

Chapter 3

Department of Social Development – Group Homes and Specialized Placements

Contents

Chapter Summary.....	55
Key Findings and Observations Table.....	56
Recommendations and Responses.....	59
Audit Introduction.....	71
Conclusions.....	73
Background Information.....	74
Ineffective Department Standards.....	83
Poor Planning for Child in Care Placements.....	89
Weaknesses in Quality of Care.....	99
Poor Monitoring and Reporting.....	106
Appendix I – Discussions with Key Stakeholders.....	109
Appendix II – Audit Objectives and Criteria.....	110
Appendix III – About the Audit.....	111



Group Homes and Specialized Placements – Department of Social Development

Report of the Auditor General – Volume II, Chapter 3 – December 2019

Why Is This Important?

- Children taken into the care of the Province under the *Family Services Act* are among the most vulnerable in the Province
- Inadequate care of these children can have disastrous consequences, contributing to suicide attempts, addictions, long-term mental health challenges and homelessness

Overall Conclusions

- The Department does not effectively manage placement and care of children in group homes and specialized placements
- Department standards exist but weaknesses need to be addressed to improve quality of care to children
- The Department does not plan effectively to ensure adequate group home capacity exists in the Province

What We Found

Poor Planning for Child in Care Placements Creates Risk for Children

- Placement options limited when children enter care – decreasing foster home availability and emergency placement options strained
- Increased use of group homes and increased number of young children in group homes
- Increasing complex behaviours of children coming into care
- 9 of 15 specialized placements without service contract stating conditions and performance expectations
- No standardized Department forecasting or resource planning for children coming into care

Weaknesses in Quality of Care Increase Risk of Poor Outcomes

- Case planning requires improvement
- Limited development outcomes set for children
- Care plans for children do not meet standards
- High social worker and group home employee turnover
- Social worker and group home employee training improvements are required
- Weak Department information system limits social worker efficiency and effectiveness

Ineffective Department Standards

- No standards for children in temporary care
- No standards governing specialized placements
- Standards have weak performance indicators

Poor Monitoring and Reporting

- Department annual monitoring of contracted service providers requires improvement
- No standard monitoring procedures for specialized placements
- Ineffective use of social worker skillset

Key Findings and Observations Table

Group Homes and Specialized Placements – Department of Social Development

Paragraph	Key Findings and Observations
	Ineffective Department Standards
3.37	Social Development has standards governing the Child in Care program and Children’s Residential Services
3.43	1999 Child-in-Care Program Standards included children in temporary care
3.44	No standards for children in temporary care since 2018
3.48	No standards for specialized placements
3.49	Department has guidelines for specialized placements
3.51	Lack of standards can impact the quality of care
3.54	Standards have weak key performance indicators
3.60	Standards and other guidance not fully integrated
3.61	2010 standards are outdated
3.62	Standards not cross-referenced with related program standards and guidance documentation
	Poor Planning for Child in Care Placements
3.68	Lack of child in care placement options
3.73	Increasing use of group homes
3.77	Group homes raise capacity concerns
3.79	Younger children placed in group homes
3.82	Every 10 children placed in group homes instead of foster homes estimated to cost \$1.6 million more annually
3.85	Increasing case complexity is expanding the use of specialized placements
3.87	Average annual cost per specialized placement in one region was \$421,000
3.89	Regional emergency placement options are strained

Key Findings and Observations Table (continued)

Paragraph	Key Findings and Observations
	Poor Planning for Child in Care Placements (continued)
3.91	<i>Service level agreements do not exist for all specialized placements</i>
3.92	<i>Department used 15 specialized placements between 2017 and 2019</i>
3.93	<i>9 of 15 specialized placement facilities were operating without a service level agreement</i>
3.96	<i>Children placed out of their communities impacts their personal stability</i>
3.98	<i>No specific strategy to address capacity and service delivery issues</i>
3.103	<i>No standardized forecasting for future resource requirements</i>
3.104	<i>No Department or regional resource plans</i>
3.106	<i>Limited group home information tracked and used in planning</i>
	Weaknesses in Quality of Care
3.109	<i>Weaknesses impacting children's quality of care</i>
3.112	<i>Children's case plans are inconsistent</i>
3.113	<i>Limited evidence of outcomes in case plans</i>
3.116	<i>Care plans do not meet standards</i>
3.117	<i>Limited joint development of care plans</i>
3.119	<i>Care plan content is inconsistent</i>
3.122	<i>Social worker caseload turnover is high</i>
3.123	<i>Operator personnel turnover is extreme</i>
3.127	<i>Required training for Operator personnel and Department social workers not timely</i>
3.129	<i>Cultural awareness training could be improved</i>
3.132	<i>Department does not adequately prepare children and youth to transition out of care</i>
3.133	<i>No clear direction or strong standard guiding preparation for adulthood</i>
3.135	<i>No evidence of consistent planning for independent living and adulthood or monitoring of outcomes</i>

Key Findings and Observations Table (continued)

Paragraph	Key Findings and Observations
3.139	<i>NB Families information system functionality limits effectiveness and efficiency</i>
3.142	<i>Department data integrity and availability issues</i>
	Poor Monitoring and Reporting
3.147	<i>Standards require annual monitoring of group homes</i>
3.148	<i>Annual monitoring not always completed as required</i>
3.150	<i>Forms completed by Operator personnel</i>
3.151	<i>Operators raised concerns and issues in the annual review documents</i>
3.152	<i>Insufficient evidence that regions are acting on Operator feedback</i>
3.155	<i>Health and safety reviews by social workers</i>
3.156	<i>Non-effective use of social work skills and expertise</i>
3.158	<i>Monitoring at specialized placements is not standardized</i>
3.161	<i>Department does not publicly report on performance</i>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.59 We recommend the Department of Social Development:</p> <ul style="list-style-type: none"> • include in their standards, specific key performance indicators for each standard; • set a minimum level of performance in line with the performance indicator(s) specified; and • update monitoring procedures to include guidance in measuring the performance indicator(s) for each standard. 	<p><i>The Department accepts the recommendation. The intention is for all standards to be written in a manner that clearly articulates minimum service delivery expectations.</i></p> <p><i>The Department hired an external consultant in February 2018 to do an independent review of child protection and family enhancement services in New Brunswick. Savoury Consulting Ltd. (hereinafter referred to as the Savoury Report) presented the Department a report entitled Review of the Effectiveness of New Brunswick's Child Protection System (2018) which has resulted in the Child Protection System Enhancement Project (CPSE).</i></p> <p><i>This recommendation aligns with a recommendation from the Savoury Report to revise standards using a standardized template. The Department is committed to continually reviewing standards to ensure best practices are presented with specific key performance indicators.</i></p>	<p><i>Immediately and Ongoing</i></p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.66 We recommend the Department of Social Development integrate key procedures, guidelines, policies and standards into their current and future standards.</p>	<p><i>The Department accepts the recommendation. This recommendation aligns with a recommendation the Department accepted from the Savoury Report to revise standards using a standardized template. The Department is committed to continually reviewing standards to ensure current policies, procedures and guidelines are referenced in the document.</i></p>	<p><i>Immediately and Ongoing</i></p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.67 We recommend the Department of Social Development revise the:</p> <ul style="list-style-type: none"> • Children's Residential Services Practice Standards for Child in Care Residential Centres; and • Children's Residential Centre Service Standards for Operators to increase integration with policies, guidelines, procedures and other mandatory standards. 	<p><i>The Department accepts the recommendation. The last comprehensive review of the Children's Residential Services Practice Standards for Child Care Residential Centres and Child Care Residential Centre Service Standards for Operators was completed in 2010 with amendments made in the interim. The Department has planned a comprehensive review of these standards to incorporate ongoing work with the Network of Excellence and the New Brunswick Association of Youth Residential Services to implement an ARC (Attachment, Regulation, Competency) Framework for trauma-informed service delivery with group homes.</i></p> <p><i>The Department reaffirms its commitment to continually reviewing standards to ensure current policies, procedures and guidelines are referenced in the document.</i></p>	<p><i>Fall 2020</i></p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.95 We recommend the Department of Social Development develop and implement standardized service level agreements across all regions for all specialized placement facilities.</p>	<p><i>The Department accepts the recommendation. The Department is currently drafting new standards to support child specific placements as part of the Kinship Model. The Department's contract administration team will be consulted during this process as part of the ongoing contract optimization initiative.</i></p>	<p><i>February 2020</i></p>
<p>3.101 We recommend the Department of Social Development develop and implement a documented strategy to address group home capacity and service delivery challenges facing the Province. This strategy must align with current Provincial child welfare strategies.</p>	<p><i>The Department supports the importance of developing and implementing a strategy to address group home capacity and service delivery challenges across the Province. Currently, it is the responsibility of the regional Children's Resource Services (CRS) Supervisor to conduct an annual assessment of the group homes in the region and make recommendations, when required, to create additional resources, reduce resources or make program changes to current centers to meet the placement needs of the region. The Department will explore the feasibility of developing and implementing a provincial strategy to address group home capacity and service delivery challenges. Additionally, the work happening through the CPSE project may inform this strategy.</i></p>	<p><i>Fall 2020</i></p>

Recommendations and Responses (continued):

Recommendation	Department’s response	Target date for implementation
<p>3.108 We recommend the Department of Social Development:</p> <ul style="list-style-type: none"> • forecast regional and provincial demand for placement services; and • standardize resource planning procedures to be used by regions and implemented provincially. 	<p><i>The Children’s Residential Services Practice Standards for Child Care Residential Centres details the responsibility of the regional CRS Supervisor to conduct an annual assessment of the group homes in the region and make recommendations, when required, to create additional resources, reduce resources or make program changes to current centers to meet the placement needs of the region.</i></p> <p><i>The Department recognizes the opportunity to increase the consistency and effectiveness of the resource forecasting and planning. The Department will explore opportunities to align with other processes underway in the Department to enhance capacity for efficient forecasting and planning. The review of the Children’s Residential Services Practice Standards for Child Care Residential Centres and Child Care Residential Centre Service Standards for Operators will include consideration of best practices in this area.</i></p>	<p>Fall 2020</p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.115 We recommend the Department of Social Development design and implement case planning procedures for regional personnel, including:</p> <ul style="list-style-type: none"> • standardized content requirements supporting achievable outcomes for children taken into care; and • regular case plan review and revision requirements to conform with standards. 	<p><i>The Department supports the recommendation to further enhance the case planning process for children in care by including more specific parameters in standards.</i></p> <p><i>The Child in Care Program Practice Standards require that every child who comes into care has an individual case plan specific to their needs. The child's case plan is reviewed, at least, every six months and as significant circumstances arise.</i></p> <p><i>This recommendation aligns with an accepted direction currently being addressed in the CPSE project to change the mandate of the Permanency Planning Committee to be exclusive to permanency planning for children in care, temporary and permanent.</i></p>	<p><i>December 2020</i></p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.121 We recommend the Department of Social Development:</p> <ul style="list-style-type: none"> • comply with standards and jointly develop care plans with group home and specialized placement Operators; • standardize requirements and documented procedures for care plans to include objectives and actions that align with Department case plans; and • set specific requirements for regular review of care plan changes by Department social workers. 	<p><i>The Child in Care Program Standards provides clear directive that a care plan be developed within 14 calendar days of the first day of placement through a collaborative approach with the child (as appropriate to their age and development), the child's social worker, the caregivers, and the CRS social worker. The Department, through the Provincial Program Consultants and clinical supervision in the regions, will place more emphasis on adhering to the standards to ultimately support positive outcomes for children in care.</i></p> <p><i>The Department will explore assessment tool options to guide social workers and service providers toward well-defined measurable goals and outcomes in case and care planning which would be reviewed, under the revised mandate of the Permanence Planning Committee.</i></p>	<p>Ongoing</p> <p>December 2020</p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.131 We recommend the Department of Social Development:</p> <ul style="list-style-type: none"> • ensure required training is completed in regional offices, group homes and specialized placement facilities before caseloads are assigned to personnel; and • provide cultural awareness training across regional offices, group homes and specialized placement facilities. 	<p><i>The Department's training policy stipulates the importance for all social workers working in child welfare programs to complete the Child Welfare Training Core 100 Series within their first year of employment.</i></p> <p><i>In collaboration with the Department of Health, through the Network of Excellence, the Department is in the first phase of an initiative to train regional staff and group home staff in a trauma-informed model of care. Beginning in May 2019, a training called Treating Complex Childhood Trauma: The attachment, regulation and competency framework was presented by Dr. J. Pressley to staff of Social Development, Public Safety, and Mental Health as well as ISD Child & Youth team members and group home staff. The Department of Health is coordinating trauma-informed care coaching for Integrated Service Delivery (ISD) Child & Youth teams, regional staff and group home staff to support learning and application of key concepts of the ARC model over the next year.</i></p> <p><i>The Department is committed to ensuring that services are provided in a culturally sensitive manner. The CORE training system for child welfare staff includes competencies on cultural understanding. In addition, the Department offers Aboriginal Awareness Training on an ongoing basis, with the next session scheduled for February 2020.</i></p>	<p><i>Ongoing</i></p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.138 We recommend the Department of Social Development:</p> <ul style="list-style-type: none"> • establish independent living and transition to adulthood planning requirements and documented procedures to be completed well in advance of the child's anticipated transition date; and • require regular reviews of the preparation for independent living plan by Department social workers in conjunction with Operators of group homes and specialized placement facilities. 	<p><i>The Department commits to enhancing the existing Independent Living and Transition to Adulthood planning process in the current Child in Care Practice Standards by establishing a timeframe for reviews by the Permanency Planning Committee and identifying group homes and specialized placement facilities' operators as core participants in those reviews.</i></p> <p><i>The Child in Care Practice Standards require an ongoing process of building and assessing the child's independent living skills, and providing education and opportunities to test those skills, where the social worker works collaboratively with others (i.e. caregivers, support workers, significant persons and service providers) to prepare the child well in advance of leaving care. The Department will review best practices with respect to the age for initiating this process.</i></p> <p><i>The review of the Children's Residential Services Practice Standards for Child Care Residential Centres and Child Care Residential Centre Service Standards for Operators will include specific direction regarding collaborative transition planning.</i></p>	<p><i>December 2020</i></p>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
3.145 We recommend the Department of Social Development evaluate options to improve or replace the NB Families information system with the aim of increasing efficiency and effectiveness in case management practices.	<i>The Department is constantly looking for ways to increase the efficiency and effectiveness of the NB Families system.</i>	<i>Ongoing</i>
3.146 We recommend the Department of Social Development collect and maintain high quality residential placement capacity and service capability data from group home and specialized placement Operators for use in Department planning, monitoring and reporting processes.	<i>The Department accepts the recommendation. The Department will conduct a review to consider the feasibility of enhancing the collection and maintenance of data regarding child care resource services.</i>	<i>September 2020</i>

Recommendations and Responses (continued):

Recommendation	Department's response	Target date for implementation
<p>3.154 We recommend the Department of Social Development:</p> <ul style="list-style-type: none"> • document responses and actions taken to address feedback and concerns raised when reviewing Operator completed evaluation forms; and • follow-up on Operator feedback and the results of actions taken to address issues identified in the annual review. 	<p><i>The Department accepts the recommendation. The review of the Children's Residential Services Practice Standards for Child Care Residential Centres and Child Care Residential Centre Service Standards for Operators will include consideration of best practices in this area.</i></p>	<p><i>Fall 2020</i></p>
<p>3.160 We recommend the Department of Social Development design and implement documented procedures for monitoring and evaluating the performance of specialized placement facilities.</p>	<p><i>The Department accepts the recommendation. The Department is currently drafting new standards to support child specific placements that will include consideration of best practices in monitoring and evaluating service delivery.</i></p>	<p><i>February 2020</i></p>
<p>3.164 We recommend the Department of Social Development publicly provide current statistical information on child welfare programs and publicly report on program performance.</p>	<p><i>The Department recognizes the value of transparency in service delivery.</i></p> <p><i>The Department currently provides statistical information on child welfare programs as requested and will publicly provide statistical information on child welfare Programs. The Department will look at how it can publicly report on program performance measures.</i></p>	<p><i>Fall 2020</i></p>

Audit Introduction

3.1 The Department of Social Development provides services to the most vulnerable of the Province's population. Providing quality services to children and youth taken into care can have a profound impact on their future success. This can lead to positive long-term results for the Province when those children become adults and productive citizens. Alternatively, poor management of care provided to those children can have disastrous consequences, contributing to suicide attempts, addictions, long-term mental health challenges and homelessness. This chapter examines the effectiveness of the Department's practices in providing quality services to children and youth in youth residential services (group homes) and specialized placements.

3.2 In New Brunswick, group homes are often responsible for caring for vulnerable youth in crisis. They have been successful in collaborating as a unified body represented by the New Brunswick Association of Youth Residential Services.

Forward planning at the Department of Social Development

3.3 Department senior managers made us aware of initiatives underway or in planning that could alleviate some of the pressures on the residential system and address some of the findings we raise in this report. These initiatives, many of which were recommended by an external consultant contracted by the Department, include:

- Draft legislative changes to the *Family Services Act* and regulations;
- Multi-department initiatives, to address training and remuneration for workers in various fields including child welfare; and
- Ongoing implementation of the Integrated Service Delivery model and the network of excellence.

We recognize the Department is making efforts to improve services it delivers. Since these improvements were not fully implemented at the time of our audit, we could not evaluate the impact of the proposed changes.

Why we chose this topic

3.4 We chose to audit youth residential services, specifically group homes and other placements for children in care, for the following reasons:

- Children taken under care of the Province and placed in group homes are among the most

vulnerable in the Province. They often suffer from neglect, abuse, addiction and/or mental health issues within the family when taken into care. Their future outcomes may depend on the care they receive as a temporary or permanent ward of the Province.

- In 2013 we reviewed foster care in the Province and during our work, identified group homes as a potential audit project.
- Our discussions with other stakeholders in the Province, including representatives of the New Brunswick Association of Youth Residential Services, Partners for Youth and the Child and Youth Advocate, highlighted areas of concern with the care children received in group homes and other related placements.

Audit objective

3.5 The objective of this audit was to determine if the Department of Social Development effectively manages the placement and care of children under the *Family Services Act*.

Audit scope

3.6 Our audit focused on planning and delivery of child in care residential services in the Department of Social Development and included both group homes and specialized placements. Our work did not include foster care as we had previously covered this area in 2013.

Audit approach

3.7 Our observations, findings and conclusions were based on:

- examination of Department legislation, policy, standards and reports relevant to our work;
- sample testing of client files from 4 of 8 regions representing 80% of the total provincial group home capacity;
- analysis of data provided by the Department; and
- interviews with Department personnel, group home and specialized placement operators and other relevant stakeholders, including Partners for Youth.

3.8 As part of our audit we hired experts in child welfare to review the Departments standards and assess the adequacy and quality of standards specific to group home agencies

and associated care under the *Family Services Act*. Findings and recommendations from the expert are included in this report where applicable.

3.9 Excerpts of discussions we had with key stakeholders citing their concerns regarding the state of the group home system can be found in Appendix I. More details on the audit objectives, criteria, scope and approach we used in completing our audit can be found in Appendix II and Appendix III.

*Note to readers –
reliability of Department
data*

3.10 As reported in the following sections, we found inconsistencies in some of the data provided by the Department and presented in this chapter for information purposes. As such, we caution readers not to rely upon this information without exercising appropriate due diligence to ensure it meets their needs.

Conclusions

3.11 We concluded:

- the Department of Social Development does not effectively manage the placement and care of children in group homes and specialized placements under the care of the Minister;
- the Department needs to develop practice standards for children in temporary care and for specialized placements. The Department should also set clear performance expectations within the existing standards to improve the quality of care provided to all children under the care of the Minister;
- the Department does not plan effectively to ensure adequate residential placements are available for children coming into care; and
- the Department's monitoring requires improvement in order to evaluate services provided by group homes and specialized placements and use the information to improve outcomes for children in care.

Background Information

3.12 These weaknesses could result in:

- safety risks to children;
- poor quality of care;
- lack of available beds and services;
- unsuccessful outcomes for children; and
- poor value for taxpayer dollars.

3.13 The Department of Social Development (Department) delivers critical social services to the most vulnerable people in New Brunswick, including children taken into the care of the Minister under the *Family Services Act* (Act).

3.14 The Act provides the Minister of Social Development with a mandate to:

- “determine the need for community placement resources” and “enter into a contract with respect to the use of a community placement resource” under Part II;
- provide protection services as prescribed under Part III, including placing “the child under protective care” and ensuring “that a plan for the care of the child is established to ensure that his or her security and development are adequately protected”; and
- take children into the care of the Province under Part IV.

Social Development spends over \$1 billion annually

3.15 Exhibit 3.1 presents the Department’s expenditures, totaling over \$1 billion annually.

Exhibit 3.1 - Social Development expenditures by program

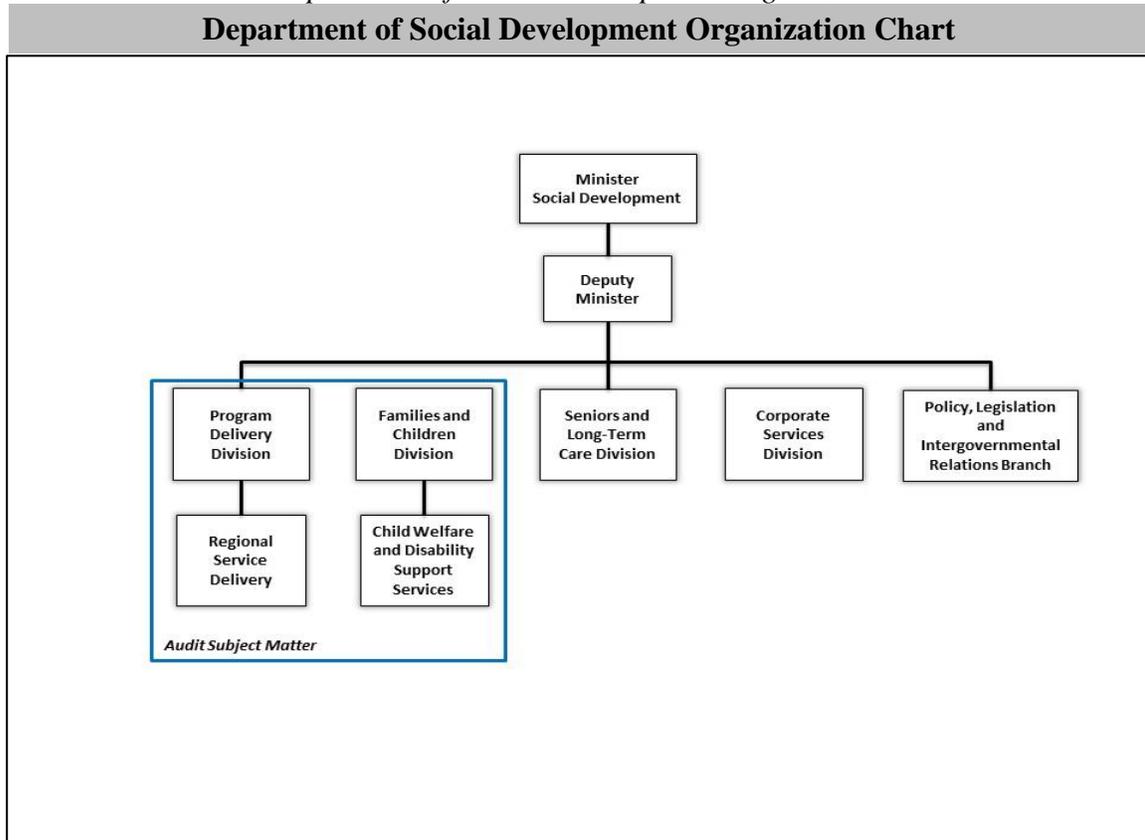
Social Development Expenditures by Program (\$ millions)					
Programs	Fiscal Year				
	2013-14	2014-15	2015-16	2016-17	2017-18
Corporate and Other Services	\$11.9	\$12.3	\$11.8	\$13.9	\$10.7
Child Welfare	121.2	124.4	127.7	130.2	130.7
Disability Support	N/A	N/A	N/A	159.7	165.8
Seniors and Long-term Care	582.1	604.1	614.7	491.1	501.0
Income Security	240.9	247.0	246.2	241.2	237.8
Housing	77.4	81.2	80.8	101.7	107.0
Other	31.8	39.1	38.7	41.0	40.3
Total	\$1,065.3	\$1,108.1	\$1,119.9	\$1,178.8	\$1,193.3

Source: New Brunswick Public Accounts (N/A – not applicable in this fiscal period)

3.16 Exhibit 3.1 demonstrates the growth in Child Welfare expenditures over the 5-year period. Child Welfare, including child protection, child in care and children’s residential services, totaled nearly \$131 million or 11% of the Department’s \$1.2 billion expenditures in 2017-18.

3.17 The Act is administered through various branches and programs. Exhibit 3.2 provides a broad overview of the Department’s structure.

Exhibit 3.2 - Department of Social Development Organization Chart



Source: Created by AGNB from Department of Social Development Information (unaudited)

3.18 Exhibit 3.2 identifies two divisions as well as two branches included within the scope of our audit work. According to the Department’s 2016-2017 Annual Report, the Program Delivery Division is “responsible for delivering programs and services to clients of the Department.” The Families and Children Division is “responsible for planning, designing and monitoring department programs related to child welfare...”

Service delivery is provided by 8 regional offices

3.19 Department management is located at the central office in Fredericton. Eight regional offices operating under the Program Delivery Division provide services to the Department’s clients. Children come into care through the Child Protection Program administered by regional personnel.

3.20 The Act defines a “*child in care*” as: “*any child within an age group prescribed by regulation who has been placed under protective care or any child who is in the care of the Minister of Families and Children under the terms of*”:

- a) a custody agreement;
- b) a guardianship agreement;
- c) a custody order;
- d) a guardianship order; or
- e) a supervisory order

3.21 When children are taken into care they are considered temporary or permanent wards of the Province.

- Temporary status includes custody agreements and orders transferring the temporary custody, care and control of a child to the Minister.
- Permanent status includes guardianship agreements and orders transferring permanently the guardianship of the child, including the custody, care and control of, and all parental rights and responsibilities with respect to the child.

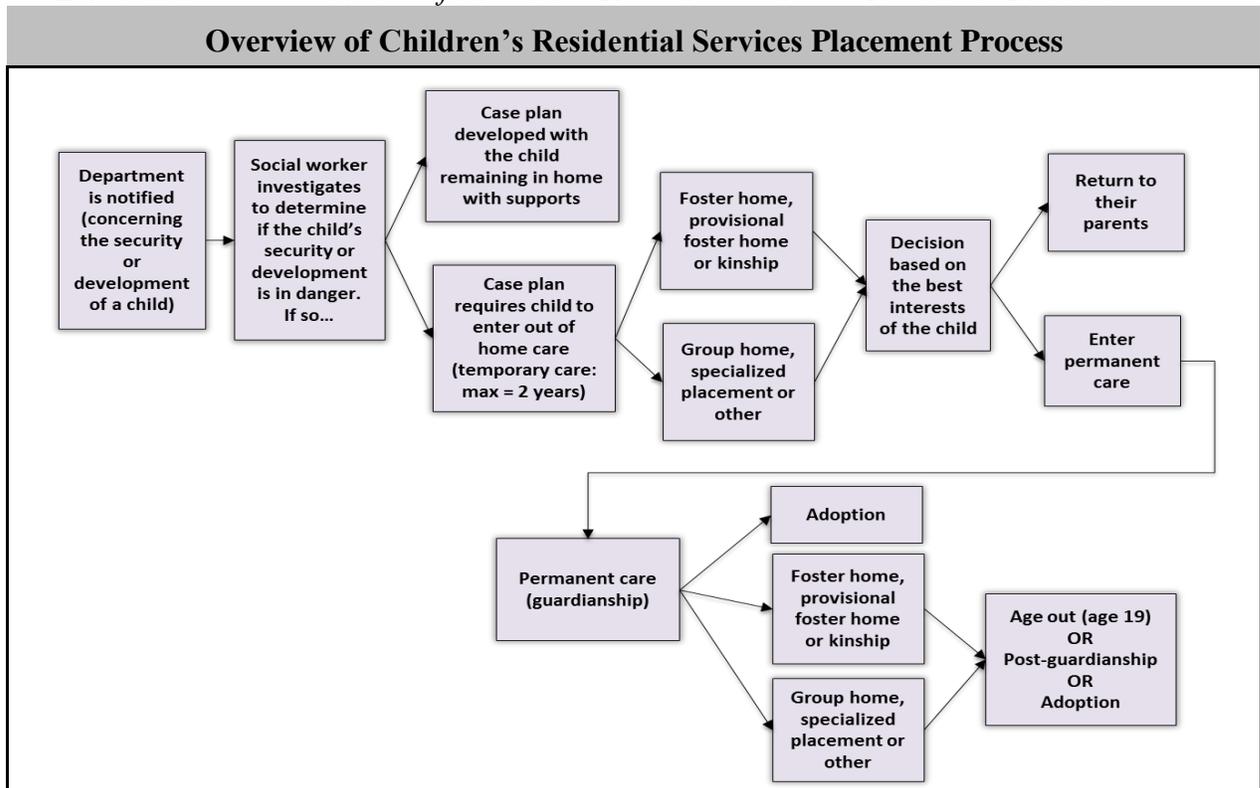
3.22 Children are taken into temporary care with the objective of a return to their family once the Department has provided supports and believes the family is capable of properly caring for the child.

3.23 When the Department determines the immediate family is not a viable option for proper care, the child may become a permanent ward of the Province and adoption is then the targeted outcome for the child.

3.24 Children’s residential services handles the placement of children while waiting for adoption, but children can remain under the care of the Minister if adoption efforts fail. Placement options for children include foster homes and youth residential facilities (group homes).

3.25 Exhibit 3.3 provides a general overview of the path a child follows when being placed through Children’s Residential Services in regions.

Exhibit 3.3 - Overview of Children's Residential Services Placement Process



Source: Chart created by the AGNB with information from Department of Social Development (unaudited)

3.26 Exhibit 3.3 was part of our 2013 report on foster homes. We have revised this version to include other applicable placement options. As noted in that report, the Department will attempt to place children in foster care before other residential options. However, when this is not possible the Department will turn to the group home network.

3.27 Group homes are residential facilities generally housing a maximum of 6 children from ages 0 to 18. These are supervised homes caring for children who are in temporary care or are moved from foster care due to behavioural challenges. Children who cannot be returned to the care of their families can become permanent wards of the Province living in group homes.

Exhibit 3.4 - Group home



Source: Centre for Youth Care

3.28 The New Brunswick Association of Youth Residential Services Inc. (NBAYRS) represents group home operators throughout the Province. Exhibit 3.5 summarizes key information provided by the NBAYRS and the Department on youth residential agencies in the Province.

Exhibit 3.5 - New Brunswick Youth residential facilities Information

New Brunswick Youth Residential Facilities Information	
Number of operators (agencies) ¹	15
Number of facilities ¹	35
Annual grants received from Department of Social Development (2018) ²	\$20 million
Number of employees ¹	512
Number of employees who resigned over two-year period (2015 – 2017) ¹	521
Annual training cost for new employees in all facilities ¹	\$608,000
Total client capacity (2018) ²	155
Average monthly number of clients per month in residence (2018) ²	133

Source: Created by AGNB

Notes:

1- information from the New Brunswick Association of Youth Residential Services Inc (unaudited).

2- Information provided by the Department of Social Development (unaudited)

3.29 Exhibit 3.5 highlights that in 2017-18 there were 15 agencies operating 35 facilities in the Province. Group homes make up most of the facilities operated by these agencies. The agencies are service providers approved by the Minister under the Act and contracted by the regional offices.

3.30 Exhibit 3.6 provides a map showing the location of Social Development regional offices in New Brunswick and capacity information for the group homes in each region.

Exhibit 3.6 - Social Development Regional Offices & Group Home Capacity



2018 Group Home Information: Annual grants, bed capacity and average # of children per month			
Region 1 – Moncton	(\$7.1 million grant)	Region 2 – Saint John	(\$4.9 million grant)
Facility beds: 39	Avg. # of children: 37	Facility beds: 39	Avg. # of children: 34
Region 3 - Fredericton	(\$1.8 million grant)	Region 4 – Edmundston	(\$0.6 million grant)
Facility beds: 22	Avg. # of children: 19	Facility beds: 6	Avg. # of children: 3
Region 5 – Restigouche	(\$1.3 million grant)	Region 6 – Chaleur	(\$0.6 million grant)
Facility beds: 12	Avg. # of children: 8	Facility beds: 7	Avg. # of children: 5
Region 7 – Miramichi	(\$0.6 million grant)	Region 8 – Acadian Peninsula	(\$2.8 million grant)
Facility beds: 6	Avg. # of children: 5	Facility beds: 24	Avg. # of children: 22

Source: Created by AGNB with Department of Social Development data (unaudited)

3.31 Exhibit 3.6 compares group home bed capacity in regions to the average number of children in care in those locations.

3.32 Group home agencies provide contracted services to children in care and receive annual grants from the Department through the regional offices. In most cases, these non-profit, board of director governed group homes are solely funded by the Department.

3.33 Exhibit 3.7 displays the grant payments made to the group homes over a 5-year period.

Exhibit 3.7 - Group Home Grant Payments by Region (\$ millions)

Group Home Grant Payments by Region (\$ millions)					
Region	Fiscal Year				
	2013-14	2014-15	2015-16	2016-17	2017-18
Region 1 - Moncton	\$4.0	\$3.5	\$3.5	\$3.5	\$7.1
Region 2 – Saint John	7.9	7.4	7.4	7.2	4.9
Region 3 - Fredericton	2.2	2.2	2.2	2.3	1.8
Region 4 - Edmundston	0.6	0.6	0.6	0.6	0.6
Region 5 - Restigouche	1.2	1.2	1.2	1.3	1.3
Region 6 - Chaleur	0.5	0.5	0.5	0.5	0.6
Region 7 - Miramichi	1.0	1.1	0.6	0.6	0.6
Region 8 – Acadian Peninsula	2.0	2.0	2.2	2.6	2.8
Total Grant Payments	\$19.4	\$18.5	\$18.2	\$18.6	\$19.7

Source: Created by AGNB with data and information provided by the Department of Social Development (unaudited)

3.34 Exhibit 3.7 indicates group homes were paid approximately \$20 million in 2017-18 grant payments. The Department also pays for services not covered by the annual grant. According to Department data, extra payments in 2017-18 would have totaled approximately \$3 million.

3.35 We believe Department personnel are committed to providing a high quality of care to children under Child Welfare programs. However, weaknesses in standards design and implementation combined with other challenges described in this report can seriously undermine this commitment.

Exhibit 3.8 - Residential facility



Source: Moncton Community Residences Inc.

Ineffective Department Standards

Social Development has standards governing the Child in Care program and Children’s Residential Services

3.36 To ensure requirements of the *Family Services Act* (Act) are followed and high-quality services are delivered to Social Development (Department) clients, the Department relies on program delivery service and practice standards.

3.37 We were pleased to find the Department has both practice and operator standards governing Children’s Residential Services (CRS). We also found the Department had revised the Child in Care Program Practice Standards from the prior 1999 version in September 2018. Regular updates to standards can help to ensure services provided to Department clients reflect current best practices in child welfare.

3.38 Our work included evaluating the adequacy and quality of Department standards for group homes and other non-foster care placement options. We wanted to ensure the Department had an effective framework to guide the quality of care provided to children in group homes and specialized placements.

3.39 We reviewed key Department standards, guidelines and protocols, including:

- 2010 Children’s Residential Services Practice Standards for Child Care Residential Centres (CRS Practice Standards);
- 2010 Child Care Residential Centre Service Standards for Operators (CRS Operator Standards);
- 1999 Child-in-Care Program Standards; and
- 2018 Child in Care Program Practice Standards.

3.40 CRS Practice Standards and CRS Operator Standards address the work of the CRS unit but do not extend to the child’s case worker under the Child in Care Program. The CRS standards are less encompassing than Child in Care program standards and are meant to guide the CRS unit in placing children and supervising the group homes.

3.41 Child in Care Program standards are broad, addressing how the Department will provide quality care for children. A Child in Care social worker (CIC social worker) is

responsible for ensuring case objectives are set for children in care and services are provided to meet their needs. Through Child in Care standards, the CIC social worker should promote consistent, high-quality service for children.

3.42 While the recent 2018 revised Child in Care Program Practice standards are relevant to our work, the files we tested included group home cases between April 1, 2017 and March 31, 2019. For that reason, many aspects of the files were evaluated against the earlier 1999 Child-in-Care Program standards. Our work considered the impact of the new standards to the degree possible considering they had only been in effect for 6-months.

1999 Child-in-Care Program Standards included children in temporary care

3.43 As noted in the background section of this report, children taken into care are considered temporary or permanent wards of the Province based on their legal status. Section 3.1 of the 1999 Child-in-Care Program Standards states

“The Child-in-Care Standards are the measurable and mandatory rules set out to direct service delivery and to support the children under the care of the Minister and in response to the Minister’s legal responsibility as set out in the Family Services Act.”

From this statement, it is clear the 1999 standards cover children with a temporary status and placed in group homes.

No standards for children in temporary care since 2018

3.44 However, part of our audit period was impacted by the recent 2018 version of the Child in Care Program Practice Standards. These standards govern the Department’s service delivery in caring for permanent wards of the Province and do not appear to apply to children taken into temporary care.

3.45 We found that some children start with a temporary status but then become permanent wards of the Province. We expected to find care standards to guide the work of Department social workers and govern the quality of care provided to all children in care, including those with a temporary status.

3.46 A lack of temporary care standards could lead to inconsistent care decisions across regions. A child in temporary care may not be viewed as eligible for the same

services provided to children in permanent care. This, even though these children may become permanent wards in the future.

3.47 Department personnel indicated they intend to complete and implement new care standards for temporary placements. In the meantime, we were told the applicable 2018 Child in Care Program Practice Standards were being used in providing care to children with temporary status.

No standards for specialized placements

3.48 Specialized placements are meant to meet specific needs of children taken into care when group homes cannot meet those needs. Typically, regions place children in these facilities' who present complex behavioural challenges. We found there are no measurable practice or operator standards for these placements.

Department has guidelines for specialized placements

3.49 When requested, the Department provided a document entitled "*Residential Guidelines for Specialized Placements*" dated June 2013. The guidelines define specialized placements as:

"...a category of placement that is developed by a region to address the specialized and complex needs of a specific child, after it is determined that regular placement resources (regional and provincial) cannot meet those needs."

3.50 The guidelines indicate specialized placement facilities do not fall under the 2010 CRS standards and states, "*However, in the interests of establishing consistency and "best practice" ... "guidelines" should be developed.*" The document then affirmed that, "*Guidelines are optional procedures that are desirable, but not mandatory.*"

Lack of standards can impact the quality of care

3.51 While having guidelines is good, the lack of standards can impact the quality of care provided to children. Without standards there are no mandatory requirements for the housing and care of children with complex needs. There is a risk that children are "*warehoused*" instead of addressing their needs.

3.52 According to a Government of New Brunswick Action Plan/Project Charter we reviewed, the Fredericton region typically has 8 to 10 children in specialized placements at any given time and has moved forward with the project to develop a "standardized internal process" for the region to "find best practices" and control cost. We believe the

Department should consider expanding this project across regions to ensure consistency of practice.

Recommendation

3.53 We recommend the Department of Social Development:

- **develop and implement Child in Care practice standards to specifically address children taken into temporary care; and**
- **develop and implement standards for specialized placements.**

Standards have weak key performance indicators

3.54 We found the 2010 CRS Standards, developed by the Department lack clearly identified, specific, measurable, time-bound performance indicators against which to measure performance of CRS personnel in delivering residential services and monitoring Operator performance. This despite the Department highlighting performance monitoring and measurement as a purpose for standards to exist.

3.55 Both 2010 CRS standards (practice and operator) state that standards are “*mandatory and establish a minimum level of performance*”. The documents identify why standards exist, including to:

- implement the provisions of the *Family Services Act* and Regulations by providing operational direction;
- describe an expected level of performance for the delivery of child welfare services;
- assist regions in monitoring the performance of staff and service providers; and
- assist the department in monitoring its performance by facilitating measurements.

3.56 We expected each standard to have a clearly identified performance indicator with a strong metric against which minimum performance could be measured. Standards did not identify either clearly.

3.57 For example, *CRS Practice standard 15 – Responding to Inquires*, simply states “*the CRS Social Worker must respond to inquiries made concerning a child care residential centre*” ... “*in a timely manner*”. There is no definition of what type of inquiry this would be, what

indicator would best measure the response or even a specific response time expected of the social worker. The social worker has no guidance in what is expected, other than to respond.

3.58 We understand social workers need to exercise professional judgment when situations do not fit standard requirements perfectly. However, measurable standards should be in place wherever possible to govern the care provided to all children in care of the Province. Without solid key performance indicators, the Department cannot accurately measure and improve performance in delivering quality services and reaching positive outcomes for these children.

Recommendation

3.59 We recommend the Department of Social Development:

- **include in their standards, specific key performance indicators for each standard;**
- **set a minimum level of performance in line with the performance indicator(s) specified; and**
- **update monitoring procedures to include guidance in measuring the performance indicator(s) for each standard.**

Standards and other guidance not fully integrated

3.60 Our review of Department documentation revealed a lack of integration between the Act, various standards, guidelines, protocols and decision-making tools. We expected the standards and other documentation to provide cross references to assist regional staff, especially new social workers, in navigating the available guidance.

2010 standards are outdated

3.61 Both the 2010 Children's Residential Services Practice Standards for Child Care Residential Centres and the 2010 Child Care Residential Centre Service Standards for Operators require revision. There are no references to newer protocols, processes and standards in these documents.

Standards not cross-referenced with related program standards and guidance documentation

3.62 While the recent 2018 Child in Care Program Practice Standards are a significant improvement, we noted other relevant standards and guidance documents were not referenced and/or integrated in the standard, including:

- 2010 Children’s Residential Services Practice Standards for Child Care Residential Centres;
- 2013 Residential Guidelines for Specialized Placements; and
- 2012 revised Decision-making Model.

3.63 Department personnel indicated they were not always using the most recent Child in Care standards or specialized placement guidelines. While the Department stated it clearly communicates and trains the regions when standards are revised, it appears social workers do not always change to the new standards in a timely manner. When this occurs, they rely on past practices to do their work.

3.64 We believe integrating guidance, tools and relevant policy into standards documentation allows social workers ready access to all applicable guidance they require in performing their work. In addition, integration of standards should increase consistency in application of standards and limit confusion regarding which standards apply.

3.65 The lack of integration between standards and related policies and guidelines can create confusion, especially for new social workers, hindering the Department’s ability to provide consistent quality of care.

Recommendation

3.66 We recommend the Department of Social Development integrate key procedures, guidelines, policies and standards into their current and future standards.

Recommendation

3.67 We recommend the Department of Social Development revise the:

- **Children’s Residential Services Practice Standards for Child in Care Residential Centres; and**
- **Children’s Residential Centre Service Standards for Operators to increase integration with policies, guidelines, procedures and other mandatory standards.**

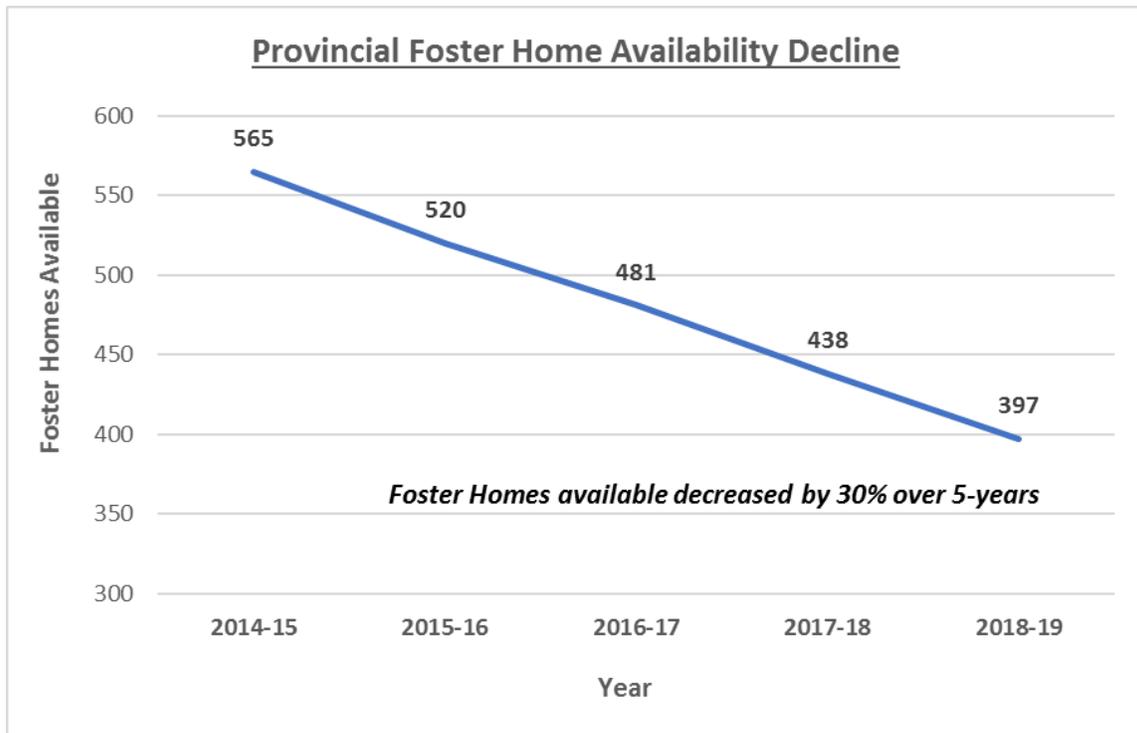
Poor Planning for Child in Care Placements

Lack of child in care placement options

3.68 Our interviews with Department personnel across New Brunswick highlighted a common problem with limited placement options for children coming into the care of the Province. Placement capacity challenges can be related to the actual number of beds available (physical capacity) and/or the ability of group home operators and other facilities to meet a child's needs (service capacity).

3.69 Our 2013 audit on foster care found a significant decline in foster home availability. Exhibit 3.9 suggests the situation may be worsening, putting increasing pressure on regional offices to find alternate placement options.

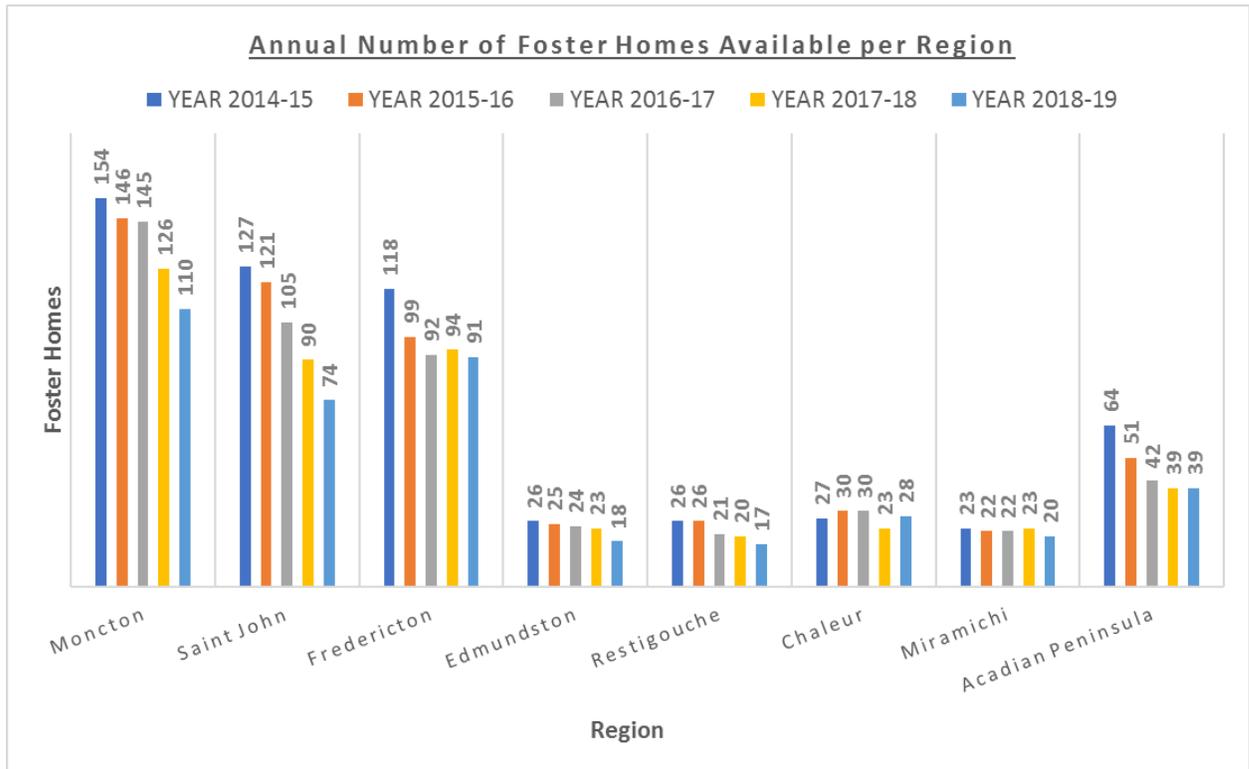
Exhibit 3.9 - Provincial Foster Home Availability Decline



Source: Chart created by AGNB with Department of Social Development data (unaudited)

3.70 Exhibit 3.9 shows a steady decline in foster homes available since we reviewed foster homes in 2013. Exhibit 3.10 below provides a breakdown of foster home availability by region.

Exhibit 3.10 - Annual Number of Foster Homes Available per Region



Source: Chart created by AGNB with Department of Social Development data (unaudited)

3.71 Exhibit 3.10 shows the continued decline in foster home availability in regions. While the decline is less obvious in the smaller regions, Moncton and Saint John have continued to lose significant foster home resources.

3.72 Our review of case files included children who entered the system from very difficult circumstances, suffering from abuse, addictions within the family, domestic crisis and other forms of trauma. These children may begin in foster care and transition through the system to group homes and then specialized placements as regional staff attempt to provide services to address these complex issues.

Increasing use of group homes

3.73 Regional offices have told us the continued decline in foster homes, combined with increased behavioral challenges presented by children entering care, has placed additional pressure on regional staff to place children at group homes and other placement options. Exhibit 3.11 provides a comparison of the average clients per month housed in group homes and the capacity of the facilities available by region over a 5-year period.

Exhibit 3.11 - Regional Utilization of Group homes

Regional Utilization of Group Homes

Regional Offices	2013-14		2014-15		2015-16		2016-17		2017-18	
	Avg # of clients	Facility Capacity								
Moncton	28	39	32	39	34	39	35	39	37	39
Saint John	40	38	41	38	42	38	40	38	34	39
Fredericton	12	23	19	20	15	22	14	22	19	22
Edmundston	5	6	6	6	4	6	3	6	3	6
Restigouche	11	12	8	12	10	12	8	12	8	12
Chaleur	4	6	6	6	6	7	7	8	5	7
Miramichi	4	6	4	6	6	6	6	6	5	6
Acadian Peninsula	18	24	18	24	18	22	21	25	22	24
Total	122	154	134	151	135	152	134	156	133	155

Source: Created by AGNB with Department of Social Development data (unaudited)

3.74 Exhibit 3.11 highlights the pressure faced by some regional offices in placing children in group homes over the five-year period. The shaded areas of the chart show that the average number of clients per month cycling through group homes could have exceeded the region's residential capacity as a result of short term placements.

3.75 It is important to note this chart could be impacted by multiple short-term placements of children in a single month. For instance, the Department indicated one child may be placed in a group home bed for less than two-weeks and a second child may go into that bed in the same month

when the first child leaves. The Department described this as cycling children through a group home for short periods.

3.76 In addition, increasing behavioural issues with children coming into care has resulted in group homes struggling to provide the services these children need. This has resulted in some group homes having excess bed capacity.

Exhibit 3.12 - Group home



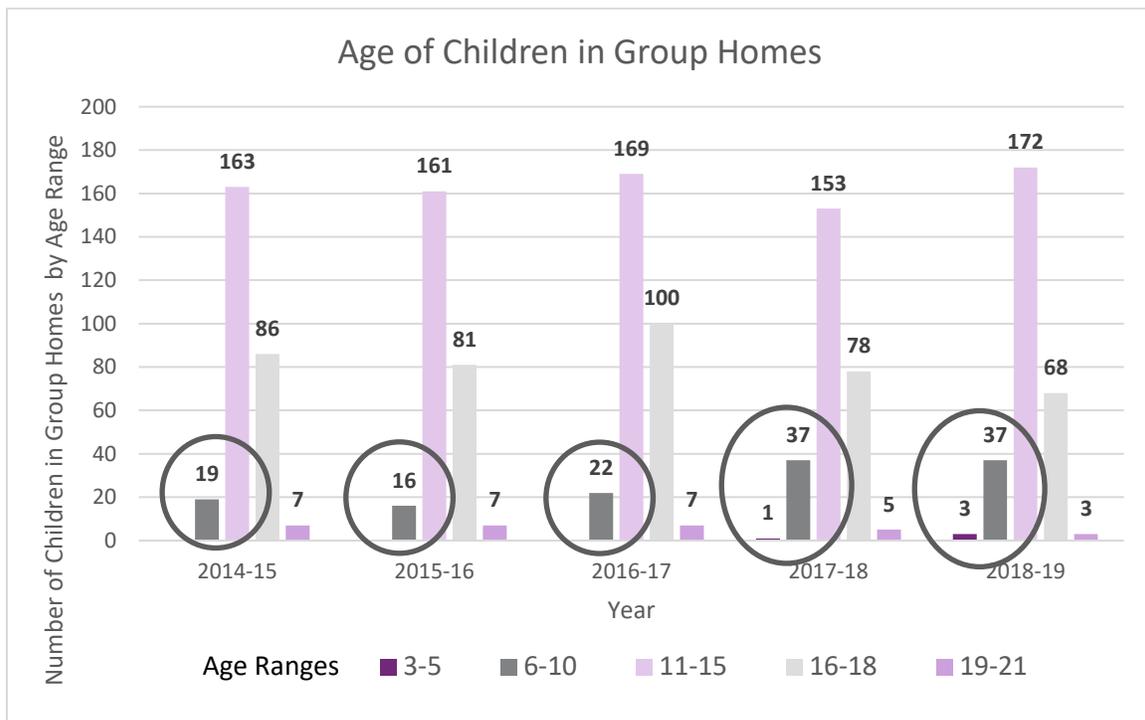
Group homes raise capacity concerns

3.77 As part of our work we met with representatives of the New Brunswick Association of Youth Residential Services Inc. (NBAYRS) and discussed their concerns with the residential placement system. They described symptoms of a system strained for resources, including:

- being asked for exceptions to established practices to “accommodate system overload”; and
- reactive actions in response to increasing demand for services (such as repurposing a long-term bed to meet an emergency placement).

3.78 Lack of placement capacity also has an impact on where younger children are placed. Exhibit 3.13 provides a snapshot of children in care of the Province and placed at group homes based on age of the child. This includes children transitioning out of the system during the fiscal period.

Exhibit 3.13 - Age of Children in Group Homes



Source: Created by AGNB with Department of Social Development data (unaudited)

Younger children placed in group homes

3.79 Exhibit 3.13 shows the overall increase in the children under 10 years of age placed at group homes over the past five years. The recent increase in children under the age of five is even more troubling.

3.80 Department personnel, group home operators and other stakeholders all share the opinion that younger children (e.g. under age 12) are best served in placements other than group homes. However, resource capacity challenges facing the Department are creating difficult placement decisions and impacting the quality of services provided to children in care.

3.81 Exhibit 3.14 compares the cost of placing children in foster care versus group homes for the past five-years.

Exhibit 3.14 - Comparison of Foster Care and Group Home Costs

Comparison of Foster Care and Group Home Costs

	2013-14	2014-15	2015-16	2016-17	2017-18
Estimated average number of foster children	549	514	489	495	504
Annual cost for foster care	\$5,511,530	\$5,465,557	\$5,175,381	\$5,027,960	\$5,120,720
Estimated average annual cost per foster home child	\$10,039	\$10,633	\$10,584	\$10,157	\$10,160
Group Home Costs					
Annual group home cost	\$21,772,008	\$20,565,389	\$21,102,176	\$21,686,979	\$22,748,032
Estimated average annual number of children in group homes	122	134	135	134	133
Estimated average annual cost per group home child	\$178,459	\$153,473	\$156,312	\$161,843	\$171,038
Estimated increased annual cost per child of using group homes (per child)					
	\$168,420	\$142,840	\$145,728	\$151,686	\$160,878

Source: Created by AGNB with Department of Social Development data (unaudited).

Every 10 children placed in group homes instead of foster homes estimated to cost \$1.6 million more annually

3.82 Exhibit 3.14 estimates that placing children in group homes instead of foster homes results in significantly higher cost (at about ten times the cost of foster care). Group home placements are often used when children exhibit behaviors beyond the ability of foster homes to address. However, there are situations when a foster home could address a child's needs and likely result in better outcomes but is not available. In these situations, we estimated for every 10 children placed in a foster home instead of a group home, Department costs could decrease by an estimated \$1.6 million annually.

3.83 Again, it is important to note numbers of children used in Exhibit 3.11 and 3.14 are estimates using average numbers of clients over a month and does not reflect peaks or short notice placements due to urgent situations. We have been told by regions that urgent (emergency) placements and increasing case complexity create significant placement availability and cost challenges.

3.84 When a regional office is faced with urgent and complex placement requirements, and cannot identify an existing resource, it may turn to a specialized placement.

These are typically facilities housing one or two children with specific behavioural challenges that existing group homes cannot or will not address.

Increasing case complexity is expanding the use of specialized placements

3.85 For example, group homes in the Fredericton region appeared underutilized from 2015 to 2017, as shown in Exhibit 3.11. Regional office personnel told us the existing Operator was unable to effectively service the increasingly complex needs of certain children. For this reason, the regional office developed specialized placements to accommodate the children's needs.

3.86 The Department emphasized there is increased behavioural complexity of children coming into care such as aggression, self-harm and suicidal tendencies. The lack of placement resources to meet those needs is driving regional challenges. The increased use of specialized placements to address behavioural challenges and a lack of service capacity in the existing group homes has resulted in increased cost to the regions.

Average annual cost per specialized placement in one region was \$421,000

3.87 In the situation described above, the regional office has turned to specialized placements at an overall cost per placement from \$27,000 to \$62,000 per month. The average annual cost per specialized placement in 2018 was \$421,000, almost three times the cost of group home placements from Exhibit 3.14.

3.88 Specialized placements may require a higher than normal staff to child ratio, specific training for staff to address complex behaviours or housing requirements not normal to group homes. These types of factors can significantly impact the cost of care.

Regional emergency placement options are strained

3.89 Regional offices we spoke with also emphasized the need for more emergency beds for children taken into care with limited preparation time. While some regions may have dedicated beds setup for urgent situations, these have been used for regular placements when existing capacity at group homes is limited.

3.90 Grants are paid under the contracts regardless of occupancy. This can create a situation where funding is provided to a group home Operator who has vacant beds. At the same time, specialized placements are developed to meet emergency situations and complex demands at a higher cost. Working with the group home Operator to

develop the required service capacity could result in less overall cost to regions.

Service level agreements do not exist for all specialized placements

3.91 While we found that standardized agreements exist for group homes, this was not the case for all specialized placements.

Department used 15 specialized placements between 2017 and 2019

3.92 According to the Department, each regional office is responsible for planning and contracting specialized placements. We found there were 15 specialized placements used by the Department during our audit period (2017-2019).

9 of 15 specialized placement facilities were operating without a service level agreement

3.93 We expected all specialized placement facilities and services managed by the Department to have a signed agreement with the service provider. This is necessary to ensure accountability and govern the quality of service provided to children in care. Of the 15 specialized placements in 2017-2019, we found 9 had no such agreement.

3.94 Considering the impact on children in specialized placements and the high cost, we believe there needs to be a strong accountability and performance measurement system governing the use of resources. Given the unique needs of these children, this should include a service level agreement for each specialized placement.

Recommendation

3.95 We recommend the Department of Social Development develop and implement standardized service level agreements across all regions for all specialized placement facilities.

Children placed out of their communities impacts their personal stability

3.96 The lack of available and appropriate placement options in the Department has resulted in children being placed outside of their own communities. Community ties are important to children and placing them in a different community can impact the stability of ongoing relationships with family, teachers, medical practitioners and friends.

3.97 The Moncton region sends children to Saint John due to a lack of placement options. In addition, the Fredericton region is geographically large with all group homes currently located within the capital city. Therefore, children from Woodstock or as far as Perth may be placed in Fredericton. The Fredericton regional office informed us it

is in the process of establishing a group home in the Woodstock/Perth area.

No specific strategy to address capacity and service delivery issues

3.98 We found that while the Department is taking some action by increasing the wages paid to group home personnel, it had not defined and documented a clear strategy to specifically address the regional capacity and service delivery issues.

3.99 The Department has a key role in provincial strategies such as the 2015, five-year plan entitled “*Keeping Children and Youth Safe from Harm in New Brunswick.*” One of the strategies of this plan identifies Social Development as the lead department to “*Build community capacity to meet children’s and youth’s needs...*”.

3.100 We asked the Department what its strategy was to address group home capacity challenges and it could provide nothing of that nature.

Recommendation

3.101 We recommend the Department of Social Development develop and implement a documented strategy to address group home capacity and service delivery challenges facing the Province. This strategy must align with current Provincial child welfare strategies.

3.102 The 2010 Children’s Residential Services Practice Standards require:

- regions to conduct a yearly assessment to evaluate the group homes in the region, review placement trends over the past few years to determine placement needs and challenges; and
- develop and approve a regional resource plan.

No standardized forecasting for future resource requirements

3.103 We found regional offices did not have consistent, standardized process and procedures to forecast future requirements for either placement capacity or service needs.

No Department or regional resource plans

3.104 Further, when we requested regional resource plans from all eight regional offices:

- two regions provided descriptions of processes with some elements of planning included;
- another region provided a work plan; and

- one region provided documents with very limited actions and what appeared to be a local “*request for proposal*” for a new resource.

3.105 While there are regional offices that forecast and plan to varying degrees, this is limited by a lack of consistent direction and procedural guidance from central office.

Limited group home information tracked and used in planning

3.106 We found regional offices do not regularly request, track and use facility data or statistics to forecast needs and plan for future resources. For example, they do not track group home admission refusals, which could be used to inform the Department on service gaps in group homes. We believe regional offices have knowledge of the situations in the various facilities but do not actively use data to make informed decisions for planning purposes.

3.107 By not forecasting and planning effectively, the Department is reactive in its approach to placing children in care. This can result in lower quality of care for these children combined with higher costs for the Department.

Recommendation

3.108 We recommend the Department of Social Development

- **forecast regional and provincial demand for placement services; and**
- **standardize resource planning procedures to be used by regions and implemented provincially.**

Exhibit 3.15 - Child’s bedroom and common area



Source: Centre for Youth Care

Weaknesses in Quality of Care

Weaknesses impacting children’s quality of care

3.109 In our discussions with Department personnel at the regions we heard terms such as “warehousing”, “crisis” and “reactive” when describing the placement of children. Please see Appendix I for comments from our discussions with key stakeholders.

3.110 We reviewed a sample of case files across four regions that included children in group homes and specialized placements. Our review of these cases examined the regions compliance with the Department’s standards and identified weaknesses that may impact the quality of care provided to children under the care of the Minister.

3.111 Regional social workers develop case plans meant to set objectives for the care of the child and establish services to ensure those objectives are met. Group homes use residential care plans to outline the goals and objectives guiding their work in servicing the needs of the child.

Children’s case plans are inconsistent

3.112 We found inconsistency across regions in case planning practices. We noted case plan content varies within and across regions, and case plans are not always reviewed as required or shared with group homes.

Limited evidence of outcomes in case plans

3.113 While case plans have objectives for targeting services to be provided, we found they are often vague with only limited evidence of social workers setting longer-term outcomes for the child. By setting achievable, measurable outcomes, the Department can more effectively establish a clear path for the child’s care.

3.114 In our view, the case plan developed by the Department should be the guide against which the group homes create the care plan to meet a child’s needs. This would ensure the direction of the Department is implemented at Operator facilities.

- Recommendation**
- 3.115** We recommend the Department of Social Development design and implement case planning procedures for regional personnel, including:
- **standardized content requirements supporting achievable outcomes for children taken into care; and**
 - **regular case plan review and revision requirements to conform with standards.**
- Care plans do not meet standards**
- 3.116** We reviewed care plans provided by the group homes or the Department and noted:
- care plans are sometimes developed by the residential facility with little evidence of joint development with the Department as required by standards; and
 - content of the care plan is inconsistent.
- Limited joint development of care plans**
- 3.117** The CRS Operator Standards require a care plan to be jointly developed by the Operator and the child’s social worker to ensure group homes provide services in support of the Department’s case plan and the child’s needs. We found practices across regions vary and care plans are sometimes developed solely by group homes with limited evidence of Department social worker involvement.
- 3.118** As the child’s custodian, it is important for the Department to set desired outcomes for children and ensure group homes design a care program to meet those outcome targets. Joint development and regular review of the care plan is needed to assess whether group homes are meeting care plan requirements.
- Care plan content is inconsistent**
- 3.119** We also found that specific goals with clearly identified timelines for completion were not always part of care plans, although required under the standards. In some instances, when goals were included, they were little more than action statements such as “*relief care – will look at family options first*”. We believe setting quality goals linked to desired outcomes for children will enhance the child’s care.
- 3.120** Children in group homes often begin as temporary placements. However, these children may become permanent wards of the Province if plans to reunite the family fail. Limited goals, few measures and no targeted developmental outcome decreases the probability that these

children will succeed after they leave the care of the Province.

Recommendation

3.121 We recommend the Department of Social Development:

- **comply with standards and jointly develop care plans with group home and specialized placement Operators;**
- **standardize requirements and documented procedures for care plans to include objectives and actions that align with Department case plans; and**
- **set specific requirements for regular review of care plan changes by Department social workers.**

Social worker caseload turnover is high

3.122 Our review of case files identified instances when the child's social worker changed. In one case, there had been three different Child in Care social workers assigned to a child in a group home between March 2018 and May 2019. In a second case file, the Child in Care social worker assigned changed three times over two years. This can be due to internal demand, caseload changes, case complexity and employee turnover.

Operator personnel turnover is extreme

3.123 Both the Department and group home Operators told us group homes were struggling with excessive turnover of child care personnel. As noted in Exhibit 3.5, information provided by the NBAYRS appears to indicate 521 personnel resigned from group homes over a two-year period. If the total number of employees is only 512, as stated by the NBAYRS, this is extreme.

3.124 The NBAYRS claims this is due to a lack of Department funding to increase wages to a competitive level with other similar positions in the education system and day cares. The Department agreed this is a challenge within the system.

3.125 We noted the Province had increased wages during the period of our audit for a variety of care workers, including those who work in group homes. The Department indicated these increases are an attempt to address the acknowledged challenges facing group home operators in recruiting and retaining qualified personnel.

- 3.126** Stable relationships with care workers, both at the Department and the group home, are critical to children taken into care. The 2018 Child in Care standards reinforce the importance of stable relationships, stating it is “*central to maintaining the child’s well-being*”.
- Required training for Operator personnel and Department social workers not timely**
- 3.127** Our discussions with regional office personnel identified instances when required (core) training was not provided to social workers before they were assigned cases. This means social workers are not always trained to deal with the requirements of their case load before they undertake a child’s case.
- 3.128** Our discussions with Operators and our review of Operator submissions during the annual monitoring process raise this same issue for their group home staff. Operator personnel are sometimes dealing with cases before they have received adequate training.
- Cultural awareness training could be improved**
- 3.129** In addition, we noted there is a gap in training on how to address cultural requirements under the Act. In one case, a Department social worker appeared to ignore a child’s claim when they identified as First Nations. This could have a significant impact on the opportunities for children in care to explore their cultural identity.
- 3.130** Appropriate and adequate training is critical for both Department and Operator personnel to ensure they are skilled in addressing the many challenging situations they will encounter while caring for children who are wards of the Province.
- Recommendation**
- 3.131 We recommend the Department of Social Development:**
- **ensure training is completed in regional offices, group homes and specialized placement facilities before caseloads are assigned to personnel; and**
 - **provide cultural awareness training across regional offices, group homes and specialized placement facilities.**

Department does not adequately prepare children and youth to transition out of care

3.132 We found children placed at group homes are not consistently prepared to transition out of the residential care system successfully. This critical preparation may be left until just before a youth is eligible to leave, if completed at all.

No clear direction or strong standard guiding preparation for adulthood

3.133 Since children in temporary care can leave a residence at 16 years of age, we expected Operators to begin preparing children for independent living and adulthood well in advance of their 16th birthday. We found no clear direction on how and when this planning and preparation would be completed. In addition, we found that no applicable standard in our audit period required the Department to monitor and report on outcomes achieved for children who had left care.

3.134 The 1999 Child-in-Care Program Standards state that when the child is transitioning to independent living “*the social worker must make him/her aware of the other services offered by the Department and/or other related agencies.*” The 2010 CRS Operator Service standard 83 simply states “*the Operator must ensure that any child over age 16 has the opportunity in accordance with his/her ability, to develop skills for independent living.*”

No evidence of consistent planning for independent living and adulthood or monitoring of outcomes

3.135 Further, our file review provided no evidence of a consistent practice in preparing a child for independent living and adulthood across Operators. Children are likely leaving these facilities unprepared for independent living. In addition, the Department does not have a clear process to monitor children leaving group homes. For this reason, it does not know the impact of these poor planning processes.

3.136 In our discussions with stakeholders, this was raised as a significant problem for children leaving group homes. Homeless children leaving care may require continued Department support long after they exit the care of the Province. We believe better standards, effective planning and monitoring of children leaving the system will increase chances of successful outcomes.

3.137 We did note one region developed their own independent living program to prepare children for transitioning out of care. This program is not consistently used across the Department and had not been integrated into the other regions at the time of our audit.

Recommendation**3.138 We recommend the Department of Social Development:**

- **establish independent living and transition to adulthood planning requirements and documented procedures to be completed well in advance of the child's anticipated transition date; and**
- **require regular reviews of the preparation for independent living plan by Department social workers in conjunction with Operators of group homes and specialized placement facilities.**

NB Families information system functionality limits effectiveness and efficiency

3.139 Our testing involved reviewing both paper and electronic child in care files. NB Families is the Department's case management information system. We found the functionality of the NB Families system for case planning and recording critical information has significant functional limitations. These limitations decrease both the effectiveness and efficiency of Department personnel in planning and monitoring child care services.

3.140 For instance, many significant details of a child's case history are logged as events by social workers in the NB Families information system. These event logs can be very long with limited controls to ensure how information is entered, what is to be included and how information is related.

3.141 In addition, the NB Families information system has limited reporting functionality that would aid the Department in forward planning and management decision-making. Statistical reporting is very limited and data integrity is questionable within the system.

Department data integrity and availability issues

3.142 We requested considerable case data and statistical information from both regional personnel and Department data analysts. Some data we requested could not be provided, took weeks to receive or disagreed with regional information pulled manually from files.

3.143 We discussed this with Department personnel and they agreed the NB Families information system has functional weaknesses and limits their ability to use data to inform decisions and improve planning.

3.144 We believe it is important to have access to reliable data that can inform important public sector policy decisions made. Planning effectiveness and efficiency can be greatly improved with timely access to accurate and relevant data. Accurate and relevant information will aid the Department in addressing the challenges they face in providing quality care to children.

Recommendation

3.145 We recommend the Department of Social Development evaluate options to improve or replace the NB Families Information system with the aim of increasing efficiency and effectiveness in case management practices.

Recommendation

3.146 We recommend the Department of Social Development collect and maintain high quality residential placement capacity and service capability data from group home and specialized placement Operators for use in Department planning, monitoring and reporting processes.

Exhibit 3.16 - Residential Facility - Children's playground



Source: Moncton Community Residences Inc.

Poor Monitoring and Reporting

Standards require annual monitoring of group homes

3.147 The CRS Practice standards state the “*CRS social worker must evaluate each child care residential centre on an annual basis.*” This annual evaluation is completed in three parts:

1. Section A entitled “*Administration*” is sent to the Chair of the agencies board of directors to be completed one month before the annual review is required.
2. Section B entitled “*Environment of Care*” is an assessment completed by the CRS social worker.
3. Section C entitled “*Residential Care*” is sent to each operator to be completed by the manager of the group home one month before the annual review is required.

Annual monitoring not always completed as required

3.148 Our review of files found that one region did not complete the annual assessment for any of the group homes in the region for one of the review years. We were informed this was due to a change in personnel with very limited training provided to the new CRS social worker.

3.149 We also found instances across regions when evaluation forms were not always signed and/or dated by the CRS social worker. Signing and dating forms provides assurance that this monitoring function was completed per the standards to ensure quality care is provided by Operators.

Forms completed by Operator personnel

3.150 We noted the annual assessment process relies heavily on the contracted Operator and their residential managers completing sections A and C. The CRS social worker is then required to review these sections with the Operator’s residential managers.

Operators raised concerns and issues in the annual review documents

3.151 We found issues identified in the Operator completed sections that we do not believe were adequately addressed and documented by CRS personnel. These issues included:

- concerns raised with the standards in areas such as admissions, discharge planning and complaint processes;
- difficulty obtaining required information from the regions; and

- concerns with the length of time taken to obtain a criminal record check required for employees of group homes before they can begin working with children.

Insufficient evidence that regions are acting on Operator feedback

3.152 While our examination of the Operator completed sections identified areas where the Operator was not meeting the requirement or had flagged issues of concern for two years, we found insufficient documented evidence of regional responses or actions to address these issues.

3.153 For annual monitoring to be an effective performance evaluation tool, the Department needs to evaluate and address potential non-compliance with standards and other identified issues.

Recommendation

3.154 We recommend the Department of Social Development:

- **document responses and actions taken to address feedback and concerns raised when reviewing Operator completed evaluation forms; and**
- **follow-up on Operator feedback and the results of actions taken to address issues identified in the annual review.**

Health and safety reviews by social workers

3.155 Section B of the annual review requires a social worker to review the environment of care which includes, among many other elements:

- conformity to building codes;
- physical structure changes; and
- window opening compliance with the National Building Code.

Non-effective use of social work skills and expertise

3.156 While some areas of the review, such as ensuring that bedrooms have no more than two children or that children can personalize their area, are possibly within the realm of social work, we don't believe ensuring building code conformity is the best use of CRS social worker skills and expertise.

3.157 In our view, social workers should focus on conformity with practice and care standards and ensure quality care is provided to children.

Monitoring at specialized placements is not standardized

3.158 The annual assessments completed for group homes are meant to assess, evaluate and report on the performance of the group home operators. Regional personnel told us no such requirement exists for operators of specialized placement facilities. Instead, they may choose to use tools created to monitor foster homes or group homes for their specialized placements.

3.159 A lack of standardized monitoring practices and no detailed, documented process increases the risk of inconsistent monitoring and a lower quality of care for children. For this reason, we believe the Department should create a standard monitoring procedure for specialized placements and ensure it is used consistently across regions.

Recommendation

3.160 We recommend the Department of Social Development design and implement documented procedures for monitoring and evaluating the performance of specialized placement facilities.

Department does not publicly report on performance

3.161 We raised the lack of public reporting on the effectiveness of the Department's Children's Residential Services program in our 2013 report on Foster Care. Our current review of the Department's website and annual reports found no significant change since our 2013 work was completed.

3.162 The Department does not publicly report on the performance of the children's residential placement system. The last reporting of child in care statistical information on its website was 2010.

3.163 We continue to believe public performance reporting is an important component of public sector program management. Continued weakness in public reporting erodes transparency and public confidence that Department programs are being managed in an effective and efficient manner.

Recommendation

3.164 We recommend the Department of Social Development publicly provide current statistical information on child welfare programs and publicly report on program performance.

Appendix I – Discussions with Key Stakeholders

During the course of the audit we interviewed various key stakeholders and they shared the following concerns:

...the old delivery model and infrastructure does not meet the needs of the clientele today...

Group home association

...There is a significant lack of foster homes. Children in group homes are raised by students with no parental experience and inadequate training...

Community stakeholder

...due to the lack of placement options, the region frequently asks the hospital to keep a child that has completed treatment until they can find an appropriate placement. The region has one child at the hospital waiting for a placement for over a month...

Department

...their group homes were short staffed to the point that nine of the social workers from the region worked shifts in the group home...while the region had 13 social worker vacancies...

Department

...younger children are being placed in group home settings and often interspersed with older youth. This is not ideal...

Group home association

...The region requires experts that can review agency service proposals and identify the services required for complex needs clients. The region ends up paying for services that may not be necessary because they may not have the expertise to evaluate the child's needs...

Department

...over Christmas there were no staff to cover the only client in care. The executive director covered this situation alone over that period...

Group home association

...I do not believe the children are taught skills needed for eventual independence. They typically leave the Department unprepared...

Community stakeholder

...One group home almost closed due to lack of staff and the group home director worked shifts to fill in...

Department

Appendix II – Audit Objectives and Criteria

The objective and criteria for our audit of the Department of Social Development Children’s Residential Services – Group Homes and Specialized Placements are presented below. The Department of Social Development senior management reviewed and agreed with the objective and associated criteria.

Objective 1	To determine if the Department of Social Development effectively manages placement and care of children under the <i>Family Services Act</i> .
Criterion 1	The Department should regularly review the Children’s Residential Services delivery model across regions.
Criterion 2	The Department should track, document and maintain capacity and usage data on child in care residential placements, including: <ul style="list-style-type: none"> residential centre and specialized placement centre attributes such as number of beds, services (level of care) available, staff complement, staff education, skillset, cost, etc.
Criterion 3	The Department should have and follow adequate policies and/or standards for governing the care of children in residential placements.
Criterion 4	The Department should comply with program and practice standards for monitoring the ongoing care of children in residential placements.
Criterion 5	The Department should monitor the practices of child care residential centres for compliance with service contract requirements and operator standards.

Source of Criteria - Developed by AGNB based on:

- Department of Social Development standards:
 - 2010 Children’s Residential Services Practice Standards for Child Care Residential Centres
 - 2010 Child Care Residential Service Standards for Operators
 - 1999 Child-in-Care Program Standards
 - 2018 Child in Care Program Practice Standards
- Reports on child welfare by other jurisdictions’ Auditors General

Appendix III – About the Audit

This independent assurance report was prepared by the Office of the Auditor General of New Brunswick on the Department of Social Development on Group Home and Specialized Placements. Our responsibility was to provide objective information, advice, and assurance to assist the Legislative Assembly in its scrutiny of the Department of Social Development on Group Home and Specialized Placements.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook – Assurance.

AGNB applies Canadian Standard on Quality Control 1 and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we have complied with the independence and other ethical requirements of the Rules of Professional Conduct of Chartered Professional Accountants of New Brunswick and the Code Professional Conduct of the Office of the Auditor General of New Brunswick. Both the Rules of Professional Conduct and the Code are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from management:

- confirmation of management’s responsibility for the subject under audit;
- acknowledgement of the suitability of the criteria used in the audit;
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided; and
- confirmation that the findings in this report are factually based.

Period covered by the audit:

The audit covered the period between April 1, 2017 and March 31, 2019. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters that preceded the starting date of the audit.

Date of the report:

We obtained sufficient and appropriate audit evidence on which to base our conclusion on November 25, 2019 in Fredericton, New Brunswick.