



**STATUS REPORT ON
RECOMMENDATIONS
2017-2018**



The Office of the Child and Youth Advocate • September 2018

Published by
The Office of the Child and Youth Advocate
Newfoundland and Labrador
193 LeMarchant Road
St. John's NL, A1C 2H5

Printed by:
The Queen's Printer
Government of Newfoundland and Labrador

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Message from the Child and Youth Advocate



I am pleased to present the report on the status of recommendations up to March 31, 2018. This report is issued annually and reports progress and status on recommendations which the Office of the Child and Youth Advocate has made. This report shows significant progress with 95% of recommendations being implemented.

Over the past year, I have been very pleased to see Departments and agencies proactively approach my office to discuss their plans and intentions with some of the recommendations. This communication is valuable for all of us. I have been happy to accept invitations for staff to attend training events intended to

address recommendations, such as the sessions which the Department of Advanced Education, Skills and Labour offered in addressing its commitment to enhancing cultural competency.

Beginning with this report, there is no longer a section dedicated to the status of recommendations of the Child Death Review Committee (CDRC). In discussions with the new Chair of the CDRC, a mutual decision was reached that it would undertake its own monitoring process.

Finally, I would like to express my sincere appreciation for the commitment and effort to implement recommendations arising from formal investigations and reviews of the Office of the Child and Youth Advocate. I know this often means a concerted effort and dedication of resources, and I value all those efforts. Our collective responsibilities to the wellbeing of children and youth are significant and often critical.

A handwritten signature in black ink that reads "Jacqueline Lake Kavanagh".

Jacqueline Lake Kavanagh MSW, RSW
Child and Youth Advocate

Table of Contents

Introduction	3
Definitions	4
Status of Recommendations	5
Overall Status	6
Recommendations Partially Implemented	7
Recommendations Not Implemented	14
Conclusion	17

Introduction

The Office of the Child and Youth Advocate (OCYA) conducts investigations and reviews, and subsequently identifies findings and makes recommendations that serve to advance the rights and services for children and youth in Newfoundland and Labrador. The OCYA is authorized under Section 24 (1) of the *Child and Youth Advocate Act* to request progress reports from relevant departments and agencies regarding any recommendations. It is vital for children, youth as well as their families and the public to see that each recommendation for change and improvement is followed and the status published.

The OCYA has made a total of 201 recommendations to various government departments and agencies to March 31, 2018. As of March 31, 2018, 95% of the OCYA's recommendations have been implemented, four percent (4%) have been partially implemented, and one percent (1%) has not been implemented.

In previous progress reports, the OCYA monitored and reported on progress of Child Death Review Committee (CDRC) recommendations. As the CDRC is separate from the OCYA, reports to the Department of Justice and Public Safety, and is legislated under the *Fatalities Investigations Act*, the OCYA will no longer monitor CDRC recommendations.

Definitions

The status of each recommendation has been divided into one of three categories:

Implemented

The recommendation has been completed.

Partially Implemented

The department or agency has made some progress on the recommendation; however, outstanding items remain to be addressed.

Not Implemented

There has been no substantive progress on the recommendation.

This report is structured to identify the recommendations which are partially implemented or not implemented, and to provide a brief description of the explanation which the department or agency provided.

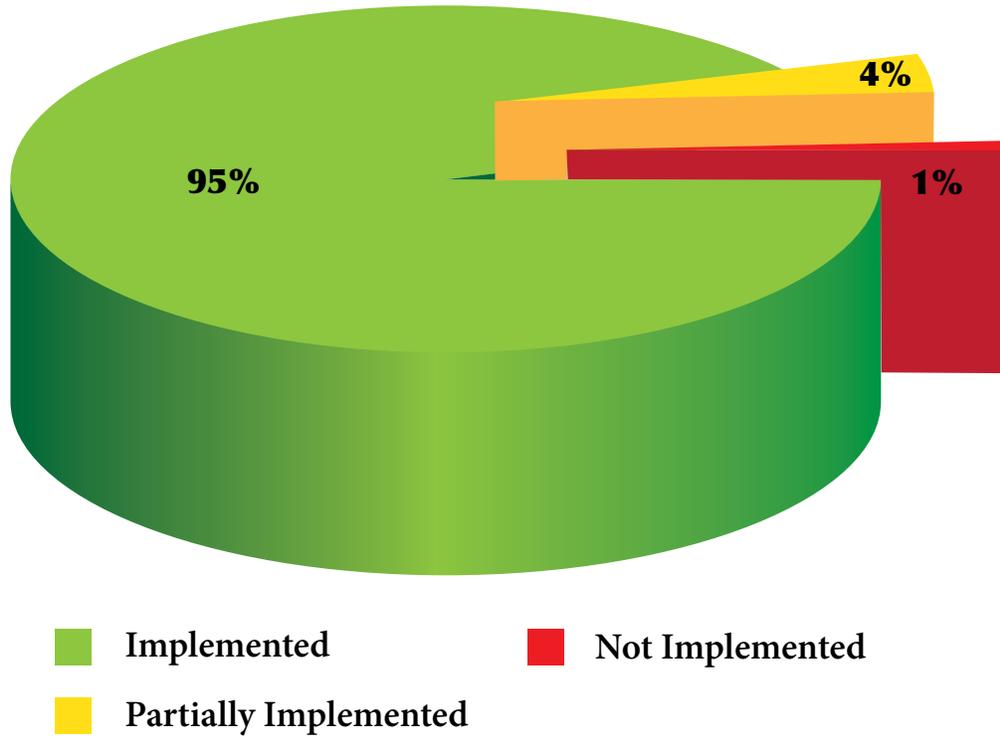
NOTE: Previously the OCYA also tracked a fourth category “No Longer Applicable.” Those deemed to be “No Longer Applicable” resulted from major legislative or policy changes, or restructuring/realignment of government departments or agencies. In the future only the aforementioned three categories will be used in monitoring and no recommendation will be classified as “No Longer Applicable.” Fourteen recommendations classified as “No Longer Applicable” from the *Turner Review and Investigation* (2006) are no longer included in the overall status of recommendations. They are deemed to have been appropriately considered and addressed.

Status of Recommendations

INVESTIGATIONS	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	TOTAL # OF RECOMMENDATIONS
Turner Review and Investigation (2006)	44			58*
Lost in Transition (2009)	15			15
An Investigation into Janeway Psychiatry Unit J4D Programs and Services (2010)	18			18
The Child Upstairs...Joey's Story (2011)	9			9
Turning a Blind Eye (2012)	12			12
Out of Focus (2012)	13			13
Sixteen (2013)	30			30
A Tragedy Waiting to Happen (2015)	9	1		10
A Stolen Life (2016)	4	2	1	7
The Case for Culturally Responsive Services (2017)	3	1		4
The Case for Specialized Health Care Responses to Recognize and Prevent Child Sexual Abuse (2017)	2	4	1	7
REVIEWS				
CSSD Emergency Intake (2011)	1			1
Youth Corrections – Decisions Regarding Open Custody Placements (2011)	2			2
Youth in Adult Holding Facilities: Case 1 (2011)	6			6
Youth in Adult Holding Facilities: Case 2 (2013)	9			9
TOTAL	177	8	2	187*

*OCYA has made a total of 201 recommendations to March 31, 2018. The *Turner Review and Investigation* (2006) included a total of 58 recommendations. Fourteen recommendations classified as “No Longer Applicable” are no longer included in the overall status of recommendations and calculations have been adjusted accordingly. These are deemed to have been appropriately considered and addressed.

Overall Status



To March 31, 2018, 95% of the OCYA's recommendations have been implemented, four percent (4%) have been partially implemented, and one percent (1%) has not been implemented.

Recommendations Partially Implemented

i. *A Tragedy Waiting to Happen* (2015)

Recommendation 9

The Department of Children, Seniors and Social Development, the Department of Health and Community Services, and the Department of Justice and Public Safety jointly develop and implement initiatives such as a multi-disciplinary committee in communities throughout all regions of the province to ensure collaboration, communication and information sharing among service providers.

The interdepartmental working committee with representation from the Departments of Children, Seniors and Social Development (CSSD), Health and Community Services (HCS), Education and Early Childhood Development (EECD), and Justice and Public Safety (JPS) met with the OCYA to review this recommendation. The committee is in the process of completing the following action items to fully implement this recommendation:

1. Develop a common terms of reference that can be utilized by new or existing multidisciplinary committees.
2. Explore membership for new committees to be established using the common terms of reference.
3. Develop and implement strategies to promote existing multidisciplinary committees within the Departments of CSSD, HCS, EECD, and JPS to ensure these resources can be accessed as needed.

The committee aims to complete this work by Fall 2018.

ii. *A Stolen Life* (2016)

Recommendation 4

The Department of Children, Seniors and Social Development (CSSD) ensure compliance with sections 7(a) and 7(b) of the *Child, Youth and Family Services Documentation Guide* (2015) which contains protocol for documenting contact with supervisors and zone managers.

The Department of CSSD has revised the Pre-CORE training documentation module to ensure new social workers understand the documentation guidelines, standards, and expectations. Revisions have also enhanced the practical component of the training module through incorporation of additional practice examples. The updated module reviews the Documentation Guide including expectations for documenting consultations with supervisors and zone managers. The revised module was piloted with clinical program supervisors in June 2017. The target date for implementation with all frontline social workers and clinical program supervisors is Fall 2018.

Recommendation 7

The Department of Children, Seniors and Social Development (CSSD), in consultation with Aboriginal governments, organizations and communities:

- (a) Dedicate additional human resources of management and staff to the Labrador region to focus on ensuring that every child and youth throughout the province receives the same standard of service.**
- (b) Demonstrate improved service standards in the Labrador region through consistent monthly Quality Assurance Indicator Reports that equal those in all other regions.**

The Department of CSSD acknowledges the difficulties recruiting and retaining staff to provide services to isolated, rural, and remote communities, and note they are working to find creative solutions to support the delivery of quality services to the Labrador region. CSSD is working on a number of initiatives in the areas of policy, practice, and education. CSSD also continues to track compliance with key quality indicators for all regions and has seen some improvement in the Labrador region.

In addition to the department's response it should be noted that the Office of the Child and Youth Advocate has also launched a comprehensive, independent Review of the treatment, experiences and outcomes of Inuit children and youth in the Newfoundland and Labrador child protection system. The Review will identify deficiencies, explore promising and best practices, and make recommendations for improved outcomes within an appropriate cultural context. This Review was requested by Nunatsiavut Government. Furthermore, the provincial government has also committed to a Public Inquiry into the experiences and outcomes of Innu children in the child protection system.

iii. *The Case for Culturally Responsive Services (2017)*

Recommendation 1

The Department of Advanced Education, Skills and Labour, in consultation with all provincial government departments providing front line services to culturally diverse individuals and families, incorporate the following considerations into the Immigration Action Plan:

- (a) Cultivate and utilize culturally responsive interpretation services when needed;**
- (b) Ensure mandatory training for designated front line professionals in the area of cultural competence, diversity, and inclusion; and**
- (c) Review and evaluate services available to culturally diverse individuals and families to identify any gaps in services and areas for improvement.**

The Department of Advanced Education, Skills and Labour (AESL) has done significant work within and outside government to satisfy this recommendation. In 2017-18, AESL provided funding to Memorial University of Newfoundland to deliver Intercultural Competency Training. The initial round of training was provided to priority groups within AESL and CSSD. The Office of the Child and Youth Advocate (OCYA) was invited to participate as well. A total of 50 participants received the training in Corner Brook and St. John's. OCYA acknowledges this training as a positive step. Additional frontline professionals working within the public service should receive this mandatory training.

iv. The Case for Specialized Health Care Responses to Recognize and Prevent Child Sexual Abuse (2017)

Recommendation 2

The Newfoundland and Labrador Medical Association, the Newfoundland and Labrador College of Family Physicians, and the College of Physicians and Surgeons of Newfoundland and Labrador collaboratively address the continuing education topics of child protection legislation and reporting requirements, legal age of consent for sexual activity, medical consent for minors, and how to recognize warning signs of sexual coercion, abuse and exploitation of minors.

The Newfoundland and Labrador Medical Association (NLMA) and the Newfoundland and Labrador College of Family Physicians are collaborating to provide continuing education to their members on the topics outlined in the recommendation. Specifically, an educational program will be presented at the Family Medicine Conference in Gander on October 13-14, 2018 featuring Dr. Robert Morris who will present on the duty to report in situations of sexual abuse of minors. Dr. Morris is a Pediatrician, Associate Professor of Pediatrics at Memorial University, and member of the Child Protection Committee at the Janeway Children’s Hospital. The NLMA will disseminate a video of the presentation to all physicians in Newfoundland and Labrador, and the NLMA and the Newfoundland and Labrador College of Family Physicians is exploring options to create a permanent record of the presentation, and will also post on their respective websites.

The College of Physicians and Surgeons of Newfoundland and Labrador issued a Notice to College Members in October 2017 which references child protection legislation, policy, and duty to report child abuse; however, the Notice does not specifically address legal age of consent for sexual activity, medical consent for minors, or how to recognize warning signs of sexual coercion, abuse and exploitation of minors. Therefore the College of Physician and Surgeons of Newfoundland and Labrador is encouraged to work collaboratively with the NLMA and the Newfoundland and Labrador College of Family Physicians to ensure its members benefit from the presentation scheduled for October 2018.

Recommendation 3

Each Regional Health Authority address the continuing education topics of child protection legislation and reporting requirements, legal age of consent for sexual activity, medical consent for minors, and how to recognize warning signs of sexual coercion, abuse and exploitation of minors.

Each Regional Health Authority has completed or is working on a number of initiatives to address this recommendation. Some of the work has included a new orientation manual for operating room staff, training sessions through the Coalition Against the Sexual Exploitation of Youth (CASEY), a formal referral process for this population of youth, and e-learning modules for nursing staff.

Eastern Health's portion of the recommendation will be satisfied once:

- (a) Information provided by CSSD and other agencies on child protection legislation, reporting requirements, legal age to consent to sexual activity, signs of sexual coercion, and abuse and exploitation of minors has been included in the orientation manual for therapeutic abortions occurring in the Operating Room at the Health Sciences Centre.
- (b) Planned education sessions in collaboration with CASEY have been delivered to frontline staff who may provide services to children and youth.

Central Health's portion of the recommendation will be satisfied once:

- (a) Policies on "Sexual Consent in Youth" and "School Health: Pregnancy Testing for Students" are reviewed by Central Health's Policy Advisory Committee and implemented.
- (b) Planned mandatory education sessions are delivered to healthcare professionals.

Western Health's portion of the recommendation will be satisfied once:

- (a) All applicable reviews and revisions to Western Health's policies have been completed to ensure consistency as it relates to the provision of consent by minors (e.g. Consent for Disclosure of Information).

-
- (b) Revisions to the child maltreatment continuing education module are completed and communicated to frontline clinical staff.

Labrador-Grenfell Health's portion of the recommendation will be satisfied once:

- (a) The Duty to Report/Warn education is included with onboarding of all new hires.
- (b) The Employee Development and Health Department has implemented the tracking system for tracking completion of Child Maltreatment e-learning modules.

Recommendation 6

Each Regional Health Authority review and update its policies and practices related to informed consent for medical procedures for minors.

Each Regional Health Authority has completed or is working on a number of initiatives to address this recommendation.

Eastern Health's portion of the recommendation will be satisfied once the revised Consent Policy has been approved and education provided to all applicable staff.

Central Health's portion of the recommendation will be satisfied once the revised Informed Consent for Health Care Policy has been approved and the learning module developed and completed by all applicable staff.

Western Health's portion of the recommendation will be satisfied once the revised Consent for Medical Intervention Policy has been reviewed by key stakeholders and implemented, and education provided to all applicable staff.

Labrador-Grenfell Health's portion of the recommendation will be satisfied once the Mature Minor Declaration Policy has been reviewed and revised to meet the recommendation, and education provided to all applicable staff.

Recommendation 7

The Department of Children, Seniors and Social Development (CSSD) ensure appropriate practices, supports and responses are provided in child protection matters, specifically:

- (a) Investigation standards and practice requirements include the most accurate information available to assist with decision-making, including engaging collateral resources.**
- (b) Documentation standards and practice requirements are identified and met in a timely manner.**

The Department of CSSD implemented the Structured Decision Making (SDM) model that provides a series of tools intended to strengthen clinical decision making. SDM provides specific guidance on engaging collateral resources to support decision making at critical points in the life of a child protection case.

CSSD has placed considerable emphasis on improving compliance to documentation standards. The Training Unit is currently piloting a new documentation training module. This recommendation will be satisfied pending the Fall 2018 implementation of this module.

Recommendations Not Implemented

i. *A Stolen Life* (2016)

Recommendation 6

The Department of Children, Seniors and Social Development (CSSD), in consultation with Aboriginal governments, organizations and communities, propose changes to legislation that will recognize traditional custom adoption, and ensure the same standard of safety and permanency planning for all children and youth in the province.

A policy working group that includes representatives from CSSD, Sheshatshiu Innu First Nation, Mushuau Innu First Nation, Nunatsiavut Government, and the Miawpukek First Nation, has been established to provide an opportunity for collaborative policy development in areas jointly identified by the group. The working group has identified a list of priority policy areas for review; however, traditional custom adoption is not included as a priority area of concern. The working group reports that traditional custom adoption has been identified by the group as an area for future consideration, likely during the statutory review of the *Adoption Act*, which will begin in 2019.

Substantive progress has not been made on this recommendation.

ii. *The Case for Specialized Health Care Responses to Recognize and Prevent Child Sexual Abuse (2017)*

Recommendation 5

Eastern Health ensure the development and implementation of child-focused screening policies and protocols in conjunction with children’s mental health specialists and the Department of Children, Seniors and Social Development, specifically:

- (a) When a child presents for an abortion, the child is referred for a child-focused social work consultation in the interest of the health, wellbeing and safety of the child.**
- (b) Where there is suspicion or uncertainty regarding coercion or abuse of a child under the age of 16, those concerns are immediately communicated to the Department of Children, Seniors and Social Development to determine the need for protective intervention.**
- (c) Age-appropriate pre and post abortion supports and information are proactively provided to children and youth.**

Eastern Health reports it has implemented a formal referral process for this population. Sufficient information has not been provided to close this recommendation, particularly related to part (c).

Conclusion

We would like to acknowledge the considerable effort and significant progress on the recommendations outlined in this report. This is not accidental, and we appreciate the seriousness and commitment with which our recommendations are received. At present five percent (5%) of our recommendations remain outstanding. These need to be concluded and without further delay. We will be diligent in following all recommendations, and as per Section 24 (1) of the *Child and Youth Advocate Act*, we will continue to follow up with any new or outstanding recommendations until they are all appropriately addressed.



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