

Status Report on

Recommendations

2018-19



Office of the Child and Youth Advocate | March 2020

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Message from the Child and Youth Advocate

As the Child and Youth Advocate, I am privileged to work on behalf of children and youth, and I am fully committed to advancing the rights of young people in Newfoundland and Labrador. As part of this work, my Office conducts reviews and investigations which result in recommendations. These recommendations address systemic issues and focus on improvements to ensure better responses and services to children and youth in the province. I am pleased to provide the status of recommendations for 2018-19.



Section 24(1) of the **Child and Youth Advocate Act** authorizes me to request progress reports on these recommendations. Currently, updates on each recommendation are requested annually until I am satisfied that the recommendation has been addressed. The results are reported publicly each year in the interest of transparency and accountability.

As of March 31, 2019, this Office made a total of 199 recommendations since opening in November 2002. These recommendations were identified in 19 separate investigative reports and reviews. Ninety-four percent of these recommendations have been implemented, 5% have been partially implemented and 1% has not been implemented.

I would like to thank all who have worked to implement recommendations and who are therefore making a change in the lives of children and youth in Newfoundland and Labrador. I would also like to acknowledge the commitment of those who have contacted me indicating that while they are not the focus of a recommendation they see an opportunity to make improvements in their department's or agency's services. I am encouraged by this because I see the spirit of children's rights take hold.

There is much work to do, and many opportunities to share responsibility, efforts and resources to benefit young people in Newfoundland and Labrador. Children are depending on all of us.


Jacqueline Lake Kavanagh
Child and Youth Advocate

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Definitions

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

Implemented: The recommendation has been completed to the satisfaction of the Office of the Child and Youth Advocate.

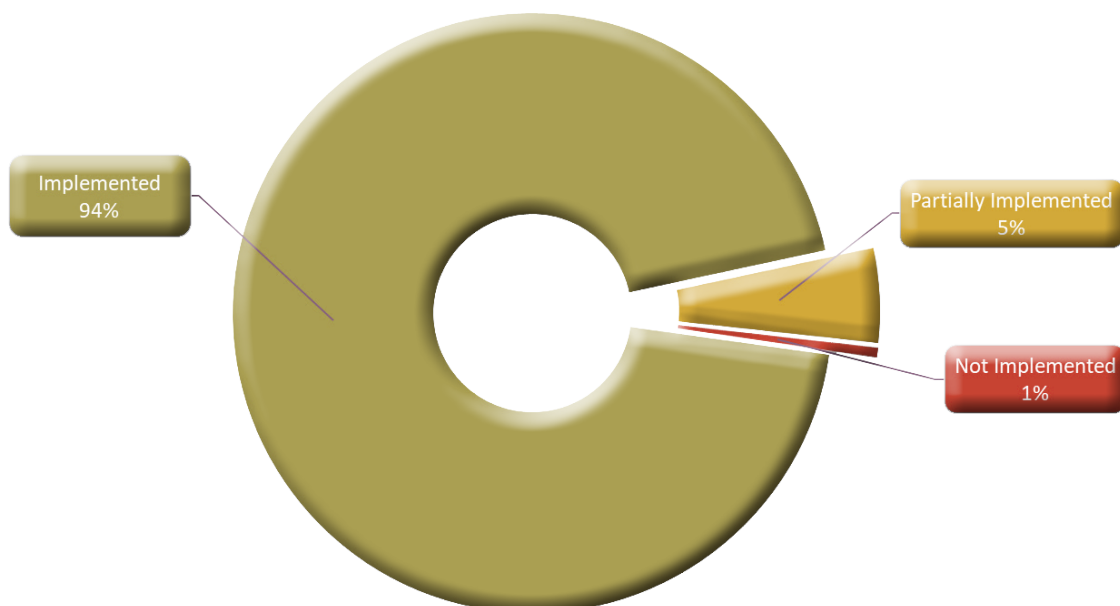
Partially Implemented: The department or agency has made some progress on the recommendation; however outstanding items remain to be addressed.

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. This report also profiles some of the highlights and accomplishments in improvements for services and responses to children and youth.

Overall Status

At March 31, 2019, 94% of the recommendations have been implemented, 5% have been partially implemented, and 1% have not been implemented.



Status of Recommendations

Investigations and Reviews	Implemented	Partially Implemented	Not Implemented	Total
Surviving Child's Benefits: Who is Missing Out? (2019)	3	-	-	3
Chronic Absenteeism (2019)	-	4	-	4
No Second Chance (2018)	3	1	-	4
Making Waves (2018)	1	-	-	1
The Case for Specialized Health Care Responses to Recognize and Prevent Child Sexual Abuse (2017)	5	2	-	7
The Case for Culturally Responsive Services (2017)	3	1	-	4
A Stolen Life (2016)	5	1	1	7
A Tragedy Waiting to Happen (2015)	10	-	-	10
Sixteen (2013)	30	-	-	30
Youth in Adult Holding Facilities: Case 2 (2013)	9	-	-	9
Out of Focus (2012)	13	-	-	13
Turning a Blind Eye (2012)	12	-	-	12
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
The Child Upstairs...Joey's Story (2011)	9	-	-	9
An Investigation into Janeway Psychiatry Unit J4D Programs and Services (2010)	18	-	-	18
Lost in Transition (2009)	15	-	-	15
Turner Review and Investigation (2006)	44	-	-	58
Total	186	10	1	199*

*OCYA has made a total of 213 recommendations to March 31, 2019. The **Turner Review and Investigation** (2006) included a total of 58 recommendations. Fourteen recommendations classified as "no longer applicable" are excluded from the overall status of recommendations and calculations have been adjusted accordingly. These are deemed to have been appropriately considered and addressed.

Highlights/Accomplishments

We would like to recognize and share some of the highlights and accomplishments in response to our recommendations. The following list does not identify all activities, but is meant to offer a glimpse of some of the valuable work to make concrete improvements to services and responses to children and youth in Newfoundland and Labrador.

Report: Surviving Child's Benefits: Who is Missing Out (2019)

- The Department of Advanced Education, Skills and Labour eliminated its practice of clawing back Canada Pension Plan Surviving Child Benefits from a family's Income Support calculations and benefits.
- The Department of Children Seniors and Social Development (CSSD) ended the practice of recovering the equivalent of Surviving Child Benefits from Kinship payments and Youth Services allowances.
- The Departments of Children Seniors and Social Development and Justice and Public Safety, and the Office of the Public Trustee worked together to ensure the Surviving Child Benefits received on behalf of children in care are placed in trust for them.

Report: No Second Chance (2018)

- Doorways walk-in service provides young persons with access to mental health services when needed. This is a provincial service and some sites include schools.
- Labrador Grenfell Health has implemented Wellness Cafes in select high schools in order to improve access to health services including mental health and addictions services. Expansion is in progress.
- Central Health has consulted with community partners including Choices for Youth with a focus on student wellness, improved access, and integrated service delivery including possible shared services.

Report: Making Waves: Ensuring Children Benefit from Child Support Payments (2018)

- The Department of Advanced Education, Skills and Labour eliminated the recovery of child support payments when determining Income Support benefits.

Report: The Case for Culturally Responsive Services (2017)

- The Department of Advanced Education, Skills and Labour reports that 415 front line government professionals attended Intracultural Competency Awareness training in 2018-19.

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

- Each Regional Health Authority updated its policies and practices on informed consent for medical procedures for minors. Training, including a series of learning modules, was also provided to staff on 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.
 - Labrador-Grenfell Health: 382 nursing staff completed the module on Child Maltreatment and the Duty to report. This has been added to the general orientation for new clinical staff.
 - Central Health has included its Duty to Report/Warn and its Informed Consent policy for all physician orientation and also sends it directly to every new physician.
 - Eastern Health has collaborated with community resources in developing and delivering some of its training in response to our recommendations. For example, the Coalition Against the Sexual Exploitation of Youth (CASEY) has been involved in Eastern Health’s training and professional development initiatives.
- We would also like to acknowledge the role of the College of Physicians and Surgeons of Newfoundland and Labrador, the Newfoundland and Labrador College of Family Physicians, the Newfoundland and Labrador Medical Association in making valuable contributions with the medical community in this province related to the issues raised in this report.
 - The Newfoundland and Labrador Medical Association shared copies of the report with all practicing physicians in the province, and with all medical resident and medical student members of the Association.
 - The Newfoundland and Labrador Medical Association posted a presentation on Duty to Report and well as a link to **Children Youth and Families Act** on its website and has emailed links to all members.
 - The College of Physicians and Surgeons of Newfoundland and Labrador has prepared a notice in consultation with the Department of Children, Seniors and Social Development and sent it to its physicians.
 - The College of Physicians and Surgeons has approved a new standard of practice on “Consent to Treatment” which addresses consent by minors, and has sent this to all its physicians, as well as posted on its website.
 - The Newfoundland and Labrador College of Family Physicians included the session “Youth Consent and Threshold of Suspicion of Abuse” including the duty to report in its provincial Family Medicine Conference.

Recommendations Partially Implemented

1. A Stolen Life (2016)

Recommendation #7: The Department of Children, Seniors and Social Development (formerly the Department of Child, Youth and Family Services), 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.

(a) While its recommendation is not complete, the Department of Children, Seniors and Social Development (CSSD) advises of continued work to find creative solutions to recruit and retain staff in remote and isolated communities in the Labrador region. The Department established a Recruitment and Retention Working Group with membership from the Human Resource Secretariat, Innu Nation and Nunatsiavut Government. This collaboration has led to the implementation of the following initiatives in 2018-19:

- Signing bonuses for Social Workers in Sheshatshiu, as well as communities on the north coast of Labrador;
- The addition of two Social Work positions to the Natuashish fly in/out team to be deployed to any community in Labrador where required while recruitment processes are ongoing;
- Recruitment of a Labrador Social Work mentor;
- Enhanced partnership with Memorial University's School of Social Work, resulting in improved Social Work recruitment on the coast of Labrador, and increased Social Work student placements on the coast of Labrador; and,
- Expansion of the fly in/out staffing model used in Natuashish to address the critical shortage of Social Work staff in the community of Sheshatshiu. This initiative is known as the new Innu Service Delivery Model.

(b) In 2018-19, CSSD implemented a new "Structured Decision Making (SDM®)" practice model for the Protective Intervention Program and simultaneously implemented a new information management system. The department is finalizing quality indicators to retrieve from the system. Although this new system has been implemented by CSSD, there is no indication that monthly quality assurance reports to measure services standards have yet been established.

3. 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 recommendations have been considered and incorporated into the ongoing initiatives of the Immigration Action Plan to the extent possible, at this time.

(a) The use of culturally responsive interpretation services is encouraged and utilized to the extent the services are available.

(b) The Department of Advanced Educations, Skills and Labour wrote to other departments to encourage their frontline staff to attend Intercultural Competency Training. During 2018-19, 415 front line professionals attended intercultural Competency Awareness training. While this training is not mandatory, the demand exceeded the annual capacity of the training.

(c) Through a federal initiative, the department is assessing the quality of current services, however, a further review of services has not yet been completed.

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

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.

Recommendation #6: Each Regional Health Authority review and update its policies and practices related to informed consent for medical procedures for minors.

Eastern Health and Central Health have satisfied their responses by implementing the continuing education topics recommended, and by updating relevant policies. Labrador-Grenfell Health and Western Health have partially implemented their responses by updating policies and developing education and awareness materials. Labrador-Grenfell Health's response will be satisfied once the Child Maltreatment-Duty to Report module is launched through e-learning and the tracking system is implemented. This is anticipated to be finalized in fall 2019.

Western Health's response will be satisfied once staff education and awareness has been provided on this revised policy as well as other related policy revisions. Learning opportunities are anticipated to be delivered in fall 2019.

5. No Second Chance (2018)

Recommendation #4: The Department of Health and Community Services, the Regional Health Authorities and the Department of Children, Seniors and Social Development collaborate to enhance the availability of mental health and addictions services throughout the province for children, youth, and their families with a particular focus on children and youth deemed at risk and in receipt of protective services.

The Departments of Children, Seniors and Social Development (CSSD) and Health and Community Services (HCS), and the Regional Health Authorities report that they have initiated work to enhance the availability of mental health and addictions services for children, youth and their families, who are at risk and in need of protective intervention. CSSD, HCS and Regional Health Authority (RHA) representatives have discussed issues facing this population, the current state of services and how to work together to provide more timely access to services. A scan of the health care models across Canada and provincially showed that a shift towards walk-in services as opposed to appointment-based service is more responsive to clients' needs.

For Labrador-Grenfell Health the transition to a walk-in model started with the Happy Valley-Goose Bay area on August 28, 2018. By March 1, 2019, all areas of the region offered walk-in service, except Churchill Falls. Appointment-based service continues to be available to individuals who are diagnosed with chronic, persistent mental illness and/or experiencing complex issues. Labrador-Grenfell Health will continue to collaborate with the Department of Children, Seniors and Social Development, the Department of Health and Community Services and other Regional Health Authorities on improvements to services for children in need of protection intervention.

Labrador-Grenfell Health implemented a Wellness Cafe in selected high schools to provide youth with access to health care including mental health and addictions services. Expansion of the Wellness Cafe throughout the region is in progress.

Western Health commits to continued collaboration to enhance the availability of mental health and addictions services for children, and youth. During the past year, Western Health introduced several new initiatives to increase access to services and reduce the waiting time for services such as the Doorways counselling service available to children, youth, parents/caregivers and adults with mental health and addictions concerns. During 2018-19, the median wait time for community based mental health and addictions services for children and youth was 33 days.

Eastern Health's programming and services have been enhanced to improve access across the region including: the provision of DoorWay services at multiple sites including some schools, increased collaboration at intake points to coordinate services between the clinical team and CSSD, as well as ongoing consultation and collaboration between CSSD and the clinical team regarding the availability of services and access to services for at risk children, youth and their families.

Since February 2019, Central Health has been involved in consultations with Choices for Youth and other community partners on Integrated Service Delivery for Youth and Emerging Adults. The focus is on student wellness and an integrated delivery site for this population. The aim is to make services more easily accessible for youth, and to provide most youth health services in one site. This is especially important for at risk youth who may otherwise not be able to access health/mental health services, and youth who are in receipt of protective services. Doorways walk-in service is available throughout the region for enhanced youth responses to mental health and addictions needs.

New Legislation:

The new **Children Youth and Families Act** improves the ability of Mental Health and Addictions and CSSD staff to share information that will identify and support youth in need of support and protection. This is significant in that collaboration and information sharing between the two services can be timelier resulting in enhanced services for youth.

6. Chronic Absenteeism: When Children Disappear (2019)

Recommendation #1: Within one year, the Department of Education and Early Childhood Development in conjunction with the school districts, the Department of Children, Seniors and Social Development, the Department of Health and Community Services and Regional Health Authorities develop an action plan to address chronic absenteeism. This action plan should:

- (a) Incorporate knowledge of best practices and results
- (b) Include community partners that provide services to children and youth
- (c) Provide appropriate resources for any pilots that emerge from the action plan
- (d) Implement professional staff development highlighting chronic absenteeism as a possible indicator of child maltreatment
- (e) Include an evaluation plan

Recommendation #2: The Department of Children, Seniors and Social Development, the Department of Education and Early Childhood Development, the school districts, the Department of Health and Community Services and Regional Health Authorities develop and implement policy specifically identifying how staff will effectively assess and respond to chronic absenteeism.

Recommendation #3: The Department of Children, Seniors and Social Development, the Department of Education and Early Childhood Development, and the school districts, collaboratively develop and implement policies and protocols specifically defining the point at which chronic absenteeism situations require referral to the Department of Children, Seniors and Social Development.

Recommendation #4: The Department of Education and Early Childhood Development, the Department of Health and Community Services, and the school districts develop agreements with the Department of Children, Seniors and Social Development and the Regional Health Authorities defining how all these partners will collectively contribute to addressing chronic absenteeism.

We released this report in January 2019. By March 31, 2019, the departments of Health and Community Services (HCS), Children, Seniors and Social Development (CSSD), Education and Early Childhood Development (EECD), the regional health authorities (RHAs) and school districts had begun a collaborative process to address the recommendations contained in the report.

Two levels of committees were formed:

- An Oversight Committee was established to monitor the implementation of all recommendations included in *Chronic Absenteeism: When Children Disappear* (2019). The committee is comprised of senior executive members from EECD, CSSD, HCS, the RHAs and the school districts.
- A Steering Committee of management level personnel was formed to develop an action plan to address chronic absenteeism in our school system by January 2020.

A draft discussion paper on Early School Leavers has been developed related to recommendation #29 of the Education Action Plan (2019). This discussion paper will help support the response to these recommendations.

Recommendations Not Implemented

1. A Stolen Life (2016)

Recommendation #6: The Department of Children, Seniors and Social Development (formerly the Department of Child, Youth and Family Services), 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.

The Department of Children, Seniors and Social Development intends to complete a comprehensive review of the **Adoption Act, 2013** during fiscal year 2019-20. It has indicated that this review will include consultations with Indigenous Governments and Organizations regarding adoption of Indigenous children and youth, as well as a discussion regarding traditional custom adoptions.

Conclusion

As noted throughout the Report, 94% of all recommendations have been implemented, 5% have been partially implemented and 1% has not been implemented. The Office of the Child and Youth Advocate will continue to monitor and follow up on all outstanding recommendations until we are satisfied that they are all appropriately addressed and subsequently benefiting the children and youth in the province. In the interest of transparency and accountability, these recommendations must stay in public view. We acknowledge that government departments and agencies have made significant progress on the recommendations and we look forward to seeing the outcome of their continued efforts on the outstanding recommendations. This work must continue unimpeded.

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