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Department of Children, Seniors and Social Development

PUBLIC ACCOUNTS COMMITTEE

Department of Children, Seniors and Social Development

Chair: David Brazil, MHA

Vice-Chair: Derrick Bragg, MHA

Members: Neil King, MHA
Pam Parsons, MHA
Barry Petten, MHA
Scott Reid, MHA
Gerry Rogers, MHA

Clerk of the Committee: Elizabeth Murphy

Appearing:

Office of the Auditor General

Terry Paddon, Auditor General
Sandra Russell, Deputy Auditor General
Trena Keats, Audit Principal

Department of Children, Seniors and Social Development

Bruce Cooper, Deputy Minister
Jean Tilley, Assistant Deputy Minister
Susan Walsh, Assistant Deputy Minister
Sara Dow, Director of Quality
Michelle Shallow, Director of Children and Youth

Also Present

John Finn, MHA

Pursuant to Standing Order 68, John Finn, MHA for Stephenville – Port au Port, substitutes for Scott Reid, MHA for St. George’s – Humber.

The Committee met at 9 a.m. in the House of Assembly Chamber.

CHAIR (Brazil): Okay, we’re good to start. We have a quorum for the Committee.

I want to welcome everybody. I’m David Brazil; I’m the Chair of the Public Accounts Committee. I’m the MHA for Conception Bay East – Bell Island.

I’ll just explain the format for those who haven’t been to a Public Accounts hearing before. I’ll get the Committee to introduce themselves and then we’ll get the officials to introduce themselves. Elizabeth then will swear in the witnesses, which are the officials. I welcome the Auditor General and his staff here also as part of the process itself.

Today, we will be reviewing the Department of – well, you’ve changed your names now to Department of Children, Seniors and Social Development, sorry. We’re going to be looking at 3.2, Child Protection Services as part of the recommendation in the Auditor General’s report.

This is the 48th Assembly of the House of Assembly and it’s the Public Accounts Committee. I’m going to start by asking the Vice-Chair if he’d introduce himself.

MR. BRAGG: Derrick Bragg, Vice-Chair, MHA for Fogo Island – Cape Freels.

MS. P. PARSONS: Hi, I’m Pam Parsons, Member of the Public Accounts Committee. I’m the Member for Harbour Grace – Port de Grave District.

CHAIR: Barry.

MR. PETTEN: Barry Petten, MHA for Conception Bay South and also Member of the Public Accounts Committee.

MS. ROGERS: Gerry Rogers and I work for the good people of St. John’s Centre. I’m a Member of the Public Accounts Committee.

Thank you for coming this morning.

CHAIR: Then we’ll start on this side because Hansard needs to record who’s in which seats so that they can go to them when we ask questions.

MS. TILLEY: Jean Tilley, ADM for Corporate Services and Performance Improvement.

MR. COOPER: Bruce Cooper, Deputy Minister of Children, Seniors and Social Development.

MS. WALSH: Good morning.

Susan Walsh, Assistant Deputy Minister for Child and Youth Services.

MS. SHALLOW: Michelle Shallow, Director of Children and Youth.

MS. DOW: Sara Dow, Director of Quality Management.

MR. PADDON: Terry Paddon, Auditor General.

MS. RUSSELL: Sandra Russell, Deputy Auditor General.

CHAIR: Welcome, everybody.

Now I’m going to ask Elizabeth to swear in the witnesses, please.

Swearing of Witnesses

Ms. Jean Tilley
Mr. Bruce Cooper
Ms. Susan Walsh
Ms. Michelle Shallow
Ms. Sara Dow

CHAIR: Thank you, Elizabeth.

So just to reiterate, the process we’ll use here, for people who are not familiar, I’ll ask Deputy Minister Cooper to give an overview, an introduction, from the department’s perspective on the recommendation of the AG and how they’re going to proceed forward.

Then we start with the Vice-Chair; there’s five minutes outlined for each to ask certain

questions. If it goes a little bit over, that's not an issue, we'll go back and forth; but it's back and forth between all Members of the Committee to give everybody an opportunity to get some clarification and ask some questions. Then, at the end of it, as the Chair, I get an opportunity to do a conclusion and ask any other questions I feel weren't clarified or haven't been asked at this point.

There will be two more Members – no, one is here – one more Member who will join us which makes the full contingent of the Public Accounts Committee.

So I'll start with Mr. Cooper for an opportunity to do an introduction, please.

MR. COOPER: Good morning, everyone.

Thank you very much for the opportunity to set the stage for our appearance here today, with some opening remarks. As you can see from both the response to the AG that's imbedded in the AG's report and the update that we've provided to this Committee, both in narrative and in table form, we've taken the findings of the AG report very seriously. These findings, along with those of other reviews, are important to us because they serve to reinforce our collective commitment to the process of improving services to children and families involved with the child protection system in our province.

Becoming a higher performance child protection system doesn't take place as an event; indeed, quality improvement is a process of evolution that takes vision, it takes time and effort, periodic stocktaking and course correction, collaboration and team work and focus.

I started my career as a child protection social worker in 1990. I worked in the field for about two years. I was responsible for the program at the community health board back in the late '90s to the early 2000s. Then in 2009, I had four months as the ADM in the Child, Youth and Family Services department before it had staff, trying to give some advice on structure and on how to get started.

Coming back to this area in the past year, I can tell you that a considerable amount of progress

and change has occurred since our province began the journey of reforming and renewing our child protection services. We touched on some of these issues in our response to the AG, and that's embedded in the report – some of them bear repeating because they are notable.

There's been significant structural change with over 600 staff moved back to government from the RHAs which were completed in '12. There's been a new organizational model launched that I know, as former executive director and registrar for the Social Workers association we lobbied for, hard, a model that would have caseloads that were more evidence based.

We now have caseloads – we now have a model that's funded at a ratio of six social workers for 120 cases, one supervisor to six social workers, one zone manager to six CPSs. There has also been a significant growth of capacity in program policy development and quality in the past number of years. There have been new legislative frameworks developed and some under review. We've had significant policy and program development. There's a huge array of policy that's now available to provide guidance to social workers and other staff in our program.

There's been a level-based foster care system, a total reform of how foster care is done that focuses on the continuum of options designed to better meet the needs of children. There's been a transformation of our Level 4 care, including recent changes that have moved us towards a model that will allow us to be more child centred and to better support the changing needs of children, which will ultimately improve permanency and increase placement quality and stability.

We have forged stronger working relationships with indigenous peoples through various forums designed to improve case planning, service coordination and information sharing and we've had an increased focus on quality. These, and a long list of other changes, are important to acknowledge because progress is built on strength. Not because they are enough or represent any kind of arrival, but because they represent a trend line that's going in the right direction.

As DM, I believe we have some of the key foundation stones in place, and more evolving, that I truly believe will help the Department of Children, Seniors and Social Development become a high-performance organization and ultimately change the all-too-common narrative regarding child protection in this province. It's one that we've heard not only in this AG report but also through various Child and Youth Advocate reports and clinical services reviews, et cetera.

There's more to be done and we are realistic as a department about the challenges that we face. The findings and the recommendations brought forward by the AG in his latest report point clearly to some of the areas where we need to do better, and we agree.

You'll see through our discussion today that we have accepted all the AG recommendations, that we have taken the findings very seriously, that we've tried our best to act with the highest diligence in our response. So inside the table that we've provided to you, which demonstrates basically everything we've done and what's in progress in our action plan, you will see we have a documented plan that we track regularly. We have an overarching plan and we have a variety of sub-plans that have been distributed throughout the department. We've established internal executive leadership and we've established a quality committee inside the department, with its first piece of work being able to lead the oversight of the implementation of our plan.

We've provided clear direction to management and staff regarding performance expectations. There are a number of the recommendations that basically say what policy says you're supposed to be doing, you're not doing. In the first instance, we've clarified that with clear management direction that this is the expectation. We have put in place measures within supervisory sessions to ensure that these things are being monitored. We have created new forms while we await the arrival of our ultimate solution, which I'll talk about in a minute. We've created some new tracking forms so that we can be on top of the areas where there were found to be gaps.

We have gone and we have engaged widely with our staff in discussing the AG report and the findings and the solutions. It is very tempting, as a department, when you get an AG report or any kind of report that you, by edict, try to push change out through the system. And we've done a bit of that, but change doesn't happen that way inside an environment that is as complex and challenging as the professional environment of child protection practice.

We know that the cornerstones I described in the first part of my opening comments about structures and legislation and policy, these are only tools and they're only as good as the hands they're in. The capacity to use these tools, to optimize them, depends upon the right culture as an organization. Morale and having a positive organizational climate are the most important things you can do to improve outcomes for children in our province.

It isn't the tools; the map is not the land. The tools are helpful, but they do not guide professional judgement; they are only helpful indicators of the direction we should go. So in order for us to understand the potential impact of edict on practice, we have to engage with staff. What we're doing here is a massive organizational change process and one where we're trying to transform the culture of practice within child protection towards a stronger culture of professional practice. I'll talk a bit more about that.

So engagement of staff has been critical in our last six months since the AG report came out and engaging them with findings, not only getting their ideas about what we need to do differently, but also hearing honestly some of the challenges that staff are facing.

We've developed new policy and we've amended policy in some areas directly related to the AG findings. We've done a new checklist for kinship; we have new kinship care agreements. We have individual progress reports, teachable moments that have been – and that's on the training end of things.

We've developed some new training products, a training work plan and new approaches because, again, some of what we heard – a lot of what we heard – in the AG report is that it's not the

policy that's the problem, it's that there are issues with practice. People aren't getting or are not recording what is happening. So we have taken a developmental approach in part with this as well and have developed some new training materials, including these teachable moments.

We have also looked at our structure and asked ourselves how can we be better positioned to prevent these kinds of findings from happening again. Thus, we've restructured the department, we've established a new quality and training unit which is given the mandate to establish a new quality framework that is more holistic, that focuses not only on auditing people, but also on helping to build the tools that social workers need and our staff need to actually engage with the practice in the right way.

That is what we've done in the past number of months at a high level. You've seen in our response the particulars of what we've done. But you'll see in some areas in our response to the Committee that some of what we've done is interim because we're waiting for later this year when we have a big solution come to play which is the implementation of the Integrated Service Management system and the Structured Decision Making process. These tools are the next critical cornerstones for our department. They will improve professional practice and service to clients while also allowing the department to better track practice and performance issues.

These tools will allow us to more appropriately plan and engage with timely responses and ultimately to respond to many of the issues raised by the AG in the report. As I said, these tools are critical, but they are only tools. Tools don't provide clinical judgment; we have people that provide clinical judgment. Clinical judgment occurs within a dynamic environment of ever-changing dynamics of families, of shifting caseloads, of resource challenges that exist in our community, of differential access to court. It's a whole cluster of dynamics that come into play. These tools, though, when they are embedded in the right organizational culture, will move us forward to becoming a higher performance organization.

As I conclude, I want to share with you the vision for child and youth services that we've been discussing with staff. I don't know if I

mentioned, but in addition to focus groups with staff that we've been having as a department, I've been travelling around and meeting with groups of staff to engage in a conversation about cultural transformation, and how is it that we can get to a place where we are a high-performance organization, where we put these kinds of reviews, kind of, behind us. I share it with you because I hope it will convey how committed we are as a department to building on what we've done well to get much better. It also conveys the kind of dialogue we're having with staff.

So we're focused on becoming a high-performance child protection organization that protects children and youth from abuse and neglect and provides responsive services that enables them to live in stable, safe and nurturing environments supporting them to achieve good life outcomes. We're focused on becoming an organization with high levels of staff engagement that provides employees with a challenging and rewarding career, and staff that are empowered to meet the highest standards of public service and of professional practice and encouraged to continually improve and learn.

These two aspects of vision are side by side in our discussions with staff because it is only through a positive environment that you create positive outcomes for clients, as I said at the beginning. We're working towards becoming an organization that's focused on improving our use of evidence to improve services, we're improving our focus on collaboration, in strong partnerships inside and outside the department, continuous quality improvement and comprehensive performance measurement and meeting the highest standards of personal and organizational accountability.

Thank you very much, Mr. Chair.

CHAIR: Well, thank you, Mr. Cooper. That's a very in-depth, very positive overview.

As you know, in my background, particularly in trying to promote and ensure that our children are protected and the programs are offered, are indeed in line with how we better serve the citizens of this province. I'm looking forward to the questions and the answers, particularly around how you move that forward and the plans for the future.

No doubt, there were legitimate challenges outlined by the Auditor General. I'm glad to see that there's a team approach to moving this forward and all the key players involved here have a stake in that part of it.

We'll start the process. I'll go to Mr. Bragg to start with some questions.

MR. BRAGG: Thank you.

Thank you very much for that this morning. I must say it sounds very much like you guys are on the right step, I guess, the right move. You're probably going to knock off a few of our questions today even before we get a chance to ask them.

I guess I'll stick to the format we did yesterday. I'll ask a couple of questions, I'll move it on, sort of while you have the time to do it.

This question is going to go back because it's going to be like – what were the reasons that Central East region screened out child protection referrals at a higher rate than the other three regions?

MR. COOPER: This is something that we have examined. The AG told us that Central region has a differential screening rate. What we had to do was to dig into, we wanted to understand whether – because when we have aggregate data on the Central region we need to look at is this a region, or is this an office, or is this a few offices. We've done some further analysis of that since the report and we have identified some trending, where there is a differential response inside Central region.

Now we're going to be doing focus groups with staff in those areas, the areas that have been identified as having higher screen rates. We're trying to figure out whether this is – is there a difference in practice? Is this a good thing or is this something where there's actually evidence of some practice improvement that's needed?

We're doing that, engaging with staff and then we'll be actually doing some targeted audits inside each of those offices to review files to see if inside the files we can find any evidence of errors that may have been committed in judgment. We've done a deeper dive inside the

data and we've brought this down to a zonal and office level.

MR. BRAGG: Okay.

MR. COOPER: And so there's more to do on this and this will be occurring over the – I think our completion date on that one is October 31.

MR. BRAGG: I asked a question, I guess, earlier that you're probably going to be asked several times. Staffing levels wouldn't be a concern there or staffing levels are probably always a concern?

MR. COOPER: Well, I mean from a staffing level perspective, that's an ever-changing number. We've got a constant that as we're funded to one in 20, but we do have retention issues in some parts of the province. I don't think staffing levels are as much an issue during the period that the AG would have reviewed as much as – well, we don't know what the issue is yet, to be honest with you. We have to finish our work.

MR. BRAGG: Okay.

Another recommendation in the AG report was that social workers in the past did not complete the safety assessment within 24 hours and a lot of them, 55 per cent of the time, were late. So would that be staffing or ...?

MR. COOPER: In terms of the safety assessment?

MR. BRAGG: Yes.

MR. COOPER: Well, what was found is that we didn't have it documented the way it should have been, and I guess there are a number of dynamics that may contribute to that. I'm just going to get my response to the AG here. So in terms of what's behind the safety assessment issue, essentially our focus is on reinforcing the fact that these things need to be done. In terms of why it happened, certainly we've heard from staff that sometimes there's an issue around documentation. The important thing to point out with the safety assessment is that when a social worker completes an intake screening assessment, the safety assessment is done after an investigation is concluded that this case needs

to be screened in. So the act of judging that this needs to be screened in is, in and of itself, a holistic professional assessment wherein people are making judgements about the relative safety.

The absence of the safety assessment on the file is an issue for us, because it's in policy. But if there's some comfort inside this for us, in terms of the core issue of whether children are safe, it is that we're doing a good job on our intake and screening assessments themselves, so that the work that's done before someone has to have a safety assessment undertaken, we believe, is solid.

MR. BRAGG: Okay, thank you.

Okay, Mr. Chair, you can move on.

CHAIR: Okay.

Mr. Petten.

MR. PETTEN: Thank you, Mr. Chair.

I also want to thank you for your thorough explanation to start this off. It's very helpful.

Reviewing all the recommendations and where the department are to date, the first question I'd like to ask: What is the process now, since these recommendations have been addressed by the AG and the department has made a lot of headway in accepting them and working with – what is the process now, as opposed to what it was prior to the AG's report when a social worker makes a visit to a high-risk situation? What's changed now as opposed to before? Because it seems to me, through all these reports, documentation appeared to be the biggest issue with a lot of it. It wasn't that the visits weren't being made, it's that they were being made and there was no real – reports weren't being filed timely and, in cases, they weren't being filed at all.

MR. COOPER: Right.

MR. PETTEN: Could you explain or just fill us in more on the ...?

MR. COOPER: So the question you're asking is – which recommendation would this be related to?

MR. PETTEN: Basically, it's a general question I guess.

MR. COOPER: Okay, a general question.

MR. PETTEN: But it's on the overall – if a social worker visits a case of child, a serious issue of a possible – I suppose you never know unless it's obvious – high-risk environment, what's the difference now as opposed to prior to the AG's report in your processes? What are you doing now that you didn't do then?

MR. COOPER: All right, thank you.

So what is different now, I wouldn't say there's any expectation that's changed because our expectations were clear. What is different now is the expectation around the supervisor's work with the social workers. There is a case-tracking form that people now have to fill out where we're tracking – all the risk indicators the AG identified around FCAPs, around safety plans and so on, these are all being tracked now.

So what is different is social workers now have to take a deliberate act of noting every month their progress on meeting the timelines. That then goes to the supervisor and that's part of the ongoing dialogue with the supervisor. So there's a change in vigilance and practice support in the supervisory session. That's one change.

We have made some policy changes in other aspects of the AG recommendations. We have delivered some new policy, in addition to reinforcing what's expected of people already in their job.

I can say in the engagement with staff, I don't know if this is really different but we're certain – we have an open dialogue with staff around barriers. And I can tell you that as a deputy, I feel accountable to our front-line staff and as we listen, we're holding ourselves to a high standard of turning things around so they can see the things they're saying that need to change, they may be small things, that we're listening and we're changing them. So I would hope they would see that as a difference as well and all of that would be supporting.

Now, are there other changes that in practice people would like to offer here that I've missed? Anybody?

MS. WALSH: I would like to comment to say that through our structure we have social workers who report to supervisors. As Bruce talked about, this form that they now use regularly to actually case manage, they have real-time information that they use to know the workload they have each month to complete and where they are with that. That's used then in the supervisory session.

From a structural perspective, my three regional directors – who report to me and then they run the regional operations which are 650 people – they have zone managers that report to them and then the supervisors report to the zone managers. So we've taken an approach to say every single time you meet, which is either biweekly or weekly, you need to talk about the AG report. You need to talk to your staff, whoever is reporting to you and you need to make sure that all of these requirements are highlighted.

So things like a social worker would be talking to a supervisor around here are all my cases, here are the high-risk, moderate-risk ones, have you been out this month; those kinds of discussions are happening on a regular basis.

MR. PETTEN: Okay.

MS. SHALLOW: I think as Bruce had indicated, we are moving to a system where we have introduced a new model for decision making called Structured Decision Making, which will be supported through our new information management system called Integrated Service Management. We use the acronym ISM when we talk about that.

I think that system – we've started to communicate with our staff around that system. It is the most evidence-informed decision model available to child protection and has been approved for us to implement with our staff.

It supports staff, social workers, to make decisions at critical points in a case. So anything from whether we screen in a file, to whether we open it for ongoing service, even up to and including when we close it. Because it is

evidence informed, it will help make more consistent and accurate decisions, which will particularly help staff around some of these high-risk cases that we encounter.

All the evidence would suggest that child protection systems need to invest in supporting families who are at highest risk of maltreating their children because that's where you can effect change. We've been relaying that to our staff as well.

MR. PETTEN: Thank you.

CHAIR: Ms. Parsons.

MS. P. PARSONS: (Inaudible) with regard to Recommendation 5: Activities included on family-centred action plans to reduce risks to children should be measurable.

So is the department on track to meet the anticipated timelines for determining measurable outcomes on the family-centred action plan?

MR. COOPER: Yes, we are. The key element of this one in terms of – sometimes the risks that are on an FCAP are not actually open to – some of them are static issues. The fact that a person's had a history of a mental illness can be a risk factor, but it does not make it open for any kind of immediate intervention.

We've certainly taken a close look at this one; we reinforced to our staff through a teachable moment the importance of clear goal setting. I believe that we are on track. Again, it's one of these things where the solution is more discussion around practice and the art of practice. But certainly the implementation of ISM and structural decision making, which will happen this year, will put us in the position where we're going to be able to do a better job tracking that.

MS. P. PARSONS: Thank you.

CHAIR: You are good? You are done now?

Ms. Rogers.

MS. ROGERS: Bruce, I want to thank you so much for that very comprehensive introduction.

Part of me wants to say, okay, let's just get out of here, roll up your sleeves, get to work.

It's such a challenge, and it's kind of interesting because what we've heard in the current AG's report we've heard way back to Patricia Cowan's report and then the Turner report. So we hear the same things again and again in terms of – and I was so struck, because throughout the Auditor General's report when social workers do not complete and managers do not approve, and it seems to focus so much, too, on the paperwork, on documentation. We know that social workers say: Oh, that damn paperwork; I don't have time for that damn paperwork.

What really are the root causes to that? We know that it's not just the damn paperwork. That's also part of the practice and part of the work that needs to be done. Can you talk a little bit about when we look at some of the findings of the Auditor General – which have been persistent over the years, and you've touched on it a little bit in some of your opening remarks. We know that social workers, when they come out of school, really want to do good work. We know that when they're working in the field they really want to do good work. The Auditor General's report is saying that there are real gaps in that really good work.

I'm very encouraged by the direction you're going in. I can't wait to hear where the Structured Decision Making – are you on track with that? What's the plan for the rollout for training? Can you just talk about really what are some of the concrete, identifiable root causes of non-compliance?

You've talked about we're going to have some new forms, but I can imagine social workers once again saying: Oh my God, there's just more damn paperwork and more forms. I know there is a hope that some of the new forms and the directions will also inform practice and help guide practice, but if you could talk a bit about that.

Thank you.

MR. COOPER: Yeah, okay.

You're asking: What are the dynamics that are contributing to this? The compliance issues that

the AG found are basically the message that the time frames that we've set, the expectations we've set around time frames, are not being met. Our systems, the way they're structured, really haven't allowed us to be able to track at that level.

I think back in '09 when the department went out and was first getting formed and looked at the state of practice – and it was certainly in the Deloitte post-clinical services review era – found that aside from the issue of timing, of whether you got something done on time, getting something done was a problem. We had a number of areas where there was non-compliance at levels that were very shocking. So you're right, that has been one of the findings.

The good news is the department put in place a measurement plan that was focused on: Let's measure if we're getting the job done. And when we mature, we will get to a place where we're measuring whether we get it done on time. The good news is that over the last three or four years, the trend line on getting it done has been improving. There's been steady incremental improvement in getting our paperwork done.

The next barrier, the next frontier, is getting it done within the time frames we've set, and that certainly is where the AG brings us.

I want to preface my comments with that because the narrative is very important here.

MS. ROGERS: Yes.

MR. COOPER: It's important for people to understand that there has been progress. It may not be in the increments we'd like to see, but it's in the right direction and we need to keep going. So why is it that child protection systems in North America, in the Western world, struggle with these issues?

It is universally the case that child protection is an entry-level position for young social workers. It is a very challenging field. You're dealing with trauma and sometimes in the context of not having sufficient decision support, sufficient resources to be able to effect change. And people choose to go into the helping profession because they want to make a difference and sometimes people get burned out.

We have a rapid turnover, although I think it is getting better, but we still have between 7 and 10 per cent a year turnover in staff inside our department. The literature says that for every staff person you lose, you have about a six-month cost associated with that. So we have a system that has a fairly constant rate of staff turnover.

And then we come to the practice itself. The practice is challenging, I think, more than any profession. I can't imagine a physician spending as much time having to record as social workers have to. The accountability requirements inside this practice, because of the serious decisions that get made – I mean you're going to court and asking the court to award care and custody of a child, if you're protective intervention doesn't work out.

So there's a tremendous amount of paperwork that is part of the field and it is a best practice to have certain types of documentation, but it is a struggle. I do think that sometimes there's a misalignment between social workers' training on documentation. Sometimes there's a narrative that is too long and it takes too much time to write when, in fact, if we had a more focused approach to assessment – and I think that's something we see in our recordings. When we review recordings, sometimes the things that get recorded are not relevant to the clinical decision making at hand. That is a truth for child protection practice in this country; it's not just here.

So there's the volume of documentation and then there's what gets documented. We're working on both ends to try to improve. On the volume side, we're certainly looking at – the ISM will be a critical tool for making more seamless the documentation process.

On the quality, we've expedited our documentation training. We've got a new module that is rolling out now with supervisors, and then in the fall with staff, that will really try to get at how we can be more crisp and succinct so we have more time with clients, versus at one's desk recording, which is I know in our travels, we're hearing that frustration from social workers. We may spend an hour with a client but then you're three hours in your office trying to document it. This is all about finding the right

balance, the balance between diligent, professional practice and making sure that we get the job done properly.

MS. ROGERS: Yes.

MR. COOPER: I don't know if that's answered your question, but I think those are some of the issues that are behind the practice challenges that we see. That's why not only are we doing the training, but that's why there's – we can see in health care the kind of culture that's evolved in health care; both the non-apologetic, continuous quality-improvement process where of course you make mistakes, that's how you learn. Data gets produced; reports get run. Staff get their own reports. They get a chance to review and think about and they talk as colleagues about how we can get better. That's just part of the culture. That is plank number one inside the culture that we're trying to build and that ISM will help us with.

Inside health care, they've also got professional practice committees that have been in place, where staff can meet and talk about issues, talk around quality and consider how to get better. In our response, you saw we spoke about the evolution of our quality framework that we're going to be arriving at in the fall. One of the elements of that is going to be – and we've been talking about it with staff – professional practice committees in every one of our regions where staff have a place to go and they can be talking and sharing best practices and getting better.

The benefit of that approach – we're lucky in that we've seen and I have had experience in the health care system, and have seen post-Cameron particularly, a very significant shift towards quality. I had the benefit of being in Health at that time. So I feel very confident that with 600 staff we can make that change inside our department, that same kind of change and have been given the gift of arriving in a department where ISM is almost ready. I think that's going to be one of the cornerstones of that change.

But the point of this is that if we allow the dominant narrative of child protection to be: Oh yeah, it's younger workers. They burn out. The documentation is too heavy. My worry about that, being our enduring story as a department, is that we will never improve services to clients, as

long as we've created a disincentive for people to be part of our department.

We need to focus on the things we're doing really well. We have incredible staff who every day do amazing things. It's challenging work because sometimes you don't even know the impact you've had until years later when someone comes up to you and thanks you for a moment in their life that you touched them.

So we're trying to focus more on that and empowering our staff with the information they need and creating the supports so that we create the kind of professional practice culture in our department that will make people want to stay and that will make people see that there's a career here and it's a great one. If we can do that, we will bring our retention rate up. We will improve quality and we will ultimately improve outcomes for children and families in the province, so that's how this all ties together.

Notwithstanding the dynamics that are creating our situation, we're seized with that in our plan.

CHAIR: Ms. Rogers, I'm going to go to Mr. King and go around again.

Mr. King.

MR. KING: Thank you, Bruce.

I know you came into the position of DM last August for the department and it seems like you and your team have done a spectacular job putting together the information, getting things on track and pushing forward to a positive future.

I like the fact that you're using ISM as a tool. Anything you can utilize with technology certainly streamlines things, so you can look at your trend analysis and all that sort of stuff and go back and look at your quality.

MR. COOPER: Right.

MR. KING: So I think that's a very positive step forward.

I know it's very thorough documentation you have here, so I was just asking questions for clarification. In Finding 4 and 5, when was the

last time that the CORE training modules were updated prior to this recommendation?

MS. SHALLOW: Well, I don't know, Sara, if you would want to – I can answer if you want.

The CORE training was developed initially in I'm going to say 2010? 2009?

WITNESS: (Inaudible.)

MS. SHALLOW: Yeah, it was around 2009. It's more of a collaborative development with the training unit and also the Policy and Programs development branch of the department to ensure alignment of best practices with the delivery of appropriate training to staff.

We've recently updated several modules: the family violence module and also the documentation module. I think the updates to the rest of the modules are going to be happening maybe the next couple of fiscal years to make sure that they're relevant, appropriate and applicable to current best practice and policy.

MR. KING: Okay.

What sort of feedback have you been getting from your staff based on the CORE training? Do they find it useful? I know that you're updating but in the past have they found it useful?

MR. COOPER: I think the message we've gotten from staff regarding both pre-CORE and CORE, the dominant message on CORE has been that they wish they could get it sooner.

MR. KING: Okay.

MR. COOPER: I think we do evaluations of all of our training and we've been doing some real-time changes in curriculum. The big change that's happened post-AG report in training for us has been that we had a plan to roll out a new training model, which is more online delivery over the next two years. Documentation was intended to be down the road.

After the AG report, we took stock and we have expedited our training plan. We're trying to get products out sooner. We've actually run a few things for staff that weren't previously planned

and we've particularly focused on the documentation side in direct response.

MR. KING: Okay. Thank you.

MR. COOPER: Yeah.

MR. KING: One final question for this round. Going back to Recommendation 7: "Social workers should visit higher risk family homes more frequently than lower risk family homes. The results of these visits should be documented in a timely manner."

So the completed one that you have right now, the drafted new contact standards for the Protective Intervention Program, what are these new standards and do they adequately respond to the recommendation?

MR. COOPER: These new standards outline the number of visits a social worker has to do on the basis of risk designation. So it will actually give – if a high-risk case, it will establish the frequency of visits and medium risk and so on. It's basically codifying that intent that higher risk families should be visited more frequently and who they have to visit with.

MR. KING: Okay, that's all I have for now.

Thank you.

CHAIR: Mr. Petten.

MR. PETTEN: Thank you, Mr. Chair.

I'm looking at Recommendation 28 actually; there was a question I had on that one. Where is says: "Social workers did not assess whether parents were able to financially support their children in kinship living arrangements in 35 of the 36 kinship files" that were examined.

So I guess my question is – that's pretty well all of them, clear one – what is the threshold? What do you consider a threshold? I know through government we use means assessments for different programs and financial assessments, but what would be a threshold to provide kinship living arrangements?

MR. COOPER: Right.

So I actually don't know the precise threshold, but I can tell you we use the family support guidelines. That's the model that's used for determining – or that's what we're supposed to be using is the family support guidelines inside our policy. So that's the intent.

We're taking a look at this policy because this policy has been on the books a while and as the AG found, it's not being used. The reason for that is there is some complexity here. Part one of the complexity is that we're using family support guidelines and these are extremely challenging, and you have to put it in the context.

Job one, when you're arranging kinship, is you're working with a family and kinship is not the same as taking a child into care and custody. So you're working with a family trying to pave the way for a placement with the least intrusive, most appropriate protective measure for a child which is kin, family, first.

So you're in that dialogue with a family and then how do you – when your primary focus is the child and getting that child into a safe place then you pull out your script of the complex family support guidelines and work with the family on how they're going to pay for some aspect of it. When already part of what has to happen is the family who is passing over the custody of their child to a family member, they sign over the child tax benefit, so they're already contributing through the child tax benefit as a means.

We've heard from staff that the impact not only on the act of getting a child safely placed in a kin arrangement, but also workload, of all of a sudden shifting to becoming now an Income Support worker where you're having to run through testing, that impact is something they're concerned about. Our response to this recommendation was that we've accepted the principle here that we need to take a look at this and see how we can do better, and that's what we're doing. We're consulting with our staff on the implications of implementation of that recommendation.

MR. PETTEN: Okay, thanks.

Under Recommendation 16, high-risk homes were visited less frequently than low risk. In child protection it's generally understood it's a very demanding – in the field of social work, from social workers that I've spoken to, or I know I should say – it's one of the more challenging aspects of a social worker's career. The first thing that comes to me is staff burnout, stress and what have you.

Would that be a possible explanation to that higher risks were visited less frequently than low risk? Would that be ...?

MR. COOPER: I can only speculate because I don't have data on it. But what I can tell you – and I wouldn't think that would be a factor. I think it's more the case that when you assess risk, it's a point in time captured. Risk changes from day to day.

We may have circumstances where the file shows we've got a high-risk family, but in the six months interceding the next recording or the next risk assessment update, you can have somebody who was medium risk become high risk and you have to get out and intervene and you're managing a situation. So your file would show, yeah, you saw that family more, who may have had a lower risk designation because of the dynamic nature of the circumstances.

So I think the finding has more to do with an artifact of recording and the dynamic nature of cases than it does our staff avoiding tough situations.

MR. PETTEN: So they're not high risk when you start out, is what you're saying. They can develop into being high risk after a period of time.

MR. COOPER: Yeah. I mean if we do our job upfront, we take high-risk families and with the right supports and the right intervention, that risk should change often shortly after crisis, after the initial assessment.

Eighty per cent of our families we're supporting children in their own homes. We've got a lot of families that have moments where they need our

support, but it is an ever-shifting thing. A person doesn't stay high risk for six months necessarily

MR. PETTEN: Right.

MR. COOPER: A medium risk may become high risk the day after you assess them. I think what was captured in this finding is more an artifact of time and the dynamic nature of cases.

MR. PETTEN: Okay.

Thank you.

CHAIR: Mr. Finn.

MR. FINN: Thank you, Mr. Chair.

Good morning group. My apologies for the tardiness there; I had a family pressing situation. I'm currently filling in for Mr. Reid on some short notice as a Member on the Public Accounts Committee, so I'm just here substituting today.

Yesterday was kind of a little bit off for me having some of the information on very short notice, within less than 24 hours. I did get a chance to flick through some of your information last evening and I'm just here listening to some of your responses.

I just want to say that I'm just taking this in for the moment and I'll let my colleagues continue with the line of questioning. I certainly appreciate your time.

CHAIR: Okay.

Thank you, Mr. Finn.

Ms. Rogers.

MS. ROGERS: Thank you.

Bruce, you had indicated that there were some focus groups with social workers and clinical program supervisors. Can you give us a sense of what were some of the main issues that were raised in those focus groups?

MR. COOPER: Okay.

Well, I'll speak to the groups that I led with staff and then I'm going to ask who is best to speak to the other groups. Michelle? Okay.

In my travels meeting with staff, certainly, there is a strong desire on the part of our staff to have more support for clinical decision making. The conversation ranged from macro-level policy issues that they'd – so acknowledgement that we're on the right track in terms of changing our quality framework to having a dual focus on not only kind of measuring professional practice, but also supporting it in a development approach.

MS. ROGERS: Yeah.

MR. COOPER: We had a lot of validation of that, but then we heard a lot of helpful suggestions about some policy issues that we need to tweak, ways that we can improve our partnership with community, to improve access to transportation, to improve access to parenting programs. So there are a number of program development ideas that staff had, even ways that we can have, given that we are a relatively new department, Children, Seniors and Social Development, where we've brought together elements that are focusing on not only direct practice, but also dealing with the social development causes of some of the issues we're dealing with downstream, ways that we can partner, bring sport and rec to the table to work with children and vulnerable families.

So it's been very much about how we can continue to innovate and get better. We do hear concerns around workload, which is different than caseload.

MS. ROGERS: Can you tell me what that difference would be?

MR. COOPER: So caseload is the pure number. Workload is the number with complexity taken into account.

MS. ROGERS: Okay.

MR. COOPER: So we certainly do hear that our staff continue to see families who are experiencing significant barriers to being able to achieve optimum functioning. Access to mental health and addictions services is an issue, and wait times for certain services for children is an

issue and, as a consequence, you have social workers that are caring for families longer while they wait for services. These are all things that have been, I think, very well addressed inside the All-Party Committee work on mental health and addictions, to be honest. A lot of the issues that came out in the recommendations they are the things that staff were saying.

So that's what we've heard, and –

MS. WALSH: Delegation of authority.

MR. COOPER: Oh yes, delegation of authority – thank you, Susan. We heard that were some concerns around the way we had delegation set up was creating unnecessary log jams, so we changed it.

MS. ROGERS: Can you talk a little bit about that?

MR. COOPER: Sure. So we had authority resting at the province around certain financial thresholds. So we moved thresholds, we moved delegation back to the regional director; the regional directors moved some things back to the zone manager and back to supervisors. So we hopefully will have a leaner process for people being able to get things approved for clients – transportation, counselling, respite, different services that people need. So we're trying to improve our turnaround times on those things, those services, and less paperwork.

All right, so the other focus groups ...

MS. SHALLOW: We conducted focus groups when we wanted to talk to staff about documentation issues. We heard a lot of similar challenges, I think, that Bruce has already identified. To their credit, I think staff are really focused on seeing people, seeing clients, talking to children, talking to families and making sure they are out addressing issues where they can.

Sometimes documentation is a challenge because we do want to spend time with families; that's the work that we need to be doing. In the discussions, I think we were wanting to help them inform what do they need us to do to help them in the challenges around some of this documentation.

MS. ROGERS: Right.

MS. SHALLOW: And it was clear that training wasn't really the answer. It was practice skill. So we basically took their advice and, as Bruce already alluded to, we've updated our documentation training to ensure that staff – we're creating a clearer discussion around that more crisp, definite documentation requirements, but also really how to translate the discussion with a family and what that looks like on paper in a succinct clinical manner. But also giving them an opportunity to practice some of that because it is so complex and people need time. We heard that loud and clear. We really need time to practice some of this stuff and for you to help us.

So that's the role that my division, in partnership with the training unit, have been doing to update and implement.

MS. ROGERS: Okay. And do you have a report written or what-we-heard report, anything like that, from these focus groups, the sessions?

MR. COOPER: We've been tracking what people have been saying. I'm not finished my trip around the province yet with these focus groups, but our plan is to complete – and as was said – and post it on our intranet for staff so they can have reflected back what's been said and what we're doing about it.

MS. ROGERS: And could we have a copy of that because I believe it would really inform some of the findings, the reasons for the findings of AG report and also indicate not only what perhaps you are planning to do, but also maybe what you also need to move towards.

My question around this as well is: Do you have the financial resources you need when you look at the need for training? So that also means some downtime from actual practice in order to be able to do the training so that people are going to be able to do the work that they so desperately want to do in the best way that they can.

MR. COOPER: On the first part, in terms of sharing our report, absolutely, when completed it will be available.

MS. ROGERS: What's your time frame for that, do you think?

MR. COOPER: To be honest, we're still continuing our meeting. It probably won't be until the early fall that we have that available.

MS. ROGERS: Great.

MR. COOPER: Yeah.

MS. ROGERS: So we could have that?

MR. COOPER: Okay.

MS. ROGERS: That would be great.

MR. COOPER: The second question which relates to do we have the resources to do our job: Yes, we do. We've managed, even in these tough fiscal times, to maintain our model. There's been a lot of support for preserving front-line practice in everything that we've done.

We have planned what we need for the year ahead and what we needed for the year ahead we got.

MS. ROGERS: Okay, and then just a follow-up just to complete that, Mr. Chair.

CHAIR: Okay. Sure.

MS. ROGERS: You spoke of, for instance, two new modules: the family violence module and the documentation module. Can you talk to us a little bit about how training will be delivered? Is it all going to be individually based electronic? How is that going to be done?

MS. SHALLOW: The department is moving toward more of an online-based training. I believe the delivery of Pre-CORE – so that's the upfront training that social workers get when they begin their employment with the department – will be an in person, I think it's a couple of week event, to kind of set them up for the practice. Then that –

MS. ROGERS: What is that called, Michelle? What did you call that?

MS. SHALLOW: It's called Pre-CORE.

MS. ROGERS: Pre-CORE.

MS. SHALLOW: Pre-CORE training, yeah.

MS. ROGERS: So it's your core training when you first start with the department.

MS. SHALLOW: Yes, so it's an introduction to the department, to government. That's where we get the documentation training, an overview of the legal context for the work, also the documentation module and Risk Management Decision Making Model and then the current information management system that supports that model. Some of the core things that people need to move ahead and start doing their casework.

Then, following that, I believe the vision is that what historically has been delivered in person, we will be moving to online modules. One of those modules has been completed, which is the module on the introduction to family violence. Then I believe the next rollout is documentation.

Then there are four or five more modules that we're actually adapting to an online format. We're working with the university who are helping us format that into an online format with the – I don't know what it stands for but it's the CITL. It used to be DELTS.

MS. ROGERS: Yeah.

MS. SHALLOW: I forget what the acronym is.

MS. ROGERS: Distance Education Learning, something.

MS. SHALLOW: I forget now. So we would be focusing on – we have assessment and investigation training, the CORE child protection modules, in-care adoptions, legal context and child development.

MS. ROGERS: And how will you ensure that training actually happens if it's online in modules?

MS. DOW: I can address that, Michelle, if you'd like.

MS. SHALLOW: Yes, thank you.

MS. DOW: So what we're looking at is really a mixed mode of training. That is where we've developed modules with MUN that will be online and then we will be doing some in-person sessions. So when we look at, say, the family violence module, what happens there is that they get course work before they attend the session and they're all given the ability to log in to that MUN system, DELTS or what it's called now, and we get to track them.

One of our trainers monitors the course. It's basically like, as you would take courses at MUN, an online course and you go in and you put in comments about what you've learned, you answer questions and the trainers follow you on that. For instance, as they're preparing for family violence, they're reviewing the course work. They're supposed to enter into these sessions and talk about it with the trainers and then they come in or the trainers go out to them for in-person sessions.

MS. ROGERS: So I'm a worker with you.

MS. DOW: Yeah.

MS. ROGERS: Do I just self-select to do the module on family violence, or am I required to? How does that work?

MS. DOW: It will look at: What's the availability in the regions? Who needs training in this area? Because we are rolling it out across the regions; for instance, new workers are required to do our Pre-CORE which is our basic training. So anyone who starts with us, in the first couple of weeks, they have to do this basic training; but when we look at family violence, documentation training and training for our supervisors, that is going to be based upon regional requirements and how we can allow people at this point in time to do it. But the goal is that everyone will have a chance to do it, but we have to have a staggered approach.

MS. ROGERS: And that will be done during the regular work day?

MS. DOW: Yes. Now, there is time put aside for training.

One of the issues is when we first launched the mixed mode of having online training, it was

found that, obviously, if you're in the office reading, someone can knock on your door, interrupt you, pull you away to deal with an issue. But now one of the things is having set time for training so that people can sit, read and it's known to the other team members that this is their time to catch up on the work in preparation for their courses.

MS. ROGERS: Okay, great.

CHAIR: Okay. Thank you.

Sorry, Bruce.

MR. COOPER: Oh, sorry. Just a follow-up, if I could, on the documentation.

The approach we're taking on the rollout of documentation is we're starting first with the supervisor team, because giving the supervisors the tools will mean that will actually start some improved implementation. Supervisors first, means that they can start the dialogue on improved documentation in real time with their teams over the summer, as they're going to be getting that training in the next few weeks. Then, staff will get brought in for documentation training starting in the fall.

MS. ROGERS: Okay.

Thank you.

CHAIR: Okay.

Mr. Bragg, I'll let you go in your session and then after that we're going to take a short break. We have some coffee and that coming in the caucus room.

MR. BRAGG: Okay. All right, I'll ask a quick question then, since the coffee is almost ready.

You guys certainly seem to be on the right track. I can't help but think a young graduate student comes out and gets a job in your department, the stress they must go under. A lot of them maybe would work in remote locations and that sort of thing. I can see the online training aspect, but I know at some point training always – you have to get someone under a roof too. It's not like looking at a monitor or just reading a book; you need someone for interaction.

At what point do you look at we're doing all this training – you talked about your ISM. Are you going to put a lens on it so that there's a point where is what we're doing really working? It's great we have these new initiatives, but have we focused and we have people training, training and training and we sort of lost focus that we're into the child protection?

My daughter is just 24 years old. She's into the nursing profession and I know what stress she has. If you put her friend who's gone out into social work – I can't even imagine the stress they're under.

What avenues do you have of support – and you talked about retention for keeping these people. Will you lessen their paperwork load to the point it is what you need, but it's not overwhelming to those guys? There has to be some lens you put over it all so that you don't overwhelm your worker and they're in this job so fast, they can get to another job sort of thing.

MR. COOPER: Right.

Yeah, I understand how your question: How will we know whether all this works?

MR. BRAGG: Yeah.

MR. COOPER: Part of establishing our new approach to quality is that we're going to be tracking some HR indicators. We're going to be looking at recruitment and retention; we're going to find a way to get to workplace satisfaction and some indicators to tell us about our level of staff engagement and morale.

We will measure progress over time. We're going to become better at using this data to evaluate the very question you've asked, which is: How will we know? So that's why we are doing all of this. The ISM is going to be critical for us. ISM brought within the context of a broader and improved approach to quality – that's the question we're seized with.

Any organization that's high performance always asks that question, you always stop and think: How do we know what we're doing is making a difference and has an improved focus on outcomes? So you're going to see that from us. The AG suggested that we need to do a better

job on that in the back end, in the quality indicators, that we need to have a stronger focus on outcomes. Our new quality framework and our new indicators are going to show that.

So we're going to get at some of what you've raised and other things that, ultimately, we'll be able to answer some of the big questions.

MR. BRAGG: Will you guys generate a report on that at some point?

MR. COOPER: Oh, yes, it will be all publicly reported.

MR. BRAGG: Say a year's time, we'll say here is where we are and here how we feel about it?

MR. COOPER: I'm not sure it will be a year but certainly within the next – you'll start to see improved reports. There is already a lot you can find out about us online; we post a lot. But you're going to start to see reporting out of ISM. We're in a full rollout by March and then certainly, within a year of that, you should start to see the production of good reports where we can see a difference over time.

MR. BRAGG: Thank you.

I'm good, Mr. Chair.

CHAIR: I going to ask just one quick question while we're still waiting for our coffee to arrive.

Bruce, if you can tell us about your relationship with the School of Social Work because I would think you're the biggest benefactors.

MR. COOPER: Yes.

CHAIR: And I think it's a two-way street there back and forth –

MR. COOPER: It is.

CHAIR: – from the appropriate training to the benefits to introducing social workers, particularly new graduates, into the process here.

MR. COOPER: Yes.

CHAIR: Just explain a little bit how that works with you guys, please.

MR. COOPER: Sure, okay.

We've got a strong relationship with the school. We work with them. We have a committee called Advancing Practice Together, APT, which has been in place for a number of years and, essentially, this is a place where we talk around issues of practice. We have a bit of money that we can use to improve, particularly, training and we have ongoing dialogue around issues of alignment between the curriculum at the school and the students who are graduating.

So we have good dialogue with them, not only about how they can, as an outreach, in an outreach manner, support us in improving the culture of our practice, but we work with them on providing – we're the only, now, provider of field placements in government for social work students. We talk with them about how their serving us as an employer, which is a conversation that's been happening for 30 years, because it's that whole issue of the university is not a trade school, it doesn't put out people that are ready to work, it puts out people that are well educated, and then the employer has to take them through pre-core and on-boarding stuff to get them ready to work. So it's been an ongoing dialogue.

CHAIR: No, in my conversations, it's no doubt that everybody's had the same conversations with new graduates who sometimes are very apprehensive or disillusioned between theory and practical when they get in the field, the real challenges. How do you bridge that gap to prepare them better? You don't want to frighten them out of that career, but you better prepare them better so that they understand and, as they grow, they know there's supports there as part of that so that (inaudible) ongoing dialogue.

MR. COOPER: Right.

CHAIR: But I think somewhere along the way, and no doubt you've done it, I would anticipate, that you sit down with a core group of those who graduated this year, two years ago, five years ago, and 10 years ago to say the apprehensions of how we address some of the changing things just in society are totally different.

MR. COOPER: Yeah.

CHAIR: So, with that being said, I think it's 10:20 now; our coffee should be en route. So you're all welcome out to the caucus room next door and we'll come back around 25 to 11 in case anybody has to make a phone call or check on some stuff. I appreciate that.

Recess

CHAIR: Ladies and gentlemen, welcome back.

We'll continue with the review of the Auditor General's report on section 3.2, the report on Children, Seniors and Social Development.

I'll go to Mr. Petten if he has any other questions or statements or queries.

MR. PETTEN: Yeah, thank you, Mr. Chair.

Looking at the recommendations, or the findings I should say, it's a lot of stuff. Obviously documentation, again, is prevalent right through the report. The one thing, when I looked at this issue in general back in our Committee meetings, is I suppose, as MHAs, you try to keep an arm's-length approach to it, but you deal with a lot of families that are dealing with child protection issues or what have you through divorces, through their own family models.

That lack of documentation or delays in documentation, does it have any effect on any court issues, court processes, matters that were in the courts? I know a lot of these files are sealed until a court orders – a social worker will reveal the details of a lot of these reports in the court. Are any of those, some of the delays or lack of documentation affect any court issues, court decisions I should say?

MR. COOPER: I'm not going to say that there's never a time when documentation delays don't contribute to a delay in court or an issue in court. But certainly from what we've seen, we've been doing much better in the past few years with respect to having all of the documents a court requires ready in time for court dates.

I'm just confirming that – yes, so we've been talking about that lately. So we have seen improvement in that. That's not to say that there may be some issues where a judge in reviewing a case might say I wish there was more detail in

this file about whatever the progress is a parent might be making in their addictions treatment or what have you, and there may need to be more work done. But, in terms of our work with courts, I don't believe this is a big contributor to any issues at court.

MR. PETTEN: When it looks at documentation, have staff or supervisors gone back and reviewed previous files, all outstanding files to make sure that, where possible, where you could do it, that all this documentation is up to date as a result of the AG report? Has there been a full review done of all the –?

MR. COOPER: Yes, staff did go back and review the files that were identified by the AG to ensure that any of the deficiencies noted were addressed.

MR. PETTEN: Okay, thanks.

Under the kinship services program – probably make a general assessment – would I be right in assuming where it is the kinship that some of the gaps that happened there were the result of it being the kinship as opposed to a foster home as such?

Would that be a proper assessment? Would that be something that may have happened? You see one there the children were placed with people with criminal records; vulnerable sector checks; less visits; or less children in kinships as opposed to foster care; less funding – you see that right through that section. Would that be a possible result of the fact that it was under the kinship program, as opposed to your ...?

MR. COOPER: Yes, there is a difference between the kinship program and relative-based foster care. We have a lot of children in kinship arrangements, which again, our overriding principle is always the child's best interest, using the least intrusive measure to achieve safety and protection. You see it in a lot of our policies in our province that we've enshrined in policy in a number of places that family care is for family in our province. It's in this one, it's in our policies, it's been our practice for years as a child protection system, and you see it in home support, same thing. That 80 per cent of the home support that takes place, care that takes

place for people in community is from family and informal caregivers.

It is true that some of the differences you're seeing are because there is a difference between the kinship approach. Some of the gaps the AG found, some of it is program-design issues that we've been recommended to look at, and we are; some of them have to do with not having some of the Vulnerable Sector Check paperwork completed and so on in a timely way which was pointed out as an issue.

This is something that goes to the heart of, again, how we go about setting up these kinship arrangements. These things happen sometimes under the context of where you're trying to do what's right for the child and you do it quickly. There may be risk emerging in a family that is so strong that if we didn't do kinship placement, we could end up putting a child in a paid care arrangement in an ILA, and that's not in the child's best interests.

Some of the gaps, when we look at some of the points found, are a function of the fact that we have to balance the child's best interests against – so we have to balance doing the right thing against doing it right in a manner of speaking. That's what you see in some of those findings.

MR. PETTEN: Okay.

Thank you.

CHAIR: Thank you.

Ms. Parsons, do you have any further questions?

MS. P. PARSONS: (Inaudible) but I would like to say I want to thank you guys. I'm confident in the work you're doing. Arguably, you have the most critical government department to deal with.

I know a lot of people who work in this department; I mean it's more than a job. As you've mentioned, you actually have the ability and you have made great impacts, positive, on many people's lives. Please continue the great work you're doing.

As I said, I'm confident in the work you're doing and I feel comfortable coming to the

department. I want to say also your leadership provided by the minister is also commendable as well. I know it's a very passionate topic for her and department for her.

Thank you. Please keep up the good work.

MR. COOPER: Thank you.

CHAIR: Thank you.

Ms. Rogers.

MS. ROGERS: I'd like to have a discussion a little bit more in-depth about the issue of training. I know when we travelled the province with the All-Party Committee on Mental Health and Addictions – so training and supervision – that a number of mental health workers, nurses, social workers spoke to us about their desire for more training, their desire to be able to get together with colleagues to have more case supervision.

Listening to those comments, it's also how do we discern what people are really asking for? I believe it's not just doing training online but wanting to be able to network, to debrief, to consult with colleagues.

So can you talk a little bit more about training beyond just – my concern is in a tough fiscal climate, and we've seen this over the years, the budgets for training shrink and people don't have money to go to conferences; people don't have the resources to do face-to-face meetings.

I'm sure in some of the focus groups that you have done that social workers have said that they want, as you've said, more supervision and more training. I believe that also affects the culture of your organization.

At the coffee break I was saying when we ask people to do the work of, whether it be corrections officers in our prison system or child protection, some of the really, really difficult work that we ask people to do, that it's our responsibility to ensure that they have all the resources they have in order to be able to do their work properly, but also to be able to take care of them and empower them and to make sure that they're okay in doing that work. So if

we can have a little bit of a conversation about that.

MR. COOPER: Sure.

I certainly agree that training, collegial support, peer support is critical. I also agree that there is a role for face-to-face engagement in that and our training model has that, but I would add that training is not an event.

MS. ROGERS: Yes.

MR. COOPER: We work in a very challenging area where every day contains opportunities for learning. So in many ways, the work is the course and the supervisor is the teacher, the mentor, the facilitator and peers on a team. We have very few people who are practising independently.

So part of the change that we, as an executive team, are trying to create in our department is really one of that learning-organization approach. We've been talking about this in our focus groups with staff and in our on-boarding sessions with new employees, saying that it's critical that people in coming to work with us don't identify so strongly with the job that they forget about the profession, and that they need to stay connected to the professional literature and we make those tools available to people. People can get access through – well, of course, these days through the Internet. People can get access to all kinds of journals and we've got resources in our own department that we make available to staff if they ask for them.

As you're dealing with a complex case of child sexual abuse and you're trying to understand what's the right intervention to use with this family, that's an opportunity to reflect with your supervisor and with the help of self-directed learning and mentorship on how to improve your practice in that area. What I'm trying to say is that your question is focusing on methods in a way. I agree with the methods you've put out as important, but I guess what we're saying as a department is we need to embed learning inside how we do our work.

There needs to be an expectation that we don't simply – it's very easy, and I've been there in my own practice, where you get to a place where

you've had a case like this before and you can become reflexive in how you're dealing with it as opposed to reflective, thinking through.

MS. ROGERS: Yeah.

MR. COOPER: That's the mark of a professional practice and that's how people stay alive in jobs, stay resilient and cope with stress, if they can keep their brain engaged with peer support, a good supervisor and support from management to help them learn. I know I took that and moved it in a bit of a different direction, but I think that's the direction that we're trying to move.

MS. ROGERS: Great. So it will be, again, creating that culture that would really facilitate that, encourage that.

MR. COOPER: Right.

MS. ROGERS: And create opportunities for supervisors and –

MR. COOPER: Right.

MS. ROGERS: Great.

There was a time when there were more resources and programming for family support. Can you talk to us a little bit about supporting families at risk in what you are able to do, what you think needs to be done?

MR. COOPER: I think perhaps you're referring to a time when the legislation contained family services back in the former Child, Youth and Family Services legislation.

MS. ROGERS: Yes.

MR. COOPER: There was a different mandate at that time and it wasn't without its issues. As part of our legislation review that we've concluded, one of the areas that we've looked at is prevention.

MS. ROGERS: Yeah.

MR. COOPER: How is it that we can play a stronger role or what are the options that we have with respect to prevention? We've certainly been focusing heavily as a department.

In the last 18 months, there's been a review of our prevention policies and some clarifications – a launch of some prevention policies throughout the province. We have a parenting program, PPP, which is a kind of best of breed parenting program that was developed out of the Children's Research Centre, and it's in use in jurisdictions around the world. It's an evidence-based program. We actually have started that parenting course approach with –

WITNESS: Australia.

MR. COOPER: I'm sorry, I was wrong, it wasn't; it was Australia that it came from. I was thinking about SDM – my apologies. So this came out of Australia.

Anyway, we've rolled it out now to families and we're expecting to do I think it's about 400 over the next 18 months, around 400 families.

MS. SHALLOW: Yes, we'll be running three groups, three cohorts of parents.

MS. ROGERS: There's what, 12 in a group, is it?

MR. COOPER: Yes, that's right.

MS. ROGERS: Is it 12 individuals or 12 families, or ...?

MS. SHALLOW: We have 12 individuals. It could be two parents from one family. There's a group component and then there's an individual in-person component. But we have concurrent groups that are running across the province. It's being delivered through our intervention services staff in different sites across the province.

MS. ROGERS: Is there a waiting list for that?

CHAIR: Excuse, Ms. Rogers, I'm going to move to Mr. King.

MS. ROGERS: Just one last question for that – is there a waiting list for that?

MR. COOPER: No.

MS. ROGERS: Okay

CHAIR: Okay, Mr. King.

MR. KING: Thank you.

This will probably be my last question before I sum up, but I'd like to thank you for your commitment to improve the department, especially with the children care aspect of it. Going to Recommendation 21, it's in progress right now; it is developing a new case-management system with OCIO, ISM. Tracking completion of annual reviews mainly through QA will continue until ISM is implemented.

So I have three, four questions on this. So you can do two together. Can you expand on what the ISM will look like? For example, will it be web based? The second part: Will the previous annual reviews and other historical data be uploaded into the ISM system?

MR. COOPER: Okay, thank you.

So the ISM is going to replace the current CRMS system and will contain all of our client service and payment information. It is designed to improve data entry for social workers.

Essentially, the outcomes that we're seeking with ISM, we are developing a system that is going to be more user friendly than the existing CRMS. We are going to have access to higher quality, more timely information and secure information.

This is not a web-based system; it is a system being built within the matrix. It's an application. This will provide improved efficiency with work. It will be a support to social workers and their supervisors. It will also be a support to our financial people and support us as a department in enabling continuous improvement and outcome measurement.

Ultimately, the benefits of this are that we will have improved client service. That's why we're spending the \$20 million we're spending on that system, to improve things for clients. The social workers themselves will experience this as a more user-friendly system, fewer clicks to get to what they have to do, real-time reports of work that's overdue and easier electronic approvals.

MR. KING: Okay.

MR. COOPER: Yeah.

MR. KING: How will individuals be trained? What kind of support will they have if they have any questions?

MR. COOPER: There's going to be a very significant training initiative underway through this year. We've got 35, 40 people being in as change management leads. How many trainers do we have?

WITNESS: For ISM?

MR. COOPER: For ISM.

WITNESS: (Inaudible.)

MR. COOPER: Okay, so there are 15 trainers being brought in. People will receive hands-on training region by region. It's, of course, mandatory. There are going to be leads in every office who are going to be kind of the go-to person when it comes to being a high-end user, an expert user to be able to help with the change management.

We know this is a big business change, so we're working with OCIO; they're the project leads on this. We've got excellent project management architecture around this with our team of people.

MR. KING: I certainly appreciate the challenge that you face with that. We went through something like that when I was an engineering officer in the navy. It did take quite a bit of training to get everyone on board and get them up to speed where they're fairly competent. So kudos to you guys for taking that initiative. I'm certain you'll see major improvements in your data tracking.

Thank you.

MR. COOPER: Thank you.

CHAIR: Mr. King.

Mr. Petten, any further questions?

MR. PETTEN: Yes, thank you very much.

Looking at Finding 47, I'm not questioning I suppose; I find that finding somewhat jumps out

at me. It says: A criminal records check is required in foster care homes every five years, but the department did not require a vulnerable sector check to be completed every five years.

I'm assuming that's going to be changed as a result of this report, but I guess the bigger question is based on the clientele when you're dealing with children, I find that issue somewhat alarms me that that was not always the standard practice.

MR. COOPER: Yes.

MR. PETTEN: Could you elaborate more on that or ...?

MR. COOPER: Well, I can assure you that the issue has been resolved with the implementation of a new policy in December. In terms of why it wasn't previously a requirement, I honestly can't speak to it; it predates my time. I don't know if, Michelle, you can speak to that in any way. Do you have any intel on that?

MS. SHALLOW: Specific to the requirements for the vulnerable sector check? They weren't even a requirement until – they weren't even available publicly, I think, until the early 2000s. So some of the practice on that is even new, I think, for lots of child protection systems across Canada.

The other thing too is that a criminal record check gives us a lot of information. We also have provincial court checks we have access to within Newfoundland and Labrador to give us everything current and past around any criminal history in Newfoundland and Labrador.

The other thing too that I think is helpful to know is that there is a duty to report, so if there's any criminal activity that is going on, it has to be, obviously, reported to the police, but the police would automatically refer it to us. So a lot of times if there is a child involved, we would know that information.

So there are a bunch of checks and balances, I think, along the way. Notwithstanding the importance of doing it, but that's some of the history that I can tell you.

MR. PETTEN: Yeah, vulnerable sector checks are pretty well a standard thing when children are involved right through, no matter what. Anyone that's involved with children, that comes mandatory, from a daycare to guiding groups, so it just jumped out at me to why. I guess the department are supposed to be the leaders of all the rest of those groups.

In Finding 46, and I read this a lot again through the report: "Social workers did not always complete annual reviews of regular foster homes to determine whether they continue to meet the approval requirements of the Department of Children, Seniors and Social Development." It says when annual reviews – so they were late by 254 days.

Is it possibly a resource issue? I know that when you look at the charts, we have a lot of social workers and the ratios are – it says six applies to 101 social workers you said earlier.

MR. COOPER: Six social workers. Our model is six social workers to 120 cases.

MR. PETTEN: Okay, so what about social work – yeah, okay, six to 120. Okay.

MR. COOPER: Yeah.

MR. PETTEN: Would that be a correct assumption that the resources here may be playing a factor in some of these findings that you find throughout the report in different areas? It's one that as I've reviewed it over that seems to jump out.

MR. COOPER: Again, I can't speculate as to what the reason is. I know what our policy is. In speaking to our staff as I've said previously, I believe that our staff – they do say that they experience workload issues. Notwithstanding the excellent progress that's been made, they do continue to have cases that are complex and significant demands for recording that when they're faced with a difficult choice about spending time with a client versus spending time in their office recording, they'll choose to spend time with a client. Those very same dynamics are probably what are feeding through this.

I can tell you what it isn't; it's not lack of commitment.

MR. PETTEN: No.

MR. COOPER: It's probably the workload and the dynamics of the work.

MR. PETTEN: I want to follow up to that. Does the department provide supports to those workers to deal with the stress and anxiety that comes with that?

MR. COOPER: Yes, we do.

MR. PETTEN: Because I'll say it again, I do know from personal experience of talking to a lot of people. In my previous career, I dealt with a lot of people in this field. I served actually for a while on the social workers association of Newfoundland. I was a representative for a while, so I kind of got it from the other side of it, and stress and workload and like I said before, staff burnout, because it's a very challenging job. It makes you wonder sometimes. What supports does the department offer to these employees? Is there anything in-house? I know it's a general service everyone avails of, but is there any special attention that is paid to that issue?

MR. COOPER: Yeah, it's a good question.

Certainly, the supervisor has a big role to play with respect to supporting their staff. I know that part of supervisory sessions is not only what are you doing, but how are you doing and trying to support workers to stay well on the job. There's a lot of understanding that management brings to that because of their own experience, I know.

As a department, we don't have anything that stands alone as a particular program beyond what we, as a general employer as the Government of Newfoundland and Labrador, has. We do have EFAP and we've never refused a need to increase our budget if necessary around EFAP to support our staff. We do have a lot of our employees that take advantage of that. That's a general benefit available to all.

As employees of the Government of Newfoundland and Labrador, they have access to resources of that nature. But there's nothing unique within our department beyond the important role the supervisor and management

play in supporting staff and peer support, unless there's something I'm not thinking of.

MS. WALSH: I can answer.

MR. COOPER: Okay.

MS. WALSH: The model that Bruce referred to in terms of six social workers to one supervisor is significantly lower than we had been historically. Consequently, it does offer what Bruce has talked about in terms of the supervisor being a support to staff to identify when they've gone through a difficult situation, when it's been an exceptional case where there's been a very traumatic outcome to help people have some identification for themselves that this could really have an impact to you too, personally, and that we have other options. We have services that you could avail of like EAP.

Some of that work certainly happens and we have, at least biweekly, individual supervisory sessions. So that allows for clear opportunity for those discussions, but they're really happening more often in real time as well while those things are happening.

The other thing is that, at the regional level, many of our supervisors are on site with their staff. But if they're not on site, they would travel at least biweekly to be on site with their staff. So even the ones that are – you talk about remote locations, those kinds of things earlier, they do get visited by their supervisor. There is on-site opportunity for those discussions.

I know on a regular basis, because there are team meetings happening and the team is a really – any of the child welfare research will certainly talk about the team approach because the team is really important to support your colleagues. People support each other at every level, even the supervisor supporting each other. That's used as a really strong way to ensure that people don't feel alone in this work and that they do seek the help they want and need on times.

Beyond all of that, we use opportunities like professional development sessions. Oftentimes, guest speakers will be brought in to talk about self-care or mental health for professionals, those kinds of opportunities. I know, for example, in Public Service Week last week, we

had a guest speaker come in the metro region. Any of those kinds of opportunities are taken and created to ensure that self-care is a very big discussion in our organization because it's just such an important topic and we want to retain our staff.

MR. PETTEN: Thank you very much.

CHAIR: I move to Mr. Finn. Do you have any questions or anything?

MR. FINN: Yeah, sure.

On the heels of that, actually, I just want to say I spent a number of years working front line with folks with mental health issues, and housing and homelessness in particular. Self-care awesomely is always on the agenda, hey, for like PD development.

But what I've always found with it is that everybody goes to the PD days and the self-care item is there and they're just kind of like, oh yeah, they're just going to tell us to go take a walk or exercise regularly or eat healthy. I'm just adding that.

The best PD function I ever attended was here in St. John's. It was hosted by the Transition House Association of Newfoundland and Labrador. They had a compassion fatigue guest speaker. She was from Kingston penitentiary; just the most phenomenal presentation that I've ever had to partake in.

I just thought I'd share that with you because oftentimes, you get folks that come in and they just say: Everybody is aware, oh, you had a stressful day, we're all wearing this, you're carrying it home and how do you take it home and how do you deal with it. This guest speaker was just the best I've ever seen, so I just wanted to add that.

One just general question, you spoke earlier around recruitment and retention of employees – one of the unique things about that and some of the challenges you face in staffing in rural areas, particularly in Labrador – and I've had many friends who have done stints in Nain and in for three months. Then, all of a sudden, they apply for another job and then they're relocated to

here. So the consistency of providing that care is always a challenge, particularly in rural areas.

With the All-Party Committee on Mental Health, which I was so fortunate to serve with the Chair and Minister Gambin-Walsh, one of the unique things that MUN is doing, the Faculty of Medicine, around recruitment and retention, is trying to get individuals who are from small towns and from rural areas – so if they grew up there and lived there, there are efforts being continuously made around how do we support you to go back to that area. I'm just saying that in the context of understanding the very unique and great challenge of staffing, and particularly staffing in rural areas and the consistency of that staffing in the rural areas. I didn't know if there was any long-term vision and thought around the recruitment and retention in that regard.

MR. COOPER: I can speak to how we have been working in Labrador because that is the area where we have, as you've identified, some of the biggest turnover challenges. The department has a model that social workers that work on the coast are classified at a higher level. There's a financial incentive that's put in place, there's the Labrador housing allowance and there are other benefits that people get from working there. We've put in place a fly-in, fly-out model in Natuashish to support practice.

Ultimately, there's been a partnership with the School of Social Work where they brought in, particularly through Nunatsiavut Government, some indigenous workers or students, trained them. There's been some good retention of those people that came from the local community to get trained as social workers. There's been some good retention of those folks on the North Coast of Labrador.

Ultimately, I think beyond all of these sort of HR tactics that you can use to try to improve our retention, we're working in partnership with Nunatsiavut Government and the Innu Nation to find a new delivery model so that we're really changing the way we work. By changing the way we work, maybe we'll be doing more that will be building upon indigenous workers where our role will change. We may, over time, be looking at devolution of certain aspects of our functions to the local community.

Our role is shifting and certainly we're working very closely with the indigenous leadership in Labrador to try to make – well, to really have a strong partnership so that benefits staff on the ground as well. If you've got buy-in from leaders, if the leadership see that we are true partners, then they can do an awful lot to help smooth over any issues that arise from time to time in a community that can cause stress for our staff.

MR. FINN: That's great.

Thank you very much.

CHAIR: You're good?

Okay, Ms. Rogers.

MS. ROGERS: That's great. Those were some of the questions I was just about to ask to have some conversation around work with indigenous communities.

What is happening right now when we saw in the media not so long ago about the large number of kids from indigenous communities in care in Roddickton? Where are we at with that? What's happening?

MR. COOPER: There are a number of things happening. We've got a partnership; of course we have the Working Relationship Agreement.

MS. ROGERS: Yeah.

MR. COOPER: And we've got the round table that we sit at the IRT with the Innu. So in terms of the Innu Nation, we've been working with them on a variety of new approaches to practice. We've sort of been supporting them. They got some federal funding last year and there's work happening on it this year to develop a made in Natuashish and Sheshatshiu-practice approach for social work.

MS. ROGERS: Great. Yeah.

MR. COOPER: As well as building community capacity for foster care. We're trying to improve our practice in terms of information sharing so that we can do a better job of identifying people who might be able to be kin carers or family-based care in the community. That's happening

not only with the Innu Nation but also with Nunatsiavut. We also have a foster home proposal in play with the Nunatsiavut Government in Hopedale.

MS. ROGERS: So the foster home would be right in Hopedale?

MR. COOPER: Yeah.

Those are some of the key things that we're doing. Certainly, we're seized with this question of how we can improve the number of caregivers on the coast so that we don't have children leaving the community.

MS. ROGERS: Yeah.

MS. WALSH: We've also worked with the Innu Nation to complete a review of every Innu child who's out of the community. We're working collaboratively to try to, where possible, safely return these children back to their communities jointly. It's a joint venture. The same thing with all of the children from the Nunatsiavut Government zone, we have done a review of all the children here out of their communities to look at their placements and talk about planning jointly.

MS. ROGERS: And you have the resources you need in order to be able to follow through on that and to complete that?

MR. COOPER: Yes.

MS. ROGERS: Looking at quality assurance, your response when you think that this report came out only in November 2016, and the incredible work you've undertaken or plan to undertake is quite impressive.

Is there any plan, in reviewing the work that is being done by asking families and children about the services they receive, to formally seek feedback from families and from children?

MR. COOPER: We haven't thought about that in relation to the specific AG recommendations, but that was a feature of our legislative review.

MS. ROGERS: Okay. Good.

MR. COOPER: We did focus groups with young people. We did surveys. We sent a survey out to families on our caseloads and we did get valuable information back about the legislation and about our services.

MS. ROGERS: I would think it would be kind of interesting because so often, even within our health care system, that's often also not actively pursued. How people's experience, I would think, would be valuable in giving us information about the services that are provided.

MR. COOPER: Yes. I would see that as part of a more mature quality framework that client engagement, client satisfaction-type surveys would be part of that, and that's something we're looking at.

MS. ROGERS: So the legislative review has been completed?

MR. COOPER: Yes.

MS. ROGERS: Can you tell us some of the – will we see that in the House in the fall? Also, can you tell us some of the main components and recommendations that you might have?

MR. COOPER: You certainly will see it in the fall.

MS. ROGERS: Yeah.

MR. COOPER: In asking me what the main components or recommendations are, I can direct you to our website to show you the (inaudible) report –

MS. ROGERS: Okay, good.

MR. COOPER: – but I can't speak to precise policy direction because that's still something that's being considered by government.

MS. ROGERS: Okay, great. And I hadn't read that document, so I will. I'll look for that.

The Positive Parenting Program, is that different than the services that are provided for vulnerable families through Key Assets and Waypoints? Is that a different program?

MR. COOPER: It is.

MS. ROGERS: So can you tell me about the programs that you now have provided by Key Assets and Waypoints for vulnerable families?

MR. COOPER: Sure. With Waypoints, we have an approach where Waypoints are providing some wraparound support to some of our foster families. With Key Assets, we actually have – actually, I should add, Waypoints are also doing some work with some of our families on protection caseload as well.

MS. ROGERS: What does that mean?

MR. COOPER: It means they are providing some hands-on support counselling, intervention support to some of our families on protection caseload.

MS. ROGERS: Great.

And so that would be referred by the social worker, would it?

MR. COOPER: Yes.

MS. ROGERS: Okay, great.

MR. COOPER: There would be a connection back to the social worker for that.

MS. ROGERS: Yeah.

MR. COOPER: For Key Assets, that's a model where Key Assets have actually recruited and trained up some caregivers, foster families who are providing Level 3 care, higher-level care. This has been a very successful approach.

We piloted it, our evaluation is pretty well concluded and we're looking ahead to how we might be able to take some of the lessons we've learned from it to improve our own service delivery, but also to look to what the future might hold.

MS. ROGERS: What did you find in those evaluations?

MR. COOPER: Unprecedented rates of client satisfaction.

MS. ROGERS: That's good news.

MR. COOPER: Yeah. With the foster families, I think it was 100 per cent felt it was a really positive experience.

MS. ROGERS: Yeah.

MR. COOPER: We're seeing quicker turnaround times from application to availability of a foster home. We're seeing much, much fewer placement breakdowns. I'm trying to think of the other indicators.

The overall story is that it's much better for children and it's much better – it's efficient. It's much better for children because they're not having the placement breakdowns and we've got some people who have the skills and who are getting the 24-7 supports from Key Assets to deal with challenging behaviours when they arise. So that's helping keep things together and help support the families.

MS. ROGERS: Great.

For some of the programs for vulnerable families, are there waiting lists for any of those programs? I've heard from constituents who are saying, well, we have to wait until there are enough people in the program.

MR. COOPER: Right.

MS. ROGERS: The return of their children is based on them fulfilling the requirement of attending a course.

MR. COOPER: In terms of the programs that we offer as a department, I don't believe there's any wait-list. I imagine there's probably some wait time for our Social Worker IIIs; we have a counselling family-therapy service. I actually don't know the wait time for that at this time or what the wait-list might look like. I apologize; I don't have that with me.

MS. ROGERS: Do you have even a ballpark?

MR. COOPER: I actually don't have it with me, no.

MS. ROGERS: Maybe if we could get that.

MR. COOPER: Sure, yeah.

MS. ROGERS: That would be great.

MR. COOPER: Yeah, I'd be happy to do that.

In terms of other community resources that are available to families, I can't speak to that in terms of what their wait times might be. But, certainly, we hear the same things that there's a wait time for parenting programs that may be offered at the Janeway, there's a wait-list for community mental health counselling. These are all things that you would have heard as part of the All-Party Committee, no doubt.

MS. ROGERS: Yes.

Would it be possible to get the information of what wait-lists might be when a social worker refers a family to certain services, whether it's within your department or within your programs or outside, in terms of how that affects the work around child protection?

MR. COOPER: We're taking a look at this issue when we consider: What are the dynamics that are contributing to children being in care longer.

MS. ROGERS: Yes.

MR. COOPER: I can't say we have it at our fingertips at this moment, but it's certainly something we're looking at as one of those contributing factors.

MS. ROGERS: Great. Yes.

MR. COOPER: Because it is one of the possibilities that we have. The AG found there were a number of extensions to interim orders, that we have people staying on longer than, from a legislative perspective, they should.

MS. ROGERS: Yes.

MR. COOPER: We're mindful that some of that can be because parents are waiting to access services they need before they're given a fair chance to know whether they can learn enough to get their children back, so that there may be an unintended consequence of some of the wait-lists.

MS. ROGERS: Yes.

MR. COOPER: That's not in our system, but it is a dynamic we're aware of and that we're trying to understand it ourselves. I just don't have that information.

MS. ROGERS: Yeah.

When you do have that assessment completed, could we have a copy of that as well?

MR. COOPER: We're certainly going to be putting out anything on our *Way Forward* plan. This is part of that.

MS. ROGERS: Great.

MR. COOPER: We're going to be putting that out publicly.

MS. ROGERS: Okay, great.

Thank you.

MR. COOPER: Yeah.

MS. ROGERS: I'm just wondering, you spoke earlier, and I can't remember if I've seen it in all the documentation we've looked at, that you are looking at workload versus caseload. How will that kind of work be managed?

MR. COOPER: It will start with the data that we're going to get from ISM. Having that in place for a little while will help us better understand the nature of our caseloads and workloads. When we start our professional practice committees, I would see this as among the top three issues we want to deal with, with our staff, is to talk through how do we approach this issue.

So we've got an intention to approach this as part of our – we know we need to get our arms around this. ISM and the implementation of our professional practice quality structure are going to be the drivers of that.

MS. ROGERS: Okay.

MR. COOPER: Yeah.

MS. ROGERS: Also, I didn't get it really clearly but you may have stated this. The issue of the kinship homes receiving an average of

\$13,000 a year per child versus the relative foster homes getting \$30,000, are you looking at that?

MR. COOPER: I mean we certainly did commit to examine that issue. We have assessed it to a degree; we have a bit more to do.

But, yeah, that's all I can say about it really. We've looked it. There's a difference in the payment at this point because there's a complete difference in the policy approach. Kinship is not a program as much as it's an approach to helping a family at a particular point in time.

MS. ROGERS: Yes.

MR. COOPER: Whereas family-based care is part of the continuum in the foster care system and thus contains some of the elements that you see within our new level system, which includes payment being matched to skills, knowledge and competency, which is different than a kin arrangement.

We've looked at it, and we recognize the policy question raised implied by the question is a big one. Do we want to fundamentally alter the role that family plays? If we were to do that, there's a practical question around affordability. We have over 500 children in kin arrangements and –

WITNESS: They're not in custody.

MR. COOPER: – they're not in custody. If we were to do something that was basically treating kin like foster families, then that would have to be looked at from the point of view of what's the problem we're trying to solve. We have a good system right now with kinship and we don't hear a lot about it from the point of view of people saying I don't want to be a kin carer; I don't want to care for my niece because you're not treating me like a foster family.

There's always a need to look at whether we're being fair and equitable, and we can see there are differences that are legitimate in kinship. If you're a kin carer, you get to keep the full child tax benefit. If you're a family-based foster home, then you don't. You get to keep part of it and the trade-off is we give a block fund.

We give a block fund to a foster family whereas a kin carer, we'll still give the same funding to, but it's going to be wrapped around the needs of the child. So we'd have to change our practice approach to change that policy and we're not really sure in terms of where we spend our effort, what would the benefit be. It will cost the province more and we're not sure what problem we just solved.

MS. ROGERS: Okay.

At this point you've made your decision or ...?

MR. COOPER: Well, no, I've given you our analysis.

MS. ROGERS: Right.

MR. COOPER: A decision hasn't been made until we finalize the policy analysis. So I've just given you what we're struggling with, with this one.

MS. ROGERS: Okay, great.

MR. COOPER: Yeah.

MS. ROGERS: The response has been wonderful. The hope of that whole cultural change and refocusing on the profession is so hopeful in an area that it's such tough work to do.

I just have some comments from someone who's been in child protection for a long time, a social worker. This person says: The system is chronically understaffed. It is not possible to comply with policy given caseloads. There are not enough hours in the day.

Other issues that are faced are several social workers are on stress leave due to working conditions, which include anxiety from not having the ability to carry out their duties. The workplace stress leads to high turnover of staff and consequent inability to cultivate corporate knowledge and experience base. I think you've certainly spoken about that.

Efforts by CYFS to reduce workloads include removing supportive services from its mandate. Supportive services was a branch of CYFS that helped parents manage children in their home.

The decision to remove supportive services was made after an audit in 2008 showing that many child protection referrals were never actioned, including referrals on sexual assault of children. Rather than supply the system with enough social workers to do the job, they attempted to solve the problem by reducing the types of work that social workers did. You cannot half protect children.

It's almost done here. Half measures such as not providing supportive services places children at greater risk. Removal of supportive services means the options available to CYFS are greatly reduced and removal of children from their home becomes the go-to response.

Two more: Trauma that children suffer during the act of removal and consequent to removal is ignored by CYFS. The discussion of this trauma is discouraged by higher-ups. CYFS policies change frequently to the point that it feels like CYFS is in a constant state of transition in hope that things will improve. The lack of stability in CYFS increases risk to children.

It's a lot but I think some of these issues are reflected in the Auditor General's report, but also some of the issues that we spoke of. I've asked a few times: Do you have the resources, the personnel? I think you've clearly identified in your analysis that you don't think it's a staffing numbers issue, but is it possible to speak to some of these issues? I know we have spoken to some of them already today.

MR. COOPER: I think we have spoken to them, actually. The passion you've just conveyed from our staff experience is very much what propels us forward.

MS. ROGERS: Yes.

MR. COOPER: Our job as leaders is to change that narrative. It's to actually listen to that, listen to the experience that our staff are having. The only solution – we will not improve things by looking backwards and beating ourselves up.

MS. ROGERS: Right.

MR. COOPER: It's easily tempting to feel kind of disempowered when you hear the problem the way that staff just described it to you, that can

take away the sense of empowerment and how to deal with it.

MS. ROGERS: Yes.

MR. COOPER: We know what needs to be done to improve the culture and climate. Having been a front-line social worker myself, I feel it in my bones because it was my first experience after university. I left it for some of the frustrations, and it propelled me forward in my career as executive director of the NLASW where I advocated for child protection social workers very strongly in the public.

These are the issues that motivate the people you see here from the department and everybody in the department. We don't want to be some of the higher-ups who are squelching those stories. I heard that, and that's not how we're approaching things. I don't know who would have because we're open to these things.

It's only through that kind of truth that we actually figure out the solutions, and that's the approach we're taking. We're trying to be solution focused –

MS. ROGERS: Great.

MR. COOPER: – positive and show strong leadership to make the story different than it's been.

MS. ROGERS: I want to say what a positive experience this has been today to hear your response to many of the issues raised by the Auditor General and many of the issues that we raised here today. You certainly have your work cut out for you and you certainly appear to be really on the path to great things.

CHAIR: Mr. Bragg, any ...?

MR. BRAGG: I guess I have more of a closing remark than anything.

I think you and your staff did a great job of answering all the questions here today. The information, I'm sure, was well received. I wish you guys much success on this, on behalf of the children of the province, and for your staff, of course. We can't forget the staff because without the staff we'd be in worse trouble.

Thank you guys so very much for coming out this morning.

MR. COOPER: Thank you.

CHAIR: Mr. Petten.

MR. PETTEN: Yeah, thank you, Mr. Chair.

Just one final question I have for you before I finish up too. With the increased paperwork – because there’s a lot of more documentation, there’s a new process being implemented by the department, which I think is great – has there been any thought given to providing more front-line supports to the social workers?

I know, Bruce, you made the reference earlier that social workers would rather be meeting with the clients than in the office doing the paperwork. That’s a very true statement. As an elected official, sometimes I’d say the same thing, I’d rather be out meeting with constituents than sitting in the office reading or emailing.

Has there been any thought – because there’s going to be an increased amount of paperwork in office at the desk type of time, that they’re not going to have the same time to commit to dealing with clients. Has there been any thought by the department to look at probably increasing support services for the social workers?

MR. COOPER: We’ve been looking at the question of how can we ensure that the model that’s already in place – which is a skill mix model which has social workers, social work assistants, clerks and BMSs as part of the team – how can we make sure that’s working properly. In our travels, we’ve heard there are some areas where social work assistants are doing supervised access, because there’s a need, as opposed to doing some of the work to support a social worker and thus the social worker is downstream working on things.

We’re very alive to that issue of how can we ensure that the team model we have in place is actually working in a consistent manner across the province in a way that’s supportive. It’s not been in a direct response to any judgment that we’re going to see an increase in paperwork because our hope is that with ISM we’re going to have an easier system. I’m not saying people

aren’t still going to have time in their office, but our hope is, the plan is, that this will be a more seamless approach.

We shouldn’t see any increase in paperwork; we should see it being less time spent on that. That’s our hope.

MR. PETTEN: Okay.

MR. COOPER: That’s what we bought.

MR. PETTEN: Yeah.

On that note, I also want to say thank you for your time this morning. Your presentation and your answers have been really – I’m really impressed. I thank you once again for the opportunity to answer every question to the best of your ability. It’s very well done.

Thank you very much.

CHAIR: Ms. Parsons or Mr. Finn, any last questions?

MS. P. PARSONS: Thank you again.

CHAIR: You’re good.

Mr. Finn?

MR. FINN: I’m fine, Mr. Chair.

Thank you very much.

MR. COOPER: Thank you.

CHAIR: Okay, I have the last hour, hour and a half of questions today.

I too want to thank you guys. It’s very thorough. You outlined exactly the improvements around documentation, around communications, around structure, around the moral supports and the interventions, and about training and the partnerships that are being developed, but particularly around division and move forward – I like that concept.

I will caution you on one thing. As you know, I have a very unique district and parts of it have very unique needs that are directly connected to your department, but around the kin care

program versus the foster care. Don't fix what's not broken. I encourage you to – from my experience things have been moving. There are ways to improve it, no doubt, but there's a reason why there are two different variations. The hundreds of constituents I've worked with who've unfortunately, but in a fortunate manner at the end of it, have had to avail of the two different ones. There's a reason to have them separate, and I think it moves in the right direction.

I will say I commend the fact that you're putting some serious efforts into working with our indigenous community. My first job, before I became a civil servant, was working for the band council in Sheshatshiu. I spent three days last week back in Labrador as the critic for Labrador and Indigenous Affairs.

I went back to Sheshatshiu and spoke to a number of the indigenous leaders about, particularly, the challenges around interventions with families and youth. Everybody agrees it's a serious issue. Everybody agrees there's no one cookie-cutter approach to this process, but the underlying communicated process that was mentioned was that partnerships have to be developed with the indigenous communities. So I was glad to hear you're reaching out, you're developing partnerships, you're finding ways to train people who are on site, who come from the various backgrounds and are committed to those communities.

So that's a testament. I won't sugar coat it, because I think you have an unbelievable task within the department, but even a bigger task when it deals with some of the challenges the indigenous communities are facing, but there is light at the end of the tunnel. No doubt, what's been outlined there – and I'm glad the Auditor General did a thorough job to outline some of the challenges that he and his staff had identified, but particularly the approach that you guys have taken to address those.

I know some of it are timelines and we've had the conversation before when the department was in its infancy, just being developed in the late 2008-2009, getting to sit in on a committee and saying this is definitely a decade before we get to a point where we're comfortable – we are still going to have challenges, but we're

comfortable that we're on the right path. We're getting close to that decade, but this, to me, tells me we won't go well beyond that in making sure we have a good process in place – so happy to do that.

I'll end on one note; nearly 30 years ago a young man came to me and asked me for a reference because he wanted to try a career in social work. I think I gave the right reference. You picked the right career, Bruce.

Anyway, guys, great job. We appreciate this and we look forward to, over the next number of years, as the Public Accounts will still be here, as this Committee, until 2019, hopefully not having to have hearings with you guys, but hopefully being able to tick off departments that are well in line with following through on the recommendations of the Auditor General.

So on that note – sorry?

OFFICIAL: (Inaudible.)

CHAIR: Yes, I always forget.

I'm going to ask Terry if he'd like any last comments about what you've heard here and where you think it lies with your findings and if it's moving in the right direction.

MR. PADDON: I'll just make a couple of comments, Mr. Chair, not to keep us any longer than we need to.

First of all, I'd like to thank Bruce, and particularly his staff for the work they've done. I certainly know there's a lot of heavy lifting here and certainly a very thorough presentation in response to our recommendations.

I just want to make it clear, and I think it probably is clear, but nothing in our report was designed to question the clinical judgements of social workers and social work staff. Actually, we had quite a number of discussions with staff as we started our audit. So this was really designed to look at measuring against internal policy and procedures, no more than that.

It's certainly not intended to question the commitment and professionalism of staff at the department because I think, based on, certainly,

what we saw as auditors during our audit, and I think it was evident from what we see here today, there's certainly quite a lot of passion and commitment on the departments and the staffs behalf towards ensuring the safety and protection of children in the province.

I would just like to make one comment, and maybe Bruce is trying to dance around it a little bit in his response to the question about funding between kinship and foster. Our recommendations, while sometimes they appear to be somewhat prescriptive, at the end of the day they're recommendations, and it's the department's responsibility – I think you probably understand this – to do what you think is right in terms of the operations of the department.

We will, within a couple of years, go back and follow up on the implementation of the recommendations but we're not that laser focused that we would not take into account sort of the broader issues that you face in the department. So as you move forward with these, it's not my philosophy to hold you so strict to the recommendations as to do things that don't make sense.

That's the only question and comments I'd make.

Thanks very much, and thank you.

CHAIR: Thank you.

Well, with that being said, a motion that we adjourn.

So moved, Mr. Petten; seconded, Ms. Rogers.

Once again, thank you guys for coming. I appreciate this.

As you know how it works, the fall we'll have a report presented to the House of Assembly. But I think you're in good light with the Public Accounts from your responses.

Thank you.

On motion, the Committee adjourned.