**There is a need to co-ordinate services to vulnerable children and their families, and as such, the Reviewers believe that it is important to ensure that community agencies and Government departments in the Newcastle area establish a mandatory, hospital-based, Child at Risk Committee. The committee must respond to individual community needs. A model for how it might operate is provided in the Appendix.**

**That the Department of Health and Community Services should take a leadership responsibility for the dissemination and training of Child Protection Protocols for other professions.**

**Health and Community Services should undertake an information campaign so that all New Brunswick citizens are made aware of their responsibility and obligation to report suspicion of child abuse. Within the context, consideration to establish, within New Brunswick, a single phone number to report abuse is suggested.**

**A number of Child Protection Policy and Procedures need to be updated at this time to correspond to and to reinforce recent revisions in Child Protection Training which has been initiated across the Province of New Brunswick in the areas of Investigation, Case management, Risk Assessment and Protocols.**

**Case Management can be more focused and efficient with better outcome measures in Child protection if social work (psychosocial) assessments of the children and family are completed along with the newly instituted model for Child Risk Assessment by Child Protection social workers.**

**Update March 2017:** The recommendations resulted in broad changes to child protection practice, including amendments to the *Family Services Act* to facilitate communication between community partners; the implementation of Child At Risk Teams in Regional Offices; and, a system of Risk Management was implemented. These changes were further considered in the comprehensive review and redesign of child welfare outlined in the *Children Come First* report and well as subsequent redesigns such as the *New Directions in Child Protection*, which brought in collaborative practices of Child Protection Mediation, Immediate Response and Family Group Conferences, and Family Enhancement Services. Intake services were also centralized in order to ensure that situations were screened in using similar criteria.

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

It is continuously emphasized to all social workers in child welfare that the "best interests of the child" must be predominant in all decisions regarding the child. The *Child's Protection Standards* emphasize, "In any child protection case, any doubts about a child's safety, wellbeing, a child's need for protection, or the ability and willingness of a child's parent to care for and protect the child must be resolved in favor of protecting the child."

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

One of the Guiding principles in the *Child Protection Practice Standards and Guidelines* emphasizes, "In any child protection case, any doubts about a child's safety, wellbeing, a child's need for protection, or the ability and willingness of a child's parent to care for and protect the child must be resolved in favour of protecting the child.

**Update March 2017:** In June 2011, Social Development introduced the The Structured Decision Making® system of assessment tools to support professional judgement and decisions. For each critical decision point in a case, there is a tool focused on collecting the information necessary to inform and make the decision. The assessments are research and evidence-based, meaning that the risk factors, safety threats and needs considered by the assessments have been shown to be important by descriptive research and evaluations of the system. Structured Decision Making® replaced the Risk Management System that had been in use since 1996, and is internationally recognized by experts in assessing safety and risk in child protection families as the most reliable and valid assessment model currently available.

Child safety continues to be a cornerstone of child welfare services and is assessed on an on-going basis. The Structured Decision Making® Model Policy and Procedures manual recommends that the Structured Decision Making® Safety Assessment be completed on any open referrals or cases where there is a change in circumstances due to the following:

- Change in family circumstances;
- Change in information known about the family; or
- Change in ability of safety interventions to mitigate safety threats.

The ongoing safety of the child is paramount and is therefore assessed during each contact with the child, parent, family member, or service provider.

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

The Risk Management System initially introduced in 1996 is constantly under review. Significant changes were made in 1999 and 2005. The most recent version was released in Spring 2005. Emphasis in the revised version is towards assessing neglect (e.g. animals in the home, accessibility of weapons, drug abuse, etc.) and domestic violence.

The Risk Management System training has been incorporated into the Child Welfare Competency Based training System and is on-going. The training consists of two-day training for social workers and supervisors in child welfare programs. A third day of in-depth training on the Comprehensive Risk Assessment Tool and the Analysis has been designed for staff in Access/Assessment and Child Protection.

Conferences and trainings in neglect have been provided to staff. As well, all social workers in child welfare services must take part in 17 days of CORE 100 comprehensive based social work training consisting of five modules: CORE 101-Family Centered Child Protection Services; CORE 102-Case Planning and Family Centered Casework; CORE 103-Effects of Abuse and Neglect on Child Development; CORE 104-Separation, Placement and Permanence; CORE 105-Legal Aspects.

CORE 103 specifically addresses the effects of abuse and neglect on children.

Dr. Steven Bellemare, a pediatrician at the IWK who specializes in Child Neglect is providing on-going training to child welfare staff taking the CORE training.

Following are the competencies the social worker is expected to receive from this training:

103-1 The social worker has a thorough knowledge of the stages, processes and milestones of normal physical, cognitive, social, sexual, and emotional development of children from birth through adolescence.

103-2 The social worker knows the potential negative effects of physical abuse, neglect, and sexual abuse on attachment, child development, and functioning; and can identify indicators of delay or developmental problems in children who have been maltreated.

103-3 The social worker can integrate developmental services for children into family case plans, knows how to make appropriate referrals for developmental assessment and services, and can work with other professionals to coordinate services to promote healthy development.

103-4 The social worker understand how children's behavior problems may be symptoms of underlying developmental delays or emotional disturbance, and how they may also become contributing factors to abuse and neglect.

103-5 The social worker knows how to educate and advise families and caregivers on age-appropriate expectations for children, and can help set realistic expectations for children with developmental problems resulting from abuse or neglect.

All supervisors and managers are required to take CORE 500 competency based management training.

Core 505 training on Clinical Supervision for all child welfare supervisors will commence in Spring 2008.

Additional Training modules have been provided in: Dog Bite Prevention (Pierre Schelling, RCMP); Investigative Interviewing (Dr. John Yuille)

At present the Department of Social Development is in the process of developing an ITNA (Individual Training Needs Assessment) tool used to determine the

specialized competencies, skills and knowledge that are required by the social mechanism workers, supervisors and managers in the Child Welfare Programs.

A revised version of the *Child Victims of Abuse and Neglect Protocols* was launched in April 2005. The title was changed adding the term "Neglect" to reflect that neglect is the single largest presenting problem for child protection referrals. Also the Protocols place greater emphasis on family/domestic violence as a form of abuse.

Arrangements have been made to have Dr. Bruce Perry, a renowned expert in Child Neglect and the neurological effects of neglect on the development of child's brain to provide training: "Impact of Neglect on Children: Treatment Options", in Spring 2008.

**Update March 2017:** The Structured Decision Making® Model Policy and Procedures system includes an expanded and more detailed definition of neglect and further defines and categorizes neglect as "severe", "general" or "threat of neglect".

Under the *Strategy for the Prevention of Harm to Children and Youth* launched in November 2015, Social Development is leading the revision of the *Child Victims of Abuse and Neglect* Protocols with other child-serving departments, the Child and Youth Advocate and in consultation with non-governmental organizations.

Dr. Bruce Perry returned to New Brunswick to provide updated training on the neurological impacts of trauma and neglect on children in May, 2016.

Investigative Interviewing training is offered approximately every 2 years. New Core modules have been introduced to support the New Directions in Child Protection initiatives, including Interest Based Conflict Resolution; Solution-focused Communications; and Structured Decision Making®.

All Core modules are routinely reviewed and updated to ensure that social workers are trained using current research and best practices.

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

The "best interests of the child" is continuously reinforced through standards, on-going training, etc.

The CORE training emphasizes the need to balance the social worker's dual responsibility as a therapist and as a social worker responsible for protection of the child. Specifically CORE 101 – Family Centered Child Protective Services has the following competencies:

101-3 The social worker understands the dual roles of the child welfare worker to assure protection and permanence for children; and to provide services that strengthen, support, and empower families.

101-10 The social worker understands the child welfare agency's range of responsibilities, including: assessing allegations of maltreatment; protecting children at high risk of harm; providing services that strengthen, support, and empower families; arranging temporary kinship or foster care placements; promoting timely reunification; and providing permanent families for children who cannot be reunified (program, department or agency).

**Update March 2017:** Social workers continue to receive training on their dual functions throughout Core training modules and through clinical supervision. In 2008, an amendment to the *Family Services Act* required that child protection social workers ensure that plan of care and a concurrent plan is developed to ensure that the security and development of the child are adequately protected. The Minister is also required to consider the collaborative approaches of family group conference or child protection mediation be considered in establishing, replacing or amending such plans of care.

**A review be undertaken in respect of the priority given in child neglect cases in comparisons with physical and sexual abuse. This would include a review of the mandatory four day period allowed to investigate reports of child neglect.**

The Risk Management System prioritizes the response time to referrals. The Risk Management System begins at the point of initial contact and a priority of response time is determined.

When a decision is made to investigate, the investigation response time based on the information provided is determined as: priority 1 (immediate response, serious and imminent danger), priority 2 (within 24 hours, dangerous but not life threatening), priority 3 (response within 4 working days, damaging but not life threatening or dangerous), priority 4 (within 12 working days, potentially damaging).

**Update March 2017:** Under the Structured Decision Making® system all child protection referrals are assessed using the Intake Assessment tool that includes assigning a response priority decision:

- Level 1: Immediately/within 24 hours
- Level 2: Within 4 working days
- Level 3: Within 12 working days

**Priority be given to child protection services in accessing psychological assessments from Mental Health Centres.**

A Protocol was implemented in June 1999 between the Department of Social Development and Mental Health Services establishing regional forums to ensure timely access to assessment and consultative services from Mental Health with regards to children receiving Child Protection Services.

The protocol has recently been reviewed and expanded in 2005 with amendments to extend the parameters of the regional forums to include both children/youth children receiving Child Protection Services and children/youth in the care of the Minister as well as to clarify the roles and responsibilities of both departments. A monitoring component has been developed to ensure that it continues to meet the need of the parties.

**Update March 2017:** The protocol continues in effect and is reviewed and revised as necessary to ensure children's needs are met.

**Each region have social workers trained in doing parental capacity assessments and be given adequate time to carry out these functions.**

Training in Parental Capacity Assessment for a Core group of social workers representing each Social Development region was provided in 2001. A pilot project followed with approximately 20 workers using the Steinhaur Model parental Capacity Assessment tools.

The parental Capacity Assessment Pilot Project Evaluation Report was submitted to the Department's Audit and Evaluation Committee in September 2004. Currently the Judiciary insists that Mental Health Services or contracted specialists complete such assessments. The Department of Social Development can access Parental Capacity Assessments through private sources or Mental Health Services when required.

**Update March 2017:** Parental Capacity Assessments continue to be obtained through private resources or Mental Health Services.

**All child protection workers should receive more in-depth training in understanding and assessing failure-to-thrive situations and deficits in the critical bonding and attachment process between parent and child.**

Ongoing Training is being provided to social workers in neglect, e.g. CORE 103-Effects of Abuse and Neglect on Child Development.

In addition, specific training in attachment have been provided through conferences and training events including "Attachment and Failure to Thrive", Dr. Diane Benoit, May 1999 Child Neglect: A Shared Responsibility, Conference, Saint John.

Core 104-Separation, Placement and Permanence is mandatory for all child welfare social workers.

In 2001, a Memorandum of Agreement was signed between Social Development and Public Health in which Public Health assigned 18 public health nursing positions throughout the province to assist social workers in providing child protection services.

**Update March 2017:** Public Health nurses continue to provide assessment and consultation services as requested. Nurses may accompany the social worker on home visits and attend case conferences.

**All child protection workers and other related service providers be given clear direction and training in identifying, understanding and working with**

**cases of chronic child neglect.**

CORE Training 103 specifically addresses the issue, "The Effects of Abuse and Neglect on Child Development. This training is mandatory for all child protection social workers.

Other training and conferences have been held to address chronic neglect and attachment, e.g. Child Neglect: A Shared Responsibility, Conference, Saint John, 1999 including presentations by Dr. Diane Benoit and Dr. Nico Trocme.

"Building Lifelong Connections: Permanency Options for Children and Families" 2004; etc. These conferences were open to social workers and professionals from other departments as well as private sector service providers.

In September 2007, a 2-day conference on the subject of collaborative Child Protection Practice, "Introduction to Signs of Safety: Exploring the Signs of Safety Approach to Child Protection Practice" with Andrew Turnell, a world renowned expert in child protection from Australia, was held.

Dr. Bruce Perry a specialist in how neglect effects the neurological development will be providing training to child welfare social workers in Spring 2008.

**Update March 2017:** The Structured Decision Making® Model Policy and Procedures system includes an expanded and more detailed definition of neglect and further defines and categorizes neglect as "severe", "general" or "threat of neglect". On-going training on neglect continues to be provided to child welfare workers.

**When dealing with child protection cases, all of the service providers, within the Department of Family and Community Services, must be provided with compatible technology to ensure ease of communication, and policy should be amended to reflect the requirement to share protection information within the department.**

An Interdepartmental Ad Hoc Working Group on Confidentiality was established to make recommendations respecting the issues of confidentiality with a view to remove barriers that prevent the sharing of information among professionals within government. Legislation was introduced to remove legislative barriers, which prevent the sharing of confidential client information among professionals.

Section 11 of the *Family Services Act* was amended (1999) to allow for improved sharing of information to protect the safety and security of any person. Conditions for release of information were identified. In addition Section 11.1 was added after section 11.

Section 11.1 sets out the process by which the Minister can require other government civil servants and hospital corporations to share information.

Other relevant Health Acts were amended to accommodate the amendments to the *Family Services Act.*

An improved information system, NB Families, was introduced in 2004 in the Department of Social Development. This system is accessible in all regions. As well there is a "bridge" through NB Case that allows social workers in Social Development to determine if a child or family has had recent involvement with Public Health and/or Mental Health Services. A similar system exists with Income Assistance within The Department of Social Development.

There are two linkages between Public Health/Mental Health, and Social Development:

- Social Development social workers have access to Department of Health's Client Service Delivery System (CSDS) to obtain and validate household information in relation to child protection referrals.
- There is also an interface between the CSDS and NB Families Systems, whereby Social Development has access to Public and Mental Health Client information to assist Social Development staff in determining whether Social Development or potential Social Development clients have been receiving Public/Mental Health Services.

In 2006, A "Release of Information" form was developed jointly between the Department of Social Development and the Department of Health to be used specifically when Child Protection Services/Investigation requires information from hospitals, health services in the government sector, etc. when client consent is not forthcoming.

**Update March 2017:** Recent amendments to the *Family Services Act* continue to support the sharing of information with partners to provide integrated services, programs or activities to child and youth.

**A consultation team approach must be the norm, with all service providers, departmental and non-departmental, being consulted when critical decisions are being made.**

In 1998, the Deputy Minister sent a memo to all staff of the department emphasizing the requirement to work in a collaborative fashion. Even though a team approach is used, it should be noted that all Child Protection cases continue to have an assigned social worker who functions as a case manager. This includes the responsibility to coordinate the services provided by other professionals, monitoring results and verifying the child's well-being by seeing the child on a regular basis.

It should be noted that after the completion of an external review into the death of John Ryan Turner, the Child at Risk Teams (CART) were introduced throughout the province. These teams are functioning at various levels throughout the regions. In 2003, a Memorandum of understanding was signed between the Departments who are signatories (Social Development, Education, Public Safety, Health, Justice) on the *Child Victims of Abuse and Neglect Protocols* endorsing CART and confirming central office support to the regional CARTs.

In 2008, the commitment to CART will be renewed and CART will be re-established in those regions where it has been weak or not effective.

Permanency Planning is supported by the Department and Permanency Planning Committees are active in all regions. These Committees assist with decision making in difficult child protection cases; assist is decision making when the Minister is proceeding for an order or an Agreement to bring a child into care and assist when closing a case. Participants in permanency planning can include family members, community supports, other government departments/partners involved in the case plan, etc.

*Child Victims of Abuse and Neglect Protocols* are actively applied and on-going training is continuous.

**Update March 2017:** As stated previously, the Child Victims of Abuse and Neglect Protocols are presently under review and the working group has been expanded to include new stakeholders such as the Child and Youth Advocate and representatives from civil society such as multi-cultural associations.

The majority of Child At Risk Teams (CART) have been replaced by regional and centrally located Complex Case Committees. Their efforts to provide coordinated and collaborative services will be further supported by the full roll-out of Integrated Service Delivery (ISD) models of service in all regions. ISD is currently implemented in 5 of the 8 regions. Implementation in Region 1- Moncton, Region 3 - Fredericton/Woodstock and Region 4 – Edmundston is planned by Fall 2018.

**Substantive issues raised by front-line staff in the January 30, 1997 letter and the December 13, 1997 Briefing Note be reviewed by the management group of Child Protection Services.**

In 1998, the appropriate management levels reviewed both the issues raised by front-line staff and the issues identified in the briefing note. This resulted in a comprehensive review of the child welfare programs and the *Children Come First Report* of 2000. The Department of Social Development has since been working every year towards responding to the recommendations found in the *Children Come First Report*.

Of the 84 recommendations: 69 are completed; 15 are in progress (8 of these are specific to child protection and are being completed under New Directions).

In 1998, the department initiated a sample audit of existing Child Protection cases in Saint John and then throughout the province in order to assess the current practice in investigating and management of all child protection cases. The objective was to identify gaps in service, which needed to be addressed immediately.

It is the intent to introduce Child Welfare Clinical Audits. A committee consisting of the Director of Child Welfare and Program Delivery Managers is reviewing this at present.

**Update March 2017:** The outstanding recommendations arising from the *Children Come First* report were satisfied by the implementation of the *New Directions in Child Protection* initiatives (2007-2011) that saw the extension of child protection services to children aged 16 – 18 years; the introduction of new services such as Family Enhancement Services; Child Protection Mediation; Family Group Conferences; Immediate Response Conferences; interim kinship services; as well as new social worker and legal administrative assistants. Further initiatives include the creation of a Centralized Intake Service; new assessment tools for foster and adoptive parents; the introduction of Youth Engagement Services and the development of the Network of Excellence.

Three full-time Child Welfare Clinical Auditor, including a First Nations Child Welfare Clinical Auditor, positions were created to ensure compliance with program standards and policies by performing audits of files and programs.

**Requirements that the Regional Director inquire into the facts surrounding a death of a child as found in Part II Child Protection Services be reviewed and updated if necessary to ensure the department is presented with a factual and substantive review of the death in a timely manner in cases where the child is receiving services from or under the care of Child Protection Services.**

The *Child Protection Services Practice Standards and Guidelines* were revised in 1999 and updated (2002) to provide guidelines to Social Development Regional Directors concerning the completing of an internal regional review when it is suspected a child has died due to abuse or neglect.

The revised version of the *Child Protection Services Practice Standards and Guidelines* in 2007 require that an internal regional review be conducted when it is suspected a child has died due to abuse or neglect or suicide.

**Update March 2017:** In 2010-2011 reporting responsibility for the Child Death Review Committee transferred from Social Development to Public Safety, under the office of the Chief Coroner. Initially only children known to the child protection system within the 12 months prior to their death were reported to the Child Death Review Committee. The mandate of the Committee was also expanded to include the deaths of all children known to the child *welfare* system be reported regardless of program.

The Child Protection Practice Standards, Procedures and Guidelines were replaced by the Multiple Response Practice Standards in Child Protection and Family Enhancement Services in June 2011. Substantive and timely reviews of each child death continues.

**A departmental review be undertaken to determine the employment conditions of front-line child protection workers with a view to ensuring fair and reasonable conditions of employment that reflect the difficulties and danger of the position.**

A comprehensive review of the Child Welfare programs in New Brunswick was carried out resulting in the *Children Come First Report* of 2000, which made 84 recommendations for improving child welfare services.

Of the 84 recommendations, 69 recommendations are completed and 15 are in progress.

The Department has established 63 new positions in child protection services and access & assessment investigations.

There has been an addition of 89 front line child welfare social worker positions since 1999.

**Update March 2017:** Workload and caseload management continues to be routinely monitored through the use of clinical supervision and NB Families data. When necessary, social workers from other programs can be reassigned to child welfare to meet demand for timely services.

**An assessment be made as to the appropriate child protection program functions which must be performed at Central Office with appropriate staffing being considered.**

A second Child Protection Consultant position was added in 2001.

A full time position for a Child Welfare Training Consultant has been created.

Child Welfare Transfer of Learning Specialist have been hired and trained to provide child welfare training.

**Update March 2017:** Additional positions at Central Office include 2 Clinical Auditors, 1 First Nations Clinical Auditor, First Nations Child Welfare Program Consultant, Trainers.

**That child protection case managers initiate a consultation meeting with all service providers and the client to review case objectives, progress and current needs with the goal of deciding if the case should be closed.**

The practice is at minimum the social worker and supervisor review a case, assess the degree to which the objectives of the case plan have been achieved and determine if the case can be closed. The social worker consults with significant service providers and advises them that the Department will no longer be involved. They are advised to contact the Department if they become aware of future child protection concerns. The Department supports significant consultation with service providers prior to the closure of a Child Protection case.

Consultation may not be a formal meeting with all service providers, but may take other forms and may include a consultation between the various service providers, the worker and the supervisor.

Risk assessments are an instrument used to validate and support a decision concerning the closure of a child protection case. Risk assessment is addressed in the *Child Protection Services Practice Standards and Guidelines.* Reviews of the Risk Management System were completed in March 1999, Spring 2005 and in 2007-2008.

**Update March 2017:** Under Structured Decision Making® there are tools in place to inform the decision to close a case. This decision requires supervisory approval.

**That the Department of Health and Community Services continue efforts to implement the Child Welfare Project. The Child Death Review Committee recommends that attention be given to the appropriate team on the following aspects of service delivery**.

**Review protocol to be followed when closing child protection cases;**

The Department agrees that once a decision is made to close a child protection case, prompt attention to documentation is necessary. Prior to closing cases, the supervisor and social worker review the case and decision to close. Other resources are consulted with as required and notified as necessary.

**Update March 2017:** Under Structured Decision Making® there are tools in place to inform the decision to close a case. An explanation for the rationale to close a case is required.

**Explore team-work strategies for child protection case managers to improve communication and decision-making with other service providers;**

The Department strongly supports the exchange of information. The *Family Services Act* has been amended to provide legislation conducive to sharing information, e.g. Sections 11, 11.1 of the *Family Services Act.*

Regional Permanency Planning Committees; Regional Child At Risk Teams; Regional Forums between Mental Health and Social Development; Memorandum of Agreement regarding use of Public Health Nurses in child protection cases; agreements with Early Childhood Services, are examples of collaboration between the department and other service providers.

CORE training emphasizes the need for collaboration in case plans. Examples of competencies from CORE training that address this are:

101-11 The social worker understands the community's responsibility to protect children and support families; knows the roles and responsibilities of other community agencies; the importance of inter-agency collaboration; and strategies to engage extended family members and community providers to protect children in their home communities.

101-12 The social worker understands the fundamental concepts of culture; understands how one's own culture affects perceptions, behavior and values, knows

how cultural differences can impact the delivery of child welfare services; and understands the importance of developing cultural competence.

102-2 The social worker understands the importance of collaborative family assessment and case planning as the foundation of child welfare interventions.

102-4 The social worker knows the factors that must be addressed in a comprehensive and balanced family assessment, including contributing factors to abuse or neglect; the functioning of the immediate and extended family unit; the cognitive, behavioral, social, and emotional strengths and limitations of family members; and personal family, and community resources that can support protection and permanence.

102-5 The social worker knows strategies to engage immediate and extended family members into collaborative casework relationships, and to empower them to participate in assessment, planning, and service provision.

102-9 The social worker knows how to involve immediate and extended family members in the development of targeted, time-limited case goals and objectives; knows how to formulate observable, behavioral measures of these goals and objectives; and knows how to identify the most appropriate services and activities to achieve case plan objectives.

101-11 The social worker knows how to use a variety of service delivery strategies to protect children and meet family needs, including case management, referral to community providers, accessing or developing community support networks, using non-traditional and neighborhood-based resources, and directly providing supportive and rehabilitative services.

102-18 The social worker understands the necessity of close collaboration among all agencies and providers serving the family, including health, mental health, and financial assistance, employment, and social services providers, to assure consistency for families and to prevent duplication of effort.

**Update March 2017:** Training continues to emphasize the importance of collaboration. The Child At Risk Teams (CART) have been replaced by regional and centrally located Complex Case Committees. Their efforts to provide coordinated and collaborative services will be further supported by the full roll-out of Integrated Service Delivery (ISD) models of service in all regions by fall 2018.

**Identify assessment/differential diagnosis skills required to improve child protection workers' ability to distinguish bonding and attachment issues from depression, addiction or other disorders;**

The former Child Protection Training Modules have been replaced with mandatory CORE training. This is 17 days of training focusing on essential foundational training for all child welfare social workers and 14 days of foundational training for all child welfare supervisors and managers.

The following are Competencies in CORE relevant to assessing abuse and neglect:

103-2 The social worker knows the potential negative effects of physical abuse, neglect, and sexual abuse on attachment, child development, and functioning; and can identify indicators of delay or developmental problems in children who have been maltreated.

103-3 The social worker can integrate developmental services for children into family case plans, knows how to make appropriate referrals for developmental assessment and services, and can work with other professionals to coordinate services to promote healthy development.

The following competencies are specific to attachment:

104-1 The social worker understands the factors that support healthy reciprocal attachment between children and their families, relatives, and other caregivers; and the factors that contribute to development of maladaptive and insecure attachment.

104-2 The social worker understands the potentially traumatic outcomes of separation and placement for children and their families, including precipitation of psychological crisis; serious disruption of family relationships; disturbances in the child's cognitive, emotional social, and physical development; and development of attachment problems and disorders.

104-3 The social worker understands the serious damaging effects on children of multiple out-of-home placements, and understands the necessity of timely permanency planning, reasonable efforts to reunify, and concurrent planning to prevent or reduce placement trauma.

104-4 The social worker can weigh the risk to a child of remaining with his family against the potential trauma of separation when deciding whether, when, and where to place a child into substitute care.

104-5 The social worker can recognize the physical, emotional, and behavioral indicators of placement-induced stress and crisis in children of varying ages.

104-6 The social worker can recognize the physical, emotional, and behavioral indicators of placement-induced stress and crisis in the families of children being placed.

Dr. Diane Benoit, Dr. Nico Trocme, Dr. Brenda McCreight and other specialists have provided specialized training in attachment i.e. Child Neglect: A Shared Responsibility, Conference, Saint John, 1999 including presentations by Dr. Diane Benoit and Dr. Nico Trocme; "Building Lifelong Connections: Permanency Options for Children and Families: 2004; etc.

In September 2007, a 2-day conference on the subject of collaborative child protection practice, "Introduction to Signs of Safety: Exploring the Signs of Safety Approach to Child Protection Practice" with Andrew Turnell, a world renowned expert in child protection from Australia, was held.

These conferences were open to social workers and professionals from other departments as well as private sector service providers.

Dr. Bruce Perry, a specialist in how neglect effects the neurological development of children who are neglected, will be providing training to child welfare social workers in Spring 2008.

Dr. Steven Bellmare, a pediatrician at the IWK, provides on-going training through CORE to social workers in the subject of child neglect

Consultation with these specialists occurs when necessary.

Training, through the Regional Conduct Disorder Teams, has been provided. These are multi-disciplinary teams consisting of participants from Health and Community Services, Education, and other professionals as required. This training utilizes the resources of a clinical psychologist from the Youth Treatment Center who works with staff on assessing, and developing case plans. Bonding issues and attachment issues are also addressed in this training.

**Update March 2017:** Continuous learning, development and training is the practice in the department to ensure that staff are aware of the latest research and best practices.

**Continue to review protocol for improving communication with and access to information from physicians, fire marshals and public health nurses;**

At times, clients may not consent to the sharing of confidential information. Due to conflicts resulting from the Codes Of Ethics of various professionals concerning the sharing of information, without the consent of the client, amendments to the *Family Services Act* have been proclaimed addressing the sharing of information between government departments for the best interests of the child.

Employees and staff with the province's hospital corporations and other government departments are able to share information concerning the best interests of a child. This encourages a more comprehensive development and maintenance of case plans.

The Department encourages staff to communicate with the Fire Marshal's Office of the referral process to advise Child Protection services of safety concerns they become aware of that pose a risk to the safety of children in a home.

The Child Victim of Abuse and Neglect Protocols revised and launched in April 2005 reinforces the need for strong communication with and access to information from physicians, fire marshals, public health nurses and other professionals.

Revised Guidelines for Exchange of Information and a revised Request for Information form was agreed upon between the Department of Social Development and the Regional Health Authorities in October 2006.

**Update March 2017:** Social workers rely on Section 11 of the *Family Services Act* that permits the sharing of confidential information without consent, when necessary to protect the health, safety and security on an individual.

**Continue efforts to improve the computer services available within the child protection system**.

The Department continues to upgrade computer hardware and software for staff. This allows greater accessibility to electronic mail and improves communication with other professionals and service providers.

There are two linkages between Public Health/Mental Health, and Social Development:

- Social Development social workers have access to Department of Health's Client Service Delivery System (CSDS) to obtain and validate household information in relation to child protection referrals.
- There is also an interface between the CSDS and NB Families Systems, whereby Social Development has access to Public and Mental Health client information to assist Social Development staff in determining whether Social Development clients or potential Social Development clients have been receiving Public/Mental Health Services.

In addition, the more comprehensive departmental information system NB Families, replacing the former RPSS information system, was implemented in 2004-05. This new system allows a bridging to enable child protection services' social workers to determine if a client or referred person has involvement with Mental Health and Public Health and Income Assistance.

**Update March 2017:** NB Families continues to be updated with the new assessment tools added. This case management information system has also been provided to all Frist Nations Child and Family Services agencies. The *Family Services Act* was recently amended to support the sharing of information for purposes of providing integrated services to children and youth.

**The Department of Family and Community Services ensures that front line workers are adequately trained on commencement of a particular work task.**

Since 1998, first time child protection social workers have all received in-service training before their assignment to child protection work.

In 2005, a training policy and an orientation model *Orientation and Transfer of Learning Manual* was introduced in Child Welfare Programs to be utilized for all new front line social workers entering child welfare. This orientation is a system and is over a 26 week period covering all aspects of training, i.e. introduction and review of legislation, standards, protocols, policies; gradual introduction to a caseload; overlap of hiring new staff in positions when a staff is leaving; peer mentoring; etc.

**Update March 2017:** The *Orientation and Transfer of Learning Manual* is currently being revised. Orientation and training is mandatory for all new staff. Core training is also required and the training curriculum is updated as required.

**The Department of Family and Community Services review the work of the Child Welfare Project with respect to youth at risk who are 16-19 years old to ensure that their recommendations address situations comparable to the issues presented in this case as well as establish how to address the gaps in services for this group of teenagers.**

Social Development provides financial assistance to youth 16-18 years of age under the Department's Youth Policy. These youth must undergo a risk assessment by a social worker to determine eligibility. If the youth is unable to remain in the parental home, he/she is eligible for financial assistance under the Youth Policy. There are two levels of financial assistance depending on whether or not the youth agrees to participate in an education, training or rehabilitation program.

Other than financial assistance, youth are eligible for case management support from Department of Social Development which may include:

- Career, personal, or financial counseling
- Vocational, medical, social/psychological assessments
- Workshops and training on goal setting, life skills, job search, resume writing, and interview skills

- Programs and services to ensure a successful school-to-work transition
- Special benefits to support education, training, and/or employment
- Referral to needed services (Mental Health, Addictions, etc.), and a health card
- Social development also offers Support Services to Education. Social workers are located in school districts throughout the province and offer support to students in the educational system.

Through the Youth Services Partnership, Social Development works with other provincial departments, the federal government, and community stakeholders to deliver programs and services to address the needs of youth. Government partners include Social Development Canada, FCS, Education, Ted, Health and Public Safety

*Charter for Change* committed to implement new supports to assist Youth at Risk.

**Update March 2017:** Child protection services were expanded to youth 16 – 18 years of age. Youth Engagement Services was created for youth 16 – 18 years of age who are unable to live in their parental home.

**The Child Welfare Projects Workload Measurement Teams (Child Protection and Children in Care) be required to review the delivery of child welfare services in a rural environment with a view to identify relevant caseload, supervision and support services changes required for effective child protection practice.**

It is acknowledged that there is greater travel time required for child protection social workers to service rural communities. There may also be fewer services available in rural areas than in urban centers.

The work that has been completed by the Workload Measurement Teams for Child Protection and Children in Care focused on the total number of social workers required in the province. The Department moved to make child protection supervisors more accessible by ensuring that supervisors are located in the same office as the social workers that report to them. Child Protection supervisors hold regular annual meetings, thus have the ability to review best practices, share ideas, and develop support networks for closer connectivity.

**Update March 2017:** The department has undergone a number of reorganizations (2001/02, 2002/03 and 2008/09). The reorganizations took into account workload and reporting responsibilities. Ongoing meetings continue to be held by supervisors and consultants to support best practices and to promote closer connectivity.

**The Department of Family and Community Services consider revisiting the Women Victims of Abuse Protocols and, along with its partner divisions and departments, emphasize the impact of family violence on children. Also, that the department educates the traditional referral sources, particularly the professional community, of the necessity to report family violence as a Child Protection issue.**

The *Woman Abuse Protocols* have been updated and introduced in 2004. *The Child Victims of Abuse and Neglect Protocols* have been updated and launched in 2005. Both protocols place emphasis on family violence and the impact on children. Training in the protocols is provided on a regional basis.

Departments of Social Development, Health, Public Safety, Justice, Education, Status of Women and Training and Employment Development sign the protocols. Training in the protocols is ongoing. The Protocols are also available to the public on the Departmental website.

The Risk Management System includes identifiers of potential family violence.

Several conferences with nationally renowned presenters have been held within the province concerning family violence and its impact on children, e.g. Dr. Peter Jaffe.

**Update March 2017:** Completed. The Woman Abuse Protocols were revised in 2014. The Structured Decision Making® system identifies several circumstances under which a child may be impacted by domestic/intimate partner violence. Social Development is in the process of developing a new training curriculum on Intimate Partner Violence in Child Welfare for child welfare social worker. Training will be held throughout 2017/18. The training will provide social workers with strategies to work with children and families and be better informed to intervene in those circumstances.

**The Department of Family Services establish specialized treatment programs available for children who witness or experience family violence.**

Programs for children who have experienced family violence have been established in Transition Houses. Under the NB Early Childhood Development Agenda, the Children's Support Program (Child Witness of Family Violence) was introduced through the New Brunswick Transition Houses in 2001-2002.

**Update March 2017:** Social Development is in the process of developing a new training curriculum on Intimate Partner Violence in Child Welfare for child welfare social workers. Training will be held throughout 2017/18. The training will provide social workers with strategies to work with children and families and be better

informed to intervene in those circumstances.

**The Child Welfare Project Mental Health Team continue their efforts to improve and clarify mechanisms for effective teamwork between Family and Community Services and Mental Health as well as ensure effective delivery of services for child protection cases.**

Joint teams of staff have been established in all regions comprised of Child and Adolescent, Mental Health Services and Child Protection/Child-in-Care. There is ongoing communication between meetings. Overall there is an improved coordination of services provided to children and adolescents.

Regional and Central Office Complex Case Committees draws its members from various child serving departments – Social Development, Health Public Safety and Education and Early Childhood Development.

**Update March 2017:** Their efforts to provide coordinated and collaborative services will be further supported by the full roll-out of Integrated Service Delivery (ISD) models of service in all regions. ISD is currently implemented in 5 of the 8 regions. Implementation in Region 1- Moncton, Region 3 - Fredericton/Woodstock and Region 4 – Edmundston is planned by Fall 2018.

**The Child Welfare Project Risk Management Team focus attention on investigating approaches that would improve our understanding and ability to assess the impact of emotional neglect and abuse on children and to develop appropriate short-term and long-term involvement.**

The Risk Management System has been reviewed and tools updated to make it more responsible to neglect, which includes emotional abuse and domestic violence. Updates occurred in 1999 and 2005, 2007-2008.

A case plan is developed with the family and child with the goal of addressing those factors that contribute to a high-risk environment for the child. Supportive services and resources are provided to enhance parenting capacity and maintain the child within the family where and when it is in the child's best interests to do so.

The comprehensive CORE 103 training module. The Effects of Abuse and Neglect on Child Development emphasize impact of abuse (including emotional) and neglect on children.

**Update March 2017*:*** Completed. Training on Core modules continues on various child welfare topics, including neglect. The Structured Decision Making® system identifies several circumstances under which a child may be impacted by emotional neglect and abuse and includes an expanded and more detailed definition of neglect and categorizes neglect as "severe", "general" or "threat of neglect". On-going training on neglect continues to be provided to child welfare workers.

**The committee recommends that written guidelines be established to clarify orientation packages for all new RCMP, municipal, and regional police officers and new child protection workers for ensuring that they are well informed and trained to follow collaborative practices when doing child protection investigations.**

It is expected that police officers and all child protection social workers are orientated on *The Child Victims of Abuse and Neglect Protocols*, which identify the roles and responsibilities of various government employees, including police officers and social workers.

Forensic interviewing technique training for police officers and social workers has been provided, most recently in Fall 2004 with Dr. John Yuille and is on-going. This assists with the development of skills when conducting joint investigations where there are allegations of sexual abuse or physical abuse or serious neglect.

**Update March *2017*:** *The Child Victims of Abuse and Neglect Protocols* are presently under review and a plan to communicate changes will be developed. The Forensic Interviewing module is offered approximately every 2 years and is attended by social workers, police, RCMP and Criminal and/or Family Crown Counsel. The next training is scheduled to take place in May 2017.

**The Committee recommends that a joint working group be established to further develop protocol and practices with respect to issues of safety and information gathering when the social worker and police officer team carry out child protection investigations**

The Department works closely with the police when security is required. Also the *Child Victims of Abuse and Neglect Protocols* emphasize the need for joint investigations in specific situations.

A central office Interdepartmental Committee comprised of membership from Social Development, Justice, Legal Aid New Brunswick and Public Safety meets on a regular basis to discuss issues of mutual concern and reach decisions resolving such matters.

Forensics interviewing technique training for police officers and social workers has been provided, most recently in Fall 2004 with Dr. John Yuille and is on-going. This assists with the development of skills when conducting joint investigations where there are allegations of sexual abuse or physical abuse or serious neglect.

A document entitled *Protocol for Interviewing Victims of Child Abuse by Videotape* has been developed and outlines the role of police officers and social workers when doing joint interviews.

Interdisciplinary collaboration continues to be emphasized in the Investigative Interviewing module, and is supported by the Child Victims of Abuse and Neglect Protocols.

**Update March 2017:** The Child Victims of Abuse and Neglect Protocols are presently under review and a plan to communicate changes will be developed. The Forensic Interviewing module is offered approximately every 2 years and is attended by social workers, police, RCMP and Criminal and/or Family Crown Counsel. The next training is scheduled to take place in May 2017.

**The Committee recommends that the Department of Family and Community Services give priority to increasing resources for expansion of child abuse and neglect prevention programs in each region and for the establishment of treatment programs for children who witness family violence.**

Additional social workers have been hired to work in the Child Protection program. The department has established 63 new positions in child protection services and access and assessment investigations.

Further, the N.B. Early Childhood Development Agenda has targeted additional resources for development of prevention services to preschool-aged children and their families.

**Update March 2017:** Through its training modules, Social Development continues to increase identification and intervention in circumstances of intimate partner violence. The Woman Abuse Protocols were revised in 2014. The Structured Decision Making® system identifies several circumstances under which a child may be impacted by domestic/intimate partner violence. Social Development is in the process of developing a new training curriculum on Intimate Partner Violence in Child Welfare for child welfare social worker. Training will be held throughout 2017/18. The training will provide social workers with strategies to work with children and families and be better informed to intervene in those circumstances.

The Early Childhood Initiative transferred to the Department of Education and Early Childhood Development.

**The Committee recommends that the Dept. of Family and Community Services review the delivery of child welfare services in a rural environment with a view to identify manageable workload, training opportunities and availability of specialized services required for effective child protection practice.**

Workload is reviewed on an on-going basis. On-site clinical supervision is available to child protection social workers.

Comprehensive child welfare training (CORE) has been developed and is mandatory for all child welfare social workers. Additional child welfare training is being presented as the needs are identified. A provincial training committee is now in place to identify training needs and identify the competencies associated with training. Core 500 is mandatory training for supervisors.

**Update March 2017:** Workload and caseload management continues to be monitored by regional and central offices through the use of clinical supervision and NB Families data. Workload is managed and adjusted in a manner that supports compliance with the Standards and the provision of quality services to children and families. The average caseload size is approximately 10 cases. This is below the standard established by the Child Welfare League of America.

**The Committee once again recommends the establishment of specialized treatment programs available for children who witness or experience family violence and "the need to educate the traditional referral sources, particularly the professional community, of the necessity to report family violence as a protection issue.**

Programs for children who have experienced family violence have been established in Transition Houses. Under the NB Early Childhood Development Agenda, the Children's Support Program (Child Witness of Family Violence) was introduced through the New Brunswick Transition House in 2001-2002.

**Update March 2017:** These services continue to be available and updated as required based on research and best practice. Women's Equality Branch continues to lead initiatives concerning intimate partner violence.

**The Committee recommends that the Department of Family and Community Services develop approaches that would improve our understanding and ability to assess the impact of family violence and abuse on children and to develop relevant short-term and long-term interventions.**

The Risk Management Assessment tools include assessment for family violence. *The Child Victims of Abuse and Neglect Protocols* and The *Woman Abuse Protocols* emphasize the impact of family violence on children. CORE training also emphasizes the impact family violence has on children.

**Update March 2017:** The Woman Abuse Protocols have been reviewed and updated in 2014. Social Development is in the process of developing a new training curriculum on Intimate Partner Violence in Child Welfare for child welfare social worker. Training will be held throughout 2017/18. The training will provide social workers with strategies to work with children and families and be better informed to intervene in those circumstances. The Structured Decision Making® system has specific definitions relating to the impact on children of exposure to intimate partner violence.

**The Committee recommends that the Department of Family and Community Services continue its efforts to improve the mechanisms for effective teamwork, case conferencing between FCSS, Mental Health and Education Services.**

The Department continues to support collaborative case planning and case conferencing with partners as required. CORE training emphasizes need for collaboration.

In Core, Child Welfare social workers are trained in how to develop a comprehensive case plan.

**Update March 2017:** Work continues to support collaborative case planning and case conferencing with partners through the development of Complex Case Committees and the Integrated Service Delivery model.

**The Committee recommends that a Risk Assessment be made when an additional adult commences to reside in the dwelling of the child under protection.**

Since changes in family functioning/dynamics or circumstances could be a cause for reassessment, child protection social workers have been aware that changes in household membership sometimes do affect the family dynamics. Social workers at present exercise professional judgment on a case-by-case basis in determining when risk to a child needs to be re-assessed. They are encouraged to continue to be vigilante when a new member enters a household and therefore apply the risk tool when determined as appropriate. This component is re-enforced in the Risk Management Training.

**Update March 2017:** Completed. The Structured Decision Making® system requires that a new Safety Assessment be completed when there is a change in household composition.

**The Committee recommends, in cases where the child under protection is of tender age that a Risk Assessment be made when potential harm may occur by an animal housed in or around a building.**

The Risk Management tool utilized in this province presently has provisions for assessing risk to a child posed by vicious or uncontrolled animals in the home. The

risk tools have been reviewed to ensure that at key decision points in assessing risk, the access of children to animals is examined or considered.

The Department is very concerned about violent deaths of this nature and has undertaken to educate child protection social workers as to the potential risks, animals may pose when around small children. Workers have been provided with guidelines and information that can be shared with parents in child protection cases where animals are present.

Child protection staff in each region is being given hands-on-training by Pierre Schelling, a specialist in animal behaviors (specifically dogs). This is on-going to ensure all staff receives this training.

In addition, a specific assessment form regarding pets in the home is available to assist the social worker to determine if potentially violent animals are present. This form has been designed based on input from social workers and animal specialists.

**Update March 2017:** Social Development continues to provide training specific to the prevention of dog bites. Discussions have been held with the New Brunswick SPCA and that agency has agreed that it is within its mandate to assess the risk of harm to a child posed by any pet in the home; and further that it can remove any pet when necessary.

**Relationship Between the Fredericton and Woodstock Office (Office Culture):**

**The committee recommends that management make efforts to bridge the Woodstock-Fredericton divide with a view of shifting the culture from a problem-focus to a solution-focus. This may include joint meetings to look at common goals and interests with a focus on building upon best practices rather than a focus on office problems. Consideration can be given to the development of working teams that have a peer supervision approach. In addition, we suggest that efforts be made to validate the leadership functions which are effectively carried out by the Woodstock staff at all levels with a view of strengthening this capacity in order to shift from a survival mode of practice to one of conscious competence.**

The Department accepts this recommendation.

The Department will continue to devise strategies to promote leadership, teamwork and enhanced communication with staff in the Woodstock and Fredericton offices of Region 3.

Several actions have already been implemented to achieve these goals by the Fredericton-Woodstock management team.

Regionalized units have been established to promote teamwork in child-in-care, foster homes and adoption services. Regular unit meetings are now an established practice, as is monthly management meetings for all regional supervisors and managers.

Training in leadership and human resource issues (performance reviews, conflict resolution and inter-personnel relationships) has also been provided. As well, a model that clearly illustrates decision-making authority has been implemented.

In Woodstock, a new child protection social work position was added to recognize the challenges of rural social work practice. This new position is dedicated to child protection investigations. Screening of referrals for all child protection investigations was moved to Fredericton to streamline service delivery throughout Region 3.

Other workplace adjustments include the reassignment of staff to new responsibilities maximizing their expertise and interest, as well as reassignments to priority areas such as, child protection investigations, ongoing child protection, foster home and adoption.

**Update March 2017:** The Fredericton and Woodstock offices form a single region with one management team. Workload is managed and adjusted in a manner that supports compliance with the Standards and the provision of quality services to children and families.

**Workload Issues and Staffing in Rural Settings**

**The committee recommends that the Department of Family and Community Services develop an effective approach to recruiting staff for rural settings which could be used in all areas of the province. A recruitment and incentive package could assist regional staff in increasing their success rate in filling open positions. Consideration could be given to adopting a recruitment and incentive package similar to that used by the Province in recruiting physicians to rural settings.**

This recommendation is accepted.

Social Development is developing a strategy to attract, recruit and retain child protection social workers.

**Update March 2017:** Workload and caseload management continues to be monitored by regional and central offices to determine recruitment, retention and succession needs of child welfare. Additional resources have been added over the years to ensure the delivery of child welfare programs.

**Staffing of Child Protection and Investigation Positions**

**Recognizing the diversity of background work experience, age and readiness level of new social work graduates, the committee recommends that the Department of Family and Community Services develop an approach to assessing the readiness of new social work graduates to enter Child Protection and Investigations positions and follow up with training for supervisors in using this approach as part of the hiring process.**

The Department accepts this recommendation.

Social Development will review ways to further assess the readiness of new social work graduates entering child protection positions through a review of hiring tools.

Child Welfare CORE Training has been mandatory for social workers and supervisors in Child Welfare programs since 2000. CORE training is fundamental Child Welfare training, which social workers must complete within one year of entering a child welfare program.

The *Orientation and Training Policy for Child Welfare Social Workers* was implemented in 2005. This is a job-specific orientation and training policy for all new social workers in Child Welfare programs and assists supervisors to guide social worker development.

**Update March 2017:** The *Orientation and Training Policy for Child Welfare Social Workers* continues to be in effect and is reviewed and revised as necessary to promote the mentoring of new staff.

**Social Work Practice in Rural Areas**

**The committee recommends that the Department of Family and Community Services develop a module in the CORE training to address the unique challenges of doing child protection work in rural settings as part of the mandatory training. Further, the committee recommends that the rural practice module promote a team approach with other service providers to increase collaboration and decrease the isolation.**

**The Child Death Review Committee identified a recommendation from the Child Death Review Committee Report in its review of the death of a 16 year old youth in 2000 that is relevant to this situation.**

***"The committee recommends that the Child Welfare Project Workload Measurement Team (Child Protection and Children in Care) be required to review the delivery of child welfare services in rural communities with a view to identify relevant caseload, supervision and support services changes required for child protection practice that meets standards and legislation".***

The Department accepts this recommendation.

Social Development will conduct research to identify training opportunities which address the unique challenges of child protection workers in rural settings. This will be incorporated into CORE training.

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

The Department acknowledges there is greater travel time required for child protection social workers to service rural communities. Supervisors take travel time into account when assigning cases to social workers where families receiving child protection services live in rural areas.

**Update March 2017:** The unique challenges of practice in a rural environment continues to be emphasized in the training room. It is recognized that no decision is made without consultation. There are extensive clinical consultation processes in place for social workers, including clinical supervision; clinical specialists; program consultants; Family Crown Counsel, permanency planning committee as well as collaboration with appropriate partners in public health, mental health, addictions, and other service providers.

**Child Neglect**

**It is recommended as per the (internal review) report that:**

**"Sharing information through case consultation becomes a firmly established practice within the various program sectors of Region 3, (i.e. Social Services Programs, Income Support Programs and Housing programs). This would assist in tracking down and planning interventions with the**

**families where protection issues exist but the families continually manage to evade being investigated by the Department).**

The Department accepts this recommendation. Region 3 has established a committee of internal partners to facilitate case collaboration.

In addition, *Child Protection Services Practice Standards and Guidelines* will be reviewed to ensure that sharing of information is emphasized throughout Child Welfare Standards. Supervisors and Program Delivery Managers will be expected to support and monitor information sharing between the various sectors of the Department.

Information sharing is promoted through regular meetings and case consultations.

**Update March 2017:** Work continues to support collaborative case planning and case conferencing with partners through the development of Complex Case Committees and the Integrated Service Delivery model.

**The use of Permanency Planning be considered as a tool in this process (professional brainstorming, case consultations, documentation as to family cooperation and information sharing both external and internal partners could all come to the table). In addition to this, the Committee recommends that a permanency planning meeting be held automatically after three referrals have been received on a family.**

The Department accepts this recommendation.

Permanency Planning is a foundation for child welfare practice in New Brunswick. The role of Permanency Planning meetings is being reviewed under New Directions in Child Protection Initiative, a reform of the delivery of child-protection services to better protect children, provide more assistance to families, and strengthen the role of social workers.

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

**Update March 2017:** The Structured Decision Making® Intake Assessment requires that a social worker intervene when a 3rd referral is received, even though the first 2 referrals did not require an investigation be completed.

**The authority of social workers under the *Family Services Act* be reviewed and emphasized in the sense of the social workers have a clear understanding and utilization of their authority to demand actions be undertaken so as to ensure the safety of a child (e.g. dogs be removed where considered a threat to a child's safety or when they are used to intimidate Social Workers and prevent them from carrying out their duties).**

The Department accepts and has implemented this recommendation.

The authority of Social Workers under the *Family Services Act* has been reinforced in mandatory CORE training, foundational training for all child welfare social workers.

Under the *Child Victims of Abuse and Neglect protocols*, revised in 2005, government departments work co-operatively to assist child protection social workers to ensure the safety of children. These protocols outline how government departments respond to allegations of child abuse and neglect.

*Guidelines to Consider When Assessing the Safety of Children with Respect to Animals as a Hazard* was introduced in April 2004. In October 2005, a *Bite Prevention Evaluation* tool was introduced to assist social workers when assessing the risk from dogs and other animals in homes where child protection services are required.

New guidelines were introduced in January 2005 to assist child protection social workers when they investigate reports of poor supervision for children under the age of 12.

**Update March 2017:** This continues to be emphasized in the training room. The NB SPCA has confirmed that it is willing to intervene and assess the threat posed by a pet and will remove the pet if required. The Child Victims of Abuse and Neglect is under revision. The Structured Decision Making® system specifically identifies inadequate supervision as a component of neglect.

**In cooperation with Central Office, research to update knowledge on best practices in handling cases involving neglect, lack of supervision and recalcitrant parents both unwilling and unable to care for their children".**

The Department accepts this recommendation.

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

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

- September 2007, provincial conference for all child welfare staff on collaborative, strength based approaches was held with Dr. Andrew Turnell, from Australia, a world renowned specialist.

- Since 2007, Dr. Steven Bellemare, a paediatrician from the IWK in Halifax who specializes in child neglect, has been a presenter at Child Welfare Core Training.

- *Child Neglect: A Shared Responsibility*, conference hosted in New Brunswick in 1999 attended by over 800 participants.

- Since the mid 1990's and most recently in 2006, Dr. John Yuille, a prominent Canadian specialist in child sexual abuse, provided Investigative Child Protection Interviewing training.

**Update March 2017:** Core training is continuously under review and promotes best practices relevant to child protection services including neglect and lack of supervision. The Structured Decision Making® system specifically identifies inadequate supervision as a component of neglect. More recently research is better able to identify and articulate the impact of trauma on child development.

**Clinical Supervision**

**The committee recommends that clinical reviews be carried out periodically by people with expertise on risk management as a way to prevent similar problems in carrying out investigations and to ensure quality child welfare practice. This could be done by:**

1) **Establishing a rotating panel of supervisors who can do the clinical audits and**
2) **Following up with coaching where the practices fall short.**

**This process could foster a collective ownership for the quality of Child protection work. It should be mandatory and part of the routine in order to make the work more transparent and assure a built-in mechanism for quality control.**

The Department accepts this recommendation.

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

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

**Update March 2017:** Clinical supervision continues to be required by mandatory program practice standards. The department has hired clinical auditors and each region has created a new clinical specialist position to increase the availability of clinical consultation.

**The committee recommends that all unit supervisors be provided training in the new module on clinical supervision.**

The Department accepts this recommendation.

New clinical supervision training will be introduced in spring 2008 to further support supervisors.

The role of provincial Child Welfare trainers has been clarified to include the feedback process to supervisors concerning social workers who are experiencing difficulties with training.

**Update March 2017:** Clinical supervision continues to be required by mandatory program practice standards. The department has hired clinical auditors and each region has created a new clinical specialist position to increase the availability of clinical consultation.

**The committee recommends that measures be taken to establish resources available to provide clinical supervision for unit supervisors in order to support the integration of knowledge and skills provided in the module on clinical supervision.**

The Department accepts this recommendation.

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

**Update March 2017:** There are extensive clinical consultation processes in place for social workers, including clinical supervision; clinical specialists; program consultants; Family Crown Counsel, permanency planning committee as well as collaboration with appropriate partners in public health, mental health, addictions, and other service providers.

**It is recommended that Access and Assessment supervisors within Region 3 establish a regular peer review practice related to investigations to further assess consistency in service delivery.**

The Department accepts this recommendation.

In Region 3, a peer review practice is being implemented. The use of peer reviews is considered a best practice throughout the province.

**Update March 2017:** The benefits of collaborative decision-making is recognized throughout the department. The Centralized Intake Service was introduced to promote consistency in intake decisions across the Province.

**Use of Supervisory Orders**

**The committee recommends that the value of supervisory orders as a tool to increase the compliance of uncooperative clients or else establish ground**

**for further court action be emphasized in the CORE training. In addition, steps should be taken to decrease the work related challenges in accessing supervisory orders.**

The Department accepts this recommendation.

The use of supervisory orders is also promoted, whenever appropriate, and reinforced in CORE training on legal matters.

In 2007, 20 legal assistant positions were created. Legal assistants perform administrative functions required for court applications, which were previously completed by the child protection social workers. This has significantly reduced the work-related challenges in accessing supervisory orders.

**Update March 2017:** Through the New Directions in Child Protection initiative (2007-2011) new mechanisms were put in place to increase collaboration and engagement with families and decrease dependence on courts to carry out service delivery. However, supervisory orders will continue to be used when necessary to compel services. Training is in place to teach family engagement strategies, and to distinguish those cases where greater authority through court intervention is required to ensure child safety.

**Collaboration with Outside Agencies**

**The committee recommends that the Department of Family and Community Services review the recommendations made in former Child Death Review reports on the need for greater collaboration with other service providers with a view of ensuring that these recommendations are fully implemented in all regions. The committee recommends that the Department of Family and Community Services adopt a trans-disciplinary team approach in permanency planning meetings based on honest, respectful, direct and ongoing communications, in the context of a relationship-based team approach, as the most effective way of providing support and intervention to families at risk.**

The Department accepts this recommendation.

A Child Protection Consultant has been appointed to lead enhanced partnerships with other government departments through the use of Children at Risk Teams (CART) in all Social Development regions in 2008. CART teams improve communication, collaboration, services, and interventions for at-risk children. Team membership may include representatives from child welfare, income assistance, public health, mental health, policing, probation, crown counsel, education and external community partners. A redesign of the Early Childhood Initiatives Program is also in progress to ensure more effective and collaborative approaches are developed between child protection social workers and other agencies/individuals involved in the family, like early intervention workers. This will be completed in collaboration with the reform of child protection services.

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

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

Some examples include:

*Protocol Between the Departments of Family and Community Services and Health Respecting Children in Care of the Minister of Family and Community Services who are Suicidal or Have Suicidal Ideation* implemented in July 2005. This protocol clearly articulates the roles and responsibilities of the Departments of Social Development, Health, Mental Health Services, with respect to children/youth-in- care of the Minister, whether in temporary or permanent care, who are suicidal or who are believed to have suicidal ideation.

- *Child Victims of Abuse and Neglect Protocols* which encourage collaboration between government departments in serving child victims of abuse have been revised and implemented in March 2005. These protocols outline how government departments respond to allegations of child abuse and neglect.

- *Protocols in Response to Recommendation 5 of the Brewer Report* were implemented in 1999 and were revised in January 2006 to enhance collaboration between Social Development and Mental Health Services and to ensure a continuum of services for Child Protection cases, and for children/youth in the care of the Minister. Regional forums have been established in every region served by Social Development for the mutual exchange of information; ensuring timely access to Mental Health Services; and to ensure a continuum of services, for child protection cases, and for children/youth in the care of the Minister (including both temporary and permanent status).

- *Guidelines for Exchange of Information Between Family and Community Services and Regional Health Authorities* were implemented in October 2006. These guidelines were put in place to improve the sharing of information between the Department and Regional Health Authorities. The guidelines clearly articulate the process for the *Exchange of Confidential Information* relating to children and families serviced under child protection and child-in-care programs.

*Policy and Procedures Joint Investigations – Access and Assessment/Child Day Care Services* were implemented in 2007. Joint investigations require on-going consultation, collaboration and regular communication between the investigating parties. This clearly sets out the roles and responsibilities of the Day Care Coordinator and the social worker at Access and Assessment when an investigation at a child day care facility includes allegations of abuse and/or neglect against the children attending the facility.

**Update March 2017:** Collaboration across departments continues to be supported by the Child Victims of Abuse and Neglect Protocols. Child At Risk Teams have largely been replaced by Complex Case Committees and the Integrated Service Delivery model. There are extensive clinical consultation processes in place for social workers, including clinical supervision; clinical specialists; program consultants; Family Crown Counsel, permanency planning committee as well as collaboration with appropriate partners in public health, mental health, addictions, and other service providers.

**The Committee recommends as per the (internal review) report that "In Region 3, the Woodstock office should ensure adherence to Practice Standard 23 which states "After consultation with supervisor, unless otherwise exempted by supervisor, the social worker will contact the police immediately in all cases of sexual abuse, child abuse and neglect cases where criminal activity is suspected. The decision must be documented when we decide not to contact the police.**

The Department accepts this recommendation. This recommendation was implemented in Region 3.

In accordance with Practice Standard 24 and the *Child Victims of Abuse and Neglect Protocols,* the department of Social Development and police conduct joint investigations when criminal activity is suspected in all cases of sexual abuse, child abuse and neglect.

Adherence to this practice will be ensured throughout the province through training and supervision. A directive was given to staff of the importance of complying with all aspects of the Child Protection Standards.

**Update March 2017:** This recommendation is in effect across the Province and is entrenched in the program practice standards. The *Child Victims of Abuse and Neglect Protocols* are adhered to.

**The Invisibility of Common-Law Partners**

**The Committee recommends that common-law partners or boyfriends be interviewed when completing an investigation and when a new partner becomes a part of the family unit that a new risk assessment be done. In addition, social workers should be trained in assessing and understanding the impact of woman abuse in child neglect and abuse situations.**

The Department accepts this recommendation.

Interviewing common-law partners, boyfriends or any other caregiver is an expected practice under the Risk Management System. This is reinforced in CORE and

Risk Management training. Training in investigative interviewing has been provided and video taping protocols have been introduced.

**Update March 2017:** Program practice standards and the Structured Decision Making® system, require that non-custodial parents, common-law partners, boyfriends, girlfriends and other caregivers be interviewed.

**Assessment Practices and the use of the Risk Management Tool**

**The committee recommends that the Risk Management tool be reviewed to determine if it should be modified to be more user friendly and that follow-up training be provided to ensure that the tool is used appropriately to better reflect what is happening in the "whole picture" and that criteria for risk assessment levels be further clarified with more concrete examples.**
The Department accepts and has implemented this recommendation.

A Provincial Risk Management Committee with representation from each of the eight Social Development regions was established and the Risk Management System Tools were revised. The Risk Management System is a tool that assists social workers in identifying and assessing the level of abuse and neglect of children.

Risk Management Training has been modified and enhanced. This training is ongoing provincially. The *Risk Management Manual* has also been updated to provide clarification and more concrete examples provided in ways to assess risk factors for abuse and neglect.

All Social Development regional offices have identified a social worker to act as a resource expert to provide clarification to the Risk Management System.

**Update March 2017:** In June 2011, the Risk Management System was replaced by the Structured Decision Making® system of assessment tools to support professional judgment and decisions. This system is internationally recognized by experts in assessing safety and risk in child protection families as the most reliable and valid assessment model currently available. New Brunswick was one of the first jurisdictions in Canada to adopt this tool. For each critical decision point in a case, there is a tool focused on collecting the information necessary to inform and make decisions. The assessments are research and evidence-based.

Mandatory Structured Decision Making® training is completed by every social worker assigned to child protection and family enhancement services.

**The Committee recommends as per the (internal review) report that:**

**"In the best interest of children under 5 who are less able to communicate concerns related to abuse or neglect, a triaged priority response could better ensure the safety and well-being. This is particularly critical when resources are stretched. Although Access & Assessment staff in Woodstock were staffed at full complement prior to the Fall of 2003, they were experiencing workload pressures and staffing concerns during the Fall of 2003 and Spring of 2004 (i.e. one staff out on extended sick leave, one staff on secondment and the two replacement social workers required training).**

**"If there are competing priorities, in Region 3 Woodstock, interventions need to be triaged. The age of the child must be considered. Priority in service response is to be given to children under the age of 5 (i.e. albeit within each priority level)."**

The Department accepts and has implemented this recommendation.

The *Child Protection Services Practice Standards and Guidelines* now require social workers to see all pre-school or disabled children in their home environment and directly observe the child(s) living situation. This was previously a guideline and is now mandatory.

Specific to Region 3, centralized screening of referrals was established in April 2004 to help ensure consistency of child protection services.

**Update March 2017:** The *Multiple Response Practice Standards in Child Protection and Family Enhancement Services* require that there be face-to-face contact with any child alleged to be the victim of abuse or neglect within 24 hours of commencing a child protection investigation.

The Standards also require direct observation of the child's living situation. If information is obtained that the child's living conditions are hazardous and/or that is suggestive of neglect, the entire home is observed.

In June 2011, the Risk Management System was replaced by the Structured Decision Making® system of assessment tools to support professional judgment and decisions. This system is internationally recognized by experts in assessing safety and risk in child protection families as the most reliable and valid assessment model currently available. New Brunswick was one of the first jurisdictions in Canada to adopt this tool. For each critical decision point in a case, there is a tool focused on collecting the information necessary to inform and make decisions. The assessments are research and evidence-based.

**The Committee recommends as per the (internal review) report that:**

**"Ensure adherence to practice Standard 18 in Region 3 Woodstock, specifically in terms of Risk decision #1 (i.e. deciding whether to investigate a**

**report). This decision is to be made with consideration to the history and overall profile of the case (i.e. number of previous referrals and seriousness of referral in light of child's age). A decision to investigate should not be made solely on the current situation (i.e. in isolation of previous situations). In addition, whenever possible, subsequent referrals on a family are to be assigned to the initial investigator."**

The Department accepts this recommendation. This recommendation has been implemented in Region 3. A directive was issued to ensure compliance with Standards.

In addition, it is re-enforced in CORE training that a decision to investigate is not to be made solely on the current situation. Previous situations must also be taken into consideration when making a decision to investigate.

Each Social Development regional office has identified a social worker who is to act as a resource expert to provide clarification to the Risk Management System.

Risk Management Training has been modified and enhanced. This training is ongoing provincially.

**Update March 2017:** The *Multiple Response Practice Standards in Child Protection and Family Enhancement Services* require that all information held by the Department is considered in determining whether or not to intervene.

The considerations of the previous involvement and its impact on the decision are documented in the child's file.

**"Ensure compliance to Practice Standard 25 in Region 3 Woodstock. When a report is registered as a situation and assigned to investigation, the child must be physically viewed by the investigator and this must occur within the assigned priority of intervention time frame (i.e. Priority #1-immediate; Priority #2-within twenty-four hours; Priority #3-within four working days; Priority #4-within twelve working days)."**

This recommendation is accepted. This recommendation has been implemented in Region 3.
A directive was issued to ensure compliance with Standards. Supervisors throughout the province are expected to monitor and ensure response times are met.

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

**Update March 2017:** The *Multiple Response Practice Standards in Child Protection and Family Enhancement Services* require that there be face-to-face contact with any child alleged to be the victim of abuse or neglect within 24 hours of commencing a child protection investigation.

Under the Structured Decision Making® system the number of priority response times was reduced to 3 levels:

- Level 1: Immediately/within 24 hours
- Level 2: Within 4 working days
- Level 3: Within 12 working days

**"A review of Department of Family and Community Services "Child Protection Services Practice Standards and Guidelines for Child Protection Services" be undertaken by the Supervisor and staff of the Woodstock Access & Assessment Unit."**

This recommendation has been implemented.

*Child Protection Services Practice Standards and Guidelines* will also be reviewed at least once per year in each regional Access and Assessment Unit and On-Going Child Protection Unit.

**Update March 2017:** The *Child Protection Practice Standards Procedures and Guidelines (2008)* were replaced by the *Multiple Response Practice Standards in Child Protection and Family Enhancement Services* in June 2011. Units are encouraged to undergo an annual review of the Standards and to confirm decisions by routinely referring to the Standards and Structured Decision Making® manual to ensure the decision is supported.

**"Ensure that social workers and supervisors in Region 3 Woodstock at Access & Assessment attend and have priority access to both Risk Management training and applicable CORE training".**

This recommendation has been implemented.

**Update March 2017:** Priority access to training is given to staff who are assigned to deliver child protection or family enhancement services.

**An in-service on the Risk Management Tool is to be provided to Woodstock Access & Assessment unit supervisor and staff. It is further recommended that a session on Attachment training be incorporated in to this session.**

This recommendation has been implemented.

**Update March 2017:** Attention to attachment has been incorporated into Core training modules with a focus on how to identify and intervene when there is a lack of attachment between the child and parent/caregiver.

**Since kinship placement is still the expectation of community members and band government in First Nations communities, the committee recommends that written guidelines be established to clarify kinship placement practices, with specific emphasis on the use of criminal record check in all instances; the need to ensure PRIDE (Parents' Resources for Information, Development and Education) training be made available, with emphasis on the role and importance of both parents in fostering children, even when one is clearly less engaged in day-to-day care of the child(ren)**

First Nations' Child and Family Service Standards require that prospective foster families and provisional homes (kinship) undergo a criminal record check. Placement of a child within his or her extended family or with a significant person in the child's life—an action known as kinship care—is the preferred option when a child cannot remain with his or her parents. Accordingly, Social Development is designing a kinship-care model to be implemented as part of the New Directions for Child Protection Initiative. First Nations have had active participation on the project teams designing the various models for this initiative, which include Family Group Conference, Child Protection Mediation and Multiple Response.

Under the kinship care program, Social Development and First Nations will be required to conduct prior-contact record checks to determine if a prospective kinship placement family has been involved with child protection services.

Social Development and First Nations follow what is known as *Operational Protocols Between The New Brunswick Department of Social Development and First Nations Child and Family Service Agencies;* these protocols provide for information-sharing. Social Development is committed to working with First Nations to revise these protocols to ensure that a clear process is established to enable First Nations child and family services' agencies to complete prior-contact check involving the department.

PRIDE training is provided to all foster families and kinship placement families. This training emphasizes the role that all adult caregivers have with children living in the home. PRIDE is available through the regional offices of Social Development to families from First Nations.

Under PRIDE, the completion of in-home assessments is required. Social Development will work with First Nations to develop a process for completing these assessments; in addition, Social Development will help First Nations recruit PRIDE trainers from within their communities.

**Update March 2017:** The safety and well-being of a child is paramount and responsibility rests first and foremost with the child's parent/caregiver. First Nations Child and Family Services agencies have access to NB Families which will facilitate completion of child welfare record checks on a go-forward basis. Agency social workers and supervisors have access to all child welfare training programs and cultural competency is emphasized.

A new curriculum is being developed to support kinship relationships; this will be implemented as part of the introduction of a new Regulation that will operationalize the range of placement services that will be available to children.

**The committee recommends that a training module be developed to address the challenges of working with dual relationships, and that all social workers in First Nations child and family services agencies be provided with this training.**

In many communities, social workers are often personally familiar with the families with whom they work. If managed properly, such ethical and personal dual relationships can be very effective. However, such relationships can also pose challenges to social workers serving in small communities. Social Development will explore with the Mi'kmaq/Maliseet BSW (MMBSW) program the possibility that training be added to the curriculum. The MMBSW is a partnership with the schools of Social Work at St. Thomas University and Dalhousie University. Social Development will collaborate with various First Nations child and family services agencies to conduct research with other First Nation, the First Nations Caring Society of Canada, and other child welfare jurisdictions in North America to determine if training models exist that specifically address the challenges of working with dual relationships and that can be adapted to New Brunswick.

If no such models exist to address this issue, the Social Development Child Welfare Training System, in consultation with First Nations, will develop specific training or update present Core training.

**Update March 2017:** In recent years, the New Brunswick Association of Social Workers has established a "Cultural Diversity Committee". This committee developed a training model entitled "Ethics, Boundaries and Dual Relationships" to guide First Nations social workers and supervisors in how to practice in their communities. Social Development staff participated on the committee and in the development of the training module.

**The committee recommends that a clinical audit be carried out to assess the effectiveness of social work practice in First Nations child and family services agencies, with a view to identifying best practices and areas of limitations and providing necessary training to address these limitations.**

Program reviews have been completed to monitor compliance with child welfare standards for all 11 First Nations. The director and staff at each First Nations

Child and Family Service agency, in conjunction with Social Development, develop action plans to address the recommendations made in the program reviews. Social Development will consult with First Nations Child and Family Service agencies to develop a process for conducting clinical audits.

**Update March 2017:** A First Nations Child Welfare Clinical Auditor position was created and works with the FN Child and Family Services Agencies by completing audits as required.

**The committee recommends that Social Development give priority to assessing if there is a need to increase resources for monitoring and support of quality child welfare practices in First Nations Child and family services.**

Social Development is intent upon working in close collaboration with First Nations communities and the federal government to support these communities across New Brunswick to implement in the shortest time possible a culturally appropriate and outcomes-driven prevention-based child welfare model.

**Update March 2017:** Social Development, the Government of Canada and the First Nations communities are working towards the development of a new service delivery model of child welfare on First Nations communities. First Nations agencies have access to Social Development training, auditing and monitoring mechanisms. Social Development has adopted *Jordan's Principle* in its practice standards. All FN agencies have access to NB Families and the Structured Decision Making® system.

**There should be a review of reporting mechanisms between the agencies and the provincial government.**

The Minister of Social Development has appointed the Child and Youth Advocate to conduct an independent review of child welfare services within First Nations' communities and to issue recommendations to renew the delivery of services. This will include a review of roles, responsibilities and reporting mechanisms.

**Update March 2017:** The *Hand-in-Hand* report was completed. Social Development, the Government of Canada and the First Nations communities are working towards the development of a new service delivery model of child welfare on First Nations communities. First Nations agencies have access to Social Development training, auditing and monitoring mechanisms. Social Development has adopted *Jordan's Principle* in its practice standards. All FN agencies have access to NB Families and the Structured Decision Making® system.

**The standards should continue to be sensitive to cultural differences and needs of First Nations communities, while ensuring the safety and quality of care of its children.**

The *Family Services Act* governs child welfare throughout New Brunswick. Social workers on First Nations must meet, at a minimum, provincial child welfare standards. Recognizing this, in 1994, First Nations child and family service agencies' staff developed culturally relevant child and family service standards; these standards were revised in 2004. For example, these standards have guidelines for involving elders and the extended family when a child is at risk or when prevention services are required. However, a mechanism is not in place to easily update First Nations' standards when Social Development revises its child welfare standards. During the next 12 months, Social Development will explore with its First Nations partners how to incorporate their cultural guidelines into departmental child welfare program standards. As Social Development and its First Nations partners move forward, the intent will be to have in place one set of standards that apply throughout New Brunswick.

**Update March 2017:** Social Development has hired a FN Child Welfare Program Consultant who ensures that programs are delivered with cultural competence and safety. Cultural Competency training is available to all SD social workers in child welfare.

**Whenever a psychological assessment is ordered, it should include interviews and Assessments of both parents living in the home. None of the interviewers had a satisfactory explanation for not including (father's name withheld) in the assessment.**

Social Development has collaborated with the Department of Health regarding this recommendation. It is to be emphasized that the Department of Social Development and Department of Health will work collaboratively to ensure this recommendation is met. It is agreed that whenever a psychological assessment is ordered, it should include interviews and assessments of both parents living in the home. Both Departments will ensure this is reinforced with the staff.

**Update March 2017:** A psychological assessment of parenting skills should include interviews of all parents/caregivers of the child. The author of the assessment is expected to identify and explain any limitations with respect to the assessment, as well as any barriers to completion of the assessment.

**Before closing a file, a permanency planning committee meeting is held to review the current situation. As recommended in other reports by this committee, these meetings should be attended by all the service providers in order to ensure that all the information is available to the department. In this instance, there were no representatives from the office of the public health nurse; early childhood intervention; the family support worker; and the psychologist (who had completed a significant assessment two months earlier). This would provide a forum for service providers to discuss risk factors and, in this case, for the psychologist to clarify specific recommendations for addressing the risk factors that she noted in her report.**

Social Development through the reform of the delivery of the child protection services is establishing a more collaborative approach when working with families and service providers. The Department will make every effort to contact service providers prior to closing a child protection case, as occurred in this case. The role of the Permanency Planning Committee is presently being reviewed by Social Development as part of the reform of the delivery of child protection services.

Under current practice Standard 38, *Child Protection Services Practice Standards and Guidelines* it is stated: "Before closing a Child Protection case, the Child Protection Social Worker must notify services providers that the file will be closed.

**Update March 2017:** The Multiple Response Practice Standards requires that before closing a case, the social worker reviews the case with the supervisor, family and collateral service providers.

**Access to psychological resources and remedial assistance should be provided to children in a timely manner. (Sibling's name withheld) required this assistance for his hyperactivity, but no assessment was ordered despite the clear indications of the need for it in the psychological report.**

Given that the sibling was school-aged, Social Development has collaborated with the Department of Education which has indicated the department is:

- Using a Response to Intervention model where the appropriate level of service/intervention is provided to prevent student failure
- Collaborating with the University of New Brunswick to have more Student Services personnel (Resource Teachers and Guidance Counsellors) trained to implement various academic/guidance assessment methodologies
- Meeting with Mount Saint Vincent University to look at a strategy to attract more school psychologists trained and working in New Brunswick
- Working with the New Brunswick Association of Psychometrists and School Psychologists to determine ways to meet the current and future service demands

**Update March 2017:** The Multiple Response Practice Standards requires that all children are interviewed. The Structured Decision Making® system requires the completion of a Family Strengths and Needs Assessment which includes all case members. The Integrated Service Delivery model will also ensure timely access to needed services for all children and youth.

**The Department explore the option of an intensive in home service program where a support worker spends a significant portion of time on a daily basis (or 24/7 where cases warrant) providing support and/or teaching opportunities to the client(s).**

Intensive in-home services are intensive, short-term, home-based, crises intervention services offering families in crises the alternative to remain safely together, avoiding an out-of-home placement whenever possible. The Department of Social Development presently uses intensive in-home services according to the need as addressed through a family's case plan. Some of these services can be provided by professionals or para-professionals.

In other cases, extended families can be an important ally in delivering these intensive support services. In December 2008, Phase I of New Directions was implemented to provide a more proactive approach when supporting families in need of child protection services. One aspect of these approaches is Family Group Conference models which can help families arrange wrap-around services for other family members whose children are at risk of abuse or neglect and are receiving child protection services. Family Group Conference was not available at the time of death of these children.

Subsequently Phase II of New Directions will provide more comprehensive tools to assess family strengths and thus enable social workers to develop even more comprehensive case plans.

Alerts can be registered in NB Families, the information system used by child protection services, to advise After Hours Social Workers of families where there is a high risk of abuse or neglect so that appropriate action can be taken in an emergency during the afterhours. The use of such alerts will be reinforced with departmental staff.

**Update March 2017:** The Structured Decision Making® system requires the completion of a Family Strengths and Needs Assessment which includes all case members. The New Directions initiative focused on engaging with families to promote child safety and well-being through the use of various collaborative approaches.

**The Department consider requesting a psychological or parenting ability assessment earlier in the process in cases where cognitive or parenting ability is questioned. Doing so would provide baseline information to set short and long term goals, achievement indicators and establishing a monitoring regimen.**

Presently the Department uses Parental Capacity Assessment and Psychological Reports, particularly in cases proceeding to court. The Department will encourage use of these assessments as “best practice” and decision-making in case plans and will move to make these assessments more readily accessible to social workers as a tool when developing plans. It is expected and encouraged that, with the Multiple Response model which is being introduced in Phase II of New Directions, Parental Capacity Assessments will be more widely applied earlier on in the case plan as social workers proceed to work with families using concurrent planning and collaborative approaches. With the more widespread use of Parental Capacity Assessments, work with families will be more comprehensive and intensive. As well, parents who have significant problems that prevent them from parenting will be identified earlier on in the case plan.
As a result of the expected increase in demand for psychological assessments and to assist with Parental Capacity Assessments, five (5) Psychological positions currently within the Department of Social Development will be reassigned with a priority to work within the child protection program.

**Update March 2017:** Psychological Assessments and Parenting Capacity Assessments can be court ordered and obtained through Mental Health Services or a

private practitioner. If an assessment is indicated, the assessment will be sought as soon as possible to inform case plan decisions. The Structured Decision Making® system requires the completion of a Family Strengths and Needs Assessment which includes all case members and helps to prioritize the 3 most compelling needs of each case member.

**It is recommended that medical practitioners in these types of cases be thoroughly briefed on the patient(s) history and the concerns of case managers in relation to the children when in the care of, or receiving services, from the Minister. This would enable the physician to provide a fully informed conclusion and/or diagnosis and to take the concerns of other care/ service providers into consideration.**

Social workers are expected to share information with medical practitioners when that information is to protect the health, safety and security of a person.

The Department will continue to reinforce with social workers the need to collaborate and share information with the various medical practitioners throughout the duration of the case plan when the information is required to protect the health, safety and security of a child.

**Update March 2017:** Social workers are required to share information to ensure that court ordered assessments are completed. Section 11 of the *Family Services Act* permits the sharing of information without consent to protect the health, safety and security of an individual. The sharing of information is reinforced through training and clinical supervision.

**The Committee recommends that the Department of Social Development explore what actions would or should be available to the Minister when it is suspected that a person, especially one known to the Department, is pregnant or appears to be hiding a pregnancy and that this action may prove harmful either to themselves or to the baby once delivered.**

Social Development is very concerned when a report comes to the department about an expectant mother who is either involved in activities that may prove harmful to a baby once delivered; or is denying pregnancy.

Upon receiving a report of this nature the department will initiate contact with the expectant mother and address the identified concerns. The social worker will offer support either by providing department programs or by providing information on and/or offering referrals to community-based services. Any contact that the department has with the expectant mother at this stage is voluntary on the part of the mother.

In situations where it is believed that a newborn may be at risk following birth, hospitals will be alerted requesting that the Child Protection Services branch of Social Development be notified of the birth of the baby. At that time, a risk assessment will be completed to ensure a plan is in place so the baby will be safe upon discharge from the hospital.

At present, Social Development provides Birth Parent Services for women who are pregnant or who have given birth and/or for birth fathers who are undecided about the long-term plans for their child.

This is a pre-decision support service that recognizes the right of choice and that attempts to ensure that the parents are aware of all options as well as the implications of those options for themselves and their child.

As part of this program, birth parents may be provided education on parenting, financial matters etc., and may be referred to support services within or outside the department.

Social Development will collaborate with other departments about public awareness-education information about access to services for young and other expectant mothers who may be experiencing pregnancy denial or are involved in behaviours that could be harmful either to them or to the baby once delivered.

**Update March 2017:** Social Development has introduced Birth Parent Services as a mechanism to engage expectant and new parents. By policy, if services are refused, and it is believed that when born the baby could be at risk for maltreatment, an alert is registered both in NB Families and with area hospitals.

**The following are recommendations from the Child and Youth Advocate**

**Provide services to pregnant women and young parents such as a hotline and specialized counsellors. Requiring the most attention are services which target women who may be experiencing pregnancy denial. Project Cuddle in California already operates a hotline program which is available to women in Canada. Developing a similar hotline to serve New Brunswick at-risk mothers may be valuable. Other services would include distribution of free and available contraception, and strengthening support to low-income pregnant women and young parents. Support and help should be in place for the women who abandon newborns or have been in pregnancy denial as these mothers may have mental health or addiction issues.**

Social Development agrees and will upgrade its 1-866-telephone message to specifically offer assistance to pregnant mothers in need and, through government-

sponsored hotlines such as CHIMO, develop a crisis-line approach.

**Update March 2017:** Centralized intake of Social Development and Regional Offices continue to offer services to expectant parents.

**Educate youth on family planning issues including contraception, the dangers of a lack of prenatal care, baby abandonment as well as training service providers on identifying and treating the denial of a pregnancy. This should be implemented in partnership with the Department of Education.**

Social Development will collaborate with other departments and the Public Legal Education and Information Services (PLEIS) to develop public awareness/education information about access to services for young and other expectant mothers who may be experiencing pregnancy denial or who are involved in behaviours that could be harmful either to them or to the baby once delivered. The department will review the training provided to social workers to determine what is available to assist them to better identify and treat denial of pregnancy.

**Update March 2017:** Each regional office of Social Development has copies of the *Loving Care* series of booklets provided by the Department of Health to new parents and social workers are required to review aspects of the series with new parents, such as safe sleeping practices. Support for struggling parents may be the foundation for a family group conference or other interventions.

**Research the causes of infant abandonment. Since the issue seems closely tied with the social situation of women, this could be performed in conjunction with the Advisory Council on the Status of Women. Research should also be done on the effectiveness of Safe Haven legislation before such legislation is considered further.**

The department will, in conjunction with the Women's Issues Branch of Executive Council and other partners, including the Advisory Council on the Status of Women, conduct research on the causes of infant abandonment.
(Completed)

**Update March 2017:** Completed. Safe Haven legislation was determined not to be appropriate. The issue of infant abandonment is addressed in Core training modules and Structured Decision Making®.

**Implement policy which can assist social workers in determining the appropriate steps to take when encountering a woman who may be at risk of harming her unborn child. This policy would require that the pregnant woman be contacted by a counsellor who is trained to assist women in**

**pregnancy denial and be given the number to the hotline. It should also address the involvement of health professionals and hospitals.**

Upon receiving a report of this nature, the department will initiate contact with the expectant mother and address the identified concerns. The social worker will offer support either through department programs or by providing information on and/or offering referrals to community-based services. Under current legislation, any contact the department has with the expectant mother at this stage is voluntary.

In situations where it is believed that a new born may be placed at risk following birth, hospitals will be alerted requesting that the Child Protection Services branch of Social Development be notified of the birth of the baby. At that time, a risk assessment will be completed to help ensure a plan is in place so the baby will be safe upon discharge from the hospital.

**Update March 2017:** Social Development has introduced Birth Parent Services as a mechanism to engage expectant and new parents. By policy, if services are refused, and it is believed that when born the baby could be at risk for maltreatment, an alert is registered both in NB Families and with area hospitals.

**Review the terms of reference of the Child Death Review Committee to determine if its objectives are still desired and, if so, provide the committee with the resources or other assistance required to carry out those objectives.**

The department will collaborate with the Department of Public Safety to review the terms of reference of the Child Death Review Committee.

(CDRC has been transferred to Public Safety, New TOR was developed by DPS on consultation with DSD).

**Update March 2017:** In 2010-2011 reporting responsibility for the Child Death Review Committee transferred from Social Development to Public Safety, under the office of the Chief Coroner. Initially only children known to the child protection system within the 12 months prior to their death were reported to the Child Death Review Committee. The mandate of the Committee was also expanded to include the deaths of all children known to the child welfare system be reported regardless of program.

**Legislate to restore to the superior courts the necessary jurisdiction to protect unborn children from serious harm or death in appropriate circumstances.**

Understanding the complex legal and human rights context of this matter, Social Development will explore this issue with the Office of the Child and Youth Advocate and the Office of the Attorney General. The Minister of Social Development will draft a letter to the Attorney General requesting advice and counsel.

**Update March 2017:** This is beyond the mandate of Social Development.

**That the Minister of Social Development advise all First Nation service providers of the requirement to notify the Minister of a child's death and produce a report similar to the Regional Report into the Death of a Child produced by departmental employees when a death occurs that would be subject to a death review by the Child Death Review Committee.**

The minister has reaffirmed with staff by a memo sent December 18, 2009, to program delivery regional managers in the Department of Social Development and directors of Child Family Services on First Nations: the requirement to notify the minister of a Child's death and the reporting procedure followed using a reporting form common to First Nations and the department.

The Child Protection Services practice standards and guidelines for Social Development and the First Nations Child and Family Services standards, child protection services standards, outline the procedures to be followed when reporting a child's death to the Child Death Review Committee.

**Update March 2017:** The terms of reference for the Child Death Review Committee applies to First Nations Child and Family Service agencies. Social Development coordinates the preparation and delivery of the reports to the Office of the Chief Coroner.

**That the Minister of Social Development provide similar software to First Nations service providers of the type used by the Department (NB Families) to manage their cases.**

This recommendation is similar to one found in the child and youth advocate's report ***Hand-in-Hand: A Review of First Nations Child Welfare in New Brunswick***, released February 24. The department will respond to this recommendation as part of its overall response to the child and youth advocate's report.

**Update March 2017:** NB Families is now fully available to all First Nations Child and Family Services agencies. Implementation started in 2011 and fully implemented in 2015.

**That the department of Social Development have a qualified mental health professional assess every child who has suicidal thoughts and/or threatens suicide.**

A protocol between the departments of Social Development and Health respecting children-in-care of the minister of Social Development who are suicidal or have suicidal ideation was updated in July 2009. This protocol outlines the procedures to be followed when a child in the care of the minister threatens suicide and ensures that these children are assessed by a qualified mental-health professional.

**Update March 2017:** The Protocol between the Departments of Health and Social Development requires that a safety plan be developed for each child after the first assessment for suicidal ideation/action. The safety plan outlines what action is to be taken to secure the safety of the child if suicide is threatened again.

**That the Department of Social Development consider all incidents of suicidal thoughts or threats collectively rather than individually.**

The protocol was updated in 2009 to include the development of a Safety Net Plan for the child/youth. The Safety Net Plan is to be developed to ensure that suicidal threats are considered collectively.

The minister of Social Development will continue to work jointly with the minister of Health, according to the protocol to ensure safety net plans are developed ensuring suicidal threats are considered collectively. The department will also ensure that an annual reminder is sent to foster parents and group homes that they must report any incidence of suicidal threats or ideation to the child's social worker.

**Update March 2017:** The Protocol between the Departments of Health and Social Development requires that a safety plan be developed for each child after the first assessment for suicidal ideation/action. The safety plan outlines what action is to be taken to secure the safety of the child if suicide is threatened again. The Protocol is presently under review to ensure that there is an adequate response to the child.

**That the Department of Social Development take action on the recommendations resulting from their internal review which this Committee endorses.**

The Department of Social Development has implemented all the recommendations resulting from the internal review.

**In cases where there are children under five, it is imperative that Practice Standard 19 be followed.**

It is recognized that children younger than five or children with a disability are at a higher risk of abuse and neglect and are often less visible in the communities. Practice Standard 19 requires that when three child protection reports are received in one year regarding the same young child, an investigation must be

undertaken even if none of the reports would individually be reason for an investigation. As a result of the recommendation, a clarification is being sent to child protection social workers and supervisors to assist them in adhering to Practice Standard 19.

**Update March 2017:** The Structured Decision Making® Intake Assessment requires that a social worker intervene when a 3rd referral is received, even though the first 2 referrals did not require an investigation be completed.

**Clinical supervision needs to be more proactive on any case of child abuse.**

The child welfare system in New Brunswick is based on a proactive approach to preventing child abuse. Supervisors and workers use clinical supervision and supervisory consultation on a regular basis. New Directions in Child Protection will introduce a multiple response model in child protection. The multiple response model will enhance the preventative components that exist within the child welfare system.

**Update March 2017:** Through the Multiple Response Model, implemented in 2011 there are extensive clinical consultation processes in place for social workers, including clinical supervision; clinical specialists; program consultants; Family Crown Counsel, permanency planning committee as well as collaboration with appropriate partners in public health, mental health, addictions, and other service providers.

**When there is information suggesting that there are drugs in the environment where a child resides, Social Development should ensure that there are periodic visits into the home.**

During child protection investigations and when providing ongoing child protection services, social workers assess the use of drugs and/or alcohol by caregivers and the effect this has upon the children in the home. This is considered when determining the level of response and services provided to the family, including periodic visits into the home.

**Update March 2017:** Information concerning the use of drugs by a parent/caregiver and the impact of that use on a child continues to assessed under Structured Decision Making®.

**More comprehensive interaction between methadone clinics and those involved in pre-and post-natal care.**

Use of drugs and alcohol by the parents and caregivers is a risk factor assessed in the present risk management system. The use of drugs by expectant mothers

and the impact on the development of the child is also included in Core training given to child welfare social workers.

Since December 2009, the Department of Social Development has had a policy, *Services for Expectant Mothers who may be at Risk of Harming the Unborn Child*, to help social workers determine the appropriate steps to take when encountering a woman who may be at risk of harming her unborn child or who is denying her pregnancy.

In situations where there is risk that the newborn child will be harmed, the Department of Social Development will alert hospitals to report the birth of the child to the department so that a child protection assessment can be completed prior to the child being discharged from hospital.

**Update March 2017:** Prenatal substance abuse is a factor identified as a threat of neglect under Structured Decision Making®.

**A formal communications policy be developed between the two regional health authorities and local child protection units, especially regarding discharge intervention, follow-up appointments and general child protection issues.**

Collaborative planning is a guiding principle in the delivery of child protection services to children and families.

The *Child Victims of Abuse and Neglect Protocols* outline the process that the departments of Social Development and Health must follow when child abuse or neglect is suspected. The protocols also outline the process for reporting and communication. The Department of Social Development will continue to work with regional health authorities and other government departments to ensure awareness of and adherence to the protocols.

Since 2006, the Department of Social Development and the regional health authorities have been using *Guidelines for Exchanging Confidential Information between Social Development and the Regional Health Authorities* to ensure timely exchange of confidential information between department social workers and the regional health authorities is the best interest of children and families at risk.

**Update March 2017:** The guidelines continue to be followed. Recent amendments to the *Family Services Act* continue to support the sharing of information with partners to provide integrated services, programs or activities to child and youth.

**The committee reiterates the importance of risk assessments for children who have lived through a traumatic event**

The Minister acknowledges the importance of performing risk assessments on children who have lived through a traumatic event. The present child protection services standards require risk re-assessments be completed following a significant event. In 2011, a multiple response model will be introduced in New

Brunswick that will include new assessment tools, multiple response standards and policies and procedures that will greatly help social workers assess situations, including traumatic events.

Training provided to child welfare social workers by Dr. Bruce Perry elaborated on the impact of traumatic events on brain development and child functioning. The impact of traumatic events on the brain development and child functioning is included in the Core training that child welfare social workers must complete.

Recent amendments to the *Family Services Act* continue to support the sharing of information with partners to provide integrated services, programs or activities to child and youth.

**Update March 2017:** Present Practice Standards and Structured Decision Making® require new safety and risk assessments be completed after a traumatic event.

**With respect to the involvement of the Department of Social Development, the Committee did not find any systemic errors or faults with the handling or management of this case that would have prevented the death.**

**Recommendation**

**The Child Death Review Committee recommends that an educational program or information session be conducted for children in middle school and high school on the dangers of the "choking game" also referred to as "pass out game", or "space monkey game".**

- **This subject matter is not only a matter of public safety but as well as a health issue and therefore the committee would recommend that agencies such as the police and the Departments of Health and Education through their community based and school programs to bring awareness to such a dangerous activity.**

No response as no recommendations are specific to the Department of Social Development.

**The committee concludes that the Department of Social Development worked within their Practice Standards to manage a difficult case. Based on the review findings this family remained compliant (although minimally, in the opinion of the committee) and as a result of insufficient evidence the department was unable to intervene further in this case. Therefore, the committee further concludes although the circumstances involved in this case**

**were tragic, the events surrounding the death indicate that this was an accident that could not have been foreseen and could have occurred whether or not the child was in the care of the department.**

No response required as there are no recommendations made to the Minister.

**That the Department of Social Development reinforces the dangers of co-sleeping with infants and children with their clients.**

**That the Department of Social Development reinforces that dangers of unsafe sleeping surfaces for infants and children ex; (couches) with their clients and educate them on appropriate sleeping surfaces (cribs, beds).**

**That the dangers of Co-Sleeping with Newborns, babies and infants be reinforced with parents prior to their release from hospital by all agencies that provide services with respect to child protection and pre and post-natal care.**

Social workers assigned to Child Protection and Family Enhancement Services continually assess the child's living conditions; the entire home is observed, and in particular, the child's sleeping area.

The Multiple Response Practice Standards in Child Protection and Family Enhancement Services will be amended to recommend that in the case of infants and very young children, in addition to observing the child's sleeping area, the social worker will review safe sleeping practices and safe sleeping surfaces with the parent.

In addition, the Practice Standards will include a link to the health website in order for social workers to access the Loving Care series of booklets and a link to the Public Health Agency of Canada website for instructional videos.

Social Development and Public Health will continue to collaborate to share best practices and reinforce the safety, well-being and development of children who are mutual clients.

**Update March 2017:** Completed.

**That the Department of Social Development continue to reinforce the Practice Standards regarding the evaluation of sleeping areas for infants and young children; as well as the education to parents, caregivers and families regarding safe sleeping practices and safe sleeping surfaces that are highlighted in the "Loving Care" booklets and video education.**

Consistent with the Minister's response to previous recommendations, the *Multiple Response Practice Standards in Child Protection and Family Enhancement Services* will be amended to recommend that in the case of infants and very young children, in addition to observing the child's sleeping area, the social worker will review safe sleeping practices and safe sleeping surfaces with the parent.

In addition, the Practice Standards will include a link to the health website in order for social workers to access the "*Loving Care*" series of booklets and a link to the Public Health Agency of Canada website for instructional videos.

Social Development will continue to collaborate with community partners to share best practices and reinforce the safety, well-being and development of children who are mutual clients.

**Update March 2017:** Completed.

**That the Regional III Report: Death of a Child from the Department of Social Development include within the report the following:**

- **List of Assessments conducted and the level of the Assessment**
- **The tools used to conduct such Screening and Assessment**

The Minister accepts this recommendation and will make the appropriate amendments to the Procedures for Reports to the Child Death Review Committee. The recommendation relates to the provision of information that the Coroner is entitled to receive pursuant to section 9.1 of the *Coroners Act*, SNB, c. C-23, which permits the Coroner to "inspect information in any records relating to the deceased or his circumstances, notwithstanding that the information or records may be confidential under another Act".

**Update March 2017:** Completed.

**That a review of the reporting format be undertaken between the Child Death Review Committee and the Department of Social Development.**

The Minister advises that, as a result of meetings with the Child Death Review Committee over the summer, work on improvements to the reporting format is underway.

**That an explanatory note be written in the Social Development Regional Review into the Death of a Child Report explaining in greater detail why a referral was closed.**

The Practice Standards will be updated to require an explanatory note when referrals are closed.

**Update March 2017:** The format for the regional reports has been updated and is ready to be sent to the Child Death Review Committee for consultation and approval. Social worker supervisors have been instructed to include an explanatory note when referrals are closed.

IT SHOULD BE NOTED THAT SD CONTINUES TO BUILD UPON THE RESPONSE TO ORIGINAL RECOMMENDATIONS WHERE APPROPRIATE.