

THE CHILD, YOUTH & FAMILY SERVICES ACT 2000 – 2005:

HOW ARE WE DOING?

*A Report of the Minister's Advisory Committee
on the Operations of the Child, Youth & Family Services Act*



MESSAGE FROM THE MINISTER



It is my pleasure to accept the final report of the Minister's Advisory Committee on the *Child, Youth and Family Services Act*. This comprehensive report was completed in accordance with Section 75 of the Act in consultation with service providers and consumers across Newfoundland and Labrador. I want to congratulate the Committee on completing the first report on the operations of the Act in this province. Accountability mechanisms like the Minister's Advisory Committee provide government with an opportunity to hear from those delivering and receiving services. More importantly, it is a mechanism through which we can assess our strengths and limitations and make efforts to focus on improvements in the system.

My Department will be working with the regional integrated health authorities and key stakeholders in the coming months to address issues outlined in this report, and to continue our efforts at improving programs and services to children, youth and families.

I would like to thank the regional integrated health authorities and the Department of Justice for their responses to this report. These responses, attached to this document, provide us with important insight into the challenges associated with the delivery of programs in support of the Act. It is clear that despite these challenges, there is widespread support for the principles and purpose of the Act and that it represents best practice in the field of children's services.

John Ottenheimer. M.H.A., Q.C.
Minister – Health and Community Services

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This review process could not have been possible without the involvement of numerous individuals, groups and community agencies. It was through their commitment and involvement that this process was successful.

- Mr. Des Dillon, Chairperson of the Minister's Advisory Committee for his commitment and leadership throughout this process;
- The members of the Minister's Advisory Committee without whose interest, expertise and commitment, this process could not have happened;
- The Directors of Child, Youth and Family Services for sharing their experiences and involvement in the day to day operations of this Act;
- The Judiciary, for meeting with representatives of the Committee and for sharing their experiences and expertise on court matters as they relate to this Act;
- Staff of the Department of Health and Community Services including Michelle Shallow, Elaine Tucker, Danny Barrett and Donna Bursey for assistance with the most tedious of tasks related to this project;
- The Province of Nova Scotia for sharing the experiences and written material of its Minister's Advisory Committee;
- All the individuals, groups and agencies who provided input to the Committee as part of this review process; and,
- Jane Helleur of Jane Helleur & Associates Incorporated for providing support and direction to the Committee throughout the consultation process.

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ACRONYMS

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There are numerous groups and organizations referred to in this report. They are named in full when they are initially presented in the report with the acronym in brackets. For ease of presentation, further mention of these individuals, groups or organizations is referred to with the acronym. The following is a list (in no particular order) of the acronyms for groups, organizations, associations and programs:

- Minister's Advisory Committee (MAC)
- Labrador Inuit Association (LIA)
- Labrador Inuit Health Commission (LIHC)
- Strategic Social Plan (SSP)
(now known as the Rural Secretariat)
- Strategic Health Plan (SHP)
- Health Labrador Corporation (HLC)
- Child, Youth and Family Services (CY&FS)
- Newfoundland and Labrador Association of Social Workers (NLSAW)
- Canadian Association of Social Workers (CASW)
- Department of Health and Community Services (DHCS)
- Community Youth Network (CYN)
- Department of Human Resources, Labor and Employment (HRLE)
- Unified Family Court (UFC)
- Custody Review Committee (CRC)
- Alternate Dispute Resolution (ADR)
- Individual Support Services Plan (ISSP)
- Newfoundland and Labrador Foster Families Association (NLFFA)
- Child Welfare Allowance (CWA)
- Voluntary Care Agreement (VCA)
- Looking After Children (LAC)
- Fetal Alcohol Spectrum Disorder (FASD)
- Risk Management System (RMS)
- Youth Care Agreement (YCA)
- Client Referral Management System (CRMS)
- Health and Community Services (HCS)
- Regional Integrated Health Authority (RIHA)

Minister's Advisory Committee: Final Report**LETTER TO THE MINISTER FROM THE MINISTER'S ADVISORY COMMITTEE**

In September 2002, the Minister's Advisory Committee (MAC) was established in accordance with the responsibilities of the Minister outlined in Section 75 of the *Child, Youth and Family Services Act*. The Committee was given a mandate to "review the operations of the Act and to report to the Minister on whether its principles and purpose were being achieved." Towards that end, processes were identified, developed and implemented to provide opportunities to hear from service providers and consumers. This final report represents the work of the Committee and reflects several years of planning and processes designed to assist the Committee in meeting its mandate. Also reflected are analysis of information that was gathered, key findings and recommendations to the Minister of Health and Community Services.

The Child, Youth and Family Services Act was designed to fill gaps in service identified in a review of the child welfare program in 1996/97, to update the legislation to keep pace with best practice in this area, to provide a continuum of services to children, youth and families and to keep the best interest of children as paramount in all areas of decision making. The members of this Committee are encouraged by the efforts of service providers to continue to provide quality services to children, youth and families during these most challenging times.

The Committee acknowledges the support of the Department of Health and Community Services in providing assistance to the Committee. We would also like to acknowledge the various individuals, groups and community agencies that provided their views on their experiences with programs and services under this Act.

Thank you for the opportunity to be involved in this review process.

Sincerely,

Des Dillon (Chair)
Board Chair
Health & Community Services Central Region

Carla E Conway
Early Childhood Educator
Lawrence College, St. John's, NL

Ken Barter
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Rose Gregoire
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Marg Bachman
Caregiver, Western Region

Ivy Burt
Provincial Director, Child, Youth and Family Services
Department of Health and Community Services

Steve Kent
Mayor
City of Mount Pearl

Executive Summary

On January 5, 2000, the *Child, Youth and Family Services Act* was proclaimed. It replaced the former *Child Welfare Act* that was over 50 years old and had not kept pace with best practice in the field of child welfare. Accountability for interventions under the new Act were provided through a number of statutory provisions. This report is the result of one of those accountability provisions, namely, Section 75 of the *Child, Youth and Family Services Act* (Appendix A). This section of the Act provides for the establishment of a Minister's Advisory Committee (MAC).

75(1) The minister shall establish an advisory committee whose function it is to review every two years the operation of this Act and to report to the minister concerning its operation and stating whether, in its opinion, the principles and purpose are being achieved.

The MAC was established in September, 2002 and is comprised of individuals who have a particular interest and expertise in children's issues (Appendix B). The Committee developed a Terms of Reference (Appendix C) to guide their work and to ensure it could meet the mandate in accordance with Section 75 of the Act.

Objective of the Minister's Advisory Committee

The main objective of the MAC was to create opportunities for children, youth, families, community agencies and service providers to have their views heard on how the Act is, or is not working in accordance with the principles and purpose of the Act. The end result of the Committee's work is this report that has been provided to the Minister of Health and Community Services to be tabled in the House of Assembly during the Fall, 2005.

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EXECUTIVE SUMMARY**Phases of the MAC's Work**

- The Committee began this process with presentations and sessions on areas relevant to the process. Some examples include, overviews of the *Child, Youth & Family Services Act*, organizational structure, service delivery structure and programs and services. These presentations and sessions provided the Committee members with an overview of what was happening in the province with respect to the Act.
- The Committee then decided to connect with some of the key stakeholders from across the province that were in one way or another connected to the delivery of services to children, youth and families. A letter was sent to over 200 stakeholders to inform them of the establishment of MAC and to request their feedback/input into the review process. A toll free number was set up for individuals to leave their comments on the Act or, to inquire further about the consultation process.
- The MAC members also identified key partners, who were involved in the day to day operations of the Act, they wanted to consult with prior to the larger consultation process. These included Directors of Child, Youth and Family Services, the Judiciary, Department of Justice and divisional staff responsible for program and policy development for the Child, Youth and Family Services program at the Department of Health & Community Services.
- Stemming from this work, the MAC narrowed the focus of its review to seven key areas/issues. These seven key areas became the focus for the Discussion Document entitled, *Your Views: The Child, Youth and Family Services Consultation Paper; Minister's Advisory Committee, Fall 2004* that was developed for the community consultation process conducted from September - November, 2004. The MAC wanted to create every opportunity to hear from service providers and service recipients connected to the Act. Jane Helleur & Associates Incorporated were contracted to facilitate the consultation process and design. The consultation process was conducted through stakeholder workshops in 13 sites across the province, public and client

consultations, the provision of a toll free number, the MAC website that provided email access directly and anonymously to the Committee, focus groups and a brochure that was distributed across the province.

MAC's Key Areas of Focus

The MAC focused on seven key areas/issues for its review. These are key features of the new legislation and include:

- Prevention and Early Intervention
- Family Services
- Expansion of Services to Youth
- Court Provisions
- Alternate Dispute Resolution
- Permanency Planning and Placement of Children
- Mandated Interventions

Summary of Findings

The findings of this review process revealed to the MAC that the principles and purpose of the *Child, Youth and Family Services Act* are being seriously compromised. The fundamental shift in the way child welfare services were to be delivered in this province simply has not occurred. The focus in practice is primarily on child protection and prevention is focused on preventing the recurrence of child abuse and maltreatment. Sections 7, 8 and 9 of the Act lay out the philosophical, service and best interest principles respectively. The philosophical principles were intended to be the overall framework under which services would be delivered. Services would be child centered and family focused using the least intrusive means of intervention. Family preservation is a primary goal with the safety, health and well being of the child as the foremost consideration. The most effective way to provide services to children, youth and families would be to make the shift from remedial approaches to a focus on prevention and early intervention. This was based on evidence regarding best practice in the delivery of services in this field. It was clear to the MAC that the necessary philosophical shift has not occurred. Government must make a commitment to investment adequate

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financial and human resources to support service providers and the community in making this shift.

To support this framework, a continuum of services was developed to assist children, youth and families in a way that was congruent with the principles and purpose of the Act. Programs such as the Youth Services Program and the Family Services Program were developed as a result of this. The Committee found that the majority of service providers responsible for the delivery of services under this Act were supportive of both programs. The Youth Services Program received considerable attention and debate throughout the review process. While there is widespread support for the program, many are concerned about the increasing numbers of youth accessing services and the need for a review of the program given what is being experienced in practice. Most regions reported that they are unable to provide Family Services as they are 'voluntary' in nature and most efforts are directed towards mandated interventions which focus on the protection of children. It was clear to the MAC that regions were not provided with the additional human and fiscal resources necessary to provide this service to the fullest extent.

The Committee also found that the time frames and time limits outlined in the new legislation are not being adhered to in this province. Multiple reasons were cited by social workers, lawyers, Directors of CY&FS and consumers, not the least of which is the failure of government to increase the capacity of the Department of Justice to support these provisions. This includes Legal Aid staff, Court staff, access to circuit courts and specialized family court services. The Committee also found that the provision in the Act for Alternative Dispute Resolution (ADR) has not been developed. Consequently, all matters under this Act still require court time and court resources. ADR was seen as a viable alternative to court and may actually be a more productive environment in which to resolve these matters.

Permanency planning is the framework for the delivery of services to children. It begins with the agency's initial contact with a child and supports the principle that every child has a right and a need to a stable family environment. The MAC discovered that the system is not meeting its

obligations and that permanency planning is being compromised. Planning for children is being impacted by lack of services, access to services, court delays, recruitment and retention of foster homes, failure to increase the CWA rates to the level of the foster care rate and many other reasons that are outlined in this report.

The Committee found that while regional Custody Review Committees are in place across the province, there is no evaluation regarding their impact on outcomes for children. Further, the establishment of the MAC was also widely supported across the province. Both committees are legislated as part of the accountabilities embedded in the Act.

When the legislation was introduced, an evaluation framework was developed to ensure that programs and services were reviewed to determine what is and what is not working for children, youth and families. It was seen as critical in determining the successes and failures of the Act and to provide policy makers with an opportunity to make adjustments where necessary. The Minister's Advisory Committee determined during the course of this review that the evaluation framework was developed, but never implemented. The Committee found that the Child, Youth and Family Services Division of the Department of Health and Community Services simply do not have the capacity to begin the evaluation. As a result, the implementation of programs and services has not been formally evaluated in five years since proclamation of the Act.

Summary of Key Recommendations

The recommendations in this report are presented in two sections. The first section is focused on general recommendations that are critical to any other changes necessary to improving the operations of the Act. These larger systemic changes require a shift in both thinking and commitment to the way services will be delivered to children, youth and families. The second set of recommendations is presented under each of the seven key areas reviewed by the MAC. A summary of some of the key recommendations include:

- Investments in human and fiscal resources by government are required to meet the standards set by this Act;

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- Services that focus on prevention and early intervention require a shift in thinking and a renewed commitment by government;
- The evaluation framework must be implemented to determine the effectiveness of this Act;
- The Department of Justice must be provided with the resources to meet the standards regarding court time frames and time limits;
- The Department of Health and Community Services must increase its capacity to monitor and evaluate programs and services and provide policy and program support to the regional health authorities;
- Government must ensure that the voices and best interest of women and children are heard in the midst of the newly consolidated regional health authorities and, that fragmentation of services does not occur.
- The Department of Health and Community Services must develop and deliver a Public Awareness Campaign to inform the public about the programs and services offered under the *Child, Youth and Family Services Act*. This initiative should also include in- service sessions for community agencies and staff within the Regional Integrated Health Authorities;
- Updated training on the Act is essential and has not been provided to service providers since its implementation; and,
- Community engagement is critical to supporting children, youth and families.

Introduction

The conceptual/philosophical framework which would guide service delivery included a focus on child centered services, family preservation, least intrusive means of intervention and permanency planning for children.

The Child, Youth and Family Services Act, proclaimed January 5, 2000, introduced statutory provisions to 'fundamentally shift child welfare service delivery' in this province from remedial approaches to a focus on prevention and early intervention. In a press release, government indicated that the new Act reflected what was happening in practice and responded to service gaps identified in an extensive child welfare review completed in 1996/97. These included: the provision of clearly articulated principles, Family Services, Expansion of Services to Youth aged 16-17, Alternate Dispute Resolution, Court Provisions, and Accountability Measures.

The conceptual/philosophical framework which would guide service delivery included a focus on child centered services, family preservation, least intrusive means of intervention and permanency planning for children. Joint responsibility for the implementation of the legislation would be shared by the Department of Health and Community Services and the Regional and Integrated Health and Community Services Boards. The shift in service delivery from government to Regional and Integrated Health and Community Services Boards included a delineation of roles and responsibilities. Government assumed responsibility for funding, policy development, establishing provincial standards and, ensuring accountability through monitoring and evaluation of established program policies and standards. An evaluation framework was developed to monitor and evaluate processes to ensure that the Act was achieving its intended

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INTRODUCTION

purposes. This has not been implemented. The responsibility of the Boards was to operationalize the programs and services legislated under the Act.

Section 75(1) of the Act, as one of the Accountability Measures, requires that a Minister's Advisory Committee (MAC) be established with the mandate "to review every two years the operation of this Act and to report to the Minister concerning its operation and stating whether, in its opinion, the principles and purpose of the Act are being achieved". Towards this end, the Minister appointed a committee of individuals who have a particular interest and expertise in children's issues within the province. The members of the MAC were appointed pursuant to the requirements outlined in Section 75(2) of the Act (Appendix B). Its first meeting to begin the review process and establish its Terms of Reference (Appendix C) was in September 2002.

This report represents the work of the Committee since its appointment in September 2002. Before moving into the data collection process and analysis, the MAC has included a section called 'Broader Contextual Issues.' These are issues that present challenges to child welfare programs on both a provincial and national level. They are also

consistent with comments heard from professionals in the field during the consultation process.

Numerous processes have been undertaken in an effort to carry out the mandate of the MAC. The following sections of the report include a detailed description, summary and analysis of the information gathered through these processes along with key findings and the key recommendations of the Minister's Advisory Committee. What the reader will discover, as did the MAC, is the repetition and similarities of the issues across different processes that include:

- Preliminary Consultations
- Stakeholder Workshops
- Public and Client Consultations & Submissions
- Labrador and Aboriginal Issues
- Youth Focus Group

The MAC acknowledges the challenges and limitations of such a huge task. These challenges have been included as learning opportunities for the benefit of, and for consideration by the next committee.

Committee Processes

The Committee engaged in numerous processes to carry out its mandate. Considering the complexity of this review process, the MAC members agreed it was necessary to become knowledgeable about what is happening in the province with respect to the Act. The MAC members participated in a number of education sessions/presentations to heighten awareness and provide essential information to prepare Committee members to carry out their mandate.

Making community groups and individual stakeholders aware of the MAC and getting their feedback was deemed essential.

Information was provided relating to the:

- *Child, Youth & Family Services Act*;
- Strategic Social Plan (Rural Secretariat);
- Strategic Health Plan;
- Principles and purpose of the *Child, Youth and Family Services Act* (Appendix D);
- Organizational structure across Regional and Integrated Health and Community Services Boards;
- Service delivery models across regions;
- Special Initiatives (i.e. National Child Benefit & Family Resource Centers);
- Programs and services provided for under the Act; and,
- Statistical data for each Regional & Integrated Health and Community Services region.

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COMMITTEE PROCESSES

Making community groups and individual stakeholders aware of the MAC and getting their feedback was deemed essential.

To facilitate this contact the MAC:

- sent letters sent to 220 individuals, groups and organizations advising them of its mandate and Terms of Reference;
- requested feedback/input into the review process in the letter (Appendix E);
- developed a website; and,
- established a toll free number.

There was a consensus by the MAC members that prior to community consultations it would be important to hear from key partners who were in a position to comment on the operations of the Act based on their direct experiences with the legislation.

The Committee identified key stakeholders including:

- CY&FS Divisional staff at the Department of Health & Community Services;
- Directors of CY&FS for the Regional & Integrated Health & Community Services Boards
- The Judiciary, including Provincial, Supreme and Unified Family Court; and,
- Department of Justice lawyers who represent the Directors of CY&FS in this province on matters relating to the *Child Youth and Family Services Act*.

Detailed submissions, presentations and/or meetings with these groups assisted the MAC in narrowing the focus of its work. Seven key areas

emerged and became the focus of a Discussion Document entitled, *Your Views: The Child, Youth and Family Services Consultation Paper; Minister's Advisory Committee, Fall 2004*. This document was developed for the community consultation process conducted from September - November, 2004.

The seven areas identified by the MAC for the review are the key features of the new legislation and include:

- Prevention and Early Intervention;
- Family Services;
- Expansion of Services to Youth;
- Court Provisions;
- Alternate Dispute Resolution;
- Permanency Planning and Placement of Children; and,
- Mandated Interventions.

In keeping with its Terms of Reference, the MAC wanted to create every opportunity to hear from service providers and service recipients connected to the Act. Jane Helleur & Associates Incorporated were contracted to facilitate the consultation process and design. The consultation process was conducted through stakeholder workshops in 13 sites across the province, public and client consultations, provision of a toll free number, the MAC website that provided the ability to email the Committee directly and anonymously, focus groups and a brochure which was distributed across the province. A more detailed description of the processes utilized by the MAC are outlined in the data collection process and response rate section of this report.

Broader Contextual Issues

“Throughout the consultation process, lack of human and fiscal resources emerged as a fundamental theme. So fundamental is this theme that the Committee is unanimous in concluding that the Act was introduced without the necessary investment in human and fiscal resources to fulfill expectations.

The issues and themes heard by the Minister's Advisory Committee throughout the review mirror the challenges facing public child welfare systems across Canada. These challenges are well documented in the literature and include the following:

- the need for more prevention and early intervention services;
- better co-ordination and integration of services;
- more resources to strengthen and preserve families;
- more training initiatives for staff;
- better advocacy mechanisms;
- more reasonable caseloads for staff;
- the need to recruit and retain competent and experienced staff;
- more staff positions;
- less bureaucracy;
- improved assessment standards;
- more sensitivity to issues of diversity;
- more collaboration among service providers; and,
- more financial resources for parents so they are in a better position to fulfil their parenting role.

Many of these themes have been acknowledged in Newfoundland and Labrador in recent and past reports including: *People, Partners and Prosperity: A Strategic Social Plan for Newfoundland and*

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Labrador (1998); *Coordination of Services to Children and Youth: Individual Support Service Plans* (1996); *Classroom Issues Committee Report* (1995); *Investing in People and Community - Volume I & II* (1997); *The Royal Commission of Inquiry into the Response of the Newfoundland Criminal Justice System to Complaints (Hughes Inquiry)*, (1991); *Select Committee on Children's Interests* (1996); *Special Matters: the Review of Special Education* (1996).

Similar reports have been produced in other provinces in Canada. (eg: *Gove Inquiry* (1995); *Office of The Chief Coroner For Ontario* (1997); *Saskatchewan Children's Advocate Office* (2000); *Not Good Enough; Annual Report submitted by the Office of the Child, Youth and Family Advocate, British Columbia* (1999). All reports expressed challenges currently existing in services to children and families and make various recommendations for change.

The Child, Youth and Family Services Act was introduced in 1998. In the words of Joan Marie Aylward, then Minister of Health and Community Services; "*The Act represents a fundamental shift in the way child welfare services will be provided for in the province*". The Act was an attempt to address many of the challenges referenced above, the same challenges as identified in the review of child welfare programs and services completed in 1996/97 in this province entitled, *Towards The 21st Century: Designing Services for Children and Families in Newfoundland and Labrador* (1997). The executive summary of this review explicitly identified human resources as a key dimension to implementation. This dimension was acknowledged by the Honorable Sheila Osbourne (former Opposition Critic for Child, Youth and Family Services) when the Act was introduced in the House of Assembly on November 23, 1998. Ms. Osbourne stated in the House "*I would like to suggest to the minister that as good as this Act may be, it is only as good as the paper it is written on if we don't have the manpower to effect policies that are contained in it.*"

Resonating throughout the work of the Committee, whether in invited submissions, public presentations, written reports to the

Committee, presentations by senior officials within the Department of Health and Community Services and the Regional and Integrated HCS Boards and in the public consultations/workshops throughout Newfoundland and Labrador, human and fiscal resources emerged as a fundamental theme. So fundamental is this theme that the Committee is unanimous in concluding that the Act was introduced without the necessary investment in human and fiscal resources to fulfill expectations. Those responsible for the delivery, both at the provincial and regional levels, find themselves overwhelmed, frustrated, and in the unfortunate position of not meeting the philosophical requirements of the Act nor being able to practice in accordance with its principles. This is really unfortunate given the philosophy and principles are held in high regard and are seen as representing best practices in the delivery of services to children.

All regions of the province feel they are constantly being driven by crisis. The primary emphasis is risk assessment, risk management, and crisis intervention in attempts to prevent child maltreatment from reoccurring. These activities consume the bulk of resources with little or no investment in prevention, early intervention and outreach to prevent maltreatment from occurring in the first place. Having in place a legislative framework without the necessary resources to fulfill its expectations, in the opinion of the Committee, is a grave injustice to children, youth and families within Newfoundland and Labrador as well as to the professionals and para-professionals who are held accountable for delivery. The concern of the service providers is even more heightened with the current uncertainty associated with the significant reforms in Health and Community Services. There is also concern about how structures, systems, and policies will fare out in a reformed system and where the child welfare program will fit into this large system. This uncertainty became evident during community consultations with a great deal of concern being expressed for the needs of vulnerable children, youth and families.

The Committee determined that in Newfoundland and Labrador too many families are struggling with insurmountable odds in their efforts to nurture and

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protect their children. The Committee heard about their stories and struggles. In the recently released report, *One Million Too Many; Implementing Solutions To Child Poverty in Canada, 2004 Report Card on Child Poverty in Canada*, it was reported that child and family poverty is worsening in Canada. Newfoundland and Labrador reported the highest child poverty rate in the country with an alarming 15.6% for a total of 24,000 children. Newfoundland and Labrador also reported the highest number of single parent (female heads of household) families living below the poverty line. The impact of poverty cannot be underestimated in terms of its effects on growing social and economic problems and, the impact this is having on systems designed to support them. Continued marginalization of minority populations is placing greater strains on social systems and on families trying to make ends meet. In the field of child welfare we are seeing the residual effects of poverty through increasingly complex cases. While current programs and services are individually helpful in certain circumstances, they do not adequately address the fundamental barriers of poverty, discrimination, alienation, oppression, hopelessness, and inequality. Testimonies from field staff made this abundantly clear to the Committee.

Committee members have learned that child protection work is very complex. This complexity creates issues relating to the recruitment and retention of social work staff. The Committee heard during the consultation process that child welfare is generally staffed with new graduates who are not only young but have little or no practical experience. They are hired and expected to take on this complex work with little or no substantial orientation or training. This is having a direct impact on the operations of the Act. *The Social Work Workload Review: Final Report* (2003) found that “the less experienced workers in this province tend to be recruited in child protection”. This is contrary to the suggestion in the child welfare review report completed in 1996/97: *Towards the 21st Century: Designing Services for Children and Families in Newfoundland and Labrador*. This particular review provided considerable direction in informing the drafting of the Act and states, “Social Workers recruited for child protection work

ought to have specialized knowledge, training and experience in the field.”

The Canadian Association of Social Workers (CASW) is a national organization that represents over 18,000 social workers across Canada. Many of these social workers are practicing in the area of child welfare. In April 2003, the CASW released a report entitled *Canadian Association of Social Workers, Child Welfare Project: Creating Good Conditions for Practice*. The report reflects the findings from a study involving 1118 social work practitioners in the field of child welfare across ten provinces and three territories. It identified that social workers feel undervalued and frustrated by their inability to establish effective relationships with their clients. Overwhelmed by the volume, complexity, accountability and liability of the work, they find themselves challenged to create opportunities for children and families to engage in a process for change. The Committee heard these same sentiments from social workers in Newfoundland and Labrador. What is of significance is that social workers know what constitutes good practice. They understand the needs of vulnerable children and families. The issue is having the necessary resources and working conditions to carrying out these practices.

The Committee would also like to highlight that in its efforts to review the operations of the Act, there is no formal evaluation of the programs and services available to the Committee. Evaluation, policy and program development, all responsibilities of the provincial Department of Health and Community Services, are critical in determining outcomes for children, youth and families. There needs to be some measures to determine the successes and failures of efforts to provide services to children, youth and families. The capacity to focus on this critical area does not exist within the Department of Health and Community Services. It was evident to the Committee, through this review process, that this is a resource issue.

In the opinion of the Committee there is little doubt that the principles and purpose of the *Child, Youth and Family Services Act* reflect best practices in the delivery of programs and services

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to children, youth and families. However, the Committee suggests that some important philosophical underpinnings are not acknowledged. For example, in terms of principles, partnership is not acknowledged, yet it is fundamental to the Act's intent in relation to the community, the court, children, youth and family. Likewise, there is no acknowledgment of principles that make reference to co-ordination, integration of services, a continuum of services or early intervention. Again these are key concepts to be captured in the principles in order to make the shift that the Act was intended to make in service delivery. Section 8 also fails to acknowledge services required by communities to help them fulfill their intended role and responsibilities. The philosophy of the Act implies that it is a community Act, hence the community is a client system worthy of intervention and services.

What the Committee heard throughout the course of this review is critically important to the safety, health and well being of vulnerable children and youth. The Act provides a good framework for

services and is based on sound philosophy and principles. The theory and the intent are commendable. However, the human and fiscal resources necessary to follow through on both are not adequate. The Committee received a strong message from service providers on these issues. They were clear on the frustration and sense of powerlessness associated with not having the resources to carry out the fundamental work of this legislation. The Committee supports that the Government of Newfoundland and Labrador must demonstrate the political will to invest resources into this Act. This review has identified many fundamental and serious issues underpinning the introduction and implementation of the *Child, Youth and Family Services Act*. While the legislation is acknowledged as a viable legislative framework for services to children, youth and families, it is paramount that government responds to what many stakeholders across the province have told this Committee. The recommendations in this review provide an excellent resource to facilitate this response.

Data Collection Process & Response Rates

How the MAC Collected Information for this Review

A number of activities were conducted by the MAC to collect information on the operations of the Act. This section provides detailed descriptions of the mechanisms used to assist in the review, the numbers of individuals, groups and organizations who were engaged throughout the review and the response rates. It was important for the MAC to be able to provide a range of options for people. Consideration was given to literacy levels, risk to the client population and the subsequent need to ensure anonymity throughout this process for those who wished to provide their experiences and views to the Committee.

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of the Act. It was
important for the
MAC to be able to
provide a range of
options for people.*

Communications Plan

A communication plan was developed with activities to make the public aware of the work of the MAC. A news release (Appendix F) was distributed on August 14th, 2003 announcing the establishment, composition and mandate of the MAC. The release provided a toll-free number for individuals or groups to contact the Committee to provide their views on the legislation and to find out more information about the upcoming consultations. The press release did not generate any calls or letters from members of the public but was reported by two newspapers, namely, *The Georgian* and *The Express*.

Stakeholder Letter

There were 220 letters sent to individuals, groups and organizations across the province (Appendix E) to advise stakeholders of the establishment of the MAC, its mandate and Terms of Reference. It invited input/feedback into the review process and

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provided an opportunity to submit comments concerning experiences with the *Child, Youth and Family Services Act*. The Committee received 22 written responses, 9 inquiring about the role of the MAC and seeking information on the consultation process and 13 outlining issues regarding experiences with Child, Youth and Family Services. This letter also generated 27 calls to the toll free number inquiring about the consultation process. All letters and calls were from service providers and community agencies across the province.

Toll-free Number

A toll-free number was established to provide service recipients, service providers or members of the public with the opportunity to comment on the Act or, their experiences with the Act, and to make recommendations. Callers could leave identifying information or remain anonymous.

The toll free number generated a number of calls as a result of the stakeholder letter. As indicated, the stakeholder letter generated 27 calls to the line, most of which were inquiries about the consultation process. When the consultation process was publicly announced, there were 21 calls to the line. Of the 21 calls, 14 were from individuals seeking to schedule a time to meet with the MAC, 2 were media inquiries, 2 were from community groups requesting a meeting to present their concerns to the MAC and 3 were from individuals who left their comments regarding the Act on the line.

Website

The MAC established a website that was accessible through the Department of Health and Community Services home page on the Government website. The main purpose was to advise the community of the establishment of the MAC and to provide an opportunity for any interested persons to make their views known to the Committee. The website outlined the Committee's mandate and Terms of Reference, membership and a summary of the principles and purpose of the Act. It included both the discussion document, *Your Views: The Child, Youth and Family Services Act Consultation Paper, Fall, 2004* and brochure, *Your Views: Consultation Brochure* that identified key areas for the review and, provided the public with an opportunity to make their views known to the MAC. Relevant contact information was provided

on the website. Other mechanisms through which the public could make their views known were also provided on this site. The Ministers' Advisory Committee website generated 4 responses regarding the review process. All responses were inquiries about the consultation process.

Notice in *Connecting Voices*, Newsletter of the Newfoundland and Labrador Association of Social Workers (NLSAW)

The MAC identified the need to hear from social workers employed in the area of Child, Youth and Family Services and from other social workers who were in a position to comment on the programs and services delivered under the Act. The NLSAW newsletter is distributed to over 1000 registered social workers in Newfoundland and Labrador. This was seen as the most effective way to connect with this group. The newsletter article (Appendix G) invited social workers to provide their views and experiences regarding the operations of the Act by calling the toll free number or contacting the Committee through its confidential mailing address. Responses could be anonymous. One social worker called to inquire about becoming a member of the MAC. This person was advised that Committee membership had been previously appointed. No other responses were received.

Presentations from Key Stakeholders

The MAC identified service providers who have direct experience in the operations of this Act to develop a well informed process focusing on relevant issues. The MAC requested presentations, meetings and/or submissions from the following:

- CY&FS Divisional Staff, Department of Health and Community Services;
- The Judiciary, including Provincial, Supreme and Unified Family Courts;
- Directors of CY&FS from the six Regional Health and Community Services and Integrated Boards; and,
- Department of Justice lawyers who represent the Directors of CY&FS in court on matters under this Act.

Written responses were received from those listed above and are incorporated throughout this report.

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Open letter for submissions to staff within the Regional Health and Community Services and Integrated Boards

Prior to the beginning of the consultation process in September, 2004, a letter (Appendix H) was written and distributed through the Chief Executive Officers of the HCS/Integrated Boards to all staff advising of the review process. They were provided with information on how to make their views known to the MAC regarding their experiences with the Act. The letter encouraged staff to advise their clients about this process and how they could make their own views known, anonymously if so desired. No responses were received.

Community Consultations Process

This process was designed to create opportunities to hear from service providers, service recipients and members of the public. The MAC contracted independent consultant, Jane Helleur & Associates Incorporated, to assist in the design and facilitation of the community consultations. The community consultation process included:

Stakeholder Workshops

Thirteen workshops (see Appendix I for consultation schedule) were conducted throughout the province from September 13th - October 22nd, 2004. A comprehensive stakeholder list was compiled for each of the six Regional & Integrated Health and Community Services regions. Representatives from these key groups, organizations or individuals were invited to attend a half day workshop. The Discussion Document was forwarded to participants in advance of the workshop. The Discussion Document described the key areas and provided questions for discussion on each issue. Statistical information for each region was also provided for all the areas under review. The format for the workshops was small group structure and individuals were asked to pre-assign themselves to one of four groups to discuss two major issues/themes. They reported back to the larger group and were provided with an opportunity to comment on other areas not explored in their small group. Approximately 25 participants were invited to attend each

stakeholder workshop or, a total of 315 individuals across the 13 workshops province wide. Of the 315 invited, 308 attended and provided feedback to the MAC. Questions were developed to elicit input from service providers for these workshops (Appendix J). An in-depth analysis of these workshops is provided in the 'Stakeholder Workshop' analysis section of this report.

Public Consultations

Public Consultations were offered on the premise that there were individuals who may wish to express their views and who may not be invited to a stakeholder or client consultation session. The consultations took the form of pre-scheduled 15-minute time slots with the last 30-minutes reserved for individuals who had not pre-booked a time slot. These time slots were confidential, with the consultant and one or two MAC members present. The MAC was committed to creating a comfortable atmosphere conducive to individuals sharing their views regarding any aspect of the Act and the manner in which it is being implemented.

Client Consultations

Similar to the Public Consultations, these sessions were exclusively reserved for clients and/or their family members. Those who are receiving or have received services under the Act were provided with an opportunity to meet with the consultant and/or Committee members to express their views. A support person could attend with them. For those unable to meet with the MAC, telephone interviews were conducted and notes were taken by the consultant. Individuals could provide the MAC with a written submission of their issues.

It was envisioned that there would be a two hour time slot for members of the public and an average of four hours for clients to meet with the Committee. Time slots generally followed the stakeholder workshops and were conducted in the same 13 sites. Due to the limited responses to this part of the consultation process, there was no need to distinguish between the two groups. As a result, individuals or groups were scheduled as they contacted the Committee. Confidentiality was a critical component. These sessions were adjusted to meet the needs of those requesting to make their views known to the MAC. For example, when

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geography prohibited some individuals from attending in person, telephone interviews were conducted. Others requested to bring a support person with them. The interviews were structured to be free flowing and conversational with the consultant taking key notes for analysis. Some individuals and groups gave presentations and others submitted written briefs to the Committee. There were 29 responses to the public and client consultations which included telephone interviews, submissions and private meetings with the MAC. Five client submissions were not used in the summary and analysis for this part of the consultation process because they did fall within the mandate of the Committee.

Brochure Distribution

The MAC developed a brochure designed to elicit views from those who are receiving, or have received services under the Child, Youth and Family Services Act. Three thousand brochures were distributed across the province through Directors of Child, Youth and Family Services, various professional and community groups and individual participants connected to relevant community resources. The brochure contained information on key areas the Committee was interested in hearing about. It provided a tear off section with seven questions (Appendix K) that individuals could return via mail to the MAC or provide the answers directly on the website. No responses were generated from the brochure distribution.

Focus Group

The MAC consulted with the Youth Services Site in the St. John's Region to determine appropriate mechanisms to meet with youth who are/were involved with the Youth Services Program. The Committee worked with staff from the Community Youth Network (CYN), Health and Community Services St. John's Region (HCSSJR) and Choices for Youth (CFY) to design a focus group to hear directly from youth. The goal was to hear about their experiences with the program, about how it is meeting their needs, to identify any gaps and limitations of services, and other related issues.

Twelve youth, ranging in age from 16-20, participated in the focus group conducted at the Youth Services Site in the St. John's Region. Some youth had been in care and transferred to the Youth Services program at age 16; some youth entered the program at 16 years of age; and others had been transferred to Human Resources, Labor and Employment at age 18. All participants were located in the St. John's area and were receiving or had received residential services through the Youth Services program. Incentives including transportation, snacks and a 'care kit' were provided to participants. The group consisted of equal representation of males and females. The focus group was facilitated by a representative of the CYN and the Committee's consultant, Jane Helleur. A series of sample questions (Appendix L) were developed in partnership with the various youth serving agencies represented at the site. Their experience and expertise in working with youth was helpful in this regard. A representative whom youth were familiar with was helpful in enhancing youth participation. A detailed analysis of the focus group is provided later in this report.

Preliminary Consultations: Key Issues & Themes

Prior to planning the community consultation process, the MAC heard from key stakeholders involved in the day to day operations of the Act. The groups that took part in the initial consultations included:

- Directors of CY&FS, Regional & Integrated HCS Boards;
- Department of Justice lawyers who represent the Directors in matters related to the *Child, Youth and Family Services Act*
- The Judiciary including Provincial, Supreme and Unified Family Courts; and,
- CY&FS Divisional staff, Department of Health and Community Services.

Seven major themes emerged to become focus for the community consultation process.

This provided the Committee members with an opportunity to gain insight into what was happening at the regional and provincial levels with respect to program and service delivery. Further, it became an opportunity to focus on key issues that formed the basis for the review process and consultations. Seven major themes emerged to become the focus for the community consultation process. Information was received in the form of written submissions, presentations and key informant meetings. This section of the report summarizes these consultations and concludes with the major themes that evolved from this process. These themes informed the remainder of the review process for the MAC and are detailed in the stakeholder workshop and public and client consultation analysis sections.

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PRELIMINARY CONSULTATIONS: SUMMARY AND FINDINGS

The information is presented in three major categories:

1. Legal Issues
2. Regional Issues
3. Provincial Perspectives

1. Legal Issues: What the MAC Heard

The MAC received presentations or submissions from the Provincial and Supreme Courts; Department of Justice lawyers who represent the Directors of CY&FS on matters under this Act; and the Directors of CY&FS from Regional Health and Community Services and Integrated Boards. Most groups are challenged in complying with the provisions of the Act in relation to the legislated court time frames. Other issues regarding court time frames are discussed in detail later in this report. There are varying opinions on why it has been difficult to adhere to the legislated time frames. Some of the key challenges include:

- Systems that support these new provisions were not provided with adequate staffing levels including Legal Aid services and Provincial and Supreme courts;
- Insufficient time to prepare for a case within 30 days because of challenges in obtaining timely disclosure of case files, completing the assessment required by Legal Aid to determine eligibility for services, the impact of geography on accessing timely legal representation and accessing court dates;
- Time lines are too short for lawyers, who have very limited time, to properly represent their clients and usually on short notice. Consideration should be given to re-evaluating the time lines for Presentation Hearings and Protective Intervention Hearings;
- The majority of cases heard and decided on in a timely manner are consent matters. Cases requiring a full hearing where there is no parental consent consume a significant amount of preparation and court time. Courts expressed concern because matters under this Act are not the only cases that the courts need to schedule;

- The absence of alternatives to court and the impact this may be having on these matters and on a client's right to a timely outcome. Courts may not always be the most effective place to conduct child welfare matters;
- Final decisions from the courts have been reported to take a year or more in some cases. This impedes permanency planning for the child particularly in cases where the Director of CY&FS is seeking continuous custody orders;
- The impact of court delays is being experienced across the entire province. Some regions have met with the Judiciary in an attempt to resolve some of these issues;
- Supreme Court judges advised that due to the significant amount of services being provided to families before removal of a child is contemplated, cases before the court are more complex and take up more court time;
- Courts are granting numerous 'Interim Orders' which are not contemplated in the Act, compromising the time limits set out in Section 36(1) of the legislation;
- There are concerns about warrants to remove being conducted via telephone and not in writing by fax or email. The courts recommend the establishment of a standardized format for these warrants;
- Permanency planning for children is being seriously compromised by non-compliance with time frames for court hearings and time limits for children in care;
- Part VIII of the Act had not been proclaimed at the time of the MAC review and lawyers expressed concern that after 5 years this has not happened; and,
- Absence of the ability to deal with medical treatment for youth over 16 years of age.

2. Regional Issues: What the MAC Heard

The Committee received submissions and/or presentations from the Directors of CY&FS of the six Regional Health and Community Services and

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Integrated Boards. The Directors are appointed by boards and have delegated authority to enter into agreements and services provided for under the Act. They retain care and/or guardianship of children placed outside their homes. Directors are responsible for ensuring overall compliance with the legislation, standards of practice and policy and program development within the regions. Each Director had issues that were unique to their regions; however, some of the issues were consistent across regions. Directors provided the MAC with regional profiles that included staffing components, service delivery models, specialization of programs (where applicable), program statistics, quality initiatives and challenges within the regions. The following is a summary of the issues:

Evaluation:

- The proposed evaluation framework developed when the Act was proclaimed has not been implemented. This prohibits regional and provincial partners from measuring the impact of the legislation in the lives of children, youth and families. The legislation is based on best practice in the area of children and family services. It is strongly recommended that the evaluation framework be revisited and implemented;
- There is an inability to determine if the good things that are happening are a result of the new Act or the regionalization of programs and services or both; and,
- Inability to determine if the devolution of programs and services to regional and integrated health boards is having the intended effects of bringing service delivery closer to the community, developing key relationships within the community to enhance service delivery and promoting an interdisciplinary coordinated approach to the work.

Resource Issues:

- Human and fiscal resources have not been invested to carry out the spirit and intent of the Act. Programs and services have not been put in place or are not adequate to support the new direction because of this lack of investment; and,
- These investments include not only HCS/Integrated Boards, but also program and policy development within the DHCS.

Prevention and Early Intervention versus Focus on Protection of Children:

- The focus on risk assessment, risk management and crisis intervention continues to consume the majority of resources within the HCS/Integrated Boards;
- Prevention and early intervention activities are limited. Prevention is focused on the prevention of further child abuse and maltreatment; and,
- Inability to provide services through the Family Services Program is not in keeping with the principles of the Act as practice continues to be reactive, not proactive.

Permanency Planning:

- Recruitment and retention of foster homes continues to challenge effective permanency planning for children; and,
- Failure to increase the CWA program rates as was promised when the legislation was introduced.

Quality Initiatives:

- Despite of the challenges, quality initiatives and key partnerships are being developed across the province. Some examples include social workers from CY&FS in community schools, partnerships with Family Resource Centres, Community Centres and community based agencies.

Validation of Existing Practice:

- The legislation supports and reflects social worker practice that has been on-going for a number of years including; the move towards family preservation, family involvement in decision making and the provision of supports to children and families to mitigate risk and preserve the family unit.

Youth Services Program:

- The introduction of the youth services program has been positive and filled a significant service gap;
- Regions have been able to design the service to meet the needs of youth in their regions because of the flexibility in policy;
- The issue of competency and guardianship for youth over 16 has presented significant

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challenges in planning for these youth, particularly when it comes to medical consent;

- The age limit for the youth services program (16-18) requires review. Regions are concerned about the ability of youth to make the successful transition from this program to services provided by the Department of HRLE at age 18; and,
- Insufficient funding to meet expanding numbers of youth accessing this program.

Accountability Provisions:

- The accountability provisions in the Act are a positive addition to the legislation, specifically, the regional Custody Review Committees (CRC), the MAC and the provision of warrants;
- CRCs are operating in every region however, have not linked it to outcomes for children. The impact of these committees is not known, only that they've been implemented and plans for children are being reviewed. Evidence is only anecdotal; and,
- Warrants are viewed in practice as a positive provision because of the accountability to families. Removals are sanctioned by the court, where possible.

3. Provincial Perspective

The MAC received written submissions and presentations from the Provincial Director of CY&FS and two consultants in the DHCS. Divisional staff are guided by the Provincial Director's responsibilities outlined in Section 5 of the *Child, Youth and Family Services Act*. These include:

- the establishment of provincial policies, programs and standards;
- monitoring, evaluation and research of these policies, programs and standards;
- establishing a province wide computerized child, youth and family Services information system;
- representing the province in interprovincial and territorial and other discussions and agreements; and,

- advising and reporting to the minister on matters related to child, youth and family services.

The MAC was provided with an overview of the roles and responsibilities of the CY&FS Division at the DHCS. There are two consultants who have responsibility for all programs and services under the Act. One of the consultants is also responsible for the Adoptions and Post Adoptions programs which are legislated by the *Adoption Act*.

At the national level, Newfoundland and Labrador (NL) is recognized as having progressive legislation that provides innovative and creative programs. There is considerable national interest, for example, in the youth services program. NL is also one of five provinces that has been selected to participate in the Outcomes in Child Welfare National Research Study. Other significant pieces of work that have been completed include the revision and provincial training of the Risk Management System, ongoing PRIDE training with regions and the decision to implement the Looking After Children (LAC) tool for the children in care program. LAC is a complete system for planning, decision making, reviewing and monitoring the day to day care of children in care. Its goal is to improve the standard and quality of care for these children.

The Committee heard that while standards and policy were developed when the Act was introduced in January, 2000, they now require significant follow up, possible development and training. The most important issue related to the lack of resources to implement the evaluation framework that was seen to be critical in determining the successes and failures of the new legislation. The youth services program for example, was supposed to be reviewed within a year of its inception to help inform future policy directions and focus for the program. The vision for this program was a 'one stop shopping' where youth could actually receive services from any discipline within a HCS/Integrated Board. This has not been realized in practice. There are serious issues regarding competency of youth over 16 where no legal authority exists for Directors to make decisions on their behalf.

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Primary Areas of Consideration for the Review Process:

In addition to preliminary consultations, the Committee reviewed existing documents, the executive summary from the 1996/97 child welfare review and, received oral historical accounts concerning the drafting and planning for the new legislation. All these sources confirmed for the Committee their priorities for this review. The seven areas chosen include:

- Court Time Frames and time limits which includes time frames to conduct hearings under this Act and, time limits for children in care;
- The Youth Services Program which provides residential services pursuant to Section 11 of the Act and, non-residential services pursuant to Section 10 of the Act;
- The Family Services Program that provides voluntary family services aimed at prevention and early intervention pursuant to Section 10 of the Act;
- Permanency planning and Placement of Children which focus on the continuum of services available to children and families to assist in securing a permanent plan for the child;
- Mandated Interventions, referenced in Section 14 of the Act, outlines the definitions of a child in need of protective intervention;
- Prevention and Early Intervention refers to the fundamental shift and change in philosophy in the way programs and services would be delivered to children, youth and families. Practice would change from a reactive to a proactive focus; and,
- Alternate Dispute Resolution mechanisms that focus on alternatives to the court process pursuant to Section 13 of the Act.

Stakeholder Workshops: Key Issues & Themes

1. Prevention & Early Intervention

Prevention and early intervention are critical components of the *Child, Youth, and Family Services Act*. They support Government's intention to move from remedial approaches towards prevention and early intervention strategies, with services delivered by community-based boards. The legislation supports a continuum of responses to meet the needs of children, youth, and families in their communities that is supported through the principles articulated in the Act. The Act is intended to be proactive in providing comprehensive community based and integrated services to children, youth and their families. Service and program delivery are intended to support the move towards programs which are coordinated, delivered through community-based organizations, and have a prevention and early intervention focus. The prevention and early intervention responses envisioned in the Act include support to children, youth and families through the provision of voluntary family services prior to the time of crisis. Prevention and early intervention reflect the desire to move to interprofessional approaches to address root causes and to build the capacity of individuals and communities for greater self-reliance and a sense of health and well-being. Community support and partnerships are seen as critical factors in building support networks for children, youth and families.

*"We're exhausting
the same people in
the community who
are trying to make
a difference."*

Workshop Participant

What the MAC heard about Prevention & Early Intervention

The Committee heard that while prevention and early intervention strategies are happening across

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the province, resource issues continue to put a strain on many services providers both within and outside the HCS/Integrated Boards.

Further, there is a general lack of education and awareness about the *Child, Youth, and Family Services Act* and the intention to move towards a focus on prevention & early intervention. Many who attended the consultations were not aware of the new direction and focus of the Act and welcomed the opportunity to engage in discussion with other service providers about the work. Within the HCS/Integrated Boards, there appears to be a lack of understanding of the Act. This was attributed to lack of follow up training and evaluation across the province since proclamation of the legislation. Another significant point the Committee heard is that service providers are still operating in silos and that the vision for coordination of services through community based boards has not realized its fullest potential. CY&FS representatives from across the province still feel that they are viewed as a “protection agency” and that there is a general lack of understanding of the kinds of programs and services they provide. The absence of linking, coordination and education seem to be at the root of the problem.

Challenges & Issues

- The absence of a long-term strategy to support and address prevention and early intervention has resulted in ad hoc attempts to provide these services to children, youth and families;
- Regional and Integrated Health and Community Services boards identify that crisis intervention and mandated interventions remain the focal point of the work for CY&FS;
- The community has not been properly engaged along with other partners to help support the

spirit and intent of the Act. Bridging this gap is critical to providing services as envisioned;

- Workload prohibits the opportunity to focus on prevention and early intervention work with families. Prevention of further child abuse and maltreatment appear to be the focus;
- Adequate human and fiscal resources have not been properly invested to support prevention and early intervention strategies.

2. Family Services

The Family Services Program was established as a result of the *Child, Youth and Family Services Act*. It is a voluntary program that envisions the provision and linking of services to children, youth and families to promote their safety, health and well-being. It builds on the prevention and early intervention philosophy embedded in the principles of the Act and provides support for a continuum of services ranging from prevention to crisis intervention. The Child Welfare Allowance (CWA) and Voluntary Care Agreement (VCA) are parts of the continuum of services provided under the Family Services Program. The provision of Family Services was envisioned to be provided by a well-developed network of professionals and community-based organizations working together to promote coordinated services.

What the MAC heard about Family Services

There is widespread support for the provision of family services. The challenges however, are that those employed by CY&FS either do not have time to get to these cases or, they do not understand fully what the program was designed to do and, the community at large is unaware of the existence of this program as a possible resource for children, youth and families. Employees at the boards consistently stated during the consultations that

“We don’t really know how (or if), this program is making a difference to children, youth and families. We’re not good at getting the opinions of those we provide services to.”

Workshop Participant

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protection of children is their priority and that voluntary cases are given low priority. The overriding theme that evolved during the consultation process was that this program was under funded and under resourced from its inception. As a result, services are provided where possible and primarily by social workers in the CY&FS program. The vision for this program has not been realized in practice as it had been intended. It was also clear from participants that the DHCS must complete an evaluation of this program. Standards and policy development are critical to provision of effective services to clients. Further, many individuals stated that unless there is staff dedicated to the provision of family services, this program will continue to be ineffective.

The Committee also consistently heard that the increase in rates for the CWA program were not implemented as promised. The perception is that there is more financial support to place children in foster homes than with a relative or significant other under the CWA program. This program, considered part of the Family Services Program, was intended to provide support to families within the child's natural family or community.

Challenges & Issues

- Human and fiscal resources were not invested to support the development and implementation of this program;
- Public perception is that CY&FS is a "child welfare" agency whose focus and function is child protection solely;
- Lack of public and 'in house' awareness, education and training on the provision of family services and what it means in practice with children, youth and families;
- Social and economic factors are impacting on the numbers of families on protection caseloads and the complexity of the cases. Protection cases take priority over voluntary cases;
- Due to the nature of the work, protection of children will always be prioritized higher than voluntary requests for services;

- Additional resources at the DHCS, particularly in the CY&FS Division, are required to focus on evaluation, training and program development;
- The focus in the regions is still on crisis intervention. One region even reported having to create a waiting list for voluntary requests for service;
- The absence of funding and staffing for the Family Services Program.

3. Expansion of Services to Youth (16-17 years)

The Act extends services on a voluntary basis to youth from age 16 up to and including their 18th birthday. The review of the former *Child Welfare Act* noted that this age group represented a significant gap in the service delivery structure. Services are now offered on a voluntary basis to youth and their families, with the primary focus being the safety, health and well-being of the youth. Every effort must be made to facilitate family preservation/ reunification when it is in the best interest of the youth. Services may be either non-residential or residential in nature. Non-residential services may include counseling, mediation, and/or services provided under Section 10 of the Act. Residential services are intended to assist youth in securing and maintaining suitable living arrangements, with either a plan to return home or to move to independent living. These services may be provided under Section 11 of the Act through a Youth Care Agreement (YCA) when it is determined that a youth can no longer remain in the family home. One of the underlying goals of the Youth Services Program is to assist young people in a successful transition to adulthood.

What the MAC heard about Youth Services

It was clear that there is a widespread support for this provision. One participant said, "this is the good news story of the Act." This was an obvious gap in service delivery that had been identified during the 1996/97 review of the Child Welfare program. What was also clear were the range of opinions regarding certain aspects of this program designed to target youth between ages 16-18 years of age. Some people think a two tiered system has been created. Youth who are in the custody of the

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Director before their 16th birthday can receive services up to their 21st birthday, while those who enter the system at age 16 are transferred to the Department of Human Resources, Labor and Employment (HRLE) at age 18. There was also significant discussion regarding the appropriateness and ability for youth at age 16 to make independent decisions. Several commented that the system is not accountable enough to youth who are high risk. These are generally youth who are too young and ill equipped to make the kinds of decisions we allowing them to make. Other thought that youth should be empowered to be involved in making decisions that directly affect them. Many of these youth are used to this level of independence as they often do not have family support to assist them.

Other opinions focused on the fact that since government has filled this gap, they need to evaluate what has been happening with this group. Services should not be delivered in a 'hit or miss' fashion and the lack of evaluation and program development has resulted in service delivery being ad hoc and significantly different across regions. Many thought the age range should be 16-19 and that more effective coordination between HRLE and HCS was necessary to assist youth in the transition from youth services to income and employment support. While there have been challenges and issues with this program, the St. John's Region has developed the Youth Services Site with services that are coordinated with other youth serving agencies in the region. Statistical profiles outlined in the Committee's discussion document also indicate the extent to which this new program was necessary and is being utilized. The numbers have consistently risen since the Act was proclaimed in 2000.

Others thought that the absence of public awareness of this program has impacted on the number of youth who could potentially avail of this service. "We're just not making the right links," said one participant. Linkages among the

Departments of Health and Community Services, Education and Justice were identified as being critical to youth. Another significant issue that emerged was the issue of consents and guardianship for youth age 16-18 that are deemed 'incompetent' to make decisions on their own behalf (i.e. medical, educational, etc). Some suggested amending the Act to make Directors the legal guardians for these youth.

Challenges & Issues

- Provision of youth services often receives lower priority when social workers have combined caseloads. Crisis intervention and protection cases are given high priority which often means a less effective and efficient service for youth;
- Services to youth are still primarily the responsibility of social workers in the CY&FS program. Partnerships are critical to successful outcomes for youth and must be developed both within the Health and Community Services system and, within the larger community;
- Sharing of information was seen as a potential barrier to services for youth;
- Many youth and their families are not aware of the Youth Services Program and the services they could possibly receive;
- Lack of human and fiscal resources committed to this program present service delivery challenges;
- Absence of evaluation of the Youth Services Program and policy review/development at the DHCS. Service provision is inconsistent across the province because of lack of development of standards and policies and absence of any review mechanisms to measure how this program is working/not working for youth and their families;

*"Just because it's
a voluntary
relationship (between
the agency and the
youth), doesn't make it
any less important."*

Participant

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- Many reported having difficulty with allowing youth to make their own decisions at age 16. Others presented extreme concern for youth with developmental challenges who have no one to make decisions on their behalf or are unable themselves to make those decisions;
- Lack of housing options, transitional housing and residential treatment for youth in this province.

4. Alternate Dispute Resolution

The Act provides for voluntary Alternate Dispute Resolution (ADR) mechanisms including mediation, pre-trial settlement conferences and family group conferences. The provision of ADR mechanisms is consistent with principles described in the Act, particularly that services be provided using the least intrusive means of intervention. ADR is suited for situations where there may be conflict between a family and about the intervention planned by the Director of CY&FS for the child and family. Alternate dispute resolution provisions are intended to allow for alternatives to the court process, which is often seen as adversarial. The legislative mandate to implement ADR mechanisms exists in the Act but have yet to be implemented.

What the MAC heard about ADR:

The responses regarding the ADR mechanisms are used in this province ranged from none at all to informal arrangements between lawyers for the Directors of CY&FS and the client, the clients themselves and social workers who are acting on behalf of the Director. Some examples include case management meetings before court proceedings, pre-trial discussions or case conferencing to resolve key issues before going to court. Many of those who attended the workshops felt that ADR could potentially free up court time and that it could reduce the need to litigate child protection cases. Others expressed concern that it could be another step in the process and that court might be

inevitable. The Committee heard that having an independent third party mediate these cases could expedite case decision making, improve relationships and create more transparency between families and those representing the Director. It could also empower families through direct involvement in working through the issues.

The impact that ADR could have on children and families was also discussed at these workshops. Families could be fully informed about what concerns exist in relation to their family and, understand what needs to occur to mitigate these concerns. It could potentially be a less traumatic process than court proceedings which tend to be intimidating for families. There was significant caution expressed across the province regarding implementation of ADR. Individuals stated that ADR is a complex process that requires research into best practice, current trends and existing models in other jurisdictions and, policy/standards development. It was expressed repeatedly that if the DHCS moves in this direction, proper development, education and training must occur. Another key point noted was that decision making must continue to be child focused in keeping with the principles of the Act. Others cautioned that if it

is implemented, ADR needs to be properly resourced both from a fiscal and human resource perspective. Many participants felt strongly that development of this provision should be done in collaboration with key partners such as Provincial and Unified Family Courts (UFC).

Challenges & Issues

- Proper planning and implementation are key to success/failure of ADR, including a full understanding of the process by the legal community, families, social workers, regional health authorities, staff and the courts;
- Human and fiscal resources need to be invested into the research, development, training and implementation of ADR;

“Planning for children is too often driven by the court calendar and not by the needs of the children.”

Workshop Participant

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- Independent third parties need to be carefully selected to provide ADR;
- Standards of practice for ADR will need to be developed in accordance with the principles of the Act.

5. Court Provisions

The *Child, Youth and Family Services Act* legislates time frames for the courts to hear and rule on protective intervention cases and, provides time limits for temporary custody orders for children in care. These time frames are intended to provide timely responses for court hearings for children who have been removed from their families and limit periods of time that children can be in care. The principles of the Act reflect recognition that decision-making delays affect the timeliness of providing services to children and impact on effective permanency planning. They were intended to be child focused and in accordance with a child's developmental needs. Time limits under the Act have been developed in consideration of a child's need for stability and permanence. Generally, the younger the child, the shorter the period he/she may remain in care without a permanent and stable home being identified.

What the MAC heard about Court Time Frames

The general consensus regarding court time frames for hearings and time limits was that they are not working in accordance with the principles and purpose of the Act as intended. There were a number of reasons cited for this. Some individuals stated that from the date of proclamation of the Act, proper resources were not invested to support the new court provisions. These included court resources, access to legal aid lawyers and access to court time. Other reasons included lack of family court services to deal with matters under the Act. All these issues were said to lead to court delays. Many expressed concern about the impact this is having on permanency planning for children. The Committee also heard that it can take long periods of time to receive written decisions from the courts on matters pertaining to children. Examples were given that it could take up to a year or two to get a written decision from the courts. In the meantime, children's lives are put on hold until final decisions

are received. Concerns expressed by the legal community included the lack of time to prepare for a case within the 30 day legislated time frame. Parents have to apply to legal aid for representation and this takes time to complete. The disclosure of file information was cited as an issue as file information is often not readily accessible to the parent and his/her lawyer in preparation for court.

Access to court time to conduct presentation hearings and protective intervention hearings was cited as a consistent challenge for service providers. Obtaining court dates for the first hearing (Presentation Hearing) was usually not the issue. The Protective Intervention Hearing however could take months to schedule, sometimes longer than the actual application for custody. There was considerable debate throughout the consultation process on whether the standards for court time frames should be changed, or, the system to support it strengthened. While some individuals felt strongly that the standards should change because we are not meeting them, the overwhelming majority did not agree. The consensus seemed to be that the system should be strengthened so that planning for children and families could be completed in a timely manner. This was the purpose of creating the new court provisions from the outset.

Challenges & Issues

- Access to court time to adhere to the statutory provisions regarding time frames and time limits as outlined in the Act;
- Lack of specialization in the court system to deal with CY&FS matters (i.e. UFC versus Provincial Court);
- Inadequate resources provided to the court system and legal aid to support the court provisions;
- Lengthy waiting periods for final decisions from the courts on CY&FS matters;
- Insufficient community resources to provide parents with the recommended supports and services necessary to work towards family reunification. Particularly noted were mental health and addictions services, access to counseling and parenting assessments;

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- CY&FS matters being heard in Provincial Court where criminal cases take priority;
- Delays in court hearings which adversely affects planning for children and their families regardless of the nature of the application (i.e. temporary or continuous application);
- Time frames to conduct hearings and time limits for children in the custody of the Director are not being met;
- Insufficient time for parents to apply and access legal representation and for lawyers to access the information they require to prepare for court.

6. Permanency Planning & Placement of Children

Permanency planning is the framework for providing services to children, youth, and their families. This framework reflects the basic assumption that all children have a right and need to have a permanent family environment. Decisions regarding placement of children in care should be undertaken with the goal that every child in care has a permanent home. Planning must be completed in partnership with children, youth, their families, significant others and the community. It is based on the principle that children should not remain in the 'in care' system for any longer than is absolutely necessary. Maintaining continuity of relationships with extended family members and a child's community is recognized as being important. As a result, efforts are made to recognize cultural heritage and to place children in the care of the Directors of CY&FS, with relatives and within their communities. When circumstances are such that children require protective intervention in the form of placement, the placement should be conducted in the least intrusive manner possible and in accordance with the best interests of children, as described in the Act. Considerations for placement can include immediate family resources, significant others, and other caregiver resources.

What the MAC heard about Permanency Planning & Placement of Children:

The framework of permanency planning was widely supported throughout the consultations. There were many examples cited during the

consultations as to how the Act promotes permanency planning for children and youth. Many participants supported the accountability provision in the Act of regional Custody Review Committees to review all children in continuous custody of the Director in accordance with Section 76 of the Act. These Committees ensure that children in permanent care have plans in place, whether it is long term foster care or adoption. Services are also reviewed as part of the CRC reviews. Other mechanisms in place that promote this framework include the Risk Management System (RMS) that was update by the Province in 2003 and widely supported throughout the consultation process. Further to this, guardianship of children in care became the responsibility of the Directors of Regional Health and Community Services Boards following proclamation of the Act. This was seen as a positive move as it allowed for closer relationships to children in care at the community level. Others felt that Individual Support Services Plans (ISSP) supported necessary interdisciplinary coordination that children and youth required. In terms of placement of children, the ability to place children with relatives/significant others was viewed positively and is consistent with the principles and purpose of the Act.

As with other provisions in the Act, this too presents with its challenges. Among these challenges are the court system and its delays in decision making on behalf of children and youth; recruitment and retention of suitable foster homes (caregiver homes); placements for challenging youth due to absence of residential treatment in the province, lack of adoption placement options for older children and others. Other challenges included remuneration for foster parents, CWA rates and rates for relatives/significant other placements. The ISSP process, while supported in theory, may not be working as effectively as intended to ensure service coordination for children and families.

Challenges & Issues

- Delays in the court system are impacting on effective and efficient planning for children and youth;

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- The ISSP process is not being utilized to its fullest potential to ensure coordination of services to children, youth and families;
- Access to legal services for parents is causing delays in planning for children;
- Recruitment and retention of suitable caregiver homes/foster homes is impacting on the ability to find suitable placements and ensure proper planning for children and youth;
- Current rate structures for foster homes and CWA are inadequate to meet the needs of children and youth who require placement;
- Insufficient access to proper training for front line staff, community partners and caregivers (foster parents);
- No formal evaluative mechanisms exist within the DHCS to demonstrate how we are actually doing with planning for children and youth.

7. Mandated Interventions

The Protective Intervention Program, mandated under the *Child, Youth and Family Services Act*, provides social workers with the authority to intervene, assess, and secure the safety, health and well-being of a child in accordance with the principles outlined in the Act. Section 14 of the Act defines a child in need of protective intervention and focuses on interventions within a family following the identification of child abuse or maltreatment. The current legislation supports a variety of responses to protect children. This was seen as a shift in how services had historically been provided to children and families. There was a recognition of the significant intrusive powers of the state and mandated interventions are provided only when it is determined that a child is in need of protective intervention. This direction was supportive of what was already happening in practice and evidenced in the numbers of children and families supported in their own home versus foster care.

The term 'neglect' was removed from the definitions of a child in need of protective intervention. Neglect was seen as a punitive and blaming term, often resulting from factors over

which families have very little control such as poverty. The terminology was replaced with child abuse and maltreatment and would apply strictly to those cases where there is clearly an identified child in need of protective intervention. The continuum of services offered to families includes, but is not limited to; counseling, child care services, transportation and social work services. The Act promotes the general principles that children belong with their families and that services should be provided to ensure that any relevant issues impacting on the child and the family are addressed. The safety, health and well-being of a child are of paramount consideration in any interventions with families. The province uses a risk management system that standardizes these processes to ensure a comprehensive approach to assessment of risk to children and to facilitate clinical decision-making.

What the MAC heard about Mandated Interventions

Regional Health and Community Services and Integrated Boards staff stated that the new Act provided them with legislative mandate to provide services to children and families within the context of their own family and community, even where risk is present. Some participants stated that the changes in Section 14, in conjunction with the principles in the Act, allowed social workers to intervene in families only when necessary and, with the involvement of the family in planning and decision making.

There seemed to be an overall lack of understanding of the direction this Act was taking with respect to the provision of services to children, youth and families and the difference between family services and mandated interventions. Some felt that there may be a risk that boards were interpreting 'least intrusive means of intervention' at the cost of children's safety, health and well-being. Others advised the MAC that there was confusion in practice regarding third party referrals and where (and if) these cases 'fit' within the legislation. There was considerable discussion about the challenges with assigning cases under Section 14 (c) & (f) referring to emotional abuse, and how this was to be interpreted in practice. Others said that the Risk Management System has assisted in

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clarifying this for practitioners. Risk Management also received support from many participants who stated that the use of a standardized tool assisted them in their clinical decision making and has improved the work.

The use of warrants received considerable debate throughout the consultation process. Many felt this provision promoted accountability to families through the sanctioning of the court for warrants to remove children. Other comments focused on the fact that Section 14 clarifies the role of CY&FS within families and promotes accountability and the use of less intrusive interventions. The Committee heard that Section 15 "Duty to Report" is still confusing for the community and as a result, appropriate referrals are not being received at CY&FS offices. Of particular concern were referrals regarding domestic violence.

Challenges & Issues

- Lack of updated training and education for staff working in this program and community agencies who are key partners;
- Protection of children remains the responsibility of 'child welfare' and engaging community partners is often challenging;
- The issue of 'neglect' which was excluded from the Act, should be included as it constitutes a large majority of referrals. Many reported having to make too many judgment calls on where to 'fit' referrals under Section 14;
- General confusion as to what constitutes a family services case versus a mandated intervention under Section 14
- Third party referrals are not addressed in Section 14. There is a widespread confusion regarding CYFS role in this regard.

Public and Client Consultations & Submissions (Key Issues & Themes)

Members of the public and consumers of services under the Act were given the opportunity to meet privately with members of the MAC as part of the consultation process. The following information was gathered from individual and group presentations, written submission to the MAC and telephone interviews, when in person interviews were not possible. The following themes were identified from the analysis of the submissions and interviews.

Key Themes from the Public & Client Consultations

- 1) **The involvement and engagement of the community are critical to the long term vision of this legislation and for positive outcomes for children, youth and families.**

The MAC heard that many members of the public and service providers are not even aware of what supports exist within any given region or community. If this is so, how much can we expect the public to understand and contribute to the lives of children, youth and families? There is a general lack of public awareness, not only regarding the Act, but about the ways to help children, youth and families within their own community.

- 2) **We cannot underestimate the impact of poverty on children, youth and families in this province.**

One of the greatest threats to the safety, health and well being of children and youth is poverty. Newfoundland and Labrador has the highest rate of child poverty in Canada as recently indicated in the Campaign 2000 report on poverty in Canada.

*“The best way to
protect children is to
educate the world.”*

Unknown

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Poverty is also one of the underlying issues in the vast majority of child protection cases. Service providers say they are challenged to deal with families who are struggling to meet basic needs. Partnerships between HRLE and the HCS need to be strengthened to continue to address issues of poverty and their subsequent impact on vulnerable populations in this province.

3) Human and fiscal resources were not invested up front to support the 'fundamental shift' in the way services were to be delivered under the Act.

This quote from a participant is quite telling in terms of the excellent standards we have set for the provision of programs and services to children, youth and families. It represents the fact that our current standards are based on best practice across this country in the field of child welfare, but the overriding barrier to operationalizing the principles and purpose of this Act is the lack of investment to properly implement and evaluate the Act. This issue was consistently cited during the review process. Without proper financial and human resource support, professional staff continue to struggle with providing the basic services needed to ensure the safety, health and well being of children. Again, the Committee consistently heard that the focus of the work remains on risk assessment and risk management.

4) Prevention and early intervention activities are not occurring as envisioned in the Act. The primary focus of service delivery under the Act is on protective intervention and the majority of prevention activities focus on the prevention of further child abuse and maltreatment.

The MAC consistently heard that human and fiscal resources were not adequately invested to make the fundamental shift necessary to focus on prevention and early intervention activities. As a result, efforts continue to be ad hoc. Initiatives such as Healthy Baby Clubs or Healthy

Beginnings are providing some level of early intervention, however, participants from public health advised that while effective, these programs need to be enhanced. Coordination between professionals towards this end also requires strengthening. It was suggested that the types of programs, such as parent coaches, behavior management services and respite services that we provide to families, need to be evaluated. The absence of evidence regarding their effectiveness is a concern, given the funding being spent in these areas. This is funding that could be spent in a more effective way; particularly in areas that would focus on prevention and early intervention. The MAC heard that the focus in the regions with respect to prevention is on prevention of the recurrence of child abuse or maltreatment. While many professional staff are making attempts to provide prevention services, social workers at CY&FS continue to operate in crisis mode. Others expressed concern that a focus on family preservation is critical, however, prevention and early intervention efforts must be balanced with a child's right to safety, health and well being.

5) Permanency planning for children is consistently compromised leading to delays in planning for children's futures.

Strong statements were made to the Committee regarding permanency planning for children such as, "the Act has not strengthened permanency planning at all." Numerous issues were seen to be impeding proper planning for children. Some examples included: access to court time to resolve protective intervention cases and access to services for families to help them resolve issues identified as placing their child(ren) at risk. The continuum of placement options available for children was cited as an issue impeding timely planning. The financial support for CWA was not increased to provide relatives or significant others with the same financial support as foster parents (caregivers). The absence of residential treatment of any kind in this

"We have the blueprint for a mansion, but the building allowance for a bungalow."

On the Act

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province has resulted in a gap in the continuum of placements necessary to enhance planning for children. Further, recruitment and retention of foster homes (caregiver homes) present an ongoing challenge for case workers who are trying to make permanent plans for children when out of home placement is seen as the best option for the child.

Many asked when Looking After Children (LAC) would be introduced in this province and viewed its implementation as a critical component in planning for children. The MAC heard that while many factors are impeding permanency planning for children, we can not know if what we are actually doing is making a difference for children. Evaluation of programs and services under this Act is a growing concern for many who are service providers. Access to services for children in care is a growing concern because of lengthy waiting lists for counseling and other specialized services designed to support permanency planning for children.

6) Legislated court time frames to conduct hearings and time limits for children in care are not being adhered to in the province.

Court time frames for hearings and time limits for children in temporary custody are simply not being adhered to. This was a clear message to the MAC during this, and all other review processes. Access to court time, access to legal aid, lengthy time periods before decisions are made by courts and the absence of alternatives to the court process (ADR mechanisms) are significant concerns associated with this issue. Others include access to services for parents and challenges in rural areas where circuit court is the only option available.

7) Access to appropriate community resources is impacting on planning for children, youth and families.

To effectively support children, youth and families, the continuum of community resources has to be strengthened. Examples included mental health services, access to counseling, transportation to access services, addictions services, parenting programs. This issue was particularly noted for rural areas of the province. Access to services was cited as a consistent barrier for effective planning for children, youth and families.

8) The Youth Services Program filled a ‘gap’ in service and now requires evaluation, review and further development by the DHCS. Critical

issues identified include: age limits for the program, competency and guardianship issues for youth deemed unable to make independent decisions and the need for evaluation of the program.

There was little disagreement regarding the value of the Youth Services Program. The majority agreed that it filled the historical gap in service to youth ages 16-18 by providing residential and non-residential services. One of the critical issues relayed to the MAC was the age limit for the Youth Services Program. Many individuals stated that there is a two tiered system in place that separates youth who were in care prior to their 16th birthday and youth who enter the Youth Services Program at 16 years of age. The first group have the option of staying until they are 21

years old, while the latter can only receive services until they their 18th birthday. It was repeatedly expressed that the age limit requires review and that it would be beneficial to provide the option for youth in educational or training programs to remain in the Youth Services Program beyond the age of 18 years. Continued support for these youth could lead to more successful outcomes in the long term.

Another issue presented by several groups and individuals was that of high risk youth making

“I feel the Act went a little further than the old one, but not far enough. Youth are making critical life decisions and they aren’t mature enough to deal with this responsibility.”

Workshop Participant

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decisions they are not equipped to make. Many expressed concern that 16 year olds are left to make critical life decisions that they are not ready to make. The issue of competency of some youth to sign consents on their own behalf was noted during these consultations. Others were concerned that youth with physical or developmental challenges had no guardian after they turned 16 years old, particularly when there was no family member to assist the youth in decision making. Some suggested that a one size fits all approach may not be the answer and that of legal guardianship for these youth needs to be reviewed.

Some participants expressed concern that this program has not been adequately developed from a provincial perspective. Others saw the flexibility of the policy as having allowed certain regions to be creative in developing services for youth and strengthening partnerships within their community. The Committee also heard concerns about funding for this program. The majority of funding in more populated areas of the province is being spent to support youth who require residential services. Securing financial support for the focus on prevention services for youth has been a struggle for practitioners.

9) Conditions of practice for social workers at Child, Youth and Family Services are seriously compromising the effective implementation of the provisions of the Act.

The Children's Issues Committee of the Newfoundland and Labrador Association of Social Workers (NLSAW) presented a brief to the MAC. They advised the Committee that until conditions within which child protection social workers operate improve, the principles and purpose of the Act will continue to be compromised. Among their

concerns were: volume, complexity and increasing liability of child protection work; lack of clinical supervision to effectively support those in the field; lack of training and educational opportunities; and absence of standards for caseload sizes. Further, the Committee heard that the majority of those employed in this critical area are new graduates who have little or no experience. The high turnover rates in child welfare social workers have been well documented in the literature. This lack of stability within the system has resulted in a lack of structure and unpredictability of service delivery for children, youth and families.

10) Family Services are receiving low priority in practice because the focus of the work continues to be on crisis intervention, risk assessment and risk management.

The provision of Family Services is being seriously compromised because of the focus on crisis management, risk assessment and risk management. Protective

intervention continues to dominate practice in this province, leaving little or no time to provide voluntary family services to children, youth and families.

11) The vision for an inter-disciplinary approach to working with children, youth and families has not been fully realized in practice.

Networking, developing key partnerships and establishing successful teams takes time and resources which result in overburdening an already taxed system. This was a clear message during this phase of the consultation process. People are working at full capacity and often time constraints impede their ability to maximize the development of key partnerships. These partnerships were seen as a central component of service delivery under the Act and were intended to support the new directions outlined by government.

“Effective implementation of the Child, Youth and Family Services Act is being compromised as a direct result of the conditions of practice faced by child welfare social workers.”

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12) **The term 'foster parent' was removed from the legislation in 2000 and replaced with the term 'caregiver.' The NLFFA and its regional associations expressed considerable concern about the name change and the confusion this has caused in their roles.**

There were a number of submissions to the MAC recommending that the term 'Caregiver' be changed back to 'foster parent.' Many felt the new definition does not adequately reflect the role of those providing care to children in care. The MAC was advised that the current name creates confusion for the public as the term caregiver is used to describe individuals who provide many different kinds of care. Foster parents stated that they did not support the name change and feel it was imposed on them. The NLFFA ceased to use the term 'caregiver' in February 2002 in keeping with the wishes of foster families across the province. They view care giving as only one component of 'fostering' and feel the term caregiver implies providing physical care. The role of foster parents is much more extensive than this. It appears that the term "caregiver" is not consistently used across regions. Some regions have advertised for

'foster homes' in local papers. Examples of this were submitted to the MAC including the fact that the DHCS proclaimed "Foster Families Week" on October 17-23, 2004. The NLFFA requested that the MAC recommend a legislative amendment to have the term caregiver changed back to foster parent.

13) **The absence of an evaluation of the legislation limits the ability to fully determine the impact this legislation is having in the lives of children, youth and families. An evaluation of the programs and services provided under the Act requires immediate attention by the DHCS.**

The Committee heard that there needs to be a more effective, streamlined accountability system to ensure that provincial standards are being met in the regions. At present, there has been no formal evaluation of the programs and services being delivered under this Act. The MAC were concerned that as part of their review process, they too did not have access to this kind of information.

Labrador & Aboriginal Issues (Key Issues & Themes)

The MAC decided to highlight Labrador and Aboriginal issues in this report in recognition of the distinct cultural, geographic, social and economic challenges facing this region of the province.

The MAC decided to highlight Labrador and Aboriginal issues in this report in recognition of the distinct cultural, geographic, social and economic challenges facing this region of the province. All the feedback from this region is included in this section of the report. The MAC conducted stakeholder workshops on October 5th, 2004 in Nain, October 6th, 2004 via video conference with Labrador West and October 7th, 2004 for Goose Bay and Sheshatshiu. Public and client consultations were also conducted following the stakeholder workshops. On October 22, 2004, the MAC met with Chief Simon Pokue of Natuashish and Chief Anastasia Qupee of Sheshatshiu along with other members of the Innu community. The Committee heard from the Director of Child, Youth and Family Services for the Labrador region. This section provides an analysis of the information received by the Committee from the:

1. Stakeholder Workshops
2. Public and Client Consultations and Submissions
3. Health Labrador Corporation - Director, Child, Youth and Family Services

The MAC also used information from existing reports that are relevant to the issues under review in this process. These reports came to the attention of the MAC from a number of sources including: the Innu, HLC staff, and members of the public. Members of the MAC provided input on their knowledge of key reports. Key reports that were reviewed include: the *Final Report of the Operational Review of Health Labrador* (April 2003); *Social Work Workload Review Final Report* (November, 2003); *Technical Working Group Report on Staffing Levels in Child, Youth and Family Services in the Innu Communities of Sheshatshiu and*

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Natuashish (January 2003); and the *Report on Fetal Alcohol Spectrum Disorder* prepared by an Ad Hoc Committee in Labrador and the *Labrador Regional Steering Committee, Rural Secretariat* (formerly SSP). The issues outlined in these reports support and substantiate much of what the MAC heard throughout this process.

Stakeholder Workshops

Prevention & Early Intervention: What the MAC heard

Participants in Labrador stated that one of the biggest challenges to providing prevention and early intervention services is the impact of geography on the delivery of, and access to appropriate services. Those services included mental health, addictions, counseling, family resource centers and others. Consistent with issues heard across the island portion of the province, were the overuse (and exhaustion) of existing resources, and lack of public awareness and understanding of the programs and services provided for under the *Child, Youth and Family Services Act* by the Health Labrador Corporation. There continues to be a focus on risk management and protective intervention and many staff stated that these cases are taking priority. Other service providers stated that the addictions and mental health issues present in many communities leave little time to deal with prevention and early intervention because they are always in crisis mode. Of particular concern was the increase in diagnosis and awareness of Fetal Alcohol Spectrum Disorders (FASD), and the absence of suitable treatment and education for children and adults. Several reports were highlighted by participants that pointed to the need for improved staffing levels in Labrador including: the *Operational Review of Health Labrador Corporation* (April 2003); the *Social Work Workload Report* (November 2003); and a report of a *Technical Working Group on Staffing Levels in Child, Youth and Family Services for the Innu Communities* (January 2003). All three reports outline a need for increased staffing levels. Staff turnover constantly

challenges the ability of staff to engage in relationships that are conducive to change. Focusing on crisis responses leaves little or no time to focus on prevention activities.

Family Services: What the MAC heard

The Committee heard similar concerns and issues for this region that were brought forward in other regions. There is still a focus on protection, risk assessment and risk management and not on the continuum of services that could be offered through the Family Services Program.

Inadequate staffing levels were consistently cited as a barrier to the provision of family services in this region. Caseloads are very high and crisis intervention, risk assessment and risk management require the majority of staff's time. This leaves little or no time to provide voluntary services to children, youth and their families. High staff turnover challenges the development of relationships among key partners and

relationship building within communities. Many of those seeking support under the Family Services Program are unable to access what they need such as mental health services, addictions, counseling, and other services. The Committee also heard that this program did not receive the financial resources from government to follow through on these programs. As was the case with other regions, Labrador reported an overall lack of awareness and knowledge about the new provisions in the Act, within their own agency and the larger community. Increasing identification of FASD cases (Fetal Alcohol Spectrum Disorder) has had a tremendous impact on many aboriginal communities where services are either not accessible or not available. The Child Welfare Allowance (CWA) Program is part of the continuum of services offered under Family Services. When the Act was proclaimed, it was promised that rates for CWA would increase to become on par with payments to foster families. This has not happened to date. Others pointed to the fact that protection and voluntary services cannot be offered by the same social

*“We’re still in reactive,
not proactive mode.”*

Workshop Participant

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worker because of obvious conflicts. They advocated for separate resources to ensure effective service delivery. Many aboriginal communities are dealing with multiple and complex issues including substance abuse, solvent abuse and mental health issues. Some felt that better coordination between provincial and federal service providers needed to occur.

Youth Services: What the MAC heard

The MAC heard that while this program filled an identified gap, the absence of evaluation or program review has limited our ability to demonstrate the impact this program has had on youth and their families. Others felt that the age at which we are allowing youth to make 'independent decisions' is too young and that these youth are ill equipped to make good decisions for themselves on a day to day basis. There was a general sense that supports/resources for youth are not available including counseling, treatment centers and appropriate housing options. Many expressed concern regarding the housing choices some youth were making and thought they were putting themselves at risk in some situations. We heard that youth are leaving the in care system earlier than they should because they now have the option to receive financial assistance through this program and choose where they want to live. Staffing levels and financial resources are inadequate to meet the needs of youth. Services are provided in an ad hoc manner. This was also tied to the absence of policy review and development by the Department of Health & Community Services. In terms of partnerships to support this program, many participants stated that while there are community resources available, the challenge is trying to better coordinate and

formalize our efforts better given limited time and resources.

Alternate Dispute Resolution (ADR): What the MAC heard

Participants at the Nain workshop reported that informal ADR mechanisms are working in that community. There are a number of cases being resolved outside the court system between lawyers and their clients. However, the reason for this is that there are few contested cases and parents often consent to the Director's application. Other areas in Labrador reported similar informal mechanisms. Some thought the use of ADR could actually speed up planning for children and families because of the presence of an independent third party, and the fact that all the issues would be put on the table. Others thought that the power imbalance might be overwhelming for families and the process may be too intimidating. Caution was given that if the DHCS decides to pursue ADR, proper research, policy/program development, resources and training are critical to its success. It was recommended that if ADR is implemented, it should be done as a pilot project to determine its effectiveness.

“We need layers of support here in Labrador. Child, Youth and Family Services cannot support these families alone. I think capacity building for these communities is necessary to provide the kind of support children and families need.”

Workshop Participant

Permanency Planning & Placement of Children: What the MAC heard

The Committee heard that permanency planning is impeded by multiple factors in Labrador, and is even more challenging in aboriginal and coastal communities. Recruitment and retention of suitable foster home placements is a consistent challenge for service providers. Lack of placements presents consistent challenges to providing stability and continuity of care for children and youth. Youth present with complex challenges such as

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substance abuse and gas sniffing and many are sent out of province for treatment and care. The lack of adoption placements also presents a challenge to permanency planning. Aboriginal communities reported a lack of culturally appropriate placements for their children and youth and many are often placed outside their communities. Failure to meet court time frames and timely access to legal aid lawyers has contributed to delays in planning for children and youth. Many service providers stated that the social service system in Labrador is crisis driven and this affects timely decision making. In addition, limited community resources, particularly in rural areas, cause delays in planning with families that ultimately impacts on permanency planning for children and youth. Examples included: mental health services, addictions treatment, counseling, behavior management services, youth programs and others. The MAC also heard that intergenerational issues are complex and lack of resources and community involvement impact on the ability to help families resolve these issues. Many suggested that community development initiatives are critical to providing children, youth and families with the tools they need to work through their issues. Community involvement was seen as essential to supporting children, youth and families.

Court Provisions: What the MAC heard

The Committee heard that many cases are resolved in a timely manner in the community of Nain. It was said that court time frames and limits have not been a major issue because many parents consent to the Director's application. The Committee questioned if apathy, intimidation or general lack of understanding of the system were possible explanations. Coastal communities are generally faced with challenges including access to court time and legal representation which are critical to ensuring that cases are heard in a timely manner. Other areas including Labrador West and Happy Valley/Goose Bay reported problems similar to those found in other regions. Those include: access to court time to meet the time frames and limits, and access to legal representation. Others reported that insufficient time is available to meet with legal counsel for proper case planning. This was with both legal aid and the lawyers representing the Directors of CY&FS. Many participants stated that the legislation is good in principle, but it was

under funded, under resourced and the implementation needs more work. While it appears that court time frames and limits are not being met in Labrador, many advised that the system must be strengthened as opposed to a lowering of current our standards. Planning for children is already impacted by multiple factors. There were comments made that the courts are too parent focused, not accountable when not meeting time frames and that it is too easy to postpone or delay a case. There seems to be no ramifications for the court system. Access to the circuit court is impacted by geography, weather and availability of lawyers and judges to go to coastal communities. Translation is also an issue that was brought forward. All hearings are conducted in English, applications are in English and often, aboriginal people are not able to understand what is happening.

***Mandated Interventions:
What the MAC heard***

Participants stated that while the definitions are clearer, the section on emotional abuse remains vague and difficult to prove in court. On a broad level, most people didn't have a problem with the changes to Section 14 of the legislation. The primary issue for most was the lack of access to services needed to support families when children were living in their own homes. Again, this was an issue for all areas in Labrador. Some participants felt that because of the crisis nature of the work in that region, they are still reactive in their responses to families. Others stated that resources did not match the intent of the Act in this, or any other of the key areas.

***Summary of Challenges
& Issues for the Labrador Region***

- Recruitment and retention of qualified, experienced social work staff, particularly in coastal communities;
- Recruitment and retention of suitable caregiver homes and absence of a treatment center for youth with complex issues;
- Lack of training for social work staff who are often new to the field;
- Access to legal representation for parents whose children are removed from their care;

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- The provision of culturally appropriate services that take into consideration the language and tradition;
- Access to court to provide timely court hearings as outlined in the Act;
- A significant number of aboriginal youth are placed outside their communities and absence of treatment centers to address substance abuse issues;
- Geography often impedes service delivery, particularly for coastal communities that can only be accessed by air;
- Increase in the number of those diagnosed with FASD and, lack of follow up services for these children, youth and parents;
- Continuing focus on crisis intervention, risk assessment and risk management;
- Lack of availability of community resources and supports necessary to empower families to make positive changes;
- Lack of community development or capacity building to create opportunities and connections within communities;
- Absence of evaluation of programs and services provided for under the Act.

2. Public and Client Consultations & Submissions

Members of the public and consumers of services under this Act were given the opportunity to meet privately with members of the MAC as part of the consultation process. The following information was gathered from individual and group presentations, written submissions to the MAC and telephone interviews, when in person interviews were not possible. The following themes were identified from the submissions, interviews and presentations:

Key Themes from the Public and Client Consultations & Submissions

- 1) **Key partnerships have not been developed to the fullest potential in this region. Partnerships between federal and provincial service providers were noted specifically.**

The MAC heard that a true partnership has not been created that would help strengthen community supports for children, youth and families. One individual said that unless children and youth are involved with the Health Labrador Corporation (HLC), they are unable to access the services they need. Another issue that came to the Committee's attention is the lack of coordination between provincial and federal partners who both have responsibility for the delivery of services to children, youth and families in this region.

2) Challenges with recruitment and retention of culturally appropriate out of home placements have resulted in continued placement of aboriginal children outside their culture and their communities.

It is clear from what the MAC heard that children and youth are being placed outside the province in increasing numbers. The continuum of placements necessary to meet the needs of children and youth in Labrador is continually impacted by recruitment and retention of suitable caregivers and, the absence of treatment centers to deal with children and youth with complex needs. As a result, children and youth are placed outside their community. This is not consistent with the principles of the Act. In addition, the rates for CWA have not been increased. This has particular consequences for this region where CWA placements are consistent with the tradition of having family or friends care for children and youth when families are unable to do so.

3) Absence of specialized treatment to deal with substance abuse, mental health, complex behavioral issues and Fetal Alcohol Spectrum Disorder is resulting in numerous out of province placements in the Labrador region.

Innu leaders reported that parents from their communities are unable to access the services they need for their children. For example, many are sent to out of province treatment centers in New Brunswick, Ontario and Saskatchewan. This is not preferred however, is necessary to ensure the provision of treatment and care. The increasing numbers of diagnosed cases of Fetal Alcohol Spectrum Disorders is concerning to both members of the public and community leaders.

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It is very likely that this issue is also affecting many adults in the region who continue to go undiagnosed and untreated.

4) The challenges associated with availability and accessibility of community resources is impeding the operations of the Act.

Even when risk has been identified or families call requesting services, it was reported that access to timely and appropriate services is limited. In coastal communities, where there may not even be a social worker at all times, families are unable to access counseling, mental health services or addictions treatment. Additional concerns focused on the inability to deliver culturally sensitive services in aboriginal communities where some supports do exist.

5) Recruitment and retention of professional staff continues to impact on the delivery of programs and services under the Child, Youth and Family Services Act.

There are multiple challenges to the provision of effective service delivery in this region, not the least of which is the inability to recruit and retain social work staff. Constant turnover, inexperienced staff, lack of knowledge of cultural issues and traditions and the absence of adequate staffing levels, particularly in coastal communities is impeding effective implementation of this legislation. This is well documented in numerous reports that have examined staffing levels for Labrador.

6) Access to court and legal services is seriously compromising planning for children and families.

Limited access to court services poses challenges to service providers, children, youth and their families. Court services are not always available and meeting the time frames is practically impossible in this region. Accessing Legal aid services for parents takes too long and this also impacts on planning for children and their families. It is obvious that court time frames are impacting on implementing plans that are deemed to be in the best interest of children for this region.

7) The inability to implement the evaluation framework leaves many service providers and

policy makers without solid evidence of the impact of the legislation on children, youth and families.

The *Operational Review of HLC (April 2003)* pointed to the fact that there is no internal evaluation of CY&FS Programs to assure their effectiveness, cultural sensitivity and ability to protect children and youth. It is difficult to review the operations of the Act in full without any evidence. One submission to the Committee pointed to the fact that research activities for this region should be community and not regionally based, given the particular challenges in aboriginal and coastal communities.

8) The primary focus of practice is on risk management and crisis responses. This leaves little or no time for prevention and early intervention work as envisioned in the Act.

CY&FS in this region is not able to comply with some of the new provisions of the Act. Family services cases are given a lower priority than protection cases because there is little or no time for interventions with families who are voluntarily requesting services. The focus of social workers in this region appears to be on crisis responses which leave little or no time to provide prevention services. Community development, capacity building activities and prevention activities, which may help get at some of the root causes of the challenges faced in this region, are sadly lacking in this region.

3. Health Labrador Corporation

The MAC heard from senior staff in the CY&FS Program regarding the operations of the Act in this region. Consistent with what was heard from stakeholders at the workshops, the Act in and of itself is not seen as the barrier to service delivery. The principles and purpose of the Act are supported as were the new programs and initiatives that accompanied it. The MAC heard that there are however, multiple issues complicating the efficient and effective delivery of services in this region. Those described included geography and its impact on the availability and accessibility to services. Further issues include increasing birth rates, high levels of poverty, high suicide rates, family violence, substance abuse and increasing recognition of the

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numbers of children, youth and possibly adults who are affected by Fetal Alcohol Spectrum Disorder (FASD).

The rate of attempted suicide among adolescents in Innu communities in Labrador was 17 times the rate for the total province and more than 20 times the rate for the island portion of the province.

Other complicating factors to service delivery include difficulties with recruitment and retention of social work staff and caregivers in this region. The Committee also heard concern about population based funding models and the impact this is having on the ability to target particular areas of the region where programs and services need to be provided. Operationalizing these provisions of the *Child, Youth and Family Services Act* is becoming increasingly more difficult for this region due to these factors. The focus of the program is on risk assessment, risk management and crisis responses throughout the region. The ability to be

proactive and focus on prevention and early intervention is simply impossible for staff and managers. In fact, professional demands placed on staff in this region often leave workers operating in isolation. There have been increases in staffing levels, particularly in remote areas however; given the complexity of the issues that staff is dealing with, the focus of the work remains on crisis intervention. Attempts at developing partnerships with the leaders of the Innu communities, the Labrador Inuit Association and other key community partners continue, however, there appears to be a need for greater communication among service providers. Of particular note is the development of partnerships among federal and provincial partners who are responsible for various areas of service delivery in the Labrador region.

Attempts to deliver services as envisioned under this Act are severely impeded by the cultural issues in this region. The *Operational Review of Health Labrador Corporation* (April 2003) conducted by Deloitte and Touche stated that “programs being delivered to aboriginal communities who are struggling against the effects of colonization and assimilation, and which are undergoing high rates of alcoholism, substance abuse, family violence, suicide and child abuse.” Those trying to deliver programs and services in this region constantly face barriers including: language, traditions, values, family dynamics and social systems. Creating opportunities for community development and empowerment appear to be overshadowed by the continued need for crisis responses.

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Source: Newfoundland & Labrador Center for Health Information: *Attempted Suicide Among Adolescents, Fast Facts, Nov. 2004*

Youth Focus Group

What is the Youth Services Program?

The Act extends services on a voluntary basis to youth from age 16 up to and including their 18th birthday. The review of the former *Child Welfare Act* noted that this age group represented a significant gap in the service delivery structure. Services are now offered on a voluntary basis to youth and their families, with the primary focus being the safety, health and well-being of the youth. Every effort must be made to facilitate family preservation/reunification when it is in the best interest of the youth. Services may be either non-residential or residential in nature. Non-residential services may include counseling, mediation, and/or services provided under Section 10 of the Act. Residential services are intended to assist youth in securing and maintaining suitable living arrangements, with either a plan to return home or to move to independent living. These services may be provided under Section 11 of the Act through a Youth Care Agreement (YCA) when it is determined that a youth can no longer remain in the family home. One of the underlying goals of the Youth Services Program is to assist young people in a successful transition to adulthood. Coordination and linking of services for youth is seen as a critical to ensuring the safety, health and well being of youth.

What the MAC Heard From Youth

Youth were generally positive about the opportunities and options that became available to them under the Youth Services Program. With the help of various youth serving agencies like HCS, CYN and Choices For Youth (CFY), youth said that they were able to make connections within their own community in terms of access to and

“When I transferred to HRLE, I felt like a file number and not a person. I didn’t get the support I needed or had gotten from the Youth Services Program.”

Youth Participant

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YOUTH FOCUS GROUP

identification of services they might need. These services included: counseling, housing, education programs, financial assistance, life skills programs, employment skills, anger management, social work services and others. The ability to access these services when needed however was a consistent challenge to youth. Waiting lists were seen as a barrier to youth when they were trying to access services they needed in the community.

Youth also reported that they were often not ready to leave the Youth Services Program when they turned 18 years of age. One youth said, "We're just starting to get our shit together and then we have to leave." Some said they thought the age limit should be increased from 18, up to 19 or 21 years of age, while others felt that longer term support should at least be optional. The Committee heard youth say that they were just starting to make connections with social workers or within their community and then they had to be transferred to HRLE to receive income support and employment and career services. The transition from youth services to HRLE was difficult for many. Several youth reported that there is a fear of leaving the program and 'being on your own.' Frustration was obvious in the youth's responses to these questions. While they acknowledge their hesitation to engage in the program initially, many youth felt that by the time they turned 18, they were beginning to realize how important their connections to this program really were to them.

Many of these youth are also dealing with issues from their family of origin as well. In addition to worrying about adult concerns such as paying bills, finding housing, they are also dealing with emotional issues stemming from the need for placement outside their family unit.

Housing was a key issue for youth as well. The Youth Services Program provides residential placements for youth who are no longer able to reside in their family home. Youth are responsible for locating a place to live. Many reported that finding a decent place to live was quite challenging. Often times they are living in slum housing and felt that landlords were taking advantage of them. The youth stated they did need some assistance with locating appropriate housing and that more emergency housing would help them while they are looking for a place to live.

When the youth were asked to 'dream' a little about what life -would be like for them if they had what they needed, the responses were surprising. Instead of wishing for unreachable things like lots of money, youth focused on getting their basic needs met. Many of them were unable to complete school in the regular school program and wished they had access to something that could be tailored to meet their needs. Others wished for safe housing or emergency housing while they were looking for a place to live. The following quote captures what many youth are striving to achieve.

*"I want to be healthy, living
in a safe place and going to
school. I want to be normal."*

Youth Participant

These young people wanted to know if they could talk to the people in 'government' who were making decisions that were affecting them on a daily basis. They want to have a voice and be consulted in the development and direction of programs that impact them directly.

Education was another significant issue and challenge for many of these young people. Many youth acknowledged that they do not fit into the regular school system. They want access to programming that would be tailored to fit their needs and lead to successful outcomes for them. Many felt stigmatized by the existing system and that there is a lack of understanding of the complexity of the personal issues youth are dealing with in their lives. Many youth are making adult decisions at a very young age, not like their peers, who are living at home with support and guidance from their family.

Summary of Feedback from Community Consultation Process

Feedback from Participants

Representatives from across the province were invited to participate in stakeholder workshops in September and October, 2004 including: police, courts, regional HCS/Integrated Board staff, school boards, community based agencies, private practitioners, Department of Justice staff, women's shelters, Legal Aid, and youth groups.

Feedback

The following provides a summary of their feedback on the stakeholder workshops.

It was remarkable how many responses focused on the opportunity to meet with other service providers from their communities to discuss services to children, youth & families.

It was remarkable how many responses focused on the opportunity to meet with other service providers from their communities to discuss services to children, youth & families. Many individuals stated that they were able to make valuable connections with other professionals that would assist them in their work with clients. Others were grateful for the opportunity to hear about the Act and services that can be provided. It became a networking opportunity for some, while for others it was a much needed update and information session on what has been happening with the Act. Many respondents requested that this format continue for future reviews. Some said that it was a great opportunity to share our diverse views and maybe open our minds to others' views.

Time constraints were cited as a consistent issue for participants of the workshops. Many stated that half a day was not sufficient to identify and discuss the areas outlined in the Discussion Document. Most people recommended a full day workshop. Others stated that the fact we were short on time only demonstrated how much there was to talk about and, how little opportunity we get to actually do this.

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SUMMARY OF DATA COLLECTION PROCESS: FEEDBACK FROM PARTICIPANTS

Most participants said that the workshop was well developed, organized and facilitated. Receiving the package of material before their scheduled workshop provided them with time to understand the purpose of the workshop. It gave them time to consider the key messages they wanted to put forward at the workshop. Many said that the atmosphere at the workshops was comfortable and promoted open and honest discussion on what is or is not working with respect to the Act. One participant said, "We felt listened to." Others stated that the process was a great way to review the Act.

The small group format received considerable positive support from participants. Many thought it was more effective to 'divide and conquer' the issues and report back to the larger group. Others were grateful for the opportunity to add additional comments on issues they did not discuss in their own small groups. While this format received considerable support, some expressed concern that they were not familiar enough with the legislation to contribute effectively within their small group. On the whole however, the majority of participants were satisfied with the opportunity to learn more about the Act. Group dynamics were at play in other groups as well with individuals reporting they did not get a chance to contribute in their own group because group members dominated the discussion.

Several participants felt that the workshop format was too 'controlling' and subsequently stifled participation. Another participant stated that it was a 'bureaucratic workshop.' Given the complexity of the issues, some of the participants expressed concern about how the transition to RIHA would affect services to children, youth and families.

Many respondents wondered if the consultation process would actually make a difference. Questions were asked such as, "What will this (process) do to ensure the issues get addressed?" Another participant asked, "Will this report make a difference or will it be shelved like so many others?" Others wondered if this process would lead to any 'real change.' Several comments focused on the fact that the outcome of such a process will depend on the commitment of government to spend money on prevention and early intervention initiatives.

Some participants were disappointed that no client groups were represented at the stakeholder workshops. There was concern that this process has excluded them and that they were the most important groups to be heard. There were stakeholder groups from key organizations invited to the workshops but did not send representatives. Many were disappointed by this and felt that their absence was noticeable because of the role they play in the community. Others questioned how we could involve the general public and suggested having community focus groups during the next review process. Some participants gave suggestions on how to engage client groups in future consultations and suggested visiting clients in their own homes (with consent). Others stated that for future processes, it might be helpful to have focus groups with stakeholders who have a lot in common (i.e. foster parents, social workers, etc.)

Overall, the facilities used for the workshops received positive feedback. Some exceptions included several areas where sound was not good in the room. Some concern was expressed that examples given during the process were 'exceptions' not the rule, and that the issues put forward had more to do with policy than the legislation.

Learning Opportunities for Future Processes

The legislative provision of the CY&FS Act mandating the work of the MAC was the first of its kind in the province of Newfoundland and Labrador. The Committee was presented with a number of challenges and constraints that are important learning opportunities for present Committee members and maybe for future review processes. The Committee would like to provide information relating these challenges/constraints and also provide recommendations for future processes. These are based on the direct experiences of Committee members and feedback from stakeholders and consumers.

The Committee was presented with a number of challenges and constraints that are important learning opportunities for present Committee members and maybe for future review processes.

The mechanisms that elicited the majority of participation and feedback were those that were highly structured and were by invitation. These included the stakeholder workshops and the youth services focus group (see data collection process for details). The Committee was dedicated to providing opportunities for input to anyone who may be connected to the legislation. Subsequently, a number of mechanisms were established including the website, a toll free number, an invitation to social workers posted in the NLASW newsletter and the public and client consultations. None of these elicited significant input. These experiences should be a key consideration in the design of future process.

The focus group conducted with youth was highly successful. Partnership with key youth serving agencies, providing incentives for youth to attend the session and collaborating with key individuals who are directly connected to the target group contributed to this success. This learning can be extended beyond the youth population to the larger client population. Focus groups are recommended to reach other individuals or groups who would

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LEARNING OPPORTUNITIES FOR FUTURE PROCESSES

find the workshop format as comfortable for sharing their views and experiences.

The amount of client input/feedback was disappointing for the Committee. The importance of hearing from direct consumers was highlighted by the MAC. As reported in the data collection process, of the 3000 brochures distributed, no responses were received by the MAC. Future Committees should develop mechanisms designed to target highly vulnerable populations. Connecting with key community groups and leaders involved with women's groups, Family Resource Centers, Community Youth Networks and those with direct consumer involvement is critical to opening up dialogue for a review of programs and services under this Act.

Stakeholder workshops were highly successful and received positive feedback from those in attendance. Perhaps the number one complaint regarding these sessions was lack of time. If the next Committee decides to proceed with the workshop format, it is recommended that they be extended to a full day or, the structure be changed to allow time for more discussion within a half day format.

A comprehensive communications plan was developed to advise the community of the review process and advise them of ways to contact and provide input to the Committee. Future communications strategies should be extended beyond press releases to include print ads and spots

on local radio and television. The press releases elicited considerable interest from the media, but were not broad enough to reach consumers and service providers. This work should be done two or three weeks in advance of the beginning of the review process.

The consultations in the Labrador region were conducted in Happy Valley, Nain and with Labrador West. The structure for Labrador West was different, using video conferencing for Wabush, Labrador City and Churchill Falls. Unfortunately, there were difficulties experienced with the technology that may have impacted on attendance and quality of the session. The MAC acknowledges the need to use this type of technology because of the geography of the province. Having said this, it is important to provide equal opportunity for all regions to have quality sessions with stakeholders.

The Committee hired an independent consultant to assist in the design and facilitation of the consultation process. Independent facilitation gave the process greater credibility throughout the consultation process as was identified in the stakeholder feedback section of this report. This is recommended for the next Committee as well.

The MAC members hope that lessons learned will help assist the next Committee in designing and implementing a successful review process.

Key Recommendations

The final recommendations from the Minister's Advisory Committee are based on a cross comparison and examination of themes that emerged from the review process. The similarities that emerged are significant and assisted the MAC in prioritizing the recommendations. The Committee recognizes that government will need to review these recommendations and determine priorities within the DHCS and other government departments. The General Recommendations focus on broader changes that will impact on the more specific recommendations. The Specific Recommendations are presented according to the themes identified in the Discussion Document and used during the consultation process.

Failure to address these issues will impede future attempts to improve programs and services to children, youth and families provided for under this Act.

General Recommendations

The Committee has identified general recommendations that are more broadly based and will significantly impact all others recommendations contained in this report. Failure to address these issues will impede future attempts to improve programs and services to children, youth and families provided for under this Act.

1. Government must acknowledge that adequate human and fiscal resources were not invested to support the intended principles and purpose of the *Child, Youth and Family Services Act*. Lack of sufficient funding and human resources will continue to impact operations of the Act from both a provincial and regional perspective. The MAC acknowledges the initiatives provided to support new directions and the efforts of service providers to continue to provide quality services. It is apparent through this review that this has not been enough and that a greater commitment is

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- necessary to make the 'fundamental shift' in the way service delivery was envisioned with the implementation of this Act.
2. A focus on prevention and early intervention requires a commitment from government. A move in this direction received considerable support from service providers, however it is clear that they are challenged to create programs and services that promote and support prevention and early intervention. Without proper investments, the principles and purpose of the Act will continue to be compromised. The current focus in practice will remain on protection of children without the availability of a continuum of services to children, youth and families that was intended.
 3. Immediate implementation of the evaluation framework is required. This framework was initially developed to review the programs and services under this Act and to assist the Department of Health and Community Services in determining the impact of this legislation. This has not happened. The Division of Child, Youth and Family Services at the Department does not have the human and fiscal resources to implement the framework. This is an issue that government must to address. The need for evaluation was identified as a critical component following the implementation of the Act in 2000.
 4. The Department of Justice requires increased resources in the areas of Legal Aid, circuit courts and access to specialized family court services. While there are other factors impacting the legislated court time frames, the provision of increased resources in this area would certainly improve the current status.
 5. The Act was based on evidence regarding best practice in the area of services to children, youth and families. Lack of evaluation and monitoring at the provincial level is crippling the ability to maintain best practice standards. The capacity at the Child, Youth and Family Services Division, Department of Health and Community Services, is not adequate to develop these critical areas and to provide the necessary support to regions. Government needs to take leadership is required to focus on monitoring, evaluation, policy and program development.
 6. Training for social workers must become a priority for government. Best practice in this area supports the need for specialized skills, knowledge and expertise as outlined in the numerous reports cited in this review. Without this, the retention rate cannot be stabilized and inexperienced social workers will continue to struggle with the complexities of this work.
 7. With the consolidation of 14 health boards into four Regional Health Authorities, government must ensure that the interests of children and women are heard in the midst of this larger system. There is concern that CY&FS will get lost in this large structure and will not receive sufficient attention. The larger the system, the more fragmented services can become. The Committee recommends in-service sessions on the Child, Youth and Family Services program across all newly established health authorities.
 8. A Public Awareness Campaign is recommended to educate service providers, service recipients and the general public about the *Child, Youth and Family Services Act*. The community at large should be informed about the programs and services offered through Child, Youth and Family Services and their responsibilities regarding child safety. Knowledge is power and if the community is engaged in these kinds of discussions and sessions, they may become more empowered to get involved. Unfortunately, there are many community based service providers who are not connected to Child, Youth and Family Services because they're not aware or simply have been unable to make the right connections. It is critical that if this legislation is promoting collaboration and community involvement, that education take place.
 9. The Committee is recommending updated training and education for service providers within the Regional Integrated Health Authorities. The legislation has been in place for five years with no follow up training. This is not acceptable for such a complex field of work. It was apparent during this review that initial training during implementation of the

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Act was not adequate. People want to know what is happening across the province and how the legislation is being interpreted. This will help to better inform practice and improve client service.

10. The MAC recommends a renewed commitment to the *Model for Coordination of Services* within the four government departments who initially endorsed this process including: Justice; Health and Community Services; Education; and Human Resources Labor and Employment. ISSP was established as a result of recommendations of the *Classrooms Issues Report* (1995) which identified the need for increased inter-agency cooperation, collaboration and communication. Service principles include prevention, collaboration, integrated service management and the involvement of children and families in the planning process. These principles are consistent with principles in the CY&FS Act.

Specific Recommendations

1. Prevention/Early Intervention Recommendations

- The Department of Health and Community Services, in partnership with Regional Integrated Health Authorities must promote coordination and planning to engage all partners in the provision of integrated services for children, youth and families;
- Prevention and early intervention strategies envisioned in the Act require knowledge, coordination, linking of key partners and provincial support to make this a reality of practice for children, youth and families. Updated education and training for Regional and Integrated Health and Community Services Boards and other community partners responsible for services to children, youth and families is essential;
- The Department of Health and Community Services, in partnership with Regional Integrated Health Authorities, needs to develop a Public Awareness Campaign to help educate, engage

and empower the larger community on the *Child, Youth and Family Services Act*.

2. Family Services Program Recommendations

- Staffing resources within the Child, Youth and Family Services program, dedicated to providing Family Services and the building of the community partnerships needed to provide effective services to clients, must be put in place;
- The Department of Health and Community Services needs to develop the capacity to invest resources into implementing the evaluation framework that is seen as an integral part of determining the successes and failures of the legislation. Increased capacity will allow for the program and policy development in this area that is needed in this program area;
- The Family Services Program, as envisioned in the Act, requires knowledge, coordination, linking of key partners and provincial support to work for children, youth and families. Updated education and training for Regional Integrated Health Authorities and other community partners responsible for services to children, youth and families is essential. This is particularly critical given the expansion of Health Boards in this province;
- The rates for the Child Welfare Allowances must be increased to the rate that was recommended when the Act was implemented. This is an invaluable service under the Family Services Program that is significantly under funded.

3. Youth Services Program Recommendations

- The Department of Health and Community Services, in collaboration with regions, must undertake an evaluation of this new provision to fully understand what is and is not working for youth in this province. Standards and policy development are critical to long term success and quality outcomes for youth and their families;
- Education, training and public awareness regarding the Youth Services Program must be undertaken by the Department of Health and

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Community Services, and in partnership with the health authorities;

- The development of a Youth Policy Framework was intended to facilitate a high quality system of promotion, prevention, early support and intervention for youth across relevant government departments. This ad hoc working group should be reconvened to continue development and implementation of this framework;
- The issue of guardianship for youth deemed incompetent to make decisions requires a full review;
- Youth should be engaged in program review and developmental processes where possible and appropriate.

4. Alternate Dispute Resolution Recommendations

- Alternate Dispute Resolution mechanisms may be a viable alternative that could lead to improved case management and decision making, mitigate the issues regarding adherence to court time frames outlined in the Act and provide alternatives to the court time frames for children and families;
- The Department of Health and Community Services should begin research and development of Alternate Dispute Resolution mechanisms.

5. Court Provisions Recommendations

- The Minister's Advisory Committee recommends that the Department of Health and Community Services undertake a review of legislated court time frames and time limits. Strong and varying opinions were expressed during the review process regarding this issue. Key partners need to be engaged in this process including: the Judiciary, Legal Aid, Department of Justice and Regional Integrated Health Authorities and the Office of the Child and Youth Advocate;
- Consideration should be given to including time limits in the Act on how long a judge may take to make a temporary or continuous custody order;

- The Department of Health and Community Services and the Department of Justice should work jointly to develop training and education sessions for those within the court system who deal with matters under this Act;
- The Department of Health Community Services must begin research and development of Alternate Dispute Resolution. Introduction of these mechanisms may help mitigate some of the challenges being experienced with the court time frames;
- The Department of Health and Community Services and the Department of Justice need to address the current challenges in the court systems that are adversely affecting planning and outcomes for children. These include access to specialized family court services across the province, human resources at legal aid and resource issues within the court system itself.

6. Permanency Planning & Placement of Children Recommendations

- Regional Custody Review Committees need to be supported and maintained within the Regional Integrated Health Authorities;
- There is consensus that the Individual Support Services Planning process is an effective means of service coordination for children and youth. The commitment to the ISSP process, as part of the *Model for Coordination of Services*, should be strengthened and renewed;
- The Department of Health and Community Services must move forward with implementation of the Looking After Children;
- The Department should continue to support and work with the Newfoundland and Labrador Foster Families Association; the MAC recommends that the report of Dr. Ken Barter, *Newfoundland and Labrador Foster Families Association: A Review* (2001) be revisited with a view to implementing the recommendations;
- Caregivers had requested a legislative amendment to change their name to foster parent, the term used in the former *Child Welfare Act*. The Committee acknowledges the value of foster

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KEY RECOMMENDATIONS

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- parenting as one type of care giving on the continuum of caregivers available to children and youth. It recommends that the current definition and term of caregiver not be changed in the Act;
- The Department of Health and Community Services, in conjunction with the Regional Integrated Health Authorities should review the current residential treatment options available to children and youth in this province. The report of the provincial Committee looking at this issue requires a response from the Department of Health and Community Services.
- 7. Mandated Interventions Recommendations**
- The Department of Health and Community Services must undertake an evaluation of the Act. The development of the evaluation framework and its implementation was seen as critical to determining the success/failure of this legislation;
 - The Risk Management System (2003) must receive the continued support of the Department of Health and Community Services with a focus on training, monitoring systems and support to the regions during and following the implementation phase;
 - Comprehensive training regarding the Act is critical for social workers in the regions who are interpreting and practicing under this Act. The Departments of Health and Community Services; and Justice, in partnership with the Regional Integrated Health Authorities should begin development of this training as soon as possible. With five years of practicing under this Act, many experiences need to be shared and discussed;
 - The Department of Health & Community Services, in partnership with the Regional Integrated Health Authorities, should develop a public awareness campaign regarding child abuse and maltreatment, and the duty to report under the legislation.

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CONCLUDING STATEMENT OF THE MAC

Concluding Statement of the MAC

The Minister's Advisory Committee would like to acknowledge the individuals, groups, organizations and community agencies who continue to provide quality services to children, youth and families. There are many communities in this province where partnerships are having a positive impact on consumers of services under this Act despite ongoing challenges. The process was enlightening as Committee members traveled around the province to hear from service providers and service recipients. On the whole, there is tremendous support to continue to provide services in the manner reflected in the Act.

The MAC would like to identify that it is not recommending any legislative changes from this review, even though there is a need to revisit the philosophy and principles. It would be premature for the Committee to recommend legislative changes without a proper evaluation of the impact of the Act. It is the hope of this Committee that the next review will have access to evaluation findings to support the direction of the review process.

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APPENDICES

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Appendix A	Statutory Provision (Section 75 of the <i>Child, Youth and Family Services Act</i>) for the Minister's Advisory Committee
Appendix B	Membership of the Minister's Advisory Committee
Appendix C	Terms of Reference for Minister's Advisory Committee
Appendix D	Summary of Principles & Purpose of the <i>Child, Youth and Family Services Act</i>
Appendix E	Stakeholder Letter
Appendix F	Original News Release on the Announcement of the Minister's Advisory Committee
Appendix G	Article in the Newfoundland and Labrador Association of Social Workers Newsletter
Appendix H	Open Letter to all Staff of Health and Community Services Regional & Integrated Boards
Appendix I	News Release - Beginning of the Community Consultation Process & Consultation Schedule
Appendix J	Discussion Document Questions used for the Stakeholder Workshops
Appendix K	Brochure Questions used to elicit feedback from Consumers
Appendix L	Sample Questions used for Youth Focus Group
Appendix M	Feedback Form used at Stakeholder Workshops

Minister's Advisory Committee: Final Report**APPENDIX A**

STATUTORY PROVISION**SECTION 75*****CHILD, YOUTH AND FAMILY SERVICES ACT***

75. (1) The minister shall establish an advisory committee whose functions is to review every 2 years the operation of this Act and to report to the minister concerning its operation and stating whether, in its opinion, the principles and purpose of the Act are being achieved.
- (2) The advisory committee shall be appointed by the minister and shall be composed of:
- (a) two persons who themselves or whose children are receiving or have received services under this Act or a predecessor Act;
 - (b) a representative from a board;
 - (c) a representative of the minister;
 - (d) a legal aid lawyer;
 - (e) two persons drawn from the cultural, racial or linguistic minority communities; and
 - (f) those other persons, not exceeding 3 in number, who the minister may determine.
- (3) Appointments to the advisory committee shall be for 3 years and may be renewed.
- (4) The members of the committee shall elect one of their number to serve as chairperson.
- (5) The members of the committee shall serve without remuneration but may be reimbursed for expenses reasonably incurred in carrying out their duties on the committee.
- (6) The minister shall present a copy of the committee's report to the House of Assembly not later than 30 days after receiving it and if the House of Assembly is not then sitting within 15 days of the beginning of the next sitting.

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APPENDIX B

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MEMBERS OF THE MINISTER'S ADVISORY COMMITTEE

Dr. Ken Barter
Professor
School of Social Work
Memorial University of Newfoundland
Section 75 (2) (f)

Carla E Conway
Early Childhood Educator
Lawrence College
St. John's, NL
Section 75 (2)(f)

Des Dillon (Chair)
Board Chair (Central Region)
Department of Health & Community Services
Central Region
Section 75(2)(b)

Steve Kent
Mayor
Mount Pearl, NL
Section 75(2)(f)

Barbara MacAdam
Area Director/Staff Solicitor
NL. Legal Aid Commission
Gander, NL
Section 75(2)(d)

Gloria Harris
Caregiver/Foster Parent
Central Region, NL
Section 75(2)(a)

Ivy Burt
Provincial Director
Child Youth and Family Services
St. John's, NL
Section 75(2)(c)

Cathey Earles
HIV/Aids Labrador Project
Goose Bay, NL
Section 75(2)(e)

Rose Gregoire
Minority Representative
Sheshatshiu, Labrador
Section 75(2)(e)

Margaret Bachman
Consumer Representative
Port aux Basques
Section 75(2)(a)

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APPENDIX C

TERMS OF REFERENCE

- 1) The Committee shall be responsible for reviewing the operations of the *Child, Youth & Family Services Act* which support the safety, health and well being of children, youth and families. This will include the strengths and limitations of the Act and will be reviewed in accordance with Section 7, 8 and 9 of the Act.
- 2) This review will be completed in accordance with the principles outlined in the Strategic Social Plan and the Strategic Health Plan.
- 3) The Committee shall prepare a report, every two years, outlining the conclusions of the review of the operations of the Act and will also recommend legislative amendments where necessary.
- 4) The Committee shall make every effort to create opportunities for input and participation of individuals, groups, organizations and communities in the review process.

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APPENDIX D

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SUMMARY OF THE PRINCIPLES AND PURPOSE OF THE CHILD, YOUTH AND FAMILY SERVICES ACT

In contrast to the *Child Welfare Act*, which focused solely on mandated interventions, protection of children and crisis responses, the principles of the new Act (Sections 7, 8 and 9) promote a continuum of services to children, youth, families and communities that were to be developed and delivered in a manner congruent with the newly established principles outlined in the Act.

THE FOLLOWING HIGHLIGHT THOSE PRINCIPLES:

- balancing of the child's right to protection with recognition, respect and support for the autonomy and primacy of the family;
- recognition of the importance of the community in supporting the safety, health and well being of children;
- emphasis on prevention and early intervention services;
- importance of permanence, continuity and stability for children;
- recognition and respect for cultural heritage;
- participation by children and families in the decisions that affect them;
- avoiding delays in decision making and services provision affecting children;
- participation of children, youth and families in the identification, planning, provision and evaluation of services.

THE PURPOSE OF THE CHILD, YOUTH AND FAMILY SERVICES ACT IS TO:

- clearly articulate society's responsibility to identify and respond to children who are at risk or are victims of maltreatment;
- provide a framework for government and its regional partners to implement child centered services that incorporate prevention, early intervention, crisis response and remediation (continuum of services);
- provide voluntary services to youth aged 16 and 17 years, and their families;
- provide a framework which supports an array of responses to meet the needs of children, youth and their families within the least intrusive means possible;
- provide for increased opportunities for collaboration with children, youth and their families in decisions that affect them;
- support accountability measures which assist in ensuring the interests of children are protected.

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APPENDIX E

Minister's Advisory Committee
P.O. Box 8715
St. John's, NL
A1B 3T1

February 26, 2003

Dear Stakeholder,

We are writing at this time to inform you of the establishment of the Minister's Advisory Committee. The *Child Youth & Family Services Act*, Section 75, sets out provisions for this Committee as follows:

75(1) The Minister shall establish an advisory committee whose function is to review every two years the operation of this Act and to report to the Minister concerning its operation and stating whether, in its opinion, the principles and purpose of the Act are being achieved.

Please be advised that this Committee has now been appointed and its membership includes the following individuals:

Dr. Ken Barker	Cathey Earles
Ivy Burt	Gloria Harris
Carla Conway	Steve Kent
Des Dillon	Barbara MacAdam

The Committee's Terms of Reference is as follows:

- 1) The Committee shall be responsible for reviewing the operation of the *Child, Youth & Family Services Act* which supports the safety, health and well being of children, youth and families. This will include the strengths and limitations of the Act and will be reviewed in accordance with Section 7, 8 and 9 of the Act.
- 2) This review will be completed in accordance with the principles outlined in the *Strategic Social Plan* and the *Strategic Health Plan*.
- 3) The Committee shall prepare a report, every two years, outlining the conclusions of the review of the operations of the Act and will also recommend legislative amendments where necessary.
- 4) The Committee shall make very effort to create opportunities for input and participation of individuals, groups, organizations and communities in the review process.

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APPENDIX E

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The Child Youth and Family Services Act and the *Strategic Health Plan* are available at www.gov.nf.ca/health/. The *Strategic Social Plan* is available at www.gov.nf.ca/ssp/.

It is the Committee's objective to make this review process as transparent and inclusive as possible. Towards that end, your input and participation are essential. Please take this opportunity to bring to the Committee's attention, any areas of the *Child Youth & Family Services Act* that you may feel require review. Your suggestions on how we can best consult and meet with individuals, groups and organizations in your regions are also appreciated.

You may respond anonymously or provide your name and contact information for follow up with the Minister's Advisory Committee. We invite your comments in writing or you may provide your feedback by calling our toll free number, 1-866-729-2368. Please find enclosed a self addressed stamped envelope to return your responses. We would appreciate your response by March 31, 2003.

Thank you for your interest and participation.

Yours truly,

Des Dillon
Interim Chair
Minister's Advisory Committee

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APPENDIX F

Minister announces advisory Committee for the *Child, Youth and Family Services Act*

Gerald Smith, Minister of Health and Community Services, is pleased to announce the members of the advisory committee for Child Youth and Family Services. The purpose of this committee is to review the operation of the *Child Youth and Family Services Act* and report to the Minister of Health and Community Services on whether the principles and purposes of the act are being achieved.

"The members of the committee were appointed because they have each shown an outstanding commitment and interest in ensuring the well-being of children and youth in our province," said Minister Smith. "Their diversity will help us ensure that children, youth and families across the province have a voice in the implementation of policies and programs that affect them."

The members of the Minister's Advisory Committee are: Dr. Ken Barker, Ivy Burt, Carla Conway, Des Dillon, Cathey Earles, Gloria Harris, Steve Kent and Barbara MacAdam. The members come from all areas of the province and from a variety of backgrounds.

Minister Smith says the appointment of this committee is one of many steps government has taken in recent years to improve programs and services available to children and youth.

"We, as a government, have made great strides to improve services and programs for children, youth, their families, and communities. In the fall of 2002, the Office of the Child and Youth Advocate officially opened. We have also partnered with the federal government on *Stepping into the Future*, Newfoundland and Labrador's early childhood development initiative and the National Child Benefit Agreement," he said. "The advisory committee on the *Child, Youth and Family Services Act* will be holding consultations with individuals, groups and organizations throughout the province who express interest in contributing to the review of the operations of the *Child Youth and Family Services Act*. Individuals wishing to comment on the Act or set up a consultation can do so by calling toll-free 1-866-729-2368.

Media contact: Diane Keough, Communications, (709) 729-1377.

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APPENDIX G

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Submission to NLASW

Minister's Advisory Committee on the Child Youth and Family Services Act

Gerald Smith, Minister of Health and Community Services, recently announced the establishment of the Minister's Advisory Committee on the *Child Youth and Family Services Act*, pursuant to Section 75(1) of the Act. The purpose of the Committee is to review the operations of the *Child Youth and Family Services Act* and report to the Minister on whether the principles and purpose of the Act are being achieved.

The Committee has identified the need to get input from social workers in the province that are currently working in the area of Child, Youth and Family Services and are in a position to comment on the operations of the Act as they relate to the principles and purpose of the Act. Individuals wishing to comment can do so by calling toll free at 1-866-729-2368 or in writing at: Minister's Advisory Committee, P.O. Box 8715, St. John's, NL A1B 3T1. The Committee will also be holding public consultations across the province.

For more information on the Minister's Advisory Committee, please contact Michelle Shallow at 729-3133 or email at mshallow@gov.nf.ca

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APPENDIX H

Minister's Advisory Committee
P.O. Box 8715
St. John's, NL
A1B 3T1

To: All Staff - Health & Community Services/Integrated Boards

From: Minister's Advisory Committee on the *Child, Youth & Family Services Act*

Re: Community Consultations

Date: September 13, 2004

The Minister's Advisory Committee has a mandate to review the operations of the *Child Youth & Family Services Act* and advise the Minister on whether the principles and purpose of the Act are being achieved. The Committee will be conducting community consultations across the province from September 14 - October 21, 2004. These consultations are intended to assist the Committee in collecting information on how the Act is working for children, youth and families across this province. There are several ways to have your views made known and as key stakeholders in the delivery of services under this Act, we encourage you to participate in the consultation process.

The purpose of this correspondence is to let you know how to provide feedback to the Committee. Some of you may be invited to a stakeholder workshop in your region, but others can call the toll free number (1-866-729-2368) to schedule an appointment with members of the Committee when they are in your region. These meetings will be private and confidential. Further, you can call the toll free number and leave your comments for the Committee or, visit the website (<http://www.gov.nf.ca/health/publications/max>) where you can email the Committee directly. Again, your confidentiality is assured, unless you indicate otherwise. On this website, you will find copies of the consultation schedule, the discussion document being used for the workshops and a brochure which is intended to solicit input from consumers. We encourage you to provide these brochures to your clients and tell them about this review process.

If you require any further information about the consultation process, please contact Michelle Shallow at (709) 729-3133 or by email at mshallow@gov.nf.ca

Sincerely,

Des Dillon (Chair)
Minister's Advisory Committee

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Community consultations begin on *Child, Youth and Family Services Act*

Elizabeth Marshall, Minister of Health and Community Services, is today announcing community consultations throughout the province to review the operations of the *Child, Youth and Family Services Act*.

These consultations, to be conducted by the Minister's Advisory Committee, will solicit input from key stakeholders who are service providers or recipients under this legislation. The information gathered through this process will help form the basis of a report to the Minister on the operations of the act.

"Regional consultations are the primary vehicle for government to receive meaningful feedback from those who are most affected by the Act," said Minister Marshall. "Stakeholder input will be key in ensuring an effective Act that addresses the safety, health and well-being of the province's children, and provides services to children, youth and families."

Minister Marshall also released a discussion document and brochure entitled *Your Views: The Child, Youth and Family Services Act*, which provides information for dialogue and feedback throughout the consultations.

There are several ways for the public to provide their comments. The Committee will be available for pre-scheduled meetings with individual members of the public and separate sessions for those currently receiving services under the act. Stakeholder workshops have also been scheduled for invited representatives from government and health and community groups involved in the delivery of services to children, youth and families.

Comments to the Committee may also be provided by calling the toll-free number listed below, visiting the Committee's Web site at www.gov.nl.ca/health/publications/mac, or sending a written submission to the Committee. The discussion document and brochure can be viewed at the web site or obtained by calling the Department of Health and Community Services.

The Minister's Advisory Committee will submit a report on its findings with its recommendations to the Minister.

Individuals wishing to comment on the act, or set up a consultation, can do so by calling toll free: 1-866-729-2368.

Media contact: Carolyn Chaplin, Communications, (709) 729-1377

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APPENDIX I

CONSULTATION SCHEDULE & LOCATIONS

1. Clarenville	4. Gander	7. St. Anthony
2. Marystown	5. Stephenville	8. Labrador
3. Grand Falls-Windsor	6. Corner Brook	9. St. John's

CONSULTATION SCHEDULE - SEPTEMBER 14 - OCTOBER 21, 2004

Eastern Region:

Sept 14 Clarenville	09:00 a.m. to 12:00	Stakeholder Workshop (St. Jude's Hotel)
Sept 14 Clarenville	1:00 p.m. to 3:00 p.m.	Public Consultations
Sept 14 Clarenville	4:00 p.m. to 8:30 p.m.	Clients (by 1/2 hour confirmed time slots)
Sept 15 Marystown	1:00 p.m. to 4:00 p.m.	Stakeholder Workshop (Marystown Hotel)
Sept 15 Marystown	7:00 p.m. to 9:00 p.m.	Public Consultations
Sept 16 Marystown	9:00 a.m. to 11:00 p.m.	Clients (by 1/2 hour confirmed time slots)

Central Region:

Sept 20 GF-Windsor	9:00 a.m. to 12:00 p.m.	Stakeholder Workshop (Mount Peyton)
Sept 20 GF-Windsor	1:00 p.m. to 3:00 p.m.	Public Consultations
Sept 20 GF-Windsor	4:00 p.m. to 8:30 p.m.	Clients (by 1/2 hour confirmed time slots)
Sept 21 Gander	9:00 a.m. to 12:00 p.m.	Stakeholder Workshop (Albatross)
Sept 21 Gander	1:00 p.m. to 3:00 p.m.	Public Consultations
Sept 21 Gander	4:30 p.m. to 8:30 p.m.	Clients (by 1/2 hour confirmed time slots)

Western Region:

Sept 27 Stephenville	9:00 a.m. to 12:15 p.m.	Stakeholder Workshop (Holiday Inn)
Sept 27 Stephenville	1:00 p.m. to 3:00 p.m.	Public Consultations
Sept 27 Stephenville	4:00 p.m. to 8:30 p.m.	Clients (by 1/2 hour confirmed time slots)
Sept 28 Corner Brook	10:30 a.m. to 12:30 p.m.	Public Consultations (Pepsi Centre)
Sept 28 Corner Brook	1:00 p.m. to 4:00 p.m.	Stakeholder Workshop
Sept 28 Corner Brook	5:00 p.m. to 8:30 p.m.	Clients (by 1/2 hour confirmed time slots)

Grenfell Region:

Sept 30 St. Anthony	9:00 a.m. to 12:00 p.m.	Stakeholder Workshop (Vinland)
Sept 30 St. Anthony	1:00 p.m. to 4:00 p.m.	Public Consultations
Sept 30 St. Anthony	5:00 to 8:30 p.m.	Clients (by 1/2 hour confirmed time slots)

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APPENDIX I

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Updated Schedule for Labrador Region:

October 5 Nain	1:00 p.m. - 4:00 p.m.	Stakeholder Workshop (Atsanik Lodge)
	5:00 p.m. - 7:00 p.m.	Public Consultation (same)
	7:30 p.m. - 9:30 p.m.	Client Consultation (same)
October 6 Labrador West	1:00 p.m. - 4:00 p.m.	Stakeholder Workshop (video conference-Captain William Jackman Hospital)
October 7 Goose Bay/ Sheshatshiu	9:00 a.m. - 12:00 p.m.	Stakeholder Workshop (Salvation Army Citadel)
	1:00 p.m. - 3:00 p.m.	Public Consultations (same)
	3:00 p.m. - 5:00 p.m.	Client Consultations (same)

ST. JOHN'S REGION:

October 19 St. John's	9:00 a.m. to 12:00 p.m.	Stakeholder Workshop (Battery)
October 19 St. John's	1:00 p.m. to 4:00 p.m.	Stakeholder Workshop (same)
October 19 St. John's	7:00 p.m. to 9:30 p.m.	Public Consultations (same)
October 20 St. John's	09:00 a.m. to 10:00 a.m.	Focus group (community agency setting)
October 20 St. John's	11:00 a.m. to 12:00 p.m.	Focus group (community agency setting)
October 20 St. John's	1:00 p.m. to 4:00 p.m.	Clients (by 1/2 hour confirmed time slots) (Guv'nor's Inn)
October 21 St. John's	09:00 a.m. to 12:15 p.m.	Stakeholder Workshop (Battery)
October 21 CBS	1:00 p.m. to 3:00 p.m.	Public Consultations (Sobey's -Long Pond)
October 21 CBS	4:00 p.m. to 8:30 p.m.	Clients (by 1/2 hour confirmed time slots) (Sobey's - Long Pond)

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APPENDIX J

**DISCUSSION DOCUMENT: YOUR VIEWS
STAKEHOLDER WORKSHOP QUESTIONS****Prevention and Early Intervention**

1. What initiatives are occurring to promote the focus on prevention and early intervention in your region?
2. What challenges exist? What are your views regarding how these challenges can be overcome?
3. What further initiatives are required to support a focus on prevention and early intervention?
4. What role should the community (at any level) play and how should communities become engaged?
5. How will we know we have been successful in the area of prevention and early intervention services to children, youth and families?

Family Services

1. What has been the impact of the family service provision for children, youth and families in your region? What initiatives are in place to support these provisions?
2. What are the challenges to providing responsive and accessible services to children, youth and families in your region? What are your views regarding how these challenges can be overcome?
3. How have partnerships among professionals and community based organizations been developed to support services to children, youth and families in your region? What new partnerships are required?
4. How can the provision of family services to children, youth and their families remain responsive and equitable?
5. How should progress in providing services to children, youth and their families be monitored?

**Expansion of Services to Youth
(16 - 17 years)**

1. How has the expansion of Youth Services impacted youth and their families in your region?
2. What are the challenges to providing responsive and accessible services to youth in your region? How can these challenges be overcome?
3. What community partnerships have been developed to support services to youth in your region? What new partnerships are required?
4. How can the provision of services to youth and their families remain responsive and equitable?
5. How should progress in providing services to youth be monitored?

Alternate Dispute Resolution

1. What ADR mechanisms (formal or informal) have been used in your region? If so, what were the strengths and limitations of these approaches?
2. What role could ADR have in resolving conflicts resulting from protective intervention cases in your region?
3. What impact would ADR have on children, youth and families in your region?
4. What are the best approaches to developing ADR mechanisms in the province?

Minister's Advisory Committee: Final Report**APPENDIX J:****75****Court Provisions**

1. What are the issues and challenges in adhering to the legislated time frames and time limits?
2. What must occur to enable consistent compliance with legislated time frames and time limits?
3. Do the time frames and time limits support timely decisions, stability and permanence for children?

Permanency Planning and Placement of Children

1. How does the Act strengthen permanency planning for children?
2. What are the challenges to effective permanency planning? How can these challenges be overcome?
3. How can progress in permanency planning and facilitating continuity of relationships for children be monitored?

Mandated Interventions

1. Identify any significant shifts in service delivery that occurred under the protective intervention program in your region? What has the impact been?
2. Does Section 14 of the Act clearly define what it means to be a child in need of protective intervention? If not, what challenges are being experienced in this regard? What are your views regarding how these challenges can be overcome?
3. How can progress in assuring the safety, health and well being of a child be monitored?

Minister's Advisory Committee: Final Report**APPENDIX K**

CONSULTATION BROCHURE: WHAT ARE YOUR VIEWS?

The Minister's Advisory Committee is interested in what you think. There are several ways you can tell us your views.

You can:

1. Use the tear-off section of this brochure and mail it to:
Minister's Advisory Committee
P.O. Box 8715
St. John's, NL A1B 3T1
2. Visit our website and provide your comments online. The website address is:
www.gov.n.ca/health/publications/max
3. Call 1-866-729-2368 toll free and offer your comments.
4. Attend a personal, confidential meeting in your region, or you can attend a scheduled consultation in your region. For more information, please call toll free at 1-866-729-2368.

Your Confidentiality is Our Concern:

Your comments are very important to the work of the MAC. We want to assure you that all information will remain confidential.

Your Views:

Under the *Child, Youth and Family Services Act*:

1. Are you receiving enough support to help your family avoid a crisis situation?
2. If you have youth aged 16 and 17, are social workers providing the counseling and support they need?
3. Are your children and your family being encouraged to participate in decisions that affect you?
4. Are services and supports offered to you and your family with the problems you may be having in your family?
5. Are court time frames working to support the best interest of your children?
6. Are time limits for the period of time a child can be in temporary care in the best interests of your children?
7. Are alternates to court being made available to you to avoid having to go to court?

Your other comments?

Return to: Minister's Advisory Committee
P.O. Box 8715
St. John's, NL
A1B 3T1

Minister's Advisory Committee: Final Report**APPENDIX L****77****SAMPLE QUESTIONS FOR YOUTH SERVICES FOCUS GROUP**

For those of you who were in the Youth Services program, did you get the help you needed to transfer to HRLE? Did you have any problems that you'd like to tell us about that might make this an easier process for you?

For anyone who is or has received services under this program, what has been helpful? What could have been more helpful for you to get the services you need(ed)?

If a miracle happened while you were asleep tonight and you woke up to find that everything you needed from your social worker was there to help you, what would be different?

The age range for this program is 16-18 and then you have to move to HRLE. Did you think you were ready to leave the program then? What age would you recommend?

Have you had any problems (barriers) getting what you need? What were these problems?

Do you think you're old enough to decide where you're going to live and how you're going to spend the money that you get?

Are the services you're getting enough to help you? (i.e. counseling, housing, money, etc.)

Is there anything else you would like people to know about you need?

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APPENDIX M

FEEDBACK FORM**STAKEHOLDER CONSULTATION WORKSHOP
MINISTER'S ADVISORY
COMMITTEE *CHILD, YOUTH & FAMILY SERVICES ACT***

How did this workshop go? What went well? What did not go so well? Were there aspects of this workshop that particularly pleased or displeased you? Also, state what you believe needs to occur to improve our future consultation processes. Please write for two minutes.

Thank - You

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REFERENCES

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- Barter, K. (2001, February). *Newfoundland and Labrador Foster Family Association: A review*. St. John's, NL: Author.
- British Columbia Child, Youth and Family Advocate. (1999). *Annual Report of the Office of the Child, Youth and Family Advocate*. Vancouver, B.C.: Author.
- Campaign 2000. (2004). *2004 Report Card on Child Poverty in Canada*. Retrieved March 28, 2005 from <http://www.campaign2000.ca/rc/rc04/04NationalReportCard.pdf>
- Canadian Association of Social Workers. (2003, April). *Child Welfare Project: Creating conditions for good practice*. Ottawa: Ont: Author.
- Community Service Council. (1997). *Investing in People and Communities - Volumes 1 & 2*. St. John's, NL: Author.
- Deloitte & Touche. (2003, April). *Operational Review of Health Labrador Corporation: Results of high-level review*. St. John's, NL: Author.
- Department of Education. (1996). *Coordination of Services to Children and Youth: Individual support services plans*. St. John's, NL: Queen's Printer.
- Department of Education. (1995). *Classroom Issues Committee Report*. St. John's, NL: Queen's Printer.
- Department of Education. (1996). *Special Matters: The review of special education*. St. John's, NL: Author.
- Department of Health & Community Services. (1999). *Child, Youth & Family Services Act*. St. John's, NL: Queen's Printer.
- Department of Health & Community Services. (1998, November 23). *House of Assembly Proceedings Vol. XLIII No.46*. Retrieved November 2, 2004 from <http://www.gov.nf.ca/hoa/business/hanard/43rd,%203rd/98-11-23.htm>
- Department of Health & Community Services, Department of Labrador & Aboriginal Affairs, & Health Labrador Corporation. (2003, January 17). *Technical Working Group Report on Staffing Levels in Child, Youth & Family Services for the Innu Communities of Sheshatshiu and Davis Inlet/Natuashish*. St. John's, NL: Author.
- Department of Human Resources, Labour & Employment. (1998). *People, Partners & Prosperity: A strategic social plan for Newfoundland and Labrador*. St. John's, NL: Queen's Printer.
- Department of Justice. (1991). *Royal Commission of Inquiry into the Response of the Newfoundland Criminal Justice System to Complaints (The Hughes Inquiry)*. St. John's, NL: Queen's Printer.

Minister's Advisory Committee: Final Report**REFERENCES**

- Fetal Alcohol Spectrum Disorder Ad Hoc Committee & Labrador Regional Steering Committee - Strategic Social Plan. (2004, October). *Addressing the Consequences of Fetal Alcohol Spectrum Disorder in Labrador - A Collaborative Approach*. St. John's, NL: Author.
- Government of British Columbia. (1996). *Report of the Gove Inquiry into Child Protection in British Columbia*. Retrieved March 28, 2005 from <http://www.qp.gov.bc.ca/gove>
- Newfoundland and Labrador Centre for Health Information. (2004, November). *Attempted Suicide Among Adolescents*. St. John's, NL: Author.
- IHRD Group & Goss Gilroy Inc. (2003, November). *Social Work Workload Review Final Report*. St. John's, NL: Author.
- Office of the Chief Coroner for Ontario. (1997). *The Child Mortality Task Force*. Toronto, ON: The Ontario Association of Children's Aid Societies.
- Office of the Child, Youth & Family Advocate. (1999). *Child, Youth & Family Advocate Annual Report*. Vancouver, BC: Author.
- Provincial Committee on the Residential and Treatment Needs of Children and Youth. (2003, December). *Residential Treatment and Beyond: Towards a new model of services delivery for children, Youth and families with complex needs*. St. John's, NL: Author.
- Saskatchewan Children's Advocate Office. (2000). *Children's Advocate Report 2000 Annual Report*. Saskatoon: Author.
- Select Committee on Children's Interests. (1996). *Listening and Acting*. St. John's, NL.
- Hanrahan, C. (1997, July 28). *Towards The 21st Century: Designing services for children and families in Newfoundland and Labrador (A Review of the Child Welfare Act and Program with Proposals for Future Directions - Executive Summary*. St. John's, NL.

Responses to Final Report

**RESPONSES TO THE MINISTER'S ADVISORY COMMITTEE
FINAL REPORT ON THE
CHILD, YOUTH AND FAMILY SERVICES ACT**

Responses to Final Report

RESPONSES TO THE MINISTER'S ADVISORY COMMITTEE FINAL REPORT

LABRADOR-GRENFELL REGIONAL INTEGRATED HEALTH AUTHORITY**Regional Executive and Board Offices**

P.O. Box 7000, Station C
Happy Valley – Goose Bay
Labrador, NL A0P 1C0

2005 07 08

Ms. Lynn Vivian-Book
Assistant Deputy Minister
Community Programs and Wellness Branch
Department of Health & Community Services
P.O. Box 8700
St. John's, NL A1B 4J6

Dear Ms. Vivian-Book:

*Re: Request for Response on the Final Report of the Minister's Advisory
Committee on Child, Youth, and Family Services Act*

Thank you for sharing a copy of the final report of the Minister's Advisory Committee on the Child, Youth, and Family Services Act. Senior managers and frontline staff alike who are challenged to apply this Act in the various communities of the Labrador-Grenfell region would certainly agree with the findings of this report obtained through an extensive consultation process. In fact many of the overwhelming challenges and issues in addressing children's needs particularly in the Labrador portion of this region have continued to escalate and grow in recent years.

Common themes occurring in frequent internal discussions highlight some of the significant systemic issues in this report: Child Protection Services (restricted to crisis response) and residential treatment needs and placement needs of children and youth. Therapeutic placement options for children and youth with complex issues are only available out of province. This has contributed to a current situation where large numbers of Labrador children are living in other provinces. Not only has this situation contributed to past deficits, but it separates children from family and relatives and removes them from the only environment in which they are familiar; quite contradictory to best practices. Furthermore, community based children's mental health services are also non-existent or inadequate throughout most parts of the region. Yet, the numbers of children diagnosed with conditions such as FASD, premature mental illness, i.e. psychosis/schizophrenia, etc. also continues to grow.

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Responses to Final Report

RESPONSES TO THE MINISTER'S ADVISORY COMMITTEE FINAL REPORT

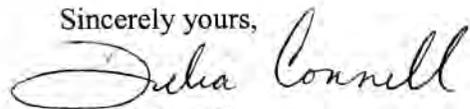
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Ms. Lynn Vivian-Book
2005 07 08
Page 2

The Child, Youth, and Family Services Act is considered to be a progressive and valuable piece of legislation by the Labrador-Grenfell Regional Integrated Health Authority. However, the appropriate resources that were required to implement services to truly meet in a meaningful manner the full intent of this legislation simply do not exist and perhaps will never exist! The current report has captured this dilemma quite well.

Thank you for the opportunity to provide a response to this final report. As mentioned, the L-GRIHA concurs with many of the findings of the report as it endeavors to continually improve services to children and families within a changing and complex environment. A dedicated and committed professional group of social workers are embracing the overwhelming challenges that lie ahead.

Sincerely yours,



Delia Connell
VP/COO Community Services and
Aboriginal Affairs

DC/tb

Responses to Final Report

RESPONSES TO THE MINISTER'S ADVISORY COMMITTEE FINAL REPORT

Western Regional Integrated Health Authority

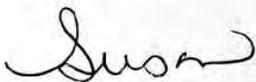
June 30, 2005

Ms. Lynn Vivian-Book
Assistant Deputy Minister
Department of Health and Community Services
P.O. Box 8700
St. John's, NL
A1B 4J6

Dear Ms. ~~Vivian-Book~~:

Please find attached Western Regional Integrated Health Authority's response to the final report of the Minister's Advisory Committee on the Child, Youth and Family Services Act. The opportunity to provide feedback on the report is greatly appreciated. We look forward to our continued partnership in meeting the needs of those families who are impacted by the Act.

Sincerely,



Susan Gillam
Chief Executive Officer

SG/cw

Attachment

cc: Ms. Michelle House

Responses to Final Report

**WESTERN REGIONAL INTEGRATED HEALTH AUTHORITY
RESPONSE TO THE MINISTERS ADVISORY COMMITTEE
JUNE 2005**

Responses to Final Report

WESTERN REGIONAL INTEGRATED HEALTH AUTHORITY

The Western Regional Integrated Health Authority (WRIHA) is pleased to be given the opportunity to respond to the Ministers Advisory Committee Report on the operations of the *Child, Youth and Family Services Act*. The process of soliciting input from Regional key stakeholders such as service providers or recipients under the Child, Youth and Family Services Legislation was quite comprehensive and commendable. The seven key areas identified in the report truly highlight the themes consistently reported by service providers and service recipients in the Western Region.

The proclamation of the *Child, Youth and Family Services Act*, January 5, 2000, supports the changing philosophical base and practice of Child Welfare Services in this Province. The principles of the Act are used by Child, Youth and Family Services staff in the Western Regional Integrated Health Authority as corner stones for their interventions with children, youth and families. While there has been movement towards a fundamental shift in the delivery of Child Welfare services, the primary challenge in relation to fully actualizing the potential of this new Legislation is the limited human and financial resources to support full implementation of the *Child, Youth and Family Services Act*.

The seven key areas outlined by the Ministers Advisory Committee as a result of the consultation process are consistent with the general themes identified by staff and management of the Western Regional Integrated Health Authority:

- Prevention & Early Intervention
- Family Services
- Expansion of Services to Youth
- Court Provisions
- Alternate Dispute Resolutions
- Permanence Planning and Placement of Children
- Mandated Interventions

These identified key areas serve to highlight some of the current and in some cases, historical issues regarding Child Welfare service delivery in this Province. During the course of implementation of the *Child, Youth and Family Services Act*, the Western Region has encountered many challenges and the

following comments are being presented as a response to the Ministers Advisory Committee report.

Prevention and Early Intervention

It was the intent of the new Child, Youth and Family Services legislation to create a framework for all service providers who offer services to children, youth and their families. This broad context of working collectively; collaboratively accepting the principles of the Act as corner stones for all of our involvement and interventions has not been fully realized. It appears the *Child, Youth and Family Services Act*, while it addresses the mandated provisions for traditional Child Welfare practices, the principles of the legislation should also be incorporated into the practices of all who deliver services to children, youth and their families. The Act does lend itself to creating many partnerships with other service providers and communities; however, in reality the practice focus appears to be on Child Protection.

This Region has been very limited in our ability to move from crisis intervention to prevention and early intervention. However, as a result of staff and organizational commitment and effective partnerships, there has been some movement to this end. Regionally, staff are actively involved with various joint initiatives, some examples include: Blomidon Place, a community based mental health service for children, youth and their families, a working group who are reviewing protocol issues regarding the investigation of child abuse; involvement in an initiative responding to victims of sexual abuse (Sexual Abuse Community Services); strong partnership with the Community Education Network and The Social Workers in Schools Project.

These initiatives are positive and we believe successful, however, current Child Welfare workloads and limited resources impact our ability to realize our fullest potential in creating opportunities with partners and other service providers and communities. Current resources are only addressing our mandated responsibility and as a result the early intervention and prevention interventions cannot be given priority.

There have been some positive initiatives introduced, however, as a result of the National

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WESTERN REGIONAL INTEGRATED HEALTH AUTHORITY

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Child Benefit (NCB) and the Early Childhood Development (ECD) programs which have had some direct benefits to the children and families being serviced through Child Welfare. There is potential for these programs to be further expanded so that the benefits could reach more children, youth and families. The direct benefit is seen through the Healthy Baby Clubs, Healthy Beginnings and the Child Care Subsidy programs. A stronger linkage is required between the National Child Benefit Program and the Early Childhood Development Program and the needs identified of the high-risk families involved with Child Welfare. There is potential to address some of the early intervention and prevention needs through these programs if barriers limiting utilization of the financial resources were addressed to meet the following needs of at risk children.

Family Services Program

Families Services are being provided currently by a variety of individuals and groups within the Western Regional Integrated Health Authority, however, further development of a more comprehensive planned program that offers a continuum of services is required. Early Intervention and Prevention initiatives to support children, youth and families that prevent more intrusive formalized intervention must be given priority. Existing resources limit the time committed to this work; however, by investing in these initiatives the crisis interventions, which are now demanding our full attention, will reduce. There has to be additional dedicated resources to engage individual groups and communities to provide these least intrusive options to children, youth and families.

Youth Services

The Youth Services provisions of the Act have had a positive impact on our ability to address some of the needs of youth beyond the age of sixteen. The coordination with other service providers, policy and professional practice regarding youth, however, still requires attention. There has been some initiative in developing a Provincial Policy Framework for Youth Services. This framework has not been finalized and a developed coordinated comprehensive service for youth will require dedicated resources to ensure an accessible,

effective, and efficient program. There are many potential partnerships that offer programs and services to youth that require further exploration and coordination.

An increased number of youth in the Custody of the Director of Child, Youth and Family Services are choosing to become involved with the Youth Services program and as a result our Youth Services statistics have grown. In many situations the youth who had been in the custody of the Director of Child, Youth and Family Services prior to their sixteenth birthdays often require the same support services and, therefore, the cost associated with their care does not decrease after a youth reaches the age of sixteen. There has to be a recognition that youth needs are extensive and attention must be given to developing the partnerships and coordination between services of the Regional Integrated Health Authority and other partners such as the Department of Human Resources, Labor and Employment and the Department of Education to address these needs.

The Ministers Advisory Committee also identified the need to address the consent issues in relation to youth. In the Western Region we are challenged on a regular basis in this regard. There are several youth who are unable to make independent decisions due to their disabilities that are currently living in foster homes and issues regarding consent require immediate attention and resolution.

The Youth Services provisions of the Child, Youth and Family Services Act appears to have met some of the gaps identified for youth, however, an evaluation is required to measure these perceived outcomes. The issues and concerns brought forward throughout the committee's consultations regarding sixteen year olds making significant decisions are echoed by this region. Whether youth are capable of making such significant decisions requires further exploration, as well as, redefining the age of a child to 18 years.

Court Provisions

Judicial and court related issues have been a consistent challenge in this region in relation to fulfilling effective permanency planning for children who have been removed from their families. Generally, Social Workers state they spend

Responses to Final Report

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more time doing court related activities and most cases require lengthy Protective Intervention Hearings that take several days to complete. Interim orders are still given regularly. There are often court delays and, as a result, the time frames that a child is in the Directors custody often go beyond what is specified in the Act. There has not been a formal mechanism developed to address judicial and court related issues or discuss the interpretations and usage of provisions in the Child, Youth and Family Services Act.

The Western Region appreciates the on going support of the Department of Justice; however, generally the Director is represented by agents within the region contracted by the Department of Justice. The relationships between the Director and fee for service agents are imperative and valued. Difficulties, however, may arise when legal representatives for the Director have little or no experience in the Child, Youth and Family Services Act and do not fully appreciate the philosophy or intent of the Act. Prior to contracting these services a commitment to screen and provide specific training is required.

The Child, Youth and Family Services Act has provided for a more transparent process that involves the child, youth and parents. While this practice is very progressive and based on best practice these processes require more time. For example, warrants, full file disclosure, serving notice to children over the age of twelve, are all additional activities; however, limited Administrative Support and Social Workers are available to meet these requirements.

Permanency Planning and Placement of Children

The Child, Youth and Family Services Act does promote permanency planning and sets an expectation for partnership with children, youth, their families, significant others and communities. The Act has supported best practice in relation to considering least intrusive placement options; however, caregiver resources are still in high demand. Despite additional resources provided by the Regional Authority, caregiver recruitment and retention of suitable foster homes have reached a critical stage in the Western Region. It is believed that while Child, Youth and

Family Services Social Work staff can offer support it is imperative to develop a stronger relationship with the Newfoundland and Labrador Foster Families Association to support the development and implementation of a recruitment and retention strategy for caregiver homes. This initiative must be supported through additional financial and human resources.

It is our belief, based on the literature available regarding foster care that adequate rate structure, support and training are all key factors in the recruitment and retention of foster homes. A comprehensive approach to addressing the placement needs of children and youth who cannot reside in their own homes is required. Such an approach should be lead by the Province in partnership with the Regional Integrated Health Authorities and the Provincial Foster Families Association.

The development of a diverse continuum of out of home placement options must be explored within our Province. While it may not be possible to develop the whole continuum of options for each Regional Integrated Health Authority, it may be possible to commit to partnerships and collectively supporting specific specialized placement options ranging from non-residential intensive treatment on individual children and youth to providing residential intensive interventions with both parents and children. Any residential placement option must consider the other comprehensive services that would be required. The commitment and cooperation of other services such as child psychiatry and other mental health services is often essential in securing a permanency plan.

Alternate Dispute Resolution

The Western Regional Integrated Health Authority concurs with the recommendations made by the Ministers Advisory Committee in relation to the need for pre planning and implementation of alternate dispute resolution, which will require adequate human and fiscal resources. In the meantime, however, more collaboration is needed between key partners and Provincial Court to explore the current processes and identify ways we can make changes (i.e.) case management

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meetings, pre-trial discussions, etc. that would possibly decrease court time.

Based on experience to date regarding implementation of the new Legislation, standards and practice, the Western Regional Integrated Authority echoes the concerns identified in the Ministers Advisory Committee report. We support the call for increased research, planning and adequate resourcing prior to any commitment to implement the alternate dispute resolution provisions of the Act.

Mandated Interventions

While the current legislation supports a variety of responses to protect children, the region's continuum of services is often limited and traditional in that much time is spent on addressing high risk protection cases. It is necessary for Social Workers to intervene and assess the safety and security of a child and the revised risk management process has been an asset. While this Risk Management System offers standardization and comprehensiveness, it has also presented many challenges to the Western Regional Integrated Health Authority. To date, we have had a phased in implementation process, however, we have not been able to meet the standards set out by the Provincial office. The reasons for non-compliance are high caseloads and frequent staff turnover. It is our recommendation that Government initiate workload standards for Child Protection practice. Consideration should also be given to providing different types of resources such as administrative and family support aides to address some of the current workload issues that would allow Social Workers and Supervisors to work within their scope of practice.

General Recommendations

Successful implementation of the Child, Youth and Family Services Act has been limited due to the aforementioned issues. The Ministers Advisory Committee outlines a number of recommendations to address this historical issue of unmanageable workloads in Child Welfare. Much research has been completed in this area of practice and the consensus is that Child Welfare has become more specialized and therefore, appropriate support and supervision is critical.

In addition, implementation of many other initiatives namely, Child Care Services Act, Adoption of Children's Act, Youth Criminal Justice Act, Client Referral Management System (CRMS), PRIDE Assessment process for caregivers and adoptive applicants and organizational changes have all dramatically affected all aspects of the work life for staff. This, in turn, impacts the quality of services provided to clients. The Western Regional Integrated Health Authority concurs with the Ministers Advisory Committee recommendation to make training for Social Workers a priority for Government. The staff and management of the Western Regional Integrated Health Authority have been actively involved in the development and implementation of new legislation and standards, however, there have been limited financial resources to assist the region in this endeavor. The regions require a renewed commitment to dedicate resources at the Departmental and Regional levels to ensure Social Workers and Supervisors in Child Welfare achieve core competencies and specialized skills.

The consultations that the Ministers Advisory Committee had with stakeholders and recipients of services indicated that there was a need for further public education regarding the Child, Youth and Family Services Act. There has been very little dialogue with the public and as a result we have not maximized our opportunity to partner with communities to address needs of children, youth and families. The Province in partnership with the Regional Integrated Health Authorities should initiate such a public education campaign.

Conclusion

Upon reviewing the Ministers Advisory Committee report on the Child, Youth and Family Services Act, the key themes are consistent with the views of this region. The Western Regional Integrated Health Authority supports the general recommendations made by the Ministers Advisory Committee. The consultative process outlined in the report was inclusive and highlighted a number of challenges, however, there has been some success in changing the practice culture in Child Welfare. The staff of the Western Regional Integrated Health Authority will continue to work with our partners to ensure quality services to children, youth, and families.

Responses to Final Report

EASTERN REGIONAL INTEGRATED HEALTH AUTHORITY

Eastern HEALTH

1 May 2005

Honourable Loyola Sullivan, Minister (Acting)
Department of Health and Community Services
P.O. Box 8700
Confederation Building
St. John's, NL
A1B 4J6

Dear Minister:

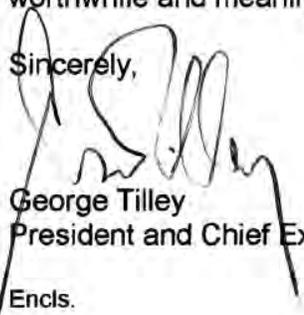
Re: *Report of the Ministers Advisory Committee on the Child, Youth and Family Services Act, April 2005*

Eastern Health is pleased to be given the opportunity to provide feedback to the Final Report of the Minister's Advisory Committee on the Child, Youth and Family Services Act and to know that this response will be included with the Minister's Report when it is tabled at the House of Assembly.

We generally agree with the findings and recommendations of the Minister's Advisory Committee, however, we do wish to comment on specific areas which we think require more in-depth clarification. We believe that the commentary provided will add value to the review process and also highlight regional achievements and concerns related to the operations of the Child, Youth and Family Services Act.

We would also like to take this opportunity to acknowledge the work of the Minister's Advisory Committee and the extensive consultation process undertaken in order to provide the findings and detailed analysis as contained in the final report. The involvement of our staff and clients in these processes was worthwhile and meaningful.

Sincerely,



George Tilley
President and Chief Executive Officer

Encls.

Responses to Final Report

EASTERN REGIONAL INTEGRATED HEALTH AUTHORITY

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This commentary is provided in response to the report submitted to the Minister of Health and Community Services by the Ministers Advisory Committee (MAC) in accordance with Section 75(6) of the Child, Youth and Family Services Act. Eastern Regional Integrated Health Authority (Eastern Health) commends the MAC for developing and implementing such a wide-reaching consultation plan and for having accomplished completion and submission of the first ever Report by a Ministers Advisory Committee.

Eastern Health also supports the seven key areas of focus selected and reviewed by the MAC and the emerging themes within this report. These key areas are without a doubt the significant operational areas that required review. While there is a high level of concurrence with the general and specific findings and recommendations, this organization does, however, have some differing viewpoints with respect to some statements contained within the report. We make the following introductory comments not to detract from the value of the Report but to present further feedback which we hope will add to the integrity of the committee findings.

It is our perspective that broad generalizations such as those contained in the Executive Summary are not truly reflective of the day-to-day practice within the CYFS program. Statements like the following are not considered to be an accurate description of CYFS practice in our Region:

- *“The findings of this review process revealed to the MAC that the principles and purpose of the Child, Youth and Family Services Act are being seriously compromised;*
- *The fundamental shift in the way Child Welfare services were to be delivered in this province simply has not occurred; and*
- *It was clear to the MAC that the necessary philosophical shift has not occurred.”*

While it is our view that there are challenges related to compliance with specific provisions of the legislation, we disagree with the statement that the principles and purpose of the Act are being

seriously compromised. Regrettably, insufficient attention has been afforded to the practice changes that have positively impacted the lives of children, youth and their families and are a direct result of compliance with the Act.

In November of 1998, in government’s release of “Building a Better Future for our Children,” it was publicly stated that the bill supported the thinking of the service providers and a number of practice shifts that had already occurred. The legislation was viewed as a way to build upon an existing foundation. We believe that this has occurred as we see evidence of compliance with the principles and intent of the Act on a daily basis. It has been demonstrated through court and file documentation, custody review reports and overall practice standards that service providers are making significant efforts to operate within the principles of the legislation. Family Court Judges have reported that they see tremendous improvements in practice that are consistent with the intent and purpose of the Act.

The principles of the Act are being utilized to guide the work and interventions of staff on a regular basis. For instance, there is a clear understanding that it is the child who is our primary client, and that the child’s need for protection must be balanced with the importance of family and kinship ties; there is recognition of the importance of the community in supporting the healthy growth and development of children, as evidenced by the improved partnerships between Health and Community Services with community groups and organizations such as Family Resource Centres, Community Youth Networks, schools, and board operated child and youth serving agencies.

It is also worthy to note that there is significant recognition of and focus on the importance of permanence, continuity and stability of children; and there is increased participation by children and families in the provision of services and decisions which affect them since proclamation of the *Child, Youth and Family Services Act*.

In summary, we believe that the necessary philosophical shifts are occurring, and that service providers operate on a day-to-day basis holding

Responses to Final Report

EASTERN REGIONAL INTEGRATED HEALTH AUTHORITY

these values and beliefs. However, we do agree that there are challenges in delivering a continuum of service as intended through this legislation. Our position is that this is primarily a resource issue. Despite this significant challenge, there have been many examples of improved services to children, youth and families that are consistent with the principles and purpose of this Act. We believe the MAC report would be strengthened and more accurately portray the realities of practice if such efforts were acknowledged.

Given that there are common themes and similarities throughout the recommendation sections of the report, we have attempted to avoid repetition by providing the following comments.

Prevention and Early Intervention

Based on five years of operation under the CYFS Act, our experience has revealed that it is not simply a matter of making a shift from the provision of protective intervention services to prevention and early intervention programs. What is required is a continuum of services and programs inclusive of the community and relevant stakeholders in addition to CYFS service providers.

We would be remiss if we did not acknowledge that government has made substantial inroads in this area through both the National Child Benefit (NCB) and the Early Childhood Development (ECD) programs. This has increased early intervention prenatally and postnatally through Healthy Baby Clubs and the Health Beginnings programs, increased the number of childcare spaces by more than 100 percent and provided additional funding for low-income families. However, these initiatives have not yet decreased the number of children in the eastern region needing protective intervention services. It is also apparent that we still have significant work to do to forge and build partnerships among the providers of these services and our community stakeholders.

To further develop these relationships and develop a common vision, Eastern Health believes that government should take a lead role in partnership with regional authorities and community agencies in the development of a comprehensive strategy focusing on the improvement of the health and well being of children and youth in this province.

This strategy, with its focus on prevention and early intervention as components of population health, would strengthen the continuum of services and programs for children, youth and their families.

Eastern Health also supports the recommendation that a commitment from government for the provision of dedicated resources in the CYFS program is necessary to ensure a focus on prevention and early intervention.

Family Services Program

Eastern Health concurs with the MAC that the Family Services Program needs further development. The current policy guiding the delivery of services under the Family Services Program needs to be reviewed. In particular, the use of Voluntary Care Agreements and Child Welfare Allowances (CWA) are protective interventions, not family services and should be reflected as such in the "Child, Youth and Family Services Act Standards and Policy Manual" (Draft, September, 1999).

It is agreed that increasing the CWA rate has merit; however, a comprehensive review of this program is required as there has been recent concern about the impact these placements may have on permanency planning and long-term outcomes for children.

Eastern Health recognizes the need to develop a comprehensive Family Services Program in compliance with Section 10 of the CYFS Act that is interdisciplinary in nature and focuses on building capacity in individuals, families and communities. In order to be successful, this program requires dedicated resources, separate and apart from the protective intervention program. Regional Authorities require dedicated funding from government for this purpose.

Youth Services

The issue of guardianship for youth over the age of 16, who were previously in the care of a Director, is considered to be an urgent matter that requires immediate resolution. The Directors of Child, Youth and Family Services have made recommendations regarding this issue to the Departments of Health and Community Services

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and Justice. Without resolution of this matter, vulnerable youth continue to be placed at risk, and the quality of their lives may be severely impacted as a direct result of no one individual having the legal authority to make decisions on their behalf.

Without a doubt, the Youth Services Program has been successful in addressing the gap in services to 16-18 year olds that existed prior to the proclamation of this Act. The flexibility of the policy and standards has contributed to the growth in the numbers of youth receiving services. Since 2000, the residential services component of this program has grown exponentially by close to 700 percent within the Eastern Health boundaries.

In recognition of the principles of the legislation, community development and enhanced partnerships have been a key feature of program development. The Youth Services Site is a striking example of the value of community-based, interdisciplinary, intersectoral collaboration. Other examples include the Community Youth Networks such as the P4-Youth Centre at Dunville and the Splash Center at Harbour Grace.

We support the recommendation of the MAC for evaluation of the Youth Services Program. The need for public awareness and education regarding this program is also acknowledged. The development of a Youth Policy Framework should be identified as a priority for the Department of Health and Community Services. Eastern Health has developed such a framework which may assist in informing this process.

Court Provisions

Legislative time lines are not being consistently met, and Eastern Health is concerned about the negative impact of this on children, youth and families. There are significant gaps in legal services. The downsizing of the provincial courts system has disadvantaged families in the rural part of this region. The Unified Family Court in St. John's has restricted court time available during the months of July, August and September of each year, thereby, significantly reducing the time available for Child, Youth and Family Services matters.

On a positive note, the Civil Division of the Department of Justice now represents the

Directors on matters throughout the entire Eastern Health Authority, thus, contributing to improved representation. However, the failure to fill staff solicitor positions at the civil division of the Department of Justice, in particular maternity leaves, has resulted in reduced accessibility to lawyers to represent the Directors on protective intervention matters.

As of March 31, 2005, in excess of 20 children in this region have been denied effective permanency planning as a result of court delays. The reasons for such delays include lack of available court time, legal representation and conflicts in lawyers' schedules. This matter must be given significant priority as it impacts directly on vulnerable children's lives.

Permanency Planning and Placement of Children

The recommendations regarding permanency planning and placement of children, as outlined on page 61 of the Report, are supported by Eastern Health. However, it must be recognized that the Directors of CYFS have requested a delay in implementation of the Looking After Children Program due to insufficient resources. This action is most regrettable as Looking After Children is considered to be best practice in ensuring quality care and good outcomes for children and youth being cared for by the state. Eastern Health supports the need to implement this program however additional social work resources are essential for training as well as ongoing application of this model.

The current fragmented continuum of placement resources combined with concerns regarding the lack of caregiver homes further contributes to children being at risk. Research has shown that there is a direct link between the provision of adequate caregiver compensation rates and social work support with positive recruitment and retention outcomes. Eastern Health supports the MAC's recommendation that government move forward immediately on the recommendations contained within the "Report of the Provincial Committee on the Residential and Treatment Needs of Children and Youth" (2003).

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Alternate Dispute Resolution (ADR)

We support the principles of ADR, but given the numerous other priorities, Eastern Health recommends that the development of policies and standards related to this provision be deferred until the immediate and urgent matters identified elsewhere in this report are addressed.

Mandated Intervention

Mandated interventions such as Youth Services and Placement of Children are addressed through the report and within this response; therefore, this section will focus only on the core service of protective intervention. The strengthened accountabilities inherent in the legislation including requirements to obtain warrants to remove, serve notices, and file disclosure provisions have increased transparency and integrity of this aspect of the program. These heightened standards have resulted in an increase in workload without any additional resources. The implementation of the provincially prescribed Risk Management Process has also increased workload for front-line social workers and supervisors. In addition, the application of the Risk Management Process is more clearly identifying for social workers the complexity of risk factors impacting the safety, health and well-being of children and youth.

Given the requirements of the Act, as well as the implementation of the Risk Management Process, it is imperative that government establish workload standards for front-line protective intervention social workers and their supervisors. Such standards must reflect the reality of electronic documentation, rural practice and the situational complexities, which challenge existing resources.

General Recommendations

Eastern Health agrees that there are inadequate resources to support the implementation of the Child, Youth and Family Services Act as intended. However, it must also be acknowledged that the Child Welfare System was under resourced prior to January 2000. The requirements of the new CYFS legislation and its resulting standards added to the burden of an already resource stressed system. Eastern Health also concurs with the Ministers

Advisory Committee that the CYFS division in the Department of Health and Community Services is under resourced. The role of the Provincial Director, as defined in legislation, is being compromised due to the limited complement of human resources currently employed within this division

The region agrees that evaluation is an essential component of service delivery. However, in light of the five-year time lapse, it is believed it would be prudent to revisit the proposed framework. A necessary first step would be to ensure that all current program standards and policies are reviewed and updated where applicable. We believe this review must occur prior to implementation of the evaluation framework.

This organization recognizes that the complexity of practice and the high level of accountability and liability in this field demands ongoing professional development that includes training on core competencies and specialized skills. Since the establishment of regional boards in 1998, funding and human resources for this purpose has been very limited. Despite this, Eastern Health has moved forward, through re-allocation of existing funds and staff, with the development and delivery of professional development activities. In addition to the provincially prescribed programs of Risk Management, PRIDE, ISSP and Collaboration Approach to the Investigation of Child Sexual Abuse, this region has developed and delivered other training such as training focused on the provisions of the CYFS Act. While necessary, this redirection of resources has placed additional stress on the front-line service delivery system.

Eastern Health strongly agrees with the recommendation that government invest dedicated resources at the departmental and regional levels to develop and deliver standardized training specific to best practice in child welfare. As well, Eastern Health recognizes the need for the utilization of the ISSP process for children and youth. However, it is felt that the renewed commitment called for by the Ministers Advisory Committee should be to the principles of the Model for the Coordination of Services to Children and Youth, of which the ISSP is a component. It must be recognized by government that a significant barrier to full

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implementation of the model has been the lack of human and fiscal resources.

In 1999 and 2000, there was a comprehensive communication strategy involving public awareness activities and interagency consultations/education regarding the CYFS Act. Resources for ongoing public awareness with a specific focus on the provision of the Act related to Duty to Report are essential.

Conclusion

With the recognition that we have faced challenges in the full implementation of the Child, Youth and Family Services Act, Eastern Health is pleased to acknowledge the tremendous efforts of their staff

in providing services and programs consistent with the principles of the legislation. This Act has only been in force for five years - a period that has also seen the implementation of a new Adoption Act, a new Youth Criminal Justice Act and a new Child Care Services Act along with their respective policies and standards. The introduction of PRIDE and Risk Management as standards of practice has also occurred during this timeframe. Despite the requirements related to operationalizing the above noted legislation, policy and standards, there exists an unrelenting commitment by the staff and trustees of Eastern Health to the provision of high quality services, consistent with that outlined in the Act, to support children, youth and their families.

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Child, Youth & Family Services Act
2000 – 2005: How are we doing?

Response From:
Central Regional Integrated Health Authority
July 2005

Prepared by:
Rosemarie Goodyear
VP – Community Services
Vanessa Mercer-Oldford
Director - Child, Youth & Family Services

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The Central Regional Integrated Health Authority (CRIHA) would like to thank the Department for the opportunity to respond to this report. We would also like to acknowledge the work of the Minister's Advisory Council (MAC) and the extensive consultation process that they have engaged in as they prepared this report. As the primary providers of services mandated in the Child, Youth and Family Services (CYFS) Act, we are extremely pleased to have the accountability measures related to the MAC as part of this legislation. We are hopeful that the examination and subsequent recommendations of the MAC will result in improvements in the quality of life and well-being of children and families in our region and across the province.

We will respond to both specific points and overall themes contained in the report. For ease of reference where our response relates to a specific section of the report we will reference that section and page of the report. Our response is limited to areas of the report where we feel clarification would be beneficial and areas where we feel key information from our region has not been reflected. Lack of commentary in our response on specific areas of the report will indicate our agreement and support of the content of the report.

Summary of Findings

The report states that it is *"clear to MAC that the necessary philosophical shift has not occurred"*. In response we would like to clarify that, from a philosophical perspective, providers of and managers of these services are very committed to a prevention and early intervention approach. The challenge lies, not in changing philosophies but, in securing the appropriate resourcing to be able to implement that philosophy in practice.

The report also indicates that most regions indicated they are unable to provide Family Services as they are voluntary in nature and most efforts are directed towards mandated interventions. For the most part, this is an accurate reflection of the current status in the Central Region. Since the implementation of the legislation, we have seen an increasing demand for family services. Often times these are families who

are one phone call away from being on a protective intervention caseload. We should have the ability to respond when families seek our services. As a region we do provide services as we are able, however this is very difficult with no framework and minimal provincial standards.

With the absence of provincial direction, standards and policy, the Family Services program has been developed in the region based on "whatever seems to make sense for the family and the child." Although we have continued to provide the services that we can and services that the Act says we "may" this has occurred at the expense of some of the "shall" statements (the mandated interventions) in the legislation and some of the provincial standards. In the central region, although most of our efforts are directed towards mandated protective intervention cases we are still unable to meet many of the provincial standards. For example, in November of 2004 an audit of case files indicated that only 38% of cases had a completed Risk Assessment Tool on file. Full implementation of the Risk Management System did not occur until February of 2005, however we are still far from meeting the provincial standard, which is of grave concern to the writers of this report.

The regions are in a position where implementation of this legislation and full compliance with standards is near impossible. If we are to meet the standards set by the province in the protective intervention program and the in-care program, standards which are based on best practice in child welfare, we would need to terminate all family services cases – we should not be put in this position. Children in this region and in this province deserve protection from harm and deserve to be supported within their families.

Summary of Findings

With respect to the evaluation of programs and services the report states that the CYFS division of the department does not have the capacity to evaluate programs and services. It should also be noted that there is also no capacity for this type of evaluation at the regional level. The leadership for this type of initiative should definitely be established at the provincial level but capacity and

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skill at the regional level will be critical to the implementation and sustainability of evaluation measures. In addition, evaluation must be established as an ongoing process and not limited to a one-time intervention.

Introduction

The introduction speaks to the delineation of roles and responsibilities for the department and the CRIHA. The roles and responsibilities listed are accurate but they fail to reference the issue of professional development/staff training that is necessary to maintain a competent work force. Prior to the shift in service delivery to the regions the province played a significant role in competency development and maintenance. This responsibility has since drifted to the regions without the required amount of attention, planning, or resourcing. It is an integral issue that must be appropriately addressed to move forward with many of the recommendations contained in the MAC report.

Broader Contextual Issues

The report lists the issues and themes that the MAC heard throughout the review, which mirrors the challenges facing child welfare systems throughout the country. Although commentary could be provided from the region on each of these issues, we will limit our comments to four issues mentioned: more training initiatives for staff, more reasonable caseloads for staff, more staff positions and philosophical underpinnings and principles .

More Training Initiatives for Staff – The literature on child welfare practice is very clear, social workers in child welfare practice require a long list of competencies – competencies are developed, for the most part, through training. In December 2004, our region undertook a strategic planning process for the Child, Youth and Family Services Program. The issues of training and orientation, along with regular and effective supervision, were the most critical needs identified by the social workers in the CYFS Program. As a region, we have revised the competencies (required knowledge and skills) that were adapted by the province in the 1990's. The competencies had not been updated by the provincial department, no doubt due to limited human resources, even though there was

new legislation and the competencies had been revised by the Child Welfare League of America. The results of a regional assessment of training needs, based on required competencies for practice, are overwhelming. We continue to do what we can in the area of training but we can not do what needs to be done without additional human resources.

More Reasonable Caseloads for Staff – Caseload numbers are not always a good indicator of a reasonable workload, however in some offices (Grand Falls-Windsor & Botwood) in the central region we have caseloads that exceed 30 families. In April 2005, the provincial department completed an analysis of caseloads within the regions, using several indicators. One indicator used was the number of CYFS new program openings per FTE in each region. The results indicated that, with the exception of three months, for the 25 month period studied (March 2003 – March 2005), the central region had the highest number of new case openings per FTE. The situation worsens when you consider that the number of FTE's in the region is actually four less than the number used by the department to determine the average monthly number of new cases. When one considers the number of families on active protection intervention caseloads and the standards that are being breached it is not difficult to determine that the caseloads are not reasonable and more staff are required.

More Staff Positions – The Central Region requires more front-line social work positions, program development positions and additional clinical supervision positions (this will be addressed later in this report). In early 2005, a regional assessment of caseload, workload, etc. was completed. This was a very worthwhile and eye-opening experience. The analysis of the assessment concluded that in some areas within the region serious breaches of provincial standards were occurring, one conclusion, after the analysis of all relevant data, was that additional staff are needed to complete the work that is required.

Philosophical Underpinnings and Principles - The report suggests that the philosophical underpinnings and principles of partnership,

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coordination, integration of services, continuum of services, and community involvement are not reflected in Section 8 of the legislation. These are all key principles that are foundational to achieving the outcomes desired. It is ironic that these principles not be mentioned in that in our region they are in large part the principles that have facilitated the changes in service delivery and approach that have evolved since the implementation of this Act.

Steps toward a proactive, early-intervention approach have been facilitated by partnerships with community-based agencies such as family resource centres and community youth networks. Attempts to improve integration and coordination of services have relied heavily on building better relationships and partnerships with other providers in the health and community services, education, justice, and voluntary sectors.

The role of community and the potential impacts of a community development approach on positive outcomes cannot be emphasized enough in this report. In stating that however, it must be recognized that community development and mobilization is a time-consuming, intensive approach that must be facilitated, nurtured, and supported to realize its full potential and impact. The approach must be acknowledged, given priority, and resourced adequately as a long-term intervention.

Regional Issues: What the MAC Heard

Responsibilities of Regional Directors - It is stated in the report that, "Directors are responsible for ensuring overall compliance with the legislation, standards of practice and policy and program development within the regions." We concur that this is the responsibility of the director in the region, however, the ability of the director in this region to fulfill her role is seriously comprised by one significant factor – too much responsibility. In August 2004, the Director of Child, Youth and Family Services and Adoptions retired. As a result of the retirement and government's directive to downsize management positions, the responsibilities of the Director of Child, Youth and Family Services and Adoptions were assigned to

the Director of Community Youth Corrections and Youth Services. The current director is legislatively responsible for three pieces of legislation and has a total of 19 management and front-line staff reporting to her. Despite the current situation, significant movement has been made in all program areas, however, what is required is next to impossible to achieve with the current regional resource allocation.

Care Givers - The result of recruitment and retention of foster homes is mentioned in this section as it relates to the impact on effective permanency planning for children. While this is indeed a real challenge, the impact reaches far beyond the issue of permanency planning.

To deliver programming that is consistent with the principles of the Act, children and families must have access to caregivers that are committed to the principles of the Act and the children it serves. They must be geographically situated in as close a proximity as possible to the children and families needing this intervention and they must be adequately trained and supported to provide the complex interventions and support required of them. There must be maximum stability created so that children do not have to experience the additional trauma of movement within the caregiver system. This is of uttermost importance for all children and families interacting with the caregiver system, not just those for whom permanency planning is the agreed-upon objective.

To accomplish this objective of a competent, supported, monitored, and stable caregiver system a number of tools and resources are required. While acknowledgement must be given to the provincial department with respect to providing many of these tools within the context of the PRIDE program, unfortunately the same infusion into the area of required human resources to implement these tools and activities has not occurred. This results in a significant gap in the provincial standard and expectation with respect to the caregiver system and the ability of regional authorities to meet this expectation. Not being able to meet the standards set in this program area is of great concern. In addition to having difficulties

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meeting the standards, we are unable to recruit and retain caregiver homes. Based on experience, we know that caregiver recruitment is difficult. It becomes much more difficult when there are no dedicated resources to secure appropriate placements for children who enter care.

Child Welfare Allowance Program - The issue of permanency planning is not only an issue for children in the care or custody of the director. Permanency planning is a significant issue for children who reside with relatives or significant others under the Child Welfare Allowance Program. The issue of program rates was noted in the report, however, the issues in the Child Welfare Allowance Program go far beyond a financial one. Standards and policy in this area are seriously lacking. There is no agreement within the province on even when these children should be visited by a social worker. Permanency planning for children in CWA's is critical and we require provincial standards, policy and direction for this to happen. There is much confusion regarding the philosophy and mandate of this program. It is noted in the provincial manual as a family service, however, most believe it is a protective intervention service and some believe it is simply a financial program.

Provincial Issues: What the MAC Heard

This report outlines the responsibilities of the Department of Health and Community Services (DHCS) as outlined in Section 5 of the CYFS Act. It would be our expectation that the report would subsequently detail how each of the responsibilities are being fulfilled and the challenges associated with fulfilling these expectations. In reality there is very little text provided around these responsibilities. The responsibilities assigned to the department and the manner and degree to which these responsibilities are fulfilled have a significant impact on the ability of the regional authorities to accomplish their mandate. It is important therefore that the regional perspective be heard on these issues.

(A) Establishment of provincial policies, programs and standards

While the DHCS is to be acknowledged for moving forward with the development/

implementation of the Risk Management System, PRIDE, and Looking After Children they fail to mention the significant lack of current policy to support the CYFS legislation. A draft Standards and Policy Manual was developed in 1999 with the expressed intent that policy would be updated as the legislation was implemented and the procedures would be updated to ensure consistency with the legislation. To date, neither of these tasks has been fully accomplished. The lack of current policy and procedure leads to inconsistency in application of the legislation and creates unnecessary stress for staff and supervisors.

It is also imperative to note that while new program standards such as Risk Management, PRIDE, and Looking After Children have meant an infusion of best practice, into child protection, the implementation of these standards does require additional social work time. To date, no additional field level resources have been provided by the Department to meet these demands. In addition, a lack of human resources at the provincial level has a direct impact on the program at the regional level.

(B) Establishing a province-wide computerized CYFS information system

Given the progress and significant investment that has occurred in building a provincial computerized information system for CYFS as part of the Client Referral and Management System (CRMS), it is surprising that this initiative is not mentioned in the report.

From a regional perspective a number of staff have been involved in the development of the CRMS modules and associated documentation standards development. Implementation of the modules entailed extensive training and support for staff. For many staff the learning curve associated with electronic documentation and case management is fairly steep and thus resulted in again additional demands on the time of front-line workers. No additional resources were associated with the implementation of this initiative or the ongoing support and orientation.

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Stakeholder Workshops – What the MAC heard about Prevention & Early Intervention

The report states that providers are operating in silos and the vision for coordination of services through community-based boards has not realized to its fullest potential. This is obviously a generalization and may be more reflective of some boards more than others. Since the merger of child protection with other community-based services in 1998, many of the barriers that supported the silos have been dismantled and coordination, partnership, and integration has occurred in many areas.

There is increased sharing of information between service providers and the “need to know” mentality related to sharing of information has gradually disappeared to be replaced by a mutual respect for confidentiality with appropriate sharing where it is beneficial to the client. Professional colleagues are much more aware of each others roles and responsibilities and, as a result, they are better able to tap into the expertise and skill that each brings to the table. Multidisciplinary professional development opportunities have been created, complex case management and planning happens across program and professional boundaries, and disciplines outside of child protection are full participants in strategic planning within the CYFS program area. These are but some of the examples of how silos have been penetrated and a broader thinking brought to all disciplines who work with children and youth. There is still much to accomplish but this can only be done by celebrating the progress made to date.

What the MAC heard about Youth Services

While this section of the report opens with quoting one participant as identifying this as the “good news story of the Act”, the report then goes on to state all of the challenges associated with youth services without expounding on the good news aspect.

Extending the Act to youth ages 16-18 has allowed us to fill a significant gap in services to children and youth. The caseload in this area has grown to the point where workloads have been redistributed in an attempt to accommodate the growing number of

youth requiring services. Social workers have responded with great skill, competency, and creativity to the needs of this age group through individual services and group work. Interventions have ranged from helping them secure a safe place to live, to assistance to stay in school, developing parenting skills, dealing with domestic violence, and personal growth through facilitation of life and social skills.

Public awareness of the service has been deliberately kept on a low scale due to our concerns regarding the ability of the organization from both a human and financial resource ability to manage any additional growth in this area.

Key Themes from the Public and Client Consultations

- (3) Human and fiscal resources were not invested upfront to support the “fundamental shift” in a way services were to be delivered under the Act.
- (4) Prevention and early intervention services are not occurring as envisioned in the Act.

Both of these statements are a true reflection of the current status of practice; however, we would not like for readers of this report to be left with the impression that what is required here is an abrupt discontinuation of current services with resources channeled into prevention and early intervention. Services that are having a beneficial impact on clients will still need to continue and crises will still need to be responded to when they occur. As with any system, investments in prevention and early intervention need to occur simultaneously with the existing service delivery for an extended, transitional period of time until the “up stream” investments are having the necessary impact to reduce the “down stream” response. This concept is often lost when the process is described as a “shift” in focus and investment.

- (5) Permanency planning for children is consistently compromised leading to delays in planning for children’s futures

Reference is made in this section of the report to the introduction of Looking After Children as a potential solution to some of the issues associated

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with permanency planning. While the program will introduce a best-practice standard there are grave concerns that, without proper resourcing, introduction of the program will do little to positively impact service delivery. In fact the opposite outcome may be achieved by introducing one more standard that providers are unable to meet thus increasing their sense of frustration and growing concerns regarding liability.

(9) Conditions of practice for social workers in CYFS are seriously compromising the effective implementation of the provisions of the Act.

The issues attributed to the brief presented by the Newfoundland and Labrador Association of Social Workers (NLASW) are echoed by staff and managers in the Central Region. The complexity of cases does appear to be increasing with a need for more intensive social work intervention and coordination of the multidisciplinary approach. The introduction of PRIDE training and assessment; increased accountabilities associated with risk management; increased volume in caseload partially attributed to expansion of the mandate through family services and youth services; the broadening scope and devolution of adoptions services to CYFS workers have all had a significant impact on the workload of frontline staff and their respective managers. In the Central Region, the only change in staffing complements to address these increasing demands has been the addition of two social workers in youth services as funded by National Child Benefit.

With respect to clinical supervision, the demands to balance the fiscal pressures of the organization through attrition in management has resulted in a combined Director of CYFS/Adoptions/Community Youth Corrections position. As previously mentioned, in addition to these weighty responsibilities, the individual is tasked with the supervision of staff employed in the community youth corrections and youth services program. The region has been unable to provide clinical supervision ratios in accordance with recommendations in the literature and various national and provincial inquiries. The

current ratio is approximately one supervisor to 15 staff, with most social workers being located off-site. The literature is very clear about the dangers of not providing structured, regular, consistent, case-oriented and evaluated supervision to social workers practicing in child welfare. The issues and dilemmas in child welfare practice are well documented in the literature – use of support and authority, transference, collusion and optimism, control and confrontation, judgement of risk, and uncertainties in decision making. Child death reviews in Canada, the United States and in the United Kingdom continue to conclude that effective supervision and low supervisor-supervisee ratios are necessary to protect children. Kimberley and Rowe recommended, in a report written after the Hugh's Inquiry, that the ratio of supervisor to supervisee in this province should be 1–6 or 7. The current supervisor-supervisee ratios in the central region do not allow for effective supervision, and definitely do not allow for adequate clinical supervision as is required in child welfare practice.

General Recommendations

Recommendation # 2

Please refer to commentary that we have provided under Key Themes (3) and (4)

Recommendation # 3

Please refer to commentary that we have provided under Summary of Findings.

Recommendation # 5

While it is true that the lack of evaluation and monitoring at the provincial level is crippling the ability to maintain best practice standards, this statement only reflects one-half of the issue. Strengthening evaluation and monitoring capacity at the provincial level without adequately addressing the capacity related to this at the regional level will only serve to increase frustration.

Recommendation # 7

The Central region would like to request that recommendation #7 be expanded to include an assurance that the interest of “children and families” be heard. While we appreciate the unique

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issues in our systems associated with the female gender we are also sensitive to the unique challenges that fathers have to overcome to enable them to become positive role models and active, engaged parents.

Recommendation # 10

The Central region would like to suggest that references in recommendation #10 to the “ISSP process” be changed to the Model for Coordination of Services to Children and Youth. The model is the overarching framework and process that guides this initiative while the ISSP is a single tool to be utilized within the process.

Specific Recommendations**Prevention/Early Intervention Recommendations**

The region acknowledges that there is still much work to be done to meet the full scope intended by these recommendations; however, the work done to date in these areas does need to be acknowledged. Examples include:

- Ongoing professional development and training for CYFS providers. Specifics over the past 1-2 years include Joint Sexual Abuse Training, Risk Management Training, the Effects of Maltreatment on Children and Youth, and multidisciplinary sessions on brain development;
- The ongoing efforts of the Director of CYFS to educate other providers and the public at large has resulted in a number of local presentations regarding the Act and available services;
- As noted, the CYFS program is currently engaging in a strategic planning initiative for the region. As part of that process, contact has been made with numerous stakeholders in the region to solicit their input on the positives and the opportunities for improvement within the program. As part of the Accreditation process a Quality Improvement Team was established with internal providers and external partners to examine issues and make recommendations around improving services to children and youth.

These are but some of the examples of work accomplished with the limited resources and competing priorities.

Youth Services Program – Recommendations

All of the recommendations stated in this section will no doubt strengthen and improve the youth services program but only if they are accompanied by the appropriate fiscal and human resources. The two positions allotted to the region to support this program are fully deployed and the funds allotted to residential and non-residential support services are expended by the current caseload.

These recommendations, like many others in the report, call for additional education and training of staff. This must be delivered in a model that is appropriate and sustainable for regional health authorities. The historical methods of training delivered by the Department where high numbers of staff were transported to St. John’s for competency-based training that was offered every 1-2 years is not an effective option. In this model staff were often employed and responsible for a caseload for several months before they were able to access training considered basic to their job responsibilities.

The current model, which primarily consists of the train-the-trainer approach is not sustainable in our current environment. While it has the positive impact of building expertise in the region it means that clinical supervisors and frontline staff have to assume this additional responsibility. These are staff that are already experiencing great challenges in meeting the most pressing demands of their caseload with insufficient amounts of time available to devote to prevention and early intervention activities.

The need for training, education, orientation, and support for best practice is threaded through this report as it is through the work of CYFS providers. However, the way to address this issue is to identify it as a stand alone priority with adequate resourcing at the regional level to ensure that it does not become a secondary issue to competing caseload demands.

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& Placement of Children**

As mentioned earlier, references to ISSP should be replaced with the Model for Coordination of Services to Children and Youth.

The recommendation that the DHCS must move forward with its implementation of Looking After Children should be replaced with a recommendation that ensures that a strategy to implement Looking After Children which includes the necessary regional resources, supports, and professional development for implementation is developed and operationalized by the Department.

**Mandated Interventions
– Recommendations**

The current recommendations indicate that the DHCS must undertake an evaluation of the Act. We would like to suggest that this recommendation needs to be further expanded to include not only an evaluation but an appropriate response to the findings of such an evaluation. The region fully supports the need to organize a formal evaluation of the Act and the programs currently in place to operationalize its intent. However, if there is no commitment to act on the findings of such an evaluation, then we will be better informed regarding our challenges but no better equipped to deal with them.

In summary we would like to make the following points that appear as developing themes in reviewing this report:

- There is support from the region that the challenges presented in the report are real and experienced by providers on a daily basis;
- Despite the challenges outlined in the report, there has been progress made since the introduction of the Act and the formation of Health and Community Services Boards. In some cases this progress has not shared equal billing with the associated challenges.
- The issues of risk and liability created by the challenges and gaps identified in the report have not been addressed by the authors of the report.

The risk created by the circumstances defined are shared between children/families, providers, regional health authorities, and the department and are a significant contributor to the stress and lack of stability in the practice environment.

- The report speaks to the insufficient resources available in the regions to meet current program standards and expectations yet it does not adequately highlight the need for additional resources to support many of the recommendations contained in the report. We must be very cautious that the result of this exercise is not increased demands on over-taxed resources or the creation of additional standards and expectations that are unattainable by the providers in the region.
- The report speaks to professional development and training associated with identified gaps and new programs and standards. However, an ongoing challenge for regional authorities is the ability to provide a full and timely orientation to new staff. This is complicated by an insufficient number of clinical supervisors, lack of staff dedicated to professional development, and inadequate resources to cover caseloads while providing extensive orientation. This foundational initiative needs to be strengthened before we can successfully address many of the other issues.

The report speaks to the set of circumstances created by the introduction of the legislation and the former and current restructuring of regional boards. In reality the ability to fulfill the expectations of the legislation has also been significantly impacted by the manner in which additional legislative initiatives and programs were introduced. In particular, attention needs to be given to the impact of the adoptions legislation referred to as “resource neutral” by the province but with significant workload impacts experienced by regional authorities.

In closing we are pleased that the Minister’s Advisory Committee has allowed us this opportunity to comment on their work to date. As they have articulated, there is much that can be done to improve the lives of children and families that interact with our system. The time

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sensitivity of this work cannot be overstated as the experiences of early childhood have life long impacts; the windows of opportunity have been proven to be very small and the things we fail to do today may be the very things that could have made a difference.

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GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Justice
Office of the Assistant Deputy Minister
Civil Law and Related Services

May 12, 2005.

Mr. John Abbott,
Deputy Minister,
Department of Health & Community Services.

**Re: Request for Response on the Final Report of the Minister's
Advisory Committee on the Child, Youth and Family Services Act.**

I am pleased to forward to you the results of the review by this Department of the final report of the Minister's Advisory Committee on the *Child, Youth and Family Services Act*

If I can be of further assistance, please advise.

CPC/cp
Encl.


Christopher P. Curran,
Assistant Deputy Minister.

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GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

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GOVERNMENT OF
NEWFOUNDLAND AND LABRADORDepartment of Justice
Civil DivisionKaren M. Stone
Telephone No.: (709) 729-1007
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May 12, 2005

Christopher Curran
Assistant Deputy Minister**RE: Minister's Advisory Committee Report on the *Child, Youth and Family Services Act* (the "Act")**

We have reviewed the final report of the Minister's Advisory Committee on the Act. The report concludes that the principles and purpose of the Act are being seriously compromised, primarily because of Government's failure to invest adequate financial and human resources to support the Act's new initiatives and philosophy.

Newman Petten reviewed the report for references to Legal Aid. His comments are attached. While acknowledging that the time lines in the Act are desirable, he describes the numerous challenges these present to Legal Aid. He points out that the Commission has provided lawyers for child protection matters for 30 years and with adjustments to lawyers' schedules has been able to meet the demand.

While the primary focus of the report is on matters within the mandate of the Department of Health and Community Services, the report makes several recommendations specific to the Department of Justice. They include:

1. **Increase resources in the areas of "legal aid, circuit courts and access to specialized family court services."**

The Committee found that the provision in the Act for alternative dispute resolution has "not been developed." However, Department of Justice solicitors representing the Regional Directors of CYFS routinely engage in informal ADR processes in an attempt to settle cases. We would be happy to avail of further ADR opportunities, in appropriate cases, should they arise.

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The report notes the challenges associated with obtaining access to court time, lack of specialization in the Provincial Courts, lengthy waiting times for final decisions from the Court, priority being given to criminal cases in the Provincial Court and insufficient time for parents to access legal representation and lawyers to access information required for court preparation and difficulties with the legal aid application process. These challenges are noted to have a negative impact on permanency planning for children. Based on our experience, we agree that these issues sometimes do impact negatively on permanency planning for children but note that the social workers presented with the issues have tried to find creative ways to minimize the negative impact on children.

The report noted that Labrador was particularly concerned about the insufficient time available to meet with both Legal Aid and counsel for the Director for proper case planning. The Department of Justice is in the process of hiring a lawyer whose primary responsibility will be to act as legal counsel for the Regional Director of CYFS in Labrador.

2. **Renew the commitment to the Individual Student Support Plan (ISSP) process within the four government departments that initially endorsed the process, Justice, HCS, Education and HRLE.**

The Department remains committed to the ISSP process.

3. **Participate in a review of legislated court time frames and time limits with the judiciary, Legal Aid, RIHAs and the Office of the Child and Youth Advocate.**

The Committee found that the time frames in the Act are not being followed, and noted multiple reasons why this is the case “not the least of which is the failure of Government to increase the capacity of the Department of Justice” (Legal Aid, court staff, access to circuit courts and specialized family court services) to support the Act. We look forward to participation in a review of the time frames.

4. **Develop comprehensive training/education sessions for the court system and RIHAs about the Act.**

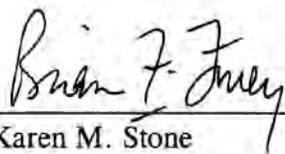
The report erroneously states that “updated training on the Act is essential and has not been offered to service providers since its implementation”. Department of Justice solicitors agree that training is essential and have provided training sessions to each of the former Boards upon request. Our solicitors are also readily available for consultation with RIHA employees operating under the Act.

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We trust the above to be in order.

for 
Karen M. Stone
Solicitor

KMS/cj

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**Child Youth and Family Services Act
References to Legal Aid in the
Minister's Advisory Committee Report**

References to Legal Aid occur on pages 1, 33, 34, 57 and 60. The references relate to: the need for increased staff, the legal aid application process, the retaining of a lawyer and being able to meet the timelines set out in the legislation.

The Legal Aid Commission has provided lawyers to persons needing representation in child custody and wardship cases for the past 30 years including the present Child Youth and Family Services Act. While some cases may take longer to proceed through the Justice process the Legal Aid Commission continues to approve and provide lawyers to represent eligible parents, children, grandparents and other close family members in having their cases presented to court. The demand and volume of cases varies from time to time, however with adjustments to lawyers' schedules Legal Aid has been able to meet the demand.

The Legal Aid Commission supports strengthening the provision of parents of their right to obtain legal advice and to be provided with an opportunity to obtain that advice including the necessary funds to travel from their home area to a lawyer's office to be properly informed and advised.

The one area that causes Legal Aid concern is the timelines contained in the legislation. While timelines are desirable, to have the same timeline applied to all cases causes challenges. Some of the difficulties identified are as follows:

1. The population is distributed over a large geographic area and many people who need access to a lawyer often live great distances from a Legal Aid office and the court. In some instances it is necessary to await the circuit court going to an area or, alternatively, having the case called before a court at another location. The difficulty that results is that the parents traveling to apply for legal aid and to properly consult with a lawyer. Some need financial assistance to travel to seek legal aid and a lawyer.
2. There are some cases where the interest of the mother and the interest of the father and the grandparents, maternal and paternal, and the children differ. Some cases require the appointment of several lawyers representing the various interested parties.
3. There are often delays in the file going from the Director of Child, Youth and Family Services to the lawyer retained to represent the Director and then the lawyer obtaining the disclosure to be given to the parent's lawyer.

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4. Sometimes disclosure material is extensive involving handwritten notes of the various parents coaches, child workers, notes of psychologists and psychiatrists and other family reports. Some of these specialty reports are obtained over a period of several months. To expect a lawyer to review of all these reports and material and be ready to proceed to court in a 30 day time frame does not recognize the professional services that a lawyer has to provide or the ethical responsibilities of a lawyer in properly assessing and advising his/her client. In addition it is sometimes necessary for an independent report to be obtained from another specialist.
5. Some parents are in circumstances where they may not realize the need and importance of obtaining proper legal advice. Some feel their involvement with the child protection worker is the final word.
6. The court and judges are sometimes criticized for allowing adjournments beyond the dates contained in the legislation. It should be recognized that the court and judges have to ensure that a person has been provided with ample opportunity to obtain legal representation and prepare for court. Additionally, there may be circumstances when a little more time should be allowed and the court should have "power" to extend cases so that they are appropriately dealt with.
7. The hearings in some cases last several days, sometimes several weeks. It is unrealistic for the timeframe contained in the legislation to be applied to these types of cases.
8. After three temporary orders the Act requires an application for a continuous order. Such a provision and setting arbitrary dates when a matter has to be resolved fails to recognize the rights of the child to maintain access with the parent and the right of the parent to ensure they are properly advised and provide them with an opportunity to make changes in their lifestyle and/or living arrangements.
9. Provision also should be made for the necessary appeals to the Court of Appeal and/or the Supreme Court of Canada for those cases where there is merit.



Prepared by:
Minister's Advisory Committee
August 2005

