



Child and Family Services Council  
for Quality Assurance

ANNUAL REPORT  
**2014/2015**



## 1. MESSAGE FROM THE CHAIR

Since the inception of the Child and Family Services Council for Quality Assurance there has been tremendous commitment and desire to improve outcomes for children receiving intervention services. The system administering the safety, evaluation, intervention and community impact of children in need of intervention services is highly complex and involves multiple partners of various specialties. The function of the Child and Family Services Council for Quality Assurance reflects the multidisciplinary approach necessary to consider all factors while focusing on our mandated responsibilities to provide advice and make recommendations to enhance the overall quality of the child intervention system.

I have had the honour of being the Acting Chair since August 2014 and I have been part of the Council since its proclamation. The journey has been rigorous, gratifying and inspiring. Collaborating with professionals and families on matters which can positively impact vulnerable children is rewarding; it contributes to the purpose of how the Council is meant to serve. I am pleased to share some of the highlights the Council has accomplished this year.

- **The Child Intervention Service Quality Framework (SQF).** Evaluating the effectiveness of the child intervention system could not be completed without considering the voices of the children and families who access the supports. The Council is pleased to propose the SQF as a fundamental resource which will evaluate and guide processes to improve services to families interacting with the intervention system.
- **Internal Child Death and Serious Incident Review Process.** The Council has actively participated in the review of the child death and serious incident review process. Efforts have created a streamlined process which promotes an evaluation of the circumstances contributing to tragic incidents of serious injury and death. Mitigating future tragic incidents and enhancing the care and services to the children and families who interact with the child intervention system are the ultimate goal of creating a new review process.
- **Child Intervention Recommendation Approach and Tracking System.** The child intervention system is complex and involves multiple stakeholders who interact with the Child and Family Services division. These partners have a shared interest to learn from the past and make improvements to the overall system that protects children. Managing all the activities, outcomes and recommendations intended to improve the system is demanding and comprehensive. The Council is pleased to have participated in the development and implementation of a tracking system that streamlines this important work.

During this reporting year from April 2014 to March 2015, the Council has moved from the Child and Family Services division into the Planning and Quality Assurance division of Human Services. The Council has been reduced by one member due to a resignation, there is a new Executive Director, and there are new ministry staff supporting the work and functions of the Council. Amongst these transition activities the Council has sustained focus and continued to develop positive relationships with stakeholders who are invested in improving outcomes for the child intervention system.

I would like to express my gratitude for the opportunity to be part of a quality assurance body that is committed to improving the experiences of children and families interacting with the child intervention system. On behalf of all the members of the Child and Family Services Council for Quality Assurance, please accept our 2014/2015 Annual Report.

Sincerely,

Donna Wallace  
Chair, Child and Family Services Council for Quality Assurance



## 2. TABLE OF CONTENTS

<b>1. MESSAGE FROM THE CHAIR</b>	<b>1</b>
<b>2. TABLE OF CONTENTS</b>	<b>3</b>
<b>3. ABOUT THE CHILD AND FAMILY SERVICES COUNCIL FOR QUALITY ASSURANCE</b>	<b>4</b>
Vision, Mission and Values	5
Mandate, Roles, Scope	5
2014/2015 Reporting Year	6
Council Membership	7
Organizational Structure	9
<b>4. COUNCIL ACTIVITIES AND ACCOMPLISHMENTS</b>	<b>10</b>
Operational Activities	10
Key Accomplishments	11
<b>5. REPORT TO ALBERTANS</b>	<b>17</b>
Statistics on Incidents of Serious Injury/Death reported to the Council for Quality Assurance	17
Statutory Director's Report	21
<b>6. EVALUATION OF THE STATUTORY DIRECTOR'S ACTIVITIES</b>	<b>27</b>
<b>7. COUNCIL FINANCIALS</b>	<b>29</b>
2014/2015 Budget & Actuals	29

### 3. ABOUT THE CHILD AND FAMILY SERVICES COUNCIL FOR QUALITY ASSURANCE

The Child and Family Services Council for Quality Assurance (the Council) is an arm's length multi-disciplinary body of external experts that reports directly to the Minister of Human Services. The Council provides quality assurance and continuous improvement advice and recommendations to the ministry in order to promote and improve the quality of child intervention services. It facilitates transparency with the public through its annual reporting to Albertans, through the Minister of Human Services and through the release of findings and recommendations from Expert Review Panels.

The Council is committed to promoting excellence in the quality of services provided by Alberta's child intervention system and works in collaboration with the ministry to ensure that intervention and supports are focused on the well-being of children and that children live in safe and nurturing homes. To meet this commitment, the Council partners with the Ministry of Human Services: the Minister, Deputy Minister and Executive Team, and especially with staff in the Child and Family Services and Planning and Quality Assurance divisions.

Together, efforts focus on the results the ministry aims to achieve within the child intervention system, including the following five key child intervention outcomes:

- Vulnerable children will be supported to live successfully in the community.
- Children in temporary care will be reunited quickly with their families.
- Children in permanent care will be placed in permanent homes as quickly as possible.
- Youth will be transitioned to adulthood successfully.
- Indigenous children will live in culturally appropriate placements and receive culturally appropriate services.

At the core of the Council's activities, advice and recommendations is the belief that all Albertans expect the government to provide transparent, effective and efficient social programs that result in better outcomes for all children in Alberta. By working with partners and stakeholders, the Council upholds an unwavering commitment to improving the child intervention system and ensuring Alberta's children, youth and families are supported, protected and enabled.

## VISION, MISSION AND VALUES

### VISION

Children and families who interact with the child intervention system experience positive outcomes.

### MISSION

To advance quality and effective practice that achieves better outcomes for children in the child intervention system and their families.

### VALUES

- Communication
- Respect
- Excellence
- Trust
- Learning
- Fairness
- Balance

## MANDATE, ROLES, SCOPE

Legislated under the *Child, Youth and Family Enhancement Act*, the Council is mandated to promote and improve the quality of child intervention services by:

- Identifying effective practice in respect to intervention services.
- Collaborating with the child intervention Statutory Director to monitor and evaluate the director's activities, strategies and standards for improving the quality of intervention services.
- Developing a quality assurance framework for intervention services.
- Making recommendations to the Minister of Human Services for the improvement of intervention services.

Additionally, the Council plays a role in reviewing incidents of serious injury and death of children receiving child intervention services to determine whether there is a need to appoint an Expert Review Panel. Also within the scope of its mandate, the Council may appoint a Quality Assurance Committee to study, assess or evaluate systemic matters pertaining to the provision of intervention services.



## 2014/2015 REPORTING YEAR

The 2014/2015 reporting year is the third year of operations for the Child and Family Services Council for Quality Assurance. The Council's role is complimentary and supportive of the ministry's fundamental principle that quality assurance is a part of all business activities. It is built into everyday work and it is not isolated from management, practice or the design of services and programs. As such, the Council supports the ministry's commitment to quality and contributes to quality assurance initiatives and activities.

As of April 1, 2014, the branch dedicated to support Council operations was transferred from the Child and Family Services (CFS) division to the Planning and Quality Assurance (PQA) division. Being supported by the PQA division allows the Council to benefit from the division's expertise in quality assurance and continuous improvement across all programs and service delivery.

Since moving to the PQA division, the Council has focused more intentionally on the operating model, organizing functions and duties, and fulfilling required mandates. The Council members' external expertise, perspectives and knowledge of internal quality assurance and continuous improvement mechanisms are vital competencies for successful collaboration with the ministry. The combination of these skills helps support and reinforce a culture that values enquiry, learning, transparency, and opportunities for enhancements and innovation. The respectful partnership the Council shares with the CFS division continues through positive interactions and information sharing.

The other significant change for the Council this year came in May 2014 when amendments were made to the *Child, Youth and Family Enhancement Act*. The amendments expanded the scope of the Council's mandate and changed the role and responsibilities to include:

- Collaborating with the Statutory Director to monitor and evaluate child intervention activities, strategies and standards.
- Developing a quality assurance framework.
- Reviewing incidents of serious injury and death of children in care and receiving intervention services to determine if an Expert Review Panel is necessary.
- Appointing a Quality Assurance Committee at its discretion to study, assess or evaluate the provision of intervention services with a view to the continual improvement of the quality of intervention services.
- Reporting on the Statutory Director's achievement of standards and an evaluation of activities and strategies undertaken by the director for the improvement of intervention services.

These amendments demonstrate the increasingly significant role the Council has within the ministry and the child intervention system. The amendments also reinforce that a structured approach for quality assurance and continuous improvement is a critical aspect of promoting and improving quality within child intervention. These legislative changes reinforce that quality assurance and continuous, monitoring, evaluation, innovation are valued by the government and the ministry. The amendments have also provided greater clarity on the role of the Council.

## COUNCIL MEMBERSHIP

Currently, the Council is made up of six members: Alberta's Child and Youth Advocate and five members appointed by Ministerial Order.

### **Donna Wallace, Rn, BN, MCEd. Acting Chair**

*Former Director, Public and Perinatal Health Nursing, Alberta Health Services*

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*Donna Wallace received her Bachelor of Nursing and Masters in Continuing Education, Workplace Learning and Program Planning from the University of Calgary. Over her 40 year nursing career, she has worked in Alberta hospitals, community agencies and private health services. She has led and participated in perinatal, child health and workplace learning research; been published in peer reviewed journals; and presented internationally at health care and education conferences. Ms. Wallace participated as a member of the External Expert Panel Review in 2011. She received the Alberta Centennial Gold Medal for service and contribution to Alberta families in 2005.*

### **Eva Cardinal**

*Cree Elder from Saddle Lake*

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*Eva Cardinal is a founding member and representative of the Elders' Quality Council on Indigenous Languages for Blue Quill First Nation College where she also volunteers as an adjunct professor. Ms. Cardinal was bestowed an honorary Doctorate in Iyiniw Kiskeyihtamawin Asonamakew in 2010, which acknowledged her knowledge of the Cree language, culture and spirituality, and her commitment to passing this knowledge forward to the next generation. Ms. Cardinal's experience includes working with the Sacred Circle Organization in the Edmonton Public School District and as a counselor, program coordinator and director of Poundmaker's Lodge Treatment Centre. Since her retirement, Ms. Cardinal has served on the Saddle Lake Kihteayak Board and on the Education Board. She currently serves on the Saddle Lake Wah-Koh-To-Win Child Care Society Board.*

### **Gayla Rogers, BA, BSW, MSW, PhD, RSW**

*Professor and Former Dean, Faculty of Social Work & Special Advisor to the Provost, University of Calgary*

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*Dr. Gayla Rogers is a professor and former dean of the Faculty of Social Work, at the University of Calgary and currently a Special Advisor to the Provost. She is well-published, has held federally funded research grants and has provided consultation to social work programs in Canada, the United States, the United Kingdom, Australia and New Zealand. Dr. Rogers was a member of the 2010 Alberta Child Intervention System Review Panel and Chair of the 2011 External Expert Panel. Dr. Rogers has served as a director on numerous nonprofit boards and organizations at the local, provincial and national levels.*

### **Kent Henderson**

*S/Sgt. Kent Henderson, Edmonton Police Service (Ret'd)*

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*Kent Henderson has 27 years of experience in investigative and police services. Mr. Henderson's extensive child protection experience includes front line investigation of child abuse as a Constable in the Child at Risk Response Team, as a Detective investigating serious incidents of abuse and neglect, and finally as the Staff Sergeant in charge of the Child Protection Section based at the Zebra Child Protection Centre in Edmonton. In 2007, Mr. Henderson was the recipient of the Police Exemplary Service medal. In 2011, Mr. Henderson participated in a Canadian delegation to Brazil where he presented to judiciary, government officials and police on the merits of a multi-disciplinary response to incidents of child abuse and neglect.*

### **Marlene Graham, LLB**

*Honourable Judge of the Provincial Court of Alberta,  
Calgary Criminal*

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*The Honourable Judge Marlene Graham was appointed to the Provincial Court of Alberta in December 2004, following a 21-year legal career in Alberta and an eight-year, two-term political career as the MLA for Calgary-Lougheed. After obtaining her Bachelor of Laws degree from the University of Alberta Law School in 1976, Judge Graham articulated in private practice and then served as Crown Counsel for the Attorney General of Alberta until 1985 when she returned to private practice. She serves as the Chair of the Prairie Provinces and Territories Educational Program, a committee of the Canadian Provincial Judges' Association, as Co-Chair of the "Learning at Lunch" program of the Calgary Provincial Court Criminal Division, as a member of the Mental Health Court Liaison Committee and as a member of the Calgary Stampede Western Art Auction Committee.*

### **Del Graff**

*Child and Youth Advocate and Vice-President of the  
Canadian Council of Child and Youth Advocates*

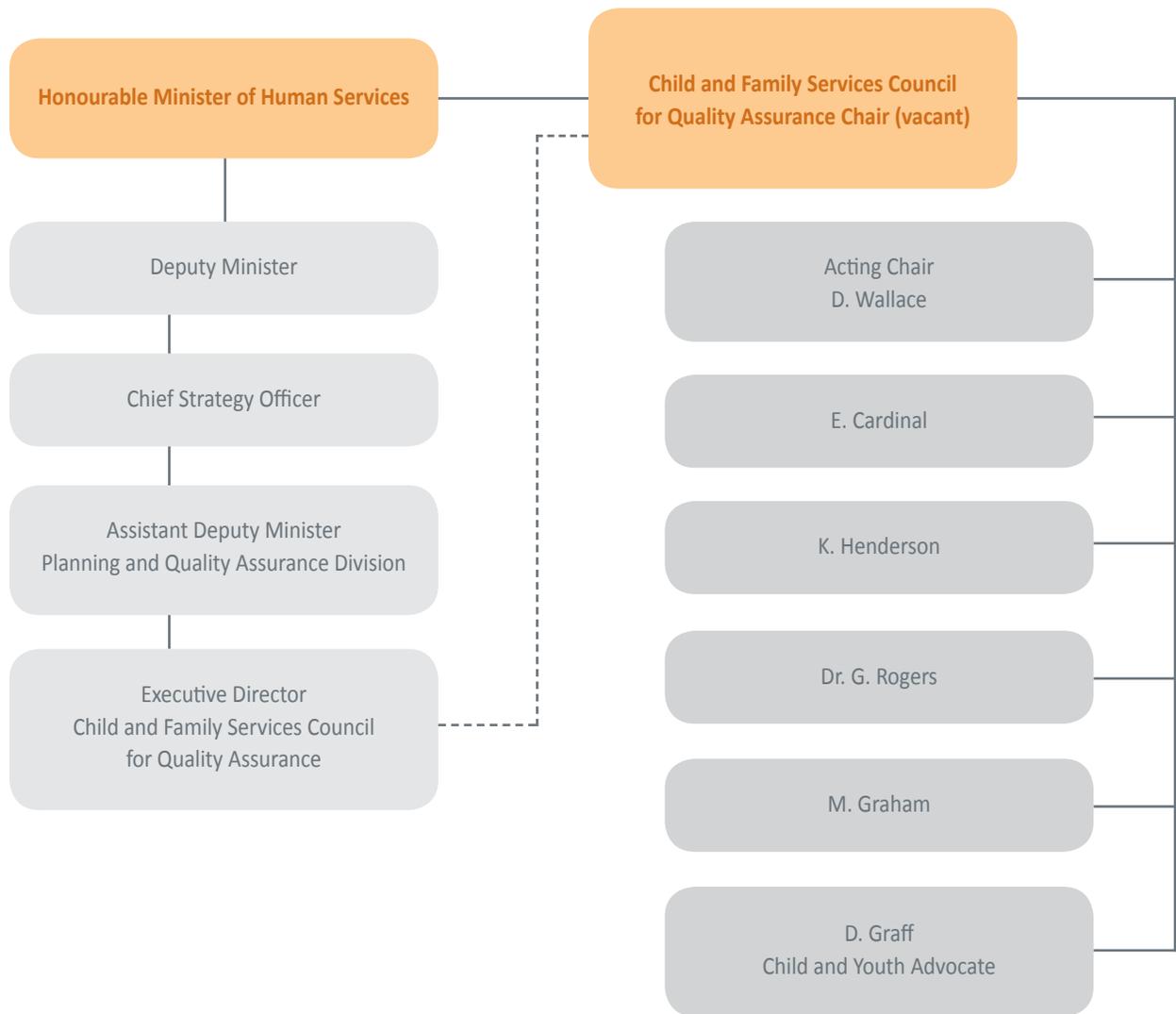
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*Del Graff has been Alberta's Child and Youth Advocate since June 1, 2011. Mr. Graff has worked in social services, in both urban and rural settings, for almost 30 years. He has a master's degree in social work from the University of Calgary and a bachelor's degree in social work from the University of Victoria. Mr. Graff is the Vice-President of the Canadian Council of Child and Youth Advocates and works in alliance with nine other children's advocates from across Canada to identify areas of mutual concern and to address issues at a national level.*

### **CHANGES IN MEMBERSHIP**

As of March 31, 2015, one vacancy exists on the Council. Donna Wallace assumed the role of Acting Chair in August 2014.

## ORGANIZATIONAL STRUCTURE



Current as of March 31, 2015

## 4. COUNCIL ACTIVITIES AND ACCOMPLISHMENTS

### OPERATIONAL ACTIVITIES

#### COUNCIL MEETINGS

During the 2014/2015 fiscal year, the Council met monthly, through face-to-face meetings or teleconferences. The meetings consist of presentations by ministry staff and discussions focusing on initiatives within the ministry and the child intervention system. Meetings allow for rich dialogue and active participation enabling Council to provide advice or recommendations that promote and improve child intervention services.

#### COUNCIL STRATEGIC AND OPERATIONAL PLANNING

Under the *Child, Youth and Family Enhancement Act*, the Council has a duty to identify effective practices and make recommendations to the Minister regarding the improvement of child intervention services. By developing strategic goals and creating a set of priorities, the Council is able to focus its attention and provide effective and meaningful advice and recommendations.

Under the *Alberta Public Agencies Governance Act* (APAGA), the Council meets with the Minister each year to identify short and long-term objectives and identify major priorities. This forms the basis to create an operational work plan which serves to outline the agenda for Council meetings throughout the year and to inform the various areas of the ministry that support the work priorities of the Council.

In 2014, the Minister requested that the Council complete a Mandate and Roles document, a Code of Conduct and finalize its Annual Report. These operational elements were essential to fulfilling the requirements under the *Alberta Public Agencies Governance Act* and the *Child, Youth and Family Enhancement Act*.

In addition to the legislated functions of the Council the Minister and the Council identified three key priorities for the 2014/2015 year:

- Complete the Child Intervention Service Quality Framework.
- Support the implementation of the Internal Child Death and Serious Incident Review process.
- Support the effective implementation of a recommendation approach and tracking system.

All three key priorities are considered foundational for a system of quality assurance and continuous improvement.

In addition to these three priorities, the Council continues to participate in numerous other functional activities. These include receiving initial reports of death or serious injury of children receiving intervention services; completing in depth reviews of incidents and give rise

to matters requiring attention of the Report Review Sub Committee (RRC); participating in the Office of the Child and Youth Advocate's investigative review terms of reference; reviewing documentation and presentations by department staff; and providing multidisciplinary advice and recommendations.

Council's activities, progress and accomplishments are described below.

## KEY ACCOMPLISHMENTS

### CHILD INTERVENTION SERVICE QUALITY FRAMEWORK

Since identified by the Council in 2013/2014 as fundamental to improving quality within the child intervention system, significant work has been undertaken in the past year to create the Child Intervention Service Quality Framework (SQF). It was developed in collaboration with the ministry and with the assistance of the Alberta Centre for Child, Family and Community Research (ACCFRC); a research consultant led the project.

The purpose of the SQF is to define quality and create a shared understanding of the characteristics that make up quality services within the child intervention system. It is intended that the SQF will be used by all stakeholders within the system, including the ministry, to guide discussions of quality assurance and continuous improvement and inform activities within the child intervention system. The SQF may be used to:

- Assist in consistent measurement, monitoring and reporting on service quality.
- Identify opportunities to improve the legislation, policies, programs and practices guiding service delivery.
- Develop appropriate and sustainable solutions to improve outcomes for children, youth and families.

The primary focus of the SQF is to engage with children, families and communities that interact with the child intervention system to understand how they describe quality services.

- What do children, families and communities need to feel supported and assisted?
- What type of service experience do they expect?
- What are quality elements of service delivery?

A project charter for the development of the SQF was completed in July 2014 and it identified several steps or components that needed to be completed prior to seeking input from stakeholders; each component is a valuable stand-alone achievement and contributes to the development of the framework.

Prior to each step and at regular intervals in the process, the Council provided direction and advice on how to proceed, who to connect with, where the gaps were, what was missing and where to refocus. The SQF offers a validated comprehensive picture of what quality looks like from the perspectives and voices of the users of the system. The framework provides a unique perspective in that it sheds light on what the clients of the system believe to be important to them and provides them with the opportunity to describe quality services.

The following page gives an overview of the key pieces of work that have occurred in the development of the Service Quality Framework.

## Literature Review and Environmental Scan

An extensive literature review and environmental scan were completed to examine how quality was defined, what dimensions of quality are described in the literature and if there are existing quality assurance frameworks in child intervention services, health or social services.

## Child Intervention Key Opinion Leaders

A total of 20 local, national and international key leaders were invited to offer their opinion on the definition of quality and the core dimensions of quality from the client perspective. Their input provided a variety of perspectives and contributed to the development of the framework.

## Secondary Analysis of the Community Conversations

Between 2011 and 2013, the Aboriginal Engagement division of Human Services conducted ten community conversations with almost 800 participants regarding the current status of child intervention in Alberta, what changes were necessary and what steps could be taken. Additional sessions were held with a further 550 individuals of Indigenous decent working in academic environments focusing on specific topics. The secondary analysis of this information was conducted and has enhanced the framework.

## Client Engagement

Council members participated in the client engagement phase of the project, hearing first-hand the voices and views of the clients.

Over 110 youth and families involved with the child intervention system from across the province were identified and invited to help describe what factors constituted “good service” and “reasons why services have not been so good”.

Prior to the client engagement, the consultant and the ACCFCR developed a discussion guide to stimulate the conversations about how quality could be defined or described; the characteristics that contribute to quality services; and how quality can be measured, monitored, and reported by system stakeholders including children and families.

The engagement sessions were held at locations throughout Alberta so that it was convenient for stakeholders to attend. In many cases, the agencies or groups who worked with these families helped to facilitate participation. Youth in group, foster or kinship homes, treatment facilities, and those receiving services but still at home were eager to have their voices heard. Biological, foster and kinship parents from a variety of geographical locations and diverse cultural backgrounds appreciated being included in the engagement process.

While participants were from diverse backgrounds and had varied involvement in the child intervention system, the words they used to describe quality were resoundingly similar. Themes were consistent across all groups and from session to session. The descriptions stemmed from deep personal experiences and individual stories. These findings will be integrated into the SQF to describe quality service elements from the perspective of children and families.

Council members are grateful to all the courageous youth, the loving and brave biological parents, and the kind and caring foster and kinship caregivers who were involved in the engagement process. The Council values the clients’ willingness to share their thoughts, comments and experiences in an effort to improve quality within the system and make things better for others.

## Draft Service Quality Framework Development

The SQF is now in the final stages of completion and the Council is looking forward to sharing it, along with the results from the engagement sessions, once it is complete. The Council has provided feedback and refined the draft SQF. The Council requested that the voices of the clients be used as the foundation of the SQF. The Performance Management Framework (organization perspective), the Practice Framework (staff perspective), and the Alberta Social Policy Framework (Albertan perspective) were all integrated into the draft to make it complete.

## INTERNAL CHILD DEATH AND SERIOUS INCIDENT REVIEW PROCESS

This past year the Child and Family Services division made many efforts to develop and improve the Internal Child Death and Serious Incident Review process. The Council is an active partner in reviewing materials, discussing policy and practice concerns, and providing advice for the improvement of the processes and the child intervention system as a whole.

The purpose of developing a new process is to learn from incidents of death and serious injury and apply the learnings to improve the health and safety of children receiving intervention services, reducing the probability of similar future events. The process seeks to honour and recognize the individual child and consider the context and factors which contribute to an event. Understanding how and why the death or serious incident occurred shapes the content for new learnings. The Council recognizes the importance of coordinating efforts to better streamline the overall process and ensure a comprehensive review is conducted for each incident.

These are critical “first steps” in the review process that will focus on examining the systems’ own work in order to improve practice and policy outcomes.

## CHILD INTERVENTION RECOMMENDATION APPROACH AND TRACKING SYSTEM

The Child Intervention Recommendation Approach and Tracking System is premised on the importance of collaboration and responsiveness between the Child and Family Services division and internal and external recommending stakeholders to improve the child intervention system. The focus is to have a better understanding of the intended outcomes of recommendations and to develop more effective action plans and responses. The approach provides a process for receiving, reviewing, accepting and responding to recommendations. It also provides a process for developing action plans, implementing, evaluating and publicly reporting the responses.

The Council is pleased with the development of the data tracking system and looks forward to participating in the ongoing development and application of the process.

## REPORT REVIEW COMMITTEE (RRC)

The Council has a legislated responsibility to receive reports of incidents of serious injury and death of children receiving child intervention services. Once a report is received, an internal examination is conducted by the Council to review the circumstances; the Council makes a determination if additional reviews are required.

To facilitate this function, the Council has appointed a sub-committee, the Report Review Sub-Committee (RRC), to review these incidents to determine if an Expert Review Panel or Quality Assurance Committee is necessary and to make recommendations back to the Council. Over the past year, the RRC has updated its terms of reference, developed detailed process mapping, and collaborated with CFS to establish more streamlined processes.

From the 2013/2014 fiscal year, the RRC carried over 15 reports of incidents of death or serious injury of children in the custody or guardianship of the director. During 2014/2015, the RRC concluded its review of five of those incidents with the assessment of the remaining ten currently underway. The review of the five incidents concluded that neither an Expert Review Panel nor a Quality Assurance Committee was necessary. However, the Council is keenly aware of the impact of each incident on the child, the family and the community and believes strongly that there are learnings from each incident that must be applied in order to prevent similar incidents from occurring in the future.

The Council and the RRC sub-committee acknowledges that it is one part of a larger group of bodies that examine incidents of death and serious injury. Alberta has a number of accountability bodies to examine the circumstances surrounding the death or serious injury of a child receiving child intervention services: the Child and Family Services division, the Family Violence Death Review Committee, the Office of the Child and Youth Advocate, the Office of the Chief Medical Examiner, Police

Services and the Public Fatality Review Board. While each body has a unique purpose and focus, together they contribute to improving the system and the outcomes for the children and youth of Alberta.

## **CHILD AND YOUTH ADVOCATE'S INVESTIGATIVE REVIEW**

The Child and Youth Advocate is a member of the Council and also has a significant role within the child intervention system in Alberta. The Child and Youth Advocate is legislated to ensure that the rights, interests and viewpoints of the most vulnerable children and youth in provincial government systems are heard in matters affecting those children and youth. The Child and Youth Advocate may investigate systemic issues related to the death of a child or a serious injury to a child who at the time of the injury was receiving child intervention services and make recommendations to improve child intervention services.

The Child and Youth Advocate prepares terms of reference for each investigative review completed by his office and shares them with the Council for input. Over the 2014/2015 year, Council reviewed 19 draft terms of reference presented by the Child and Youth Advocate. The Council provided insights and suggested avenues to explore to complete a comprehensive investigation of the incident, and identified questions to consider as part of the investigative review process. The Child and Youth Advocate believes that the multi-disciplinary nature of the Council, its role in the system and the background of the members can contribute to ensuring that a thorough investigation is completed into incidents that warrant such an investigation.

The Child and Youth Advocate has indicated his appreciation for the thoughts, suggestions and input from the Council over the past year and anticipates continuing the process in the coming year.

## **COMPLETION OF APAGA REQUIREMENTS**

In addition to following the *Child, Youth and Family Enhancement Act*, as a public agency, the Council must also adhere to the *Alberta Public Agencies Governance Act* (APAGA). Together with the *Public Agencies Governance Framework*, public agencies are provided with clear expectations that support and promote good governance for the province's agencies, boards, councils and commissions. The APAGA requirements ensure that public agencies account to the public for their activities and performance, are responsible and accountable to the Minister, and demonstrate transparency and clear communication in the governance and mandate activities. In fulfillment of these requirements the following activities were completed in 2014/2015:

### ***Completing the Council's Mandate and Roles Document***

The Mandate and Roles Document has been developed collaboratively between the Minister of Human Services and the Council. It reflects a common understanding of the roles and responsibilities of the Council and the role of the Minister and ministry staff that interact with the Council. It speaks to the appointment of members, appointments for Expert Review Panels and Quality Assurance Committees, competencies expected of members, remuneration and expectations surrounding performance reviews. The Mandate and Roles Document was signed by the Minister in February 2015.

### ***Completing the Council's Code of Conduct***

The Code of Conduct applies to all members of the Council and reflects a commitment to the Council's values. It provides a framework to guide ethical conduct that upholds the Council's integrity and reputation. The core values include communicating in a fair and open manner, demonstrating respect, and promoting excellence and trust with those the Council interacts with. Additional values of the Council's Code of Conduct include identifying opportunities for learning and continuous improvement, acting impartiality, and performing in a fair and balanced approach while maintaining confidentiality and carrying out Council duties.

The Code of Conduct also speaks to the behavioural standards of the members and addresses issues surrounding conflict of interests and outside interests. The Code of Conduct was signed by the Acting Chair in December 2014.

### ***Annual Performance Assessment of agency and members***

Annual performance assessments were conducted on the Council as a whole, the Acting Chair and the individual members. The process was developed, with input from the Council, by the Governance Services branch within the Planning and Quality Assurance division. The process was positive and the assessments clarified roles, provided an opportunity to reflect on accomplishments, and confirmed member's commitments while upholding the mandate and role of the Council.

## **ADVICE ON INITIATIVES**

In addition to its identified priorities and activities, the Council has a collaborative relationship with the ministry where it shares observations and advice on current ministry activities and strategies, particularly within the child intervention system. Applying an approach that aligns with principles of effective quality assurance, the Council provides comments, observations and advice on activities and strategies to be implemented and evaluated. Working together to identify new and innovative opportunities that benefit children and families is valuable. Some of the topics discussed this year included the following:

### ***Research regarding an Alberta Criminal Risk Assessment Model***

Research was completed regarding a provincial model to provide reliable, documented and standardized criminal record information that front-line workers can access for safety planning purposes. This was conducted by the Council in cooperation with Human Services Child and Family Services division (CFS), the Edmonton Police Service (EPS), and Calgary Police Service (CPS). The objective was to gather data to help create a formalized process that allows for sharing of information between CFS, EPS, and CPS to satisfy placement policies that require a criminal record check of caregivers prior to placement. The proposed model would enhance the

safety of children placed in kinship care or with other significant caregivers while providing swift, documented information to accurately inform decision-making. The Council appreciates the collaboration and consideration given to this research.

### ***Human Service Performance Management Framework***

The Human Services Performance Management Framework (PMF) is a roadmap that describes how the ministry uses outcomes and data for continuous improvement. Built on current best practices in organizational performance and staff input, the PMF consists of two core elements: the outcomes that the ministry will be accountable for achieving and the approach that the ministry will use to measure and improve its outcomes. The PMF focuses on three outcomes: ministry outcomes, which describe what the ministry does for Albertans; quality outcomes, which describe how the ministry works; and culture outcomes, which describe who the ministry is as an organization.

The work of the Council is aligned with the PMF, specifically the Human Services Quality Assurance Framework. Both focus on quality assurance, commitment for Human Services and Albertans. As the work of this initiative grows, the Council will continue to look for opportunities to support and align with the larger ministry-wide quality assurance and continuous improvement objectives.

### ***Child Intervention Practice Framework***

The Child Intervention Practice Framework is a set of principles and core elements of leading practice to guide service delivery in the child intervention system. Developed through engagement with front-line child intervention staff, the framework supports an environment where family strengths are recognized and children and youth are respected and supported. Through the implementation of the practice principles, the framework aims to ensure the safety and well-being of children and youth by working together with families and communities to develop nurturing and safe environments. There is a strong connection between the practice principles, the ministry's quality outcomes, and clients' description of quality described in the SQF.

The Council is supportive of the Practice Framework and acknowledges the positive impact it is having on practice and child intervention outcomes.

## DISCUSSION OF KEY FACTORS THAT INFLUENCED PERFORMANCE

Undertaking quality assurance activities in the child intervention system can be difficult. The challenges experienced by Alberta's families are complex and require multifaceted solutions. Solutions potentially involve many systems, partners and important input from the children, youth, families and communities impacted by adversity and challenges of the system. When child intervention concerns exist, the stakes are high for children and families. Our ability to ensure they are supported, protected and enabled is critical. Scrutiny of the system is intense and the issues are among the most sensitive for government.

The past year has been marked by significant complexity and transition. Changes to legislation were made, new processes developed and transitions in leadership are just some of the factors that influenced the performance of the Council. Even with these challenges, there were a number of unique opportunities that shaped Council's activities and accomplishments. One of the key opportunities included collaborating more directly with the strategic arm of the ministry through the PQA

division and leveraging its exceptional quality assurance and expertise. Additionally, the role of Council has been clarified and processes have been refined to complement other quality assurance mechanisms within the child intervention system.

Predominantly, the year has been focused on aligning and coordinating efforts to ensure that the Council provides the highest "value-add" for the ministry and for Albertans. Council recognizes the usefulness in taking the time to assess the impact of the many changes that it has undergone this year. It aims to use the structures, processes and relationships that have been cultivated over the past year to continue moving forward on a path that champions quality assurance and continuous improvement within the child intervention system. The same pathway contributes to achieving positive outcomes for the children and families accessing services.



## 5. REPORT TO ALBERTANS

### STATISTICS ON INCIDENTS OF SERIOUS INJURY/DEATH REPORTED TO THE COUNCIL FOR QUALITY ASSURANCE

Committed to transparency and principles inherent to effective quality assurance and continuous improvement, the following statistical information related to the Council's mandate is provided. A significant change for Council this year came in May 2014 when amendments were made to the *Child, Youth and Family Enhancement Act*. For more information, refer to the "2014/2015 reporting year" section on page 6. The amendments expanded the scope of the Council's mandate and as a result increased the number of reports of death and/or serious injury received by the Council.<sup>1</sup>

Figure 1 provides the average monthly number of children and youth receiving child intervention services for 2014/2015<sup>2</sup>. The average monthly number of Indigenous children and youth receiving child intervention services for 2014/2015 was 5,946 which represents 59.8% of the total children and youth receiving child intervention services (9,948). The average monthly number of Indigenous children and youth in care was 4,905 which represents 68.5% of the total children and youth in care and 82.5% of the Indigenous children and youth receiving children intervention services (5,946). Almost half (49.3%) of the average monthly number of children and youth receiving child intervention services (9,948) were Indigenous children and youth in care (4,905).

**FIGURE 1**

<b>Average Monthly Number of Children and Youth Receiving Child Intervention Services<sup>3</sup> by Racial Status, 2014/2015</b>			
	<b>Children and Youth Not In Care</b>	<b>Children and Youth In Care</b>	<b>Total</b>
Indigenous <sup>4</sup>	1,041	4,905	5,946
Non-Indigenous	1,751	2,251	4,002
Total	2,792	7,156	9,948

<sup>1</sup> The tables in the 2012/2013 and 2013/2014 annual report are for "Children and Youth In Care" and the tables for this 2014/2015 annual report are for "Children and Youth Receiving Child Intervention Services". As a result, the tables reported in the 2012/2013 and 2013/2014 annual report are not referred to in this report since they are not comparable to the tables in the 2014/2015 annual report.

<sup>2</sup> Information cited in Figure 1 is sourced from Human Services, Child and Family Services division.

Figures 2-5 are based on reports received by the Council of incidents of serious injury and/or deaths of children and youth who were considered to be receiving child intervention services at the time of the injury or death. The Figures 2 and 2A show the reports broken down by death and serious injury. The Council receives reports of serious injury and/or death of children and youth under the age of 18 and as a result the numbers may differ from the numbers publicly reported on the Human Services website.

**FIGURE 2**

<b>Reports of Serious Injury and/or Death of Children and Youth Receiving Child Intervention Services, 2014/2015</b>			
	Indigenous	Non-Indigenous	Total
Deaths	19	11	30
Serious Injury <sup>5</sup>	5	3	8
Reports received by the Council	24	14	38

**FIGURE 2A**

<b>Reports of Death of Children and Youth Receiving Child Intervention Services by Manner of Death, 2014/2015</b>			
Manner of Death <sup>6</sup>	Indigenous	Non-Indigenous	Total
Accidental	3	0	3
Homicide	0	0	0
Medical (natural)	3	7	10
Pending <sup>7</sup>	7	1	8
Suicide	4	0	4
Unclassified	0	2	2
Undetermined	2	1	3
Reports received by the Council	19	11	30

<sup>3</sup> For this analysis, *In Care* is defined as Permanent Guardianship Order, Permanent Guardianship Agreement, Emergency Apprehension, Apprehension Order, Custody Agreement with Guardian, Custody Agreement with Youth, Temporary Guardianship Order, Interim Custody Order and Custody Order. *Not In Care* is defined as Family Enhancement Agreement with Guardian, Family Enhancement Agreement with Youth, Open Under Assessment, Interim Access Order and Supervision Order.

<sup>4</sup> For the analysis of this report, Indigenous is defined as Status Indian, Potential to be Registered, Non-Status Indian, Métis, Inuit and Unknown Indigenous.

<sup>5</sup> The *Child, Youth and Family Enhancement Act* defines serious injury as “a life-threatening injury to the child or an injury that may cause significant impairment of the child’s health.”

<sup>6</sup> The definition of manner of death is defined by the Office of the Chief Medical Examiner. For more information, refer to the *Office of the Chief Medical Examiner Alberta* [https://justice.alberta.ca/programs\\_services/fatality/ocme/Pages/DeathInvestigations.aspx](https://justice.alberta.ca/programs_services/fatality/ocme/Pages/DeathInvestigations.aspx)

<sup>7</sup> It is important to note that due to timing of the release of information, receipt of reports and the nature of reports received by the Council, these findings may differ slightly from those reported in the *Human Services Annual Report* and the *Child and Youth Advocate Annual Report*. The Pending status is as of September 30, 2015.

Consistent with the Council's intentions to encourage and foster transparency and openness, a more detailed breakdown of the children and youth receiving child intervention services in which a serious injury and/or death was reported to the Council is supplied in figures 3 and 4.

**FIGURE 3**

<i>Reports of Death of Children and Youth Receiving Child Intervention Services by Gender, 2014/2015</i>			
Gender	Indigenous	Non-Indigenous	Total
Female	12	4	16
Male	7	7	14
<b>Total</b>	<b>19</b>	<b>11</b>	<b>30</b>

**FIGURE 3A**

<i>Reports of Serious Injury of Children and Youth Receiving Child Intervention Services by Gender, 2014/2015</i>			
Gender	Indigenous	Non-Indigenous	Total
Female	2	1	3
Male	3	2	5
<b>Total</b>	<b>5</b>	<b>3</b>	<b>8</b>

**FIGURE 4**

<i>Reports of Death of Children and Youth Receiving Child Intervention Services by Age Group, 2014/2015</i>			
Age Group	Indigenous	Non-Indigenous	Total
0-5	9	8	17
6-12	1	0	1
13-15	5	2	7
16-17	4	1	5
<b>Total</b>	<b>19</b>	<b>11</b>	<b>30</b>

**FIGURE 4A**

<i>Reports of Serious Injury of Children and Youth Receiving Child Intervention Services by Age Group, 2014/2015</i>			
Age Group	Indigenous	Non-Indigenous	Total
0-5	1	1	2
6-12	1	0	1
13-15	1	1	2
16-17	2	1	3
<b>Total</b>	<b>5</b>	<b>3</b>	<b>8</b>

Figures 5 and 5A demonstrate the reports of death and serious injury received by the Council broken down by type of intervention.

**FIGURE 5**

<i>Reports of Death of Children and Youth by Type of Child Intervention Service Received, 2014/2015</i>			
Type of Intervention	Indigenous	Non-Indigenous	Total
In Care	8	2	10
Not In Care	11	9	20
<b>Total</b>	<b>19</b>	<b>11</b>	<b>30</b>

**FIGURE 5A**

<i>Reports of Serious Injury of Children and Youth by Type of Child Intervention Service Received, 2014/2015</i>			
Type of Intervention	Indigenous	Non-Indigenous	Total
In Care	5	1	6
Not In Care	0	2	2
<b>Total</b>	<b>5</b>	<b>3</b>	<b>8</b>



## STATUTORY DIRECTOR'S REPORT

Amendments to the *Child, Youth and Family Enhancement Act* occurred in May 2014 and included quality assurance requirements for service delivery. The legislation requires an annual report to be submitted to the Minister:

1. Respecting the exercise of the powers and the performance of the duties and functions of the Council.
2. Respecting a director's achievement of standards.
3. Containing an evaluation of activities and strategies undertaken by a director for the improvement of intervention services.

The following information was provided by the Statutory Director, *Child, Youth and Family Enhancement Act*, in response to these requirements.

### CHILD INTERVENTION STANDARDS

The Child Intervention Standards (Standards) act as compliance measures that reflect the minimum acceptable level of casework practice performance. The Standards focus on safety and achieving positive outcomes for children. They are intended to compliment and align with existing policy and legislation while supporting quality assurance and continuous improvements for the child intervention system.

Standards monitoring and measurement are one component of the child intervention quality assurance process. They help inform policy and practice revision, program development and other areas of improvement. They support and identify actions related to implementing recommendations; demonstrate the effectiveness of existing knowledge mobilization and management, and can systemically assist in identifying gaps in service delivery.

The Provincial Safety Standards for the child intervention program were implemented April 1, 2001. In the 2001/2002 fiscal year, baseline data regarding compliance to the standards was collected from the Child and Family Services Authorities. Delegated First Nation Agencies file reviews commenced in the 2004/2005 fiscal year.

In 2006, the Provincial Safety Standards were replaced with the Child Intervention Standards. These standards were developed to reflect legislative changes implemented with the proclamation of the *Child, Youth and Family Enhancement Act*. The standards were then revised in 2008 and again in 2010, to reflect changes associated with the Casework Practice Model, Outcomes-Based Service Delivery Model, National Child Welfare Outcomes Measures Matrix (NOM), leading practice trends and recommendations from the Office of the Auditor General of Alberta (2008).

Amendments to the *Child, Youth and Family Enhancement Act* occurred in May 2014 and included quality assurance requirements for service delivery. Section 105.73(1)(b) speaks to the role of the Council and the collaboration with the director to monitor and evaluate the director's activities, strategies and standards for improving the quality of intervention services. The requirement to report the results of the Child Intervention Standards File Review is covered in Section 105.792(1)(b) which focuses on the Council submitting annual reports to the Minister.

The Child Intervention Standards review process focuses on information related to quality services that cannot be gathered in other ways. The three main activities of child intervention involvement are the intake (the report of a concern), the safety phase assessment (assessment of the needs of the child and family) and the opening of a case for ongoing services. For the file review, it is necessary to review these activities separately using separate sampling and data collection tools. Statistically representative samples are chosen for each of these activities and for each CFS region and DFNA in the province.

The Monitoring and Measurement Unit of the Office of the Statutory Director, *Child, Youth and Family Enhancement Act* maintains the provincial responsibility for monitoring and facilitating the rigorous standards compliance process. Information is gathered manually through a review of the child's file and on the Intervention Services Information System. The file reviews are intended to be an open and engaging learning opportunity for caseworkers. Individual file results are immediately shared with the caseworker and supervisor following the review of the file. Half year and annual results are provided to service delivery directors following the completion of the review of all activities and files.

## CHILD INTERVENTION STANDARDS:

Standard 1: Emergency Response and Safety

🔗 Caseworker responded urgently to ensure the safety of the child:	<b>Provincial Result</b> <b>99%</b>
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*The decision regarding response time is a critical one. The caseworker, at all stages throughout the case (from intake to file closure), will consider the safety of the child when determining response time. The caseworker will respond urgently, taking immediate action if there are concerns regarding the child's immediate safety.*

*Some of the indicators to consider when assessing the immediate safety of the child are age, medical/health needs, developmental level, abandonment, suicidal ideation, the loss of valuable evidence and the caregiver(s) inability or unwillingness to protect the child due to current circumstances.*

Standard 2: Initial Client Contact

🔗 Files met all contact requirements, as applicable:	<b>Provincial Result</b> <b>73%</b>
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*The Director investigates a report to determine whether a child is in need of intervention under the Child, Youth and Family Enhancement Act (CYFEA).*

*In order to assess the safety of the child, it is important to gather the child's perspective on matters related to intervention under the CYFEA.*

<b>Standard 2 Measurements</b> <b>To meet Standard 2, <u>each</u> of the following measurements <u>must</u> be achieved to attain compliance.</b>	<b>Provincial Result</b>
• Face-to-face contact and interview with the child in need.	90%
• Private interview with school-aged child apart from the family.	79%
• Face-to-face contact and interview with all other children living in the home who may be at risk.	79%
• Face-to-face contact and interview with guardian(s) <sup>8</sup> .	84%

Standard 3: Planning for Permanency

🔗 Collaborative plan was actively reviewed every three months:	<b>Provincial Result</b> <b>65%</b>
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*When children are involved with intervention services, it is important that relevant planning take place in order to ensure desired outcomes for children, youth and families. This should be a collaborative, inclusive process involving at minimum: the child (if capable), the caregiver<sup>9</sup>, significant others and the guardian (if applicable).*

*This process should designate specific responsibilities to those involved and clearly outline the goals to be achieved.*

*Planning is done to address the child's needs for stability, continuity of care, culture and relationships. It also includes identifying permanency options for long-term stable relationships in the child's life.*

<sup>8</sup> Guardian: per s.1(1)(l), a person who is or is appointed a guardian of the child under Part 2 of the *Family Law Act* or a person who is a guardian of the child under an agreement or order made pursuant to CYFEA; as a guardian is not necessarily a biological parent of a child.

<sup>9</sup> Caregiver: foster care provider, kinship care provider, group home/facility staff.

#### Standard 4: Caseworker Contact

Files met all contact requirements, as applicable:

**Provincial Result**  
**16%**

*Central to the caseworker role is the requirement to actively build relationships with the child, guardian(s) and caregiver. Purposeful communication and regular contact are critical to this process in order to best understand the needs of the child, guardian(s) and caregiver.*

Standard 4 is an aggregate quantitative measure of a caseworker's activities, made up of seven sub-measures, that explore building relationships with the child, guardian(s) and caregiver through purposeful communication and regular contact. If one or more of the seven sub-measures has not been achieved, the case is flagged as not meeting the requirements of Standard 4. For the period covered by this report, 16 per cent of cases met all seven requirements.

#### **Standard 4 Measurements**

**To meet Standard 4, each of the following measurements must be achieved to attain compliance.**

**Provincial Result**

	Provincial Result
• Monthly contact with child where there is sufficient information related to the child's well-being.	19%
• Face-to-face contact every three months where there is sufficient information related to the child's well-being and safety.	52%
• Caseworker actively engaged or attempted to engage with the child in order to build a relationship.	79%
• Monthly contact with caregiver that was specific to the child's well-being and case plan goals.	35%
• Face-to-face contact with caregiver every three months.	49%
• Monthly contact with guardian that was supportive and focused on the achievement of case plan goals.	56%
• Face-to-face contact with the guardian(s) every three months.	80%

#### Standard 5: Cultural Connectedness for Indigenous Children

*An Indigenous child's self-identity and sense of belonging is positively affected by their learning of and participation in their culture. It is important that at the early stages and throughout involvement for an Indigenous child, the uniqueness of Indigenous culture, language, heritage, spirituality and traditions are respected, and attention is given to preserving the child's cultural identity. Children need to be in direct contact with individuals that tie them to their heritage and facilitate their ongoing learning of cultural practices. Additionally these contacts need to focus on meeting the cultural goals outlined in the child's case plan.*

**There were 966 ongoing case files reviewed where the child was Indigenous**

**Provincial Result**

	Provincial Result
• Children in family homes or in a placement on reserve or with a caregiver where the home would be considered traditional in practice and teachings.	65%
• Children who participated in cultural activities.	31%
• Children who did not participate in any cultural activities.	5%

## Standard 6: Placement

*When the Director is appointed as a custodian<sup>10</sup> and/or guardian of a child it is expected that safe environments are provided for children receiving out of home care.*

*The placement must be licensed/ accredited<sup>11</sup> as required. For those placements (example: kinship homes) that are not required to be licensed or accredited, intervention and criminal record checks will be completed and a caseworker must have visited the home prior to, or at the time of the child's placement. This visit must include a safety assessment of the home environment.*

*Issues related to the safety of the child, quality of care and suitability of the placement must be addressed on a timely basis.*

<b>There was sufficient documentation to confirm:</b>	<b>Provincial Result</b>
<ul style="list-style-type: none"><li>For children placed in placements required to be licensed or accredited, the license was current.</li></ul>	96%
<ul style="list-style-type: none"><li>For children placed in newly opened kinship<sup>12</sup> homes, placement requirement checks were completed.</li></ul>	77%
<ul style="list-style-type: none"><li>For children placed in already opened kinship homes, placement requirement checks were completed.</li></ul>	61%
<ul style="list-style-type: none"><li>Placement issues were addressed by the caseworker.</li></ul>	96%

## ACTIVITIES AND STRATEGIES FOR THE IMPROVEMENT OF CHILD INTERVENTION

### Child Intervention Services Improvements

The following section outlines the activities and strategies for the improvement of child intervention.

The Alberta government listened to feedback from front-line staff in developing new and innovative ways to serve at-risk children, youth and families. The Child Intervention Practice Framework was developed by the ministry through extensive consultation and engagement with communities, families, service providers and staff. Alberta uses a systematic approach to ensure ready and available access to knowledge and collective expertise in order to improve decision-making. This includes the use of research and evidence-based information in making improvements in child intervention policy and practice. The Child Intervention Practice Framework is the foundation of one of these innovations – ensuring workers are supported, trained and provided with development opportunities.

The mission of the framework is to ensure the safety and well-being of children and youth by working together with families and communities to develop nurturing and safe environments for children, youth and families.

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<sup>10</sup> Custodian: person who has custody of a child.

<sup>11</sup> Licensed/accredited placement: this refers to a foster home or a child and youth facility placement – CYFEA require that these types of placements be licensed.

<sup>12</sup> Kinship placement: the child's placement within extended family and community. Also referred to as kinship home, kinship care placement. Kinship placements are not required to be licensed.

Alberta's Child Intervention Practice Framework (CIPF) guides casework through six principles:

- Aboriginal/Indigenous Experience
- Connection
- Collaboration
- Continuous Improvement
- Preserve Family
- Strengths-based

The CIPF includes core elements of leading practice that are intended to be infused throughout the child intervention system – including hiring, training and supporting child intervention workers. It helps support an environment where family strengths are recognized, and children and youth are respected and supported.

Knowing that the significant majority of children and youth who come to our attention are not at imminent risk and that family and community connections are vital to longterm healthy outcomes, the strategies and initiatives that have been adopted over the past several years have been selected to:

- Focus on the relational aspect of child intervention work.
- Help staff navigate the complex tension between child safety and family preservation through the adoption of evidence based tools and approaches that support critical thinking.
- Identify and support those children who are at imminent risk through multidisciplinary approaches.
- Explicitly ensure that Indigenous families and communities are engaged in planning for their children.
- Support and engage immediate and extended families in a more intentional way.

### **Child Intervention System Improvements**

In alignment with the Child Intervention Practice Framework, the following are examples of practice strategies and policy shifts that are currently underway:

- Adoption of Signs of Safety approach to support staff in completing a balanced and rigorous exploration of risk alongside indicators of safety.
- Encouraging Family and Natural Support meetings early in the assessment process to meaningfully engage families.
- Reinforcing collaboration with Indigenous communities by initiating connections and communication early on during the assessment process (through First Nations Designate and Métis resource staff).
- Renewing the focus on kinship placement as the first placement, when appropriate, by removing perceived policy barriers.
- Using “Family Finding” strategies to locate and engage relatives of children living in out-of-home care. Focusing on natural opportunities for families to spend time together when children are in care.
- Requiring that in-care consultations include an additional, outside manager to discuss and consider all options prior to removing a child from the family.
- Extending support to young adults leaving the child intervention system by making Support and Financial Assistance Agreements automatic upon a youth's 18th birthday, and extending eligibility to the age of 24 (from 22).
- Implementing an outcomes-based approach to service delivery through close relationships with contracted agency partners, families and communities.
- Partnering with agencies such as the Zebra Child Protection Centre and the Sheldon Kennedy Child Advocacy Centre to provide specialized and multidisciplinary approaches to vulnerable populations related to children suspected of being physically and sexually abused.
- Aligning Child and Family Services learning and development curriculum to child intervention competencies, principles, practice and outcomes.

## **Child Intervention Quality Assurance Improvements**

### **Child and Family Services Recommendations Approach**

Rigorous process developed and implemented to support consistency in:

- Collaborating with recommending bodies to support clarity on their intended outcome.
- Reviewing recommendation relevancy against the current policy, practice and legislative context.
- Developing of action plans and identified leads for accepted recommendations.
- Drafting public responses to support clarity of intent on behalf of the ministry.
- Tracking and reporting on progress.

### **Child Intervention Standards**

Council has worked in partnership with CFS to report the Standards results in this annual report.

- Standards were developed to be indicators of practice and the quality of services provided to children, youth and families.
- The Standards are measured through file reviews, reflect key areas of focus for the child intervention program in Alberta and are intended to complement and align with policy and legislation.
- Child and Family Services (CFS) regions and Delegated First Nation Agencies (DFNAs) use information from the Standards File Reviews to enhance service delivery.

### **Child Intervention Data Management System**

Database developed and implemented to support collaboration, information sharing and public reporting. The database is a case management tool that supports reporting on a child death and serious injury by tracking recommendations and providing progress updates.

## **Knowledge Management and Mobilization**

A systematic approach to:

- Ensuring ready and available access to knowledge and collective expertise to improve decision making through intentionally capturing, using and leveraging what people know.
- Supporting a suite of services and tools that enhances the two-way connection between knowledge products (reports, evaluations, etc.) and knowledge users.

Council continues to work with CFS to enhance the Knowledge Management and Mobilization activities in efforts to continue improving the child intervention system.

### **Internal Child Death and Serious Incident Review Process**

This is a consistent and comprehensive approach following a death or serious incident involving a child receiving child intervention services. If a child or youth dies while in care or receiving intervention services:

- Child intervention workers offer family members support and if required, referrals for family and/or individual counselling.
- Family members are assisted with arranging the funeral and contacting extended family members. Funeral costs are paid for children in care.
- Child intervention workers and the child's caregivers are offered support, which may include group debriefing as well as assistance in arranging independent individual counselling.
- An Initial Examination of the circumstances is conducted on all child deaths. A Support Team reviews the information and makes recommendations to the Statutory Director. If recommended, a further comprehensive review of the incident is conducted.

## 6. EVALUATION OF THE STATUTORY DIRECTOR'S ACTIVITIES

As mandated in *The Child, Youth and Family Enhancement Act*, the Council is required to evaluate the director's activities and strategies for the purpose of providing evidence-based advice for the improvement of intervention services. Key activities and strategies were provided by the Child and Family Services division; Council completed a high-level evaluation of these accomplishments. This is the first year that the Council has participated in conducting an evaluation. The method used reflects a generalized analysis of whether the director's activity met measures of improvements for intervention services. Going forward into future reporting years a more robust and technical evaluation method may be desirable.

A ranking system combined with two different quality assurance frameworks were used to complete the evaluation of all the activities that the director listed on page 24- 26 of this annual report. A four-point ranking system was used to determine the activity's status in meeting the desirable quality assurance outcomes as assessed by the Council. The four possible rankings are:

Ranking	Description
A	<p>The activity supports improving the quality of the child intervention system</p> <ul style="list-style-type: none"> <li>• The activity reflects effective practices.</li> <li>• The activity is intended to improve the child intervention system.</li> <li>• The activity contains/reflects quality assurance and continuous improvement processes.</li> </ul>
B	<p>The activity is partially supports improving the quality of the child intervention system</p> <ul style="list-style-type: none"> <li>• The activity is in progress or is partially met.</li> </ul>
C	<p>The activity does not support improving the quality of the child intervention system</p> <ul style="list-style-type: none"> <li>• The activity does not align with effective practice.</li> <li>• The activity does not reflect the practicalities of the current system.</li> <li>• Further work should be undertaken to align this process with the department's values, commitments and outcomes.</li> </ul>
D	<p>Unable to comment</p> <ul style="list-style-type: none"> <li>• Insufficient information available to properly evaluate.</li> <li>• Insufficient time available to properly evaluate.</li> <li>• Not applicable. Activity is outside the scope of Council's mandate to evaluate.</li> </ul>

Two frameworks were used to assess the activities and are described as:

Evaluation Framework	Description
Quality Assurance and Continuous Improvement Process	A structured process of activities intended to help demonstrate performance. Key stages are considered to ensure that quality services are being delivered and continuously improved.
Child Intervention Service Quality Framework	A quality assurance lens which represents best practices as described by children, youth and caregivers of the child intervention system. Quality descriptors are used as standards to assess the achievement of quality.

Overall, the activities and strategies reported by the director were evaluated to be on target or in progress with improving the quality of the child intervention system. The following table is a summary of the evaluation of the director's activities as provided by Council. In instances when more than one ranking could be applied to the category due to multiple activities being evaluated, the ranking of the greatest majority was selected. Based on information given and that the Council is in the first year of evaluation, we are providing these rankings:

Ranking	Activity
A	Child Intervention Practice Framework
B	Improvements to the Child Intervention System
B	Quality Assurance Activities to Support Continuous Improvement

The rankings were determined through a discussion of the activities and using the two evaluation frameworks as assessment tools. For some activities, there was consensus that the activity was positive and would improve the child intervention system. Council's observation is that for some of the activities, the stages of implementation vary across the province. Of note was that the division of Child and Family Services has not completed a formal evaluation of key activities. The Council suggests that a formal independent evaluation may be beneficial.

The Council would like to acknowledge the efforts made by all staff, divisions and partners who strive to improve quality for intervention services. Collaborating and striving for excellence signifies a commitment to the core values of the ministry and a commitment to improving the quality of the child intervention system.

## 7. COUNCIL FINANCIALS

The figures below provide a summary of the budget and the actuals for the 2014/2015 fiscal year.

Expenses for Council members are disclosed under the *Public Disclosure of Travel and Expenses Policy*. Employees of the Alberta Public Service who also function on the Council as members do not receive honoraria as noted under Schedule B of *Ministerial Order No. 2011-23* referring to Appendix 3 of the *Order in Council 466/2007*.

### 2014/2015 BUDGET & ACTUALS<sup>13</sup>

Account Description	2014/2015 Budget Estimate	2014/2015 Actual Expenditures
Manpower	876,000	458,739
Supplies and Services		
Travel	30,000	16,030
Honoraria	150,000	174,428
Contract Services	420,000	307,109
Hosting	8,000	3,411
Other Materials/Supplies	16,000	10,549
<b>Total Supplies and Services</b>	<b>624,000</b>	<b>511,527</b>
<b>Total</b>	<b>1,500,000</b>	<b>970,266<sup>14</sup></b>

<sup>13</sup> The budget estimate for 2014/2015 includes manpower for four full time staff (Executive Director, two analysts and one administrative coordinator). Due to delays in hiring, actual costs for manpower and contract services differs between estimates and actuals as the administrative support is staffed through a contracted agency. Contract services include administrative support, legal services and expert consulting. Other materials/supplies includes freight and postage, rental, telephone and communications, and materials and supplies. The Council's expenses are part of the Human Services Financial Statements.

<sup>14</sup> The difference between this year's estimate and expenditure is a result of some temporary staffing vacancies, the reduction of one Council member and lower than expected contract expenditures.





