moniker that as been widely used to describe DR programming". (Rycus, 2016, p.24)

The following is a brief overview of the states in the United States that have discontinued the use of the DR. "Florida, one of the first states to adopt DR, dropped it after some five years of experience. Illinois recently dropped its DR program close to the end of the QIC-DR research study. The Illinois CPS Department justified this decision to the legislature based on concerns that DR had caused safety problems by diverting staff from the traditional CPS system, and it noted that the soon-to-be-released QIC-DR Report found children on the Alternative Response (AR) track more likely to experience maltreatment recurrence than children on the Traditional Response (TR) track. Michigan concluded that DR research provided insufficient support for the program and thus decided in 2013, and again in 2014, not to implement DR. In Los Angeles, a report by the County Counsel's Children's Special Investigative Unit in 2012, triggered by a rash of child deaths, found that "under-informed investigations and an overreliance on L.A.'s differential response experiment . . . contributed to the majority of the deaths. Los Angeles eliminated its DR program in 2012 based on these and related concerns that the program's diversion of

funds and staff from the traditional CPS system put children at undue risk. Minnesota, one of the early DR states, recently formed a taskforce to assess the dangers to children posed by the state's child welfare system, including its emphasis on DR and the related assignment of a large percentage of reported cases to the AR track." (Bartholet, 2015, pp 642-643).

It was anticipated that the utilization of child protection mediation would reduce the number of cases going to court. Statements can be found when examining the background or history of MR that, "it will reduce reliance on the Family Court System and provide better outcomes for children and their families." (The Multiple Response Model Design Team-A Multiple Response Model for New Brunswick, Social Development, June 2009, p.8) Sometimes, the two objectives of the New Directions in Child Protection Initiative (2007-2011) was stated as, "to increase collaboration and engagement with families and decrease dependence on courts to carry out service delivery." There was no evidence that social workers or supervisors were reluctant to proceed to court if deemed necessary. This is important because social workers and supervisors should never be concerned with reducing the use of Family Court. Whenever children are at risk and there is no alternative to assure their safety but remove them from the care of their parents and proceed to Family Court, then social workers should be supported for doing so. Similar statements can be found in Position Description Questionnaires for the Director of Child Welfare and Regional Clinical Specialist-Child Welfare.

Legal counsel, social workers, supervisors and consultants need to be on the same page, that there is nothing inappropriate by taking court action to protect children. Court action by its nature is often adversarial. However, that should not be a concern for legal counsel, social workers and supervisors whose paramount mandate is to protect children from abuse and neglect.

Social workers, supervisors, legal counsel and consultants are all aware that working with the family is the best approach if the child's safety can be assured. In fact, resources to families can be done within child protection. "We need to strengthen the CPS system, provide it with more resources to monitor parents, and provide more parents with more rehabilitative services. We need to do a version of differential treatment but within, and not outside of, the context of the CPS system; so rehabilitative treatment can be required, not just suggested, and so children can be protected in cases in which parents are unable or unwilling to take the necessary steps to become capable of nurturing.....we also need to strengthen CPS by improving its ability to protect children through removal and through termination of parental rights and adoption, as needed." (Bartholet, 2015, p.580).

The Centralized Intake Service (CIS), located in Moncton, was not required for the MR Model of service delivery. The MR Model could have been implemented with the intake function performed in each of the eight regions of the province. After approximately 10 years, it is time to change course and return this service to the 8 regions. In fact, it is highly unlikely that any savings were achieved by going with CIS and the quality of intake service has decreased. Furthermore, the potential risks to children have also increased. Child protection requires its most highly trained and experienced social workers

performing the intake function and over the years the level of experience of social workers and supervisors at CIS has continued to decrease. The staff at all levels in the CIS Unit work very hard and perform their work in a professional responsible manner. They are very supportive of each other, have done their best to meet expectations and can easily be deployed to the regions. The staff complement for CIS is 24 and on some days the number of employees at the centre is 15. This is due to the number staff being away for training, vacations, parental and sick leave.

A call centre approach does not work for this type of complex and demanding human service. This is a service best provided in the regions where you have social workers who are experienced, trained and equally important, know the services, professionals and clientele in their regions. The feedback from staff in all eight regions of the province clearly indicated serious problems with the CIS approach to intake. The following are the most common problems identified by staff with the CIS during this review:

- cases being considered as Family Enhancement Services (FES) when they should have been assigned to Child Protection or vice versa;
- staff assigning the wrong priority level based on their assessment of the risk, which can have serious consequences for children;
- staff sending referrals to the regions for assessment or investigation late in the day, even though the referral had been called in to CIS earlier that day or previous day;
- when staff in the regions had a particular concern or question pertaining to a referral, it was difficult for there to be a productive discussion with CIS staff. These complaints were no fault of the staff at CIS but rather due to the model, inexperienced staff and set of procedures that had to be put in place for the CIS to operate as a unit;
- frequent usage of over-rides when making decisions on screening in cases for referral to the regions;
- staff noted that many of the above issues are related to the high percentage of new social workers with minimal child protection experience

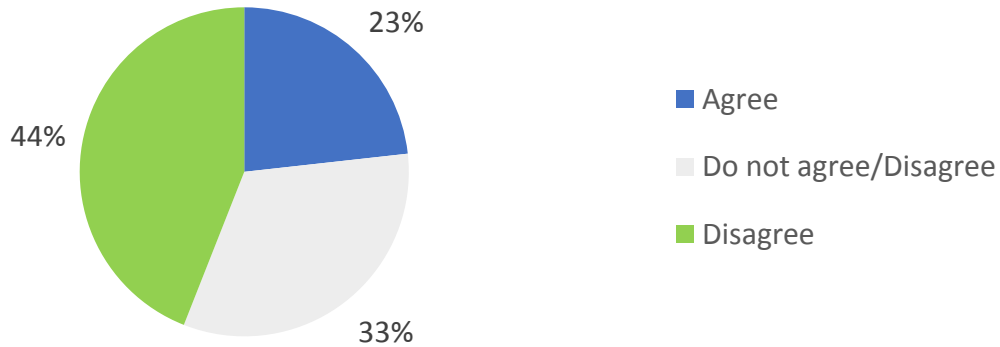
The issues identified have persisted for some time and they will not change with a CIS approach. It is simply too risky to continue to operate with a CIS for child protection.

A centralized approach is appropriate for After Hours Emergency Duty. However, the service should not include the centralized intake function.

Question # 13 asked staff to respond to the statement: “There is clarity of roles and responsibilities between Social Workers in Child protection and Family Enhancement.”

This question was intended to get to the core of the Multiple Response Model and whether it was working as intended.

The results of responses to this question was as follows:



Some of the Comments from Staff on This Question Were as Follows:

Readjust caseloads.

Go back to one CP program. FES is the same service. It would also be better for social workers to go back to one program because workloads would be more appropriate and balanced instead of having all very high-risk and court cases. I did child protection before the changes to the FES program. We had more cases but the workload was different. We didn't have all very high-risk cases and fewer court cases per worker. It was easier to manage things.

The goal behind the Centralized Intake model was to standardize practices across the province. I don't think that standardization is achievable. When intake was done in the regions, we knew the regional services and could refer clients directly to them. That's not the case anymore. Situations escalate for want of community services, and by the time cases land on our doorstep, situations have gotten worse. Were we able to step in and refer these people right from intake, we would have been able to prevent things from escalating and to help these families. I realize that, with the number of cases coming into Centralized Intake, the staff don't have the time to refer clients. The result is a bottleneck of assessment and investigation cases.

“Frankly I fail to see the difference other than that we carry more load. Intakes are screening to us that require forensics, that require court applications and we are expected to do a lot of additional work before CP will even consider taking a transfer and refuse to take cases without orders (which actually makes sense because really what is CP going to do that the FES worker couldn't). I think splitting the program up was confusing for the

community, service providers and the social workers. Particularly considering that we do the exact same job.”

Decentralize Centralized Intake. Go back to the regions and identify experienced social workers to take referrals.

“There is no difference between Child protection and Family enhancement, and SWs don't know the difference between programs.”

Multiple Response Recommendations

- (1) The Department discontinue its two pathways of Child Protection and Family Enhancement Services and have only one pathway – child protection services. Once cases are deemed appropriate to open at intake, they should all proceed to the child protection. All social workers should be considered child protection social workers. This change should result in no loss of employment as in reality FES social workers are now doing child protection work.
- (2) The Department discontinue having a Centralized Intake Unit (CIS) in Moncton and the staff be assigned to the regions.
- (3) All Manuals, policies, position description questionnaires and training documents be reviewed and revised to make sure that all of the statements in them convey the message that taking children into care and proceeding to court to protect children from abuse or neglect is an acceptable and appropriate option. The options social workers and supervisors select should not be ranked as one being better than another. The option that social workers choose to select should be based on the one that best protects children from abuse or neglect.
- (4) Family Crown counsel service be reviewed so that legal counsel can always be available to staff throughout the Province in a timely manner for both advice and representation in court.

7. POLICIES, STANDARDS AND PROCEDURES

Policies, standards and procedures guide staff in the implementation of child protection and family enhancement services. They specify the minimally accepted practice standards associated with the delivery of programs. Policies, standards, and procedures help in making good decisions. However good clinical and professional judgment comes from experience. They also serve an important purpose in the orientation and training of staff.” The standards should be applied in a manner that protects every child receiving service from the Department of Social Development (DSD), including exceptions to a Standard by a supervisor for reasons beyond the control of the Social Worker. Workload needs to be managed in a manner that supports compliance with the Standards and the provision of quality services to children and families” (DSD, New Brunswick, Child Protection & Family Enhancement Services, Practice Standards, Policies & Procedures, February 2018, p.10).

Generally, New Brunswick’s policies, standards and procedures are clear, well organized and comprehensive. The Department has adopted a standard format for all of its manuals, with the recent Child in Care Program Practice Standards (July, 2018) completed in the new format. These standards are helpful for social workers entering the field of child welfare and for on-going practice. The Child Protection and Family Enhancement Standards, that were written in 2011, are considered much more precise. However, they do need updating to reflect current child welfare practices. It is important that staff have the time to review them and recognize that they are one tool to enable the best possible decision making. Strong supervision, mentorship/coaching, and the transfer of learning component of CORE training are all essential to promoting best practice in child protection. It is very positive that all of the policies are contained in a sharepoint site, known as the Electronic Library, within the Department.

Staff must be able to actually implement the policies, standards and procedures of the Department. During the review, the majority of staff indicated that they are unable to comply with the current standards because of their workload/caseload. When waivers have to be approved by supervisors because standards cannot be met, it is problematic when it is happening on a frequent and on-going basis.

The three standards that social workers stated they had most difficulty complying with are as follows:

1. SDM Contact Standard # 5 (Child Protection Services) specifies the minimum contact with the caregiver/child(ren) that must take place by the social worker. They are based on level of risk. The frequency of required contacts range from one face-to-face contact per month with caregiver and child in the caregiver’s residence for low risk level as well as one collateral contact, to a high of four face to face contacts per month with caregiver and child and four collateral contacts for very high risk (SDM Policy and Procedures Manual).

“A collateral contact is defined as face-to-face or phone contact with individuals other than the primary and secondary caregivers and children and should be limited to those who have relevant and current knowledge about the family’s participation and progress in services and the general safety of the children.” (NCCD, SDM Policy and Procedures Manual,2011, p.107). The collateral contact with a service provider or health care professional should be possible using emails.

While the rationale for the current contact standard is understandable in that more contact is likely required if the level of risk is higher, the problem with them is that they remove the professional judgement and discretion that social workers and supervisors should exercise based on their assessment of risk. Full compliance with the current contact standards may mean more in terms of quantity of visits versus quality of visits. Some social workers noted that the time between meetings are now too short in many situations. The limited time between face to face contact does not give parents the opportunity to make changes. Furthermore, there is the risk of the meetings becoming redundant, and the workers may not intervene as required, despite frequent visits.

The number of parent/child contacts should be decided by the social worker and supervisor, based on their assessment of the level of risk. This could result in weekly visits or it could be less based on their assessment.

2. The second standard that is problematic for social workers is Standard # 6 which stipulates that FES assessments are to be completed within 30 days. (Family Enhancement Services Response -Flow Chart. For CP, Practice Standard # 4 state that child protection investigations are to be completed within 45 days. (Standard # 4, p.30). Based on the comments of social workers and supervisors during this review, FES, is in reality, CP, except for the use of the term assessment in FES, compared to the term investigation, in CP. Consequently, the social workers doing FES in particular, felt the 45 days should also apply to FES, for the completion of their assessment. With the implementation of recommendation # 1, under Multiple Response, FES and CP should become one program, with the 45-day timeline in effect for CP.
3. The third standard that was problematic for social workers was documentation standard # 11, which states that case events are to be recorded in NB Families, immediately following the occurrence of the event, and no later than five (5) days. From a legal perspective, the earlier events are recorded the better.

Social workers have enormous powers, record every event and these recordings can become part of disclosure, affidavits, testimony etc. They are not dissimilar from the police, in terms of recording events.

Of course, social workers like the police should be provided with state-of-the-art laptops, and voice to text technology, so that the task of recording is a much easier and straightforward process and enable them to complete recordings in a timely manner.

The SDM standard that requires Re-Assessment of Risk every 90 days was noted by staff as very time consuming and of limited or no value. This and other SDM standards should be reviewed as part of the review of policies and standards, so that they can be adjusted accordingly. Changes to policies or standards that better enable social workers to do their job without placing children at risk, should be made as soon as possible.

During the review, when staff commented on the shortage of placement options for children taken into care, they also emphasized the critical need for a permanent policy on kinship care. Staff have been using an interim policy, that was approved in April 2009. Without a formal kinship care policy, children sometimes cannot be placed with significant family members i.e. grandparents, if parent don't agree, even if it's in the child best interests. Apparently, legislative amendments and regulations are required to implement the kinship care policy. In view of the critical shortage of placement options, the full implementation of kinship care should be a priority.

There sometimes seems to be a lack of uniformity between the regions with respect to how policies and standards are interpreted and applied. For example, some regions consider the first contact as being a letter sent or a call made to the family, whereas in another region, the first contact means a contact in person with the child. The standards are very important in guiding the decisions of social workers and supervisors so the clearer they are and less subject to different interpretations, the better.

Concern was also expressed about the requirement for concurrent plans, both in terms of its impact on relationships with families and also in terms of the extra work it requires without much benefit. Some social workers and supervisors noted that they are a challenge to present to a family and they find themselves uncomfortable discussing them with families. One social worker described the problem with concurrent plans in the following way in bullet form:

“Difficulties with explaining our dual roles; collaboration and authority;
Afraid of damaging the relationship with clients that is fragile because of our role and the people we serve have had a lot of hurtful relationships;
Clients feel that we (social workers) are not helping to develop a good relationship...We say that we work with the family and that our role is not only to take children into care;
And when we open a case, we say this is not the objective with your family but I have to talk about this plan if we do take your child into care;
It confuses both the family and the SW, leading to both being uncomfortable and potentially damaging the relationship.”

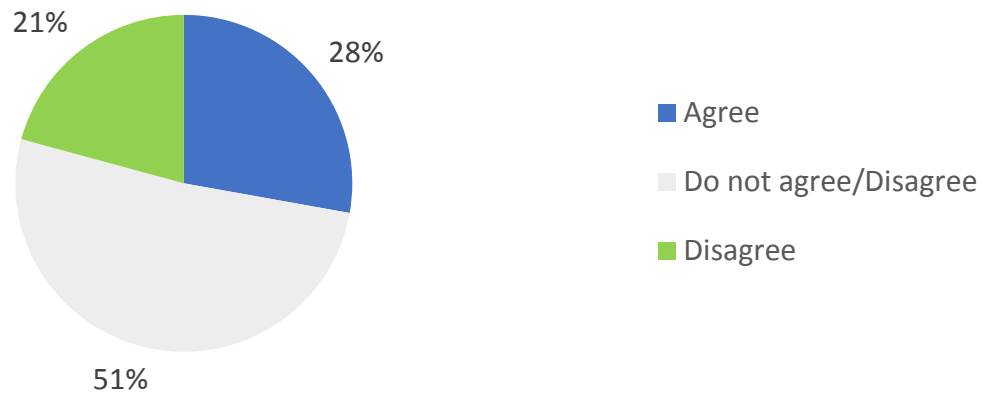
These comments point the need for concurrent plans to be reviewed and probably discontinued. A discussion on concurrent plans may be appropriate in a Family Group Conference when focusing on what may happen if the agreed upon plan fails. However,

it is inappropriate for social workers to have to engage in this discussion with families involved in child protection.

New Brunswick’s close proximity to the boarder of the United States presents challenges with respect to child protection. Sometimes travel to and from Campobello Island requires travel to the Island via Maine, USA. When it becomes necessary to take children into care, it can be complicated to try and enter Canada without any documents such as a passport for the children. A protocol that provides the authority for social workers to travel to and from Campobello Island with children removed from their parents, should be developed.

Question # 2 asked staff to respond to the statement “Policies, standards and procedures are clear and enable the best possible decision-making.”

The results of responses to this question was as follows:



Some of the staff responses to this statement were as follows:

COMMENTS:
The standards are quite clear except when it comes to the roles of CP and FES. There are parts missing in FES that must be referred to in protection.
Sometimes, the time in between meetings (parent/child contacts) is too short, depending on the risk level. This does not give people the chance to make changes. The meetings may become redundant, and the workers may not intervene.
Clear as long as they are up-to-date. We have a lot of policies, standards and procedures in Child Welfare that involve many programs. We have to make sure that all Child Welfare standards are linked to one another. We must ensure consistency.
Unfortunately, the process of reviewing the standards, procedures can take time and that time is taken over by other priorities. In many situations, too many levels of “approval” and sometimes we lose the focus and the real intention of the review.

Boarder crossing issues and the lack of comfortability/clarity/authority around this for staff and supervisors
I believe that some of the standards have a lot of grey area that is left for individual interpretation. The standards are often used by defence lawyer's, they use these standards in court often as a way of attempting to discredit the social worker while on the stand. When they read them, they suggest their interpretation and this leaves the worker trying to defend themselves on the stand therefore I do not believe they are always clear.
There is a need to standardize the formats of the various provincial program standards documents throughout Child Welfare. Over the years various formats have been used. It was recently decided that there would be effort put into using a standardized format for all child welfare program. The work associated with researching best practices in this area and agreeing on a format or hybrid has not yet begun.
The Multiple Response Practice Standards in Child Protection and Family Enhancement Services need revision and as a branch, we need to determine what the form and format should be so there is consistency and flow between programs. Standards, by definition are mandatory and they should be clear and measurable.
Yes, however sometimes confusing for First Nations
These documents are "lived documents" and therefore can and <u>should be updated regularly</u> . This should be a continuous priority at Central Office with working groups from the regions.

Policy, Standards and Procedures Recommendations

- (1) Contact standard # 5 (Child Protection Services) be revised to be a minimum of once per month, with the supervisor and social worker having the discretion to increase this number, based on the level of risk. Also, emails should be permitted for collateral contacts with service providers and health care professionals.
- (2) The Department continue with its new standardized format for all its policy manuals.
- (3) The Department commit the resources for a special project that will result in all of its manuals and protocols being revised as soon as possible. This should include SDM and standards, e.g. 90-day Risk Re-Assessment.
- (4) The Department approve the kinship care model and seek approval of the legislative and regulatory amendments for kinship care as soon as possible.
- (5) When policies or standards are added or revised, the Department should assess the impact of the standards on workload and determine whether additional staff or training is required to enable staff to implement them. The re-assessment of risk every 90 days and other SDM Standards should be included as part of this review.
- (6) The requirement for concurrent plans be reviewed with a view to discontinuing them if they are of minimal or no value to families. Such a decision will also save social workers valuable time.
- (7) Central Office take the leadership in setting up meeting(s) with the appropriate federal and justice officials to develop a protocol that enables social workers to carry out their duties on Campobello Island, when they have to travel via the United States to transport children taken into care.

8. CASELOAD/WORKLOAD STANDARD

Caseload/workload of child protection workers is a complex issue. "Although the field could benefit from a standardized caseload/workload model, currently there is no tested and universally accepted formula. It is difficult to arrive at a specific figure for a given caseload/workload because of the wide range of agency settings in which a particular service is offered." (CWLA, Standards of Excellence for Child Welfare Services, www.cwla.org/pubs).

"That being said, the CWLA standards most requested are those that provide recommended caseload and/or workload sizes. These ratios of client to staff members offer guidance based upon the field's consensus of what constitutes best practice. In each service volume, they are presented within the context of other recommended standards for staff qualifications and training, supervision, management support, etc. In combination, they provide some direction for agencies - public and voluntary - on how best to maximize the state-of-the-art in child welfare practice." (CWLC Standards of Excellence for Child Welfare Services).

"People are the key ingredient in an effective child welfare system."

"Child welfare work is labor intensive. Caseworkers must be able to engage families through face-to-face contacts, assess the safety of children at risk of harm, monitor case progress, ensure that essential services and supports are provided, and facilitate the attainment of the desired permanency plan. This cannot be done if workers are unable to spend quality time with children, families, and caregivers." (U.S. General Accounting Office. Child Welfare's Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff, 2003 www.gao.gov/atext/d03357.txt).

"Computing caseloads is an inexact science. When in doubt, err on the side of safety."

"When systems are short-staffed, bad things can happen. Studies of critical incidents, including child deaths, child injuries, and children missing from foster care, almost always involve an overworked caseworker who didn't have sufficient time to adequately assess or monitor the child's situation. In addition to leading to such tragedies, insufficient staffing results in inefficient services." (State of New York Comptroller, Division of management Audit, Caseworker Deployment in Selected Child Welfare Program Report, 96-S-52, 1998).

The CWLA caseload standards are expressed in terms of maximum cases per worker.

"Any formula should result in caseloads *no greater than* the maximum recommended number, rather than exceed it. For example, anticipated vacation and sick leave time, agency holidays, and regularly scheduled training events should be deducted from the

number of calendar days to arrive at the total actual workdays available per worker per month. This should be done before computing caseloads.

Additional factors that have to be considered when considering the caseload/workload of social workers doing child protection work are as follows: travel time to visit children and families, cultural issues including language, experience and training of staff, vacancies, case complexity/family size, court time and availability and location of placement resources.” (www.cwla.org/pubs).

A number of the staff stated that they are concerned that children may be at risk, due to their high caseloads, and inability to meet Departmental standards.

Further exacerbating the workload situation is the fact that there are many social workers in social work positions which should be filled permanently. These workers often work as long as 3 years in temporary positions and then because of the way New Brunswick’s Civil Service Act is worded, they must leave for a year before they can return. As a result, many excellent social workers, who have been trained and possess experience, leave the Department, with such positions to be filled once again by new social workers. So not only does the Department lose experienced and well-trained social workers, but remaining staff have to use limited time available to train new social workers. The uncertainty and lack of job stability associated with doing the demanding work of child protection and being a temporary social worker contributes to frustration amongst staff and decreases the quality of child protection services. Furthermore, these employees tend to relocate or find other positions at the earliest opportunity as they try to obtain a permanent position.

The Department has to follow a very time-consuming process under the Civil Service Act for filling vacant positions, which serves to exacerbate the caseload /workload situation. As of September 30, 2018, there were 31 vacant positions. The average length of time to fill a permanent child welfare position is 75.5 days. Filling of casual positions and making casuals temporary are on track at an average of 2 days and 4 days respectively. The length of time required to fill a permanent position is inordinate and not conducive to effective or efficient service delivery. One of the reasons for the delay is that for bilingual positions, it can take up to 20 days to get the results of second language testing/evaluation. Furthermore, the practice of keeping such positions as temporary, when they should be filled permanently, makes it very difficult to create a stable and effective child protection system.

Due to the mandatory and legislatively required nature of child protection, as well as the high stress associated with child protection work (numerous studies have shown this profession to be comparable to other first responders), the Province of New Brunswick and Department of Social Development should consider child protection work as an essential service, in terms of them being treated as urgent positions for filling, like police and health care workers. This was recently recommended by the former Representative

for Children and Youth in B.C. (Turpel-Lafond, 2015, p.43). Child protection work is important work – that of protecting the most vulnerable members of our society. Child Protection Services needs to be supported so that the process for filling vacant positions is expedited, including vacancies caused by short term illness of permanent employees. Child protection is about the health and safety of children and youth.

The challenging human resources issue of attracting and retaining social workers in rural area is not unique to New Brunswick. However, filling the positions quicker and filling them permanently will help immensely. “Child protection positions across the country are primarily filled by young female social work graduates with a BSW or MSW and they generally prefer to work in urban areas. It is not uncommon for young graduates to apply for positions in rural areas, knowing that at the earliest opportunity they will relocate to a larger urban area. Unfortunately, this national trend of migration to urban centres also exacerbates the workload for those social workers who have decided to remain in rural communities. The high turnover in such locations means a higher number of inexperienced social workers on the team when there are recruitment lags and permanent positions that need to be filled by temporary social workers.” (Turpel-Lafond,2015, p.43).

The dilemma of caseload/workload is a very pressing issue with staff in New Brunswick. It was the single most frequent concern in the survey employees completed, and most frequently raised in regional meetings throughout the Province. Other issues such as standards, centralized intake, multiple response, technology, training, decision making and others discussed in this report all need to be addressed to create stability in the system. By addressing them, social workers and supervisors will be able to deliver their legislative mandate under the Province’s Family Services Act and provide high quality services to children, youth and families.

The Department of Social Development added 63 additional social worker positions (child protection and access and assessment investigations) as part of its New Directions Multiple Response Initiatives. Since 1999, a total of 89 front line child welfare social worker positions have been added. However, some of those positions have been allocated to other programs. No new social workers were added when the Youth Engagement Service was rolled out. Instead, the social workers for this program were taken from child protection. Two-year term positions were added for the roll out of Integrated Services Delivery (ISD). However, these positions need to be made permanent. The regions allocated a .5 position should have been given a full-time position for ISD. In another situation, an entire unit consisting of a supervisor and entire team of social workers were allocated to long term/senior's care. Furthermore, the Centralized Intake Services and After-Hours Emergency Unit are responsible for adult protection services, which would not be an expectation of child welfare in other jurisdictions in Canada. One of the risks of child welfare being part of a large Department with many programs, is for child protection resources to be used to assist with other non-child welfare programs. Unfortunately, this can result in some child protection social workers being unable to focus exclusively on protecting children from abuse and neglect.

According to the Child Welfare League of America, Caseload/Workload Standards, the average recommended caseload number for active child protection cases is 17 cases. A combined ongoing caseload of investigations and assessments should be 10, with 4 active investigations/assessments. Children in care social workers should have a caseload of 12-15 cases. (Appendix 6).

Many of New Brunswick's caseloads are within the acceptable caseload numbers and some are even below. However, as the CWLA makes very clear, you must also take the various workload factors into account. The following additional factors need to be taken into consideration in establishing caseload/workloads:

- in addition to their active cases, they have investigations or assessments assigned to them;
- they retain responsibility for children taken into care on a temporary basis which are typically transferred to children in care social workers;
- they have multiple case conferences and team meetings with partners and family group conferencing on weekends;
- geography for travel purposes;
- delay in filling vacant position;
- standards/documentation;
- lack of placement options;
- court time;
- committee work;
- vacation, sick leave, training;
- coaching and mentoring new staff;
- arranging services through requisitions due to lack of administrative support, family support workers and case aides;
- participating in daily management (process improvement) meetings and
- lack of technological support e.g. cell phones, tablets and voice to text technology.

So, as a result, the numbers alone do not depict an accurate picture of the workload. The child protection and family enhancement staff in Miramichi did an excellent presentation on May 25, 2018 regarding the amount of actual time required per month for staff to perform the functions expected of them. The graphic presentation clearly demonstrated that it is impossible to meet the current expectations and provide quality child protection services to children, youth and families. It clearly showed that, while actual numbers may be within the acceptable CWLA numbers, it is still an unrealistic workload in view of the factors listed above.

In June 2008, the Department of Social Development produced a report on the Attraction, Recruitment and Retention of Child protection Social Workers. The working group that contributed to this report included Program Delivery Managers, experts from human resources, corporate services, child welfare and the union. "The scope of the work was

for the Recruitment and Retention Committee to identify key barriers that impact Social Development's (SD's) ability to attract, recruit and retain Child Protection and Social Workers and to formulate recommendations and strategies" (p.5).

Based on the results of the survey and the concerns expressed in the various meetings, a specific project is required to focus on the human resources issues and identify improvements that can be made.

A further concern identified during the review was the lack of critical incident debriefing for social workers exposed to workplace events that could overwhelm them and result in trauma. Davis "defines examples of a "critical incident" as a sudden death in the line of carrying out his or her day-to-day duties, serious injury from a shooting, a physical or psychological threat to the safety or well-being of an individual, business or community regardless of the type of incident. Moreover, a critical incident can involve any situation or event faced by emergency, public safety personnel (responders) or employees that causes a distressing, dramatic or profound change or disruption in their physical (physiological) or psychological functioning" (Davis,2013). In child protection, critical incident debriefing should be available for social workers who are threatened, and/or when they involved in child deaths, serious child injuries or other matters that result in high profile media attention.

"Debriefing is a specific technique designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure. Debriefing allows those involved with the incident to process the event and reflect on its impact. Ideally, debriefing can be conducted on or near the site of the event (Davis, 1992; Mitchell, 1986). Defusing, another component of CISD, allows for the ventilation of emotions and thoughts associated with the crisis event. Debriefing and defusing should be provided as soon as possible but typically no longer than the first 24 to 72 hours after the initial impact of the critical event. As the length of time between exposure to the event and CISD increases, the least effective CISD becomes. Therefore, a close temporal (time) relationship between the critical incident and defusing and initial debriefing (i.e., there may be several) is imperative for these techniques to be most beneficial and effective (Davis, 1993, Mitchell, 1988).

As indicated earlier, it is necessary to consider the Department's child protection standards in determining appropriate caseload/workload. Many social workers and supervisors, in both the surveys and meetings, stated that they are unable to comply with the standards, developed by the Department. The contact standards, would be considered onerous by many jurisdictions. Consequently, recommendation # 1 in the Policies, Standards and Procedures section of this report should improve the ability of social workers to achieve contacts with parents and children and for the focus to be on the quality of the intervention versus the quantity of visits.

The lack of administrative support staff, family support workers and case aides on the various teams has a significant negative impact on social workers being able to meet standards and provide good quality service to their clients. "We must continue to provide services to families in which there is significant reason to hope that parents who have committed maltreatment can do what it takes to become fit and nurturing" (Bartholet, Elizabeth, 2015, p.609). However, social workers in New Brunswick are spending an inordinate amount of time doing tasks such as scheduling appointments, copying, filing and faxing documents, doing requisitions to obtain services, all of which should be done by administrative assistants. Furthermore, if each team had a family support worker to do parent education and support and case aides to do transportation, it would significantly reduce the amount of time they now spend trying to engage such services externally through contracted services. The funds currently spent to purchase these contracted services, would be better spent on full time positions within the Department. Furthermore, in some cases the quality of the service being retained through these contracts does not meet the needs of the families. Some of the support workers contracted by the regions are given little direction with regards to their roles and responsibilities and working with families. "Also, many of these support workers from outside agencies are not well trained and lack necessary skills, knowledge and experience to be working with the vulnerable and high-risk families." (Social worker, Survey, N.B. Child Protection Review, Savoury Consulting Ltd, June 2018).

The non-attendance of children at school is a serious issue and should be addressed as part of Integrated Service Delivery. Children and youth need to be attending school in order to graduate. The outcomes for youth who fail to graduate from high school are poor. Nova Scotia introduced its School Plus Program with additional social workers allocated to the various school districts so that a collaborative inter-agency approach could be taken with children and youth not attending school for various reasons including mental health issues. (<https://www.schoolsplus.ednet.ns.ca>). New Brunswick's Integrated Service Delivery (ISD) has a similar mandate.

Child protection has a role to play in school attendance when there are also child neglect or abuse issues. However, child protection or family enhancement social workers should not be involved in school attendance unless the case is opened or needs to be opened due to neglect or abuse. If additional social workers are required for this purpose, then the Department of Education and Early Childhood Development should seek the funds to hire additional social workers, as part of the ISD initiative. Child protection social workers in other jurisdictions are not expected to play the role of school social worker as well.

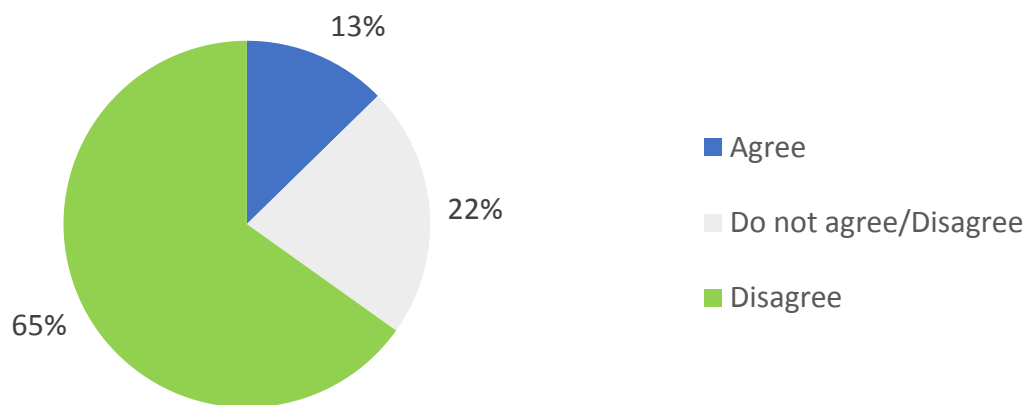
The process involving Record Checks and Exemptions is further adding to the workload of some social workers. The inclusion of a Child Abuse Register along the lines of Nova Scotia's Child Abuse Register (CAR) in the next round of legislative amendments, would eliminate the need for social workers to be doing this work. Adopting this approach would eliminate the work in the regions regarding SD Record Check exemptions. Family Group Conference Coordinators and Supervisors could then focus exclusively on FGC.

The lack of placement options for children taken into care not only has a significant impact on children and youth, but also has a major impact on the workload of social workers.

Some children are being placed a considerable distance from families requiring social workers to spend considerable time travelling, to place children or to enable children to remain in their same school and community, as well as facilitate contact with parents/siblings. As mentioned earlier, some of the placement issues could be eliminated if the kinship care policy was in place.

Question # 3 asked staff to respond to this statement on the survey “The caseload/workload is adequate for effective decision-making”

The results of responses to this question was as follows:



Staff provided more details on this question than any other question, which reflects how serious this issue is for all regions. Many more additional comments could have been included below. More comments from staff on the caseload/workload issue are included below in order to reflect the depth and urgency of the need for the caseload/workload issue to be resolved.

Some of the Comments from Staff on This Question Were as Follows:

My workers are consistently behind in their event documentation due to their workload and the huge geographic area they cover.
Many casual workers come, we train them, and then they have to leave SD after three years because they can't have a permanent position. That leads to instability on the work teams, changes of Social Worker's (SW's) for the clients, and retention and recruitment problems. This systemic weakness is real, and this three-year policy must change.
Our caseloads/workloads are over what is considered to be "the norm", which leads to experiencing difficulties with properly respecting our policies, standards, and procedures. We are then unable to offer our best services to our families. For example,

having 7 to 8 Child Protection (CP) Investigations/Family Enhancement Services (FES) Evaluations is considered a full caseload. Earlier this year, all four social worker positions for CP Investigations and FES evaluations were filled, yet each social worker had approximately 17 cases each. As of June 2018, we are heading towards this same scenario again. Having a high amount of investigations/evaluations leads to a larger amount of assessments that needs to be done in our system, a higher number of visits, a higher amount of verifications, a higher risk of having a crisis in one of our cases (which essentially leads to pushing back what the social worker already had scheduled), and a significantly higher amount of paperwork. We constantly have to prioritize our cases, which leads to some cases being put on hold while we have to manage the higher risk ones or the crisis situations. Overall, having those caseloads/workloads also creates exhaustion for the social workers and it's noticeably affecting our individual and collective wellbeing.

Caseloads are heavy, problems are more complex, and we have very little time to prepare and carry out interventions that will enable us to have a greater impact on problems. We feel that our interventions are only a temporary band aid on the problems as we wait for the crisis to return. We are asked to make assessments every 90 days and to see children and families more often, and it's impossible to comply with the standards.

Also, we have to replace those on sick leave, constantly adjust to changes, and train new arrivals, who, for the most part, have very little child protection experience. We are asked to do short- and long-term work, and we often have to postpone meetings to address top priorities or emergencies. The most experienced workers are often given the more delicate/complex cases. Furthermore, workers request co-intervention, but this is not always compiled in the statistics.

We also have to accommodate families by holding meetings in the evening. Personally, I like to leave work behind after 4:30. I have a family to look after, and I don't want to be asked to work in the evening. Our work is mentally demanding.

Workload is exceptionally high. It was noted recently that there was a 34% increase in referrals to Family Enhancement Services in the past year. The volume is beyond manageable. Frontline social workers have difficulty to read through their files, are unable to spend adequate time with their families in order to do a quality intervention and are increasingly placed in positions where they can only accomplish the bare minimum due to ever increasing demands due to workload/unattainable standards. As a supervisor, there is no luxury to read through history of a file being assigned to a social worker and concern is increasing that major concerns/themes will be missed and unable to provide appropriate direction to increasingly less experienced social workers due to reality of retention issue in our program most notably due to social worker's struggles to maintain high volume workloads for extended periods of time.

The caseload per employee in our region is reasonable and allows for effective decision making. There may be periods during the year when the caseloads increase following the departure of an employee or a sudden increase in referrals; however, things generally stabilize within a few weeks. However, if you look at the employees' workloads, it is sometimes hard to comply with the contact standards when a child placement is involved, children in different foster homes, meeting with the parents, large territory to cover, telephone discussions with resources and services, high contact standard. For

example: the placement of three children in two different foster families, one in the Saint-François area and the other in Sainte-Anne. Supervised visits with the parents, meetings with the children in foster care, discussions with counsellors, event within five days, etc.

Using the number of cases which a CP SW has on his/her caseload is not the best metric to measure workload. I could have ten cases with all of the families living within a five-kilometre radius of the Minister's office. You could have eight cases but some of the siblings have been split up and living in foster care or group homes in Sussex AND St. Stephen. That would require you meeting the children who are in care in the facility they are living in at least once a month as well as to meet with service providers in those respective towns as well as school officials etc. That is a lot of travel time.

Alternatively, there are administrative tasks in which SWs who are in the Child Welfare Programme are spending time on that would be better served by spending time with the families/children. The lack of an administrative assistant in our unit (and I am not talking about our Legal Admin who work very hard and provide a fabulous service) is a detriment to the families we serve because it reduces the amount of time we can spend on that family's case and working more closely with the parents, children. Having an Admin Assistant with clearly defined responsibilities would be a real asset. (i.e.: what can he/she do to lighten the load somewhat for the CP SW?)

Caseload does not always reflect actual amount of workload associated to the worker. There are times (especially) when cases are involved in Family Court that the workload is increased dramatically despite the same # of cases. Cases in Saint John generally tend to be complex with family dynamics that are chronic. There are a lot of instances in Saint John, that cases are families who generationally have been involved with CP with concerns regarding: poverty, drug use, alcoholism, domestic violence. The complexity of these cases is often overlooked – as the focus is on number of cases per worker.

A large part of my workload is paperwork & requisitions. Faxing, emailing and fixing requisitions. This amount of paper work increases when children come into care via PC/CA/CO. And it is PER child. So, if a sibling group of 2,3,4,5 come into care – each child requires their individual requisition for foster placements, family allowance etc. As well as legal details needs to be entered individually.

Caseload/Workload Recommendations

- (1) It is recommended that the Department adopt the Child Welfare League of America (CWLA) recommended caseload/workload standards. (Appendix 6). “Caseload standards help eliminate the staff overload which is so common in poorly operating child welfare systems, which research and experience demonstrates is strongly linked to expensive system inefficiencies and poor outcomes.” (Granholm, Dwayne, B.V., November, 2010, p.1). The CWLA standards are appropriate but only if the other recommendations in this report are adopted.
- (2) The Department determine the number of new social workers and supervisors required in order to meet the CWLA caseload and supervisory standards (Recommendation # 1, Clinical Supervision). Any new positions required should be funded as permanent positions and included in the next budget so that they can be allocated to the regions as soon as possible. The number of new positions required needs to factor in time for social workers to take vacations and the reality that some staff will be on other forms of leave, e.g. parental leave, sick leave, training, etc.
- (3) The Department revise its Program Design and Quality Management Division Authority and Decision-Making Model (Revised March 2012) to add the following process to the child welfare programs section on caseload/workload management: Upon determining the average caseload for a program area (i.e., intake, child protection, children in care) is above the CWLA caseload standard, the casework supervisor must notify their Program Delivery Manager (PDM). The PDM must review current social work caseloads within their office to assess the factors influencing the change in case load size (i.e., vacancies, increase in referrals, etc.) and determine whether this issue may be resolved internally. If the issue cannot be resolved internally, the PDM must notify the Director of Child Welfare who will arrange for one of his Consultants to conduct an audit to determine whether the current situation is impacting policy compliance. The consultant must share the results of the audit with the Program Delivery Manager, the Regional Director and Director of Child Welfare. The Consultant and the Program Delivery Manager must draft an action plan to address any issues related to policy compliance and share this action plan with the Regional Director and the Director of Child Welfare. The ADM for Service Delivery and the ADM for Family and Children’s Services will be expected to convene a meeting with the Director of Child Welfare and the Regional Director to review the action plan and decide on appropriate steps to address the problem. When it is determined that additional social workers are required, they should be included in the annual budget for approval as part of the Department’s budget. The Ombudsman and Child Advocate noted the concern with workload issues in 2008. “If staff are unable to adhere to the standards due to workload issues, the department should determine why, and make adjustments accordingly, i.e. Hire

more staff, if workload necessitates.” (Ombudsman and Child Advocate, Broken Promises: Juli-Anna’s Story, January 17,2008, p.25)

- (4) When assigning files, a supervisor must consider the intensity of involvement with the child/family and attempt to facilitate a manageable caseload. Some factors to consider are:
 - court involvement;
 - amount of contact and needs of the family;
 - issues of access, including siblings in care and others;
 - special needs of the child;
 - stability of placement;
 - the plan of care for the child and immediacy of critical moves and/or decisions;
 - patterns of social worker involvement with this child;
 - amount of social worker contact with caregiver(s);
 - amount of direct social worker involvement with collateral agencies (school, therapist, etc.);
 - complications and complexities of cases.
- (5) Social workers should not be carrying a mixed caseload of on-going cases and investigations or assessments. Social workers should carry no more than 17 active cases and another social worker should be doing investigations or assessments. It should be noted that “whether a family involved in an investigation has one child or five children, the family would count as one case. But if a report involves children from two or more families, the report generates two or more cases.” (Granholm, 2010, p.5). This should apply in New Brunswick’s child protection caseload determination as well.
- (6) The Department discontinue the practice of social workers carrying children taken in care, on their caseloads, even on a temporary basis, while doing investigations or assessments and child protection. As soon as children are taken into care, they should be transferred to the Children in Care Workers, who should carry a caseload of no more than 12 children in care (temporary and permanent). It is not possible to do a good job, when doing both of those roles. The social worker taking the child in care would be responsible for the initial placement. However, after that placement is completed, all other work associated with the placement, school, access, etc. would be the responsibility of the Children in Care Social Worker, until the child returns home. Should a decision be made to seek a custody or guardianship order, the Children in Care social worker would be responsible to attend court on the matter, working with the parent and setting up services.
- (7) The Intimate Partner Violence initiative be reviewed in concert with the regions to determine its impact on social worker’s time. Permanent social workers should be added to fulfil the additional work associated with the initiative.
- (8) All current temporary positions be converted to permanent positions and filled as soon as possible, unless they are temporary for health or parental leave.

- (9) One administrative assistant be approved for each team of supervisor and social workers in each office so that administrative duties such as photocopying, faxing, requisitions and other administrative duties can be removed from social workers and supervisors. This recommendation is similar to recommendation # 4 in the Department's July 1999 report on Child Protection Workload Measurement. "While conducting the regional sessions, as well as the Provincial focus group, many social workers identified tasks which consumed their time, but could easily be completed by someone else. With removal of these tasks, social workers would be better able to focus on direct service tasks. Recommendation # 4 stated that the following areas be reviewed as possible tasks to be done elsewhere in the Department, or by another Department to save social worker time: specific administrative duties i.e. requisitions, payments, file preparation, some court related tasks i.e. delivering subpoenas, preparing witnesses, scheduling, preparation of life books for children in permanent care and arranging case conferences and meetings etc." (p.14). The need for administrative staff to undertake these tasks as well as faxing, photocopying was also the subject of a recommendation in the February 1999 Child Welfare Project Report and Recommendations of Working Conditions Team, p.11.
- (10) For every three teams of supervisors and social workers, they be allocated one Family Support Worker, who is qualified to do parental education and coaching and one case aide to do such duties as transportation. Offices that have been able to retain their psychologist be sanctioned to continue with this position, as the position has had a positive impact on the quality of services provided to children, youth and families. The minimum qualifications for a Family Support Worker should be a community college diploma in community studies or related field or a Bachelor's degree in a human services field such as psychology.
- (11) The Province of New Brunswick deem child protection social workers as essential positions like police officer and nurses, in terms of deeming them positions that must be filled as soon as they become vacant. Police officers and health care positions are generally filled quickly whether the vacancy is permanent or temporary and the same practice should apply for child protection social workers. Child protection positions are legislatively mandated under the Province's Child Protection Act to protect the most vulnerable at-risk children. Consequently, they should be prioritized for filling immediately as essential positions.
- (12) The approval for the recruitment of casual positions be delegated to the Regional Directors. In additions, obstacles that currently mitigate against the efficient filling of permanent positions be removed so that authority can be delegated to the regions to enable positions to be filled in the same manner as teachers, nurses and police officers.
- (13) Critical incident debriefing be made available to social workers who are exposed to traumatic workplace events. Debriefing should be provided as soon as possible but no longer than the first 24 to 72 hours after the initial impact of the critical event.

- (14) The review of placement resources currently being done as part of the work on kinship care be given priority, in order develop a plan to improve placement options. This review will examine step-up-step-down homes for those with significant behaviours/mental health challenges; group homes; kinship homes; child specific homes; therapeutic foster homes and regular foster homes. The review should also include appropriate caseloads for social workers in foster care, adoptions and licensing.
- (15) Child welfare supervisors and social workers should not be expected to participate in daily management meetings and similar activities, unless they specifically relate to improvements in child welfare service delivery.
- (16) Discontinue the practice of requiring child welfare social workers to be involved in school attendance matters unless child neglect or abuse are present in the family. As part of the implementation of Integrated Service Delivery, a review should be conducted of the workload implications and determine the additional social workers required to properly implement this initiative. Any additional social workers required for school attendance matters should be hired as School Social Workers under the Integrated Service Delivery initiative, to eliminate any confusion between child protection and ISD work.
- (17) A child welfare human resources project be initiated to explore the reasons for the delay in filling positions and how these reasons can be addressed. For example, are there regional practices that have been adopted that hinder or enhance the recruitment process? Why are some positions filled as casuals first instead of being filled as temporary or permanent? Why are social workers not being hired as temporary workers instead of casuals? Why is there a delay in some cases in going immediately to competition, once the position becomes vacant? Are there issues with the management of the probationary period that are contributing to the delay in filling positions on a permanent basis? How can the use of electronic approvals speed up the recruitment process? What are the impediments to granting the authority to the regions for the recruitment of social workers and supervisors? How can these impediments be removed?

9. MANAGEMENT/INTERNAL DECISION-MAKING

The structure of the Department of Social Development is typical for a similar Department in other jurisdictions. A Deputy Minister heads up the Department, who reports to the Minister, a member of the government's Cabinet and appointed by the Premier. There are four Assistant Deputy Ministers, one responsible for the Program Delivery, one for Families and Children, one for Corporate Services and one for Seniors and Long-Term Care. The ADM for Families and Children is responsible for providing overall program direction and support to the Child Welfare and Disability Supports Branch. The ADM for Program Delivery is responsible for service delivery, which includes child welfare. All of the child welfare staff are part of the regions, headed up by a regional director (8), who reports to the ADM for Program Delivery. The organizational chart for the most senior level in the Department of Social Development is included as Appendix 7. There are quarterly meetings of the leadership group, which is comprised of the DM, ADM's and central and Regional Directors. These meetings are called strategic alignment meetings. Child welfare could be added to the priorities for discussion at these meetings so that an in-depth conversation can take place regarding child welfare.

In an effort to improve services to children, youth and families, a number of initiatives have been rolled out, that have had an impact on the workload of front-line staff. Examples of initiatives that were rolled out without adequate full-time staff were the Youth Engagement Services (YES), Integrated Service Delivery (ISD) and Intimate Partner Violence. In the case of YES, staff were reassigned from the CP/FES programs to enable YES to be delivered. In the case of ISD, some staff were allocated to the regions, albeit for a two-year period. Some regions were allocated .5 positions, which have not met the needs of these regions or been easy to fill due to their part time nature. The collaborative meetings that have resulted from the ISD initiative are positive for clients. However, the number of meetings and their duration have increased the workload for staff beyond the social workers allocated to the regions.

These and future initiatives should continue to be brought before the executive committee of the Department for review and consideration of the resource implication, prior to implementation. An assessment of resource implications (staffing, training and technology) should be conducted prior to any roll out to the regions. This planning would contribute to the success of the new initiatives without exacerbating the caseload/workload problem of social workers.

The Director of Child Welfare has recently been assigned the responsibility for the Disabilities Program for children and adults. This is a major program and adding this program to the Director of Child Welfare detracts from the Director being able to properly perform the onerous responsibilities associated with child welfare. The Director of Child Welfare is a very demanding position and is ultimately accountable for the development of policies and setting the program direction for the Child Welfare Branch. The Disability

Supports program for Children and Adults should have its own Director, which is the typical approach in other jurisdictions.

Within the Child Welfare and Disability Support Services Branch, there is an extensive range of programs for which the Director of Child Welfare is responsible. The Director has two Managers overseeing the consultants, trainers and clinical auditors. The organization of the Branch could be improved with the addition of two senior managers with the same scope and authority. The responsibilities would be better aligned with a Manager of Child Protection and Collaborative Services and a Manager of Placement Services and Training. This would provide a stronger program focus, improved clarity of responsibilities and decision making. The Manager of Child Protection and Collaborative Services should be accountable for policy, standards and program evaluation for the following programs: child protection, clinical auditing, first nations consultants, family group conferencing and child protection mediation. The Manager of Placement Services and Training should be accountable for policy, standards development and program evaluation for Children's Resources Services (foster and residential), adoptions and learning and development.

There is a gap in the central office of the Child Welfare and Youth Services Branch in terms of Family Group Conferencing and Child Protection Mediation. While there is a consultant in the central office branch for the various child welfare programs, the central office branch lacks a consultant dedicated to the Family Group Conference (FGC) and Child Protection Mediation (CPM). The responsibility for policy and program development as well as evaluation for FGC and CPM should be located in the central office. All FGC positions, like the other social workers, should be considered regional positions.

There are 13 Program Delivery Managers (PDM's) for Child Welfare, who manage the delivery of child welfare services in the regions and two Managers in Central Office, for a total of 15. The 15 Child Welfare Managers meet on a regular basis and have developed a mandate and terms of reference to guide the effective operation of their group. The mandate of their provincial group is to make recommendations around programs and services. They are an excellent forum and play a critical role in supporting staff in the regions. The PDM's make various recommendations to improve policies, programs and service delivery. However, the PDM's would like for central office to be more expeditious in following up on policy and program recommendations.

The change in the educational qualifications for the PDM position several years ago is an example of how child welfare has struggled to maintain its identity and priority within the Department. For a brief period, there were individuals in these positions without child welfare experience or a degree in social work. This problem has since been corrected since all of the PDM's now have social work degrees and child welfare experience. However, the Position Description Questionnaire needs to be revised. The PDM position description questionnaire should be clear that a degree in social work is not preferable but a mandatory requirement for this position. The role of the PDM for child welfare is a very demanding position and duties related to the Adult Programs should not be assigned to the child welfare PDM.

Most of the staff indicated that they find the clinical expertise of the clinical social worker 3's to be helpful. Those who indicated the Clinical Social Workers were most helpful from a case consultation perspective noted they provide their clinical expertise while being very careful not to act in a supervisory/decision making role. In some regions, they are co-intervenors on several cases, which social workers have found beneficial when they felt they were not making progress with a client or were seeking another approach. This seems to be very congruent with the intended role of the Clinical social worker 3.

In the regions where the Clinical Social worker 3's is used more like a supervisor, the feedback from staff was less positive. Staff noted that there is confusion when the Clinical Social Worker 3's go beyond their intended role. In some locations, the Clinical Social Worker 3's are sometimes perceived as having more authority than the supervisor. Using the Clinical 3's in a decision-making role, that should be limited to supervisors and managers, has the potential to create confusion for social workers and result in a loss of confidence by social workers in their supervisors.

The Clinical Social Worker 3's was also intended to be an important link between the central office consultants and the regions. The following excerpt from the Position Description Questionnaire for the position is indicative of the important role they are expected to play in this regard: " Participate in the review of child welfare standards and provide feedback to Program Delivery Managers and Central Office Consultants, as required, and Liaise with Central Office Program Consultants, Family Group Conference Coordinators, the Manager of Child Welfare Training, Transfer of Learning Specialists, and the Clinical Auditors to ensure that "bridging" is being facilitated between the central and regional offices as it pertains to the RCSs role of consultant, educator, researcher and leader. "(PDM, Regional Clinical Specialist-Child Welfare, October 26, 2010, p.9). The Clinical Social Worker 3" s are in a unique position to play this bridging and supportive role between the regions and central office.

New Brunswick's Child Welfare and Disability Supports Branch is fortunate to have a strong clinical audit program. "Quality clinical auditing is one of the key means through which the Department of Social Development (DSD) monitors program delivery. It is also an integral part of assuring quality in the work and services provided. Comprehensive clinical audit reports provide managers with concrete data and findings that can be used to enhance programs and thus help to provide better services for children and families in New Brunswick". (DSD, New Brunswick, Child Welfare Quality Assurance, Clinical Audit Program, 2014, p.3)

Based on the work that the clinical auditors have completed, it was determined that the regional results of contacting families within the required time frames in Child Protection and Family Engagement Services for audits conducted between April 2011 and February 2015, was 85.1 %. Furthermore, the Clinical Audits that were conducted on regional Child Protection investigations from December 2013 to February 2015 had an 87.5% compliancy rate of interviewing the alleged victim/child within 24 hours of commencing a

child protection investigation, as per the practice standard. The Department's goal in all of these areas is 100 %.

The three Clinical Auditors report to the Manager of Clinical Auditing and Child Welfare Training, who in turn reports to the Director of Child Welfare. When audits are done in the regions, a report is produced and copies are provided to the senior regional staff and senior staff in the Central Office. The Program Delivery Managers are responsible to develop an Action Plan to address the recommendations contained in a clinical audit. While there is communication and collaboration between the two divisions (Families and Children's Services and Program Delivery), the authority for ensuring that the Action Plan is implemented is outside the scope of the Child Welfare and Disability Supports Branch.

All child welfare audits should be brought before the Department's Internal Audit Committee. The Director of Child Welfare also needs to have a stronger role in ensuring that the results of audits are followed up and that action plans are appropriate and implemented. When Clinical Audits are completed, they should be implemented within 90 days. When an audit is completed, there is a face to face meeting with the Program Delivery Managers, supervisors and sometimes with the Regional Directors. There should also be a face to face meeting with the supervisor and the social workers so that they are made aware of the findings, and to discuss how practices, as a result of any concerns in the audit report, can be improved.

When Central Office receives the Action Plan from the region, the Clinical Auditors review it to ensure the planned activities "match" the findings and recommendations. If there are areas where a "match" does not exist, there would be conversations with the Program Delivery Manager (PDM) to share any concerns and make suggestions to the Action Plan. From there, it is the PDM's responsibility to oversee the implementation of the Action Plan, which is appropriate. The Director of Child Welfare should always be in the loop on the progress being made to implement the action plan.

This should be a collaborative process between the regions and central office and in most cases that is what happens. However, if an action plan is not implemented within 90 days the ADM for Program Delivery, the Regional Director, the ADM for Families and Children and Director of Child Welfare should be provided with a report as to why the recommendations of audits have not been implemented. It should also include the steps that will be taken to implement the recommendations within the next 30 days. The requirement that all child welfare audits be brought to the Department's Internal Audit Committee should also serve to resolve issues related to the implementation of audit recommendations.

The Director of Child Welfare should be advised that the clinical audit recommendations have been fully implemented.

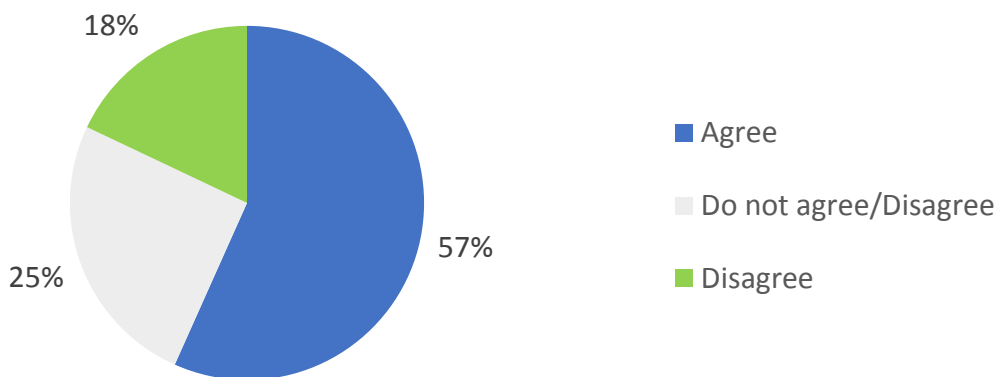
A further concern with the clinical auditing program is that the two clinical auditors have been unable to do the regular work that they were hired to perform. They have spent most

of their time doing special audits and as a result they have been unable to perform systematic audits of how child protections services are delivered throughout the Province. They also lack the time to do follow up with management, supervisors and social workers to ensure that staff learn from any mistakes made and how practice can be improved. Social Workers 3 (Regional Clinical Specialist-Child Welfare) have the following statement in their Position Description Questionnaire (PDQ) “Coordinate sessions with Regional Child Welfare management teams and staff, as appropriate, to review the results of Child Welfare Death Reviews and a sampling of Clinical Audit reports/results conducted across the province as a training/education tool for improving clinical intervention and service delivery practices.” Indications are that this is not happening, which further supports the importance for the PDQ for the position to be revised. In fairness, the PDQ for the Social Worker 3 was done in 2010, when the New Directions initiative was launched. It reflects the “ideals” associated with the job. It is now timely to revise the PDQ so that it reflects the realities and expectations of the position.

There are two child protection consultants in the Child Welfare and Disability Services Branch -one bilingual and one English, both of whom are very capable. Staff indicated that having two child protection consultants in central office is problematic for the regions, in that staff are sometimes given conflicting opinions and advice. Also, by having two child protection consultants, one of them may not be aware that the other provided advice on the same matter or the actual nature of the advice provided. It is imperative that the branch have a child protection consultant who is bilingual. However, the one bilingual child protection consultant should be able to be the child protection consultant for the entire Province. There is plenty of work to be done so the other Child Protection Consultant should be assigned responsibility for Integrated Service Delivery, Intimate Partner Violence and Youth Engagement Services.

Question # 14 asked staff whether in terms of management/governance was there clarity of roles, reporting relationships and job responsibilities.

The results of responses to this question was as follows:



Some of the Comments from Staff on This Question Were as Follows:

COMMENTS:
Modify structure by making child welfare a priority and protecting the programs from other SD area of business. There are conflicting interpretations around who has the role or responsibility to take this or that decision. Who reports to whom and who takes the decision or who approves document. “ -Role and responsibilities document is outdated. -No job description (PDQ's)
The governance of Child Welfare Services should not be involved with the additional responsibilities of the Adult Sector.
Role are not always very clear and some positions do not have PDQ's (Position Description Questionnaire) or role/responsibility description.
Significant work is required in order to clarify roles, reporting responsibilities specifically between the operational side of business and program design and monitoring functions at central Office.
The provincial Child Welfare Clinical Specialists do not receive training so that we can specialize in various areas or even have a provincial consultant assigned to us if there are issues. They must provide support for us and enable us to meet twice a year; there are ten of us in all. That shouldn't be too expensive. This would enable us to have mutual support.

Management/Internal Decision-Making Recommendations:

- (1) The Department should ensure that a full assessment of the impact of any new initiative on the regions (staffing, training, technology) be required, prior to approval being granted to proceed with the roll out of any initiatives, including inter-departmental initiatives. This recommendation is very similar to recommendation # 3, made in July 1999 on Child Protection-Workload Measurement.”it appears that often the impact of the additional policies on the workload of Child Protection Social Workers is not considered or acknowledged. The recommendations stated that “the Department review the policy currently in place and determine the impact any change would have on the workload of Child Protection Workers.... should these duties add to the current workload, consideration is given to adding additional staff to deal with the workload.” (p.14).
- (2) To improve the communications between the regions and Central Office on child welfare, the topic of child welfare should be added to the list of priorities for discussion at the quarterly strategic alignment meetings of the leadership group. This group is comprised of the DM, ADM's and central and Regional Directors.
- (3) The title of the ADM for Families and Children should be revised to place children first, thereby making it the ADM for Children and Families. It is important that even in the language of titles, the message be conveyed that children come first.
- (4) The Director of Child Welfare and his two Managers become members of the PDM's Table. Also, the Committee should adopt a new name and Terms of Reference to reflect the new composition of the Committee. Issues arising from this table requiring resolution should be brought to the leadership group referenced in number (2) above.
- (5) The responsibilities for the Disability Program (Children and Adults) be removed from the Director of Child Welfare and a new Director position for the Disability Program be established.
- (6) The position description of the Director of Child and Youth Services, should be revised to reflect the fact that it is a very senior director position in the Department. The position should be deemed equivalent to the Director of Nursing Homes and classified at the same level. This is also another way to demonstrate that child welfare is considered as equally important as nursing home care.
- (7) While revising the PDQ for the Director of Child Welfare, the following statement in the position description should be removed: “...requiring the Director of Child and Youth Services to ensure” that the Department is able to reach its goal of reducing the number of Child Protection cases going to Family Court by 70%”. This is unrealistic and also if there are cases which should proceed to Family Court to protect children from harm, then that should be viewed as an appropriate decision. As indicated earlier, there was no evidence to indicate that cases were not proceeding to court, when deemed in the best interests of children.

When the Director's position description questionnaire is revised, the qualifications for the position should clearly state that the incumbent should require an MSW or BSW, significant experience in child welfare and possess active registration with the NBASW's

- (8) Instead of a Manager of Child Welfare and Youth Services, there should be two Managers reporting to the Director of Child Welfare. A Manager of Child Protection and Collaborative Services, who should be accountable for policy, standards and program evaluation for the following programs: Child Protection, Clinical Auditing, First Nations Consultants, and a Manager of Placement Services and Training, who would be accountable for policy, standards development and program evaluation for Children's Resources Services, Adoptions and Learning and Development. Both of these positions should require a BSW or MSW, experience in child welfare and active RSW registration with the NBASW and be classified the same as the other PDM positions.
- (9) PDM's for child welfare should be required to have a BSW or MSW and experience in child welfare and eligibility for RSW status. The position description questionnaire (PDQ) should be revised to make this requirement mandatory. This position is a key child welfare leadership position in the regions and a social work degree and child welfare experience is required to provide the leadership and expertise required. When the PDQ is revised the opening paragraph should indicate that this position is accountable for ensuring program compliance with standards. In addition, the Department should discontinue its practice of requiring a PDM for child welfare to assume managerial responsibilities for Adult Programs.
- (10) All of the consultants and auditors should be required to have an MSW or BSW and active RSW designation. The qualifications for the positions should be revised, making it clear that successful candidates in future must hold an RSW with the NBASW's
- (11) It should be mandatory that a session be held with supervisors and social workers following every audit for the purpose of discussing the findings of audits, to learn from them and reach agreement on moving forward with changes in practice where appropriate.
- (12) The Social Worker 3 (Regional Clinical Specialist) position description should be revised and agreement reached with management on how it can be utilized consistently throughout the Province.
- (13) Two additional clinical auditors be hired so that more on-going systematic audits can be done and follow up with supervisors and social workers on ensuring staff learn from practice mistakes. One of the clinical auditors should be a senior auditor, who would provide direction and advice to the other auditors while also conducting some audits as well.
- (14) A consultant position be created for the Family Group Conference (FGC) program and Child Protection Mediation (CPM) to provide policy and program leadership from the central office.

- (15) The responsibility for policy development, training, etc. for the Permanency Planning Committee (PPC) should be assigned to the Children in Care Consultant in view of the recommendations in the section on the PPC's.
- (16) Child welfare managers, supervisors and social workers should not be required to participate in the daily management (process improvement) process, unless the meeting is specifically focused on process improvements in child welfare. Social workers should be spending any available time seeing children, youth and families and complying with program standards.
- (17) The Department's Authority and Decision-Making Model, (Revised March 2012) should be revised. The recommendations made above to improve the process with regard to implementation of clinical audit findings should be made to the Model, including the requirement that all child welfare audits be brought to the Department's Internal Audit Committee.
- (18) One of the existing provincial consultants be given the added responsibility of providing provincial leadership and support to the Child Welfare Clinical Specialists, including convening two face to face meetings each year to enhance program consultation, training and communication between the regions and central office.
- (19) A Human Resources Committee be formed to examine the issues related to the recruitment and retention of social workers and make recommendations to the executive committee of the Department as early as possible.

10. STRUCTURED DECISION-MAKING

"The Structured Decision Making® (SDM) model was developed by the National Council on Crime and Delinquency (NCCD). SDM model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. The SDM model additionally includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and mechanisms for ensuring accountability and quality controls. The model consists of several assessments that help agencies work to reduce subsequent harm to children and to expedite permanency.

These include:

Intake assessment: The screening section of the intake assessment helps child abuse workers determine if the current report requires a child protective services (CPS) investigation response. The response priority section helps workers determine how swiftly an investigation must be initiated for those reports accepted for investigation.

Safety assessment: The assessment helps workers at all points in a case to determine if a child may safely remain in the home, with or without a safety plan in place. A second safety assessment, customized for use in foster and substitute care, has also been developed.

Risk assessment: This actuarial assessment estimates the likelihood of future harm to children in the household and assists investigation workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation.

Family strengths and needs assessment: The FSNA informs case planning by structuring the worker's assessment of family caregivers and all children across a common set of domains of family functioning. For the case plan, priority areas of need are chosen as the focus of efforts to improve family functioning and child safety.

Risk reassessment: For families receiving in-home services, the actuarial risk reassessment helps the ongoing service worker determine when risk has been reduced sufficiently that the case may be recommended for closure.

Reunification assessment: For families with a child in out-of-home care with a goal of reunification, this assessment helps the worker determine when a child may safely be returned to the home, or when a change in permanency goal should be considered. The assessment has three sections that focus on risk, caregiver-child visitation, and safety.

NCCD views the SDM model as a vital component of a child welfare practice model that also includes engagement and solution-focused approaches to working with families, as well as evaluation and quality improvement activities. The SDM model offers an elegant, comprehensive way to incorporate research and consistency into key child welfare decisions. To date, no other set of CPS assessments has demonstrated the degree of reliability and validity, nor the improved outcomes, of the SDM model.

Tested, transparent, and reliable tools like the SDM risk assessment are essential to ensuring equitable and just decision making by child protection workers. Good social work practice, adequate resources, and supportive agency leadership are equally vital to effective child protection work. We strongly believe that research based tools like the SDM® risk assessment, paired with skilled professional social work, provide the best of what families need from the child welfare system" (www.NCCD.com) .

The Department of Social Development introduced SDM in June 2011 and an excellent job has been done in training social workers and supervisors in the use of SDM. The response from staff on the surveys indicated that, while SDM has improved decision making and has led to more consistency, there are many staff who disagree that SDM has improved safety assessments and decision-making. A number of the staff commented on the importance of clinical judgement in using SDM. The implementation of case consultation by SDM in the near future should improve the use of SDM. A number of staff also commented on how helpful the SDM Family Strengths and Needs Assessment has been in their practice.

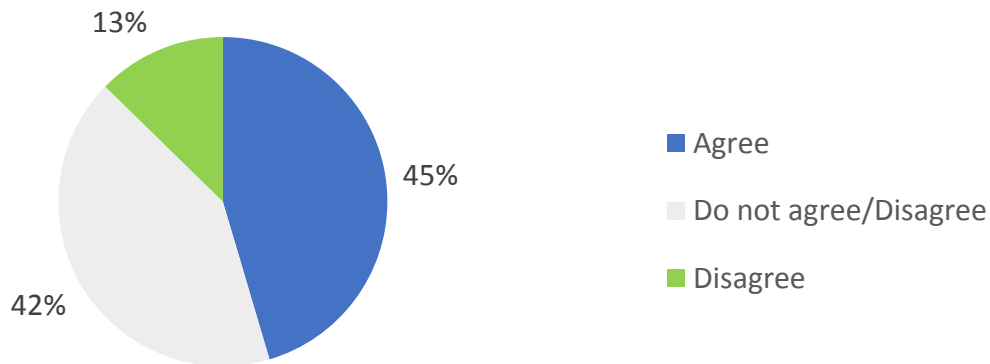
Some new social workers have to practice well into their first year of employment before completing SDM training. This is an issue that should be addressed.

In 2017, SDM training was expanded from a one 3-day module to 2 modules (total of 4.5 days) to ensure social workers fully understood the assessments/tool and fully comprehended the risks, mitigating facts and safety factors in assessing and planning for children.

Structured Decision Making, like any tool, must be used in the manner it was intended and it must be recognized that social workers and supervisors must still use good clinical judgement along with the tool. While SDM is an excellent decision-making tool, "the problems faced by children are complicated and the costs of failure high. Abuse and neglect can present in ambiguous ways and concerns about a child's safety or development can arise from myriad signs and symptoms. Future predictions about abusive behaviour are necessarily fallible". (Munro, 2011, p. 14). Abuse and neglect occur almost exclusively in the privacy of the family home so they are not readily identified. Uncertainty also occurs when making predictions about children's future safety regardless of the decision-making tool being used. "Mistakes in assessing risk can be either of under-estimating (false negative) or over-estimating (false positive) the danger to the child. With hindsight, it can be deemed that the child was left in an unsafe home or was removed without sufficient cause. The former kind of mistake is more easily seen so there is more pressure in general to avoid false negatives than false positives. However, there seems

a predictable rhythm to society's pressure. Fluctuation in public attitudes to removing children from their birth families are linked to major media coverage of mistakes. Data confirms that a shift in public attitudes influences the anxiety that child protection professionals experience when trying to avoid false negatives when dealing with a difficult case". (Stanley & Manthorpe (2004) " However, people also react strongly when they see families being broken up by what they see as overzealous professionals. Whenever it is perceived that large numbers of children are being removed from their birth parents, anxiety grows that too many families are being torn apart and professionals are getting too powerful, leading to push in the other direction" (Munro,2011, p.17).

Results from question # 15 which asked staff whether the application of the Structured Decision-Making (SDM) Tools has resulted in improved assessments of safety and decision-making was as follows:



Some of the Comments from Staff on This Questions Were as Follows:

SDM has not formally been evaluated however it appears from file reviews that the tools are being utilized and are improving practice.

Previously with the use of risk assessments in CP the focus was on risk. More recently, in the past few years since the adoption of SDM we see a shift in emphasis on both safety and risk which has been a real benefit of implementation of SDM in NB.

Since the expansion of the SDM Module Series in 2017 into 2 distinct modules (Series) we have seen less asks for SDM learning labs in the field. This change has resulted in social workers feeling more confident with the tools. There is still some reinforcement of learning that needs to take place at the supervisory level. Specialized training for the supervisors is being planned. Also, case consultation framework will be introduced late 2018.

The tools are wonderful. The devil is in the gathering of the information to generate the scoring of the tools and that function is often compromised by a large cohort of new workers and a dearth of clinical conversations specific to the tool completion.

The tools can be intimidating and the standards may not be met because that “assessment cloud” is hanging over one’s head but they have been useful tools and have guided and/or supported me in presenting my opinion to my supervisor for various cases. I may suggest that Outlook Calendar be used to assist the SW with meeting standards for the assessments. If they are to be completed every ninety days, put them in your calendar for 85 days from when the last one was completed and book a time slot to get it/them done. It meets standards and it better assists the SW with an understanding of the various needs or risks etc. that need to be addressed.

Agree. However, this is only true when social workers are using their clinical judgement. The supervisors also have to be clinically strong enough to use their clinical judgement in support to their S.W.s – this tool is only that, a tool.

Structured Decision-Making Recommendations

- (1) Specialized training in SDM for the supervisors be conducted as soon as possible.
- (2) Training on SDM should be provided earlier within the first year of employment for new social workers and no later than within the first 6 months of employment.
- (3) A refresher workshop on SDM be offered for experienced social workers who have completed SDM training.
- (4) The SDM case consultation framework be introduced as planned.

11. IMMEDIATE RESPONSE CONFERENCE (IRC)

An Immediate Response Conference (IRC) is defined in the Immediate Response Conference Reference Manual (Department of Social Development, May 2015) as “a professionally driven, family infused decision-making conference used to engage family and community members in safeguarding children, who are at immediate risk of placement or who are under a Protective Care Status. It provides a response that may prevent the placement of a child outside their family. The purpose of the IRC is to determine the interventions that are required to provide for the child’s safety. The IRC is facilitated by an Immediate Response Conference Coordinator (IRCC) within three (3) working days. The IRCC focuses on the process of the meeting, on group dynamics and completion of documentation.” (DSD, Immediate Response Conference Reference Manual, May 2015, p.1).

The over-whelming feedback from staff throughout the Province was that IRC’s are an effective collaborative approach that is generally working well throughout the province. Some staff did indicate that there can be confusion between the IRC and the Permanency Planning Committee (PPC).

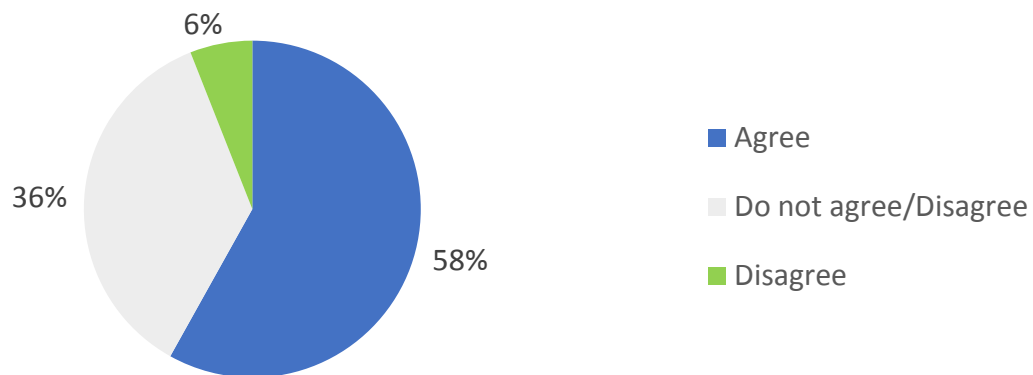
There does need to be some flexibility incorporated into the process for the Immediate Response Conference (IRC). The IRC has some similarities to Risk Management Conferences (RMC) that are utilized in other jurisdictions. However, the key difference is that RMC’s are generally internal committees and parents do not participate in them. The advantage to New Brunswick’s IRC is that it is collaborative, with parents included in the discussion. Of course, New Brunswick should feel comfortable convening the IRC as an RMC without parents, if an immediate decision is required that would normally be made at an IRC meeting.

"The Risk Management Conference is typically chaired by a casework supervisor. Those attending the conference must include: the social worker assigned to the case, their casework supervisor and preferably another casework supervisor. If an additional casework supervisor is not available, participation by a senior/experienced social worker is recommended. The social worker presenting the case is responsible for ensuring a Risk Management Conference is scheduled. The presenting social worker must ensure that a summary of the file along with the key decision points being considered are circulated to those attending the conference, in advance of the conference. The social worker may, at any point, find value in using the broader input and consultation of a risk such as health, justice, education, or other professionals and community experts prior to convening a formal risk management conference, depending on the type and level of risk. This information may be helpful and used to inform the Risk Management Conference decision. As with agency expectations surrounding documentation, Risk Management Conference minutes must be clear and well-written, including statements supporting the rationale for agency intervention, as well as the decision reached.

Reaching consensus at a Risk Management Conference or Immediate Response Conference can sometimes be difficult and complex. On some occasions, individual participants may not personally agree with the risk management decision. It is important that every effort be made to reach consensus based on careful consideration of all information available. Should consensus not occur, it is ultimately the responsibility of the supervisor(s) to ensure that the decision made is consistent with the risk management principles and grounded in the requirements of the Family Services Act, regulations, and policy. For the individual participant who may not entirely support the risk management decision, further discussion with a casework supervisor may be required to ensure that the social worker understands the accountabilities inherent in this decision-making process." (Child Welfare Manual, N.S, 2017, pp 230-231).

Staff also felt that it should not be mandatory to have parental consent to set up an Immediate Response Conference, if the social worker believes that the family can come up with an adequate plan for the child. It often happens that the parents refuse a kinship placement i.e. grandparents, requiring the children be placed with strangers when they could have stayed with extended family. Placing the children with strangers in order to respect parental rights causes serious trauma for the child. Social workers emphasized that in such situations the best interests of the children are not being respected and upheld. This perspective makes sense and should be addressed.

Results of the responses to Question # 7 on the survey in response to the statement "Immediate Response Conference are meeting their intended objectives" was as follows:



Some of The Comments from Staff on This Question Were as Follows:

<p>The Immediate Response Conference is an approach centered on the needs of the child and the family. The IRC is offered within a short period of time, which allows us to draw up a plan with the family to ensure the immediate safety of the child. Generally, the family is able to come up with a plan that ensures the safety of the child and which the social worker approves. This avoids placement in foster care and helps to keep the child in their family network.</p>
<p>In my opinion, this is one of the most effective and most-used approaches and one that meets objectives. In this way, there will be fewer placements in foster families and children can be with members of their birth families. The non-negotiable criteria presented to the families are very clear.</p>
<p>These meetings are very much appreciated and allow us to establish plans quickly with the families and the significant people around them. Often, this means that the Department does not have to take the child into care.</p>
<p>We've had some successes with IRCs. I like the principle and how it works.</p>
<p>But if a parent doesn't want to participate in the IRC, it would be good if we could hold the meeting anyway so we could explore a plan for the child with the family, while protecting the parents' confidentiality.</p>
<p>A special review of Immediate Response Conference is scheduled to take place in 2018 to determine if the objectives of safeguarding children who are at immediate risk of placement or who are under a protective care status are being met.</p>
<p>IRC's are meeting the needs but a great deal of pressure is felt by supervisors and staff in these meetings.</p>
<p>Definitely. The number of Immediate Response Conferences is exceeding the predictions of the implementation group.</p>
<p>Done somewhat differently in First Nations.</p>
<p>We would benefit from a review or an evaluation of outcomes.</p>

Immediate Response Conference Recommendations

- (1) The IRC should also function as a Risk Management Conference in the manner outlined above.
- (2) The Immediate Response Conference Reference Manual, May 2015, be revised to ensure that it is always clear that consideration of child safety is mandatory in all aspects of decision making. For example, the first bullet under 4.2 Preparation of the Parents states “family is the preferred environment for the care and upbringing of their children “; (p.3), the next bullet states “the Minister is responsible to work collaboratively with the family to support and enhance their capacity to care for their children.” (p.3). These are examples of two statements that have the potential to confuse social workers and supervisors, in terms of conveying the perspective that keeping a child or children who may be at risk with their family, takes precedence over child safety and placement outside the family. It is recommended that after the word children in both of these statements it should say “if the child’s/children’s safety and well-being can be assured.”
- (3) Recommendations to change the role of the Permanency Planning Committee (PPC) should eliminate the confusion between the role of the IRC and PPC. Essentially the recommendation regarding the role of the PPC will result in the PPC focusing on permanency planning for children in care (temporary and permanent) and the IRC assuming all of the other functions now performed by the PPC’s.
- (4) Eliminate the requirement that parents must consent to an IRC in order for an IRC to be convened when dispensing with such consent is in the best interest of the child.

12. PERMANENCY PLANNING COMMITTEE (PPC)

“The concept of Permanency Planning was first identified in the 1950s in the U.S. by Henrietta Gordon. By the 1970s, there were major concerns about the number of children who were being placed in long-term foster care, without any planning, under most child welfare programs. As a result of those concerns, a number of studies and projects were carried out, and one in particular, the Oregon Project, provided the impetus for action in all child welfare jurisdictions in North America.

Child welfare practices in New Brunswick were being influenced by the knowledge of the principles of permanency planning and the growing emphasis on the rights and “best interests” of children, even before a permanency planning policy was formally adopted in the early 1980s. At that time, it was decided that permanency planning would be applied to all child welfare programs. This approach was somewhat unusual because most other jurisdictions had limited their policies to children placed in foster homes. The intent in New Brunswick to apply the principles of permanency planning throughout the Department’s involvement with the child, from first contact to case closure, was based on various studies concerning attachment theory and the effects of separation on children and families. Regional Permanency Planning Committees were set up as a means to ensure permanency planning concepts were applied across the Child Welfare programs.

In 1990, a comprehensive evaluation of the effects of permanency planning, entitled *Achieving Permanency for Children*, was carried out by the then Department of Health and Community Services. In 1992, a follow up report “Implementation of the Permanency Planning Study Recommendations” was completed by the Department. In 1997, the Program Coordinators produced a document, *Permanency Planning*, containing several recommendations dealing with permanency planning. This document was prepared for the Family and Community Social Services division of the Department.

In June and September 2000, the Department of Family and Community Services held a series of meetings entitled “Working Collaboratively to Serve at Risk Children and Their Families.” Those meetings confirmed the need to work with our partners in order to make the best possible decisions for the children we serve.

In December 2006, the New Directions in Child Protection Project was launched with the mandate to “develop a Mediation Model and a Multiple Response Child Protection Model by 2010, which builds on a collaborative, prevention and strength-based approach with children, families and community partners that will reduce reliance on the Family Court System and provide better outcomes for children and their families”.

The first principle listed by the Permanency Planning Project Committee is that “children have a right to a safe and secure environment” (p.3). However, the Permanency Planning Committee recognized potential confusion for staff in regards to the mandate of the Permanency Planning Committee and the Immediate Response Committee. Their report stated as follows:

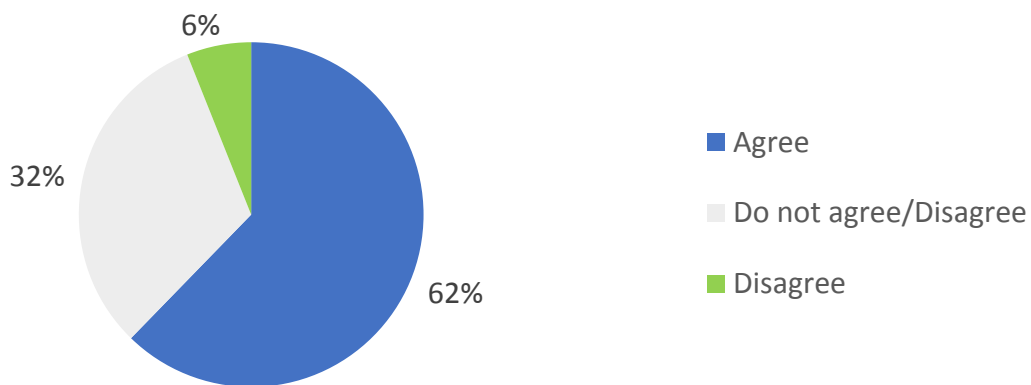
“That the Immediate Response Conference (IRC) standards be amended to provide clarification in order to avoid confusion between Permanency Planning Committee (PPC) and Immediate Response Conference. Staff needs more understanding on IRC vs PPC and how IRC can be a forum to prevent a child from being placed in Protective Care or to minimize the time a child spends in Protective Care” (Permanency Planning Project Report, 2015, p. 8).

The Permanency Planning Committee did recommend that the Permanency Planning Committee be renamed as Children’s Planning Committee. However, it is unlikely that this change would have eliminated the confusion.

The results of the survey were generally positive with regard to the PPC, with the majority of staff indicating that the PPC’s are meeting their intended objectives. Staff noted that families are very much aware of their strengths and challenges and believe the PPC’s provide a way to engage clients. It is also a transparent process that enables families to see the gravity of their situation. Staff also commented on the fact that it helps with planning. Some regions have a regional process in place that helps staff with permanency planning and the scheduling of permanency planning reviews, which is excellent.

Some staff did note that there is confusion on the role of the PPC versus the IRC for both social workers and families. In some situation, staff felt that families may not be offered other approaches and are not aware there are options such as the Immediate Response Conference, Family Group Conference or Mediation. Some staff commented on the need for improved planning for children in care, which the PPC has the potential to address.

The results of survey question # 8 where the statement was made “Permanency Planning Committees are meeting their intended objectives” were as follows:



Some of The Comments from Staff on This Question Were as Follows:

There are variations from Region to Region on what is referred to the PPC. A comprehensive formal review of the objectives and use of PPC in light of the use of Collaborative Approaches would be beneficial.

PPC's within Region II are well structured.

I do feel that the process does need to be reviewed and that the process should be consistent throughout the province.

A process is needed for staff to bring concerns if they disagree with the decision made at PPC.

I believe that the intended purpose of Permanency Planning was to oversee the "Permanency of Children" within Child Welfare. Although it also serves as a forum for significant child protection decisions, they should all be taken with the overall goal/under the umbrella of ensuring permanence for children. I am not sure that this broader lens is always used to the degree that is necessary. Although well-intended, practice and decision making tends to be more piecemeal with a focus on the here and now. Long term risk of children drifting in care, several moves etc. is acknowledged and understood but not always given the importance it should. There should be a process/tool that assesses permanence of a child looking at all of the risk factors that contribute to permanence not being achieved. This process should include the child's voice and a thorough assessment of the child's sense of permanence. Permanence is feeling a sense of belonging and commitment to being cared for though thick and thin. It can be achieved in many settings but it is imperative that we understand the child's perspective. We fail to hear the child's voice in many decisions we make that have the potential to significantly impact their future to be independent, productive citizens. Children have legal rights to be heard and their wishes considered in decisions that impact their lives.

However, I believe that there are chronic cases that tend to "drift" and I would recommend that any case that there an annual review of any case that has not been presented to PPC within a 12-month period, or where there has been no collaborative/family involvement strategy used or no court application. This used to be the practice when I was a frontline social worker but I don't know if it was a regional practice or departmental policy. We need to consciously apply the philosophy of permanency planning.

I believe the process for PPC's could be more effective. I believe there is too much time spent up front providing a history to the chair when if we had a user-friendly document and this was given to chair 24 hours prior to the PPC they would have all of this information prior to actual meeting. During these meetings I believe we make families wait too long prior to bringing them into meeting. I believe there needs to be a clear process in these meetings so that everyone has the opportunity to speak and that there needs to be an order to the meeting where respectful guidelines are set. I also believe that the form provided to Chair prior to the meeting has the supports listed, services listed, families current plan, our concerns and the recommendations for this family which can have additions made during meeting. The SDM assessments should accompany these forms. This document then becomes part of the file, not separate from the file.

Permanency Planning Recommendations

- (1) Policies should be revised to reflect an exclusive mandate for the Permanency Planning Committee of permanency planning for children in care, temporary and permanent. The Immediate Response Committee's purpose "is to determine the interventions that are required to provide for the child's safety" (Immediate Response Conference Reference Manual, Department of Social Development, May 2015 p.1.) The functions of the PPC's that are not related to the planning for children in care on a temporary or permanent basis should be done by the IRC.
- (2) The revised policy should make it clear that the PPC's does not require Co-Chairs and that the PPC's can be chaired by either a Clinical 3 or a Supervisor. This will make it easier to set up the meetings of the PPC's as Supervisors are more available. It will also serve to develop and reinforce the knowledge and skills of supervisors.
- (3) While parents and children/youth where appropriate should be invited to participate in meetings of PPC's, the planning for children in care should never be delayed because parent(s) or children/youth are unable to participate in the meeting.

13. CLINICAL SUPERVISION

The majority of social workers indicated that they were satisfied with clinical supervision. Some social workers felt it was not available and, if available, it was occasional and subject to frequent re-scheduling. Some social workers felt their supervisor was skillful focusing on the administrative aspects of supervision instead of the clinical component of supervision.

Alfred Kadushin (1992, 2002) maintains that the supervisor performs three primary functions in supervision including administrative, educational/clinical and supportive, aspects of which are interconnected.

The current supervision practice in New Brunswick Child Welfare Programs is primarily focused on the administrative aspects of supervision due mainly to the complexities of reporting and accountability requirements. This has come at a cost to the department, particularly in Child Protection Services, as it has resulted in a negative effect on social worker retention, competence and skill, and potentially in adverse outcomes for the families and children being served" (Child Welfare Supervision, Department of Social Development, New Brunswick, January, 2009, p.4). However, some workers get the benefit of excellent clinical supervision.

"Good clinical supervision is critical to building worker competencies, including reinforcing positive social work ethics and values, encouraging self-reflection and critical thinking skills, building upon training to enhance performance, and supporting the worker through casework decision-making and crises." (Child Welfare Information Gateway website, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services p.1).

"Supervisors play a critical role in the delivery of effective child welfare services. They are responsible for ensuring that frontline workers have the requisite knowledge, attitudes, and skills to engage children and families; assess safety concerns as well as child and family needs, strengths, and resources; make sound casework decisions; and develop and implement effective service plans. Supervisors are key to translating agency policies and procedures for staff and ensuring that they are adhered to, in training and coaching staff and supporting their professional growth, and in helping workers to address the challenges of ensuring safety for children while strengthening and supporting their families. As child welfare agencies pay increased attention to ensuring quality through systematic continuous quality improvement efforts, supervisors must be particularly skilled in bringing the agency's vision to life by teaching and coaching, monitoring, and supporting caseworkers in a stressful environment, as well as leading quality improvement processes. Supervisor success in these endeavors is critical for staff retention and for fostering positive outcomes among caseworkers." (Bulletin for Professionals, Child Welfare Information Gateway).

<https://www.childwelfare.gov/pubs/factsheets/effective-supervision/>

Supervisors as part of clinical supervision need to challenge the reasoning associated with an approach or decision of social workers. Such discussion and feedback are helpful to social workers as part of their growth and development. Research has been done on common errors of reasoning in child welfare. “Repeated public inquiries into child abuse tragedies in Britain demonstrate the level of public concern about the services designed to protect children. These inquiries identify faults in professionals’ practice but the similarities in their findings indicate that they are having insufficient impact on improving practice. A study was conducted involving a sample comprised all child abuse inquiry reports published in Britain between 1973 and 1994 (45 in total). Using a content analysis and a framework derived from psychological research on reasoning, a study was made of the reasoning of the professionals involved and the findings of the inquiries. The following is a breakdown of one of the findings from the review of the 45 child abuse inquiries, in terms of errors of reasoning and criticism frequency. (Munro, 1999, p. 751)

Errors of Reasoning - Criticism Frequency

Not Using Evidence from Past History 26

Not Using Research on Risk Factors 25

Not Using Written Evidence (Files, Reports) 16

Known to Others but not Collated (Information, Reports in proper order) 12

Persisting Influence of First Impression 11

These errors of reasoning point to the need for an environment to be created where social workers feel comfortable discussing mistakes with their supervisors and for supervisors to feel comfortable challenging the social worker’s reasons for their interventions. “If supervisors are short of time, there is a high likelihood that supervisors will focus on whether the worker is meeting the performance indicators (or standards), reducing time spent on critical review of their reasoning. This creates a scenario in which errors of reasoning are less likely to be picked up and corrected. We know from research that individuals have great difficulty in challenging their own reasoning (hence the need for supervision) (Woods and Hollnagel,2006) and so the error is likely to persist with a higher probability of an adverse outcome for the child.” (Munro, 2010, p.1141).

Supervisors need to create a culture that enable social workers to engage in honest and respectful discussions of issues affecting their work and to mutually reflect on their mistakes and how they may have performed differently.

Supervisors need to spend time with social workers reviewing each of their cases and their plans. In addition, supervisors need to review the findings of clinical audits with their team. The following are areas of practice identified in findings of the clinical audits and reviews, that supervisors should be reviewing with social workers on an ongoing basis:

- Using evidence from past history as an integral part of the assessment of safety and risk.
- Ensuring that the safety plans are thoroughly assessed and followed.
- Ensuring that intimate partner violence is thoroughly assessed, when intimate partner violence exists and there are threats towards the partner and children.
- Completing the Structured Decision-Making Safety Assessments and case plans on time.
- Completing the SDM Family Risk Assessment accurately.
- Using the SDM® Family Strengths and Needs Assessment (FSNA) to guide the completion of case/intervention plans.
- Ensuring there is documentation on their approval of the various decisions and that clinical supervision is documented.
- Ensuring that recordings are thorough and completed in a timely basis.
- Ensuring that there is face to face interviews with parents and direct observation of family's living situation and children together.
- Ensuring that there is direct observation of the interaction between the referred child and his/her parent(s).
- Ensuring that children who have verbal capacity are seen and asked about their views and feelings in a separate safe-feeling neutral space.

New Brunswick's standard # 10 for clinical supervision and case consultation mandates that "the supervisor shall meet at regularly specified intervals, a minimum of two hours per month, with the social worker to review cases/intakes in accordance with standards using the educative, supportive and coaching functions of supervision as appropriate. This supervision time needs to be planned and prepared for by both parties. In terms of supervisory consultation, all cases are reviewed with the supervisor on an ongoing basis once every month during an investigation or while the case is receiving services." (MR Practice Standards in CP & FES, DCS, June 2011, p.76).

The social worker consults with his/her supervisor and has the supervisor approve decisions at certain points in service delivery (e.g. assessing the child's safety and developing a safety plan), unless otherwise exempted by the supervisor. At any point the standard recognizes that cases with a higher degree of risk or complexity are reviewed more often. The department's Multiple Response Practice Standards and Child Protection and Family Enhancement Services provide an excellent description of the role of the supervisor in terms of clinical supervision and accountability. (Multiple Response Practice Standards in Child Protection and Family Enhancement Services, DSD, June 2011, pp-76-81).

Some supervisors have 5 social workers on their team, which is the recommended ratio of social workers for each supervisor (CWLA Standards). However, according to a March 2018 document titled The Ratio of CP and FES Supervisors/Social Workers (Investigation, CP Ongoing and FES-Assessment and Ongoing) some supervisors have 7 or 8 workers reporting to them. The document indicates that the average ratio is one supervisor for every 6 social workers. (1:6). It is important that the ratio of 1:5 be maintained so that the appropriate climate for clinical supervision can be developed within each team.

Supervisors play a critical role in assessing compliance with policies and standards on a regular basis. When clinical audits are completed, supervisors should play a key role in assessing the results of the audit and the actions that should be put in place to address any concerns identified.

The various position description questionnaires need to be reviewed and updated to reflect an accurate description of their roles and responsibilities. For example, the job description of Social Work Supervisor was last revised in 1994. There should be a statement in the supervisor's job description that clearly states that they are responsible for monitoring adherence to policies and standards and supporting social workers in the implementation of findings from clinical audits.

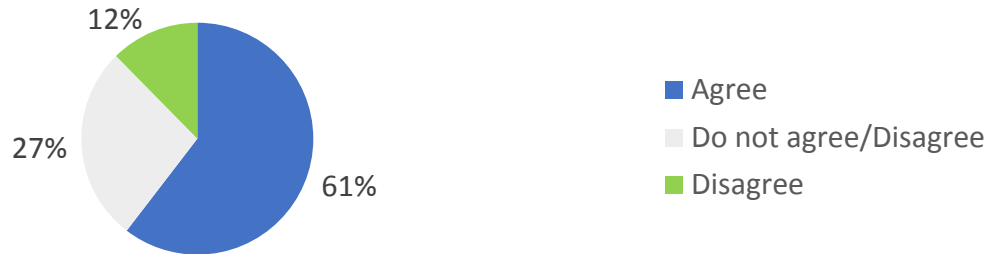
Finally, the section on Accountability in Standard # 10 (MR Practice Standards in CP & FES, June 2011, p.81) should be reviewed and revised. It is stated that "within the context of child welfare practice, accountability is performance based, whereby it is " a relationship based on the obligation to demonstrate and take responsibility for performance in light of agreed expectations. It is the readiness or preparedness to give an explanation or rationale for one's professional judgement, acts and omissions when appropriately called upon to do so. Being accountable is not the same as being culpable (blameworthy)." The five indicators that are quoted from the Office of the Auditor General and the Treasury Board Secretariat on effective accountability are as follows:

1. Clarity of roles and responsibilities
2. Clarity of performance expectations
3. Balance of expectations and capacities
4. Credibility of reporting
5. Reasonableness of review and adjustment

In terms of accountability in child welfare, the Department should add reasonableness of resources, as a number 6 to the above list. Without adequate resources, it is possible for an organization to have 1-5 in place and yet employees be unable to meet performance expectations.

Question # 4 on the survey asked staff to respond to the statement “Clinical supervision and case consultation are available to meet standards”.

The results from staff was as follows:



Some of The Comments from Staff on This Question Were as Follows:

<p>When we see that everyone is overwhelmed, including the supervisors and clinical consultants, we sometimes have no choice but to manage on our own or we decide not to consult because we know that other more urgent matters need our supervisors' attention. We may feel that we're bothering the supervisors because they have other things to do.</p>
<p>Clinical supervisions are available however quality of consultation is questionable due to time constraints to review the files and for the social workers to prepare themselves adequately for their supervisions for same reasons. My supervisor also makes herself available for feedback as necessary.</p> <p>Social workers are unable to meet their current standards due to volume of workload. Social worker supervisions are becoming increasingly long due to their volume of work which takes time away from their interventions. They need to meet with their supervisors to make decisions and gain direction for intervention however are also lacking in time they need to meet.</p>
<p>Supervisors have too high of a workload often with administrative tasks and initiatives like Daily Management.</p>
<p>I have regular supervision and case consultation with my supervisor, however there are times when standards are not met, for the above reasons. Contrary to contact standards, there are times when social workers are not meeting other standards (such as completing assessments on time) due to the high case load and being unable to manage both home visits, regular paper work for case management and often times court preparation all at once. While the supervision is there and the consultation is helpful, it does not help the overall process of meeting standards.</p>
<p>Not totally for the smaller First Nations due to lack of staffing</p>
<p>Yes, it is available but at times, the quality of the clinical supervision/case consultation is questionable due to workload demands. As a supervisor, I really try to ensure workers have scheduled supervision and it remains a priority. Immediate consultation is always available and as supervisors we provide back-up to each other as needed. I would like to dedicate much more of my time to clinical supervision to really have the opportunity to look at cases in-depth and as well to involve other supervisors in that process.</p>

Clinical Supervision Recommendations

- (1) The Department adopt the Child Welfare League of America (CWLA) standard of one supervisor for every 5 social workers. On some teams this standard is now being met. However, some additional supervisors will be required. The February 1999 Report and Recommendations of the Child Welfare Project, Report and Recommendations, p.13, contained this same recommendation.
- (2) The practice standard for Child Protection and Family Enhancement Services for clinical supervision be increased from the minimum of two hours per month to four hours per month, in addition to ad hoc or emergency supervision. Supervisors should schedule regular supervisory sessions with each social worker for a minimum of one hour each week.
- (3) Upon receipt of clinical audits, supervisors be required to review the findings with the workers on their team and reach agreement on the steps that will be taken to ensure that social workers get the benefit of learning from any mistakes made and how they can improve their practice.
- (4) A standard be developed that requires supervisors to do an in-depth audit of 2 files each month and complete the Supervisor's Case Audit based on the review of the case file. The completed tool should be used in the next meeting with the social worker to review areas of positive practices and areas where improvements are required. A tool is attached as Appendix 8, which can be adapted for use in the regions.
- (5) The Department continue with its plan to engage Phil Decter of the Children's Research Center to introduce a case consultation framework.
- (6) The Department continue with its plans to update Core 505 to emphasize and align it with the case consultation framework.
- (7) On an annual basis, each social worker should be expected to provide feedback in an anonymous manner on their supervisor to support their professional development. The surveys should be provided in a sealed envelope to the Program Delivery Manager, who should tabulate the results in summary form without any identifying information. This summary document should be used to provide feedback on an annual basis to supervisors on their strengths and areas for development. A copy of the form that can be used for this purpose is included as Appendix 9.
- (8) The Department revise the executive summary in its Child Welfare Supervision Manual to ensure that the statement, "we are moving to working with families from a collaborative strength-based approach rather than an adversarial approach." (Child Welfare Supervision Manual, DSD, New Brunswick, 2009, p. 3) is not interpreted to mean that proceeding to court is an inappropriate option.
- (9) The position description questionnaire for the supervisor's position be updated to reflect an accurate description of roles and responsibilities.

14. TRAINING AND TRANSFER OF LEARNING

The Learning Transfer and Clinical Audit section of the Child Welfare and Disability Supports Branch has developed a very comprehensive training program for child welfare staff. Training plays a very important role in staff understanding and applying the knowledge and practices that should underpin their actions in child protection. The Department has developed a long-standing relationship with the Institute of Human Services, Columbus, Ohio for the development and delivery of its orientation and transfer of learning program.

"The training program in place was recommended in April 1999 and was intended to be a" prime mechanism to move the organization towards best practices in Child Welfare Services by assuring the competence of staff and caregivers. It is a management intervention that incorporates the values, goals, and objectives of Child Welfare and will help to ensure that these are met by the organization." (DHCS, Child Welfare Training, Design Team, 1999, p.4).

The Core Orientation Program for new staff and the Core 500 series for supervisors are well researched and evaluated. The program also engages outstanding experts from within Canada, the United States and Europe to ensure staff receive the most current knowledge and research. In addition to conferences and trainings in neglect that have been provided to staff, all social workers in child welfare services must take part in 17 days of CORE 100 comprehensive based social work training consisting of five modules: CORE 101-Family Centered Child Protection Services; CORE 102-Case Planning and Family Centered Casework; CORE 103-Effects of Abuse and Neglect on Child Development; CORE 104-Separation, Placement and Permanence; CORE 105-Legal Aspects.(Orientation and Transfer of Learning Manual, Child Welfare Social Workers, DSD, New Brunswick and the Institute of Human Services, ,Columbus, Ohio, September, 20017,pp. 2-3).

While neglect is covered extensively in the Core 100 Series (29 classroom hours), the Department is to be commended for its plans to offer additional training in child neglect within the next 12 months. Neglect is still the primary reason for cases to be opened by child protection agencies. "Neglect continues to comprise the largest proportion of CPS caseloads, accounting for almost 74.8% of all victims and 74.6% of child fatalities. Both the National Child Abuse and Neglect Data System (NCANDS) and the National Incidence Studies (NIS) show a stable rate of child neglect. While abuse has shown decreases in prior years, neglect has not". (Understanding Child Maltreatment, Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Maltreatment,2016, p.4).

The data for child protection for New Brunswick for 2017-2018 is very similar.

	number of substantiated conclusions	Percentage
Emotional Abuse Conclusion	926	35.60%
Physical Abuse Conclusion	481	18.49%
Neglect Conclusion	1016	39.06%
Sexual Abuse Conclusion	178	6.84%
Total	2601	

Core 500 Series for Supervisors focuses on the three components of supervision advanced by Kadushin as well as situational leadership. Clinical supervision is covered in Core 505 and this training will be aligned with the case consultation framework.

The feedback on the training provided by the Department was positive. Many of the staff commented on the comprehensive and high quality of training provided.

The main concerns expressed by staff were as follows:

- the delay in completing the core orientation during the first year of employment, especially training on Structured Decision Making (SDM);
- lack of training on personal safety, despite working with very troubled and sometimes violent clients;
- the need for refresher workshops for employees who are now experienced;
- the difficulty with transferring learning to practice because of the caseload/workload issues;
- lack of preparation for being cross-examined in court;
- the delay in acquiring training on forensic interviewing;
- the decision by some managers to not approve social workers to complete training due to them being temporary or because of the shortage of employees in the office;
- the inability to use the web-based tool for on-going learning and development due to lack of time;
- the need for advanced training in the areas of mental health, addictions including drug use, e.g. assessing impairment and family violence. Social workers should normally be able to make a referral to a community based mental health clinician when they determine that specialized intervention is required to address these issues. Consequently, social workers need to be able to recognize the signs and symptoms of mental health, addictions and family violence issues, the impact of these problems on their children and when and how to make an appropriate referral. However social workers do require core knowledge and skills in these areas, as in some areas they are the only professionals available to provide counselling. Knowledge on what various tests on drug screening means in terms of impairment, etc. is essential for social workers in child protection.

Core 105 Legal Aspects needs to be updated to provide a more appropriate standard for case recording. From a legal perspective, 48 hours would be much more reliable than the 5 days, and the ideal would be 24 hours. Five days would be hard to defend as "reliable recordings" in court. It is important, from a legal perspective, that these recordings are done contemporaneously.

The Department's Child Welfare Clinical Specialists need training and support from the training section on an on-going basis. A provincial consultant should be assigned to this group of staff who should convene face to face meeting twice a year for training and support.

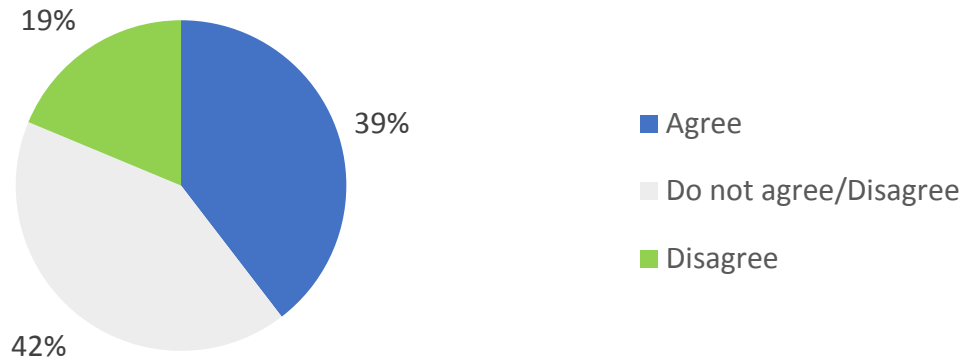
At present, the Department of Social Development is in the process of developing an ITNA (Individual Training Needs Assessment) tool used to determine the specialized competencies, skills and knowledge that are required by the social workers, supervisors and managers in the Child Welfare Programs. "(Summary of Recommendations from Child Death Reviews, the Child Death Review Committee and the Child and Youth Advocate 1996-2017, pp 3-4). The adoption of the Individual Training Needs Assessment (ITNA) was a recommendation of the 1999 report on Child Welfare training Design Team noted above.

Training must be considered in the context of the work environment that social workers operate in for results to be achieved. Factors such as caseload/workload, availability of supportive clinical supervision, supportive services, administrative support and tools such as lap tops and cell phones are all essential for effective practice. In fact, the Child Welfare Training Design Team, in its 1999 report, recognized the problem with successful training being incorporated into practice when there are organizational barriers present. The report stated "Supervisors, managers, and trainees must, in conjunction with each other, identify and eliminate organizational barriers that hinder utilization of skills learned in training such as:

- policies/procedures inconsistent with this model of learning;
- excessive workloads
- inadequate supervision;
- non-supporting work environment "(DHCS, Child Welfare Training, Design Team, 1999, p.12)

While the resolution of several of these barriers are beyond the control of supervisors and managers, the Design Team in 1999 was aware that for training to be effective, policies and working conditions must be conducive to the transfer of learning.

The results from survey question # 5 in response to the following statement “The training made available enables me to perform effectively in my role with the Department” was as follows:



Some of The Comments from Staff on This Question Were as Follows:

There is lots of training during the first year of work. We receive 5 training sessions on the child welfare system, 2 sessions of the Structured Decision-Making system and 1 session on the solutions approach. These sessions are extremely important for new employees to better understand the different aspects of the child welfare system. Unfortunately, not many trainings are offered after these sessions. Refresher trainings, training on specific subjects (bonding, trauma, etc.) could also be very beneficial for social workers to have more knowledge on the many issues which they have to deal with on a daily basis. This training could also help social workers, help the families who are struggling to understand their children’s behaviors.

Training offered to the Child Welfare supervisors; CORE 500, this training is focused on staff management, managing a work team, clinical supervision, transfer of learning etc. – Solution-based approach, Trauma, Intimate partner violence, fetal alcohol syndrome. All of this training has enabled me to better fulfill my role as supervisor and supported my decisions.

The training we have is great HOWEVER it is only offered once per year, so if you have to miss it for whatever reason you are waiting another full year to take it again. I have been here for over two years and have NOT taken any training on the SDM. I use SDM almost every week in my practice and have not had any training on it. Secondly, we have absolutely 0 training in anything related to drugs. Drug use is so prominent in most of my child protection cases yet I have no training on assessing impairment. Some clients we believe could be impaired but in court we would have a lawyer fiercely challenging our knowledge/training on impairment and we have nothing to back up our “assumptions” that someone is impaired. Also, regarding drug screens – we order drug screens and all we know is if it is positive or negative. The drug screens we order come back with readings on them and can tell us how MUCH of a drug is in someone system however the number literally means nothing to us because we have

no training on it. For example, someone could have a reading of “3493ng/ml” and we have no way to tell if that is high or low, or what type of impact that “level” of drug would have on a person. We are also not allowed to use drug screens in court proceedings because again – we have zero training on it.

Thirdly, there should be refreshers of the CORE series. I have been here 2.5 years so am familiar with new strategies and theories on practice etc. (such as strength based or solution focused, etc.) but someone who has been here 15 years or 20 years is not familiar on those things.

We’re lucky to have the CORE and other training modules, but what’s more important is knowing how to manage when the workload is too heavy...and no one teaches us that. We don’t learn efficient case management when the workload exceeds what we’re capable of doing. We aren’t taught organizational techniques for staying on top of things; we aren’t necessarily taught which things are more important to prioritize, etc.

Also, it often happens that we’re not allowed to take training because we can’t afford for workers to be absent from work (lack of staff). Often, it’s the workers themselves who choose not to take training because they don’t have time, even if they’d like to go and they value continuous learning. I have personally done this several times.

Also, after the training, we rarely review what we’ve learned because we don’t have time.

The CW training is important and effective. However, it is difficult with the many days of training for a new SW for learning and handling a caseload. It becomes demanding for colleagues who have to pick up the slack. I estimate that a new employee must have close to 200 hours of mandatory training in the first year at SD (Core modules, SDM, NB Families, Finding Solutions, OTOLM, etc.). That is the equivalent of being absent almost 28 days for training. Hence, for one month, the teams have one less SW to respond to all the needs for the families and to meet all of the requirements of the programs.

The problems are changing and significant. There is new material in the basic training that could be beneficial for the older employees. It’s necessary for all the SWs to receive refresher sessions from time to time. When people take training, I ask them to share the information with the team so we can keep abreast of the new trends.

Training is only available for new workers within the first year that they are working. After that training is far and few between. The government does not sponsor its own training for the workers to be able to refresh their skills, and if they do, multiple people will be fighting for that one training. We also do not receive training on Mental Health, addictions, Drugs and drug use, dealing with trauma in children (after core 104), parenting skills. Often times I have to refer to other agencies to assess situations that I should be able to assess or do myself.

I think we have a good training system however it is not sufficient enough to ensure proper training. Time limitation really makes it impossible to even utilize the tools we do have. There is an orientation manual which I’m certain would be a benefit for supervisors to use and for new staff but time does not allow for this. In addition, because of high volume of work, new workers are given intakes/cases way too soon as someone needs to respond. The lack of training in regions is a huge problem. At this point, we are

extremely limited in the number of experienced workers/supervisors we have in the region which is scary.... without competent people to train others, I'm worried what this will mean.

I really benefitted from core 500 and have attempted to utilize it in my work but as I'm aware with workers as well, it is impossible to find the time to reflect or go back and think about what you learned and what your goals were. I think there needs to be a lot more mentor/mentee relationships encouraged and fostered to ensure proper transfer of learning.

The Department offers excellent training to new Social Workers through the CORE 100 Module series, Solution Focused Training, DIPV Training. It is comprehensive, interactive, with knowledgeable facilitators. As well, the CORE 500 series provide excellent training to supervisors however it could be more specific to Child Protection. Where training falls down is during the integration piece when workers come back from CORE training. Time should be specifically dedicated to ensuring the integration of learning goals and objectives into daily practise. This does not occur as it should.

Strong Child welfare training model for social workers (CORE 100 series) and Supervisors (CORE 500) In my role there have been times when workload demands have not permitted participation in training activities. Supervisor always supportive when approached with request to participate in training opportunities within province.

I consider our training – core modules and SDM training – always up to date and the content reflects the latest research.

Training and Transfer of Learning Recommendations

- (1) Training be reviewed and expanded to include training on the following: (a) Core communication skills for effective communication with children. These include listening, being able to convey genuine interest, empathic concern, understanding, emotional warmth, respect for the child, and the capacity to reflect and to manage emotions;(b) child neglect; (c) training by legal counsel in regards to the dynamics of court work i.e. preparation of affidavits; testifying and handling cross examinations; (d) more advanced training in the areas of mental health, addictions including drug use, e.g. assessing impairment and family violence. (e) social media and the social worker; (f) personal safety for social workers;(g) conducting effective performance reviews for supervisors and (h) human resources training for supervisors; particularly on recruitment of employees. This later training should be provided by human resources professionals.
- (2) All social workers should receive core training as soon as possible after they are recruited. Training on Structured Decision Making (SDM) should be provided within the first 6 months for new social workers.
- (3) A refresher course should be offered periodically for experienced workers on the latest tools, knowledge and skills in child protection.
- (4) A directive be issued to all managers making it clear that all new social workers must participate in core training and that there is no discretion to refuse approval for them participating in core training because they are not permanent or due to shortage of staff.
- (5) An advanced webinar focusing on supervising child neglect cases, with a focus on reflective practice, the invisible child, identification of drift and relationship building, be developed and made available to supervisors on an ongoing basis.
- (6) An advanced Child Neglect webinar be developed and made available to social workers on an ongoing basis.
- (7) Core 105 Legal Aspects needs to be updated to reflect the more appropriate timeline for recording of events, i.e. 48 hours.
- (8) The training section use the reviews that have been done of child deaths as well as the clinical audits, to create a workshop that is delivered in all of the regions so that social workers and supervisors can learn from mistakes made and how practice can be improved as a result of the lessons learned.

15. FAMILY GROUP CONFERENCING (FGC)

"FGC is a collaborative approach to planning that can be used when decisions must be made for a child. It is a pre-planned meeting, organized and facilitated by an impartial FGC Coordinator that brings together family, kin, and appropriate community members to develop a plan for a child. It is a process designed to promote cooperative planning and decision making and to rebuild a family's support system. A key feature of FGC is a private family time. There are 16 FGC Coordinators who are responsible for organizing and facilitating Immediate Response Conferences and Family Group Conferences. The FGC Coordinator is independent and impartial from all child welfare decision making and authority" (Family Group Conference Practice Standards, DSD, January 2015, pp.3-4).

The majority of the staff in the meetings and on their surveys were very positive about Family Group Conferencing. Staff felt that it was one of the key successes of the collaborative approach with families. FGC provides a voice and power to families yet enables social workers and supervisors to discontinue the process, if the plan that is developed does not ensure the safety of the child. Of course, FGC can be used for other purposes such as for planning for children in care. A number of staff expressed the concern that there are times that families do not follow through with the plans developed. However, this may reflect the need for a more supportive role by the child protection worker in implementing the plan. It may also indicate the lack of services that are available to support the family and the caseload/workload issues of social workers.

A key issue raised with FGC is that while a number of regions have strongly embraced and utilized FGC, there are some regions where FGC is not utilized at all. There has been a decrease in referrals to FGC in the past two years (2017 and 2018). A project is currently underway on FGC referrals to examine open CP and FES cases since August 2015. Using NB Families, it will be possible to identify the percentage of families that were offered the FGC service by region and supervisor. Once the data has been collected and analyzed, it will be important that an action plan be developed to address any concerns, so that FGC is consistently utilized in all of the regions. It is a provincial program and should be made available to parents regardless of where they reside.

In some regions, the FGC Coordinators routinely meet with new social workers to explain FGC and this helps ensure that referrals to the program take place. It should be mandatory in all regions that the FGC Coordinators meet with new social workers and their supervisors each quarter or more frequently to provide an overview of FGC and the process for referrals.

The issue of consent by a parent, who is not active in a child's life was raised as a concern by some social workers. Those staff felt that a parent who may not have been in contact with the child for a considerable length of time should not be able to dictate that an FGC not be held. The Department has made a policy change in this regard so that consent is not required for an FGC or Child Protection Mediation (CPM), if a parent has not played a significant and meaningful role in the life of the child for one (1) year. This provision

should to be included in the next round of legislative amendments to the Family Services Act so that there is stronger authority for dispensing with such consent.

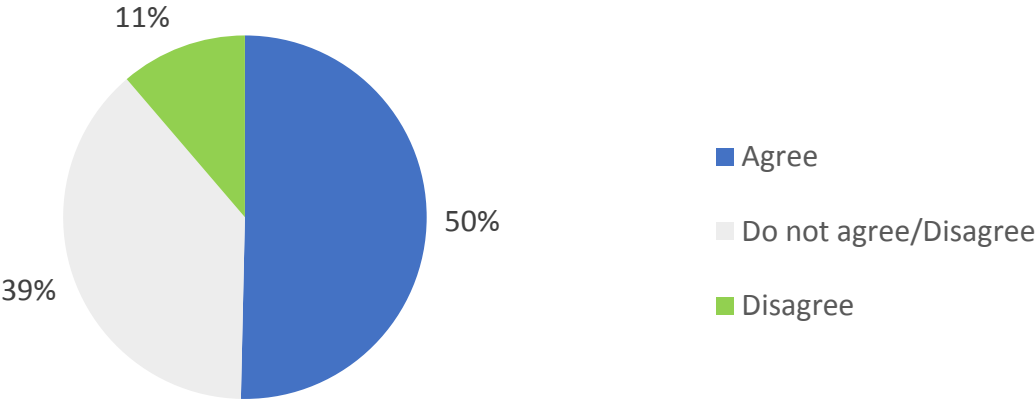
As mentioned earlier, kinship care is complimentary to FGC and will result in a better service for children and families. It is important for the legislation, regulations and policy be finalized as soon as possible.

It is positive that the FGC Practice Standard # 2 is a specific standard on embracing family culture. This standard includes the following statement “For First Nations families, attempts should be made to have an FGC Coordinator appointed with knowledge of First Nation culture. The Department has developed a comprehensive binder of materials for staff on First Nations culture and traditions.

Further training for social workers and supervisors on FGC would be beneficial. The Department is to be commended for its plan to bring in Paul Nixon, Chief Social Worker, Orenge Tamariki, New Zealand to do a workshop focusing on the importance of Family Group Conferencing in May 2019.

Question # 10 asked staff to respond to the following statement, “Family Group Conferencing is meeting its intended objectives”:

The results of staff responses to this statement was as follows:



Some of The Comments from Staff on This Question Were as Follows:

Although Family Group Conferencing may not always mean success in creating a case plan that gets its intended goals achieved, I do believe this is a valuable tool we utilize. In my opinion, there is always a benefit from this process. Of all the processes and new initiatives since I've worked for SD, Family Group Conferencing in my opinion has been the most successful in meeting its objectives. I love this process and utilize it at every opportunity possible.

FGC is a process that the families appreciate. It includes parents, friends, and people who are important for the child and the family. The approach allows the family to become aware of challenges and to focus on the needs of the child. The child is at the centre of the decision and the plan in FGC. The collaborative approaches facilitate our work and involve the families to a greater extent in their decisions and their plan.

I think it is time to reassess the FGC program. The program has been around for 10 years now, and it would be worthwhile to determine its impact on families. Is the process too long? Is waiting a long time for an FGC gratifying for the family? Do we need to change our approach?

Family Group Conferencing is, in my opinion, the most positive process/service with families. This process has an incredible impact on families – awareness, therapeutic effect, items discussed, connecting children with their family, etc.

When families accept FGC, it does meet the objectives. Our challenge is when families refuse or one of the parents refuses when they are separated. In the best interest of the child, we should be able to determine when to do FGC. What is great is that we can apply for FGC for children in Permanent Care.

The process to get to an FGC is long. The family's social worker has to organize the requisitions to ensure payment for food, child care, travel etc. This would be more efficient if the FGC coordinator who was organizing the conference also was responsible for costs. Family plans can be unrealistic, the family feels that they can follow through when they are in that setting, however, over the long term they are unable to do so. FGCs can only be requested when there is a 'substantial planning question', there are times when an FGC would be very helpful to organize support for a family before case closure. Parents must consent and have the ability to withdraw consent which means that the child does not have the right to an FGC.

One positive that comes out of this process is that the family becomes more aware of the child protection concerns in need of planning, opens the network for families. Plans again fall short and family frequently becomes frustrated by the end of the day with a plan that is put together more out of frustration and desire to leave the meeting. Process is extremely long (typically a full day). One major criticism of this process is our inability to go ahead with a plan when one parent refuses to participate (i.e., custody and access disputes).

Family Group Conferencing Recommendations

- (1) Once the project currently underway, that is examining the data regarding percentage of referrals to FGC by region and supervisors is completed, an action plan be developed and implemented to ensure FGC is utilized consistently in all of the regions of the Province. All families should have equal access to FGC in New Brunswick.
- (2) In some regions, the FGC Coordinators meet on a quarterly basis with all new social workers and their supervisors to explain FGC, the referral process, etc. This should be adopted as mandatory requirement in all regions.
- (3) Social workers who are not sending out a letter to families introducing themselves and including pamphlets on services available, such as FGC should resume the practice of sending out such letters. These pamphlets should also be sent to parents whose children have been placed in care.

16. CHILD PROTECTION MEDIATION

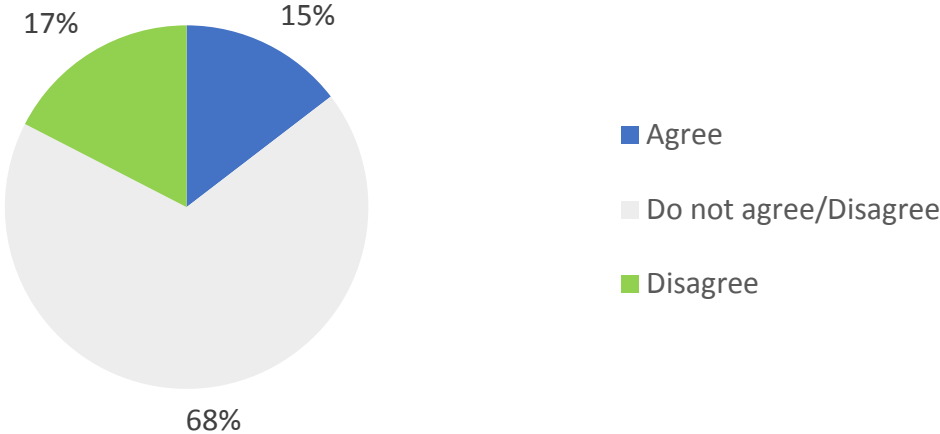
Mediation is a process for working out disagreements with the help of a trained, neutral person (a mediator). Mediation is a process that helps people to focus on the best interests of the child and work towards a solution that is acceptable to the people involved. (www.mcf.gov.bc.ca/child_protection/mediation.htm. “The Child Protection Mediator is a third-party person responsible for facilitating the Child Protection Mediation process and is independent and impartial from all child welfare decision making authority. The Child Protection Mediator has entered into a Purchase of Service Agreement with the Province of New Brunswick. Child Protection Mediation was implemented in New Brunswick in December 2008 based on the model and training provided by the British Columbia Dispute Resolution and the Queen’s University/Accord Mediation Services”. (Child Protection Mediation Practice Standards, DSD, New Brunswick, February 2015, pp. 1 & 4).

The majority of staff on the survey indicated that they had never participated in child protection mediation and felt that its low utilization rate likely indicated that it was not a collaborative approach that was working or needed in New Brunswick. On the other hand, those who participated in child protection mediation were positive about it and felt that it should be available as an approach to resolving disputes and planning for the best interests of children.

Several social workers commented on the need for the Department to engage in discussion with some of the mediators regarding their approach when a family becomes verbally aggressive towards social workers. They noted that when this happens the mediation is usually unsuccessful.

Question # 9 asked staff to respond to the statement, “Child Protection Mediation is meeting its intended objectives.”

Results from staff responses to this question was as follows:



Some of The Comments from Staff on This Question Were as Follows:

<p>I had an opportunity to participate in family mediation. At the start of the meeting, the clients weren't speaking to each other at all and there was a feeling of tension in the room. By the end of the meeting, the clients went outside together to smoke, and one invited the other to the child's birthday on the weekend. I can say that, during the meeting, mediation met our objectives and helped to improve certain broken relationships.</p>
<p>I have not participated in many mediations....3 to be exact. Although I see the benefit of this process, I do find it difficult in the field to identify when a referral would be beneficial and the right time. I have attended numerous presentations on CP mediation but continue to struggle on when to use it.</p>
<p>The few times I have used mediation in my files, it was very beneficial and helped our Department, the parents and the child.</p>
<p>We have used mediation in various situations, e.g., parental alienation, differences between the Department and the parents. Mediation has allowed us to address our concerns and draw up a plan for the safety of the child while respecting the family's wishes.</p>
<p>In cases where we have used mediation, the family has appreciated the process. This has facilitated the work, and a plan was developed and integrated into the family's case.</p>
<p>CP Mediation services have been under-utilized since it was first put in place 9 years ago. I would recommend a marketing initiative to ensure that families, lawyers and Judges are aware of the service itself and referral process.</p>
<p>CPM is widely underutilized.</p>
<p>Mediation is meeting the intended objectives, that is, resolving a dispute between the Department and the client without recourse to the court except that the number of referrals is not as high as anticipated.</p>
<p>We have tried this approach. The results are not always conclusive. The model presents a good opportunity, but should be reviewed in order to determine where, when, and how it will be used to turn this approach into an asset for the SWs. A change in the application and the intervention culture will no doubt be considered.</p>
<p>The idea behind mediation process was great however it appears to be rarely used. I'm not certain why this approach is not used more however it appears to fall short in the same way that the others do (plans can be well intended however plans fall apart quickly).</p>

Child Protection Mediation (CPM) Recommendations

- (1) The Department conduct a review of its Child Protection Mediation to assess the reasons for its low utilization rate and the steps that can be taken to increase its utilization.
- (2) A meeting be convened between Central Office staff, some staff from the regions and the Child Protection Mediators to discuss any issues and possible solutions to increase usage of CPM.

17. DOCUMENTATION

The Department has very clear standards for social workers on case recording and file documentation. Standard # 11 in the Multiple Practice Standards in Child Protection and Family Enhancement Services Manual, June 2011, are very detailed and intended to ensure that significant actions are documented in a timely manner. The standards state that “case events are to be recorded in NB Families following the occurrence of the event, and no later than five (5) days thereafter” (Multiple Response Practice Standards in Child Protection and Family Enhancement Services, June 2011, p.83).

Most of the social workers and supervisors indicated that Standard # 11 is unrealistic. Social workers and supervisors understand that the earlier case documentation takes place the better. The problem with compliance with this standard is again related to workload/caseload as well as the lack of remote access to NB Families via lap tops, and tools such as speech to text technology. The other standards such as the contact standards also impact the amount of time available to do case documentation.

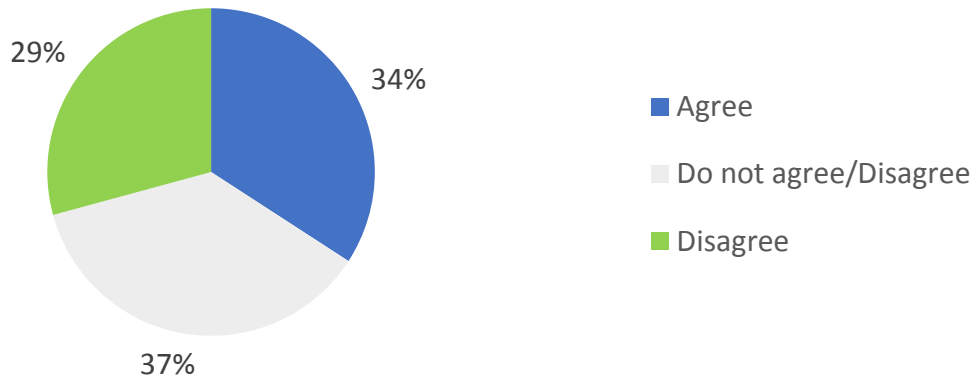
Five days is too long and detracts from such notes being considered reliable recordings, though they may still accurately reflect the event(s) that transpired. It is extremely important from a legal perspective that these recordings are done contemporaneously. From a legal perspective 24 hours would be the ideal best practice standard. However, any standard must be realistic so social workers can achieve compliance.

With the implementation of the recommendations in this report, social workers should be able to meet a 48- hour standard in most situations. The 5-day current standard should be a worst-case scenario.

In the area of documentation, it was noted that some teams are responsible for file disclosures. One supervisor commented that, “Child protection social workers have to spend a lot of time providing information when file disclosures are requested by clients. For example, last year, Child Protection social workers on my team spent more than 200 hours on disclosure, when they could have been doing clinical work.” (Survey, Savoury NB CP and FES Review, August, 2018).

Question # 11 asked staff to respond to the following statement, “Standards regarding documentation are appropriate to ensure effective case management”.

Results of staff responses to this statement was as follows:



Some of The Comments from Staff on This Questions Were as Follows:

The 5-day standard is appropriate for documentation; however, our workload does not always enable us to comply with it.
5-day event standard seems to be reasonable if the caseloads were more manageable. However, with high levels of intakes especially emergencies it becomes difficult. Even those who try to eliminate waste in their day to day work are still not able to manage. I have found that if they are meeting one standard another one suffers.
Documentation standards are not clear, i.e., what has to be documented and what does not have to be in events, consultation etc. The standard of five days to write up an event report is unrealistic given the workload.
Social workers often say in training that their events would be up to date if they could write immediately after their interview with their client, in a laptop.
Beyond the Standards social workers are also provided with training on writing events (case notes) through a distinct module and this topic is also covered in Core105; Legal Aspects Module. All efforts have an impact on risk management.
Documentation is definitely a challenge for the social workers and events are not recorded in the computer system within the time period set out in the standards, i.e. five days.
Standards are unrealistic for social workers to meet although they try to do so. High workloads and barriers make it difficult to accomplish standards while maintaining a reasonable quality of work.

Documentation Recommendations

- (1) Standard #11 should be revised to state that recordings are to be done contemporaneously and within 48 hours instead of 5 days. This change should not come into effect until the following recommendations have been implemented: #'s 1, 2, 5, 6, 9 and 10 on Caseload/Workload; #'s 1-3 under Technology and # 1 under Policy, Standards and Procedures.
- (2) Central Office should be responsible for file disclosures. File disclosures is a function that can be done more efficiently from Central Office. Additional social workers should be hired to perform this work in Central Office.

18. SHARING OF INFORMATION WITH OTHER DEPARTMENTS/ AGENCIES

A number of well-developed protocols and policies have also been introduced to clarify roles and responsibilities of professionals working together in child abuse situations and to outline the multidisciplinary approach necessary to provide supportive services to abused or neglected children and their families. These protocols are well written and very helpful in sharing information between the Department and other Departments and agencies. Protocols while essential for sharing information between community partners will not be successful unless relationships are developed with the partners with whom information should be shared. In some of the regions, community partners work in a very collaborative manner and information sharing for inter-agency case planning/implementation works well. The Child and Youth Teams have had a positive impact on information sharing which has improved relationships with Departments and in the end benefitted clients.

Other staff indicated that some community partners are still reluctant to share information. Staff noted that there are many times, when other agencies, especially Methadone Clinics have information on clients they are seeing and they are likely aware that children are at risk due to non-compliance with their treatment program, yet they do not report this back to them. The non-sharing of such information by a community agency could jeopardize the health and wellbeing of children.

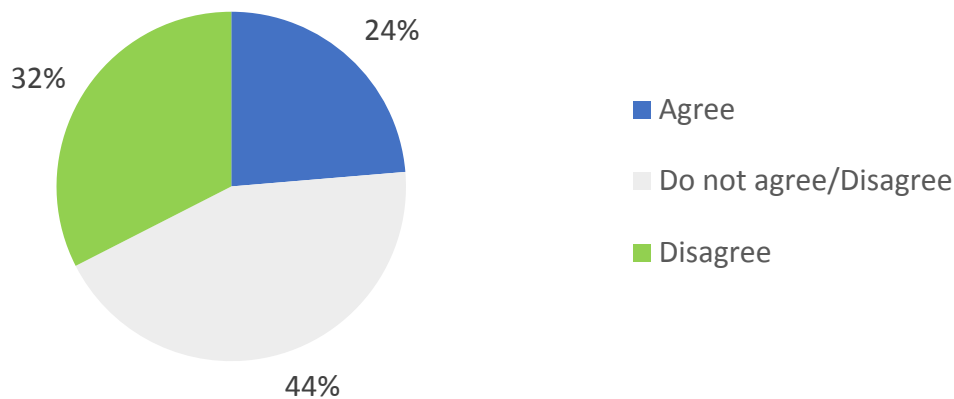
Staff used this section of the survey on information sharing to comment on relationship with their community partners. Integrated Service Delivery (ISD), while outside the scope of this review, was recognized as an initiative that is generally working quite well despite its impact on their workload. The ISD has served to develop relationships with community partners that have a positive result for children, youth and families in some regions. ISD is not clear for everyone and leads to confusion as to how things are done in some regions.

Some staff noted that there are some agencies that lack an understanding of the role of the Department, particularly with regard to child protection. Much of the confusion and misunderstanding held by community partners of child protection may in fact have been caused by the Department's decision to proceed with Multiple Response. Family Enhancement Services was initially promoted as prevention/supportive services versus a child protection program. Many of the social workers emphasized the need for an educational/public awareness program to help educate community partners on the mandate of the Department and in particular the child protection. School attendance and behavioural issues of children in school are issues that should be addressed. However, these are not within the mandate of child protection or family enhancement services under the Family Services Act unless child abuse and neglect are present as well. It may mean that the school system may need to increase the number of school social workers through ISD so that issues of school attendance and related issues are addressed.

A number of social workers commented on the concern that police are often called to homes because of issues such as family violence which should trigger an immediate referral to child protection, when children are present. However, sometimes there is a delay or lack of referral by the police to child protection, even though they are required to report such matters under the Family Services Act. Staff also used this section of the survey to comment on the lack of police support and assistance on some occasions. In other situations, social workers commented on the excellent support they receive from the police in potentially violent home visits. Assistance from the police is expected and mandated under the Family Services Act under section 33(6). While an order of the court may be required where the police, upon accompanying a social worker to a home determine that a forced entry would be required, the reality is that those circumstances are rare. Unless forced entry is required, there should be no need for a court order and this would not be known in any event until after the initial visit to the home by the social worker and the police.

Question # 12 asked staff to respond to the statement, “There is a good flow of information between our Departments and other Departments, Agencies and Community Partners.”

Results of staff responses to this statement was as follows:



Some of The Comments from Staff on This Question Were as Follows:

In my opinion, since the C&Y teams have been set up, I have seen a good improvement on several levels – the clients are the winners. Our relations with staff from other departments has also improved.
I believe ISD (Integrated Service Delivery) is helping agencies to work together. It is every individual’s responsibility to work together. Although there is IRC, FGC, etc..... we need to continue to do case conferencing on a regular basis.

Education still needs to be done with the other Departments concerning our role and mandate, e.g., it is hard to obtain police assistance when needed, and they often question the need for them to help us.

To the extent possible, we try to share relevant information between partners. However, ISD is not working in the region, which generates a lot of frustration among the Departments. We hope to obtain a work team for our families, we have made presentations to our partners to help them better understand our roles and facilitate exchanges between Departments.

At times it is difficult or impossible to get information from other agencies despite the fact that we talk about being collaborative. People need more education on collaboration and what that looks like and what people are allowed to disclose and not. There is a lot of confusion around ISD, I'm not sure that people work collaboratively in this area either.

In the region, ISD (Integrated Service Delivery) is not yet functional and that causes a lot of frustration and challenges. Families wait longer to receive services and the services are not always provided in accordance with the new direction (e.g., psychologists do not make home visits, which makes it difficult for families without a form of transportation). However, teamwork between our agency and partners is targeted, and we do presentations on our services as needed. The CCR (Concerted Community Response) Committee makes open communication possible between all the services in cases of serious domestic violence. This greatly facilitates things when it comes to confidentiality.

As we move forward with ISD (Community Based Mental Health Services) which is community based and integrated with all 4 departments at the Child and Youth Team table and we are engaging in a Common Plan, more and more information is being shared.

Still work to do... Working in silos for so long; it is a culture shift and requires a change management shift. This can be a slow-moving wheel.

While confidentiality can pose as a barrier, there are good examples both provincially and regionally/locally of collaboration between departments, NGOs and community partners:

Interdepartmental Working Group on Children and Youth – Harm Prevention Strategy,
Integrated Service Delivery – Child and Youth Teams

Regional Working Groups that have developed local protocols on discharge of infants born to mothers using methadone

Training to support the implementation of the Intimate Partner Violence Intervention legislation.

It is better now than it ever was.

However, there is always rooms for improvement. This is an area that needs to remain a priority for our Department and our partners.

Information Sharing Recommendations

- (1) A meeting be convened of senior level officials at the ADM and Director level of the Department of Social Development and Department of Justice and Public Safety so that a directive can be developed regarding the provision of police assistance in child protection matters. The directive should be sent to the senior level staff of the RCMP and other police organizations, including military police, reminding them of their duty under the Family Services Act to provide assistance when requested to do so by a child protection social worker in conducting a visit to a home where they anticipate their personal safety may be at risk. The directive should also point out their duty to report child abuse and neglect as soon as they become aware of any incidents of abuse and neglect as a result of visits to homes due to family violence, etc.
- (2) The Department develop materials including a set of slides that can be used provincially and, in the regions, to explain the mandate and role of child protection.
- (3) In regions where there are issues with lack of information sharing by community agencies, social workers and supervisors should discuss the matter with their Program Delivery Manager with the objective of a meeting being convened with the community agency to discuss the issue and how the matter can be resolved.

19. TECHNOLOGY

The child welfare system uses New Brunswick Families (NBF) as their electronic case management system. "NB Families, was introduced as an improved information system in 2004 in the Department of Social Development. This system is accessible in all regions. As well, there is "bridge" through that allows social workers in SD to determine if a child or family has had recent involvement with Public Health and/or Mental Health Services. A similar bridge exists with Income Assistance within SD There are two linkages between Public Health/Mental Health and SD:

- SD social workers have access to DH's Client Service Delivery System (CSDS) to obtain and validate household information in relation to child protection referrals.
- Social Development has access to Public and Mental Health client information to assist SD staff in determining whether SD or potential SD clients have been receiving Public/Mental Health Services. "(Children Come First, 2008-2009, Update on Recommendations, Department of Social Development, March 16, 2009, p. 4)

The majority of staff on the survey indicated that NB Families enables them to perform their role with the Department. Many social workers felt that NB Families was not user friendly. However, some staff indicated it is user friendly and has a number of tools such as the calendar, Outlook, shared electronic calendar and Lync, that work quite well.

The decrease in the number of IT positions from 8-10 to 5 has negatively affected the capacity of IT to train and support staff in the regions.

Some staff require additional training on NB Families. For example, some staff indicated that they would like to be able to upload PDF documents. Apparently if the document is scanned, it can be uploaded to NB Families. In addition to the training, it would be beneficial if the Department held focus groups in each region to obtain more in-depth feedback on NB Families. These sessions would generate ways that NB Families could be improved and made more user friendly.

The most frequent concerns that staff identified with regard to technology was not with NB Families at all, but with the lack of modern IT equipment to enable them to do their jobs. Tools such as lap tops, with remote access to NB Families when they are away from their offices, cell phones with data and voice to text software on their computers were consistently identified as short-comings that should be addressed. The practice of requiring social workers to forfeit their office phone in order to acquire a cell phone should be rescinded.

Cell phones for all social workers are essential for a number of reasons such as communication with supervisors, other social workers, and clients, dealing with changes in appointments and personal safety. Social workers visit homes where drug and alcohol abuse and domestic violence can be common. It should be standard practice for child protection social workers to all have a cell phone with data so they can immediately contact the police or their supervisor, when needed. They should not have to be use their

personal cell phones for such purposes. Also, these workers should be able to use their phones for directions (GPS) and to take photos when necessary.

Staff expressed concern that the video recording system is outdated, however work is underway to make the system compatible with the systems that other community partners are using.

Staff also raised concern with New Brunswick's email policy and how it is interpreted to mean that staff in the regions are unable to use email to communicate with service providers. The Department of Social Development has taken the position that the government's email system may not be secure and that emails sent may be changed or manipulated. A review of the government email policy, number AD-7109, dated September 2016 does authorize the use of emails for "all government business communications". Since social workers would be using emails for such purpose in communicating with service providers and other agencies, it would appear that the policy has the flexibility for it to be used by social workers in the manner they desire. Social workers and others would have a copy of the email they sent, which could be produced if the receiver of the email changed or manipulated the email. Upon checking with four provinces (Ontario, Nova Scotia, Newfoundland and Labrador and Prince Edward Island, it was determined that they have no such restrictions on the use of emails by social workers or supervisors to communicate with community agencies and professionals.

One of the key characteristics of a successful child welfare system is its ability to report on how well it is doing, in terms of outcomes for children. Data on performance outcomes is an essential source of information for managers, supervisors and social workers.

The National Child Welfare Outcomes Indicator Matrix (NOM) which was developed through a series of consultations initiated by the provincial and territorial Directors of Child Welfare and Human Resources Development Canada (Trocmé, Nutter, MacLaurin, & Fallon, 1999), provides a framework for tracking outcomes for children and families receiving child welfare services that can be used as a common set of indicators across jurisdictions. The NOM was designed to reflect the complex balance that child welfare authorities maintain between a child's immediate need for protection; a child's long-term requirement for a nurturing and stable home; a family's potential for growth, and; the community's capacity to meet a child's needs. It included four nested domains: child safety, child well-being, permanence, and family and community support. A number of jurisdictions in Canada, including New Brunswick are able to report on some or all the following measures:

Safety

- i. recurrence of maltreatment
- ii. serious injuries and deaths

Well-being

- iii. school performance
- iv. child behavior

Permanence

- v. out-of-home placement
- vi. moves in care
- vii. permanency status

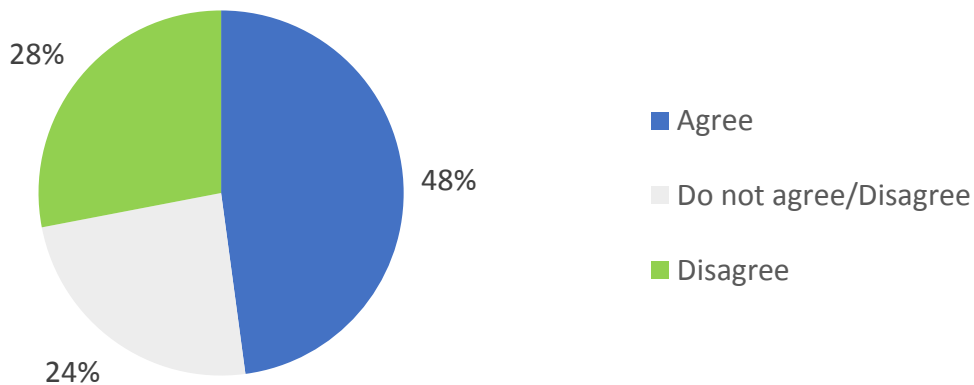
Family and Community Support

- viii. family moves
- ix. parenting
- x. ethno-cultural placement matching

These measures enable child welfare managers and policy-makers to inform decision making in regards to programming and policy development.

Question # 6 on the survey asked staff to comment on the statement “The technology made available enables me to perform effectively in my role with the Department.”

Some of the responses to this statement were as follows:



Some of The Comments from Staff on This Question Were as Follows:

We are limited in technology. NB families isn't user friendly and any changes suggested take forever to be completed. Having laptops/tablets where notes could be taken during meetings and visits would reduce the amount of time required for documentation and would provide access to electronic calendars. I Phones would make it so much easier to communicate with clients and service providers. Everyone text now. Having access to email on phones would make it easier when waiting at court/FGC and such to be productive. Also talk to text technology again would make case notes much quicker to input.

Social workers often say in training that their events would be up to date if they could write immediately after their interview with their client, in a laptop.

NB families is easy to use and allows for uniformity in the assessments, etc. We also use Excel in the region for our statistics. Outlook works well for communicating via e-mail.

NB Families does not meet the needs of supervisors or staff. It does not track standards and as a result a lot of time is spent creating and monitoring if standards have been met.

The desk top works fine most of the time, the software is usually quite up-to-date but there is a tacit understanding that CP SWs all have their own smart phones which are not covered by the GNB. We use our phones to communicate with our colleagues, with services providers, with families etc. We use them as tools to locate addresses we have not yet attended before and in some cases to record notes or images to use for later. Issuing smart phones and/or tablets in which we could record our notes directly into NB Families would be a time saver, it would ensure that case notes are being entered on time and within the standards' requirements as well it would better reflect the freshest thoughts and observations of the SW to assist with helping the family or for Family Court if needed in the future. For those lost hours while sitting in court, maybe the CP SW could be typing notes quietly on his/her laptop or answering emails or making contacts with service providers via emails during this lost time in court. The local newspaper often sends journalists to court who have a lap top and are not a disruption while they type.

NB families is an inadequate and old system. Reports or stats are hard to recover, reviewing family history for cases/intakes is tedious as you have to go through one by one to see what happened, no central case/intake overview section- user mistakes such as duplicate persons make it easy to miss valuable information. Case plans are not user friendly in the system and more often than not, case plans are done on Word documents for the family and not NB families.

All conference room at Central office should be well equipped to meet the teleworking requirement.

Sometimes we'd like to be able to take photos of the home so we can describe the living situation. This isn't always possible because we're not authorized to take photos with our personal telephones. Office cellphones are available to us, but only one per team. It therefore isn't possible to have one at all times.

In Child Protection and FES units have 2 cell phones to be shared amongst 6 – 7 workers. Many clients do not have landlines and use cell phones with unlimited texting. Therefore, workers need to text with clients in order to arrange meetings, etc. This is an issue as two phones are being passed around in order for workers to text. Also, workers are going to rural areas or going out after hours and end up using their own cell phones as the unit phones were not available.

Having a talk to text system on the computers would make documenting events much faster and give social workers time to be out in the community more with families.

Technology Recommendations

- (1) Every FES and CP social worker should be provided with their own cell phone with data. This same recommendation was made in February 1999 in the report Child Welfare project, Report and Recommendations of Working Conditions Team, p.5. The requirement that social workers have to forfeit their office phone in order to acquire a call phone should be rescinded.
- (2) Every social worker should be provided with the option to have a lap top and be able to access NB families from outside the offices of the DSD. This would enable social workers to access the case management system while out in the field. It would also enable social workers to enter case notes into the system as soon as possible after doing home visits or meetings in the community with other agencies. This need was recognized in the February 1999 Report and Recommendations of the Child Welfare project, Working Conditions Team, "Each CP program to have access to laptop computers. The number would depend on the need expressed by the workers in the region. This can be done immediately." (p.17) Today all social workers who are doing home/community partner visits should have lap tops with remote access.
- (3) Each lap top should be equipped with speech recognition software such as Dragon NaturallySpeaking thereby enabling social workers who wish to use this technology to have their spoken words turned into text. This is much faster, more efficient and much more productive, than expecting social workers to type the case notes and various reports.
- (4) Additional resources be allocated to IT in Social Development to enable staff to make the system changes that are currently on their list for child welfare.
- (5) The Department make the changes required to enable all social workers and supervisors to have remote access to NB families using VPN as soon as possible.
- (6) Additional resources be provided to IT in Social Development to enable staff to provide more training and support on NB Families for social workers, including focus groups in each region on how NB Families can be improved.
- (7) A directive be issued that advises social workers, supervisors and managers that the government's email policy does permit them to use the email policy for government business communications. Since they are government employees and would be communicating with service providers for business communications purposes, it appears that the government email policy has the required flexibility for this to be done.
- (8) IT continues to be provided with the funding to enable it to be able to produce regular reports for the Director of Child Welfare and his team on outcome measures that were described in this section.

20. SERIOUS OCCURRENCES REPORTING

This question on the survey regarding serious occurrences reporting was intended to solicit feedback from staff on whether there is an appreciation of the importance of staff reporting matters of a serious nature, such as a serious injury or child death to senior staff in the Department, both regionally and provincially. It was also intended to determine whether staff feel that they are supported when serious events occur and the information used to examine lessons learned. Many staff indicated they are aware of the standard that requires them to “report to their Regional Director within twenty -four (24) hours when there is a death of a child who is in care or a child who has received Child Protection or Family Enhancement Services within twelve (12) months prior to the death, (includes intakes received or cases closed) or where there is a critical injury involving a child in care or a child in an open Child Protection Services case or a child in a Family Enhancement Services case.” (Multiple Response Practice Standards, June 2011, p.86). This is a typical reporting requirement. However, a more detailed policy and standard reporting form would be beneficial in view of comments from some staff who indicated they are unclear on the reporting process. The Department also has a comprehensive process to conduct an internal review into the death of a child.

The above process would result in the Minister being made aware of a child death or critical injury that occurred in accordance with the above standard, since senior staff would have the information to brief the Minister. A balance needs to be struck in developing serious occurrence reporting process, as otherwise child protection social workers and supervisors could end up spending a considerable amount of time preparing reports on situations, that would be better spent helping children, youth and families. The other reality is that at any given time the media or an individual may report on a situation in the public domain, that may not be known at the senior management or the ministerial level in the Department, despite its reporting requirements.

One of the common outcomes of child death reviews is the introduction of a new standard, guideline or training program, giving social workers even more responsibilities, resulting in an increase in their workload. “Each inquiry adds a few more rules to the book, increases the pressure on staff to comply with procedures, and strengthens the mechanisms for monitoring and inspecting practice so that non-compliance can be detected.” (Rose & Barnes, (2008).

Staff would like the Department to do more public awareness of the role of child protection and the important role the community can play in reporting child abuse and neglect. It is impossible to eliminate the uncertainty of the occurrence of unfortunate events even when all procedures and standards are followed. Serious events including child deaths occur in the privacy of family homes where parents are trusted to care for their children and do so in the majority of families. Unfortunately, when negative press coverage takes place, it is difficult for the Department to respond to it due to confidentiality issues. Staff commented on the need for the Department to be doing more “publicly” about all the positive work that child protection social workers do for New Brunswick. This could include sharing the prevention work being done and success stories, while respecting confidentiality.

Child protection is high risk by its nature of protecting children from abuse and neglect. Those who work in the child protection system understand the unique nature of the work they do each and every day. Even when all standards and guidelines are followed, there is no guarantee that unfortunate events will not occur such as a child death or serious injury. Educating the public and the media on the high-risk nature of child protection should be a priority because social workers depend on the public reporting child abuse and neglect. "The public, policy makers and media sometimes have a limited understanding of the unavoidable degree of uncertainty involved in making child protection decisions, and the impossibility of eradicating that uncertainty." (Munro, p.15).

It is imperative that when unfortunate events do occur that they are examined and reviewed with staff to ensure that the same mistakes do not occur in the future. Recommendation # 8 in the recommendations under Training and Transfer of Learning section of this report is intended to address this issue.

One of the common criticisms of reviews into child deaths is that social workers did not speak to and listen to the children enough. "Children and young people are a key source of information about their lives and the impact problems are having on them... It is therefore puzzling that the evidence shows that children are not being adequately included in child protection work. A persistent criticism in reports of inquiries and reviews into child deaths is that people did not speak to the children enough. A report by Ofsted on the themes and lessons to be learned from Serious Case Reviews between 1 April and 30 September 2010, highlights five main messages with respect to the participation of children:

- the child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings;
- agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute;
- parents and caregivers prevented professionals from seeing and listening to the child;
- practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child; and
- agencies did not interpret their findings well enough to protect the child.

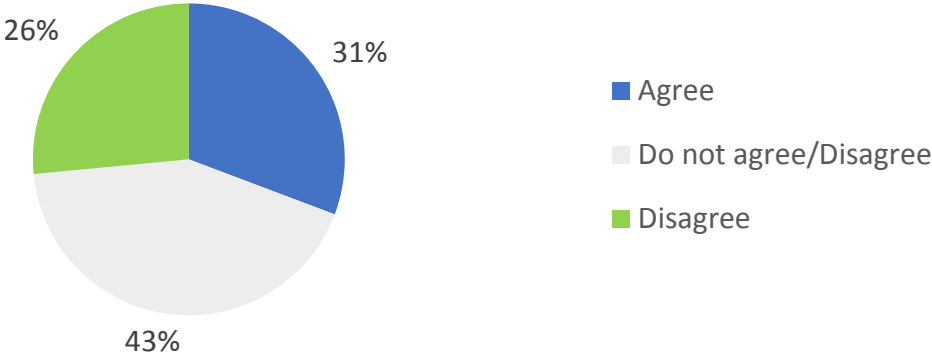
"Many of these findings confirm the views children have expressed in research papers and the review's consultation events. They have said they value an ongoing relationship with their worker, that their needs and rights to protection should be at the heart of practice, that they should have a voice, and be listened to". (Munro, May 2011, p.25).

"Participation can be empowering if undertaken well. However, practitioners may feel ill-equipped to communicate with children and involve them at every stage of the child protection process" (Munro, May, 2011, p.25). Jones lists the core skills required for effective communication with children: "These include listening, being able to convey genuine interest, empathic concern, understanding, emotional warmth, respect for the

child, and the capacity to reflect and to manage emotions. He stresses the importance of these skills in seeking to communicate with children who have suffered adverse experiences.” (Jones, 2003).

"Professional expertise confirms that fact-finding investigations designed to figure out what actually took place in connection with the alleged maltreatment-including separate interviews of the child in a safe-feeling neutral space, are key elements of an appropriate assessment of future risk to the child." (Florida Law Review, Vol:42:573, p.600). Michigan has a law requiring that children be interviewed separately. (Michigan Comp.Laws 722.628c, 2014). A recommendation that these skills be incorporated into training provided by the Department has been included in Recommendations # 1 in the Training and Transfer of Learning section of this report.

Question # 16 asked staff to respond to the statement “There is appreciation of the importance of serious occurrence reporting, so that when unlikely events happen, information is shared promptly within the Department at all levels, so staff can be supported, lessons learned and the Department can respond to possible public criticism”.



Some of The Comments from Staff on This Question Were as Follows:

Maybe. Serious occurrence reporting is certainly important but advices/directions to avoid those serious occurrences should accompany or follow those reports. I don't think there's enough focus on the 'lessons learned' part.
There has been heightened awareness both at Central Office and in the Regions due to some high-profile media cases; scrutiny of the mandate and process of the Child Death Review Committee and the role of the Child and Youth Advocate.
There is a standard in the Multiple Response standards about reporting Child Deaths and Critical Incidents. This section may need work to broaden the types of serious occurrences.
For the moment, the standards require the Minister to be informed of the death of a child and of a serious injury. There is no obligation to report other types of serious occurrences. Single events in cases of chronic neglect such as an eviction should not become a serious occurrence. Serious occurrences to be reported will need to be clearly defined.

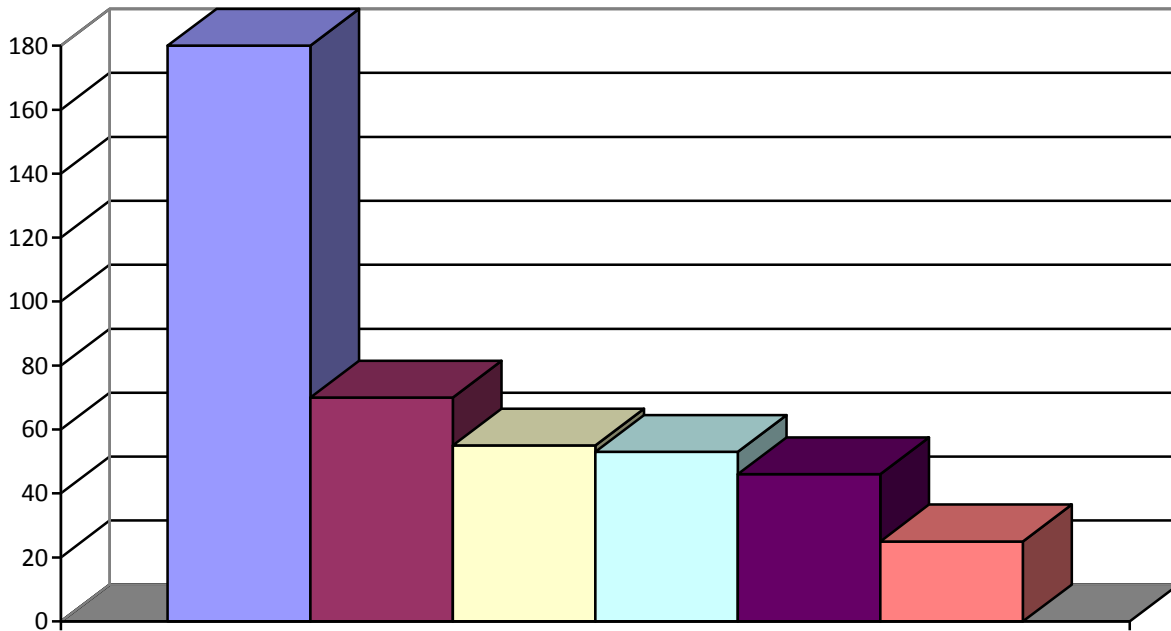
Serious Occurrences Reporting Recommendations

- (1) The Department revise its policy for reporting on serious occurrences. The policy guidelines used for reporting of serious occurrences by the Ministry of Children and Youth, Ministry of Community and Social Services, Ontario has been provided to the Director of Child Welfare as a resource in revising its current policy.
- (2) A communication/media strategy be developed that focuses on the excellent preventive and supportive work that the Department's social workers do with children, youth and families. This recommendation is similar to a recommendation made in the February 1999 Report and Recommendations of the Working Conditions Team, "that Communications Branch and FCSS develop a strategy for promoting the role of the community and child protection. This strategy to be completed by the end of 1999."
- (3) The reality is that unfortunate events will receive media attention. When this happens, the Department in its response, should ensure the following messages are included in its response:
 - the difficult and complex nature of child protection work;
 - the inherent risks associated with the work;
 - the fact that it would be "ideal if risk management could eradicate risk but this is not possible; it can only try to reduce the probability of harm". (Munro, May 2011, p.18) and
 - that child protection social workers are very professional and work very hard to protect children from abuse and neglect.

21. STAFF'S PERCEPTIONS OF STRENGTHS, OPPORTUNITIES, WEAKNESSES, AND AREAS THAT COULD BE IMPROVED, TOP ISSUES AND SOLUTIONS

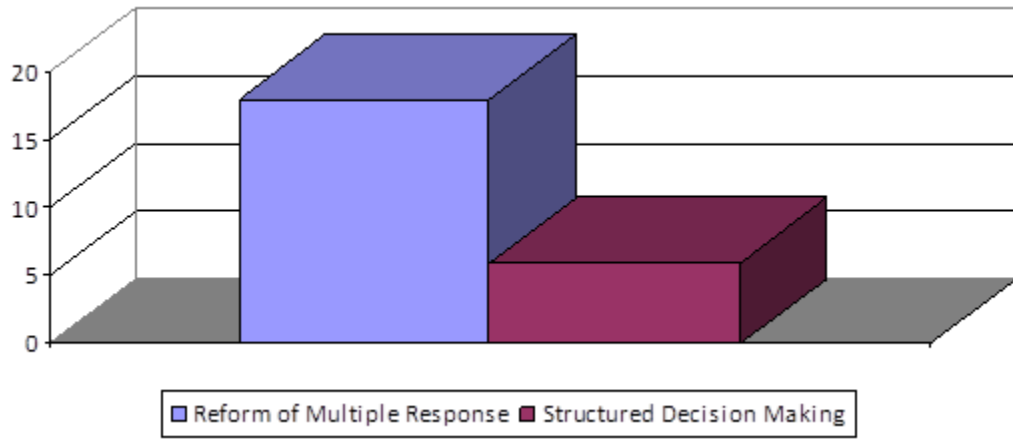
The final four questions on the survey did not relate to a specific program or related issue. Staff were asked to comment on the following: Strengths and Opportunities; Weaknesses and Areas That Could Be Improved; Top Issues Affecting the Department and Solutions. The comments in each of these sections were analyzed. Issues generating less than 5 comments were excluded in completing the charts below. The following is a summary of survey responses and frequency of comments on these issues.

STRENGTHS	
Teamwork and dedicated/supportive staff	180
Commitment and support to children and families	70
Collaborative approaches	55
Supportive supervisors/managers	53
Training program	46
Supportive work environment	25



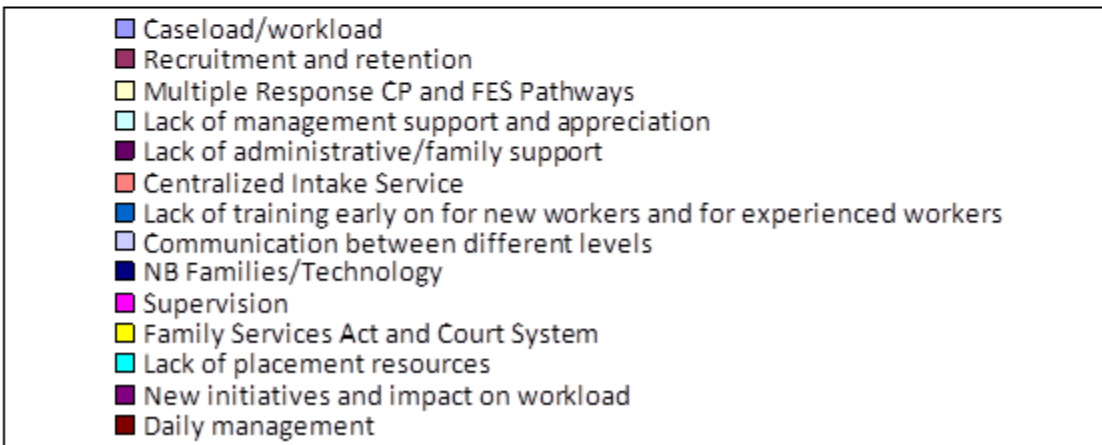
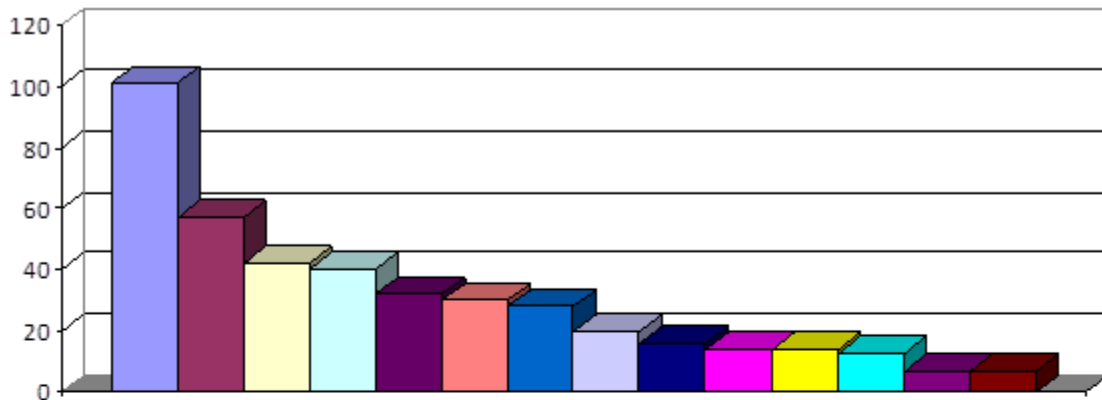
OPPORTUNITIES	
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Reform of Multiple Response	18
Structured Decision Making	6

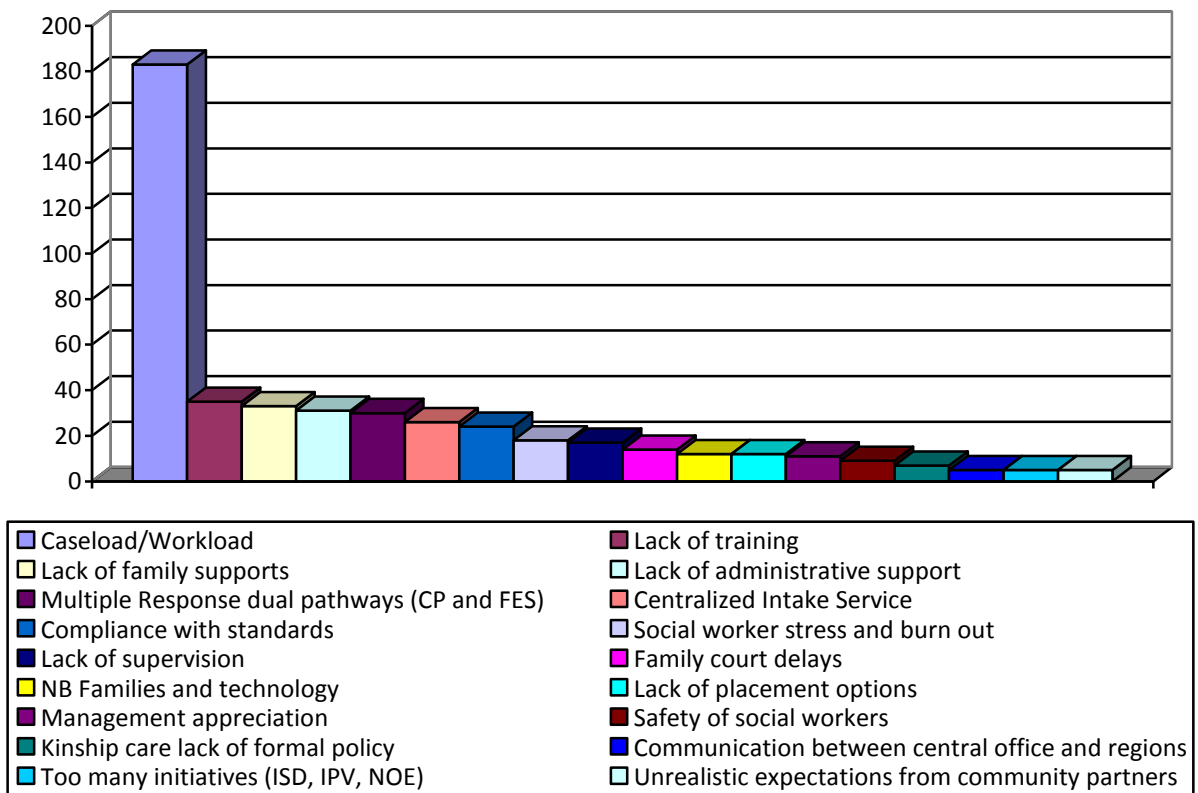


WEAKNESSES	
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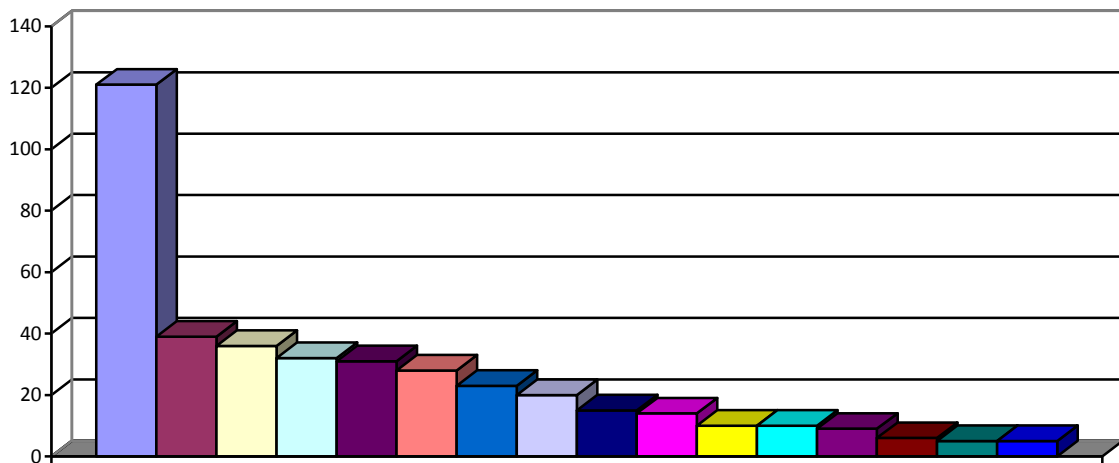
Caseload/workload	101
Recruitment and retention	57
Multiple Response CP and FES Pathways	42
Lack of management support and appreciation	40
Lack of administrative/family support	32
Centralized Intake Service	30
Lack of training early on for new workers and for experienced workers	28
Communication between different levels	20
NB Families/Technology	16
Supervision	14
Family Services Act and Court System	14
Lack of placement resources	13
New initiatives and impact on workload	7
Daily management	7



















TOP ISSUES AFFECTING WORK/ROLE	
Caseload/Workload	183
Lack of training	35
Lack of family supports	33
Lack of administrative support	31
Multiple Response dual pathways (CP and FES)	30
Centralized Intake Service	26
Compliance with standards	24
Social worker stress and burn out	18
Lack of supervision	17
Family court delays	14
NB Families and technology	12
Lack of placement options	12
Management appreciation	11
Safety of social workers	9
Kinship care lack of formal policy	7
Communication between central office and regions	5
Too many initiatives (ISD, IPV, NOE)	5
Unrealistic expectations from community partners	5



SOLUTIONS	
Hire more social workers	121
Supportive work environment, e.g. mental health days, gym membership	39
Recruitment and retention strategies including better wages	36
Training - More and improved	32
Create one pathway CP	31
Realistic standards	28
Hire administrative assistants	23
Improve intake process	20
Lap tops, cell phones, voice to text software	15
Better supervision	14
Social workers have active cases or intakes/investigations	10
Enhanced accountability/decision making	10
More placement resources	9
Clarification of roles and responsibilities	6
More services for clients	5
Improved communication	5



	Hire more social workers
	Supportive work environment, e.g. mental health days, gym membership
	Recruitment and retention strategies including better wages
	Training - More and improved
	Create one pathway CP
	Realistic standards
	Hire administrative assistants
	Improve intake process
	Lap tops, cell phones, voice to text software
	Better supervision
	Social workers have active cases or intakes/investigations
	Enhanced accountability/decision making
	More placement resources
	Clarification of roles and responsibilities
	More services for clients
	Improved communication

22. CONCLUSION

New Brunswick's child welfare system has many positives. They include its professional and dedicated staff, Training and Auditing, Family Group Conferencing, Immediate Response Conferencing, Structured Decision Making, Clinical Supervision, Permanency Planning Committees.

New Brunswick introduced major reform initiatives approximately 10 years ago. Some of the collaborative initiatives have proven to be very beneficial for children and families. Others require change to better protect children from abuse and neglect. This report provides 107 recommendations, that identify legislative and program changes and resources required to enable the Department's staff to deliver on its legislative mandate to protect children from abuse and neglect.

Some of the recommendations can be implemented quite easily. Others, such as the legislative changes or additional staffing, will mean additional costs. However, they are all fundamental to creating an excellent child welfare system in New Brunswick and the costs of not acting on them are even greater. As indicated earlier, the lifetime costs for each victim of child maltreatment is \$210,012.00, whereas the costs of each death due to child maltreatment are estimated even higher at \$1,271,900.00. The human and emotional consequences for the victim, family and community are beyond cost estimates.

While caseload/workload is critical to be addressed, many of the other recommendations also relate to improving caseload/workload. The recommendations regarding Centralized Intake and Multiple Response will improve the protection of children from abuse and neglect. In cases of abuse and neglect, the Department must continue to provide supportive services to families when there is the potential to enhance parenting, and social workers know children are safe. "But we should do it within the context of the Child Protective Services (CPS) system so that it can act to protect children as necessary, using its authority to monitor families, require cooperation with treatment plans, remove children to foster care, and terminate parental rights." (Bartholet, 2015, p.609)

The job of a social worker doing child protection is one of the most complex and demanding in our society. It is important that it be considered an essential service, the same as the police or health care workers in terms of recruitment. The implementation of the recommendations in this report will lead to better outcomes for children, youth and families. It will also result in a work environment that recognizes and values the excellent work that staff do at all levels in the Department.

APPENDICES

23. APPENDIX 1 RECOMMENDATIONS

Legislation and Legal Recommendations

- (1) The Family Services Act is nearly 40 years old and while amendments have been made to the Act, it needs to be replaced with a new and separate child protection act. Resources for the anticipated one-and-a-half-year project, once government decides to replace the act, should also include administrative support, and funds for research and consultation.
- (2) It is recommended that the three levels of government (Federal, Provincial and First Nations) commence discussions on an independent review being conducted by a child welfare expert with First Nations child welfare experience to examine and make recommendations regarding the legislation, programs, standards, training and funding for First Nations child welfare in New Brunswick. The review should be funded by the federal government in view of its mandate for the funding of First Nations child welfare. The Province of New Brunswick should initiate the discussions in order to get the process for the review started.
- (3) The Province ensure that parents, who wish to access the services of a lawyer but lack the capacity to pay, can be represented by a lawyer from New Brunswick's Legal Aid, when the department is recommending a custody agreement. This recommendation was also made in the report, Children Come First (2000). Recommendation # 8.6.2 stated "Ensure that parents, who wish to access the services of a lawyer, but lacked the capacity to pay, can be represented by a lawyer when the department is recommending a custody agreement. Inclusion of this under the civil legal aid program would be the most likely mechanism to accomplish this. "(p.82).
- (4) Annual training on child protection law be made available to judges hearing child protection matters at their educational workshops by a lawyer with expertise in child protection law.
- (5) In the meantime, the following are some amendments that should be pursued, as it may be two years before a new Child Protection Act is proclaimed:
 - (a) It is recommended that the Province of New Brunswick and the First Nations Chiefs in New Brunswick commence discussions to consider adopting legislative amendments to better incorporate First Nations culture and traditions into the Family Services Act. It is recognized that First Nations intend to have their own child welfare legislation and they should be supported with this objective. However, as that process will take time, the legislative amendments attached as Appendix 5 be considered for adoption as an interim step, after consultation and agreement with the Chiefs of First Nations and input from the First Nations child welfare agencies in New Brunswick.

- (b) Where an agent or representative has reasonable and probable grounds to believe a child is in need of protective services and the health or safety of a child is in immediate jeopardy, the agent or representative may, without warrant or court order, enter, by force if necessary, any premises and search for the child for the purpose of taking the child into care as permitted by and in accordance with Section 33. (Children and Family Services Act -CFSA,1990), NS)
- (c) An agent or representative acting pursuant to this Section may enlist the assistance of a peace officer (CFSA,1990, NS)
- (d) A hearing pursuant to this Section shall be held in camera except that the court may permit any person to be present if the court considers it appropriate (CFSA, NS,1990, c. 5, s. 34).
- (e) The Act, state that in terms of the Immediate Response Conference (IRC), the Minister must consider a referral to the Immediate Response Committee. This is now the case for other collaborative approaches such as Family Group Conference and Mediation. Section 31.1 (2) now states:

The Minister shall consider using the collaborative approach of mediation or a family group conference in establishing, replacing or amending a plan referred to in subsection (1).

The preceding section, section 31.1. (1), states:

Where the Minister has determined, after completing an investigation, that the security or development of a child is in danger, the Minister shall ensure that a plan for the care of the child is established to ensure that his or her security and development are adequately protected and may subsequently replace or amend the plan at any time as circumstances require.

The “shall consider an IRC” should be added to section 31 (2.5) which states:

Where during an investigation conducted under this section, the Minister has reason to believe that the security or development of the child is in danger, the Minister may

- Enter into an agreement with the parent of the child that specifies what is and what is not to be done to ensure that the security or development of the child is adequately protected.
- Where the parent of the child is unable or unwilling to enter into an agreement referred to in paragraph (a) or the Minister determines that the security or development of the child can not be adequately protected by an agreement of that nature, apply to the court under subsection 51 (2) for an order regarding the child, or
- In the circumstances described in subsection 32 (1), place the child under protective care.

- (f) Amendments to the Family Services Act and regulations should be made to enable Kinship Care to be implemented.
- (g) A Child Abuse Register along the lines of Nova Scotia's Child Abuse Register be adopted. Such a Register would have better safeguards and eliminate the work that social workers now have to perform with respect to Prior Records Checks and Exemptions. Furthermore, it is more respectful of the rights of individuals who may now be denied employment due to the broad criteria used to provide names of individuals under the Social Development Record Check Policy and Procedures. (August 2012, p.1)
- (h) At the moment, there is nothing in the Act that prevents a parent, who does not have a significant or meaningful role in the life of their child, from refusing to provide consent for Family Group Conferencing (FGC), thereby denying the child the benefit of FGC or Child Protection Mediation. To enable all children to have equal access to FGC and CPM, the following definition of significant and meaningful role in parenting should be added in terms of FGC and CPM:

“A parent who has a significant and meaningful role in the life of a child is “a parent who sees his or her child on a regular basis, who spends considerable time with the child, who provides aspects of care and control whilst with the child, who perhaps participates in the making of significant decisions with respect to the child’s health and/or education, and whose life is unquestionably interwoven with that of the child”. “

The above definition is now included in the FGC and Mediation Standards. New Brunswick has applied this definition to the issue of consent to FGC and Mediation by saying that the consent of a parent who has not played a significant and meaningful role in the life of the child for one (1) year is not required for a Family Group Conference to go forward.

The office of the Director of Crown Counsels should be involved in the drafting of these and any amendments to the Family Services Act since the lawyers from this office have to represent the Minister in court and speak to the various sections of the Act.

Children's Best Interest Recommendations

- (1) Social workers, supervisors and managers should always practice with the understanding that the safety and protection of children is their first priority. This must include the decision to not engage in or discontinue any of the collaborative process unless they are assured that the child will be safe from abuse or neglect.
- (2) During the provision of clinical or legal advice, careful attention is required to ensure that it does not discourage social workers from doing investigations and/or apprehensions, to protect children. Children should not be left in unsafe environments. Children who remain in unsafe homes are at risk of serious injury, death or significant development challenges if they continue to reside in an unsafe home environment for a prolonged period of time.
- (3) Clinical or legal advice or direction should always emphasize that the safety and protection of children should be the first priority. Concerns about parents or family rights and the Charter of Rights and Freedoms are best left to lawyers to debate and they can pursue a challenge of the Family Services Act if they desire. This need not be the concern or worry of child protection social workers.
- (4) The Department establish a working group to develop an evidence-informed provincial strategy to enhance the recognition, assessment and case management of child neglect.

Activities to include:

- Review definitions and types of neglect to ensure a common understanding.
 - Research and identify methods to assess for cumulative impact of neglect to children.
 - Identify approaches to increase reflective practice and critical thinking during clinical supervision.
 - Identify strategies for managing parental avoidance and disguised compliance.
 - Review the use of parental capacity assessments and cognitive assessments.
 - Review benefits of using chronologies to chronicle key events and concerns in a child's life.
 - Explore ways to ensure children's visibility in neglect cases.
 - Identify strategies to help families build formal and informal community networks.
 - Identify specialized training for social workers.
 - Develop measurable outcomes for the provincial neglect strategy, that the Department plans to develop.
 - Explore strategies to minimize social worker changes.
- (5) All cases reaching the 12-months cumulative involvement threshold, within a 24-month period (intake and/or case), be reviewed at Immediate Response Conference for action to safeguard against disguised compliance and drift.

- (6) The Department ensure there is consultation and case conferencing with collateral contacts, service providers and those having significant knowledge/contact with the child(ren) such as school, parent aides, health care providers, etc.

Multiple Response Recommendations

- (1) The Department discontinue its two pathways of Child Protection and Family Enhancement Services and have only one pathway – child protection services. Once cases are deemed appropriate to open at intake, they all proceed to the child protection. All social workers should be considered child protection social workers. This change should result in no loss of employment as in reality FES social workers are now doing child protection work.
- (2) The Department discontinue having a Centralized Intake Unit (CIS) in Moncton and the staff be assigned to the regions.
- (3) All Manuals, policies, position description questionnaires and training documents be reviewed and revised to make sure that all of the statements in them convey the message that taking children into care and proceeding to court to protect children from abuse or neglect is an acceptable and appropriate option. The options social workers and supervisors select should not be ranked as one being better than another. The option that social workers choose to select should be based on the one that best protects children from abuse or neglect.
- (4) Family Crown counsel service be reviewed so that legal counsel can always be available to staff throughout the Province in a timely manner for both advice and representation in court.

Policy, Standards and Procedures Recommendations

- (1) Contact standard # 5 (Child Protection Services) be revised to be a minimum of once per month, with the supervisor and social worker having the discretion to increase this number, based on the level of risk. Also, emails should be permitted for collateral contacts with service providers and health care professionals.
- (2) The Department continue with its new standardized format for all its policy manuals.
- (3) The Department commit the resources for a special project that will result in all of its manuals and protocols being revised as soon as possible. This should include SDM and standards, e.g. 90-day Risk Re-Assessment.
- (4) The Department approve the kinship care model and seek approval of the legislative and regulatory amendments for kinship care as soon as possible.

- (5) When policies or standards are added or revised, the Department should assess the impact of the standards on workload and determine whether additional staff or training is required to enable staff to implement them. The re-assessment of risk every 90 days and other SDM Standards should be included as part of this review.
- (6) The requirement for concurrent plans be reviewed with a view to discontinuing them if they are of minimal or no value to families. Such a decision will also save social workers valuable time.
- (7) Central Office take the leadership in setting up meeting(s) with the appropriate federal and justice officials to develop a protocol that enables social workers to carry out their duties on Campobello Island, when they have to travel via the United States to transport children taken into care.

Caseload/Workload Recommendations

- (1) It is recommended that the Department adopt the Child Welfare League of America (CWLA) recommended caseload/workload standards. (Appendix 6). "Caseload standards help eliminate the staff overload which is so common in poorly operating child welfare systems, which research and experience demonstrates is strongly linked to expensive system inefficiencies and poor outcomes." (Granholm, Dwayne, B.V., November, 2010, p.1). The CWLA standards are appropriate but only if the other recommendations in this report are adopted.
- (2) The Department determine the number of new social workers and supervisors required in order to meet the CWLA caseload and supervisory standards (Recommendation # 1, Clinical Supervision). Any new positions required should be funded as permanent positions and included in the next budget so that they can be allocated to the regions as soon as possible. The number of new positions required needs to factor in time for social workers to take vacations and the reality that some staff will be on other forms of leave, e.g. parental leave, sick leave, training, etc.
- (3) The Department revise its Program Design and Quality Management Division Authority and Decision-Making Model (Revised March 2012) to add the following process to the child welfare programs section on caseload/workload management: Upon determining the average caseload for a program area (i.e., intake, child protection, children in care) is above the CWLA caseload standard, the casework supervisor must notify their Program Delivery Manager (PDM). The PDM must review current social work caseloads within their office to assess the factors influencing the change in case load size (i.e., vacancies, increase in referrals, etc.) and determine whether this issue may be resolved internally. If the issue cannot be resolved internally, the PDM must notify the Director of Child Welfare who will arrange for one of his Consultants to conduct an audit to determine whether the current situation is impacting policy compliance. The consultant must share the results of the audit with the Program Delivery Manager, the Regional Director and Director of Child Welfare. The Consultant and the Program Delivery Manager must

draft an action plan to address any issues related to policy compliance and share this action plan with the Regional Director and the Director of Child Welfare. The ADM for Service Delivery and the ADM for Family and Children's Services will be expected to convene a meeting with the Director of Child Welfare and the Regional Director to review the action plan and decide on appropriate steps to address the problem. When it is determined that additional social workers are required, they should be included in the annual budget for approval as part of the Department's budget. The Ombudsman and Child Advocate noted the concern with workload issues in 2008. "If staff are unable to adhere to the standards due to workload issues, the department should determine why, and make adjustments accordingly, i.e. Hire more staff, if workload necessitates." (Ombudsman and Child Advocate, Broken Promises: Juli-Anna's Story, January 17, 2008, p.25)

- (4) When assigning files, a supervisor must consider the intensity of involvement with the child/family and attempt to facilitate a manageable caseload. Some factors to consider are:
 - court involvement;
 - amount of contact and needs of the family;
 - issues of access, including siblings in care and others;
 - special needs of the child;
 - stability of placement;
 - the plan of care for the child and immediacy of critical moves and/or decisions;
 - patterns of social worker involvement with this child;
 - amount of social worker contact with caregiver(s);
 - amount of direct social worker involvement with collateral agencies (school, therapist, etc.);
 - complications and complexities of cases.
- (5) Social workers should not be carrying a mixed caseload of on-going cases and investigations or assessments. Social workers should carry no more than 17 active cases and another social worker should be doing investigations or assessments. It should be noted that "whether a family involved in an investigation has one child or five children, the family would count as one case. But if a report involves children from two or more families, the report generates two or more cases." (Granholm, 2010, p.5). This should apply in New Brunswick's child protection caseload determination as well.
- (6) The Department discontinue the practice of social workers carrying children taken in care, on their caseloads, even on a temporary basis, while doing investigations or assessments and child protection. As soon as children are taken into care, they should be transferred to the Children in Care Workers, who should carry a caseload of no more than 12 children in care (temporary and permanent). It is not possible to do a good job, when doing both of those roles. The social worker taking the child in care would be responsible for the initial placement. However, after that placement is completed, all other work associated with the placement, school, access, etc. would

be the responsibility of the Children in Care Social Worker, until the child returns home. Should a decision be made to seek a custody or guardianship order, the Children in Care social worker would be responsible to attend court on the matter, working with the parent and setting up services.

- (7) The Intimate Partner Violence initiative be reviewed in concert with the regions to determine its impact on social worker's time. Permanent social workers should be added to fulfil the additional work associated with the initiative.
- (8) All current temporary positions be converted to permanent positions and filled as soon as possible, unless they are temporary for health or parental leave.
- (9) One administrative assistant be approved for each team of supervisor and social workers in each office so that administrative duties such as photocopying, faxing, requisitions and other administrative duties can be removed from social workers and supervisors. This recommendation is similar to recommendation # 4 in the Department's July 1999 report on Child Protection Workload Measurement. "While conducting the regional sessions, as well as the Provincial focus group, many social workers identified tasks which consumed their time, but could easily be completed by someone else. With removal of these tasks, social workers would be better able to focus on direct service tasks. Recommendation # 4 stated that the following areas be reviewed as possible tasks to be done elsewhere in the Department, or by another Department to save social worker time: specific administrative duties i.e. requisitions, payments, file preparation, some court related tasks i.e. delivering subpoenas, preparing witnesses, scheduling, preparation of life books for children in permanent care and arranging case conferences and meetings etc." (p.14). The need for administrative staff to undertake these tasks as well as faxing, photocopying was also the subject of a recommendation in the February 1999 Child Welfare Project Report and Recommendations of Working Conditions Team, p.11.
- (10) For every three teams of supervisors and social workers, they be allocated one Family Support Worker, who is qualified to do parental education and coaching and one case aide to do such duties as transportation. Offices that have been able to retain their psychologist be sanctioned to continue with this position, as the position has had a positive impact on the quality of services provided to children, youth and families. The minimum qualifications for a Family Support Worker should be a community college diploma in community studies or related field or a Bachelor's degree in a human services field such as psychology.
- (11) The Province of New Brunswick deem child protection social workers as essential positions like police officer and nurses, in terms of deeming them positions that must be filled as soon as they become vacant. Police officers and health care positions are generally filled quickly whether the vacancy is permanent or temporary and the same practice should apply for child protection social workers. Child protection positions are legislatively mandated under the Province's Child

Protection Act to protect the most vulnerable at-risk children. Consequently, they should be prioritized for filling immediately as essential positions.

- (12) The approval for the recruitment of casual positions be delegated to the Regional Directors. In additions, obstacles that currently mitigate against the efficient filling of permanent positions be removed so that authority can be delegated to the regions to enable positions to be filled in the same manner as teachers, nurses and police officers.
- (13) Critical incident debriefing be made available to social workers who are exposed to traumatic workplace events. Debriefing should be provided as soon as possible but no longer than the first 24 to 72 hours after the initial impact of the critical event.
- (14) The review of placement resources currently being done as part of the work on kinship care be given priority, in order develop a plan to improve placement options. This review will examine step-up-step-down homes for those with significant behaviours/mental health challenges; group homes; kinship homes; child specific homes; therapeutic foster homes and regular foster homes. The review should also include appropriate caseloads for social workers in foster care, adoptions and licensing.
- (15) Child welfare supervisors and social workers should not be expected to participate in daily management meetings and similar activities, unless they specifically relate to improvements in child welfare service delivery.
- (16) Discontinue the practice of requiring child welfare social workers to be involved in school attendance matters unless child neglect or abuse are present in the family. As part of the implementation of Integrated Service Delivery, a review should be conducted of the workload implications and determine the additional social workers required to properly implement this initiative. Any additional social workers required for school attendance matters should be hired as School Social Workers under the Integrated Service Delivery initiative, to eliminate any confusion between child protection and ISD work.
- (17) A child welfare human resources project be initiated to explore the reasons for the delay in filling positions and how these reasons can be addressed. For example, are there regional practices that have been adopted that hinder or enhance the recruitment process? Why are some positions filled as casuals first instead of being filled as temporary or permanent? Why are social workers not being hired as temporary workers instead of casuals? Why is there a delay in some cases in going immediately to competition, once the position becomes vacant? Are there issues with the management of the probationary period that are contributing to the delay in filling positions on a permanent basis? How can the use of electronic approvals speed up the recruitment process? What are the impediments to granting the authority to the regions for the recruitment of social workers and supervisors? How can these impediments be removed?

Management/Internal Decision-Making Recommendations

- (1) The Department should ensure that a full assessment of the impact of any new initiative on the regions (staffing, training, technology) be required, prior to approval being granted to proceed with the roll out of any initiatives, including inter-departmental initiatives. This recommendation is very similar to recommendation # 3, made in July 1999 on Child Protection-Workload Measurement.”it appears that often the impact of the additional policies on the workload of Child Protection Social Workers is not considered or acknowledged. The recommendations stated that “the Department review the policy currently in place and determine the impact any change would have on the workload of Child Protection Workers.... should these duties add to the current workload, consideration is given to adding additional staff to deal with the workload.” (p.14).
- (2) To improve the communications between the regions and Central Office on child welfare, the topic of child welfare should be added to the list of priorities for discussion at the quarterly strategic alignment meetings of the leadership group. This group is comprised of the DM, ADM's and central and Regional Directors.
- (3) The title of the ADM for Families and Children should be revised to place children first, thereby making it the ADM for Children and Families. It is important that even in the language of titles, the message be conveyed that children come first.
- (4) The Director of Child Welfare and his two Managers become members of the PDM's Table. Also, the Committee should adopt a new name and Terms of Reference to reflect the new composition of the Committee. Issues arising from this table requiring resolution should be brought to the executive committee referenced in number (1) above.
- (5) The responsibilities for the Disability Program (Children and Adults) be removed from the Director of Child Welfare and a new Director position for the Disability Program be established.
- (6) The position description of the Director of Child and Youth Services, should be revised to reflect the fact that it is a very senior director position in the Department. The position should be deemed equivalent to the Director of Nursing Homes and classified at the same level. This is also another way to demonstrate that child welfare is considered as equally important as nursing home care.
- (7) While revising the PDQ for the Director of Child Welfare, the following statement in the position description should be removed: “...requiring the Director of Child and Youth Services to ensure” that the Department is able to reach its goal of reducing the number of Child Protection cases going to Family Court by 70%”. This is unrealistic and also if there are cases which should proceed to Family Court to protect children from harm, then that should be viewed as an appropriate decision. As indicated earlier, there was no evidence to indicate that cases were not proceeding to court, when deemed in the best interests of children.

When the Director's position description questionnaire is revised, the qualifications for the position should clearly state that the incumbent should require an MSW or BSW, significant experience in child welfare and possess active registration with the NBASW's

- (8) Instead of a Manager of Child Welfare and Youth Services, there should be two Managers reporting to the Director of Child Welfare. A Manager of Child Protection and Collaborative Services, who should be accountable for policy, standards and program evaluation for the following programs: Child Protection, Clinical Auditing, First Nations Consultants, and a Manager of Placement Services and Training, who would be accountable for policy, standards development and program evaluation for Children's Resources Services, Adoptions and Learning and Development. Both of these positions should require a BSW or MSW, experience in child welfare and active RSW registration with the NBASW and be classified the same as the other PDM positions.
- (9) PDM's for child welfare should be required to have a BSW or MSW and experience in child welfare and eligibility for RSW status. The position description questionnaire (PDQ) should be revised to make this requirement mandatory. This position is a key child welfare leadership position in the regions and a social work degree and child welfare experience is required to provide the leadership and expertise required. When the PDQ is revised the opening paragraph should indicate that this position is accountable for ensuring program compliance with standards. In addition, the Department should discontinue its practice of requiring a PDM for child welfare to assume managerial responsibilities for Adult Programs.
- (10) All of the consultants and auditors should be required to have an MSW or BSW and active RSW designation. The qualifications for the positions should be revised, making it clear that successful candidates in future must hold an RSW with the NBASW's
- (11) It should be mandatory that a session be held with supervisors and social workers following every audit for the purpose of discussing the findings of audits, to learn from them and reach agreement on moving forward with changes in practice where appropriate.
- (12) The Social Worker 3 (Regional Clinical Specialist) position description should be revised and agreement reached with management on how it can be utilized consistently throughout the Province.
- (13) Two additional clinical auditors be hired so that more on-going systematic audits can be done and follow up with supervisors and social workers on ensuring staff learn from practice mistakes. One of the clinical auditors should be a senior auditor, who would provide direction and advice to the other auditors while also conducting some audits as well.
- (14) A consultant position be created for the Family Group Conference (FGC) program and Child Protection Mediation (CPM) to provide policy and program leadership from the central office.

- (15) The responsibility for policy development, training, etc. for the Permanency Planning Committee (PPC) should be assigned to the Children in Care Consultant in view of the recommendations in the section on the PPC's.
- (16) Child welfare managers, supervisors and social workers should not be required to participate in the daily management (process improvement) process, unless the meeting is specifically focused on process improvements in child welfare. Social workers should be spending any available time seeing children, youth and families and complying with program standards.
- (17) The Department's Authority and Decision-Making Model, (Revised March 2012) should be revised. The recommendations made above to improve the process with regard to implementation of clinical audit findings should be made to the Model, including the requirement that all child welfare audits be brought to the Department's Internal Audit Committee.
- (18) One of the existing provincial consultants be given the added responsibility of providing provincial leadership and support to the Child Welfare Clinical Specialists, including convening two face to face meetings each year to enhance program consultation, training and communication between the regions and central office.
- (19) A Human Resources Committee be formed to examine the issues related to the recruitment and retention of social workers and make recommendations to the executive committee of the Department as early as possible.

Structured Decision-Making Recommendations

- (1) Specialized training in SDM for the supervisors be conducted as soon as possible.
- (2) Training on SDM should be provided earlier within the first year of employment for new social workers and no later than within the first 6 months of employment.
- (3) A refresher workshop on SDM be offered for experienced social workers who have completed SDM training.
- (4) The SDM case consultation framework be introduced as planned.

Immediate Response Conference Recommendations

- (1) The IRC should also function as a Risk Management Conference in the manner outlined above.
- (2) The Immediate Response Conference Reference Manual, May 2015, be revised to ensure that it is always clear that consideration of child safety is mandatory in all aspects of decision making. For example, the first bullet under 4.2 Preparation of the Parents states “family is the preferred environment for the care and upbringing of their children “; (p.3), the next bullet states “the Minister is responsible to work collaboratively with the family to support and enhance their capacity to care for their children.” (p.3). These are examples of two statements that have the potential to confuse social workers and supervisors, in terms of conveying the perspective that keeping a child or children who may be at risk with their family, takes precedence over child safety and placement outside the family. It is recommended that after the word children in both of these statements it should say “if the child’s/children’s safety and well-being can be assured.”
- (3) Recommendations to change the role of the Permanency Planning Committee (PPC) should eliminate the confusion between the role of the IRC and PPC. Essentially the recommendation regarding the role of the PPC will result in the PPC focusing on permanency planning for children in care (temporary and permanent) and the IRC assuming all of the other functions now performed by the PPC’s.
- (4) Eliminate the requirement that parents must consent to an IRC in order for an IRC to be convened when dispensing with such consent is in the best interest of the child.

Permanency Planning Recommendations

- (1) Policies should be revised to reflect an exclusive mandate for the Permanency Planning Committee of permanency planning for children in care, temporary and permanent. The Immediate Response Committee’s purpose “is to determine the interventions that are required to provide for the child’s safety” (Immediate Response Conference Reference Manual, Department of Social Development, May 2015 p.1.) The functions of the PPC’s that are not related to the planning for children in care on a temporary or permanent basis should be done by the IRC.
- (2) The revised policy should make it clear that the PPC’s does not require Co-Chairs and that the PPC’s can be chaired by either a Clinical 3 or a Supervisor. This will make it easier to set up the meetings of the PPC’s as Supervisors are more available. It will also serve to develop and reinforce the knowledge and skills of supervisors.
- (3) While parents and children/youth where appropriate should be invited to participate in meetings of PPC’s, the planning for children in care should never be delayed because parent(s) or children/youth are unable to participate in the meeting.

Clinical Supervision Recommendations

- (1) The Department adopt the Child Welfare League of America (CWLA) standard of one supervisor for every 5 social workers. On some teams this standard is now being met. However, some additional supervisors will be required. The February 1999 Report and Recommendations of the Child Welfare Project, Report and Recommendations, p.13, contained this same recommendation.
- (2) The practice standard for Child Protection and Family Enhancement Services for clinical supervision be increased from the minimum of two hours per month to four hours per month, in addition to ad hoc or emergency supervision. Supervisors should schedule regular supervisory sessions with each social worker for a minimum of one hour each week.
- (3) Upon receipt of clinical audits, supervisors be required to review the findings with the workers on their team and reach agreement on the steps that will be taken to ensure that social workers get the benefit of learning from any mistakes made and how they can improve their practice.
- (4) A standard be developed that requires supervisors to do an in-depth audit of 2 files each month and complete the Supervisor's Case Audit based on the review of the case file. The completed tool should be used in the next meeting with the social worker to review areas of positive practices and areas where improvements are required. A tool is attached as Appendix 8, which can be adapted for use in the regions.
- (5) The Department continue with its plan to engage Phil Decter of the Children's Research Center to introduce a case consultation framework.
- (6) The Department continue with its plans to update Core 505 to emphasize and align it with the case consultation framework.
- (7) On an annual basis, each social worker should be expected to provide feedback in an anonymous manner on their supervisor to support their professional development. The surveys should be provided in a sealed envelope to the Program Delivery Manager, who should tabulate the results in summary form without any identifying information. This summary document should be used to provide feedback on an annual basis to supervisors on their strengths and areas for development. A copy of the form that can be used for this purpose is included as Appendix 9.
- (8) The Department revise the executive summary in its Child Welfare Supervision Manual to ensure that the statement, "we are moving to working with families from a collaborative strength-based approach rather than an adversarial approach." (Child Welfare Supervision Manual, DSD, New Brunswick, 2009, p. 3) is not interpreted to mean that proceeding to court is an inappropriate option.
- (9) The position description questionnaire for the supervisor's position be updated to reflect an accurate description of roles and responsibilities.

Training and Transfer of Learning Recommendations

- (1) Training be reviewed and expanded to include training on the following: (a) Core communication skills for effective communication with children. These include listening, being able to convey genuine interest, empathic concern, understanding, emotional warmth, respect for the child, and the capacity to reflect and to manage emotions;(b) child neglect; (c) training by legal counsel in regards to the dynamics of court work i.e. preparation of affidavits; testifying and handling cross examinations; (d) more advanced training in the areas of mental health, addictions including drug use, e.g. assessing impairment and family violence. (e) social media and the social worker; (f) personal safety for social workers;(g) conducting effective performance reviews for supervisors and (h) human resources training for supervisors; particularly on recruitment of employees. This later training should be provided by human resources professionals.
- (2) All social workers should receive core training as soon as possible after they are recruited. Training on Structured Decision Making (SDM) should be provided within the first 6 months for new social workers.
- (3) A refresher course should be offered periodically for experienced workers on the latest tools, knowledge and skills in child protection.
- (4) A directive be issued to all managers making it clear that all new social workers must participate in core training and that there is no discretion to refuse approval for them participating in core training because they are not permanent or due to shortage of staff.
- (5) An advanced webinar focusing on supervising child neglect cases, with a focus on reflective practice, the invisible child, identification of drift and relationship building, be developed and made available to supervisors on an ongoing basis.
- (6) An advanced Child Neglect webinar be developed and made available to social workers on an ongoing basis.
- (7) Core 105 Legal Aspects needs to be updated to reflect the more appropriate timeline for recording of events, i.e. 48 hours.
- (8) The training section use the reviews that have been done of child deaths as well as the clinical audits, to create a workshop that is delivered in all of the regions so that social workers and supervisors can learn from mistakes made and how practice can be improved as a result of the lessons learned.

Family Group Conferencing Recommendations

- (1) Once the project currently underway, that is examining the data regarding percentage of referrals to FGC by region and supervisors is completed, an action plan be developed and implemented to ensure FGC is utilized consistently in all of the regions of the Province. All families should have equal access to FGC in New Brunswick.
- (2) In some regions, the FGC Coordinators meet on a quarterly basis with all new social workers and their supervisors to explain FGC, the referral process, etc. This should be adopted as mandatory requirement in all regions.
- (3) Social workers who are not sending out a letter to families introducing themselves and including pamphlets on services available, such as FGC should resume the practice of sending out such letters. These pamphlets should also be sent to parents whose children have been placed in care.

Child Protection Mediation (CPM) Recommendations

- (1) The Department conduct a review of its Child Protection Mediation to assess the reasons for its low utilization rate and the steps that can be taken to increase its utilization.
- (2) A meeting be convened between Central Office staff, some staff from the regions and the Child Protection Mediators to discuss any issues and possible solutions to increase usage of CPM.

Documentation Recommendations

- (1) Standard #11 should be revised to state that recordings are to be done contemporaneously and within 48 hours instead of 5 days. This change should not come into effect until the following recommendations have been implemented: #'s 1, 2, 5, 6 ,9 and 10 on Caseload/Workload; #'s 1-3 under Technology and # 1 under Policy, Standards and Procedures.
- (2) Central Office should be responsible for file disclosures. File disclosures is a function that can be done more efficiently from Central Office. Additional social workers should be hired to perform this work in Central Office.

Information Sharing Recommendations

- (1) A meeting be convened of senior level officials at the ADM and Director level of the Department of Social Development and Department of Justice and Public Safety so that a directive can be developed regarding the provision of police assistance in child protection matters. The directive should be sent to the senior level staff of the RCMP and other police organizations, including military police, reminding them of their duty under the Family Services Act to provide assistance when requested to do so by a child protection social worker in conducting a visit to a home where they anticipate their personal safety may be at risk. The directive should also point out their duty to report child abuse and neglect as soon as they become aware of any incidents of abuse and neglect as a result of visits to homes due to family violence, etc.
- (2) The Department develop materials including a set of slides that can be used provincially and, in the regions, to explain the mandate and role of child protection.
- (3) In regions where there are issues with lack of information sharing by community agencies, social workers and supervisors should discuss the matter with their Program Delivery Manager with the objective of a meeting being convened with the community agency to discuss the issue and how the matter can be resolved.

Technology Recommendations

- (1) Every FES and CP social worker should be provided with their own cell phone with data. This same recommendation was made in February 1999 in the report Child Welfare project, Report and Recommendations of Working Conditions Team, p.5. The requirement that social workers have to forfeit their office phone in order to acquire a cell phone should be rescinded.
- (2) Every social worker should be provided with the option to have a laptop and be able to access NB families from outside the offices of the DSD. This would enable social workers to access the case management system while out in the field. It would also enable social workers to enter case notes into the system as soon as possible after doing home visits or meetings in the community with other agencies. This need was recognized in the February 1999 Report and Recommendations of the Child Welfare project, Working Conditions Team, "Each CP program to have access to laptop computers. The number would depend on the need expressed by the workers in the region. This can be done immediately." (p.17) Today all social workers who are doing home/community partner visits should have laptops with remote access.
- (3) Each laptop should be equipped with speech recognition software such as Dragon NaturallySpeaking thereby enabling social workers who wish to use this technology to have their spoken words turned into text. This is much faster, more efficient and much more productive, than expecting social workers to type the case notes and various reports.

- (4) Additional resources be allocated to IT in Social Development to enable staff to make the system changes that are currently on their list for child welfare.
- (5) The Department make the changes required to enable all social workers and supervisors to have remote access to NB families using VPN as soon as possible.
- (6) Additional resources be provided to IT in Social Development to enable staff to provide more training and support on NB Families for social workers, including focus groups in each region on how NB Families can be improved.
- (7) A directive be issued that advises social workers, supervisors and managers that the government's email policy does permit them to use the email policy for government business communications. Since they are government employees and would be communicating with service providers for business communications purposes, it appears that the government email policy has the required flexibility for this to be done.
- (8) IT continues to be provided with the funding to enable it to be able to produce regular reports for the Director of Child Welfare and his team on outcome measures that were described in this section.

Serious Occurrences Reporting Recommendations

- (1) The Department revise its policy for reporting on serious occurrences. The policy guidelines used for reporting of serious occurrences by the Ministry of Children and Youth, Ministry of Community and Social Services, Ontario has been provided to the Director of Child Welfare as a resource in revising its current policy.
- (2) A communication/media strategy be developed that focuses on the excellent preventive and supportive work that the Department's social workers do with children, youth and families. This recommendation is similar to a recommendation made in the February 1999 Report and Recommendations of the Working Conditions Team, "that Communications Branch and FCSS develop a strategy for promoting the role of the community and child protection. This strategy to be completed by the end of 1999."
- (3) The reality is that unfortunate events will receive media attention. When this happens, the Department in its response, should ensure the following messages are included in its response:
 - the difficult and complex nature of child protection work;
 - the inherent risks associated with the work;
 - the fact that it would be "ideal if risk management could eradicate risk but this is not possible; it can only try to reduce the probability of harm". (Munro, May 2011, p.18) and
 - that child protection social workers are very professional and work very hard to protect children from abuse and neglect.

24. APPENDIX 2
LIST OF REGIONAL OFFICES AND SUB-OFFICES

No.	Régional Office	Sub-Office	Sub-Office	Sub-Office
1	Moncton 1-866-426-5191 Yolande Cyr Place Assomption Place 770, rue Main Street, Moncton, NB E1C 8R3	Richibucto 25 Cartier Boulevard, Unit 149 Richibucto, NB E4W 3W7	Sackville Main Plaza 170, rue Main Street Sackville, NB E4L 4B4	
2	Saint John 1-866-441-4340 Brian Marks 1 Agar Place Saint John, NB E2L 5A3	Sussex Sussex Provincial Building 30 Moffett Avenue Sussex, NB E4E 1E8	St. Stephen St. Stephen Regional Centre 300-73 Milltown Blvd St. Stephen, NB E3L 1G5	Saint John Saint John Mercantile Centre 55 Union St., 1 st Floor Saint John, NB E2L 5B7
3	Fredericton 1-866-444-8838 Peter Trask 460 Two Nations Crossing Fredericton, NB E3B 1C3	Woodstock Bicentennial Place 200 King Street Woodstock, NB E7M 1Z7	Perth-Andover Health Science Centre 19 Station Street Perth-Andover, NB E4H 4Y7	
4	Edmundston 1-866-441-4249 Lynn Ouellette Sauvageau 121 Church Street Edmundston, NB E3V 1J9	Grand Falls Grand Falls Municipal Complex 131 Pleasant Street Grand Falls, NB E3Z 1G6		
5	Restigouche 1-866-441-4245 Denis Savoie 157 Water St., Suite 100, Campbellton, NB E3N 3L4		Kedgwick Provincial Building 39, rue Notre- Dame Street Kedgwick, NB E3B 1H5	

No.	Regional Office	Sub-Office	Sub-Office	Sub-Office
6	Chaleur 1-866-441-4341 Carol Desrosiers 275, rue Main Street, suite 200 Bathurst, NB E2A 1A9			
7	Miramichi 1-866-441-4246 Carla Gregan-Burns 360 Pleasant St., 2 nd Floor Miramichi, NB E1V 2N3	Miramichi 152, rue Pleasant Street Miramichi, NB E1N 1B2	Neguac Neguac Municipal Building 1175, rue Principal Street Neguac, NB E9G 1T1	
8	Péninsule Acadienne 1-866-441-4149 Julie David 20E St-Pierre Ouest Boul. Caraquet, NB E1W 1B7	Tracadie-Sheila Place Tracadie 3514, rue Principale St. 2 nd floor Tracadie-Shiela, NB E1X 1C9	Shippagan 182, boul J.D. Gauthier Blvd., Shippagan, NB E8G 1P2	Lamèque 18, rue Principale Street Lamèque, NB E8T 1M4

25. APPENDIX 3
LIST OF SESSIONS/PARTICIPANTS

Meeting Schedule: Savoury Consulting Ltd.

Week of March 21st – March 23rd, 2018

Participants
Wendy Chisholm-Spragg (Manager of Auditing & Child Welfare training)
Pam Savary (Child Welfare Clinical Auditor)
Wendy Desjardins (Manager of Child Welfare and Youth Services)
Lisa Tracey (Child Welfare Transfer of Learning Special Project NOE)
Geneviève Forest-Allard (Child Welfare Clinical Auditor)
Bill Innes (Director of Child Welfare & Disability Support Services)
Participants
Eric Beaulieu (Deputy Minister)
Glen Caplin (Child Welfare Clinical Audit – First Nations)
Danielle Chiasson (Provincial consultant for Child Protection & Family Enhancement Services)
Alison Charnley (Provincial consultant for Child Protection & Family Enhancement and Youth Engagement Services)
Valerie DeLong (Provincial consultant for Children’s Residential Services, Family Supports for Children with Disabilities, Birth Parent Services and Youth Criminal Justice Act)
Participants
Danielle Chiasson (Provincial consultant for Child Protection & Family Enhancement Services)
Judy Freeze (Project Consultant)

Week of May 21st – May 25th, 2018

Participants
Bill Innes (Director of Child Welfare & Disability Support Services)
Jean Rioux (ADM)
Stephen Horsman (MLA and former Minister of Families and Children) Randy McKeen (EA to Stephen Horsman)
Lisa Doucette (ADM)
Norman Bosse Child and Youth Advocate
Participants
AHESS and CIS Supervisors
Supervisors Group Moncton Jolyne Breau (FES) Rachelle LeBlanc (FES) Jennifer Gallant (FES) Marise Michaud (Investigations) Pierre Boudreau (CP) John Eatmon (CP) Carole Marquis (CP) Jacinthe Blanchard (FES & CP)
CIS and AHESS social workers
Group Moncton # 1 CP and FES social workers and clinical 3s. French only
Participants
CO Program Delivery Mark Laforge and Marc Gagnon Monique Mazerolle
PDMs – Moncton Region Aline Robichaud (CP), Sophie Castonguay (FES) and Yolande Cyr (Regional Director)
Group Moncton # 2 CP and FES social workers and clinical 3s.
Group Moncton # 3 CP and FES social workers and clinical 3s.
Participants
Carla Gregan Burns (Regional Director) Mary McCormack (PDM)
Supervisors Group Sharon Johnston (FES) Nancy Phillips (FES) Bonnie Thompson (CP investigations and ongoing)
CP and FES social workers and Clinical 3.

Week of June 4th – June 8th, 2018

Participants
Communication Anne Mooers, Officer Dave MacLean, Director
Pam Savary
Tony Soucie (Manager) Nancy MacLeod (Senior Business Analyst)
Participants
Saint John Regional Management Eileen Gauthier (PDM) Christine Brittain (PDM) Brian Marks (RD)
CP / FES supervisors Pamela Cole (Investigations, FES & CP) Patricia Scott (Investigations) Deborah Allen (CP) Trevor Breen (FES) Cameron Meade (FES) Kristen Mitchell (FES) Heather Gagnon (FES) Suzanne Leroy (CP) Carolyn Lockyer (CP) Kim Marr (CP) Beth Marr-Ernst (Clinical Specialists (SW)) Patricia Murphy (Clinical Specialists (SW))
Meeting with PDMs
Participants
Group #1: CP and FES social workers and clinical 3s.
Group #2: CP and FES social workers and clinical 3s.
Group #3: CP and FES social workers and clinical 3s.
Participants
Peter Trask (Regional Director) Peter Mathews (Program Delivery Manager) Twillia Reagon (Program Delivery Manager)

<p>CP and FES supervisors Kendra Churchill-Waye (Investigations) Ben Bourque (FES) Carol Freeman (FES & CP) Jeannine Bourque (FES) Charlene Thibodeau (CP) Tracy Dunphy (FES) Lori Cox (Investigations & CP)</p>
<p>Group # 1: CP and FES social workers and clinical 3s.</p>
<p>Group # 2: CP and FES social workers and clinical 3s.</p>

Week of June 17th – June 22nd, 2018

Participants
Lynn Ouellette Sauvageau (RD) Charlotte Martin (PDM)
Supervisors Carolle Gagnon (Investigations, CP & FES) Manon Dufour (Investigations & CP) Tina Ouellette-Plourde (FES)
Social workers
Participants
Denis Savoie (Regional Director) Conrad Boissonnault (manager) Denis' office
Supervisors Orien Maltais (Investigations & FES) Johanne Poirier CP & FES) Monique Bernard (CP & FES) Quality Hotel & Conference Centre, Conference room - Salon B 157 Water St., Campbellton
Social Workers Quality Hotel & Conference Centre, Conference room - Salon B 157 Water St., Campbellton

Participants	
Nicole Degrace (PDM) Carole Desrosiers (RD) (on Lync) Harbourview Place - 275 Main Street - Suite 200, Bathurst	
Supervisors Lynn Frenette (Investigations & Assessments) Diane Watson (CP & FES) Jean-Claude Latour (CP & FES) Best Western Hotel - Room Kent - Hotel & Suites - 150 Main St	
Social Workers Best Western Hotel - Room Kent - Hotel & Suites - 150 Main St	
Participants	
Andrée Beaudin	
Judy Levi	
Who	Comments
Julie David (Regional Director) Reno LeBouthillier (PDM)	Confirmed Simultaneous Translation
Sonia Ferguson	Confirmed
Supervisors: Chantal Haché Chiasson Karen Hache (FES & YES) Berthe Thibodeau (PRE)	Confirmed Simultaneous Translation Booked
Social Workers	Confirmed Simultaneous Translation Booked

Week of June 27th – June 29th, 2018

Participants
Eric Beaulieu (DM) <u>*Crown Plaza – Breakfast*</u>
FCG Coordinators (20) Wu Conference Centre, Room 208
Tony Soucie (Manage r- Client Business System Support) Nancy MacLeod (Senior Business Analyst - NBFamilies Business Support) Wu Conference Centre, Room 208
FCG Supervisors Wu Conference Centre, Room 208
Department of Education & Early Childhood Development Christine Gilbert Estabrook (Executive Director - Policy and Planning) Wu Conference Centre, Room 208

Participants
Stephen Drost (Coordinator FGC), Provincial President, CUPE 1418 Rehab and the child welfare committee (Shawna Morton and Gary Burris) Room A05, 5th floor
Maurice Richard (Executive Director for Family Crown Service, Office of the Attorney General Family Division) Maurice's office - 14th floor

Week of July 12th – July 13th, 2018

Participants
Trainers Francine Caissie Sylvie Long Carole Gionet Ann Charnley

Week of Aug 8th – Aug 10th, 2018

Participants
Bill Innes (Director of Child Welfare & Disability Support Services) Bill's office
Eric Beaulieu (DM) Lisa Doucette (ADM) Jean Rioux (ADM) Bill Innes (Director of Child Welfare & Disability Support Services) Dave MacLean (Director of Communications) Anne Mooers (Communications Officer) Executive Boardroom, 4th floor

Updated July 18, 2018

September 26, 2018

Presentation of the Draft Report of August 31, 2018 to the Executive of the Department

Participants
Eric Beaulieu (DM) Lisa Doucette (ADM) Jean Rioux (ADM) Bill Innes (Director of Child Welfare & Disability Support Services) Leanne Murray (Director of Policy Development) Dave MacLean (Director of Communications) Anne Mooers (Communications Officer) Legal Counsel Executive Boardroom, 4th floor

November 26, 2018

Meeting with Bill Innes (Director of Child Welfare)

Meeting with Lisa Doucette (ADM, Family and Children's Services)
--

Meeting with the Hon. Dorothy Shepard (Minister of Social Development) Jason Sully (Executive Assistant to the Minister)

November 26, 2018

Presentation of the Second Draft of the Report to the Minister and Executive of the Department

Participants
Hon. Dorothy Shepard (Minister) Eric Beaulieu (DM) Lisa Doucette (ADM) Jean Rioux (ADM) Bill Innes (Director of Child Welfare & Disability Support Services) Dave MacLean (Director of Communications) Leanne Murray (Director of Policy Development) Conrad Boissonnault, Manager of Child Welfare Jason Sully, Executive Assistant Erin Illsley, Communications Officer Executive Boardroom, 4th floor

26. APPENDIX 4

SURVEY – ENGLISH AND FRENCH VERSIONS

The information collected in this survey is part of the independent review of New Brunswick's Child Protection and Family Enhancement Programs. Please respond to each question and include any pertinent comments. There are some open-ended questions at the end of the survey. The information collected will be used to get a better understanding of the issues and the environment in which you work.

1. Maintaining or achieving the safety and well-being of children and young people is the primary consideration in completing safety assessments and in decision making.

Agree Neither Agree / Nor Disagree Disagree

Comments:

2. Policies, standards and procedures are clear and enable the best possible decision making.

Agree Neither Agree / Nor Disagree Disagree

Comments:

3. The caseload/workload is adequate for effective decision making.

Agree Neither Agree / Nor Disagree Disagree

Comments:

4. Clinical supervision and case consultation are available to meet standards.

Agree Neither Agree / Nor Disagree Disagree

Comments:

5. The training made available enables me to perform effectively in my role with the Department.

Agree Neither Agree / Nor Disagree Disagree

Comments:

6. The technology made available enables me to perform effectively in my role with the Department.

Agree Neither Agree / Nor Disagree Disagree

Comments:

7. Immediate Response Conferences are meeting their intended objectives.

Agree Neither Agree / Nor Disagree Disagree

Comments:

8. Permanency Planning Committees are meeting their intended objectives.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
9. Child Protection Mediation is meeting its intended objectives.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
10. Family Group Conferencing is meeting its intended objectives.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
11. Standards regarding documentation are appropriate in helping to ensure effective case management.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
12. There is a good flow of information between our Departments and other relevant Departments, Agencies and Community Partners.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
13. There is clarity of roles and responsibilities between Social Workers in Child Protection and Family Enhancement.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
14. In terms of management/governance there is clarity of roles, reporting relationships and job responsibilities.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
15. The application of the Structured Decision-Making Assessment Tools has resulted in improved assessments of safety and decision-making.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:
16. There is appreciation of the importance of serious occurrence reporting, so that when unlikely events happen, information is shared promptly within the Department at all levels, so staff can be supported, lessons learned and the Department can respond to possible public criticism.
 Agree Neither Agree / Nor Disagree Disagree
 Comments:

17. What do you see as the strengths and opportunities?
18. What do you see as the weaknesses and areas that could be improved?
19. What are the top issues affecting your work/role with child protection / family enhancement services?
20. What do you see as the solution(s) to address the issues you have identified?

Please indicate your role below:

- Social Worker, Child Protection Supervisor _____
 (Please specify program)
- Social Worker, Family Enhancement
- Family Group Conference Coordinator Regional Manager _____
 (Please specify program)
- Regional - Consultant
- Child Protection Mediation Provincial Manager or Consultant
- _____ (Please specify program)
- Other (Please specify) _____

If you work in a region please indicate the region you work in _____

Thank you. A summary of all of the responses will be done without identifying information and included in the report.

Savoury Consulting Ltd.

georgesavoury@gmail.com

902 717 2498

Questionnaire

Les renseignements recueillis grâce à ce questionnaire feront partie intégrante d'une étude indépendante sur les programmes de Protection de l'enfance et Services d'appui à la famille du Nouveau-Brunswick. Veuillez répondre à chaque question et ajouter tout commentaire pertinent. Vous trouverez des questions ouvertes à la fin du questionnaire. Ces renseignements recueillis nous permettront d'avoir une meilleure compréhension des problèmes et de l'environnement dans lequel vous travaillez.

1. Atteindre ou maintenir la sécurité et le bien-être des enfants et des jeunes est le principal facteur à considérer lors des évaluations de la sécurité et dans les prises de décision.

D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

2. Les politiques, les normes et les procédures sont claires et permettent de prendre les meilleures décisions possible.

D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

3. La charge de cas/charge de travail est convenable et permet une prise de décision efficace.

D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

4. De la supervision clinique et des consultations de cas sont à votre disponibilité afin de pouvoir respecter les normes.

D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

5. Les formations offertes me permettent de remplir mon rôle au sein du Ministère avec efficacité.

D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

6. La technologie mise à ma disposition me permet de remplir mon rôle au sein du Ministère avec efficacité.

D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

15. L'utilisation des outils d'évaluation de la Prise de décision structurée a amélioré les évaluations de la sécurité et la prise de décision.

- D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

16. L'importance de signaler les occurrences graves est reconnue afin que, si un évènement improbable a lieu, l'information soit rapidement transmise à tous les niveaux du Ministère, que le personnel soit soutenu, que des leçons en soient tirées et que le Ministère puisse répondre aux éventuelles critiques du public.

- D'accord Ni d'accord / Ni en désaccord Pas d'accord

Commentaires :

17. Quelles sont, selon vous, les forces et les possibilités?

18. Quels sont, selon vous, les faiblesses et les aspects qui pourraient être améliorés?

19. Quelles sont les difficultés principales qui touchent votre travail ou votre rôle dans la protection de l'enfance / Services d'appui à la famille.

20. Quelles sont, selon vous les solutions aux problèmes que vous avez signalés?

Veuillez préciser votre rôle ci-dessous :

Travailleur social en protection de l'enfance Surveillant _____
(Précisez le nom du programme)

Travailleur social des services d'appui à la famille

Travailleur en concertation familiale Gestionnaire régional _____
(Précisez le nom du programme)

Médiation en protection de l'enfance

Gestionnaire ou conseiller provincial

Conseiller régional des programmes _____
(Précisez le nom du programme)

Autre (veuillez préciser) _____

Si vous travaillez dans une région, veuillez l'indiquer : _____

Merci. Un résumé de toutes les réponses ne contenant aucun renseignement identificatoire sera inclus dans le rapport.

Savoury Consulting Ltd.
georgesavoury@gmail.com
902-717-2498

**27. APPENDIX 5
 PROPOSED FIRST NATIONS LEGISLATIVE CHANGES TO THE FAMILY SERVICES
 ACT, NEW BRUNSWICK TO SUPPORT FIRST NATIONS CULTURE AND
 TRADITIONS**

PROPOSED FIRST NATIONS LEGISLATIVE AMENDMENTS

The following amendments are proposed to New Brunswick's Family Services Act. Further analysis is recommended by the Province's legal counsel as changes to the sections indicated may have implications for other sections of the Family Services Act. The sections in the left-hand column reflect the sections that were changed as a result of recent amendments to Nova Scotia's Children and Family Services Act.

<p>Insert it after the fourth whereas in the preamble to the Act</p>	<p>AND WHEREAS the cultural identity of Mi'kmaq and Aboriginal children is uniquely important for the recognition and exercise of the child's collective rights which enure from their membership in their First Nation or Aboriginal community.</p>
<p>1 (z)</p>	<p>"agency" means an agency continued by or established and incorporated pursuant to this Act and includes the Minister where the Minister is acting as an agency</p> <p>The Minister may alter the territorial jurisdiction of an agency.</p> <p>An agency may</p> <ul style="list-style-type: none"> • with the approval of the Minister, change its name or amend its constitution and by-laws; • engage such persons as may be necessary for carrying on its affairs; • do such acts and things as may be convenient or necessary for the attainment of its objects, the carrying out of its functions and the exercise of its powers. <p>The Minister may, in any part of the Province, act as an agency and, whether or not acting as an agency, has throughout the Province all the powers, rights and privileges of an agency</p>

1 (a) (i)	“Mi’kmaq child” means a child who is registered as an Indian under the Indian Act or according to Band custom and law.
2 (2)(n)	“manager” means a manager appointed under section 4 and includes an agency established under this Act.
	Where the child is or is entitled to be an aboriginal child, a determination shall be made as to whether it is possible to place the child within the child’s community.
31. (5) (d) and 38(3)(g)	referral of the child and any parent or guardian for Family Group Conference.
Adoption Act amendments	<p>On application, the court may recognize that an adoption of a person effected by the custom of a Band or aboriginal community has the effect of an adoption under the Adoption Act.</p> <p>An adoption order under Section 38 of the Adoption Act applies mutatis mutandis where the court recognizes an adoption has been effected by the custom of a Band or Aboriginal community.</p> <p>An adoption order under section 38 does not affect any aboriginal rights a person has.</p>
1. (m) (i)	Employed by the department of an agency established under this Act.
18 (3) (g)	<p>42(3) Where the court determines that it is necessary to remove the child from the care of a parent or guardian, the court shall, before making an order for temporary or permanent care and custody, consider whether:</p> <ul style="list-style-type: none"> • it is possible to place the child with a relative, neighbor or other member of the child's community or extended family with whom the child, at the time of being taken into care, had a meaningful relationship, and • where the child is or may be an Aboriginal child, it is possible to place the child within the child’s community.

20(3) (f)	(f) the assessment, treatment or services, including Family Group Conferencing, to be obtained for the child by a parent or guardian or other person having the care and custody of the child;
24 (1)(d) and 31 (5)(d)	(c) the assessment, treatment or services, including Family Group Conferencing, to be obtained for the child by a parent or guardian or other person seeking the care and custody of the child;
20. (3) (f)	<p>Where the Minister or agency places a child, who is the subject of an order for temporary care and custody, the agency shall, where practicable, in order to ensure the best interests of the child are served, take into account</p> <ol style="list-style-type: none"> 1. the desirability of keeping brothers and sisters in the same family unit; 2. the need to maintain contact with the child's relatives and friends; 3. the preservation of the child's cultural, racial and linguistic heritage; 4. the continuity of the child's education and religion; <u>and</u> 5. where the child is, or is entitled to be, an Aboriginal child, the desirability of placing the child: <ol style="list-style-type: none"> a. with a relative who is an approved foster parent; b. if unable to place the child with a relative who is an approved foster parent, with a member of the child's community who is an approved foster parent; and c. if unable to place with a relative or a member of the child's community who is an approved foster parent, with an Aboriginal foster parent.
38. (2) (f)	The Minister or agency shall develop, in a timely manner, a cultural connection plan for a child who is in the permanent care and custody of the agency or is the subject of an adoption agreement pursuant to the Adoption Act.
38. (2) (g)	The court shall not make an order for an adoption, where the child is, or is eligible to be, a Mi'kmaq child, unless a cultural connection plan has been developed.

1.(z)(ii)	The Minister shall appoint one or more managers or agencies who shall exercise the powers and perform the duties that are conferred or imposed upon them by this Act.
38(1) (c)	<p>Order that the child, parent (s) or guardian (s) be referred for assessment, treatment or services, including Family Group Conferencing.</p> <p>At the end of 32(5) (c) add the following after the word parent “including Family Group Conferencing.</p>
<p>38.(2) (f)</p> <p>12. (3) (l).</p> <p>18.(2)(d) and (3) (g) and 20. (3)(f)</p>	<p>Refer the child or guardian for assessment, treatment or services, including Family Group Conferencing.</p> <p>Add to this section “including assessment, treatment, services, including Family Group Conferencing.</p> <p>Add the following after the word youth “where the child is or may be an Aboriginal child, if it is possible to place the child within the child’s community with a relative, neighbour, or other member of the child’s community or extended family with whom the child, at the time of being taken into care, had a meaningful relationship”.</p>

CUSTOM ADOPTION

Most jurisdictions have had limited experience with custom adoptions. As a result, the following information is being included to provide the context for customs adoptions and why it is so important that the amendments enable custom adoptions. The following sections should be added to either or both the Family Services Act, and the Adoption Act to facilitate custom adoptions.

On application, the court may recognize that an adoption of a person in accordance with the custom a band or aboriginal community has the effect of an adoption under the *Act*.

Upon application, the court may recognize that an adoption of a person in accordance with the custom of a band or an aboriginal community has the effect of an adoption under this Act.

The court, by an order for adoption, may order such change of name of the person adopted as the applicant requests, or may order that the name of the person adopted not be changed by the adoption.

Unless the court otherwise orders, the surname of an adopted person shall be the surname of the person who adopts that person.

Where an adoption order is granted in respect of a child who is or may be an **Indian** child, the Minister shall be so advised by the court and the Minister shall forward notification of the adoption of the **Indian** child in such form as may be prescribed, to the federal **Department of Indian and Northern Affairs** and, where the child is or is entitled to be by a Mi'kmaq child.

Where an order for adoption is made in respect of a child, any order for access to the child ceases to exist.

Where an order for adoption is made in respect of a child, the court may, where it is in the best interest of the child, continue or vary an order for access or an access provision of an agreement that is registered as an order under applicable Maintenance and Custody legislation in respect of the child.

Once a customary adoption has taken place, other sections may need to be altered, to enable, a custom adoption. These subsections mainly deal with changes to the child's name and surname, notification of the adoption to Indigenous and Northern Affairs Canada (INAC) and the ability of the court to continue, vary or cease access orders that the child is subject to. (Amaral)

The *Indian Act* also recognizes the application of customary laws to the adoption of children.

Child includes a legally adopted child and a child adopted in accordance with Indian custom; (*enfant*)

Further, amendments to the *Indian Act* “extended the entitlement of Indian status to children who are adopted by custom.”¹ In addition to this, the Indian Registrar of INAC is obligated to respond to an application for Indian status on the basis of a custom adoption. (Amaral)

The British Columbia Court of Appeal in *Casimel v Insurance Corporation of British Columbia*, (Hanna and Russ) found that custom adoption is an Aboriginal right within the meaning of s. 35 of the *Constitution Act, 1982*. The court went on to state at para 18:

When the rights in issue are rights in relation to the social organization of the aboriginal people in question, such as rights arising from marriage, rights of inheritance, and, I would add, rights arising from adoption, Mr. Justice Macfarlane, for himself and Mr. Justice Taggart, said this, at p.151 (para. 163):

No declaration by this court is required to permit internal self-regulation in accordance with aboriginal traditions, if the people affected are in agreement. But if any conflict between the exercise of such aboriginal traditions and any law of the Province or Canada should arise the question can be litigated. No such specific issue is presented on this appeal.

Within British Columbia a best practice for court recognition of custom adoptions include: Affidavits from the natural parents, the adoptive parents, the band council, and elders should accompany an application for registration on the basis of custom adoption. The affidavits should state the custom for adoption, and that the applicant was adopted in accordance with that custom. Any other supporting documentation [such as a BCR] should be submitted with the application. (Hanna and Russ)

Possible Custom Adoption Process

With most Band Councils, Indian Registry Administrators (Membership Clerks) are trained on the criteria for doing a custom adoption under the *Indian Act* and registering custom adoptions. Template notice letters and affidavits can be created for Membership Clerks to use within their community for the purposes of custom adoption that would address the criteria outlined in the case law for a non-disputable custom adoption and address section 78 subsection (2) to (6) as they may apply to a custom adoption. (Hanna and Russ)

The Band Council or the Membership Clerks on behalf of the band could:

- (a) Band members wishing to adopt a child *via* custom adoption can contact the Membership Clerk or the band council to indicate their intention.
- (b) Membership Clerks would provide notice to the Minister (would notice also go to Director of Child Protection) that a custom adoption has been requested for the named child or children in accordance with the custom of the named band.
- (c) Membership Clerk provides notice that a custom adoption is finalized and registered with INAC.

(d) Provide the Minister with copies of all affidavits from the natural parents, the adoptive parents, the band council, and elders, a copy of the INAC registration request and any other relevant documentation, such as a BCR, if applicable.

This way each community gets to define their own custom adoption process. (Amaral)

Legislative schemes provide the framework for the effective delivery of child welfare services to Indigenous communities, should they ever decide to assume control for the delivery of child protection services. (Libesman) The jurisdictions that embrace the importance of First Nations culture and traditions in the lives of children, youth and families have considered and implemented legislative measures to recognize and facilitate Indigenous input into decisions affecting Indigenous children.

Good partnerships between government and Indigenous organizations require some equality in the relationship. This usually requires the government to relinquish power and to recognize the authority of the indigenous community or organization. Effective recognition often requires legislative recognition. (Libesman). To work in a culturally competent manner with communities, it is necessary to understand the historical influences on those communities, including trauma generated by previous colonial policies, and related personal, family and community issues with respect to identity (Weaver 1998). For service delivery to be culturally competent, it needs to move beyond incorporation of indigenous staff in standard delivery programs, to the incorporation of cultural knowledge into the service delivery framework (Tong and Cross 1991). Services need to develop and incorporate locally identified knowledge, skills and values to achieve cultural competence. This includes knowledge of the peoples in the area, their communication systems and culture, and their contemporary realities including local inter and intra community politics, and socio-economic situations (Weaver 1999).

The approval of the changes outlined in this submission would bring New Brunswick's child welfare legislation in line with other child welfare legislation in Canada.

28. APPENDIX 6
RECOMMENDED CASELOAD STANDARDS - CHILD WELFARE LEAGUE OF AMERICA (CWLA)

The following recommended caseload standards are excerpted from the CWLA Standards of Excellence for Child Welfare Services. The standards can be ordered by going to www.cwla.org/pubs or calling 800-407-6273.

The recommended caseload standards for child protective services are as follows (CWLA Standards of Excellence for Services to Abused or Neglected Children and their Families, Revised 1999):

Service / Caseload Type	CWLA Recommended Caseload / Workload
Initial Assessment/ Investigation	12 active cases per month, per 1 social worker
Ongoing Cases	17 active families per 1 social worker and no more than 1 new case assigned for every six open cases
Combined Assessment/ Investigation and Ongoing Cases	10 active on-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers

It should be noted that caseloads are based on new and active cases per month. In other words, new cases should not be added in a new month unless a comparable number of cases have been closed, assuming that the worker has a full caseload.

The recommended caseload standards for family foster care services are as follows (CWLA Standards of Excellence for Family Foster Care Services, Revised 1995):

Service / Caseload Type	CWLA Recommended Caseload / Workload
Foster Family Care	12-15 children per 1 social worker
Supervision	1 supervisor per 5 social workers

The number of supervisees assigned to a given supervisor should be determined by the training and experience of both the supervisor and supervisees.

BACKGROUND

Setting standards and improving practice in all child welfare services have been major goals of the Child Welfare League of America since its formation in 1920. Since the inception of its program of standards development, CWLA has formulated child welfare standards, published a series volume based on current knowledge, the developmental needs of children, and tested ways of meeting those needs effectively.

The preparation of standards involves an examination of current practices and the assumptions on which they are based; a survey of the professional literature and standards developed by others; and a study of the most recent scientific findings of social work and related fields such as early childhood development, education, mental health, psychology, medicine, psychiatry, and sociology, as they bear on child welfare practice. CWLA's preparation of standards involves the wide participation of local, state, provincial, and national agency representatives. The full formulation of standards follows an extended discussion of principles and issues by committees of experts in each area of service, the drafting of a preliminary statement, and a critical review by CWLA member agencies and representatives of related professions and other national organizations.

PURPOSE OF STANDARDS

CWLA standards are intended to be goals for the continuing improvement of services. They represent those practices considered to be most desirable in providing services to children and their families.

The standards are directed to all who are concerned with the enhancement of services to children and their families: parents, the general public, citizen groups, public officials, legislators, various professional groups, those responsible for the provision of services, board members and agency staff members, agencies whose functions include planning and financing community services, state, county, or provincial agencies entrusted by law with functions relating to the licensing or supervision of organizations serving children, and federations whose membership requirements involve judgments on the nature of services rendered by member agencies.

CASELOAD/WORKLOAD RATIOS

A U.S. Children's Bureau document, "*Workload Standards for Children and Family Social Services*", differentiates caseload and workload measures as follows: (1) caseloads are defined as the amount of time workers devote to direct contacts with clients; and (2) workloads are defined as the amount of time required to perform a specific task.

Although the field could benefit from a standardized caseload/workload model, currently there is no tested and universally accepted formula. It is difficult to arrive at a specific figure for a given caseload/workload because of the wide range of agency settings in which a particular service is offered.

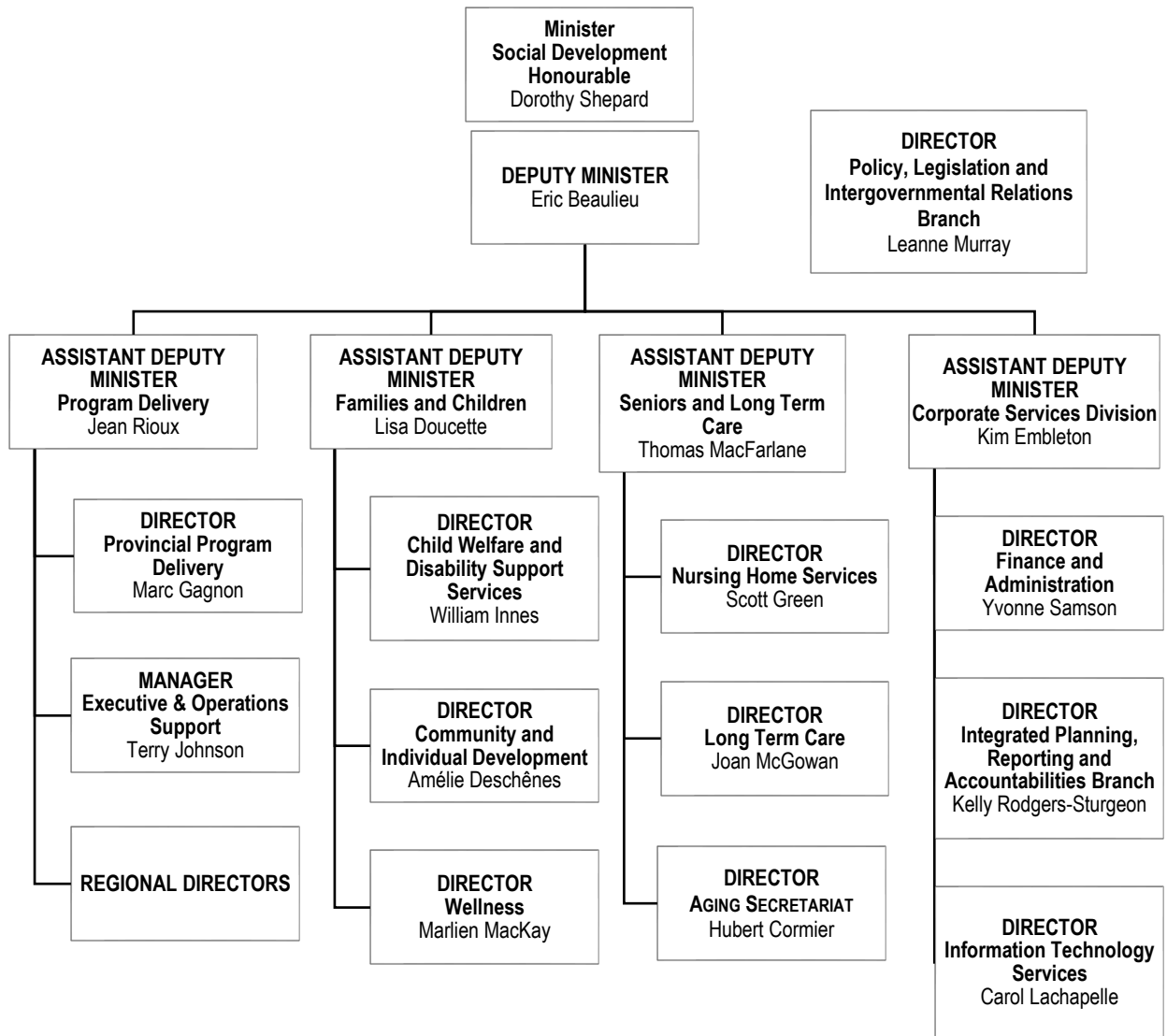
That being said, the CWLA standards most requested are those that provide recommended caseload and/or workload sizes. These ratios of client to staff members offer guidance based upon the field's consensus of what constitutes best practice. In each service volume, they are presented within the context of other recommended standards for staff qualifications and training, supervision, management support, etc. In combination, they provide some direction for agencies - public and voluntary - on how best to maximize the state-of-the-art in child welfare practice.

For further information, contact:

Director of Standards for Practice Excellence
Child Welfare League of America
1726 M Street NW, Suite 500
Washington, DC 20036

Phone: 202-688-4155

29. APPENDIX 7
ORGANIZATION CHART – DEPARTMENT OF SOCIAL DEVELOPMENT



30. APPENDIX 8

SUPERVISOR'S CASE AUDIT CHECK LIST

NAME OF CASE:

CASE I.D. #:

WORKER'S NAME:

SUPERVISOR:

DATE AUDITED:

To assist the Supervisor to carry out a case audit, the following checklist, which can be converted to New Brunswick Standards is recommended for use to guide the review of the case documentation which is required under the child protection services policy.

		YES	NO	N/A
1.	The response time has been met for the designated priority given to the referral.			
2.	The maximum six-week time limit has been met for completing an investigation, unless supervisory approval given for an extension.			
3.	The maximum 21-day time limit has been met for assessment for voluntary services.			
4.	The case plan has been prepared within 30 days of the case being opened for service.			
5.	Case plan reviews have been completed at least every 90 days.			
6.	Evidence on file that decision points 1, 2, 3, 4, and 9 were made by worker in consultation with the supervisor (Event Code 140).			
7.	Risk management conference minutes are available for decision points 5, 6, 7 and 8 (Event Code 961 and 231 for ongoing).			
8.	Evidence that (decision point #4) assessment of risk was determined with the use of the Risk Factor Matrix (Code 960 and 116 for ongoing).			
9.	Child Protection Services Intake Form is completed and, on the file, or information is on computer.			
10.	Form XII - Report to the Child Abuse Register is completed and filed with the Family Court where the Agency is (1) pursuing registration pursuant to Section 63(3) OR (2) has taken Court action and are seeking a finding pursuant to Section 22(2)(a) and/or (c) of the Children and Family Services Act.			
11.	The date of the last recorded case contact is within the last 30 days and, if not, is a reason clearly stated in the file why not.			
12.	The standard for effective case recording has been followed.			

31. APPENDIX 9
SUPERVISOR FEEDBACK FORM

Supervisor feedback survey

Employee Feedback

In order to help strengthen the quality of supervision and leadership at our Department, we are asking for your input on your current supervisor. Your feedback will provide information to both your supervisor and your supervisor's supervisor.

The survey is also anonymous, meaning no information will be collected on who completed what survey.

This survey will take approximately 10 minutes to complete. Once completed please return it to your PDM who will summarize all of the surveys. The summarized results will be shared with your supervisor to support them in their growth and development.

Thank you for completing the survey.

Supervisor feedback survey

1. Treatment

For these questions think about your experiences with your supervisor over the past year. How much do you agree with the following statements about your supervisor who will summarize the results in one survey?

	Strongly disagree	Disagree	Agree	Strongly Agree	Do not have enough information to rate him/her
My supervisor is open and approachable					
My supervisor asks for my input on decisions that affect my work assignments and/or my department					
My supervisor listens to my concerns					
My supervisor provides me adequate direction in order for me to know what is expected of me.					
My supervisor provides me with adequate feedback on my job performance					
My supervisor ensures I receive the training I need to do my job					
My supervisor treats me with respect					

Supervisor feedback survey

2. Communication

For these questions, think about your experiences with your supervisor over the past year. How good do you think your supervisor is at the following things:

	Strongly disagree	Disagree	Agree	Strongly Agree	Do not have enough information to rate him/her
My supervisor keeps me informed of what is occurring throughout the organization					
My supervisor meets regularly with me					
Because of my supervisor, I have a clear understanding of the role and mission of the organization					
Because of my supervisor, I understand the importance of my position in achieving the organization's goals.					
My supervisor has a vision for the organization and has effectively communicated that vision in a manner that is understandable to me.					

Supervisor feedback survey

3. Leadership

For these questions, think about your experiences with your supervisor over the past year. How good do you think your supervisor is at the following things:

	Strongly disagree	Disagree	Agree	Strongly Agree	Do not have enough information to rate him/her
My supervisor demonstrates integrity and sets the example for others to follow					
My supervisor is clear about his/her expectations about accepted behavior within the work environment.					
My supervisor is a professional who strives to raise the level of professionalism throughout the organization					
My supervisor holds me accountable for my performance					
My supervisor treats me and other employees fairly					
My supervisor considers the impact of decisions on employees when considering courses of action					
I have confidence in my supervisor					

Supervisor feedback survey

4. Collaboration and Development

For these questions, think about your experiences with your supervisor over the past year. How good do you think your supervisor is at the following things:

	Strongly disagree	Disagree	Agree	Strongly Agree	Do not have enough information to rate him/her
I am able to participate in setting the goals for my department.					
My supervisor establishes an environment where every employee can contribute in discussions about setting goals for the organization					
I feel my opinion is considered prior to decisions being made that affect me					
I feel that I am valued by the organization and my supervisor					
My supervisor engages me in reflective practice and critical thinking					
My supervisor supports my professional development through coaching and support for workshops/conferences.					

Supervisor feedback survey

5. Thanks

Thanks for your feedback.

32. REFERENCES

Baird, Christopher, Park, Katherine, and Lohrbach, Suzanne, Response to the Hughes et al. Paper on Differential Response, Research on Social Work Practice <http://rsw.sagepub.com/content/early/2013/02/12/1049731513475487>. The online version of this article can be found at: DOI: 10.1177/1049731513475487

Bartholet, Elizabeth, Differential Response: A Dangerous Experiment in Child Welfare, Florida State University Law Review, Vol.42:573, 2015

Beddoe, Liz - Surveillance or Reflection: Professional Supervision in 'the Risk Society', British Journal of Social Work, 2010

Bulletin for Professionals, Child Welfare Information Gateway. <https://www.childwelfare.gov/pubs/factsheets/effective-supervision/> April 2015)

Fang, X., Brown, D., Florence, C., & Mercy, J. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse & Neglect, 36(2), 156–165.

Child Death Committee, A Report on the Death of Jacqueline Dawn Brewer for the Minister of Department of Health and Community Services, Creaghan, W., Chipperfield, L., deVink S., Garneau G., Squires P., July 7, 1998

Child Victims of Abuse and Neglect Protocols, The Government of New Brunswick, Fredericton, Canada, March 2005

Davis, Joseph, A. Critical Incident Stress Debriefing from A Traumatic Event, Psychology Today, February, 2013

Dekker, S. Ten Questions about Human Error, London, Lawrence Erlbaum Associates, 2005

Department of Community Services, Province of Nova Scotia, Child Welfare Manual, March 2017.

Department of Health, Child Protection: Messages from Research, London, HMSO, 1995

Department of Health and Community Services, Children Come First, Child Welfare Comprehensive Review and Redesign, Final Report, 2000

Department of Health and Families, Administration for Children and Families, Children's Bureau, Child Maltreatment, 2016

Ellett, Alberta J. et al. - A Qualitative Study of 369 Child Welfare Professionals' Perspectives About Factors Contributing to Employee Retention and Turnover, Science Direct, 2006

Florida State University Law Review, Differential Response: A Dangerous Experiment in Child Welfare, Vol.42:573, 2017

Fryrear, Andrea, <https://www.surveygizmo.com>, July 27,2015

Granholt, Dwayne B. V, Settlement Agreement on Caseloads, Michigan Department of Human Services, Child Welfare, November, 2010.

Hughes, Ronald C. & Rycus, Judith S., Discussion of Issues in Differential Response, Research on Social work Practice, 00(0) 1-15, rsw.sagepub.com,2013

Howe, D. The Emotionally Intelligent Worker, Basingstoke, Palgrave Macmillan, 2008

Institute of Medicine, To Err Is Human: Building A Safer Health System, Washington, DC, National Academic Press, 1999

Jones, D.P.H., Communicating with Vulnerable Children. A Guide for Practitioners. London, 2003.

National Council on Crime and Delinquency (NCCD). The Structured Decision Making® (SDM) Model (www.NCCD.com) , 2018

Koster, Andrew and Hillier, Brian, A Report Regarding the Death of John Ryan Turner for the Minister, Department of Health and Community Services, May 31,1996

Munro, Eileen, Common Errors of Reasoning in Child Protection Work, Child Abuse & Neglect, Vol. 23, No. 8, pp. 745–758, 1999

Maslach, C., Schaufeli, W. & Leiter, M. Job Burnout, Annual Review of Psychology, 52, pp 397-422, 2001

Munro, Eileen. Learning to Reduce Risk in Child Protection, British Journal of Social Work, (2010) 40,1135-1151

Munro, Eileen, Review of Child Protection: A Child Centered System, A Final Report, ISBN: 97801011806220, The Stationary office, UK, www.official-documents.gov.uk, May 2011

Munro, Eileen and Tiotto, Jacky, Improving Child Protection Practice, (Slides) October 25,2011

Munro, Eileen- Signs of Safety, Risk Principles, England Innovations Project, August 2015

Munro, Eileen, Improving Child Protection, (Slides) London School of Economics and Political Science, September 21, 2015

NCCD, Structured Decision-Making System, Policy and Procedures Manual, Child Protection Services, Department of Social Development, New Brunswick, November 2011

New Brunswick, Family Services Act, 1980

Office of the Child and Youth Advocate, New Brunswick, State of the Child Report, 2017,

Ofsted, Learning Lessons: Taking Actions: Ofsted's Evaluation of Serious Case Review, 1 April 2007- 31 March 2008, UK Government, Manchester.

Ombudsman, Child and Youth Advocate, Broken Promises: Juli-Anna's Story, January 17, 2008.

Pergamon, Duncan Lindsey - Family Preservation and Child Protection: Striking a Balance, 1994

Rose, W. & Barnes, J., Improving Safeguarding Practice. Study of Serious Case Review 2001-2003, London, Department for Children, School and Families) available online at <http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-RR022>)

Savoury Consulting Ltd - Proposal for Amendments to the Child and Youth Care and Protection Act and the Adoption Act, Province of Newfoundland and Labrador,

Miawpukek Child and Family Services, Conne River, NL, August 2016

Savoury, George & Koster, Andrew, A Review of Child Protection Services: Staffing, Governance, Policies, Standards, and Practices, Division of Child and Family Services, Department of Child and Family Services, Department of Family and Human Services, Prince Edward Island, January 20, 2017

Savoury Consulting Ltd, A Review of Child and Family Services, Mi'kmaq Confederacy of Prince Edward Island, November 29, 2017.

State of New York Comptroller, Division of management Audit, Caseworker Deployment in Selected Child Welfare Program Report, 96-S-52, 1998.

Stanley, N. & Manthorpe, J.(eds.) 2004, The Age of Inquiry: Learning and Blaming in Health and Social Care, London, Routledge; Lonne, B., Parton, N., Thomson, J. 7 Harries, M. (2009). Reforming Child Protection, London, Routledge

Stewart, Barry, Mi'kmaq Cultural Approaches, adapted from "Building Community Justice Partnerships: Community Peacemaking Circles", 1997

Stanley, N., Miller, P., Richardson, Foster, H., & Thompson, G., 2009) Children and Families Experiencing Domestic Violence: Police and Children's Social Services Responses, London, NSPCC (available online at http://www.nspcc.org.uk/Inform/research/findings/children_experiencing_domestic_violence_wda68549.html)

Strega, Susan - Anti-Oppressive Approaches to Assessment, Walking this Path Together, 2009

Turnell, Andrew, Munro, E. and Murphy, T. (2013). Soft is Hardest: Leading for Learning in Child Protection Services Following a Child Fatality, Child Welfare, 92(2);199-216

Turpel-Lafond, Mary Ellen - The Thin Front Line, Report by B. C's Representative for Children and Youth, October 2015

Trocme, Nico et al. - Urgent Protection versus Chronic Need: Clarifying the Dual Mandate of Child Welfare Services across Canada, Social Sciences, 2014

Trocme, Nico, MacLauren, Bruce, Fallon, Barbara, Shlonsky, Aron, Mulcahy, Meghan & Esposito, Tonino, National Child Welfare Outcomes Indicator Matrix (NOM) McGill University Centre for Research on Children and Families, RBC Children's Services Research & Training Program; University of Calgary Faculty of Social Work; University of Toronto Factor-Inwentash Faculty of Social Work, September 2009

Truth and Reconciliation Commission of Canada - Volume 1: Final Report-Summary, Honouring the Truth, Reconciling for the Future, Lormier Publishers, 2015
Un Convention on the Rights of the Child (available online at <http://www2.ohcr.org/english/law/crc.htm>)

United Nations Convention on the Rights of the Child, September, 1990, <http://www.unicef.ca>

U.S. General Accounting Office. Child Welfare's Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff, 2003 www.gao.gov/atext/d03357.txt.
Viola Vaughan-Eden and Frank E. Vandervort, Invited Commentary on "Issues in Differential Response" Research on Social Work Practice, Published online 27 February 2013, <http://RSW.Sagepub.com/Content/Early/2013/02/21/1049731513478843>

What is Child Protection Mediation?
www.mcf.gov.bc.ca/child_protection/mediation.htm

33. DEPARTMENT OF SOCIAL DEVELOPMENT DOCUMENTS REVIEWED

An Overview of Child Welfare in New Brunswick, Family and Community Social Services Division, Department of Health and Community Services, September 1998

Attraction, Recruitment and Retention of Child Protection Social Workers, Human Resources Services, Department of Social Development, June 2008

Child Death Review Committee, Summary of Recommendations from 1998-2018, Department of Social Development

Child -in -Care Program Standards (September 1999)

Child in Care program practice Standards (July 11, 2018)

Child Protection Mediation Practice Standards, February 2015

Child Protection-Workload Measurement Team, Family and Community Social Services Division, Department of health and Community Services, Staffing for Expectations, Team Final Report, July 1999

Family Group Conference Practice Standards, Child Protection and Family Enhancement Services, Practice Standards, Policies and procedures, DSD, New Brunswick, February 2018

Organizational Charts, Department of Social Development (February 2015)

Orientation and Transfer of Learning Manual, Child Welfare Social Workers, DSD, New Brunswick and the Institute for Human Services, Columbus, Ohio, September, 2007

Child Welfare Information on Recruitment, Suzanne Pelletier-Wood, Department of Social Development, October 17, 2018

Child Welfare Supervision Manual, Department of Social Development, January 2009

Children's Residential Services Practice Standards (February 2015)

Children Come First, Child Welfare Comprehensive Review and Redesign, Final Report, January 2000

Child Welfare project, Report and Recommendations of Working Conditions Team, February 1, 1999

Child Welfare Supervision Manual, Department of Social Development, January 2009

E-Mail Policy, AD-7109, Information Systems, Administration Manuals, Government of New Brunswick, September 2016

Family Group Conference Practice Standards (February 2015)

Family Group Conference Participate Feedback Forms Completed by Participants Following FGC's.

Immediate Response Conference Practice Standards (February 2015)

Immediate Response Conference Reference Manual, May 2015

Interim Policy Funding for Kinship Services 9 March 2009)

Position Description Questionnaires (PDQ) for the following positions: Director of Child Welfare, Regional Director, Manager of Child Welfare and Youth Services, Regional Clinical Specialist-Child Welfare, Clinical Auditor, Supervisor -Child Protection, Supervisor-Family Enhancement Services, Program Delivery Manager, Provincial Child Protection Consultant, Social Worker 2 and Legal Administrative Assistant

Multiple Response Practice Standards in Child Protection and Family Enhancement Services (June 2011)

New Brunswick's Family Services Act (Consolidated to May 5th, 2017)

New Brunswick's Child Victims of Abuse and Neglect Protocols, March 2005[“]

New Brunswick's Department of Social Development (2009). New Directions in Child Protection Provincial Implementation-Phase 1, Permanency Planning Project Committee. Final Report

Ombudsman and Child & Youth Advocate, Broken promises: Juli-Anna's Story, January 17,2008

Organizational Charts-Department of Social Development

Orientation and Transfer of Learning Manual (OTOLM) Department of Social Development, New Brunswick and Institute for Human Services, Columbus, Ohio, 2018)

Permanency Planning Project Committee, Department of Social Development.

Program Development and Monitoring Division, Authority and Decision-Making Model, Revised May, 2007

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.

Protocols for Child Victims of Abuse and Neglect which encourage collaboration between government departments in serving child victims of abuse have been revised and implemented in March 2005.

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

Guidelines for Exchange of Information Between Family and Community Services and Regional Health Authorities were implemented in October 2006.

Policy and Procedures Joint Investigations – Access and Assessment/Child Day Care Services were implemented in 2007

Record Check and Criminal Record Check, Policy and Procedures, August 2012

Review of the PRIDE (Parent Resources for Information, Development and Education) Model, Options for the Future, Department of Social Development, New Brunswick, June 2010

Summary of Recommendations from Child Death Reviews, the Child Death Review Committee and the Child and Youth Advocate 1996-2017

The Story of Child Welfare in New Brunswick, Department of Health and Community Services, March 2002.

The Structured Decision-Making System (SDM) -Policy and Procedures Manual (November 2011)

34. CONSULTANT PROFILE

George R. Savoury, MSW, RSW, - Savoury Consulting Ltd.

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George Savoury has extensive public service experience in the field of social services with the governments of Newfoundland and Labrador and Nova Scotia and as a Consultant with Savoury Consulting Ltd. He has held positions such as Social Worker, Supervisor, District Manager, Regional Administrator, Director of Child Welfare, Assistant Deputy Minister, Executive Director and has been a Consultant with Savoury Consulting Ltd since 2013. George has been responsible for policy and program development/reviews and service delivery for areas such as Child Welfare and Residential Care, Prevention Services, Services for Persons with Disabilities, Social Assistance, Family Violence, Early Childhood Development and Youth Services.

He has led such projects as implementation of Nova Scotia and Bermuda's child welfare legislation, the integration of the 13 Children's Aid Societies into the provincial Department of Community Services in Nova Scotia, program reviews related to child and family services for Mi'kmaw Family and Children's Services, Miawpukek First Nation, Conne River, Newfoundland and Labrador, Province of PEI, Mi'Kmaq Confederacy of PEI and New Brunswick. He has completed strategic plans, board governance manuals, human resources manuals, social media and housing policies for various organizations.

He has chaired a number of provincial and interdepartmental government committees such as Nova Scotia's Child and Youth Strategy, Child Death Review Committee and the Secure Care Residential Care Treatment Committee. George has been involved at the national level in various initiatives related to policy development and improving outcomes for children and families and has served on the executive of the Child Welfare League of Canada. He has presented at various conferences, workshops and Legislative Committees such as Public Accounts and Community Services on a range of child welfare matters. He appeared before the Nunn Commission of Inquiry: Lessons Learned from a Boy in Trouble. He has done media interviews on a wide range of child welfare issues.

Savoury Consulting Ltd. is a management/child welfare consulting business focused on helping leaders and organizations become more strategic and effective in achieving success. Savoury Consulting Ltd. has done work in Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador as well as with many First Nations organizations. His projects have included program and policy reviews, strategic plan development and training in the following areas: strategic planning, board governance, respectful communication, respectful workplace-strategies for a healthy workplace, policy development, performance reviews, social media, resolving workplace conflict and team building. A specialty of Savoury Consulting Ltd is program reviews in child welfare.

George has an MSW in social policy and administration. He has been awarded the Achievement of Excellence Award by the Nova Scotia Council for the Family and the National Children's Service Award by the Child Welfare League of Canada.