

# Reducing the risk, addressing the need:

Being responsive to at-risk and  
highly complex children and youth.

Response to the Ombudsman and Child and Youth Advocate



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## Premier's message

As we enter a new era of change in New Brunswick, our government remains committed to serving young people and their families. *Reducing the risk, addressing the need: Being responsive to at-risk and highly complex children and youth* is a testament to that commitment.

When New Brunswick's Ombudsman and Child and Youth Advocate made recommendations in 2008 aimed at improving services for youth-at-risk, youth with very complex needs and youth involved in the youth criminal justice system, we took note.

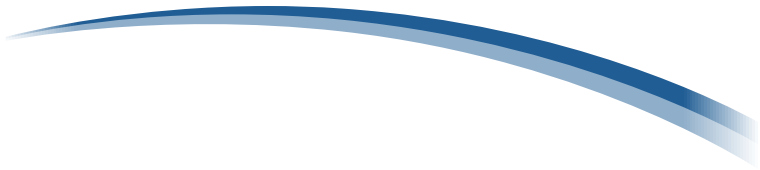
We recognize there are things we should and can do better.

That is why we assembled a committee to review the systematic issues outlined in the Child and Youth Advocate's reports and develop a strategy to promptly address his recommendations. This report, entitled *Reducing the risk, addressing the need: Being responsive to at-risk and highly complex children and youth* represents the work of the committee to-date.

This report is only the beginning. Making widespread improvements to how government serves at-risk youth and their families and better co-coordinating these services is a continuing challenge, one that will take time to properly address.

Reading through this report, you will see we have begun work and are making progress in transforming how we serve our most vulnerable young people. I wish to thank all those involved in its preparation for leading the way and addressing the needs of young people across New Brunswick.

Sincerely,  
Shawn Graham





## Minister's message

When a child is struggling, every day counts. The Ombudsman and Child and Youth Advocate's *Connecting the Dots* report was an urgent call to action for our government, and we are working to improve how we address the complex needs of our most vulnerable young people.

While as a society we have built an array of interventions and services more advanced than those in place a generation ago, we have before us the unfinished business of ensuring that they work quickly and effectively for those children and youth in the most desperate need of help.

Every day, we must look at how government responds to difficult cases. Often, a young person in urgent need will depend upon several government departments – the health system that offers treatment, the social programs that support families when their resources are too few and their challenges too great, the school system where children spend their waking hours, and sometimes a court and correctional system that must mix accountability with compassion. Those departments must work together to make sure that everything we do is geared toward getting results for the child, and not just follow the rules of a particular department or program.

We know that problems need to be detected at an even earlier stage and that we need to get services in place even more urgently. We also know that we need front-line workers in all departments who can spot mental illness and behavioural disorders, who can ensure that these challenges are not criminalized, and can make sure the system corrects itself quickly when we get new information.

I want to thank and recognize the public servants who began the work of responding to the challenges raised in the Ombudsman and Child and Youth Advocate's reports. Almost immediately, departments put in place a complex case protocol to make sure decision-makers talked to each other, across departments, so that vulnerable children don't fall through the cracks. I also want to thank my colleagues Mary Schreyer, Mike Murphy, and John Foran for having the will to make sure this happened.

We now have a full plan – one that includes better training, higher standards, clear accountability, smarter treatment options and more co-operation between stakeholders.

There will be many challenges ahead, but we are on the right path. Our children are our future and we are committed to them. With creativity, hard work, and a determination to put kids first, I believe that New Brunswick will succeed.

Kelly Lamrock  
Minister of Education



## Executive Summary

This report outlines the Government of New Brunswick's response to the two reports released last year by the province's Ombudsman and Child and Youth Advocate. They were: *Connecting the Dots: A report on the condition of youth-at-risk and youth with very complex needs in New Brunswick*; and *Ashley Smith: A report of the New Brunswick Ombudsman and Child and Youth Advocate on the services provided to a youth involved in the youth criminal justice system*. The Child and Youth Advocate directed most of his recommendations to the departments of Education, Health, Social Development and Public Safety, with some involving the Department of Justice and Consumer Affairs, the New Brunswick Legal Aid Services Commission as well as the Office of the Attorney General.

The government agrees with all the themes highlighted in both reports. It is important to note that a number of initiatives had already been established prior to the release of the reports. In addition, departments have been working on, and continue to facilitate, many of the issues outlined in both reports through developments in policy, standards and programming. These initiatives, as well as current developments and planning, are highlighted throughout this document.

Central to the government's commitments is the adoption of a child- and youth-centred integrated **service delivery model**, which is being developed. This **service delivery model** is intended to improve services and programs to children and youths<sup>1</sup> who are deemed at-risk or have complex social, emotional, physical and/or mental health needs, and are at times compounded by unsafe or unstable social circumstances, such as homelessness, poverty, delinquency and fragile family relationships. The objective is to provide early intervention and continued relevant and timely services and programs to meet the many needs of children and youths, including youths 16 to 19 and those making the transition to adult services. The overall picture: to provide a seamless web of improved services and programs for children and youths. After all, today's teenagers will become the province's adult population by the time New Brunswick approaches its goal of self-sufficiency by 2026.

The government's response is structured along nine themes derived from the *Connecting the Dots* and *Ashley Smith* reports:

### 1 Political direction and accountability

Responses and actions about advocacy, accountability and oversight for child and youth services are discussed under this theme. It is anticipated that the **service delivery model** will help the government develop an integrated accountability mechanism for child and youth services and programs.

### 2 Service integration


Responses and actions about service integration, collaboration, sharing of information and resources, training and research-based decision-making are discussed under this theme. Key actions outlined include the development of a **service delivery model**, as well as an independent review of the Youth Treatment Program (YTP) to explore ways to improve services and programs.

### 3 Community-based residential care

Responses and actions about improving community-based residential care for children and youths with complex needs, such as transition homes, group homes, foster homes and specialized

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<sup>1</sup> Children and youths referenced in this report are specified to three groups: children- and youths-at-risk; children and youths with complex needs; and children- and youths-at-risk with complex needs.



treatment and assessment services are discussed under this theme. For example, the Department of Social Development has an on-going partnership with the New Brunswick Association of Youth Residential Services Inc. (NBAYRS) to improve services to children and youths under the care of the minister; this includes supporting employee training and retention. A key action outlined includes the consideration of a community residential treatment facility and step-down resources for children and youths with complex needs.

#### **4 Decriminalization of youths with mental health disorders**

Responses and actions about regionalized mental health services for children and youth, effective evidence-based therapies, recruitment and retention of specialized mental health professionals, alternatives to custody and enhancing case conferencing are discussed under this theme. Key actions outlined include the establishment of the interdepartmental protocol for the planning of complex cases for children, youths and adults; a review of alternatives to custody; and the development of an interdepartmental memorandum of understanding (MOU) referring to court-ordered conferences when a youth is at risk of entering custody.

#### **5 Tailoring the education system to meet the needs of children and youths with complex needs**

Responses and actions about educating children and youths with complex needs through specialized, individualized and alternative methods are discussed under this theme. Key actions outlined include the review of alternative education programs, various training initiatives in behavioural analysis, threat assessment, violence prevention and mediation, as well as recruitment strategies for specialized education professionals.

#### **6 Supporting families of youth-at-risk and children and youths with complex needs**

Responses and actions about autism spectrum disorder (ASD) services, family-based approaches, interventions and supports are discussed under this theme. Seven community autism centres are currently in place in the province. Key actions outlined include the establishment of mobile crisis teams and the New Directions in Child Protection Services Initiative (NDCPSI) for families requiring child protection services.

#### **7 Closing the gap: eliminating differential treatment based on age in youth services**

Responses and actions about enhanced protective intervention services for youths 16 to 19 are discussed under this theme. One of the key actions outlined is the implementation of the Youth-At-Risk (YAR) project, which focuses on the development of a youth-at-risk service delivery model and a homelessness strategy based on best practices and made-in-New Brunswick solutions.

#### **8 Consistent legal assistance and representation for youth**

Responses and actions about legal education and promotion, consistent and continuing legal assistance and specialized legal representation for youths involved in the youth criminal justice system are discussed under this theme. Key actions outlined include the involvement of the Public Legal Education and Information Service (PLEIS) in providing youth-centred legal rights information to all staff and youths at the New Brunswick Youth Centre (NBYC) in early 2009. The New Brunswick Legal Aid Services Commission will be engaged in specialized training.

#### **9 Policy changes to youth custody practices**

Responses and actions about policy and practices changes at the NBYC are discussed under this theme. Key actions outlined include the implementation of a mental health team at the NBYC in October 2008; the development of a treatment bed for youths in secure custody with mental health problems; and various revisions to segregation and youth custody policies.

## I. Introduction

### Background

On Feb. 11, 2008, New Brunswick's Ombudsman and Child and Youth Advocate released *Connecting the Dots: A report on the condition of youth-at-risk and youth with very complex needs in New Brunswick*. This report was based on his investigation into seven highly complex cases that challenged the services available at the time. It focused on two areas:

- the gap in services for youths, particularly those 16 to 19; and
- the lack of services and co-ordination of services to children and youths with highly complex needs.

Forty-eight recommendations were directed at the departments of Education, Health, Social Development, Public Safety as well as Justice and Consumer Affairs. The recommendations fell under seven themes:

- improving political direction and accountability;
- integrating services and programs provided by departments to children and youths;
- improving community-based residential care;
- de-criminalizing youths with mental health disorders;
- tailoring the education system to meet the needs of children with complex needs;
- supporting families of youth-at-risk and children and youths with complex needs; and
- eliminating differential treatment based on age in youth services.

On June 8, 2008, the Child and Youth Advocate released a second report, *Ashley Smith: A report of the New Brunswick Ombudsman and Child and Youth Advocate on the services provided to a youth involved in the youth criminal justice system*. It was based on his investigation into the death of a young New Brunswicker, Ashley Smith, at a federal penitentiary in Kingston, Ont. Before her incarceration there, Ashley Smith had been in custody at the New Brunswick Youth Centre (NBYC) in Miramichi and the Saint John Regional Correctional Centre. The Child and Youth Advocate's investigation included a review of the services provided by the departments of Public Safety, Social Development, Health, Education and Justice and Consumer Affairs; the Office of the Attorney General was also mentioned. Twenty-five recommendations were made, under five themes:

- tailoring the education system to the needs of youths with mental illness or severe behavioural disorders;
- providing mental health services to children and youths sentenced to custody;
- determining the use and duration of segregation at the NBYC;
- providing legal representation to youths faced with the prospect of being involved or those who are already involved in the youth criminal justice system; and
- establishing a more stringent policy about the use of Section 92 of the *Youth Criminal Justice Act* (YCJA)<sup>2</sup>.

### Government response and actions

Premier Shawn Graham asked Education Minister Kelly Lamrock to oversee the development of a co-ordinated government response. Accordingly, Minister Lamrock established, at the director's level, an integrated child and youth services **committee**.

"I appointed Bernard Richard to be New Brunswick's Child and Youth Advocate not only to fulfil a commitment we made in our Charter for Change, but because our government understands children and youth must have a strong voice. The advocate has brought forward a number of systemic issues in this report ["Connecting the Dots"], and we recognize there are things that we should and can do better." Premier Shawn Graham, Feb. 11, 2008 News Release.

2 See Appendix A for a description of the specific recommendations relating to each theme.

The deputy ministers of the departments of Education, Health, Social Development, Public Safety and Justice and Consumer Affairs have been routinely updated on the work of the **committee**, which has met regularly with stakeholders inside and outside the government<sup>3</sup>.

The responses and recommended actions in this document are consistent with the government's commitments to at-risk and high-risk children and youths as stated in the *Charter for Change*, the *Self Sufficiency Agenda*, *Connecting care and challenge: Tapping our human potential* (also known as the MacKay report), *Delivering on the Blueprint*, and *When kids come first*. The government's responses and actions also address the gaps and weaknesses in service delivery to children and youth as described in the *Connecting the Dots* and *Ashley Smith* reports. Further discussions will address systemic and structural gaps in programs and services.

The government wants those departments serving children and youths to work together more coherently and comprehensively. It is specifically committed to responding to recommendation 8 in the *Connecting the Dots* report, referring to the development of a comprehensive child- and youth-centred integrated **service delivery model**. This entails developing a definition and outline of what the **service delivery model** will encompass as well as how to maintain it. A **service delivery model** will enable staff to respond to the needs of children and youth in a timely, efficient and cost-effective way. Further discussions of the **service delivery model** are contained in the second theme of this report.

The government recognizes the importance of all the themes in the Child and Youth Advocate's reports, and it is reinforcing its prior commitments to improve child and youth services and programs. The **committee** has been working with several partners to implement its response to the *Connecting the Dots* and *Ashley Smith* reports. It should be noted, however, that the government will need to undertake longer-term planning to respond to issues that are more systemic and structural in nature. These issues will require transformational change, including a change in how services are provided; how financing is budgeted; and how new resources or investments are selected. The government is committed to maintaining ongoing initiatives; to developing interdepartmental actions; and to working with the community on specific activities requiring longer-term commitments.

*"Your government will respond to two recent reports of the Ombudsman, to ensure that government services are fully integrated, that government agencies are accountable for responding to the best interests of the child and that young New Brunswickers receive the supports they need."*  
Speech from the Throne, Third session of the 56th Legislative Assembly of the Province of New Brunswick (Nov. 2008)

*"In the Charter for Change, we committed to providing further assistance for at-risk youth in our province. Work on our strategy for at-risk youth is underway on a number of fronts. Departments are jointly developing guidelines for integrated case planning for complex needs clients [...]. These guidelines will enhance the ability of departments to plan, co-ordinate and deliver needed services. We want all New Brunswick's young people to have opportunities to live their full potential. That is why my colleagues in Health, Public Safety and Social Development and I are committed to addressing the issues raised in this report [Connecting the Dots]."*  
Education Minister Kelly Lamrock, Feb. 11, 2008.

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3 For a list of consulted stakeholders, see Appendix B.

## II. The government's response

The government recognizes the importance of improving service and program delivery to children and youth. This approach should have three characteristics. It should be:

- multi-disciplinary, involving all professionals helping children and youth, working as a team;
- interdepartmental, involving all departments providing services and programs for children and youth; and
- multi-sector, involving governments, communities and non-government organizations helping children and youth.

Accordingly, the government has decided to involve several departments, based on their expertise to develop a collaborative leadership approach in implementing its commitments. In addition, child- and youth-serving departments will be working with non-government agencies to collaborate in supporting the government's commitments. The following themes from the *Connecting the Dots* and *Ashley Smith* reports frame the government's response:

1. political direction and accountability;
2. service integration;
3. community-based residential care;
4. decriminalization of youths with mental health disorders;
5. tailoring the education system to meet the needs of children and youths with complex needs;
6. supporting families of youth-at-risk and children and youths with complex needs;
7. closing the gap: eliminating differential treatment based on age in youth services;
8. consistent legal assistance and representation for youth; and
9. policy changes to youth custody practices.

### 1 Political direction and accountability

#### Context

Over the past two years, the government has recognized the importance of accountability and oversight for child and youth services and programs. A significant step forward was the incorporation of the *Child and Youth Advocate Act* and the establishment of the Office of the Child and Youth Advocate as part of the existing Office of the Ombudsman.

The government, through consultations among departments, is developing a child- and youth-centred integrated **service delivery model**. This approach will make it far easier for children and youths as well as their families to receive the services and programs they need. It will also make it easier for the government to monitor how well it provides child and youth services and programs. While discussions are still in progress on how best to do this, the intergrated child and youth services **committee**, with its reporting structure and process, will continue into 2009 to ensure the development and implementation of the proposed actions.

#### Response and actions

The government recognizes the importance of the advocacy role of the Office of the Child and Youth Advocate and continues to support its course of access to children and youth. The government recognizes the importance of ensuring the needs and rights of children and youths under the care of residential settings are met and protected. Departments are committed to supporting the advocacy role of the Child and Youth Advocate for children and youth, regardless of where they live. The government acknowledges that improving the health and wellness of



children and youth is a collective responsibility, and it is committed to collaborating with the Office of the Child and Youth Advocate on this matter. With this in mind, it is important that child- and youth-serving departments provide all necessary information to the Office of the Child and Youth Advocate during its investigations. In addition, departments should provide child and youth services data, such as information on program delivery and child and youth demographics, to the Office of the Child and Youth Advocate as requested.

All child- and youth-serving departments are committed to co-operating with requests from the Office of the Child and Youth Advocate for access to information on individual investigations. Since the investigations related to the *Connecting the Dots* and *Ashley Smith* cases, departments have agreed to provide the prompt release of information to the Office of the Child and Youth Advocate. There are, however, some federally legislated restrictions on information access and sharing pertaining to young persons in conflict with the law, as reflected in Section 119 of the *Youth Criminal Justice Act (YCJA)*. Some departments already have an official information-sharing protocol in place, while other departments will be or are developing such protocols in collaboration with the Office of the Child and Youth Advocate. The government is also taking action on sharing of and access to information, and the former Bill 82 (*Access to Information and Protection of Privacy Act*) or a variation thereof will be introduced to the Legislative Assembly. Departments have been given the opportunity to make recommendations about this bill.

The government requires that departments measure how well they provide services and programs to children and youths and also evaluate how well their child and youth clients are faring. The Office of the Auditor General, an independent agency accountable to the Legislative Assembly, monitors how efficiently the government operates and spends. In addition to conducting financial audits, the Auditor General makes recommendations on improving the delivery of services and programs to children and youth.

Another way to hold the government accountable may be the establishment of a provincial research network. Such a network could track and evaluate child and youth outcomes as well as make social policy recommendations. The government is committed to continuing discussions with the research community on this matter.

The government recognizes the importance of establishing a mechanism to ensure accountability and progress on the proposed actions. The integrated child and youth services **committee** was established as a first step to maintain momentum within government to respond to the Child and Youth Advocate's reports. In addition, the ministers and deputy ministers from the respective departments targeted in the reports have made a commitment to support the development of the **service delivery model**.

In fact, the **committee** has been talking with several child and youth services stakeholders about developing a formalized accountability mechanism; this is to be considered pending the finalization of the **service delivery model**. For now, it can be said that the mandate, functions and authority of the proposed accountability mechanism will be in accordance with the objectives of the **service delivery model** to ensure the best integration and co-ordination of services to children and youths. As part of the **service delivery model**, the government is committed to examining ways to measure child and youth outcomes and setting common indicators for effective service delivery. The **service delivery model** is discussed further under the service integration theme.

In light of the province's self-sufficiency agenda and the Non-Profit Task Force report in September 2007, the government established in October 2007 the Non-Profit Community Organizations Secretariat to support non-governmental and not-for-profit organizations. All departments have made a strong commitment to collaborative, multi-year funding in support

*"Bill 82 is intended to improve and modernize existing right-to-information and protection of personal information legislation. It would provide a framework for how public bodies must respond to requests for information, and it would apply to all records held in any form by government departments; provincial agencies, boards and commissions; universities; and municipalities."*  
Legislative Assembly,  
Oct. 2, 2008, news release



of these organizations. A steering committee at the assistant deputy minister's level has been established to work with the Non-Profit Community Organizations Secretariat. All departments recognize the importance of promoting the involvement of non-governmental organizations in improving the delivery of services and programs to children and youth. The government will be collaborating with non-profit and non-governmental organizations as part of the **service delivery model** as well as in upcoming initiatives such as the Youth-At-Risk (YAR) project. In addition to working with community-based organizations, the government is committed to collaborating interdepartmentally on various initiatives promoting the well-being of children and youth, such as the Early Childhood Initiative (ECI), the YAR project and the interdepartmental committee looking at service development for children and youth with complex needs. These projects are discussed further in this report.

## 2 Service integration

### Context

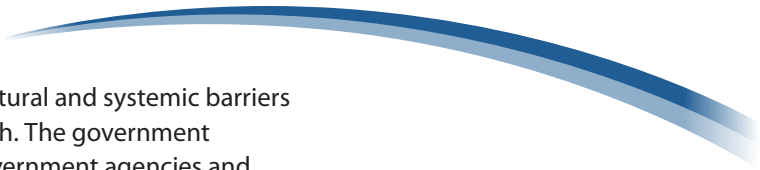
Widespread attention has been given in recent years to services and programs for children and youth. Yet, the notion of integrating the delivery of these services and programs is not new. The government has been developing a child- and youth-centred integrated **service delivery model**, as previously mentioned, in light of several reports, including the following:

- January 2000: *Children come first* report, addressed issues and provided recommendations for changes to the system that provides services for children and youths who come under the care of the minister of Social Development;
- March 2006: *Connecting care and challenge: Tapping our human potential* (also known as the MacKay report), emphasized the need for New Brunswick to develop an integrated service delivery model that reflects the uniqueness of the province's demographics, programs and services;
- September 2006: *Charter for Change: The Liberal plan for a better New Brunswick*, committed the present government to making significant transformational change in its public policies and practices. The *Charter* endorsed the MacKay report with a commitment to reform the education system in a number of areas, including students with special needs, and to adopt an integrated approach in delivering services and programs for children and families, especially youth-at-risk;
- May 2007: *The road to self-sufficiency: A common cause*, by the Self-Sufficiency Task Force, highlighted the need for innovative, well-researched reforms to make the province self-sufficient by 2026;
- February 2008: *Connecting the Dots: A report on the condition of youth-at-risk and youth with very complex needs in New Brunswick*, released by the Child and Youth Advocate; and
- June 2008: *Ashley Smith, a report of the New Brunswick Ombudsman and Child and Youth Advocate on the services provided to a youth involved in the youth criminal justice system*.

"Hopefully, if we do what needs to be done, individuals will be able to aspire to great things here in New Brunswick, rather than feel they must leave the province to find a fulfilling and prosperous life somewhere down the road. Providing the underlying structure to support that way of life must be a communal responsibility – our common cause."  
The Road to Self-Sufficiency (p.5, May 2007)

An integrated service delivery committee for inclusive education had been working on a package of reforms since April 2007. These efforts were recently combined with those of the integrated child and youth services **committee** to address the need for transformational change in the delivery of services and programs to children and youth in a more comprehensive and unified manner.

In April 2008, the deputy ministers from the departments of Health, Social Development, Public Safety and Education signed a protocol for the planning of complex cases for children, youths and adults. This integrated process is based on putting the interest of the child or youth first, which means that departments should act immediately and work collaboratively to address individual cases.



These initiatives constituted a major step forward in overcoming structural and systemic barriers hampering the delivery of services and programs to children and youth. The government recognizes that it is in everyone's best interest – government, non-government agencies and clients – to overcome such challenges in a timely, co-ordinated and efficient manner.

Departments have already addressed a number of concerns by revising policies, programs and services. It should be noted, however, that addressing issues involving significant increases in resources will require an analysis of existing practices and a more integrated approach to the delivery of services and programs to children and youth.

## Response and actions

The government is committed to developing a child- and youth-centred integrated approach to service delivery as recommended in the *Connecting the Dots* and *Ashley Smith* reports, the *Charter for Change* and the MacKay report, based on:

- the demographic information of child and youth needs, specifically, those with complex needs; and
- accessibility of services and programs to all children, youths and their families needing them.

The **committee** has discussed service access for children, youth and their families. It is working on ways to provide more timely access to services and programs, including treatment. Some of these solutions include the need for:

- more flexibility in departmental mandates and policies;
- better integration of service delivery and case management practices;
- streamlined service delivery;
- a centralized intake process for clients;
- protocols for information exchange and communication among child and youth service departments and agencies; and
- more information and awareness about existing service options and supports.

Over the past few months, with the help of a subject expert, departments have been developing the **service delivery model**. An interdepartmental working group on integrated service delivery has been implemented by deputy ministers of respective departments. It was created by combining efforts stemming from the *Connecting the Dots*, *Ashley Smith* and *MacKay* reports. Other stakeholders within the government and the community will be involved in upcoming consultations in early 2009 to move the development of the **service delivery model** forward.

The government believes that developing and implementing a **service delivery model** will establish a foundation for an appropriate and co-ordinated response to the needs of all children and youth, including those with complex needs. Some of the goals of the **service delivery model** will be to co-ordinate sharing of resources, services and programs among departments in a cost-effective way; and to establish an accountability mechanism to ensure collaboration across departments. In the interim, the interdepartmental protocol for the planning of complex cases will address more immediate access to services and programs for children and youths with complex needs.

The government recognizes the importance of harmonizing various pieces of legislation to integrate child and youth services and programs and to remove systemic and structural barriers hindering their delivery. Under the **service delivery model**, departments will explore ways of making procedural and substantive change in legislation pertaining to age definition, sharing of information, program eligibility criteria and links to policy and planning for children and youth.

As previously discussed, the government is also taking action on the sharing of and access to information through Bill 82 (*Access to Information and Protection of Privacy Act*).

The government is committed to ensuring a more integrated approach for child and youth services and programs, particularly relating to information sharing. One of the goals of the **service delivery model** is to provide adequate and timely sharing of information among child and youth service providers and all current and ongoing departmental initiatives relating to technology-enabled information sharing. The government has already begun developing various departmental initiatives. The Department of Health is working on an interoperable electronic health record (iEHR), expected to be in place by the end of 2009. The iEHR will draw information from a number of source systems, enabling a care provider to gain access to client information such as demographics and test results, without moving between different computer program applications. The amount of information obtained by health-care providers will be based on their role with the client, and all cases will be required to follow protection of personal health information regulations. In addition, the Department of Health is developing a drug information system, which will display information obtained from doctors and pharmacists on the prescriptions given to department clients.

The Department of Education is reviewing its requirements for a new information system to collect and store student data, including requirements for information about special education plans. The department is working to ensure that the system will contain information pertaining to the student's involvement with other departments as well as key contact persons associated with each service.

The government realizes that it must provide services and programs as efficiently as possible to the children, youths and families needing them. A primary goal of the **service delivery model** is to provide an efficient, one-stop system for clients to apply for and obtain services and programs. This approach may be useful in developing accurate projections of treatment use and allocating resources. The government also recognizes the value of youth treatment and, therefore, is conducting an extensive review of the Youth Treatment Program (YTP) with the help of a specialist.

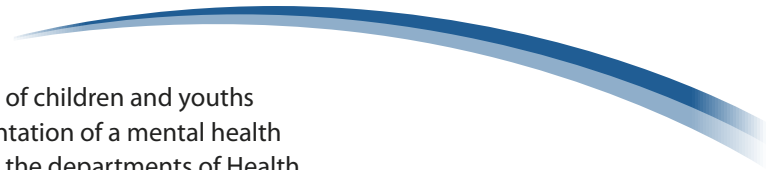
The government also recognizes it must respond to a range of client needs. It is also important to change the situation where the same client must participate in a number of case interventions by several departments. Accordingly, the **service delivery model** will provide a comprehensive and integrated range of services for all children and youths, with particular attention given to those with mental health disorders and highly complex needs. In addition, the **service delivery model** will incorporate the documentation of all programs and treatment types for children, youth and their families, as well as noting their placement in the range of services from primary to tertiary levels of intervention.

Other government initiatives are underway in conjunction with the **service delivery model**. Efforts such as the Youth-at-Risk (YAR) project<sup>4</sup>, YTP review, and the interdepartmental committee looking at service development for children and youth with complex needs<sup>5</sup> will address the gap in protective intervention services to youths 16 to 19, the individual needs of children and youths making the transition from institutional care to their communities, as well as those of youths with complex needs making the transition to adult services.

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4 For further information on the YAR project, see theme 7: *Closing the gap: Eliminating differential treatment based on age in youth services*.

5 For further information on the interdepartmental committee looking at service development for children and youth with complex needs, see theme 3: *Community-based residential care*.



Other departmental initiatives have addressed the issue of transitions of children and youths from institutional care to the community. These include the implementation of a mental health **team**<sup>6</sup> at the New Brunswick Youth Centre (NBYC), in partnership with the departments of Health and Public Safety, with protocols focusing on returning remanded and sentenced youths into the community. All departments are committed to collaborating with this **team** to ensure sharing of information, transition planning and continuum of care for youths in custody. The Department of Education is committed to incorporating transition plans into the new electronic student records system, which will allow for more consistent case planning and transitions back into the education system regardless of where the student is located. The government's commitment to use case conferences<sup>7</sup> more proactively is also expected to address some of the Child and Youth Advocate's concerns. All of these initiatives will become part of the **service delivery model** to ensure a centralized intake approach, continuity of care and effective transitions for all children and youths.

The government recognizes that it is important to connect research to practice to ensure the efficiency of child and youth services and programs. It is vital to strengthen research in the province and to establish lasting partnerships between the government and the university community. Recently, the Office of the Premier and the University of New Brunswick (UNB) entered into a partnership to co-ordinate social policy research and the government's agenda for self-sufficiency as it relates to best practices and policy development. The **committee** has been consulting with the research community on this particular issue. An accountability mechanism will examine other ways to put research into practice by consulting with government and non-government agencies, including centres of excellence across Canada relating to research on children and youth.

Many initiatives and reviews already underway will address how to adopt best practices to help children and youths with mental health disorders and complex needs. These initiatives include the provincial mental health review, the YTP review, and a review of alternative court practices<sup>8</sup> and options for more effective practices. Tying into this, the **service delivery model** will provide opportunities for the dissemination of research findings so that they may be put into practice across child- and youth-serving sectors. Subsequently, processes will be developed to share information and best practices among government officials, experts in the field and front-line workers.

The government recognizes the importance of providing cross-training for *all* professionals, paraprofessionals and direct caregivers working with children and youths. Various departments are providing professional development in areas such as threat assessment, family conferencing, mediation, motivational interviewing and case management of child welfare services. As part of the **service delivery model**, the development of cross-training opportunities to address service-specific needs will be explored. In addition, the government is pursuing the development of an awareness program, for government employees working with children and youth as well as to non-governmental agencies.

The government is committed to co-ordinating efforts through the **service delivery model** to ensure a strategic and integrated province-wide approach to address the needs of children and youths. The provincial mental health review task force and the **committee** have held initial talks, and these will continue to ensure the government's current and future actions are linked to the mental health review recommendations. As the **committee** develops further actions stemming from the *Connecting the Dots*, *Ashley Smith* and mental health review reports, the government

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6 For further information on the **team** at the NBYC, see theme 9: *Policy changes to youth custody practices*.

7 For further information on case conferencing, see theme 4: *Decriminalization of youths with mental health disorders*.

8 For more information on the review of alternative court practices, see theme 4: *Decriminalization of youths with mental health disorders*.

will need to work with Correctional Service of Canada to ensure an integrated approach between provincial and federal employees. As a first step, a mental health protocol has been established among the departments of Public Safety and Health and Correctional Service of Canada to help with the reintegration and rehabilitation of offenders returning to New Brunswick from the federal correctional system.

The government has many partnerships with federal child- and youth-serving agencies, such as Youth Justice Canada, Health Canada and the RCMP, and it plans to continue these partnerships to advance the integration of services. Discussions have taken place recently and will continue with several federal partners in examining possible collaborations on various governmental actions. Discussions and recommendations stemming from reviews provincially and nationally, such as the mental health review and the Kirby Commission<sup>9</sup> review, are expected to suggest to the government ways to link provincial and federal agencies to ensure both systems work more collaboratively on the issue of children's and youths' mental health.

### 3 Community-based residential care

#### Context

The government acknowledges that a wide variety of residential care options must be available to children and youths. At present, children and youths under the care of the minister of Social Development may be placed in foster homes or child care residential centres when they are not safe in their parental homes. As part of the Youth-At-Risk (YAR) project, a youth homelessness strategy and protective intervention services will be developed to meet the needs of youth-at-risk. An interdepartmental project has been initiated, for the consideration of a community residential treatment facility as well as step-down residential centres for children and youths with complex needs. Step-down centres would help these children and youths make the transition from a proposed resource centre, where they would be assessed, treated and given case planning. Upon their release from the resource centre, children and youths could move to the smaller, step-down centres, where they would receive continuing care in their home communities or return to their parental home with supports. This project will also focus on helping youths with complex needs making the transition to adult services, as needed; enhancing community-based services for families with children and youths with complex needs; and developing strategies for training and recruiting specialized direct-care givers for children and youths with complex needs.

#### Response and actions

Research shows that it is important to develop and build on community resources and strengths to ensure services and programs are available close to the children and youth who need them (Child and Welfare League of Canada, 2003). The government will consider the establishment of a provincial resource centre, as mentioned earlier, which would provide forensic service delivery needs and short-term intensive assessment and treatment to children and youths with complex needs. Part of the consideration will be the creation of the step-down centres, also mentioned previously, to help clients remain in contact with supporting organizations and individuals within their communities. The centres would increase the level of regional expertise and build upon existing networks and community strengths. The main objectives would be to ensure a continued range of services and programs for children and youths with complex needs, and to ensure these services and programs will be provided in a timely manner through partnerships with the community. The design and implementation of a child- and youth-centred integrated **service**

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9 The Kirby Commission, or the national Mental Health Commission of Canada, has been given the mandate to conduct a national review of mental health care.



**delivery model** will also help identify required community-based residential care for children and youths with complex needs.

As previously discussed, an interdepartmental protocol for the planning of complex cases for children, youths and adults was established in April 2008. Under this protocol, the government expedites the delivery of financial assistance and clinical resources to children, youths and adults with complex needs. This process will remain in effect until the implementation of the **service delivery model**. In addition, the Department of Health and the regional health authorities (RHAs) are committed to ongoing strategies to recruit, retain and secure access to specialists qualified to treat children and youths with highly complex needs.

The Department of Health has established clinical mobile crisis **teams**<sup>10</sup> in Fredericton, Bathurst, Moncton and Saint John and plans to introduce similar teams in Edmunston, Miramichi and Campbellton as part of the provincial health plan. These **teams** provide access to crisis services directly to people facing emotional and psychological distress. The **teams** ensure timely access to community services and prevent hospitalization whenever possible. In 2005, the departments of Health and Social Development established a protocol for how to respond when a child or youth in the care of the minister of Social Development tries to commit suicide or is indicating signs of thinking to do so. The Department of Social Development's after hours emergency social services (AHES) will have access to contact information for the **teams** to support social workers responding to children and youths in care of the minister who attempt suicide or are indicating signs of intent.

The government recognizes there is a need for more community-based residential resources for youths in open custody under the youth criminal justice system. For several years, a memorandum of understanding (MOU) has been in place between the departments of Social Development and Public Safety allowing Public Safety to use child placement resources approved by Social Development for youths in open custody. As part of the MOU, the Department of Social Development recruits potential foster families and develops child care residential centres. To recruit more foster families, the Department of Public Safety will be developing a service package for foster parents outlining the supports and resources available when caring for youths in open custody.

The government recognizes the important contributions made by community-based organizations, such as youth transition homes, and it is committed to using the Non-Profit Community Organizations Secretariat to help sustain these organizations. During the next year, the YAR project will be soliciting input from government and non-government stakeholders, including youth transition homes, to improve services and programs for youths 16 to 19. The role of youth transition homes in meeting the needs of youth-at-risk in this age group will also be explored, in relation to the development of a youth homelessness strategy and protective intervention services. Transition homes are operated independently from the government through boards of directors that have the authority to hire and train staff. The Department of Social Development will be exploring, however, its relationship with transition homes and the benefits and drawbacks associated with restructuring the role of government with community-based youth residential services.

The government recognizes the importance of ongoing support and training for child care residential centres and youth transition home employees. It is committed to exploring ways of incorporating community-based child and youth residential services employees into the interdepartmental cross-training initiative as discussed under the second theme. Departments

*"It is recommended that very thoughtful consideration be given to the numbers of children and youth who will be resident at any one time in any of the group home options. [...] a lower number of resident children in a group home and a less complex social environment contribute to:*

- *the opportunity for more substantive relationship development and clinical activity that increase the likelihood of good outcomes for children;*
- *lowering the level of compression and related stress experienced when large numbers of people live and work together in relatively confined space;*
- *the opportunity for more individualized and supportive intervention;*
- *decreasing the complexity of the environment because having fewer children also means fewer families, fewer service partners, fewer case-related administrative activities, etc.;*
- *increasing the opportunity for relative normalization both within the context of the milieu and its relationship within its community which, in turn, provides the opportunity for more positive reconstructive public experiences."*

The Child Welfare League of Canada, 2003 (p.8). *Places for kids: Strengthening residential services for high needs children and youth in New Brunswick.*

<sup>10</sup> For more information on these **teams**, see theme 6: *Supporting families of youth-at-risk and children and youths with complex needs.*

*“Complex social problems, such as delinquency, cannot always be effectively treated through simplistic or single-focused responses. There are numerous intervening factors at work that moderate the relationship between the family and delinquency, such as antisocial peers, poor school attachment, substance abuse, and criminogenic communities (Hawkins et al., 1998; Lipsey & Derzon, 1998). Therefore, while family dysfunction is a critical criminogenic need of delinquent youth, targeting additional needs is also important to increase the overall effectiveness of interventions.”*

Jeff Latimer, senior research officer, research and statistics division, Department of Justice Canada, in Multi-systemic Therapy as a Response to Serious Youth Delinquency (Just Research no 12, Dec. 2008)

*“[...] a youth justice court shall not impose a custodial sentence under section 42 (youth sentences) unless the court has considered all alternatives to custody raised at the sentencing hearing that are reasonable in the circumstances, and determined that there is not a reasonable alternative, or combination of alternatives, that is in accordance with the purpose and principles set out in section 38.”*

Youth Criminal Justice Act, Section 39(2)

will continue to provide clinical guidance and support and training for child and youth residential services employees.

The Department of Social Development works closely with the New Brunswick Association of Youth Residential Services Inc. (NBAYRS) to address the issues of training, wages and benefits for child care residential centre employees to improve employment recruitment and retention. The NBAYRS represents more than 1,000 child care residential centre employees, and it provides an excellent opportunity for cross-training, forums, networking and relationship-building between the government and community-based, front-line child and youth care staff. Since 2006, for instance, the Department of Social Development has been sponsoring training for all permanent child and youth care residential centre employees in applied suicide intervention.

## 4 Decriminalization of youths with mental health disorders

### Context

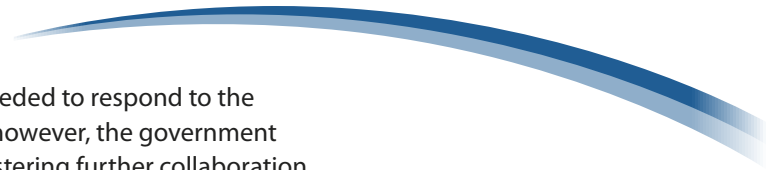
A great deal of national attention has been paid to whether persons with mental health problems should be held criminally responsible when they break the law. At the same time, many jurisdictions have had difficulty meeting the increasingly complex needs of children and youths.

The government recognizes that a child or youth's underlying challenges, including his or her mental health problems, must be addressed if he or she is to be diverted from the youth criminal justice system. Recent advancements in assessment have generated more information about children's and youths' needs, including behavioural and mental health problems as well as effective treatment and intervention. Very few New Brunswick youths commit serious violent crimes<sup>11</sup>; many, however, have long-standing and highly complex needs. Research shows that meeting the needs of children and youths improves their well-being; this is also the most important way to protect the public in the long term (Hawkins et al., 1998; Lipsey & Derzon, 1998, in *The Department of Justice Canada*, December 2008).

The *Youth Criminal Justice Act (YCJA)* says that all alternatives must be considered before a youth is sentenced to custody. The government recognizes the importance of designing and implementing effective services and programs to respond to children's and youths' mental health and behavioural problems. Granted, many of the complex challenges faced by children, youths and their families may cause great distress to themselves and others. Yet, the government believes in exploring alternate responses to sending a youth to court for potential incarceration. During the past two years, the government has started a number of alternatives to divert children and youths with mental health problems from the youth criminal justice system:

- the establishment of the interdepartmental protocol for planning of complex cases for children, youths and adults;
- the Department of Health has assumed the administration of clinical services at the New Brunswick Youth Centre (NBYC) through a mental health **team**;
- the Department of Education has hired a number of specialists to work with children and youths with special and complex needs; and
- significant improvements have been made to services and programs for children and youths with autism spectrum disorders (ASDs).

11 In most categories of serious crimes against the person, New Brunswick reported a lower percentage of guilty findings than Canada as a whole (13%) in 2006-07, with eight per cent of youths found guilty of serious violent crimes (Source: Statistics Canada).



The government recognizes that better services and programs are needed to respond to the complexity of needs of some children and youths. At the same time, however, the government believes the focus should remain primarily on integrating services; fostering further collaboration among all stakeholders; and improving existing resources. The child- and youth-centred integrated **service delivery model** should help.

## Response and actions

In September 2008, the number of regional health authorities (RHAs) was reduced to two from eight. The Department of Health and the RHAs have retained arrangements to co-operate and to share information. These include leadership forums, program managers' meetings and directors' meetings. In addition, arrangements are in place to co-operate and share information among the RHAs and other governmental and non-governmental agencies, such as suicide prevention committees, wellness committees and the Youth Treatment Program (YTP) teams.

The development and implementation of the **service delivery model** will co-ordinate an array of professional services including regional psychiatric and mental health services for children and youths with complex needs. As previously discussed, the interdepartmental committee looking at service development for children and youth with complex needs will be examining the provision of better support services to families of children and youths with complex needs, as well as the development of special residences focusing on assessment and treatment, in collaboration with community-based organizations. The work of this committee will support the **service delivery model** by addressing many of the needs of the most challenging children and youths within a variety of systems.

Departments are committed to using multi-disciplinary conferencing regularly in case planning. These conferences provide broad accountability by giving the required stakeholders the chance to decide the best ways to work effectively with children and youths with complex needs. When post-discharge planning is considered, it is important to include partners who have a variety of skills and specializations to meet the needs of children and youths with complex needs. Potential stakeholders include RHAs, extra-mural nurses, community-based mental health **teams** and response teams, school psychologists, family physicians and social workers. RHAs will be active in developing the **service delivery model**; addressing the needs of children and youths with complex needs; and identifying stakeholders in post-discharge planning.

The government is examining the strengths and gaps of the mental health system in the development of a mental health strategy. Recruitment and retention of specialized mental health staff will be an integral part of the review to ensure that the government meets current and future needs of children and youths. The Department of Health and the RHAs are working on recruitment and retention in addition to sharing resources among regions; using Tele-Mental Health<sup>12</sup> and the Provincial Health Resource Network; improving access to post-secondary internship training; and establishing multi-disciplinary teams to tap into a variety of skills and expertise.

Although some children and youths with complex needs require drug treatment, the government believes that behavioural intervention strategies and techniques must also be incorporated. Caregivers and families should be given detailed information on drug awareness, best practices and the benefits and side effects associated with specific psychotropic drugs. The **service**

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12 Difficulty recruiting psychiatrists to rural communities has placed considerable importance on the development of innovative ways to access psychiatric consultations for individuals with complex mental health needs. Tele-Mental Health entails the use of videoconferencing as one of the tools for modern mental health service delivery. This multi-purpose videoconference infrastructure is installed in facilities to bring specialized health care services to all parts of the province. Tele-Mental Health services will provide access to psychiatric consultations for individuals with complex mental health needs.



**delivery model** will focus on community- and family-centred strategies to ensure that the least intrusive measures of intervention and treatment, such as counselling and psychological therapy, are emphasized.

The New Brunswick Prescription Drug Program (NBPDP) is an excellent resource for health policy research. Aggregate beneficiary data serve as a repository for analyzing drug utilization trends throughout the province. For example, the program has conducted research on antibiotic prescribing practices and has compared defined daily doses with those of European countries. This information was distributed to physicians through the NBPDP bulletin with the goal of improving prescribing practices to optimize antibiotic use. The program also ensures drug formulary decision-making is evidence-based. All drugs considered for coverage under the NBPDP are subject to a standard review process through either the Atlantic Expert Advisory Committee or the Canadian Expert Drug Advisory Committee. These committees review and evaluate the available scientific and economic information and make recommendations to the drug plans on whether a drug should be listed as a benefit, including conditions and/or criteria for coverage. The NBPDP provides regular bulletins to physicians regarding updates on drug coverage and criteria for use. Accordingly, the NBPDP has expressed interest in sharing its expertise with government departments that wish to produce similar physician information resources for psychotropic prescriptions to children and youths.

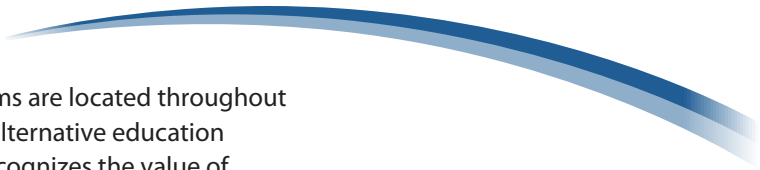
There are many recognized sources of research at the provincial, national and international levels on best practices of drug therapy and other forms of treatment. Some examples are:

- the Health Technology Assessment (HTA) and the Canadian Optimal Medication Prescribing and Utilization Service, both part of the Canadian Agency for Drugs and Technologies in Health. The HTA, as part of the Health Technology Inquiry Service, released in November 2008 a report, *Anti-psychotics in pediatric patients: A review of clinical effectiveness, safety and guidelines*; and
- the United Kingdom's National Institute for Clinical Excellence, which has developed attention deficit hyperactivity disorder (ADHD) treatment guidelines.

The government expects that a research network would incorporate best practices research on psychotropic drug therapy as well as counselling and other therapies. Pending the development of the **service delivery model**, the government is considering the formation of a steering group composed of members of doctors and other stakeholders, such as the mental health **team** at the NBYC, the Nurses Association of New Brunswick, the College of Psychologists of New Brunswick, and the Stan Cassidy Centre for Rehabilitation in Fredericton, to share information about present practices; identify priorities and research direction; and ensure best practices are incorporated in drug therapy programs and other treatments prescribed to children and youths. Consultations with front-line service delivery stakeholders, such as the New Brunswick Association of Youth Residential Services Inc. (NBAYRS), the New Brunswick Foster Families Association and the Autism Society of New Brunswick, will also be considered.

The NBYC **team** is expected to improve the range of care for youths in secure custody following psychotropic drug therapy. This **team** has direct contacts with community mental health **teams** and services; this is expected to improve transition planning for incarcerated youths returning to the community. The NBYC **team** also provides a therapeutic approach and environment, which in turn may enable incarcerated youths to follow their medical treatment programs.

The government recognizes the importance of providing better residential options for youths in the youth criminal justice system who need forensic assessment and treatment. The interdepartmental committee looking at service development for children and youth with complex needs is considering the development of forensic residences for children and youths with complex needs, in addition to youths deemed not criminally responsible by the courts.



Although a number of community programs and services and programs are located throughout the province – these include the intensive support program, the YTP, alternative education programs and the alternative measures program – the government recognizes the value of efforts focused on diverting youths with behavioural and mental health problems from the youth criminal justice system.

As part of the development and implementation of the **service delivery model**, a review of present alternative measures will be conducted, starting in early 2009, through the direction of an expert from the Centre for Research on Youth-At-Risk at Saint Thomas University. This is expected to provide direction to determine the best alternatives to court and custody for youths. The process will involve municipal police, the RCMP, various departments, youth-serving organizations as well as youths themselves. The departments of Public Safety and Justice and Consumer Affairs have established a committee to examine alternative measures standards, procedures and guidelines as well as restorative justice approaches; the committee's work is expected to be incorporated into the review process to form an interdepartmental working group on alternative measures specific to at-risk youths and those with complex needs. The departments of Health, Social Development and Education would also be involved. Early identification processes will need to be established for at-risk youths and those with complex needs as part of the **service delivery model**, to assist in providing alternatives to charging and sentencing practices. This issue will also be a focus of the alternative measures review.

The Department of Public Safety is developing a memorandum of understanding (MOU) to hold mandatory formal conferences under Sections 19 and 41 of the *YCJA* in collaboration with the departments of Education, Social Development, Health, Justice and Consumer Affairs as well as the Office of the Attorney General. The government believes that the involvement of all required departments, agencies and non-governmental organizations will divert a number of youths from custody.

To ensure that all community-based options are considered for assessment and treatment, experts are developing a strengths-based, clinical youth-at-risk forensic protocol that would use existing community services and comprehensive file reviews. The purpose would be to submit forensic assessments to the courts for consideration in diverting youths with highly complex needs from secure custody. Other initiatives are expected to improve services and alternatives to custody. As previously indicated, the government has hired a subject expert to review the YTP and recommend how to improve services and programs.

The government recognizes the need to divert youths from secure custody who have been criminally charged or are facing the possibility of charges and are awaiting sentencing. The Department of Public Safety will be sponsoring kinship placements on a case-by-case basis as alternatives to open custody or remand. Kinship placements will require the identification of appropriate family members with whom a youth may live, with remuneration from the government, while benefiting from the wraparound<sup>13</sup> services provided by the intensive support program.

The Department of Public Safety is developing a strategy on crime prevention and crime reduction, and it will be holding a conference in the spring of 2009 in Fredericton with more than 250 participants and expert speakers expected to attend. Deliberations from this conference are expected to be linked to the government's current actions and be an excellent means for partners to develop alternatives to custody for youths.

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13 Wraparound services refer to an individually designed set of services provided to children and youths with multiple and complex needs by numerous agencies that include treatment services and support services or any other supports necessary to increase stability, positive outcomes as well as functioning in the family and community.

As previously discussed, training needs will be identified as part of the **service delivery model** to enable all service providers to adopt a more unified approach when planning services for youths with mental health issues who come into conflict with the law.

For children and youth in the permanent care of the minister of Social Development, it is the practice of the social worker or his/her designate to attend court with the child or youth. The child in care program is under review and redesign, with a focus on obtaining better outcomes for children and youth. Based on the redesign, the practice standards will be updated, and the department will reinforce this practice within its standards. Considering all the government, community-based and multi-disciplinary initiatives previously discussed, the government believes that all youth courts, with the help of service providers, can adopt a more problem-solving approach and divert many youths from custody.

The Department of Social Development, through the Youth-At-Risk (YAR) project, will be adopting a more multi-disciplinary approach to help youths-at-risk as well as to help their families stay together. In addition, the **service delivery model** will rely on a multi-disciplinary team approach to help divert youths from custody. Officials have begun talks with policing services about this.

All departments are committed to the regular, improved use of multi-disciplinary conferences, both for youths involved in the youth criminal justice system and those who are at-risk. The Department of Public Safety has issued a directive to staff for the use of court-ordered conferences for youths at risk of entering custody.

The Department of Education recognizes the importance of having every effort made to support academic success for children and youths in transition, regardless of whether they are part of the formal educational system or not. As part of the **service delivery model**, the Department of Education will ensure that department representatives are present at all multi-disciplinary conferences involving children and youths. School district personnel will be identified to take responsibility for tracking and following-up with children and youths in transition.

The government recognizes the importance of training in relation to appropriate and efficient use of conferences; this will be addressed as part of the cross-training initiative.

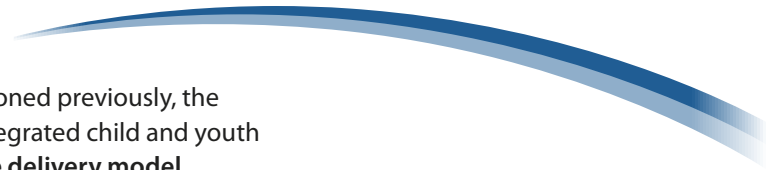
## 5 Tailoring the education system to meet the needs of children and youths with complex needs

### Context

The Department of Education has been making a concerted effort to address the 95 recommendations in the MacKay report. The department has provided, in particular, many training opportunities for staff. The MacKay report focuses on several themes, including:

- early prevention and intervention;
- inclusion of students with special needs;
- specialized services;
- support for parents;
- staff training; and
- the establishment of an integrated service delivery model.

Many of the recommendations in the MacKay report are similar to those in the *Connecting the Dots* and *Ashley Smith* reports; it is expected that actions listed in this report will simultaneously



address some of the concerns identified in all three reports. As mentioned previously, the committee on inclusive education has been incorporated into the integrated child and youth services **committee** to develop the child- and youth-centered **service delivery model**.

In the meantime, recommendations from a recent alternative education review are expected to suggest to the department how to meet the requirements of students with complex needs.

## Response and actions

The government's position is clear: *all* children and youths – even if they are not in the public school system – have the right to an education. This notion is included in the discussions about the development of the **service delivery model** and the need to incorporate a range of services to children and youth. In addressing this, the Department of Education has added two resource teachers at the Portage Atlantic Inc. youth addictions treatment facility near Sussex<sup>14</sup>, considered an official alternative education site. The Department of Education has been actively recruiting a bilingual resource teacher for the provincial Child and Adolescent Psychiatric Unit (CAPU) and the Pierre Caissie Centre (PCC), both in Moncton. A resource teacher has been hired at the Stan Cassidy Centre for Rehabilitation in Fredericton<sup>15</sup>. The departments of Public Safety and Education have established a working group to involve partners to deliver the education program at the New Brunswick Youth Centre (NBYC). As discussed under the second theme, the Department of Education is developing an electronic student information system. Recommendations from the alternative education review are expected to suggest to the department how to address the needs of children and youths with complex needs who are no longer part of the public school system.

The government acknowledges that the education system is integral to child and youth services. The **service delivery model** will encompass a multi-disciplinary and multi-departmental approach to the delivery of all services and programs to children and youths, including education services. The Department of Education has been moving forward on adopting a multi-disciplinary approach to inclusive education. For instance, the francophone sector has hired an interim consultant to work with private psychologists to reduce waiting lists for psychological assessments. Francophone schools already have teams of specialists from their staffs and from the departments of Health and Social Development who focus on students needing learning support services.

The learning disability strategy has been underway in the francophone sector during the past year. Thirty-five more resource teachers have been hired; they followed an intensive 12-week training session and they can now intervene as team specialists. Various training initiatives are ongoing, touching on such topics as behaviour management, communication between schools and parents; and response to intervention. An ad-hoc committee established in 2007 has been working with universities in New Brunswick and Quebec to recruit learning specialists and other professionals to work with students with complex needs within the francophone system.

The anglophone sector has provided many training initiatives, such as threat assessment and violence prevention for teachers and community partners. The sector is developing a threat assessment protocol in partnership with its francophone counterpart. A community threat assessment protocol is being developed in partnership with regional directors and community partners such as the police. School district staff are earning credentials in behavioural analysis through a long-distance program offered by the University of North Texas; this is expected to be completed by this fall.

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<sup>14</sup> For more information on these services, see Appendix C.

<sup>15</sup> For more information on these services, see Appendix C.

The Department of Education already has arrangements in place – and is developing more of them – to share information about how best to meet the needs of children and youths with complex needs. For instance, the annual teacher learning week features service delivery speakers working with at-risk children and youths and those with highly complex needs. A conference on trauma response will be held early 2009. Anglophone schools are developing specialized services, such as mediated dispute resolution for at-risk children and youths and those with complex needs. These efforts are expected to become part of interdepartmental cross-training under the **service delivery model**.

The government recognizes the importance of early identification, assessment and intervention in addressing children's educational needs. In 2007-08, the francophone sector introduced the Early Years Evaluation - Direct Assessment (EYE-DA) and the Early Years Evaluation - Teacher Assessment (EYE-TA). The EYE-DA is administered to children upon kindergarten registration, about one year before they begin school. Kindergarten teachers administer the EYE-TA in January of the school year. These assessments help identify vulnerable children so that their needs may be met before they encounter social, physical and academic difficulties.

The government recognizes the need for central and regional co-ordination of services and programs to children and youths with complex needs. This is being discussed as part of the development of the **service delivery model** and the subsequent accountability mechanism. In the interim, the anglophone and francophone sectors within the Department of Education have been actively addressing the needs of students with complex needs, based on their respective demographics.

The Atlantic Provinces Special Education Authority (APSEA) co-ordinates services for hearing and visually impaired students in anglophone schools. The anglophone sector has had ongoing discussions with APSEA about possibly establishing a strategy for all of Atlantic Canada to improve services and programs for students with highly complex needs who have dual or multiple mental health diagnoses in addition to audio or visual impairments.

The francophone sector has developed regional services and programs to address the needs of hearing and visually impaired students. The French-language regional services and programs addressing the needs of hearing and visually impaired students have attracted recognition across Canada and overseas, and training may be delivered in Ontario and France. The francophone sector has continued to work with APSEA; bilingual itinerant teachers regularly attend APSEA conferences and training sessions. The francophone sector has hired teachers to work directly with students who are visually or hearing impaired, and it is committed to providing services and programs to those students as they become adults. The need for transition planning was identified in the early 1990s and has been ongoing. Accordingly, two itinerant teachers provide these services to help students find summer jobs. Each teacher is trained to use the Planning Alternative Tomorrows with Hope (PATH) tool to help students choose their career paths.

The government recognizes the importance of addressing the educational needs of children- and youth-at-risk, and it knows that regular schools settings cannot meet the needs of every student. This is why the Department of Education is dedicated to providing alternative learning opportunities for students deemed at-risk, and it is implementing strengths-based methods from kindergarten to Grade 12.

The anglophone sector has made a commitment to invest in the career connections and career paths programs during the next three years, and it has implemented a strengths-based guiding model for students in grades 6 to 12. Schools have adopted career-based guidance services, including the involvement of non-governmental organizations to raise students' awareness and

involvement with their communities. As part of *When kids come first*, a model schools project<sup>16</sup> is underway in eight anglophone schools to improve student achievement and to make programs easier to use and focused on the community. Detailed individual plans are to be developed for each school involved in the project early in 2009. The francophone sector is testing a strengths-based model in three schools and will pilot it in three high schools in the spring of 2009. Career-based guidance services are being piloted in 15 francophone elementary schools.

The government recognizes the need for specialized and individualized services for children and youths with complex needs. As an initial response to the MacKay report, the Department of Education hired behavioural mentors early in 2006. They have addressed student behavioural issues through interviewing and developing behavioural plans in both linguistic sectors. In addition, PATH training has been provided to more than 100 teachers, including guidance counsellors and special education teachers; a follow-up training session will also be offered in collaboration with the New Brunswick Association for Community Living (NBACL). Since September 2007, a provincial learning specialist has been assigned to the school psychology and behavioural problems portfolio in the francophone sector.

The francophone sector has been addressing the needs of students with complex needs by revising its intervention plan protocol. The revisions take into account students with behavioural problems and enable teachers to use temporary accommodations when these students become distressed. The anglophone sector is preparing a student services handbook to inform parents about services available to their children and associated expectations of behaviour. The handbook also encourages families and schools to remain in regular contact. Recommendations from the alternative education review are expected to suggest to the Department of Education how to meet the specialized and individual needs of students with highly complex issues. These recommendations will be incorporated into the **service delivery model** in examining best practices on alternative education programs and settings.

## 6 Supporting families of youth-at-risk and children and youths with complex needs

### Context

The government recognizes the vital role that families play in supporting and nurturing children as they develop. For children and youths with complex needs, their families are often challenged to provide on-going support every day. This is why the government recognizes the need to provide better support services to those families wishing to provide for their children at home. It also acknowledges the need to provide inclusive out-of-home support for those children and youths whose challenges are too great for their families to deal with. The government acknowledges, moreover, the need to improve services and programs for youths 16 to 19 considered at-risk due to the risk of abuse and neglect in their family environment. Further discussion about this youth demographic is in the next theme. It is expected that a centralized intake approach incorporated in the child- and youth-centred integrated **service delivery model** will address the needs of families of youth-at-risk and children and youths with complex needs by improving access to support services and allowing for a more cohesive and continuous support system.

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<sup>16</sup> The model schools project is based on the International Centre for Leadership in Education model to create a course of action unique to the needs and goals of the New Brunswick education system. It "outlines the transformation required to proactively and efficiently guide and empower school leadership teams in the change management process, update instructional methodology, improve the school review and improvement planning cycle, and increase student engagement and achievement." (*Project report: The blueprint for building New Brunswick model schools*, p.3, October 2008).



## Response and actions

The government considers children and youths' best interests to be a main priority, and it recognizes the positive contribution families can provide to their children's outcomes. The primary goal of all departments is to preserve the family as long as this is in the best interest of the child or youth; parental involvement is highly encouraged in most cases. Among the objectives of the **service delivery model** is to provide a continuity of care for a child or youth with mental health disorders and/or highly complex needs; and to provide the necessary supports and information to families so these children may succeed as much as possible.


Several interdepartmental and departmental initiatives are being undertaken to improve in-home and family support services, such as the Community-Based Services for Children with Special Needs (CBSCSN) program, the Early Childhood Initiative (ECI) and the New Directions in Child Protection Services Initiative (NDCPSI). The ECI, operating under a partnership between the departments of Social Development and Health, is addressing the recommendations stemming from a 2005 review of a service delivery model established for early childhood services. This model will be incorporated into the **service delivery model** to ensure a cohesive approach to early prevention and intervention services.

The Department of Social Development is spearheading the NDCPSI, which focuses on providing services and programs to families in need of child protection services entrenched in evidence-based practices. Phase 1 included the implementation of family group conferences and child protection mediation, which started in December 2008. In January 2009, the department introduced immediate response and family enhancement services. A number of new positions have been created to move this initiative forward. The department has also introduced the use of quality assurance clinical practice audits in all child welfare programs and services.

As part of the NDCPSI, the department is developing a kinship care program for children- and youths-at-risk under the care of the minister of Social Development, to be implemented in mid-2009. Kinship care focuses on families supporting family members when children can no longer live with their parents due to child protection issues.

Major training initiatives to support the new service delivery model in child protection services including family group conferences, child protection mediation, conflict resolution and family involvement strategies, began in 2008 and will continue throughout 2009. Phase 2 of the NDCPSI entails the development of a multiple-response model, which will offer short-term intensive interventions as part of child protection and preventative services. It is an approach that allows child protection services to respond differently to accepted reports of child abuse and neglect based on considerations such as the type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of the family to participate. This will involve the development of internal clinical specialities, and the Department of Social Development is aiming at building strengths-based services as part of this. All of these initiatives will be incorporated in the **service delivery model** to ensure a cohesive approach across all departments and service sectors.

The government recognizes that when parents are able to care for their disabled or mentally ill child, they should be encouraged to do so. The CBSCSN program, offered through the Department of Social Development, supports families and their children with severe developmental disabilities to meet their child's needs at home. Eligibility is based on the child's inability to maintain daily functioning, and support services provided to the family are based on an individual case plan. The program helps pay for certain goods and services, such as relief care, and access to a health card when needed. The program is undergoing a review to improve services to families of children and youths with severe developmental disabilities



The interdepartmental committee looking at service development for children and youth with complex needs will be examining possible avenues for in-home services, long-term care and ways to address the needs of children and youths with highly complex needs without having to place them under the care of the minister of Social Development. As part of the development of the **service delivery model**, further discussion will take place on providing services and programs to families with children and youths with severe developmental disabilities and/or mental health disorders.

The government has renewed its commitment to improve specialized services for children and youths with autism spectrum disorders (ASDs). The departments of Health, Social Development and Education are collaborating on various initiatives and investments to improve services and programs. The government supports the role of community autism **centres** and autism **agencies** in providing support services to children, youths and adults with ASD. Funding and structures of these **centres** will continue to be flexible to address the varying needs of communities.

Seven community autism **centres** provide social support, self-help, public education and an array of resources for individuals with ASD and their families. Each **centre** has developed an approach reflecting the needs of their communities. The **centres** have been helping other groups, such as children and youths with Asperger's syndrome, and supporting children with ASD beyond the pre-school age. Autism **agencies** provide services to families of pre-school children with ASD, as well as training specific to the child's intervention plan. These **agencies** are funded by the Department of Social Development and are supported by the regional health authorities (RHAs) through their rehabilitation services.

The **centres** and **agencies** have been collaborating to help children and youths with ASD and are committed to sharing resources and information when possible. The **centres** and **agencies** also collaborate by holding common workshops and training sessions.

The Department of Health provides funding to the **centres** through a centrally protected budget, and it has increased funding for specific projects in the past year. The department has also provided financial support for a provincial meeting of **centres**, and it is supporting this opportunity to share information and resources as a means to encourage collaboration and reduce duplication.

To improve recruitment and retention of professionals in northern New Brunswick, the Department of Health has been using Tele-Mental Health equipment and paraprofessionals. This intervention and form of service delivery could be extended to other integrated services and programs offered through autism support workers and psychologists.

A tertiary specialized team for ASD is being developed at the Stan Cassidy Centre for Rehabilitation in Fredericton. It will be comprised of full-time professionals with ASD expertise in each of the following disciplines: developmental psychology, occupational therapy, speech language pathology, dietetics and applied behavioural analysis. An educational consultant and a rehabilitation assistant who are part of the pediatric team will be working closely with the autism team. This team, to be funded by the Department of Health, will provide services and programs to children and youths from birth to 19 who have ASD.

As discussed under the third theme, the Department of Health has established mobile crisis **teams** in Fredericton, Bathurst, Moncton and Saint John, and it plans to introduce similar **teams** in Edmunston, Miramichi and Campbellton as part of the provincial health plan. These **teams** provide support to individuals dealing with emotional and psychological distress, thereby ensuring timely services in the community. The **teams** resolve crises by using the least intrusive means possible and by diverting individuals from emergency room and/or inpatient hospitalization. The **teams** will be tailored according to regional needs, rural and urban. The departments of Health and Social



Development are developing a plan to provide detailed information on the role and services offered through the **teams** to all Social Development social workers.

The Department of Education has significantly increased funding and opportunities for ASD training. For instance, an ASD training program in partnership with the University of New Brunswick (UNB) is being offered to department staff. The anglophone sector is funding an online distance course through the University of North Texas for nine resource teachers to obtain their board certification for behaviour analysis. The government wants to continue talking with colleges and universities in the consideration of adding ASD programming to the initial training available through UNB to ensure support workers have the necessary skills and competencies needed upon entering the workforce.

## 7 Closing the gap: eliminating differential treatment based on age in youth services

### Context

The government acknowledges the importance in enhancing services for youths 16 to 19, as outlined in the *Charter for Change*.

"[...] children [and youth] are quite literally our future and their well-being today is a major determinant of the economic health and social well-being of New Brunswick in the future."

Doucet, Levac & Ruggeri (2007, p. 83) in *The social costs of unhealthy children: Examining the future of Atlantic Canada*

As discussed under the second theme, the government has set a target for self-sufficiency by 2026. New Brunswick's youth must have the chance *and accept the responsibility* to contribute to this goal. Providing more financial support and better access to services and programs will help youths to become self-sufficient adults. After all, today's 16-year-old will be 34 by 2026. If New Brunswick addresses their needs now, youths will have a far better chance of becoming certified tradespersons, health professionals, teachers or any number of other professionals for which New Brunswick is expected to have significant shortages.

The child- and youth-centred integrated **service delivery model** will improve services and programs for all children and youth, including youths 16 to 19. In addition, an interdepartmental Youth-At-Risk (YAR) project will fulfil commitments in the *Charter for Change*. The YAR project is discussed in more detail in the next section.

### Response and actions

In line with the *Charter for Change*, the government intends to reduce gaps in services and programs for youths-at-risk 16 to 19. The Department of Social Development has begun the YAR project, working with other youth-serving departments and non-government stakeholders to develop an approach to delivering services and programs targeted to youth-at-risk.

Research and evaluations of programs across Canada for this target group have found that voluntary protective intervention services are very successful and have improved outcomes for youth-at-risk (examples, the Government of British Columbia, 2002; the Government of Newfoundland and Labrador, 2005). It is anticipated that changes to the *Family Services Act* will be required to implement such protective intervention services.

In line with the *Charter for Change*, the YAR project will address the development of:

- protective intervention services;
- a youth homelessness strategy; and
- a youth-at-risk income supplement program that reduces barriers to eligibility for social services payments to at-risk youths.

The Department of Social Development, in collaboration with other departments and stakeholders, is considering the development of services and programs addressing the risks particular to vulnerable youths. The idea is to eliminate as many gaps in services and programs as possible for youths who move from one group of clientele to another or, additionally, require a number of needs-specific services.

A number of barriers prevent youths from easily obtaining services and programs across departments and agencies. The government wants to develop a seamless range of services and programs to meet the needs of each youth.

The youth-at-risk service delivery model will be based on best practices and made-in-New Brunswick solutions. It will support the wider **service delivery model** and is expected to become integral to this model once it has been developed and implemented.

As outlined throughout this report, a number of initiatives are underway to increase the availability of services and programs<sup>17</sup> to children and youth, including those 16 to 19. Some examples include:

- the memorandum of agreement (MOA) between the departments of Health and Public Safety for providing clinical services to youths at the New Brunswick Youth Centre (NBYC);
- the New Directions in Child Protection Services Initiative (NDCPSI) run by the Department of Social Development;
- the interdepartmental committee looking at service development for children and youth with complex needs; and
- the alternative education review.

In addition to the *Charter for Change*, a 2005 Health Canada report, *Answering the call: National framework for action to reduce the harms associated with alcohol and other drugs and substances in Canada*, highlights the need for a comprehensive addiction strategy, with priorities on addressing the needs of key populations, including children and youth. As part of its addiction strategy, the Department of Health will work with other departments and stakeholders to arrive at a community response to addiction that is:

- comprehensive;
- integrated;
- evidence-based; and
- focused on promoting health, preventing and reducing harm, treating dependency and supporting individuals and their families.

## 8 Consistent legal assistance and representation for youth

### Context

The government knows that the needs of youth differ greatly from those of adults. Youth are in constant physical, cognitive and emotional development, which makes them much more vulnerable than adults (Willms, 2002). This is why it is extremely important to adopt a youth-centred approach.

*"Research has continued to demonstrate that substance use and addiction issues need to be handled within the context of a young person's family and community. Without parental and family involvement, the impact of an intervention is diminished. Therefore, additional efforts are required to promote and facilitate the use of both prevention and treatment that include parents and family environments. These types of interventions may often have a lasting influence in the lives of children and youth and in the decisions they make."*  
Health Canada (2005, p. 21) in *Answering the Call*

<sup>17</sup> For a more detailed list of programs and services available to children and youth in New Brunswick, see Appendix C.

*Many factors that contribute to children and youths' vulnerability are collectively and individually controlled, and can be improved through investments from children themselves, families, communities, schools, government and other agencies involved in a child's or youth's life. (Willms, 2002)*

## Response and actions

The government recognizes the importance of helping youths in custody know their legal rights, and it is committed to improving legal education and promotion. The implementation of a provincial Child and Youth Advocate is a major step forward. Furthermore, the Department of Public Safety is working on providing timely and suitable access to legal information to youths under its care. Prior to the addition of the Child and Youth Advocate to the Office of the Ombudsman, the department provided an independent child and youth advocate at the New Brunswick Youth Centre (NBYC). Today, youths in custody have unrestricted access to the provincial Child and Youth Advocate, who visits the NBYC regularly.

The Department of Public Safety has been developing a youth orientation manual, which gives information about legal rights as well as legal processes involving youths remanded and sentenced to the NBYC. Posters are displayed throughout the NBYC to explain youth rights and access to advocacy services. Information and training on the provincial child victims of abuse and neglect protocol has been made mandatory for all NBYC staff and is regularly provided by the department.

The Department of Public Safety has recently entered into a contract with the Public Legal Education and Information Service (PLEIS) to provide youth-centred legal rights information to all staff and youths at the NBYC in early 2009. The department has begun talks with the Office of the Child and Youth Advocate about distributing legal information to youths at the NBYC.

The government acknowledges the importance of providing legal assistance and representation for all youths, especially when institutional charges are laid against those in secure custody. Since the release of the Child and Youth Advocate's reports, the Department of Public Safety has changed policies to lessen institutional charges for infractions. In addition, the department has started to develop a behavioural management and restorative justice protocol outlining practices to lessen the need for institutional charges.

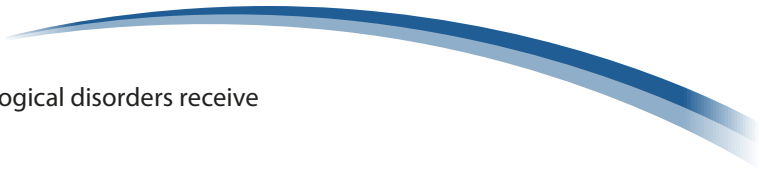
In collaboration with the Department of Justice and Consumer Affairs and the New Brunswick Legal Aid Services Commission, the Department of Public Safety is exploring the creation of an improved appeal process in addition to a monitoring system. Under this initiative, an independent counsel or advocate would review internal charges and ensure an independent review board is in place. The Department of Public Safety is looking at conflict resolution models in other jurisdictions and correctional systems to determine the best approach for New Brunswick.

The government acknowledges the need for youth-specific legal assistance. The New Brunswick Legal Aid Services Commission is committed to being involved in all specialized training; and it will identify a key legal aid counsellor for each region to be involved in training. As part of the cross-training discussed under the second theme, the commission, with the help of the Department of Justice and Consumer Affairs, will be developing a request to fund specialized training.

## 9 Policy changes to youth custody practices

### Context

Youths sentenced to custody often have a number of long-standing and complex challenges that contribute to their involvement in crime. The government recognizes the importance of meeting their needs and improving their transition to their families and communities. The Department of Public Safety has already made a number of changes to youth custody policies, procedures and practices. As indicated under the fourth theme, the delivery of clinical services and programs at the New Brunswick Youth Centre (NBYC) has been transferred to the Department of Health to ensure



that youths in secure custody with mental health problems or psychological disorders receive immediate therapeutic intervention and support.

## Response and actions

The government realizes the importance of having the clinical services and programs for youths at the NBYC reflect best practices in the use of therapeutic interventions. The departments of Health and Public Safety signed a memorandum of agreement (MOA) to develop a framework for clinical delivery, focusing on the establishment of a mental health treatment **team** in October 2008 at the NBYC. This **team** provides a therapeutic approach and environment as well as linkages to community-based services for youths with mental health problems making the transition to their communities. The **team**, in collaboration with correctional employees, will be using clinical assessments and intervention practices for youths in secure custody with mental health problems. A clinician has been hired to supervise the delivery of mental health services at the NBYC and to collaborate with the Youth Treatment Program (YTP) teams in transition planning. It is expected that the child- and youth-centred integrated **service delivery model** will improve the delivery of services and programs available to youths at the NBYC and their families.

The government recognizes the need for specialized services for youths at the NBYC who have mental health problems. The Department of Public Safety, in collaboration with the NBYC **team**, is preparing the establishment of a treatment bed in early 2009 to be used instead of segregation for youths in secure custody who have mental health problems and cannot be housed on the living unit for disciplinary reasons. Joint protocols for the use of the treatment bed are being developed by the **team** and the NBYC administration, which will entail timely and appropriate assessments and the use of the bed for all youths with mental health problems.

The government also recognizes the need to revise segregation practices to meet the underlying needs of youths in secure custody. Since the release of the Child and Youth Advocate's reports, a number of checks and balances have been incorporated in revised policies and practices to address the use of segregation at the NBYC. For instance, the secure custody policy has eliminated the use of the term Therapeutic Quiet and now clearly defines the term Segregation,<sup>18</sup> which is confined to youths who are not experiencing mental health problems.

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<sup>18</sup> As per youth custody policy – segregation, revised November 2008:

**Segregation:** refers to the practice of removing a young person from their regular unit to a secure cell in an area designated by the superintendent. Segregation is to be used when more serious circumstances are presented.

**Room confinement:** a young person may be required to remain in their room as part of a corrective intervention. Room confinement is less restrictive than segregation and shall normally apply to minor incidents.

**Clinical observation unit:** a specialized unit designed to provide a controlled environment for the clinical intervention of young persons presenting specialized mental health conditions.

Revisions to the segregation policy<sup>19</sup> aim to provide a more clinical perspective to address the needs of youths with mental health illnesses and behavioural disorders, as well to reduce the length of segregation. Improved policies on written requests have been implemented, and all reviews of initial and/or continuing use of segregation will be conducted jointly by the superintendent and the team.

The government recognizes the need for alternative behavioural management practices when dealing with children and youths with mental health disorders and complex needs. A behaviour management policy has been developed, emphasizing that all alternatives and the least intrusive measures are to be considered before a youth is placed in segregation. The Department of Public Safety is developing a review board whose purpose will be to review regularly such matters as: all incident reports; all appeals of sanctions; all grievances under the *Custody and Detention of Young Persons Act*; all Section 92 (transfer to adult facility) applications under the *Youth Criminal Justice Act (YCJA)*; and the use and duration of segregation. The board is to ensure that disciplinary action taken against a young person has been completed fairly, equitably and impartially. The board will include at least the following members: the NBYC clinical supervisor, the superintendent, a senior policy and programs advisor, the director of quality assurance, and a representative of the Office of the Child and Youth Advocate. The Department of Public Safety is committed to ensuring the least restrictive methods of intervention are used to protect all incarcerated youths. Starting in 2009, all NBYC employees will receive training in in-depth motivational interviewing as well as in child and youth care techniques.

The Department of Public Safety believes that objectively taped video recordings of incidents is a necessary correctional operations practice. This practice will continue because it is important to the protection of youth and staff.

It should be noted that only four Section 92 applications under *YCJA* have been made in New Brunswick since it came into effect in April 2003. The youths involved applied for three of them. These applications are rare -- and they are expected to be infrequent -- because all efforts are made to work with youths involved in the youth criminal justice system. The Department of Public Safety is developing a Section 92 policy that will require future requests to be approved by the provincial director (at the assistant deputy ministerial level or designate). The policy will also clearly outline specific requirements for all Section 92 applications.

Section 2(1) of the *YCJA* defines a youth as being 12 to 18, and an adult as being 18 and older. Individuals between 18 and 19 who are sentenced to a provincial or federal correctional institution for adults are considered to be adults. However, the government recognizes the importance of ensuring that these individuals be placed appropriately within adult correctional facilities based on age, maturity, size, language and programming needs. The government wants these facilities to make every effort in this regard.

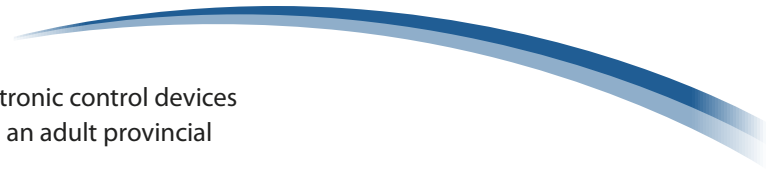
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19 The following is contained in the segregation policy:

Segregation shall be for a period no longer than required to achieve a change in behaviour. As soon as possible, but no later than the next working day, medical staff must examine the young person and record any significant findings; and the clinical team must participate in the assessment of the continuing need of segregation of the young person.

When a youth is placed in segregation, the superintendent/or deputy superintendent shall review Segregation placements at least every 24 hours. If the superintendent is absent from the institution for any 24 hour period, a senior staff member will be designated by the superintendent to perform that duty. A report of their finding(s) will be prepared, by that person, for the superintendent to review immediately upon return to the institution.

Where there is the need for a longer use of segregation, such as, being repeatedly segregated over a fifteen (15) day period, the superintendent shall notify the director of operations. The director of operations may cause an objective independent assessment of the reasoning, durations and effectiveness of the intervention plan.



In June 2008, the Department of Public Safety banned the use of electronic control devices (tasers) against youths younger than 19 who are serving a sentence in an adult provincial correctional facility.

The government acknowledges the importance of keeping adults and youths separate in secure custody. Increasing adult custody populations, combined with declining youth custody populations during the past several years have necessitated the present arrangement of housing adults at the NBYC. However, every means has been taken to ensure separation and isolation of the two populations. Moreover, the government recently announced the construction of two adult correctional facilities to be completed within the next two years.

### III. Conclusion

The Government of New Brunswick believes it is on the right path:

- to improving services and programs for children, youths and their families; and
- to promoting community involvement to divert children and youth from more intensive levels of care.

Many of the issues facing children and youth with complex needs are complicated. So, it is important that all stakeholders within and beyond the government make an immediate and sustained commitment to the central commitment of this report: the development of a child- and youth-centred integrated **service delivery model**.

The government has acted on specific concerns outlined in the *Connecting the Dots* and *Ashley Smith* reports, with some initiatives already in place and others that are underway. These undertakings build upon other initiatives begun before the release of the two reports written by the Child and Youth Advocate.

#### Next steps

The government knows it is important to provide timely and expedient services and programs for children, youths and their families. To lessen the need for tertiary care, the government is committed to best practices and developments in prevention and early intervention through investments in early childhood initiatives. As part of the commitment to a self-sufficient New Brunswick by 2026, the government has concentrated on improving early childhood and intervention services with respect to assessment, intervention and programs. These efforts have been intended to support families when an infant or child is diagnosed with special needs or is deemed to be at-risk.

The government recognizes the unique challenges facing Aboriginal children and youths in New Brunswick. It has held initial, informal discussions with stakeholders in the First Nations communities, and it plans to hold formal talks in 2009 to involve them in developing the **service delivery model**. The government is committed to solidifying and sustaining this partnership with First Nations communities as a further means of addressing the needs of *all* children and youths.

The government will continue to collaborate with other stakeholders, including the federal government, other provinces and the territories; regional and local authorities; both official linguistic communities; and non-governmental organizations including community-based service providers. The government also looks forward to ongoing collaboration with the Office of the Child and Youth Advocate in addressing the complexity of needs of children and youth.

*"We must make certain that every New Brunswick child gets a good start in life, with special attention paid to health, security and development of our pre-school children. We cannot afford to allow any child to be left behind."*

The Road to Self-Sufficiency (p. 22, May 2007)





## Appendix A

### Themes and Recommendations From the *Connecting the Dots* and *Ashley Smith Reports*

#### 1 Political direction and accountability

**Summary of recommendation #1** (*Connecting the Dots*): An active presence of the Office of the Ombudsman and Child and Youth Advocate, accessible to children and youths in institutional and residential settings.

**Summary of recommendation #2** (*Connecting the Dots*): A role for the Office of the Ombudsman and Child and Youth Advocate in monitoring services to children and youths.

**Summary of recommendation #3** (*Connecting the Dots*): Privileged access for the Office of the Ombudsman and Child and Youth Advocate to electronic youth correctional and child protection records for monitoring purposes and to facilitate timely delivery of advocacy services on behalf of children.

**Summary of recommendation #4** (*Connecting the Dots*): Legislated oversight of the Office of the Ombudsman and Child and Youth Advocate of children and youths in residential settings.

**Summary of recommendation #5** (*Connecting the Dots*): A minister responsible for child and youth services in New Brunswick.

**Summary of recommendation #6** (*Connecting the Dots*): The minister's mandate and authority in ensuring integration of child and youth services in New Brunswick.

**Summary of recommendation #7** (*Connecting the Dots*): Nurturing child welfare advocacy as a civic virtue within the government and communities.

#### 2 Service integration

**Summary of recommendation #8** (*Connecting the Dots*): A child-centred service delivery model.

**Summary of recommendation #9** (*Connecting the Dots*): Legislating authority to the minister of Child and Youth Services on resource-sharing in child welfare matters.

**Summary of recommendation #10** (*Connecting the Dots*): Legislating interdepartmental coordination in child welfare matters.

**Summary of recommendation #11** (*Connecting the Dots*): Legislating information-sharing in child welfare matters.

**Summary of recommendation #12** (*Connecting the Dots*): Technology-enabled information sharing in child welfare.

**Summary of recommendation #13** (*Connecting the Dots*): A single entry point for information and service access for families.

**Summary of recommendation #22** (*Connecting the Dots*): Continuity of care and stable relationships for youths with mental health disorders and highly complex needs.

**Summary of recommendation #35** (*Connecting the Dots*): Expanding the Youth Treatment Program (YTP).

**Summary of recommendation #40** (*Connecting the Dots*): Cross-training school staff with Health and Social Development staff to integrate better and co-ordinate efforts in providing services to children and youths, particular those at-risk and with highly complex needs.

**Summary of recommendation #45** (*Connecting the Dots*): A focus on life and hope in the continuity of care of long-term and life-long needs of youths with highly complex needs.

**Summary of recommendation #10** (Ashley Smith): Improving mental health and community-based services through networks for consistent and continuing treatment in the community.

**Summary of recommendation #11** (Ashley Smith): Working toward an efficient reintegration strategy for remanded or sentenced youths.

**Summary of recommendation #15** (Connecting the Dots): A provincial centre of excellence for youth-at-risk, with a focus on community partnerships and best practices in youth welfare services.

**Summary of recommendation #16** (Ashley Smith): Educating the legal community on best practices when servicing youths with mental illness and severe behavioural disorders.

**Summary of recommendation #25** (Ashley Smith): Developing a national strategy for correctional services in Canada.

### 3 Community-based residential care

**Summary of recommendation #14** (Connecting the Dots): A provincial centre of excellence for youths with highly complex needs.

**Summary of recommendation #16** (Connecting the Dots): Supporting the role and sustainability of youth transition homes.

**Summary of recommendation #17** (Connecting the Dots): Investing in recruitment and retention of specialized youth transition home staff and information sharing.

**Summary of recommendation #18** (Connecting the Dots): A transition home cluster for youths with complex needs.

**Summary of recommendation #19** (Connecting the Dots): Ongoing training, clinical support and better wages for group home and youth transition home staff.

**Summary of recommendation #20** (Connecting the Dots): A clinical framework and supervisory support as first responders.

**Summary of recommendation #5** (Ashley Smith): Improving community residential capacity through a provincial recruitment campaign for foster homes to care for youths involved or at-risk of being involved in the youth criminal justice system.

### 4 Decriminalization of offences committed by youths with mental health disorders

**Summary of recommendation #23** (Connecting the Dots): Engaging regional health authorities (RHAs) in service integration efforts as sponsors of change.

**Summary of recommendation #24** (Connecting the Dots): Regionalized child and adolescent psychiatric and mental health services.

**Summary of recommendation #25** (Connecting the Dots): Making RHAs accountable for post-discharge care of children and youths with mental health disorders in ensuring access to services and continuity of care.

**Summary of recommendation #26** (Connecting the Dots): Designation of facilities as approved observation and assessment sites under the Criminal Code of Canada.

**Summary of recommendation #27** (Connecting the Dots): Recruitment of qualified and experienced mental health professionals.

**Summary of recommendation #28** (Connecting the Dots): More research into the benefits and risks of drug therapy as compared to counselling, psychological therapy and other interventions

**Summary of recommendation #29** (Connecting the Dots): Implementing effective drug prescription practices in all youth placements.

**Summary of recommendation #33** (Connecting the Dots): Alternative measures for youth-at-risk and youths with highly complex needs.

**Summary of recommendation #1** (Ashley Smith): Incorporating the education file into case conferencing.

**Summary of recommendation #2** (Ashley Smith): Involving stakeholders and service providers across the province in conferencing to its fullest potential, as provided under Section 19 of the Youth Criminal Justice Act (YCJA).

**Summary of recommendation #3** (Ashley Smith): Involving stakeholders and service providers in the legal process: The presence of a representative of the minister of Social Development at all court appearances pertaining to youth under the care of the department.

**Summary of recommendation #4** (Ashley Smith): Developing a range of community residential capacity options to divert youths who enter the youth criminal justice system from the closed custody system.

**Summary of recommendation #6** (Ashley Smith): Improving residential capacity: Alternatives to secure custody for youths charged or facing the possibility of charges under the YCJA.

## 5 Tailoring the education system to meet the needs of children and youths with complex needs

**Summary of recommendation #34** (Connecting the Dots): A multi-disciplinary approach to inclusive education.

**Summary of recommendation #36** (Connecting the Dots): Educating children with complex needs who are no longer in the mainstream, regardless of their placement status.

**Summary of recommendation #37** (Connecting the Dots): A special education authority for pupils with complex needs.

**Summary of recommendation #38** (Connecting the Dots): Measured inclusion in the child's best interests through individualized educational services.

**Summary of recommendation #39** (Connecting the Dots): Alternative educational programs and settings for youth-at-risk.

## 6 Supporting families of youth-at-risk and children and youths with complex needs

**Summary of recommendation #21** (Connecting the Dots): Improved funding for the autism intervention strategy and for community autism centres.

**Summary of recommendation #41** (Connecting the Dots): The establishment of mobile crisis teams to intervene in emergencies in the family home.

**Summary of recommendation #42** (Connecting the Dots): Preferring family-based approaches and interventions.

**Summary of recommendation #43** (Connecting the Dots): Improved post-diagnosis supports to families of youth-at-risk and youths with highly complex needs.

**Summary of recommendation #44** (Connecting the Dots): The right to parent children and youths with serious mental health issues.

**Summary of recommendation #46** (Connecting the Dots): Maintaining and promoting the parents' active involvement in their child's life.

**Summary of recommendation #47** (Connecting the Dots): Financial supports for parents who choose to care for their children at home.

## 7 Closing the gap: eliminating age discrimination in youth services

**Summary of recommendation #48** (Connecting the Dots): Eliminating age discrimination in youth services by easing the discriminatory impact of current regulations in services for youths 16 to 19.

## 8 Consistent legal assistance and representation for children and youth

**Summary of recommendation #31** (Connecting the Dots): Legal education and promotion to prevent abuse of vulnerable youths in custody.

**Summary of recommendation #17** (Ashley Smith): Consistency and continuing legal assistance and representation for youths sentenced to secure custody charged with an institutional charge.

**Summary of recommendation #18** (Ashley Smith): Establishing specialized legal assistance for youths involved with the youth criminal justice system.

## 9 Policy changes to youth custody practices

**Summary of recommendation #30** (Connecting the Dots): Shackling, handcuffing and strip-searching practices and new protocols and guidelines for the safe transportation, detention or isolation of children and youths with mental health disorders.

**Summary of recommendation #32** (Connecting the Dots): Ending the co-location of adult and youth populations at the New Brunswick Youth Centre (NBYC).

**Summary of recommendation #7** (Ashley Smith): Reviewing the NBYC's therapeutic philosophy in mending and maintaining family relationships with youths.

**Summary of recommendation #8** (Ashley Smith): Improving mental health and community-based services through the implementation of a mental health treatment team at the NBYC.

**Summary of recommendation #9** (Ashley Smith): Improving mental health and community-based services through clinician leadership at the NBYC.

### **Therapeutic community (segregation)**

**Summary of Recommendation #12** (Ashley Smith): Amendment to the Custody and Detention of Young Persons Act to include strict provisions on the use of segregation and the establishment of an independent review panel to hear appeals and issue recommendations for periods of segregation exceeding five days;

**Summary of Recommendation #13** (Ashley Smith): Review of the segregation policy to include more stringent guidelines to eliminate the practice of prolonged or indefinite segregation;

**Summary of Recommendation #14** (Ashley Smith): Any period of segregation exceeding five days should be requested in writing and approved in writing by the regional director and the provincial director of operations (corrections); and

**Summary of Recommendation #15** (Ashley Smith): Mandatory clinical assessments for all youths confined to the segregation unit upon admission.

### **Section 92 of the YCJA: Application to transfer a youth to an adult facility**

**Summary of Recommendation #19** (Ashley Smith): Providing independent and consistent legal representation for youths challenging a provincial director's application;

**Summary Recommendation #20** (Ashley Smith): Establishment of a policy providing additional conditions for the use of Section 92;

**Summary of Recommendation #21** (Ashley Smith): Establishment of a mandatory policy whereby ministerial approval is required for Section 92 applications; and

**Summary of Recommendation #22** (Ashley Smith): Review of all Section 92 applications by an independent panel.

**Summary of Recommendation #23** (Ashley Smith): Youths in adult provincial facilities: Ensuring youths younger than 19 are kept separate from adults.

**Summary of Recommendation #24** (Ashley Smith): Restricting the use of force on minors in adult provincial facilities: Suspension of the use of the electronic control device (taser).

## Appendix B

### Key Stakeholders Consulted to Date

#### Department of Education

- Francophone sector
- Anglophone sector
- MacKay Working Group on Integrated Services

#### Department of Public Safety

- Community and Correctional Services
- Policing Services
- Crime Prevention and Crime Reduction Strategy

#### Department of Health

- Addictions, Mental Health and Primary Health Care Services
- Human Resources
- New Brunswick Drug Prescription Program
- Mental Health Review team
- Pierre Caissie Centre

#### Department of Social Development

- Child Welfare and Youth Services
- Senior and Health Aging Secretariat
- Early Childhood and School-Based Services

#### Department of Justice and Consumer Affairs

#### Office of the Attorney General

#### Office of the Ombudsman and Child and Youth Advocate

#### New Brunswick Legal Aid Services Council

#### Community Non-Profit Organizations Secretariat

#### Population Growth Secretariat

#### New Brunswick Advisory Council on Youth

#### Chrysalis House

#### Peel Children's Centre

- Moncton Residential Treatment Program

#### Moncton Youth Residences Inc.

#### Canadian Mental Health Association

- Fredericton/Oromocto Region, Inc.

#### Women's Issues Branch

#### Premier's Council on the Status of Disabled Persons

#### Saint Thomas University

- Centre for Research on Youth-At-Risk

#### University of New Brunswick

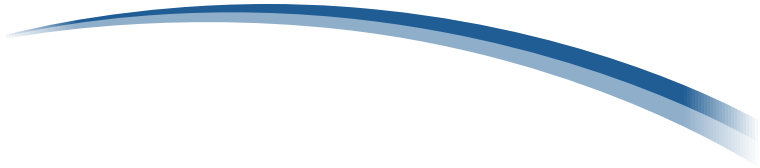
- Health and Education Research Group
- Dr. William Morrison and Associates

#### Nova Scotia Child and Youth Strategy

#### Nova Scotia Youth Centre

#### Elsipogtog First Nations

- Family Services





## Appendix C

### Existing services and programs for children, youths and their families, Provincially offered, by Department\*

\*Note: This is a partial list of services and programs offered by the Government of New Brunswick and its departments for children, youths and their families targeted in this report. For a complete list of all services and programs offered by the Government of New Brunswick, visit the website: [www.gnb.ca](http://www.gnb.ca)

#### Department of Public Safety

*Community and Correctional Services*  
(506) 453-3992 <http://www.gnb.ca/0276/index-e.asp>

##### Alternative Measures

(With the Department of Justice and Consumer Affairs) Provides pre-court alternatives for youth who are willing to accept responsibility for an act but not have a youth court record as a result of the act.

##### Community Mobilization Program

(With Corrections Canada) Helps communities develop comprehensive and sustainable approaches to crime prevention and undertake activities that deal with the root causes of crime. Youth are on the priority groups.

##### Community Service Order

A sentencing alternative employed by judges, and included as a condition of a probation order, this program encourages offender responsibility in the resolution of some types of criminal activity.

##### Fine Option Program

Youth that do not have the means to pay a fine that has been administered by the Youth Court are provided the opportunity to work the fine off by doing community service work.

##### Intensive Support Program

This program is designed to reduce the number of youth going into custody through the provision of intensive support by a Probation officer and Service Provider, family nurturing, anger management and a variety of other rehab services.

##### Open Custody

(With the Department of Social Development) Sentence of the Youth Court for youth who are not a danger to the public and whose rehabilitation needs can be met in a community-based setting.

##### Probation

(With the Department of Justice and Consumer Affairs) A sentence or disposition of the court that allows an offender to remain in the community under specific conditions prescribed by the court.

##### Making Waves

(With the departments of Education, Justice, Health, Social Development and the Minister Responsible for the Status of Women) A crime prevention program, the main objectives of which are to prevent dating violence and woman abuse through a series of weekend sessions for high school students. Students are expected to return to their schools and commence a peer dating violence prevention program.

##### Portage Residential Substance Abuse Treatment Program

(With the Department of Health) A long-term treatment program to address the needs of youth who demonstrate a willingness to deal with their addictions and contributing lifestyles. The program is based on the therapeutic community model, emphasizing self-help and the creation of a positive environment with family-like support systems. The therapeutic community model is designed to rehabilitate, educate and reorient individuals to a healthy new way of life.



## Learning Centres

(With Human Resources Development Canada, the departments of Post-Secondary Education, Training and Labour, Social Development and Education, and local New Brunswick Community Colleges) Provides education, counseling and transition assistance to employment needs of youth-at-risk in various regions of the province (e.g. Miramichi, Restigouche)

## Youth Program Interventions

Community and Correctional Services have contracts with community-based organizations for the delivery of anger management, cognitive/life skills, family nurturing and mentorship programs to youth.

## Victim Services Program for Children and Youth Victims of Crime

Provides a number of services for victims of crime including, direct support in crisis situations, coordinating referrals to psychologists, providing victims with support throughout the criminal justice process, etc.

## Child and Adolescent Services

(With the Department of Health) Provides mental health services to children and adolescents from birth to age 18.

## Court Ordered assessments and referrals for specialized assessments

### *Psychological Assessments*

Court ordered psychological assessments

### *Psychiatric Services*

(With the Department of Health) On-going psychiatric services provided to youth in custody.

## Department of Social Development

(506) 453-2001 <http://www.gnb.ca/0017/index-e.asp>

## Access and Assessment Program

The initial link between Social Development and the individual, the family and the community. It is the gateway where reports relating to Child Protection are received and evaluated; individuals can request service and be assessed for service eligibility; information on Department and related community services is available and provided; crisis response and stabilization services are delivered to persons requiring emergency or short-term services.

## Adoption Services

Provides a child with a permanent family where he/she can enjoy the conditions, experiences and opportunities for healthy growth and development when a child cannot remain with his/her birth parent(s) and establishes a legal parent-child relationship.

## Subsidized Adoption Program

Available for children placed through the Department and designated as having special needs. The program provides payment for specific services related to the child's special needs, which may include respite, counselling or therapy, equipment, corrective dental treatment or medical expenses not covered by the parents' extended medical plans.

## Adopt PRIDE - Foster PRIDE (Parents' Resource for Information, Development and Education)

Adoption campaign to find adoptive homes for older children, special needs children and sibling groups in the permanent care of the Department of Social Development. The PRIDE program provides mandatory training for applicants through five essential competency categories: protecting and nurturing children; meeting children's development needs and addressing developmental delays; supporting relationships between children and their families; connecting children to safe, nurturing relationships intended to last a lifetime; and working as a member of a professional team.

### **After Hours Emergency Social Services (AHES) (1-800-442-9799)**

Social workers will receive intakes, carry out assessments, make initial decisions on providing telephone crisis counselling, refer people to the appropriate regional office and/or arrange for financial assistance for special items.

### **Public Housing Program**

Provides subsidized rental accommodation for families and senior citizens who, because of low income experience difficulty in obtaining adequate and affordable housing in the private sector.

### **Rural and Native/Basic Shelter Rental Program**

Assists households in need obtain affordable, adequate and suitable rental housing in rural communities. Assists eligible off-reserve native and non-native households to obtain affordable, adequate and suitable housing in rural communities with a population of less than 2,500 residents.

### **Rent Supplement Assistance Program**

Provides assistance to households in need so that they may obtain affordable, adequate and suitable rental accommodation by subsidizing rents in eligible rental dwellings.

### **Social Assistance**

Given to people who have no other income to meet their basic needs of food, clothing and shelter. By law social assistance is the payer of last resort; this means that all other income must be considered when determining how many dollars will be provided. Social assistance cannot be paid if there is any other income.

### **Child Day Care Services Program**

Section 24(2) of the *Family Services Act* provides the Minister with the authority to establish Regulations and Standards governing the approvals and operation of Day Care Services.

### **Day Care Assistance Program**

Helps families access financially affordable, quality child care at an approved child day care facility.

### **Child Care – Quality Improvement Funding Support**

To make funding support available to approved child day care facilities to increase the availability and quality of child day care services in New Brunswick.

### **Child Protection**

Provides protection to any child under age 16 or to a disabled child 19 and under, whose care at home is deemed to place the child's security and development in danger, in accordance with the *Family Services Act*. To report a suspected case of child abuse please call 1-888-99-ABUSE (1-888-992-2873)/in province calls only or After Hours Emergency Social Services (AHES) 1-800-442-9799.

### **Children and Youth in Care of the Minister**

Developing children need continuity, security and stability in their relationships with their parent. When the parents cannot fulfill this responsibility, Child Protection Services will offer services to help them adequately carry out their responsibilities. If these services do not enable the parents to fulfill their responsibilities, an out-of-home placement for the child, either on a temporary or permanent basis, must be considered. Decisions are based on what is in the best interests of the child.

### **Children's Residential Services - Foster Homes**

Foster families are volunteers who are trained to provide a family home environment for children in the care of the Minister of Social Development when they are unable to remain with their natural families.

### **Children's Residential Services - Child Care Residential Centres**

Offer group care services to youth (0-18 yrs of age) under the care of the Minister of Social Development who are unable to remain in a foster home or biological home due to their physical or behavioural challenges. Child care residential centres are developed for children in the care of the Minister and youths in Open Custody under Public Safety.

### **Post Guardianship Services**

The Department may continue to provide support to young people formerly in the permanent care of the Minister.

### **Transition Houses for Abused Women**

Provides emergency housing for up to 30 days, crisis intervention counselling and referral services for women and their children who have been abused physically, emotionally, verbally, psychologically and/or financially.

### **Child Witnessing Family Violence**

Supporting mothers and children through a range of interventions offered in transition houses.

### **Communities Raising Children**

Communities Raising Children is a community engagement initiative to assist parents and families with children ages 0 to 5 years old.

### **Community Based Services for Children with Special Needs (CBSCSN)**

Works with parents/legal guardians in providing the extra-ordinary care and support required to meet the special developmental needs of their severely disabled child.

### **Community Involvement Program (CIP)**

Promotes life style enrichment opportunities for public housing residents.

### **Community Volunteer Action Program (CVA)**

Designed to assist community non-profit agencies in providing citizens with basic needs as related to their emergency situations. Basic needs are defined as clothing, furniture, food and meals.

### **Career Development Services**

Wide range of programs and services which have, as their purpose and objective, individuals gaining the knowledge, skills, attitudes and behaviours to manage their learning, work and transitions in self-directed and meaningful ways across their lifespan.

### **Early Learning and Child Care Services**

#### **Prenatal Benefit Program (1-888-987-6789)**

Intended to help expectant mothers in N.B. have healthier babies.

#### **Early Childhood Initiatives Program**

Offer prenatal services that foster healthy pregnancy, and postnatal services that promote the healthy development of children from birth to age 5 years. Among the services included are screening, home visiting, provision of nutritional supplements and referral. The two Regional Health Authorities (RHAs) provide Early Childhood Initiatives services.

#### **Services for Children with Autism Spectrum Disorders**

The province contracts with authorized agencies across the province to provide intervention services to preschool age children with Autism Spectrum Disorder.

#### **Infant Parent Attachment Program**

Free in-home service using a short strength-based video feedback intervention to promote secure attachment. The program focuses on strengthening the parent-child relationship, to build self esteem in babies and identifying the different roles of parents.

#### **National Child Benefit**

Helping to reduce the depth of child poverty amongst New Brunswickers and helping to promote attachment to the workforce among the unemployed.

#### **Young Offenders in Open Custody**

Provides residential and case management services for youths sentenced to Open Custody.

### **Youth Services Partnership (YSP)**

A collaborative network to facilitate effective and efficient delivery of programs and services for youth at the local and provincial level.

## **Department of Health**

### *Addiction Services*

#### **Addictions Youth Workers**

Provided within the education system youth addiction workers deal with young adults (up to 18 years of age inclusive) experiencing substance abuse or damaging behaviours that occupy a central place in a person's life. Youth Addiction workers examine issues related to misuse of alcohol, tobacco, medications, or drug use. Addicts no longer have control over their substance abuse or damaging behaviour. They engage in it even if it causes family, financial, legal, or other problems. New Brunswick Addictions centres are located throughout the province.

#### **Community Addiction Workers**

Services provided by Community Addiction Workers throughout the province focus on the areas of Prevention/Education and Community Mobilization in order to promote the concepts of population health and wellness in New Brunswick.

#### **Portage Residential Substance Abuse Treatment Program**

This program is offered conjunctly by the Departments of Health and Public Safety. For more information, see the description under services and programs of the Department of Public Safety.

### *Mental Health Services*

#### **Child and Adolescent Psychiatric Unit (CAPU)**

CAPU is an in-patient facility situated in the Moncton Hospital, serving children and adolescents from 9 to 16 years of age. The bed capacity is six with a two-bed observation unit. Patients are referred from the Community Mental Health Centres or physicians when all regional resources have

been exhausted in addressing psychiatric diagnoses and treatment recommendations. The unit provides assessment and treatment, including pharmacology, individual, group and family interventions. Outreach services are provided to clinicians at Community Mental Health Centres, physicians, and other service providers by tele-conferencing. Educational counseling sessions on mental illness, support, medication management and other psychosocial treatment guidelines are provided to families. Also, clinical training sessions are held periodically through on-site workshops for mental health clinicians and physicians.

#### **Community Mental Health Centres (CMHC) - Core Programs**

There are 14 CMHCs, within two Regional Health Authorities (RHAs) A and B, these CMHCs are responsible for the effective delivery of mental health services in a defined catchment area. There is a management structure within each zone of the two RHAs which comprise of program managers and Directors, whose responsibilities are to maximize the use of regional mental health resources, and ensure effective linkages and coordination of services provided by the community mental health centres, the psychiatric unit, and other relevant agencies and non-governmental organizations in the region. Mental Health Services are provided through three core program areas: Acute Services, Child and Adolescent Services (birth to 19 years of age) and Adult Services.

#### **Community Centres for Persons with Autism Spectrum Disorder and Their Families**

The provincial policy for Mental Health Services as well as its legislative framework calls for the active involvement of consumers and their families in the recovery process. An important component of such a process is the availability and accessibility to social support, self-help, public education, recreational and community inclusion activities. Community centres for persons with autism provide an opportunity for individuals with autism and their families to access such support.

## **Psychiatric Patient Advocate Services**

To inform patients of their rights, to represent them at Tribunal and/or Review Board hearings, and to ensure that the Mental Health Act and the rights of patients be respected at all times. The Service also works with caregivers, patients, families and significant others to ensure an appropriate utilization of the mental health services.

## **Youth Treatment Program (YTP)**

The YTP seeks to respond effectively to young people with severe behavioural problems throughout New Brunswick. The program is delivered by multidisciplinary regional teams that support the primary workers. If need be, those teams can make use of the provincial consultation and assessment service at the Pierre Caissie Centre in Moncton. The YTP provides services for severely conduct-disordered youth 18 years of age and under who have experienced a significant loss in their family life and have faced difficulties in both the school and community settings.

### *Pierre Caissie Centre*

The Pierre Caissie Centre is a six-bed provincial facility located in Moncton. Its services are organized so as to allow for the assessment of young people through a residential program. The assessment makes it possible to analyze various aspects of the client's functioning and to suggest strategies, based on identified strengths and needs, that could be used when the young person returns to the community.

### *Regional Teams*

New Brunswick has 14 regional teams. Each team is made up of five professionals representing one of the five provincial agencies involved in the treatment of conduct-disordered youth.

The YTP's regional teams advise primary workers who deal with young people. They can propose new avenues and strategies to be explored with the youth as well as provide support and education regarding conduct disorders. This service is available to youth 18 years and under, until parental consent is withdrawn, or until the young person decides to withdraw from the program once he or she turns 16.

### *Provincial Team*

The provincial team consists of a program director, a psychologist, a social worker, an education supervisor, a child psychiatrist, a nurse, and an administrative assistant. The team offers consultation, education, training, and coordination services to the 14 regional teams and the various provincial agencies. In addition, these professionals carry out comprehensive assessments of the young person referred to the Pierre Caissie Centre. Lastly, the provincial team assists communities in creating and maintaining high levels of competence in working with severe behaviour problems and guides government agencies during the planning of services for this clientele.

## **Sexual Health Program**

Using a comprehensive sexual health approach, the Sexual Health Program's mandate is to help improve, support and maintain the healthy sexuality of New Brunswick youth. The program is comprised of 3 main components: education, counselling, and clinical services.

## **Health, Education and Enforcement in Partnership (HEP)**

The partnership model of HEP brings together organizations and individuals representing diverse perspectives who share the common goal of addressing substance use and abuse issues in their communities. A collaborative approach is proven to be the most effective model with both service delivery and prevention initiatives, when dealing with youth. The HEP model of practice encourages resiliency in individuals, families and the community through asset building, experiential learning activities and knowledge exchange.

## **Prevent Alcohol and Risk-related Trauma in Youth (PARTY)**

Helps young people learn more about the risks of alcohol related accidents through situational simulations and related topic workshops.



*Institutional, Health Emergency Management and Pharmaceutical Services*

### **Stan Cassidy Centre for Rehabilitation**

The Centre offers specialized bilingual, tertiary rehabilitation services, inpatient care, and outreach programs to thousands of New Brunswickers who have suffered traumatic brain and spinal cord injuries, and a host of other neurological disorders. The SCCR also serves patients with a range of acquired or inherited neurological disorders, developmental disorders, and upper-extremity amputations.

### **Department of Education**

(506) 453-3678 <http://www.gnb.ca/0000/index-e.asp>

*Anglophone Sector (K-12)  
English Educational Services Division*

### **Comprehensive and Developmental Guidance and Counseling Program**

<http://www.gnb.ca/0000/publications/ss/NBSchoolCounsellingREV.pdf>

Considered the cornerstone for serving all students. The school counseling program is structured to serve all students and will assist students to identify individual strengths that will support students during critical transition periods.

### **Transition program for students with Exceptionalities**

<http://www.gnb.ca/0000/publications/ss/sep.pdf>

From school to work or post-secondary education and adult life. The Transition program for identified students is based upon the student's strengths.

### **New Brunswick Youth Career Connections Program**

<http://www.gnb.ca/0000/progs/curric/youthapp/index.asp>

Provides a direct link to the world work. This one year extra-curricular program provides students in grades 11 and 12 to gain valuable paid work experience that is directly tied to transitions plans that focus on the world of work.

### **Educational Assistive Technology Program**

Provides identified students with a direct link to educational assistive technology. Students receiving assistive technology through this program are provided in-service training on usage and anticipated educational impact.

### **Positive Learning Environment Programs**

<http://www.gnb.ca/0000/pol/e/703A.pdf>  
Support the Positive Learning Environment Policy 703. Anti-Bullying and Harassment programs, Safe Grad, Response to Intervention and Peer Mediation are some examples.

### **Intensive French Program**

A literacy program for all students during their grade five year. Designed to improve their level of French proficiency.

### **Post Intensive French program**

A literacy based program that is designed to further develop students' second language skills following the Intensive French Program.

### **Explore Program**

<http://www.jexplore.ca/english/index.html>  
For senior high school students. It is designed for students who have identified second acquisition as an area of strength. Federal funding is available to offset the cost of attending selected post-secondary institutions.

## Roots of Empathy Program

<http://www.district16.nbed.nb.ca/D16WebsiteJune07Folders/pages/programs%201.html>

Designed to provide a classroom experience that fosters empathy within children. The program brings babies and students together in a symbiotic environment that has been proven to reduce aggression and increase tolerance and emotional understanding in children.

## Alternative Education Programs

<http://www.gnb.ca/0000/publications/ss/guidelinesaltereduc.pdf>

The province of New Brunswick, in partnership with the anglophone school districts, provides educational programs and services that are not located within the traditional four walls of the school. Individual transition plans are required for students in these programs. Many of the students have been identified or are considered youth-at-risk.

## Ocean Discovery Program

A two day exploratory experience at the Huntsman Marine Center. This program focuses on the bio diversity found at the Fundy coast as reflected in the grade six science curriculum. For more information on this contact District 10 school Board office.

## Take our Kids to Work

<http://www.takeourkidstowork.ca/>

For all grade nine students in public school. It is designed to provide a one day direct link to the world of work by allowing students to attend the parent's place of employment.

## School Communities in Action Program

<http://www.gnb.ca/0131/community-e.asp>

Creates physical activity opportunities for K-12 students by linking community and school resources.

## Work skills and career opportunities in Trades

Provides students in New Brunswick Public schools grade 11 and 12 the opportunity to be introduced to trades. This is accomplished by students enrolling in STTE (Skill trades and technology education). This program exemplifies best practice by applying curriculum to the real world of work applications.

## Coop Education Program

Open to students in New Brunswick Public schools in grades 11 and 12. Students are provided a job placement during instructional hours. This is a curriculum based course.

*Francophone Sector (K-12)*

*Instructional Services*

## Curriculum development

Curricula are developed for the following subjects: K-12 French Language Arts, K-12 Mathematics, various science courses for Grades 1 to12, various social studies courses for Grades 1 to 12, K-12 Physical Education, K-10 Personal and Social Development, various K-12 art courses, and various second language courses for Grades 3 to 12. The Instructional Services Branch also offers the programs and services listed below.

## Francization program

A series of intensive, partial, or one-time interventions offered by New Brunswick's Francophone schools for limited periods to students who speak little or no French. The two main areas of intervention are language and culture. The francization program offers French language support for children of Charter rights parents. Its aim is to enable these students to acquire and improve language skills so that they can participate as soon and as successfully as possible in the regular instructional program and the cultural life of the school and community. It should be noted that these students follow the prescribed curricula while receiving these additional services.



### **Services for students with sensory impairments**

Services for students with hearing or visual impairments. The Instructional Services Branch collaborates with the Atlantic Provinces Special Education Authority (APSEA) to obtain consultations and loans of specialized equipment and materials adapted for students with sensory impairments. Like APSEA, the Branch advocates the auditory-verbal approach as a philosophy for interventions with hearing-impaired students.

### **Auditory-verbal therapist**

In New Brunswick, we have two internationally certified therapists. This certification requires a master's degree in either education, audiology, or speech therapy. The therapists are responsible for seeing that the province's itinerant teachers use the auditory-verbal approach.

### **Orientation and mobility specialist**

Develops and implements orientation and mobility programs tailored to the needs of students with visual impairments. Recommends orientation aids and materials, as well as adaptations in the physical environment of visually impaired students to ensure their safety and increase the accessibility of school and public transportation. Organizes and conducts training workshops on orientation and mobility for itinerant teachers or other individuals working with visually impaired students. Acts as an advocate for the rights of visually impaired students to promote social and community inclusion.

### **Transition program**

Prepares students with sensory impairments for a smooth transition from school to adult life. In co-operation with the staff of Student Services, the schools, community agencies, and parents, the itinerant teacher helps students prepare their plans for the future, using the Planning Alternative Tomorrows

with Hope (PATH) tool. This service also helps students obtain summer jobs and scholarships for post-secondary study. In addition, students with sensory impairments are followed up for one year after they leave the public education system.

### **Preschool intervention consultants program**

Two preschool intervention consultants (PICs) per school district receive the results of the Early Years Evaluation (EYE-DA) done in October of the year before the children start kindergarten. Using those results, the PICs identify the children most at risk of having problems in school. They meet with the parents of those children to help them better prepare their children for school. They also intervene with the children themselves to help them overcome their difficulties. The PICs then prepare transition plans, which they give to the kindergarten teachers who will be teaching those students and the schools concerned.

### **Locally developed courses**

Schools and districts wishing to offer a program of study that meets a specific need in their region may develop the program and apply to have it approved by the Department of Education. Once the course is approved, the districts are responsible for offering it. Students who pass the course receive a credit recognized by the New Brunswick Department of Education (NBDE).

### **Department of Wellness, Culture and Sport (DWCS) grant programs**

DWCS and the NBDE collaborate to offer the districts and schools the following programs: Healthy Learners (each district receives the services of a full-time nurse); the tobacco-free high schools grant program; the middle school fruit and vegetable grant program, and the elementary school Pedometer Challenge grant program. To receive the desired grant, each school must submit a project, which has to be reviewed and approved by DWCS.

## **E-learning and Technology**

The main purpose of offering online courses is to give students access to a broader range of elective courses at schools where enrolments are too low to offer them or the necessary human resources are not available. Furthermore, students have access to courses in more specialized fields online. Teachers also take online courses for professional development purposes, especially in the field of literacy in the early grades. This gives them an opportunity to improve their knowledge of teaching strategies designed to help students having trouble learning to read. Lastly, e-learning activities are available to any teacher who wants to use them with his or her students in the classroom.

## **Computer-assisted learning (CAL)**

Judicious use of information and communication technologies (ICTs) to enrich teaching practices and improve learning in order to help students become responsible citizens in our constantly changing knowledge-based society.

## *Assessment and Evaluation*

### **Accommodations and exemptions from provincial examinations for students with special needs**

Students with special needs who are taking the regular program prescribed by the NBDE can obtain accommodations or exemptions from provincial examinations. The school principals, together with the resource teachers, ask their districts for accommodations or exemptions according to their students' special needs. The district verifies these requests, and the ones approved are forwarded to the NBDE staff responsible for examinations to make sure the necessary follow-up is done.

## **Early Years Evaluation – Direct Assessment (EYE-DA)**

This assessment is administered to all kindergarten students at the time of enrolment. It is used to identify at-risk students in order to intervene as early as possible with the children and their families, as needed. The results of this assessment are given to the parents and the preschool intervention consultants in each district.

## **Early Years Evaluation – Teacher Assessment (EYE-TA)**

This assessment, designed to determine kindergarten students' level of development, is administered in January.

## *Student Services*

### **Dyslexia support services program**

In the fall of 2008, the NBDE hired and trained 35 resource teachers located around the province. From now on, these resource teachers will provide direct intervention services for students with dyslexia.

### **Autism support services program**

Since 2006, the NBDE has been working with the University of New Brunswick (UNB) to organize training for the clinical supervisors (resource teachers) and autism support workers (teacher assistants) who provide quality services for K-12 students with autism spectrum disorders. The NBDE is currently identifying ways to ensure continuity of training for the next three years to further increase the number of staff trained.

### **Specialized teaching and support services for students with hearing impairments**

The NBDE hires and trains teachers specializing in intervention with hearing-impaired students around the province. It also purchases specialized equipment and resource materials needed to intervene with these students.

### **Specialized teaching and support services for students with visual impairments**

The NBDE hires and trains teachers specializing in intervention with visually impaired students around the province, as well as an orientation and mobility specialist. It also purchases specialized equipment and resource materials needed to intervene with these students and ensures that braille transcriptions of school textbooks and readers are available.

### **Technological support services for students with special needs or learning difficulties**

The resource teachers make requests for technological support, i.e., computers and software needed by students with mental or physical disabilities or learning difficulties. The requests are verified by the NBDE and the resources are provided for students whenever possible.

### **Career planning and counselling**

Career planning services in the elementary schools (15 pilot schools) and the high schools are based on the self-directed approach, which is defined as planning and inclusion of self-directed learning strategies (related to self-knowledge and knowledge of the work world) in all school subjects, to help students develop their personal and professional identity. These services include career planning and transition services for students with special needs; online elective courses on career planning for students in Grades 11 and 12; and K-10 Personal and Social Development courses to help students develop life-work skills.

### **Co-operative education**

Elective courses to help students explore careers that interest them.

### **Positive learning environment support services**

NBDE Policy 703 ensures a positive learning environment for all students. It lists the types of behaviours that are not tolerated in schools and guides the schools in preparing their

codes of conduct. The NBDE works with the school districts to provide support in dealing with problems related to behaviours that may occur in schools.

### **Alternative learning centres for at-risk youth**

In each school district, there are classrooms located outside the schools where young people who are at risk of dropping out of school or have already dropped out can receive quality instruction to help them achieve their goals. The services offered in these centres enable the young people to work toward a high school diploma and also to carry out various personal projects.

### **Guidelines for strategic team operation and use of intervention plans**

Each school must have a strategic team that does follow-up with students who have or might have special needs and provides support for these students' teachers. For students with special needs related to their learning or behaviour, an intervention plan is required. The NBDE, in co-operation with the school districts, has prepared a document describing the operation of the strategic team and including the intervention plan template.

### **Homeschooling request verification service**

Parents who wish to teach their children at home must meet with the person responsible for this service in the school district and submit their teaching plan. That person then makes a recommendation to the Minister of Education, who approves or refuses the parents' request.

### **Department of Justice and Consumer Affairs**

#### **The Family Supports Orders Service (FSOS)**

Promotes a dependable flow of family support payments to children. It helps parents pay child support regularly, on time and in full.

## Department of Wellness, Culture and Sport

(506) 453-2909 <http://www.gnb.ca/0131/index-e.asp>

### Wellness Strategy initiatives

#### Tobacco Free Schools

A grant program aimed at supporting high school efforts to implement comprehensive tobacco reduction action plans and support compliance with the *Smoke-free Places Act*.

#### School Vegetable and Fruit Grants

A grant program aimed at increasing the consumption of vegetables and fruit by New Brunswick students in grades 6, 7, and 8.

#### The Link Program

A program aimed at assisting youth (grades 6-12) who are experiencing any kind of life challenges an opportunity to access help through a resource person.

#### School Communities in Action

Designed to assist schools to adopt, implement and maintain a variety of physical activity opportunities. This physical activity program is intended to support (not replace) the Physical Education classes and can be a family and a community priority, which extends beyond schools.

#### Healthy Learners in School Program

Aims to improve the health, wellness and learning potential of New Brunswick's students by promoting healthy behaviours which will be carried into adulthood. The program goals are that the school-community will: acquire knowledge, attitudes and skills to achieve wellness; create healthy and safe learning environments; and have access to services and support.

## New Brunswick Advisory Council on Youth

1-888-830-5588 <http://www.youthinfo.ca>

### Rock the Boat Campaign

Includes a series of annual community forums and a provincial conference, called "**The Big Splash**". The Council shares its findings with youth and a wide range of partners and submits a report with recommendations based on information gathered throughout the process. Participants in this process return to their communities with something to accomplish, and are supported and kept connected and up to date on happenings in other communities.

### "The Big Splash" Summit

The summit will bring together approximately 100 youth from across the province, along with government, community and business leaders, to participate in focus group discussions on the topic of population growth and youth engagement. The "Big Splash" will also feature great speakers, awesome group activities and interactive presentations that will highlight what was learned and how the momentum gained through this process can be maintained.

### Population Growth Secretariat

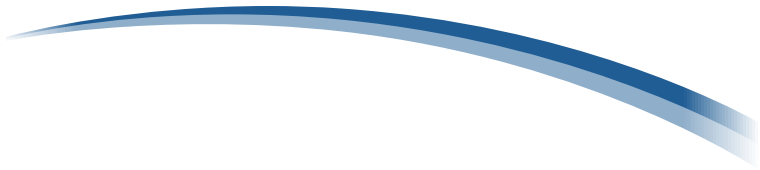
(506) 453-3981 <http://www.gnb.ca/3100/index-e.asp>

### Youth Engagement Funding Program

Funds the development of projects or services that help youth become more involved in their communities. Assistance is in the form of non-repayable grants.

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