

BN0734

**Briefing Note**  
**Department of Health and Community Services**

**Title:** Child, Youth and Family Services (CYFS) Clinical Review

**Issue:** Interim Report and update on the current status of the CYFS Clinical Review

**Background:**

- The Child & Youth Advocate recommended that the Department of Health and Community Services (DHCS) complete a review of clinical practice within CYFS following the release of the Turner Review and Investigation.
- This is the first review of its type since the *CYFS Act* was implemented in 2000.
- The review continues the DHCS efforts to strengthen the CYFS system initiated in the response to the Minister's Advisory Committee (MAC) report (2005), the Turner Review (2006) and the Deloitte Report (2007).
- The review will provide the DHCS and the Regional Health Authorities (RHA) with baseline information about the quality of clinical practice for CYFS programs.
- The Clinical Review will provide a foundation for the establishment of a Quality Assurance framework for CYFS.
- Budget 2008/09 provided funding for 4 regional Quality Improvement managers who form part of the Working Group and the file review team.
- The contract was signed February 2008 with Susan C. Abell whose team has over 85 years experience in all aspects of child welfare practice, including clinical, managerial & quality assurance.
- The project is supported by a Working Group and an Advisory Committee.

**Current Status:**

- Regional staff were updated, via newsletters, when the Clinical Review began and the file review was completed.
- The file review process concluded July 2, 2008 during which time, 396 files were reviewed across 7 program areas in CYFS practice.
- All RHAs have hired Quality Managers who are part of the file review process and working group.
- The Interim Report provides an overview of the process developed to support the file review.
- It also includes some emerging themes and preliminary findings of the qualitative data from the file review.
- It does not include the quantitative data collected on the 7 programs; however, preliminary analysis supports the emerging themes as outlined in the Interim Report.
- The consultants and departmental officials are in the process of analyzing the quantitative data.
- This information will be presented to the Working Group and Advisory Committee for their feedback and input.
- Their input will be incorporated into each of the 7 program data chapters and will help inform the final report.
- Early discussions on recommendations point towards basic system and program changes required to make improvements.
- Many of these are consistent with the current plan to *Strengthen the CYFS System*.

**Next Steps:**

- Determine distribution of Interim Report, possible distribution to Working Group, Advisory Group (membership attached) and Child & Youth Advocate.
- The Consultants will be meeting with the Working and Advisory Groups on September 17<sup>th</sup> & September 19<sup>th</sup>.
- The final report is will be completed by the end of October or early November, 2008.
- The results will represent the status of clinical practice in CYFS from a provincial prospective and will provide insight into regional clinical practices.
- Susan Abell will be providing a presentation on the final report in November 2008.

- A communication plan will be developed in response to the Clinical Review final report.
- Anticipated questions about information contained in the interim report and suggested responses are attached.

**Prepared By: Lynette West & Michelle Shallow**

**Approved By: Jennifer Jeans**

**Date: September 11, 2008**

Reviewed by: \_\_\_\_\_ on \_\_\_\_\_  
Deputy Minister Date

Given to Minister by: \_\_\_\_\_ on \_\_\_\_\_  
Date

Reviewed by: \_\_\_\_\_ on \_\_\_\_\_  
Minister Date

**Anticipated Questions & Suggested Responses:**

**1) How can the department account that for the fact that of the 400 files requested – 5 could not be found?**

- The project team implemented a process to address these issues through the regional Directors of CYFS.
- Regions were provided with letters providing information on the files that could not be located including the CRMS ID, file number, district office..

**2) There were 68 cases returned to the regions because of concerns about the well being of a child based on the review of the file. What was done to address these cases?**

- A process was developed to bring these cases to the attention of the regional directors of CYFS at the regional health authorities.
- All concerns were documented by the file reviewer and were forwarded immediately to directors for their follow up.
- Regions were responsible to address concerns identified.

**3) Are you as Minister of Health & Community Services concerned that files were returned because of incomplete investigations, gaps in documentation and insufficient contact with the family.**

- We are always concerned about the safety, health & well being of children.
- This government is committed to children's issues.
- The department initiated this review to take a look at clinical practice and to identify areas where the system requires strengthening.
- Significant work is underway in a number of these areas.
- The recommendations from the final report will further inform strategic directions for this program.

**4) The Interim Report indicates that “there are issues related to service quality, organization and work completion in approximately one in four cases.” How do you respond to that concern?**

- We are always concerned about the safety, health & well being of children.
- This government is committed to children's issues.
- The department initiated this review to take a look at clinical practice and to identify areas where the system requires strengthening.
- Significant work is underway in a number of these areas.
- The recommendations from the final report will further inform strategic directions for this program.

**5) When will the final report be ready? Is the department going to release it publicly?**

- The final report is expected in early November 2008

**2008**

Province of  
Newfoundland and  
Labrador

Department of Health and  
Community Services

Child, Youth and Family  
Services (CYFS)

# **CYFS CLINICAL SERVICES REVIEW**

## **INTERIM REPORT**

**SEPTEMBER 2008**

External Consultants:

Susan Abell M.S.W.

Sandy Moshenko B.S.W.

Judy van Leeuwen M.S.W.

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## STRENGTHENING CHILD YOUTH AND FAMILY SERVICES

### SECTION 1.0

#### Background to the Clinical Services Review Project

As has been the case in many other child welfare services, in Newfoundland and Labrador the tragic death of a child in 2003 was a catalyst for a careful examination of the entire system. The death by homicide of Zachery Turner at thirteen months of age raised many questions regarding the practice of child protection, the legislation from which it derived its authority and the overall human capacity to address the complex challenges of keeping children safe from abuse and neglect.<sup>1</sup> A number of interrelated inquiries into the operation, structure, funding and legislative authority of the child welfare system highlighted the need for extensive change to the child protection system, operation and management. In particular, over the period between 2005-07 three reports on the activities of *Child, Youth and Family Services* pointed to the need to strengthen the system.

The report of the *Ministry's Advisory Committee on the Child, Youth and Family Services Act* entitled "*How Are We Doing?*"<sup>2</sup> was mandated to "review every two years the operation of this Act and to report to the minister concerning its operation, stating whether, in its opinion, the principles and purposes are being achieved." The Minister's Advisory Committee was mandated in September 2002 and reported to the Minister in the fall of 2005.

The Child, Youth and Family Services (CYFS) Act, which was proclaimed January 5, 2000, outlines the philosophical, service and best interests principles under which child protection practices must operate. The overriding and paramount consideration in any decision made under the Act is the best interests of the child including safety, developmental needs, cultural heritage, a child's views and wishes, stability and continuity of care, continuity of relationships with family members, geographic and social environment, supports outside the family and the effect upon the child of judicial delay. Child, Youth and Family service principles which apply in the provision of services as outlined in section 8 of the Act include the expectation that services will utilize the least intrusive means of intervention in a manner that acknowledges a child's overall requirements for safety, health and well-being. When proclaimed, the principles and purposes

<sup>1</sup> Turner Review and Investigation: Markesteyn & Day, September 2006

<sup>2</sup> Minister's Advisory Committee: Final Report 2007

represented a significant shift in child protection practice. The new legislation had replaced the *Child Welfare Act* which was over fifty years old and no longer supported contemporary and preferred practices in the child welfare field.

The Minister's Advisory Committee concluded that the principles of the *Act* were being seriously compromised by a variety of factors. The service shift was intended to be child centered and family focused. It was to shift from the provision of remedial services to a focus on prevention and early intervention. The necessary shift had not occurred as a result of a lack of adequate human and fiscal resources, essential and ongoing training and education, limited public awareness and the absence of a framework for ongoing evaluation.

The *Turner Review and Investigation*, the inquiry into the death of Zachery Turner, provided a detailed description of the life of Zachery Turner, his mother Dr. Shirley Turner and the events leading up to Zachery's death by homicide at the hands of his mother who then committed suicide. Among other system shortcomings, the report highlighted the need for improvements to case planning with a focus on the child as the primary client.

Following the release of the Turner report, the Department of Health and Community Services (DHCS) commissioned an operational and organizational review that was completed in 2007 by Deloitte Inc.<sup>3</sup> The review focused on roles and responsibilities, the relationship between the Regional Health Authorities (RHA's) and the department of CYFS, and the tools and processes that support child, youth and family services. Recommendations were made in the areas of:<sup>4</sup>

- Strategy and standards: a clearly articulated vision supported by suitable practice standards
- Structure and accountability: clear lines of accountability including an integrated work plan and adequate resources to ensure follow-through
- Organizational culture: a provincial strategy focused on child well-being and protection and supported by all levels
- Staff, with access to support, clinical supervision, management and ongoing training.

In response to these findings, in the 2007 provincial budget the Government invested additional resources in the child welfare system in the areas of human resources (\$2.5 million), foundational resources including training, professional development and monitoring and evaluation (\$2.7

<sup>3</sup> Organizational and Operational Review of Child, Youth and Family Services: Deloitte Consulting Inc., March 2007

<sup>4</sup> This is a summary of themes that were described in the Deloitte Report. For full text please refer to the full report

million), as well as funds for one time initiatives (\$1.3 million).

The *Clinical Services Review* initiative is designed to provide both baseline information regarding the current state of clinical practice across the province as well as recommendations regarding the design and management of a provincial quality assurance program.

## SECTION 2.0

### Project Description and Model

This project has been undertaken in response to a request for proposals (RFP) tendered by the Department of Health and Community Services in August, 2007. The purpose of the project was to undertake an analysis of clinical social work, supervision and management practice in the CYFS Programs. All programs – Protective Intervention, Family Services, Child Welfare Allowance, Children in Care and Custody, Caregiver Homes and Youth Services (residential and non residential) - were included in the review. The analysis included a random sample case file review with cases drawn from all four RHAs. It was anticipated that the findings would build a process to enhance clinical practice, identify training requirements, support decision making and planning in complex cases; and identify program and policy requirements.

#### 2.1 Supports to the Project

The *Clinical Services Review* commenced in April of 2008. The structure for the project consists of the following:

- An Advisory Committee<sup>5</sup> composed of senior staff from each of the four RHAs, the Provincial Director of Children and Youth Services, the Assistant Deputy Minister of Public Health, Wellness and Children and Youth Services (Chair), and community representatives with an interest in child protection practice and research. The role of this committee was to provide advice to the DHCS, to assist in the completion of the clinical review of the CYFS programs and practice in the four RHAs.
- A Working Group<sup>6</sup> composed of directors and management representatives from each of the four RHAs along with consultants from DHCS was also established. Working in consultation with the three external consultants, they assisted with the development of the data collection tools, and will assist with the analysis of the results and the development of recommendations.

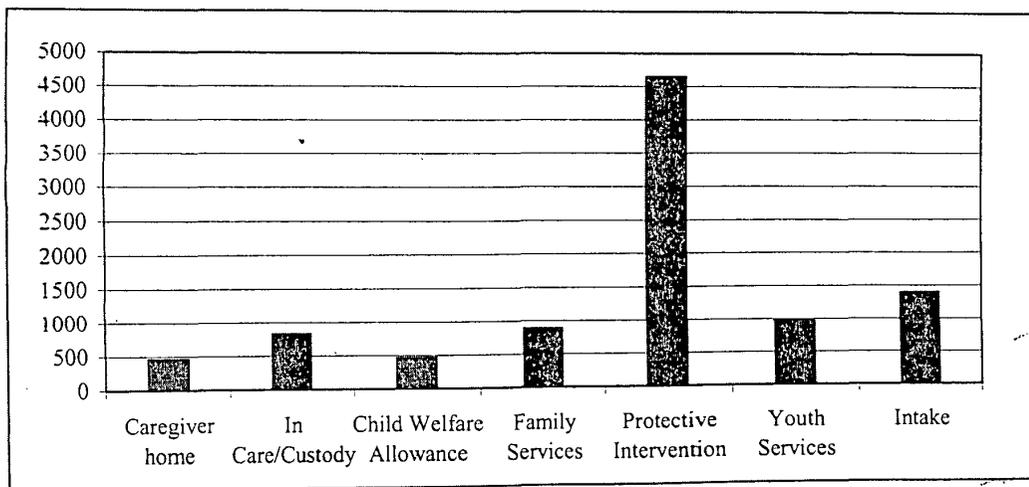
- File reviewers<sup>7</sup> consisted of four DHCS consultants and five RHA managers as well as the external project consultants. This team which varied in size daily from seven to twelve individuals who reviewed the files utilizing the tools that had been developed. (See Appendix)

## 2.2 Sampling

Case Sample Size: A total of 9630 cases were determined to have been active during the fiscal year 2007/08 (April 1, 2007 to March 31, 2008) across eight service areas. This period was chosen as it represented a timeframe that was current and where up-to-date policies were in place. The numbers were retrieved from Client Referral Management System (CRMS), the provincial database for all program areas, in the month of April 2008 with the exception of Caregiver home files which were collected manually. Based on the total number of active cases, as seen in table 1, a sample was drawn using an on line sample size calculator.<sup>8</sup> The sample size of 370 achieves a 95% confidence level for the province within a plus or minus 5% range.

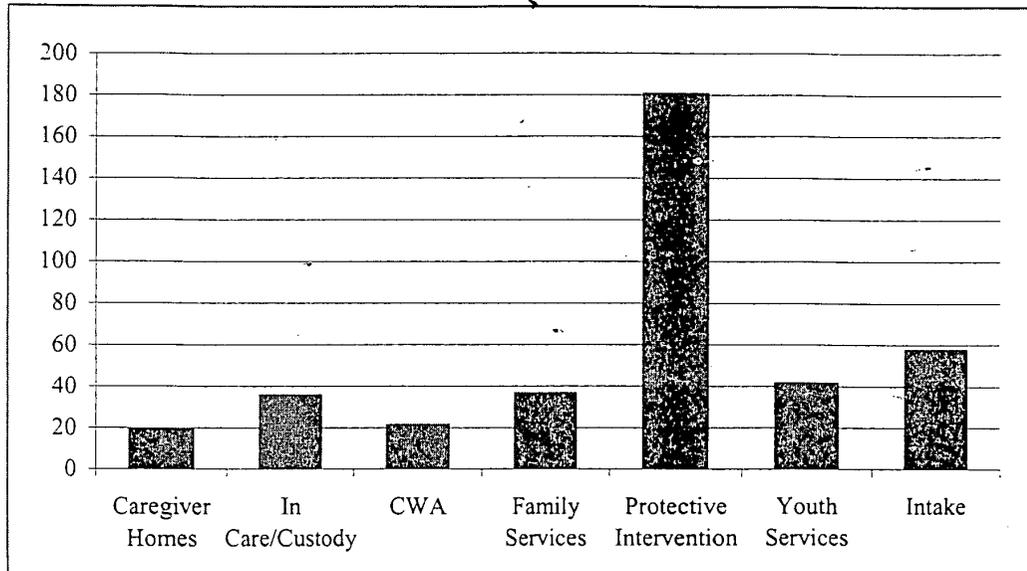
All regions were provided with a complete list of the files that had been chosen for the file review. The list identified one extra file per program per region in the event that one file could not be reviewed from the sample. This resulted in a total sample size of 400 files.

Table 1: Total Number of Cases Active from April 1, 2007 to March 31, 2008



Source: Client Referral Management System (CRMS)

Table 2: File Distribution by Program Type



Source: CRMS

## Section 2.3 Data Instruments

### 2.3.1 Development of Data Collection Tools

All of the programs of Child, Youth and Family Services were included in the review. These were: Family Services; Protection Intervention; Child Welfare Allowance; Children in Care and Custody; Youth Services (residential and non residential); and Caregiver Services. Data Collection tools were developed by the external consultants for each of these programs. Data fields were identified based on written CYFS practice standards and preferred clinical practices across the child welfare field. An additional data tool was developed in order to analyze the referrals that were 'screened out for service'.

### 2.3.2 Testing of the Data Tools

Limited testing of the data collection tools occurred in May of 2008 with selected members of the review team testing the tools on a small sample of twelve files. Unfortunately, pre-testing

of the tools for the Family Services files and the Child Welfare Allowance files could not occur as sample files were not available. Input regarding the data collection tools was elicited from the members of the Advisory Committee and the Working Group. From the pilot testing and the feedback, minor modifications were made to the data fields and some consensus was achieved regarding the application of certain data fields.

## SECTION 3.0

### File Review Process

#### 3.1 Orientation

The file review began on June 19, 2008, with an orientation for all reviewers. The orientation provided reviewers with a context for the project including background information regarding Quality Assurance practices in child welfare. In addition, it provided reviewers with an opportunity to acquaint themselves with one another, the external project consultants, the tools and the expectations for the project. The review of the files began on June 20 and was concluded on July 2, 2008, a total of nine working days. A range of seven to twelve individuals participated daily in the review of files. The reviewers were supported by the Department's Consultant for Quality Assurance who ensured file management and security. This was achieved through the careful monitoring of a master list which tracked the progress of files through the review process.

#### 3.2 Conflict of Interest

In order to avoid conflict of interest, criteria for file selection for each reviewer were developed. The criteria provided that:

- Reviewers would not review files where they have had any involvement in the direct service provision or supervision of the case
- Reviewers would not review a file where either the worker or the client/family member is a friend, relative, neighbor or person with a close association
- Reviewers would generally not review a file from their region of the province. If the reviewer must review a file from his/her region because no other file is available for review, it would not be a file from his/her office or a file involving a staff member in their work area. If the reviewer was to review a case from his/her region, the file must be approved in advance by one of the three external project consultants.

### **3.3 File Management**

In total the review team examined clinical practices as evidenced by 396 files drawn from all service areas. All files were delivered by secure means to a central location within the Confederation Building. Steps were taken to ensure that the room in which the review was conducted was secure. Careful tracking of the files occurred with a sign in and out system for each file. Once the review of the files was completed they were returned to the appropriate Regional Health Authority via secure delivery.

### **3.4 File Review and Documentation**

Files were reviewed one program type at a time using the corresponding data collection tools. This enabled the team members to consult with one another regarding the interpretation of case practices and clarification of data requirements. A log format was used to track observations and issues arising on each file. In each program area an extra file was requested for review in the event that another file was unsuitable for review. In the end 396 of the 400 files that had been requested were reviewed resulting in a total number of files reviewed that was 26 above the target number of 370.

### **3.5 Discussion and Confirmation of Observations**

When all of the files in a specific program area were reviewed, a facilitated discussion took place regarding themes that had emerged. All of the themes and observations were noted and will be compared with the quantitative data results.

### **3.6 Debriefing of the File Review Process**

Following the completion of the full review of all of the files, the reviewers participated in a half day session to discuss and confirm the overall themes and issues that emerged. The purpose was to provide feedback on all aspects of the file review process and to gain consensus on the findings which are system wide. The reviewers also shared learning from participating in the process that will support future activities in implementing quality assurance programs.

## SECTION 4.0

### Results

#### 4.1 Availability of Files for Review

Of the original 400 files requested, 6.5% or 25 files could not be forwarded for inclusion in the project. When this occurred, the region was requested to provide an explanation and the next random file number was provided. This process was utilized until the required sample number was provided and the complete list of active case files had been reached.

*Table 3: Files not Available for Review*

Reason for Exclusion	% of Total Sample
Inaccuracies/errors in CRMS	2.5% (10 files)
No involvement/files required closure	1.5% (7 files)
Not found	1.25% (5 files)
Case records required for court	.25% (1 file)
Wrong file sent	.25% (1 file)
File in Storage	.25% (1 file)
<b>TOTAL SAMPLE</b>	<b>400</b>

#### Commentary

Although the number of unavailable files did not deter the review, it indicates issues for the system that will require addressing in the future. The most concerning reason in terms of quality assurance are the files not found, those awaiting closing and the number of errors in CRMS. This result combined with those sent back for review points to management and clinical issues in one in 4 cases, potentially.

#### 4.2 Returned Cases

The reviewers identified sixty eight (68) cases in which there was a concern about clinical work or the file that could potentially affect the well-being of a child. A format for forwarding these concerns to the attention of the director in each region was developed. These cases were

returned, along with a description of the specific concern, for attention and follow-up.

See Table 4, below, for an outline of the reasons that files were returned.

*Table 4: Files Reviewed with Concerns by Issue and Type*

Type of Issue	#	% of Total
Incomplete investigation of allegation of mistreatment of a child in a foster home.	1	1.5%
Incomplete assessment/intervention to sexual molestation /risk of sexual molestation of children by a third party (child or adult)	3	4.4%
Lengthy gaps in documentation and/or service	22	32.4%
Incomplete investigation	10	14.7
Insufficient contact, follow-up or planning	15	22.1%
Case requires reassessment regarding service status Classification (active? Needs further assessment? Should be closed or transferred?)	12	17.6%
Serious complaint not investigated	5	7.4%
<b>TOTAL</b>	<b>68</b>	<b>100%</b>

#### Commentary

The number of files returned with concerns for managerial review represents 17% of the total number of files seen by the reviewers. These identified concerns have implications for the protection of children and the accurate assessment of the scope of work being done by the system both conditions – inactive cases and service quality deficiencies - are liabilities. To better understand the implications of this finding, it should be viewed with the foregoing table (*Table*

4) which illustrates files that were selected but not available for review (6.5%). The results together suggest that there are issues related to service quality, organization and work completion in approximately one in four case files. The additional data that will be analyzed from the file reviews will be used to better understand the issues and to support recommendations for improvements. It is clear, however, that there is currently no way of accurately determining which cases are active and form a legitimate part of the workload for staff.

### 4.3 Data Input

As the data collection forms were completed they were gathered by program type and forwarded to staff that have expertise in data entry and analysis retained by the external project consultants. The analysis will be done using Excel and *Statistical Program for Social Services* (SPSS) software. All data is being handled in a secure fashion so as to ensure confidentiality and protection of information. In order to ensure anonymity for clients and staff no identifying information was collected.

### 4.4 Human Resources

Table 5 represents the human resources input that was required to perform the file review phase of the project.

*Table 5: File Review Inputs*

# of files reviewed:	396
# of programs:	7
Total # of working days:	84
# of files reviewed per reviewer/per day (avg):	4.75

#### Commentary

Information provided by the external consultants, based on past experience, suggested a production rate of approximately four files reviewed per day. In fact the Protective Intervention Program files were completed at a rate of 4.25 per day. In the program discussions it was suggested that the time required for review would have been longer if the documentation in the files was more complete.

## Section 5.0 Emerging Themes

### 5.1 Qualitative Data

The emerging themes that are presented in this section are based primarily on discussions held with the working group and the file review team as the process of this project has unfolded. In May 2008, a meeting with the Working Group was held during which members were asked to speculate based on their experience, what the file review would uncover. These issues were documented and reviewed with the working group after the file review. During the file review, when all of the files in a particular program area were reviewed, a facilitated discussion occurred regarding themes that had emerged. Further, following the completion of the file review a debriefing session was held during which members' general observations were sought regarding both the process and the clinical practice themes that had emerged.

These themes are stated in general terms and caution should be taken in their interpretation. The quantitative data has yet to be analyzed and matched to the observations. Further analysis will be required to confirm the following impressions and to provide specific feedback. With that caution in mind the following is noteworthy:

- Gaps in legislation which affect the provision of service
- Inconsistency both within and between RHA's were noted in the interpretation of CYFS policy
- Clinical interventions appear more focused at the Intake and Assessment/Investigative stage of cases than those performed later in the service stream
- Case management and planning issues
- Compliance issues with risk management
- Recruitment and retention issues
- Support for those working in system in terms of training, clinical supervision and policy development
- Inconsistent file documentation and file organization practices
- Gaps in documentation within the files

It is important to note that there is consistency between the anticipated outcomes based on the experience of the members of the Working Group and the themes that emerged out of the file review process. Likewise, these themes were consistent among all RHAs.

The final report will build, based on the data, the case for change and improvement. The data should assist managers to better understand the scope and size of the workload being handled by staff, including managers and analysis of the data should yield information regarding the training and development that is needed at various levels of the service system. It will be important to develop priorities and focused goals as the issues are pervasive and require attention over a number of years in order to build quality practices and to make systemic improvements

## 5.2 Quantitative Data

The Clinical Services Review and final report will provide baseline data and results for all of the programs that are subject to the review. Input and analysis of the data is a key deliverable for the next stage of the project. The following chart shows the approximate amount of data collected.

Program	# files	#Data fields	# Pages
Intake	58	28	3
Protective Intervention	181	137	12
Family Services	37	49	6
Child Welfare Allowance	22	23	3
Children in Care	36	79	8
Caregiver Homes	20	61	7
Youth Services	42	44	5

Each item of data taken from the individual files has been entered into an Excel program. Then for purposes of presentation and analysis the data has been produced using the program Statistical Package for Social Sciences (SPSS). The external consultants have been 'cleaning up' the data so that it is consistent and can be clearly understood.

The seven CYFS program areas will be written as individual chapters which present the data and the observations which arise from the analysis. Between August 21<sup>st</sup> and September 12<sup>th</sup>, four conference calls, lasting up to three hours each, are scheduled between the project team. The purpose is to consider the data and how prepare it for presentation and discussion with the Advisory Committee and the Working Group.

### **5.3 Feedback**

The results of the data analysis will be shared with the Working Group at a day long meeting scheduled on September 17<sup>th</sup>. Their input will be used to refine the data and connect it with the clinical discussions that took place earlier in the process. The Advisory Committee will meet to receive the presentation and to give their input on September 19<sup>th</sup>.

## **Section 6.0 Next Steps**

Over the next two months the collected data will be collated and further analyzed by the external project consultants. The themes that emerge from the data will be developed and findings will be finalized with the input and feedback from the Working Group and the Advisory Committee. This will be compared with the feedback received at the time of the file review along with recommendations that were made in the Turner Review and Investigation, the Minister's Advisory Committee and the Deloitte Inc. Report. From this will emerge recommendations for changes that are expected to have a positive impact on clinical services to children, youth and families. The deliverables that the final report on clinical services will address are:

- Baseline feedback on service delivery compliance with existing policies and standards.
- Assessment of current social work practice in relation to best practices.
- Information about referrals for service including; assessment, planning and delivery, decision making, supervision, documentation and response to complex cases.
- Make recommendations on changes to improve policies, programs, standards and legislation, practices and methods of service delivery.
- Specifically to address training initiatives, means to enhance clinical practice, support

to development of quality services and methods to manage complex and or contentious cases.

- Provide initial recommendations to build a Provincial Quality Assurance Program for CYFS which will lead to the development of tools to assess clinical practice, management and compliance.

It is anticipated that the analysis, the development of the recommendations and the final report by the external consultants will be completed by October 31, 2008.

## Appendices

### I Advisory Committee Members

**Jennifer Jeans**, Assistant Deputy Minister of Public Health & Wellness and Children & Youth Services (Chair)  
**Ivy Burt**, Director, Children, Youth and Family Services  
**Rosemarie Goodyear**, Vice President, Community Health & Primary Health Care, Central Health Authority  
**Michelle House**, Vice President, Population Health, Western Health Authority  
**Glenys Walsh**, Quality and Clinical Safety Leader, Eastern Health Authority  
**Delia Connell**, Vice President Community Services and Aboriginal Affairs Labrador - Grenfell Health Authority  
**Michelle Shallow**, Manager, Child, Youth & Family Services  
**Lynnette West**, Consultant Quality Improvement, Child, Youth & Family Services  
**Cathie Barker-Pinsent**, Director, Child, Youth & Family Services, Eastern Health Authority  
**Heather Jacobs**, Assistant Deputy Minister, Department of Justice  
**Dr. Rob Morris**, Janeway Child Protection Program  
**Lisa Crockwell**, Executive Director & Registrar, Newfoundland & Labrador Association of Social Workers  
**Dr. Dennis Kimberley**, School of Social Work, Memorial University of Newfoundland  
**Charlene Dodd**, Policy & Planning Evaluation Consultant, Department of Health and Community Services

### II Working Group Members

**Michelle Shallow**, Manager, CYFS  
**Lynnette West**, Consultant, Quality Improvement  
**Genny Corbin**, Director, CYFS, Labrador Grenfell Health Authority  
**Lyla Andrew**, Director, CYFS, Labrador Grenfell Health Authority  
**Cathie Barker-Pinsent**, Director, CYFS, Eastern Health Authority  
**Joan Davis Whalen**, Senior Project Manager, Eastern Health Authority  
**Cora Collins**, Director, CYFS, Western Regional Health Authority  
**Jana Gosse**, Quality and Strategic Directions Manager, Western Regional Health Authority  
**Dorothy Dormondy**, Director, CYFS, Central Regional Health Authority  
**Vanessa Mercer Oldford**, Manager Program Planning, Central Regional Health Authority

### III File Review Team

**Michelle Shallow**, Manager, Child, Youth & Family Services  
**Lynnette West**, Consultant Quality Improvement, Child, Youth & Family Services  
**Susan Walsh**, Manager, Strengthening the Child, Youth & Family Services System  
**Helen MacDonald**, Program Consultant, Protective Intervention  
**Mabel Anderson**, Program Consultant, In Care / Custody  
**Joan Davis Whalen**, Senior Project Manager, Eastern Regional Health Authority  
**Jana Gosse**, Quality and Strategic Directions Manager, Western Regional Health Authority  
**Vanessa Mercer Oldford**, Manager, Program Planning, Central Health Authority  
**Sheila Fitzgerald**, Program Manager (Clinical), Labrador Grenfell Health Authority  
**Amanda Winsor**, Program Manager (Clinical), Labrador Grenfell Health Authority  
**Susan Abell**, External Consultant  
**Judith van Leeuwen**, External Consultant  
**Sandy Moshenko**, External Consultant

### IV Sample Calculator Website

Sample calculator is available at: <http://www.surveysystem.com/sscalc.htm>

**Terms of Reference  
Advisory Committee to the  
Child, Youth and Family Services Clinical Review  
Department of Health & Community Services**

**Purpose**

The purpose of the Advisory Committee is to advise the Department of Health and Community Services in the completion of a clinical review of Child Youth and Family Services programs and practice in the four Regional Health Authorities. The work is being led by an external consultant contracted by the department.

***The anticipated outcome of this clinical review is to:***

- Enhance services for the children, youth and families provided under the Child, Youth and Family Services Act.
- Identification of areas for improved outcomes for children and families.
- Support service providers in the Child, Youth and Family Services Program.
- Enhance policy and standards for the Child, Youth and Family Services Program.
- Build the foundation for a framework for on-going monitoring and evaluation of clinical practice and Child, Youth and Family Services policy and standards.

**Role of the Advisory Committee Members**

The Advisory Committee members will provide insight and advice based, on their professional experience and knowledge, on the following:

- The review process
- The methodology
- The interim report
- The final report

**Chairperson of the Advisory Committee**

The chairperson of the Advisory Committee is the Assistant Deputy Minister of Public Health & Wellness and Children & Youth Services. The functions of the chairperson include the following:

- Chair the committee meetings in a fair and effective manner.
- Provide an opportunity for all members of the committee to participate in the discussion.
- Ensure the minutes of the committee are distributed to committee members.

May 27, 2008

*Strengthening the Child, Youth & Family Services System*

### Committee Composition

The Advisory Committee will be composed the following:

- Jennifer Jeans, Assistant Deputy Minister of Public Health & Wellness and Children & Youth Services (Chair)
- Ivy Burt, Director, Children & Youth Services
- Rosemarie Goodyear, Vice President, Community Health & Primary Health Care, Central Health Authority
- Michelle House, Vice President, Population Health, Western Health Authority
- Glenys Walsh, Quality and Clinical Safety Leader, Eastern Health Authority
- Delia Connell, Vice President Community Services and Aboriginal Affairs, Labrador-Grenfell Health Authority
- Cathie Barker-Pinsent, Director, Child, Youth & Family Services, Eastern Health Authority
- Michelle Shallow, Manager, Child, Youth & Family Services
- Lynnette West, Consultant Quality Improvement, Child, Youth & Family Services
- Heather Jacobs, Assistant Deputy Minister, Department of Justice
- Lisa Crockwell, Executive Director & Registrar, Newfoundland & Labrador Association of Social Workers
- Dr. Rob Morris, Janeway Child Protection Program
- Dr. Dennis Kimberley, School of Social Work, Memorial University of Newfoundland
- Charlene Dodd, Policy & Planning Evaluation Consultant, Department of Health and Community Services

### Guidelines for Participation

The committee members will act in an impartial manner ensuring that they are not in conflict of interest by speaking in favor of or recommend a course of action which may benefit the group/organization with which they represent. All advice will be guided by principals of the Child, Youth & Family Services Act. Members must respect that all information and discussion at meetings are confidential.

### Tentative Meeting Schedule

The advisory committee will at minimum, meet a minimum of 4 times:

April 16, 2008 2:30 to 4:30	Terms of Reference Meet consultant Overview of process
May 14, 2008 (before file review)	Review of methodology
July 2, 2008	Presentation of draft Interim Report
August 27, 2008	Presentation of draft Final Report

*Note: Dates are proposed and based on completion of the work. Changes will be negotiated with the parties.*

May 27, 2008

*Strengthening the Child, Youth & Family Services System*

**Advisory Committee  
Clinical Review of CYFS Practice  
Department of Health & Community Service**

1. Jennifer Jeans, Assistant Deputy Minister of Public Health & Wellness and Children & Youth Services (Chair)
2. Ivy Burt, Director, Children & Youth Services
3. Rosemarie Goodyear, Vice President, Community Health & Primary Health Care, Central Health Authority
4. Michelle House, Vice President, Population Health, Western Health Authority
5. Glenys Walsh, Quality and Clinical Safety Leader, Eastern Health Authority
6. Delia Connell Vice President Community Services and Aboriginal Affairs Labrador - Grenfell Health Authority
7. Cathie Barker-Pinsent, Director, Child, Youth & Family Services, Eastern Health Authority
8. Heather Jacobs, Assistant Deputy Minister, Department of Justice
9. Dr. Rob Morris, Janeway Child Protection Program
10. Lisa Crockwell, Executive Director & Registrar, Newfoundland & Labrador Association of Social Workers
11. Dr. Dennis Kimberley, School of Social Work, Memorial University of Newfoundland
12. Charlene Dodd, Policy & Planning Evaluation Consultant, Department of Health Community Services

**Working Committee  
Clinical Review of CYFS Practice  
Department of Health & Community Service**

1. Michelle Shallow, Manager, Child, Youth & Family Services
2. Lynnette West, Consultant Quality Improvement, Child, Youth & Family Services
3. Genny Corbin, Director, Child, Youth & Family Services, Labrador Grenfell Health Authority
4. Sheila Fitzgerald, Quality and Strategic Directions Manager, Labrador Grenfell Regional Health Authority
5. Lyla Andrew, Director, Child, Youth & Family Services, Labrador Grenfell Health Authority, Innu Communities
6. Cathie Barker-Pinsent, Director, Child, Youth & Family Services, Eastern Health Authority
7. Joan Davis Whalen, Senior Project Manager, Eastern Regional Health Authority
8. Cora Collins, Director, Child, Youth & Family Services, Western Health Authority
9. Jāna Gosse, Quality and Strategic Directions Manager, Western Regional Health Authority
10. Dorothy Dormody, Director, Child, Youth & Family Services, Central Health Authority
11. Vanessa Mercer Oldford, Manager Program Planning, Central Health Authority