



Child and Family Services Council  
for Quality Assurance

ANNUAL REPORT  
**2015/2016**

Since the end of the 2015/2016 fiscal year, the names of the Child and Family Services Council for Quality Assurance; Strategic Planning, Policy and Quality Assurance Division; and Child and Family Services Division have been revised. In January 2017, a new ministry of Children’s Services was created to take forward certain responsibilities, including child intervention, from the former ministry of Human Services. As the contents of this report relate to the activities and functions of the Council for the 2015/2016 fiscal year, the names have remained consistent with the reporting period and the changes will be reflected in the CQA 2016/2017 Annual Report.



## MESSAGE FROM THE CHAIR

On behalf of the Child and Family Services Council for Quality Assurance, I am pleased to present the Council's 2015/2016 Annual Report, highlighting our activities and accomplishments.

Throughout the year, the Council has focused its efforts on advancing quality assurance within Alberta's child intervention system, while at the same time building capacity and adjusting our structure to better meet our legislated mandate. Marked with a change in government and a new Minister of Human Services, the Council has continued to provide arm's length multidisciplinary advice to the ministry. In September of 2015, I was appointed as Chair of the Council bringing stability and continuity of leadership. As well, during the year, all Council members were re-appointed for two six-month terms.

An important accomplishment this year was the completion of the Child Intervention Service Quality Framework which will have a lasting impact on the delivery of intervention services in Alberta. The Council has also contributed to the review of incidents of serious injury and death of children receiving child intervention services, and provided feedback on ministry initiatives from our multidisciplinary perspective.

These successes, learnings and changes have challenged us to remain flexible and focused on achieving our legislated mandate. We have been adaptable and made great progress amidst the many and varied activities within the ministry. I am continually inspired and heartened to see the shared passion for improving the quality of child intervention services among the partners with whom the Council collaborates to achieve its mandate. While our roles, responsibilities and accountabilities vary, there is a unified vision to make a difference in the lives of the children, youth and families we serve.

I would like to thank our Council members, staff and ministry partners for their time and expertise as we continue on this challenging and exciting journey.

The Council is honored to have a role in Alberta's child intervention system. It is a privilege to offer objective, credible and trusted multidisciplinary advice to promote and improve the quality of child intervention services. As the movement towards creating a culture of quality assurance builds, the work we are doing becomes even more relevant. We look forward to championing the spirit that is helping to shape a new paradigm for the child intervention system focused on quality assurance and continuous improvement and achieving better outcomes for children, youth and families in Alberta.

Sincerely,

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



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## 2. 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. 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 by way of reporting to Albertans, through the Minister of Human Services.

By working with partners and stakeholders, the Council upholds its commitment to improving the child intervention system and ensuring Alberta's children, youth and families are supported, protected and enabled. 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.

### 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 and Balance

## MANDATE, ROLE AND SCOPE

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

- identifying effective practices with respect to intervention services;
- collaborating with the 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; and,
- making recommendations to the Minister 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.

## 2015/2016 REPORTING YEAR

The 2015/2016 reporting year marks the fourth year of operations for the Council. During this time, the Council focused its attention on establishing and reinforcing the value of having an arm's length multidisciplinary perspective within a structured approach to quality assurance and continuous improvement.

Efforts were centered on completing the priorities set out by the Minister and exploring new avenues for promoting quality assurance within Human Services. Council member appointments were extended for two 6 month periods in order to complete this work and determine next steps in promoting quality assurance within the ministry. Throughout the year, the Council worked diligently with ministry partners on activities to achieve its mandate.

The Council is supported by the Strategic Planning, Policy and Quality Assurance division and has benefited from the ongoing collaboration of the Child and Family Services division. Accordingly, the Council has been able to provide the Minister with valuable advice on the improvement of child intervention services. Together with the ministry, the Council remains committed to assessing, promoting and improving the quality of services for children, youth, families and caregivers so that when people need help, the best quality supports and services are delivered in order to achieve positive outcomes.



## COUNCIL MEMBERSHIP

Currently, the Council is made up of six members, five of whom are appointed by Ministerial Order and one by virtue of holding the position of Alberta's Child and Youth Advocate.

### **Donna Boulanger, Rn, BN, MCEd. Chair**

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

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*Donna Boulanger 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; published in peer reviewed journals; and presented internationally at health care and education conferences. She 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 member of the Elders' Senate at the Blue Quill First Nation College where she also volunteers as an adjunct professor to support students learning the Cree language. Ms. Cardinal was bestowed an honorary Doctorate in IyiniwKiskeyihtamawin-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 trainer, program coordinator and director of Poundmaker's Lodge Treatment Centre. Since her retirement, Ms. Cardinal has served on the Saddle Lake Kinteayak Board and on the Education Board. She currently serves on the Child Welfare 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, United States, 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 boards of numerous non-profit organizations at the local, provincial and national levels.*

### **Kent Henderson**

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

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*Kent Henderson has over 25 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**

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

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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. She serves as the Chair of the Prairie Provinces and Territories Educational Program, a committee of the Canadian Provincial Judges' Association; Co-Chair of the "Learning at Lunch" program of the Calgary Provincial Court Criminal Division; member of the Mental Health Court Liaison Committee; and, as a member of the Calgary Stampede Western Art Auction Committee.*

### **Del Graff, BSW, MSW**

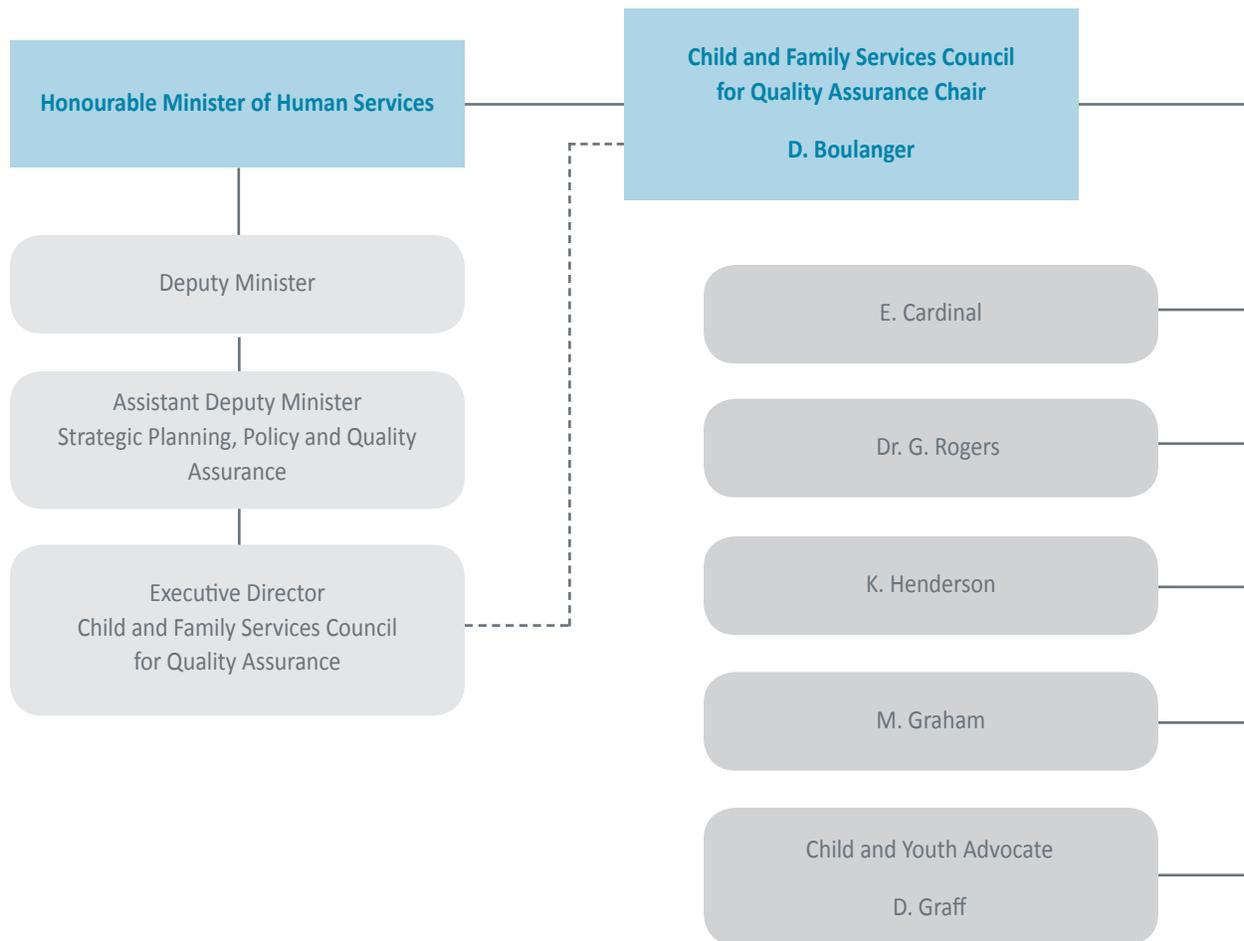
*Child and Youth Advocate and Vice-President of the  
Canadian Council of Child and Youth Advocates*

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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.*



## ORGANIZATIONAL STRUCTURE



As of March 31, 2016

## 3. COUNCIL ACTIVITIES AND ACCOMPLISHMENTS

### OPERATIONAL ACTIVITIES

#### COUNCIL MEETINGS

During the 2015/2016 fiscal year, the Council met on ten occasions through face-to-face meetings in Edmonton and Calgary. Meetings consist of presentations by ministry staff and discussions that focus on initiatives within the ministry and the child intervention system. Equipped with this information, the Council uses its arm's length, multidisciplinary perspective to formulate their advice and recommendations.

#### 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. In order to develop effective and meaningful advice and recommendations, the Council relies on a strategic and operational work plan. Created in collaboration with the ministry, the strategic work plan is based on the Council's legislated mandate; its vision, mission, and values; and priorities identified in cooperation with the Minister. From here, an operational work plan provides the functional schedule to ensure quality performance.

In 2015, the Minister and the Council identified three priorities for the 2015/2016 year:

- Complete the Child Intervention Service Quality Framework.
- Complete a review of all outstanding cases of serious injury and death.
- Complete the 2014/2015 Annual Report.

In addition, the Council continues its efforts in other areas of operations. These include receiving initial reports of serious injury and death of children receiving intervention services; completing reviews of incidents reported to the Council through the Report Review Sub Committee (RRC); providing feedback to the Office of the Child and Youth Advocate on the terms of reference for their investigative reviews; maintaining compliance with the *Alberta Public Agencies Governance Act*; reviewing documentation and presentations by department staff; and providing multidisciplinary advice and recommendations. The activities and accomplishments of the Council are described below.

### KEY ACCOMPLISHMENTS

#### SERVICE QUALITY FRAMEWORK

As mandated by the *Child, Youth and Family Enhancement Act*, as well as being a priority set out by the Minister, the Council is pleased to have completed the Child Intervention Service Quality Framework (SQF).

The Service Quality Framework was developed by the Council in partnership with Human Services' Child and Family Services division and the Strategic Planning, Policy and Quality Assurance division. In addition, the project benefitted from the assistance of the Alberta Centre for Child, Family and Community Research (ACCFRC) and from the insights of an Advisory Committee involving ministry staff and academic, research, Indigenous and agency representatives who participated throughout and contributed to the final version.

To assist in the development of the SQF, a comprehensive research document entitled “*Alberta Child Intervention Service Quality Framework*” was produced by a research consultant from the ACCFCR. The document included the project charter; literature review; environmental scan; secondary analysis of the comments from the ministry’s 2011 community conversations with Indigenous people; input from child intervention key opinion leaders; and results from engagement with service recipients.

The engagement phase was particularly important in the development of the SQF as it involved directly engaging service recipients in a conversation about “*quality*”. The perspectives shared by children, youth, families and caregivers, including representatives of the Indigenous community, related to “*how*” they describe quality services. Identifying these quality characteristics, expressed in the service recipients own terms, allowed the Council to better ensure that the development of the SQF was inclusive.

### Child Intervention Service Quality Framework (SQF)

Quality assurance activities measure success and identify areas for improvement so that when people need help, the best quality supports and services are delivered and service recipients experience positive outcomes. Human Services demonstrates its commitment to quality assurance by researching, testing, delivering and evaluating quality assurance approaches. In the child intervention system, traditional quality assurance initiatives range from administrative case reviews, periodic research studies, regular statistical compliance reports, or comprehensive examinations of the system involving all of these elements. While these activities hold value from a quality assurance perspective, they focus heavily on procedural compliance.

Recent changes in the child intervention system have moved it from a compliance-focused approach to a greater emphasis on supporting family centered practice and achieving child centered outcomes. Efforts are continuously made to improve services, achieve positive outcomes, and better meet the needs of service recipients. Rather than only assessing if the service complied with policy and legislation, it is important to assess the quality of the service and the impact of the interaction between people needing help and those providing it.

As an assessment and evaluation mechanism the SQF is unique in that it assesses quality from the perspective of the service recipient. It examines how individuals experience the support and services provided by Human Services and how these services make a difference. It provides a greater understanding of the quality of the services, the impact of the services on the individual and how improvements will impact the day-to-day lives of Albertans.

The SQF supports Human Services’ mission to improve the quality of life for Albertans by delivering respectful, adaptive supports and innovative, prevention-focused programs and policy. Combining this mission with the Alberta Public Service core values of respect, accountability, integrity and excellence creates the ideal conditions for the delivery of quality supports and services.

### Defining Quality

Used in the development of the SQF, the definition of quality combines the notion of a desire to achieve excellence with the expectation that delivering quality services should result in positive outcomes for children, youth, families and caregivers.

### The Definition of Quality Used in the Development of the SQF

*Quality in child intervention is a commitment to excellence in the services Albertans receive that is continuously assessed to ensure that legislation, policy, programs and practice are aligned to contribute to the achievement of the child intervention outcomes.*

Inherent to this definition are the voices of the children, youth and families who receive intervention services. In order to know whether quality services are being provided, it is important to have an understanding of the characteristics that define quality from a service recipient’s perspective. This knowledge sets the foundation for measurement, analysis, evaluation and makes up the structure of the SQF.

To help explain the SQF, a graphic was created along with a description of the framework.

# Service Quality Framework for Child Intervention



## Honesty

I value honesty and I want to have the truth clearly explained to me, even when it may be difficult. It is important to honour the commitments and plans we make together.

## Respect

Please listen to what I have to say and treat me respectfully. Please be patient and understand how my culture may contribute to who I am.

## Strong Relationships

I am more likely to thrive if I build a strong and lasting relationship with a worker who believes in me. People who support me have a profound impact on my life.

## Being Available and Responsive

I want to reach out to you for help, but this is not always easy for me. When you respond to my requests I feel supported. When you are available to me I believe that you are invested in helping me and my family.

## Accept Me

Please accept me for who I am and give consideration to what I may have been through. Sharing my past can be difficult; I will be more open if I know that I will not be judged or blamed.

## Teamwork

I need to feel that I am part of the team. Together we are creating and contributing to the solution.

## Empowerment

Help me find my strength and encourage me to build on my experiences. I need your help finding resources that will help me be successful.

## What is the Service Quality Framework?

Uniquely, the Service Quality Framework defines the characteristics of quality, known as quality descriptors, from the perspective of the children, youth, families and caregivers who interact with the child intervention system. The SQF promotes and assesses quality assurance, system enhancement and quality improvement initiatives at an individual, program and system level. The purpose of the SQF is to:

- articulate a common understanding of quality for all child intervention service recipients;
- assist in the consistent measurement, monitoring and reporting on service quality based on the input from a variety of stakeholders including children and families in the system;
- analyze and explain current trends, emerging issues and opportunities to improve the legislation, policies, programs and practice guiding service delivery in the child intervention system; and,
- help develop and identify appropriate and sustainable solutions to improve outcomes for children, youth, families and caregivers.

The SQF provides a structure for gathering and using information which will inform and improve: strategic planning, decision-making, innovation, resource allocation, practice and programs. In the future, the data collected from the SQF will be used to inform evaluation and continuous improvement within Human Services and the child intervention system. By incorporating child, youth and family quality descriptors together with other quality assurance mechanisms within the ministry and the child intervention program, the SQF creates a holistic approach for assessing quality.

## Quality Descriptors

The circle of overlapping puzzle pieces in the SQF graphic contains the quality descriptors. The descriptors are visualized as puzzle pieces to reflect the strong interconnection between each descriptor. To develop these descriptors, children, youth, families and caregivers were asked to describe what factors contribute to a positive service experience and what factors create a negative service experience.

All children, youth, families and caregivers who participated in the engagement process used similar words to describe quality. The descriptors were the same regardless of cultural background or their experience (positive or negative) with the child intervention system.

Honouring the voice of the service recipient is a core component of defining quality and a unique feature of the SQF. Visually, the quality descriptors envelop all other components of the framework and allow the perspective of the service recipient to permeate and cascade into areas where services are delivered.



The quality descriptors included in the Service Quality Framework are:

What it means/ What service recipients said	What it means/ What service recipients said
 <p>Honesty</p>	I value honesty and I want to have the truth clearly explained to me, even when it may be difficult. It is important to honour the commitments and plans we make together.
 <p>Respect</p>	Please listen to what I have to say and treat me respectfully. Please be patient and understand how my culture may contribute to who I am.
 <p>Strong Relationships</p>	I am more likely to thrive if I build a strong and lasting relationship with a worker who believes in me. People who support me have a profound impact on my life.
 <p>Being Available &amp; Responsive</p>	I want to reach out to you for help, but this is not always easy for me. When you respond to my requests I feel supported. When you are available to me, I believe that you are invested in helping me and my family.
 <p>Accept Me</p>	Please accept me for who I am and give consideration to what I may have been through. Sharing my past can be difficult; I will be more open if I know that I will not be judged or blamed
 <p>Teamwork</p>	I need to feel that I am part of the team. Together we are creating and contributing to the solution.
 <p>Empowerment</p>	Help me find my strength and encourage me to build on my experiences. I need your help finding resources that will help me be successful.

### Child Intervention Legislation, Policy, Programs, Supports and Services

The inner circle in the graphic identifies the importance of legislation, policy, programs, supports and services and relates to the Service Quality Framework's definition of quality. The child intervention system is legislated through the *Child, Youth and Family Enhancement Act* with policies, programs and practice mandated through

the Ministry of Human Services and the Child and Family Services division. These components form the foundation of child intervention services in Alberta. As such, these elements directly influence the quality of the services provided and how the services are received and experienced by service recipients.

### Child Intervention Practice Framework Principles

The centre of the SQF graphic represents the Child Intervention Practice Framework (CIPF), which describes quality practice from the perspective of child intervention staff. It serves as the guiding approach for professionals delivering child intervention supports in Alberta. The framework is a set of principles and elements of best practices that support an environment where family strengths are recognized and children and youth are respected and supported.

The six principles of the Child Intervention Practice Framework are:

- Aboriginal Experience:** Aboriginal peoples have their own ways of ensuring that members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.
- Preserve Family:** We believe children and youth should be safe, healthy and living with their families. We focus on preserving and reuniting families and building on the capacity of extended family to support children, youth and families.
- Strengths-based:** Our approach is reflective, culturally responsive and strengths-based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process.
- Connection:** Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their spiritual beliefs and have a plan for their care where they are included in the decision-making process.
- Collaboration:** We are child-focused and family-centered. We collaborate with families, community agencies and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

- **Continuous Improvement:** Our casework is transparent and we share information appropriately. Our approach is outcome-oriented and evidence-based; we support innovative practice, evaluate our performance and strive for continuous improvement.

### Alignment with Child Intervention and Ministry Outcomes and Quality Assurance Approaches

Highlighting the unique perspective of the service recipient, the Service Quality Framework also recognizes the need to align with broader quality assurance and performance management approaches.

At a program level, the SQF visually includes reference to the practice principles embedded in the Child Intervention Practice Framework (CIPF) and the legislation, policy, programs, services and supports that make up Child and Family Services, but it also takes into consideration child intervention outcomes. The child intervention outcomes are key components in establishing the desired outcomes for children, youth and their families. They are statements that describe how stakeholders will know that the system has been successful and provide a clear link between the supports and services offered by the child intervention system and the other social programs within Human Services.

The outcomes for child intervention are:

- Vulnerable children have the support they need to live successfully in their communities.
- Children in temporary care are quickly reunited with their families.
- Children in permanent care are quickly placed in permanent homes.
- Youth make successful transitions to adulthood.
- Aboriginal children live in culturally appropriate homes in which their unique cultural identity is respected and fostered.

Together, the practice principles link to the service quality descriptors that link to the child intervention outcomes. It is expected that when staff apply the principles of the CIPF, the quality of services experienced by children, youth and families improves, ultimately leading to more positive outcomes for children, youth and families receiving services.

At an organizational level, these components also align with elements within the Human Services Performance Management Framework (PMF). The PMF contains the overarching outcomes and priorities of the ministry; it is the structure providing guidance to all ministry operations ensuring that programs are on track and align with the strategic plan. The PMF is comprised of three outcome measurement frameworks:

- **Ministry Outcomes Measurement Framework** – what Human Services is trying to achieve for Albertans.
- **Quality Assurance Framework** – what quality means in Human Services and the criteria to assess the quality of services.
- **Workplace Culture Outcomes Measurement Framework** – what makes Human Services a great place to work.

As a result, outcomes from the child intervention system link to ministry outcomes, just as quality descriptors from the SQF align with dimensions of quality in the Human Services Quality Assurance Framework. Moreover, it is a recognition that there is a connection between the culture of an organization or program and the ability to offer quality services, and a correlation between quality services delivered and an organization's or program's ability to achieve intended outcomes. The SQF acknowledges these relationships and believes that in order to be successful, consistency between all levels is essential.

### Moving Forward

The Service Quality Framework is an innovative step forward for assessing the quality of child intervention supports and services. The SQF offers a practical method of capturing the perspective of children, youth, families and caregivers receiving supports and services from child intervention services.

To build on the commitment to excellence and accountability, the SQF offers a method to measure and assess the quality of supports and services as experienced and described by the service recipient. The SQF adds value by:

- assessing the client's experience;
- promoting the development of measures and indicators to facilitate the inclusion of the SQF in ongoing evaluations within the ministry and child intervention;
- being a foundation for gathering and using data to inform strategic planning, decision-making, innovation and to improve programs and practice within the child intervention system; and,
- aligning the service delivery experience with outcomes as identified in the Human Services Performance Management Framework and the child intervention outcomes.

The SQF can be used to evaluate practice and programs to help ensure all Albertans have access to excellent supports and services that meet their needs.

The Council is excited to see the integration of the SQF into the child intervention system. It looks forward to collaborating with the ministry and participating in the ongoing development and application of the framework.

## REPORT REVIEW COMMITTEE (RRC)

As mandated by the *Child, Youth and Family Enhancement Act*, 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 to determine whether a formal review is required. To facilitate this function, the Council's Report Review Sub-Committee (RRC) reviews these incidents to determine if an Expert Review Panel (ERP) or Quality Assurance Committee is necessary and to bring recommendations to the Council. The Council makes a final determination and reports its decision to the Statutory Director.

From the 2013/2014 fiscal year, the Council carried over ten reports of incidents of serious injury and death of children in the custody or guardianship of the Director. There were 38 reports of serious injury (8) and death (30) of children receiving child intervention services in the 2014/2015 year. During this reporting period the RRC completed a review of the ten reports outstanding from 2013/2014 and 21 reports from 2014/2015, for a total of 31 cases reviewed in this period.

The RRC provided advice, or made practice or procedure considerations in 11 cases, however, some cases received multiple recommendations resulting in 18 specific recommendations or observations made with the intention of improving practice and procedures in the child intervention system. Two cases received a recommendation that a more in-depth internal review occur. Council members felt that a further comprehensive review would be beneficial to identify learnings to prevent similar incidents from occurring in the future.

By conducting a robust review and analyzing all 31 cases, the RRC was able to provide a global examination of these matters resulting in recommendations grouped into themes. Two unique themes emerged related to child-centered practices and working with high-risk children. The RRC shared these findings with the Child and Family Services division to inform ongoing discussions about improvements to delivering services to children, youth and families. As one of its priorities, the Council is pleased to have these reviews completed and will continue to fulfill their mandate in this regard.

## CHILD AND YOUTH ADVOCATE'S INVESTIGATIVE REVIEWS

By virtue of the position, the Child and Youth Advocate is also a member of the Council. As a result, the Council has a unique role in bridging internal and external quality assurance mechanisms within the child intervention system. In this sense, both bodies benefit from sharing their own distinct perspectives and using this feedback to inform their own processes.

The Child and Youth Advocate is legislated to ensure that the rights, interests and viewpoints of the most vulnerable children and youth in the provincial government systems are heard in matters affecting those children and youth. The Child and Youth Advocate investigates systemic issues related to the serious injury or death of a child receiving intervention services and makes recommendations to improve child intervention services. To do this, the Child and Youth Advocate prepares terms of reference for each investigative review and seeks input from the Council. Over the 2015/2016 year, Council reviewed nine draft terms of reference presented by the Child and Youth Advocate. As part of this process, the Council provided insight and suggested avenues to explore to complete a comprehensive investigation of each incident and identified questions to consider as part of the investigative review process.

Participating in this process, along with its own role in conducting reviews, emphasizes the Council's value as an arm's length multidisciplinary quality assurance body. The Child and Youth Advocate notes his appreciation for the thoughts, suggestions and input from the Council over the past year and looks forward to ongoing collaboration.

## ADVICE ON INITIATIVES

### Expert Review Panel

As a function of its mandate, the Council has the ability to recommend an Expert Review Panel (ERP) for the purpose of conducting an in-depth review of incidents of serious injury and death of children and youth receiving intervention services.

In 2014, the Council recommended the appointment of two ERPs. One ERP originated due to incidents of serious injury and death of children or youth in the care of the intervention system in 2012/2013. The other ERP originated due to three incidents of youth who died by suicide while in the care of the child intervention system in 2012/2013.

Since that time, there has been considerable changes to the child intervention system and significant activities undertaken surrounding youth suicide which led to the Council to reconsider the need of both ERPs. After careful consideration, and based on many factors that have influenced the change in circumstances, the Council concluded that the public interest would not be served by appointing these ERPs and accordingly, the Council withdrew its recommendation in 2015/2016. The Council remains focused and vigilant concerning these topics to ensure that learnings from these incidents are gained in order to prevent similar incidents from occurring in the future.

### Child Intervention Recommendation Approach and Tracking System

The child intervention recommendation approach provides a process for receiving, reviewing, accepting and responding to recommendations within the child intervention system. Supporting the implementation of this approach, a tracking system was identified as a priority of the Council in 2014/2015.

During the last two years, the Council received details on the approach and process, and a demonstration of the Child Intervention Management Data System. Supporting its development, the Council shared its advice and feedback from a multidisciplinary vantage and is encouraged with the comprehensive work-to-date on the approach, process and tool.

### Human Services Integrated Service Delivery

As part of the government's commitment to achieving better outcomes for Albertans, Human Services is working to ensure service delivery is integrated, transparent, person-centered and collaborative. To achieve this vision, a person-centered integrated service delivery approach is being developed. This system will focus on the individual's unique needs and circumstances, resulting in a system easier to navigate and better help Albertans receive the programs and services they need.

The Council appreciates the efforts of the ministry to provide a system of services that is coordinated, seamless and tailored to the needs of the clients. These qualities are consistent with those identified in the Child Intervention Service Quality Framework. The Council recognizes this alignment and as the work of this initiative grows, the Council will continue to look for opportunities to support and encourage it through its specific lens.

### Partnering for Success

During this year, the Council has continued to connect with ministry partners to receive information, share observations and provide advice on current ministry activities and strategies. In addition to collaborating with ministry divisions such as Strategic Planning, Policy and Quality Assurance, Child and Family Services and Common Service Access, the Council also met with members from the Aboriginal Engagement Strategy division.

Having an understanding of the Aboriginal Engagement Strategy division's mandate, key programs and services, and areas of responsibility have allowed the Council to better appreciate the social based challenges faced by Aboriginal peoples. The Council recognizes and values the insight of the Aboriginal Engagement Strategy division and looks forward to working together to help promote and improve the quality of services within the child intervention system.

## Other Mandated Functions

Governance and other mandated responsibilities are also included in the Council's activities and accomplishments for the year. As a priority outlined by both the Minister and a legislative requirement, the Council focused on completing its 2014/2015 Annual Report. With recent amendments to the *Child, Youth and Family Enhancement Act*, the 2014/2015 Annual Report was the first to include a report regarding the director's activities, strategies and standards for improving the quality of intervention services and an evaluation of the activities and strategies.

The Council is grateful to Child and Family Services for their participation in providing information and receiving feedback. As a structured quality assurance mechanism, the Council is highly supportive of this function and looks forward to ongoing collaboration as the process of evaluation is refined and improved.

In addition, the Council ensured its compliance with the *Alberta Public Agencies Governance Act* by conducting its annual performance assessment for the Chair, individual members and the Council as a whole.

## DISCUSSION OF KEY FACTORS THAT INFLUENCED PERFORMANCE

The Council is pleased with the completion of the Service Quality Framework, along with the other activities accomplished this year. This work would not have been possible without the dedication of staff and ministry support.

The Council's ability to work in concert with the ministry, has been key to its success. The value of the Council has been recognized through its hard work as an arm's length multidisciplinary body that provides objective and trusted advice. The Council is grateful for the ministry's partnership and collaboration.

During 2015/2016, the work of the Council predominately focused on completing existing priorities and maintaining its mandated functions. This was due mainly to the two six-month appointments of Council members. The Council anticipates further discussion with the Minister regarding the future of quality assurance and its application for Child and Family Services and the Human Services ministry as a whole. Reflective of this strategic vision, long- and short-term priorities for the Council can be shaped and aligned with subsequent member appointments.



## 4. 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. Figure 1 provides the average monthly number of children and youth receiving child intervention services for 2015/2016.<sup>1</sup>

**FIGURE 1**

Average Monthly Number of Children and Youth Receiving Child Intervention Services <sup>2</sup> by Racial Status, 2015/2016			
	Children and Youth Not In Care	Children and Youth In Care	Total
Indigenous <sup>3</sup>	1,030	4,753	5,783
Non-Indigenous	1,760	2,146	3,906
<b>Total</b>	<b>2,790</b>	<b>6,899</b>	<b>9,689</b>

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

<sup>2</sup> For the analysis in this report, In Care includes Permanent Guardianship Order, Permanent Guardianship Agreement, Emergency Apprehension, Apprehension Order, and Custody Agreement with Guardian, Custody Agreement with Youth, Temporary Guardianship Order, Interim Custody Order and Custody Order. Not in Care includes Family Enhancement agreement with Guardian, Family Enhancement Agreement with Youth, Open Under Assessment, Interim Access Order and Supervision Order.

<sup>3</sup> Indigenous is defined as Status Indian, Potential to be Registered, Non-Status Indian, Métis, Inuit and Unknown Indigenous.

Figures 2-5 are based on reports received by the Council of incidents of serious injury and death of children and youth who were receiving child intervention services at the time of the injury or death. Figures 2 and 2A show the reports broken down by serious injury and death. The Council receives reports of serious injury and 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, 2015/2016</b>			
	<b>Indigenous</b>	<b>Non-Indigenous</b>	<b>Total</b>
<b>Deaths</b>	10	8	18
<b>Serious Injury<sup>4</sup></b>	0	2	2 <sup>5</sup>
<b>Reports received by the Council</b>	<b>10</b>	<b>10</b>	<b>20</b>

**FIGURE 2A**

<b>Reports of Death of Children and Youth Receiving Child Intervention Services by Manner of Death, 2015/2016</b>			
<b>Manner of Death<sup>6</sup></b>	<b>Indigenous</b>	<b>Non-Indigenous</b>	<b>Total</b>
Accidental	2	0	2
Homicide	0	0	0
Medical (natural)	3	0	3
Pending <sup>7,8</sup>	4	6	10
Suicide	1	1	2
Unclassified	0	0	0
Undetermined	0	1	1
<b>Reports received by the Council</b>	<b>10</b>	<b>8</b>	<b>18</b>

<sup>4</sup> The *Child, Youth and Family Enhancement Act* (CYFEA) 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>5</sup> As one of the serious injuries that occurred in 2015/2016 was reported to the Council in 2016/2017, it will be included in the 2016/2017 statistical breakdown as this is when it was reported to the Council.

<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 May 31, 2016.

<sup>8</sup> As one of the deaths that occurred in 2015/2016 was reported to the Council in 2016/2017, it will be included in the 2016/2017 statistical breakdown as this is when it was reported to the Council.

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**

Reports of Death of Children and Youth Receiving Child Intervention Services by Gender, 2015/2016			
Gender	Indigenous	Non-Indigenous	Total
Female	3	4	7
Male	7	4	11
<b>Reports Received by the Council</b>	<b>10</b>	<b>8</b>	<b>18</b>

**FIGURE 3A**

Reports of Serious Injury of Children and Youth Receiving Child Intervention Services by Gender, 2015/2016			
Gender	Indigenous	Non-Indigenous	Total
Female	0	1	1
Male	0	1	1
<b>Reports Received by the Council</b>	<b>0</b>	<b>2</b>	<b>2</b>

**FIGURE 4**

Reports of Death of Children and Youth Receiving Child Intervention Services by Age Group, 2015/2016			
Age Group	Indigenous	Non-Indigenous	Total
0-5	3	5	8
6-12	0	0	0
13-15	5	2	7
16-17	2	1	3
<b>Reports Received by the Council</b>	<b>10</b>	<b>8</b>	<b>18</b>

**FIGURE 4A**

Reports of Serious Injury of Children and Youth Receiving Child Intervention Services by Age Group, 2015/2016			
Age Group	Indigenous	Non-Indigenous	Total
0-5	0	0	0
6-12	0	0	0
13-15	0	0	0
16-17	0	2	2
<b>Reports Received by the Council</b>	<b>0</b>	<b>2</b>	<b>2</b>

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

**FIGURE 5**

<b>Reports of Death of Children and Youth Receiving Child Intervention Services by Type of Child Intervention Service Received, 2015/2016</b>			
Type of Intervention	Indigenous	Non-Indigenous	Total
In Care	4	2	6
Not in Care	6	6	12
<b>Reports Received by the Council</b>	<b>10</b>	<b>8</b>	<b>18</b>

**FIGURE 5A**

<b>Reports of Serious Injury of Children and Youth Receiving Child Intervention Services by Type of Child Intervention Service Received, 2015/2016</b>			
Type of Intervention	Indigenous	Non-Indigenous	Total
In Care	0	2	2
Not in Care	0	0	0
<b>Reports Received by the Council</b>	<b>0</b>	<b>2</b>	<b>2</b>



## STATUTORY DIRECTOR'S REPORT

As outlined by the *Child, Youth and Family Enhancement Act (CYEA)*, the Council and Child and Family Services are responsible for reporting on the director's activities, strategies and standards for improvement of intervention services. This information is provided as a means of sharing the accomplishments of service delivery and highlighting areas for improvement. The Council has valued this function and looks forward to collaborating with the ministry to better refine and enhance this process.

### CHILD INTERVENTION STANDARDS

The Child Intervention Standards (Standards) align with existing policy and legislation to measure casework practice performance. The Standards focus on safety, well-being and capture the child's experiences.

Standards monitoring and measurement are one component of the child intervention quality assurance process. The standards results help inform policy and practice revision; program development; and areas of improvement. The 2015/2016 Child Intervention Standards Results are presented here.<sup>9</sup>

#### Standard 1: Emergency Response and Safety

This standard measures whether caseworkers responded when a child or youth's immediate safety was considered at risk. "Responding" means that the caseworker visited and saw the child, assessed the situation and took immediate action if there were any concerns about the child's short term safety. This can include contacting police, seeking help from medical/mental health professionals or removing the child from the home. The caseworker, at all stages of involvement (from intake to file closure), will consider the safety of the child when determining response time.

Some factors to consider when assessing the immediate safety of the child are age, medical/health needs, developmental level, abandonment, suicidal ideation and the caregiver(s)' ability or willingness to protect the child.

🔗 Caseworker responded urgently to ensure the safety of the child:

**Provincial Result**  
**97%**

<sup>9</sup> Results for ongoing files are accurate at a 90% confidence level plus or minus 2.3%; results for intakes are accurate at a 90% confidence level plus or minus 2.3%; and results for investigations are accurate at a 90% confidence level plus or minus 2.6%.

### Standard 2: Initial Client Contact

This standard measures the contact that a caseworker makes during the initial safety assessment phase, which is when the Director investigates a report to determine whether a child is in need of intervention under the *CYFEA*. If further involvement is required, this will lead to additional and ongoing contact with a caseworker, which would be measured in Standard 4.

This is a complex process and it is important to get the child's perspective, as well as others in the family whenever possible.

Standard 2 Measures	Provincial Result
Face-to-face contact and interview with the child in need.	85%
Private interview with school-aged child apart from the family.	72%
Face-to-face contact and interview with all other children living in the home who may be at risk.	72%
Face-to-face contact and interview with guardian(s). <sup>10</sup>	81%

### Standard 3: Planning for Permanency

Planning is done to address the child's safety and well-being; stability and continuity of care; and culture and relationships. This is a collaborative and inclusive process involving the child (if capable), caregivers<sup>11</sup> and others such as guardians, extended family, and community.

This standard measures if there is a plan for permanency for each child and if it is being reviewed on a regular basis. A plan must be completed for every child receiving services under the *CYFEA*, though the type of plan will vary based on the legal authority and the child's age.

What "permanency" means will vary depending on each child, family and case circumstances. For some children, it may mean remaining in parental care; for others who cannot be with their parents, it may mean seeking a legally permanent arrangement through adoption or private guardianship.

 Collaborative plan was actively reviewed every three months:	<b>Provincial Result</b> <b>62%</b>
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<sup>10</sup> As per s.1 (1)(l) of *CYFEA*, guardian is defined as a person who is or is appointed to 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>11</sup> Caregiver is defined as a foster care provider, a kinship care provider, or group home/facility staff.

#### Standard 4: Caseworker Contact

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 key to building relationships and providing quality support for the child, and can vary depending on the child and caregiver's needs and circumstances. Several types of contact are measured under this standard.

This standard measures how often the caseworker had meaningful contact with the child, caregiver and guardians (where applicable). In order to fully support the child, guardians, and caregivers, the caseworker must actively build and maintain relationships with each.

Standard 4 Measures	Provincial Result
Monthly contact with child where there is sufficient information related to the child's well-being.	23%
Face-to-face contact every three months where there is sufficient information related to the child's well-being and safety.	59%
Caseworker actively engaged or attempted to engage with the child in order to build a relationship.	88%
The following two measures apply only to cases where the child or youth is in temporary or permanent care:	
Monthly contact with caregiver that was specific to the child's well-being and case plan goals.	29%
Face-to-face contact with caregiver every three months.	45%
The following two measures apply only to cases where the child or youth is in temporary care or parental care:	
Monthly contact with guardians that was supportive and focused on the achievement of safety, well-being and case plan goals.	54%
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 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 will be focused on meeting the cultural goals outlined in the child's case plan.

Standard 5 is intended to gather information to explore cultural connectedness for Indigenous children and to examine whether Indigenous children are receiving support to maintain their cultural connections. Standard 5 measures how many Indigenous children are placed in a family home, in a placement on reserve, or with a caregiver where the home has traditional practice and teachings. If an Indigenous child is not in such a home, the standard measures how many did and did not participate in cultural activities. This standard pertains to all Indigenous children and youth that have open child intervention files.

There were 937 ongoing case files reviewed where the child was Indigenous	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.	650
Of the remaining 287 case files of children	
Children who participate in cultural activities.	267
Children who did not participate in any cultural activities.	20



## Standard 6: Placement

When the Director is appointed as a custodian<sup>12</sup> and/or guardian of a child it is expected that safe environments are provided for children receiving out of home care.

This standard measures whether Children's Services took the proper steps before placing a child in a home to ensure the child would be safe, and for children placed in a home, whether Children's Services addressed issues related to the safety of the child, quality of care or suitability of the placement. This standard applies to children in temporary or permanent care and pertains to their placements such as foster and kinship care homes.

If the placement home is legally required to be licensed/accredited,<sup>13</sup> this standard looks at whether the license is current. For placements that are not legally required to be licensed or accredited (such as kinship homes), this standard looks at whether intervention and criminal record checks were completed, and whether a caseworker visited the home and did a safety assessment.

If concerns are received about a child in care, Children's Services will conduct a comprehensive assessment of the foster or kinship home to assess the well-being of the child, and to identify steps needed to resolve concerns and/or prevent a similar situation. This is done as soon as possible following the report of concern.

Standard 6 Measures	Provincial Result
For children in placements required to be licensed or accredited, the license was current.	98%
For homes that are not required to be licensed or accredited: For children placed in newly opened homes, placement requirement checks were completed.	93%
<ul style="list-style-type: none"><li>• Intervention record checks completed</li></ul>	89%
<ul style="list-style-type: none"><li>• Criminal record checks completed</li></ul>	84%
<ul style="list-style-type: none"><li>• Caseworker assessed the safety of environment</li></ul>	84%
<ul style="list-style-type: none"><li>• Caseworker visited the homes</li></ul>	
For children placed in already opened homes, placement requirement checks were completed.	
<ul style="list-style-type: none"><li>• Current criminal record checks</li></ul>	81%
<ul style="list-style-type: none"><li>• Caseworker confirmed the safety of environment</li></ul>	71%
<ul style="list-style-type: none"><li>• Caseworker completed home visits</li></ul>	83%
Placement issues were addressed by the caseworker.	90%

<sup>12</sup> Custodian is defined as a person who has custody of a child.

<sup>13</sup> All foster and group homes are required to be licensed. Kinship homes are not required to be licensed.

## ACTIVITIES AND STRATEGIES FOR THE IMPROVEMENT OF CHILD INTERVENTION

Described within the Council's Annual Report, the director's activities and strategies are quality assurance initiatives aimed at a practice, policy or program level with the intention of improving the quality of child intervention services. They are focused on enhancing the services and supports for children, youth and families and ultimately contributing to more positive outcomes for those receiving services.

Of the director's activities and strategies undertaken throughout the year, the Council selected those summarized below for their evaluation in 2015/2016 (see Section 5 for the Council's evaluation). The Council continues to monitor work in areas such as the Recommendation Tracking Approach, the Child Intervention Data Management System, Knowledge Management and Mobilization and the Internal Child Death and Serious Injury Review Process. Simply, these activities and strategies were not identified for the purposes of evaluation and therefore not elaborated upon in this section. Focusing on quality assurance and continuous improvement, the Council will continue to collaborate with the director in an effort to monitor and evaluate on the director's activities and strategies for improving the quality of intervention services.

### Child Intervention Practice Framework

Introduced as a fundamental activity and strategy for improving child intervention services in 2014/2015, the Child Intervention Practice Framework (CIPF) continues its development and implementation into this fiscal year. The CIPF is a set of principles and core elements that are intended to be infused throughout the child intervention system – including hiring, training and supporting child intervention workers. The framework supports an environment where family strengths are recognized, and children and youth are respected and supported. The six principles of the CIPF are:

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

As a guiding framework many of the activities and strategies undertaken by Child and Family Services aim to align and support the implementation of the CIPF including those listed for the purpose of this report. Highlighted below are three critical initiatives undertaken to support the implementation and integration of the framework

### Child Intervention Practitioner Competency Profile

In 2013, Human Resources and the Child and Family Services Division jointly undertook the review and revision of the competency profile and behavioral indicators (BIs) developed for the caseworker and assessor front-line roles. The competency profile identifies the skills, knowledge and values required for staff to be successful in their role.

The Child Intervention Practitioner Competency Profile is made up of technical and behavioral competencies, which includes specialized knowledge, skills and abilities required to be effective in the job, they are role specific. These include observable characteristics or behaviors that are critical for individual or team performance and success; focusing on the approach of working towards results in the areas of critical thinking, relationships and achievement. This competency profile complements the Alberta Public Service Competency Profile. Together this creates a competency model that provides a strategic approach for Human Resources and the recruitment process.

As the review of the Child Intervention Practitioner Competency Profile quickly uncovered, it was necessary to revise the caseworker competency profile to reflect the competencies required of all child intervention practitioners. This was done primarily to include the principles and core elements of the CIPF so as to better reinforce and support these strategies, and also to reflect one of the key recommendations from the Aboriginal Recruitment and Retention Initiative. Given the ministry's goal to hire and retain more Aboriginal staff, the competency profiles would need to identify the skills, knowledge and values required of service delivery staff to work effectively with Aboriginal children, families and communities.

After significant effort and through engagement with a variety of stakeholders, Human Resources and Child and Family Services have now finalized that profile. Unique features of the new profile and activities related to development and implementation include:

- A new competency profiling methodology was used and only the critical or essential competencies to be successful in the role are identified.
- Ensuring all Child Intervention (CI) competencies aligned with legislation, and the CIPF as well as cultural guidelines and practice.
- Essential competencies required to work effectively with Indigenous children, families and communities, given the disproportionate number of Aboriginal children in care, and the ministry's commitment to ensuring service delivery staff are able to engage with Aboriginal children and families in a culturally appropriate manner.
- Three categories of competencies (1) foundational - describe the core or essence of the role (2) functional - are technical in nature and pertain specifically to the successful performance in the child intervention role and (3) organizational - that relate to the organization's success as a whole.
- A set of BIs for each competency statement, that a staff and supervisor can review to consider options for learning plans, areas of practice excellence, and progress as a new or experienced worker deepening their skills. An accompanying Samples of Practice document was developed to provide examples of the knowledge, skills and behaviors of a staff that is fully competent at the three year mark.
- A provincially applicable, consistent and comprehensive foundation outlining the essential skills of a service delivery staff that regions may build on.
- The foundation for many human resources tools, including the ChILD Learning Pathway, and ensure learning objectives are in alignment.
- The competency profile will be utilized to redesign the recruitment tools to support all recruitment efforts in hiring staff with the knowledge, skills and attributes required to practice in CI effectively.
- Support for performance enhancement and can be used in the development of performance management tools.
- Allowance for a rewards and recognition program to be developed based on the demonstrated competencies.

The CI Practitioner Competency Profile is foundational to all CI work. As such the remaining competency profiles (kinship, foster care, adoptions, casework supervisor and manager) for all specialized roles will also require realignment.

### Child Intervention Learning and Development (ChILD) Project

Another activity undertaken to support the implementation of the Child Intervention Practice Framework is the ChILD Project. As part of a long-term initiative to review the changes necessary to improve outcomes for children, youth and families in Alberta, Child and Family Services worked collaboratively with Human Resources to create ChILD. This project provides a learning pathway and training development to provide new and experienced service delivery child intervention staff with the functional and organizational competencies to support best practice.

The ChILD project obtained feedback from training recipients about the learning and development content, design and delivery approach through a variety of sources, including online and face to face focus groups. This data was combined with the needs identified by the Child Intervention Practitioner Competency Profile initiative to identify milestone deliverables and produce a foundational, learning and development career pathway approach for all front line case workers. The outcomes of the ChILD project include:

- Successful alignment of current and new CI principles, practices and methods to front-line worker foundational learning & development.
- Training content for staff at all levels will reflect new and best practices including training to support managers and supervisors in developing these practice approaches in their staff.
- Alignment of staff foundational learning & development training curriculums based on the CIPF principles and focused on child intervention outcomes.
- Application of an outcomes-oriented and evidence-based approach to learning and development and the ability to measure learning and development implementation effectiveness and success.
- Monitoring and measuring of learning and

development activities.

During 2015/2016, Child and Family Services have achieved several key milestones in the implementation of this activity:

- The ChILD Interim Delegation Training curriculum has been implemented.
- ChILD Meta-Analysis is complete.
- 113 foundational ChILD learning objectives have been developed.
- The ChILD Organization of Content has been drafted.
- Child and Family Services has commenced the Learning Pathway and Curriculum Design and final approval of the curriculum remains outstanding.

The ChILD learning pathway will provide a solid foundation of training, mentoring and on the job learning that will support practitioners in delivering principle based practice in alignment with the Child Intervention Practice Framework (CIPF). Work on the ChILD Learning Pathway and curriculum content will continue and is being informed by subject matter experts.

### **Child Intervention Practice Framework Evaluation Plan**

In addition to activities that support the implementation of the CIPF, Child and Family Services also undertook the creation of an evaluation plan for the CIPF. Using the evaluation to help inform organizational learning and continuous improvement, the results of the CIPF evaluation may help with understanding what is working well and what can be improved. The evaluation can help to explore how the framework is used in practice and to understand the contributions of the framework toward improved outcomes for children, youth and families.

With the assistance of the Alberta Centre for Child, Family and Community Research (ACCFRCR) an evaluation plan was developed that considered what kind of evaluation to undertake, appropriate methods, design and focus as well as identifying how primary users could potentially use the evaluation. The evaluation planning process included a current situational analysis and the collaborative development of an evaluation plan to help guide the evaluation of the CIPF. Taking a utilization-focused approach, the evaluation plan indicated the need to identify the primary users of the results and design the evaluation with their needs in mind. The CIPF evaluation plan is also aligned to other ministry frameworks including

the Child Intervention Service Quality Framework (SQF) and the Human Services Performance Management Framework (PMF). At the child intervention program level, the CIPF and the SQF are interrelated along with the child intervention outcomes. Together, the practice principles of the CIPF links to the service quality descriptors of the SQF which links to the outcomes. It is expected that when staff are supported and empowered to apply the principles of the CIPF, the quality of services experienced by child, youth and families improves, ultimately leading to more positive outcomes.

This concept directly transcends to the ministry PMF. Comprised of three distinct yet related measurement frameworks (Outcomes Measurement Framework, Quality Assurance Framework, and Workplace Culture Outcomes Measurement Framework), the PMF is based on the premise that achievement of outcomes in one area will enable and promote achievement of positive progress towards outcomes in the other areas. In this sense, there is a connection between the culture of an organization and the ability to offer quality services and a correlation between quality services delivered and an organization's ability to achieve intended outcomes.

The purpose of the CIPF evaluation is to understand how the practice framework is being used as well as what difference the practice framework is making for staff, children and families. The evaluation questions proposed in the plan are intended to address how the framework is used in practice, what is working well, what could be improved, and to explore the contribution of the CIPF toward achieving system outcomes.

The evaluation design is primarily naturalist and descriptive. It does not include an experimental design. For ethical and practical purposes, it is not possible to create control or comparison groups to measure the impact of specific changes in practice. Furthermore, it has been acknowledged that it is not possible to determine causal links between any one program or service and program outcomes within child protection. The design includes retrospective and ongoing analysis of outcome data to monitor trends over time, as well as extensive qualitative data to understand the experience of staff (including front-line, supervisors, management and senior leaders), children and families.

The recommended methods include a combination of qualitative and quantitative data collection. Examples of qualitative data collection methods include key

stakeholder interviews, focus groups, and sharing circles. Examples of quantitative data collection methods include surveys, chart reviews (using quantifiable check-lists) and reviews of administrative and outcome data.

The recommended approach to evaluation is participatory and utilization-focused, with an emphasis on balancing both Western and Indigenous ways of knowing.

The plan identified the primary users and project stakeholders, mapped how the principles of the CIPF are evident within practice, identified data sources as well as developed potential evaluation questions organized by a theory of change and aligned with the ministry PMF model. The plan also outlines a phased approach to evaluation in order for short and long-term targets to be met.

## CHILD INTERVENTION QUALITY ASSURANCE ACTIVITIES

### Service Delivery Accountability Measures

For the 2015/2016 fiscal year, Child and Family Services focused on measuring the performance of service delivery in an effort to improve the quality of intervention services. The intent of the practice file review was to emphasize the practice strategies defined in the principles of the Child Intervention Practice Framework and aligned with approaches such as Signs of Safety. These practice strategies support the five key provincial outcomes that Child and Family Services strives to achieve:

- Supporting vulnerable children to live successfully in the community.
- Children in temporary care will be reunited quickly with their family.
- Children in permanent care will be placed in permanent homes as quickly as possible.
- Youth will be transitioned to adulthood successfully.
- Aboriginal children will live in culturally appropriate placements.

The standards reported by the director are directly related to these outcomes. The Service Delivery Accountability Measures focused on measuring the performance related to these outcomes in the following areas:

- face-to-face contact alone with a child and recorded in the Intervention Services Information System;
- accurate placement information; and,

- accurate legal authority information.

In order to support each service delivery area in improving these three priority measurements, service delivery areas were provided with a monthly report in order to review performance and develop next steps towards increasing these performance measures. Learning sessions were held on: performance measures; system entry requirements; and practice supports available to service delivery areas. There was also opportunity for one-on-one conversations in addition to conversations at the service delivery directors table. Through the regular provision of monthly key performance indicators, service delivery areas are able to review performance and trends to determine needs and actions to ensure continuous improvement in service provision.

## 5. EVALUATION OF CHILD INTERVENTION ACTIVITIES AND STRATEGIES

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 advice for the improvement of intervention services. Using the information provided to the Council on each of the activities and strategies, a high level evaluation is conducted to assess its effectiveness. The evaluation is based on a four-point ranking system to determine whether the activity or strategy supports the quality improvement of intervention services.

A description of the four rankings is listed below. The evaluation, although simple in its design, is intended to stimulate conversation and collaboration between the Council and the ministry more so than to provide a judgement of the work undertaken.

Ranking	Description
S	<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>
PS	<p>The activity 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>
NS	<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 needs 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>
UTE	<p>Unable to evaluate</p> <ul style="list-style-type: none"> <li>• Insufficient information available.</li> </ul>

The activities and strategies described on pages 26-31 have been organized into two categories: Child Intervention Practice Framework and Quality Assurance Activities that support continuous improvement. The following table is a summary of the evaluation of the director's activities which were selected to be evaluated in 2015/2016.

Ranking	Activity
UTE	Child Intervention Practice Framework <ul style="list-style-type: none"> <li>• Child Intervention Practitioner Competency Profile</li> <li>• Child Intervention Learning and Development (ChILD) Project</li> <li>• Child Intervention Practice Framework Evaluation Plan</li> </ul>
S	Quality Assurance Activities <ul style="list-style-type: none"> <li>• Service Delivery Accountability Measures</li> </ul>

The rankings were determined through discussion and applying the ranking system. Overall, the activities and strategies reported by the director were evaluated to be in progress of improving the quality of intervention services. For the Child Intervention Practice Framework and related activities, there was consensus that the activities seemed positive and have potential to improve the child intervention system; however, as these activities and strategies were still in development or in progress, the Council was unable to evaluate in a more fulsome way. It is noted that as implementation of these activities and strategies continue, the ministry looks for ways to connect the deliverables with the achievement of standard results or with service recipient experience as defined in the Service Quality Framework. Having this ability to demonstrate the effectiveness of activities and strategies is grounded in principles of quality assurance and continuous improvement and will ultimately lead to the improvement of child intervention outcomes.

For the Service Delivery Accountability Measures, there was a general consensus that significant improvement was reported in this area with the implementation of monthly key performance indicators. Monitoring of this strategy will ensure continuous improvement.

The Council would like to acknowledge the efforts made by all staff, divisions and partners who strive to improve the quality of child intervention services. Collaborating and striving for excellence signifies a commitment to the core values of the ministry and a commitment to ensuring positive outcomes to the children, youth and families of Alberta.

## 6. COUNCIL FINANCIALS

The figure below provides a summary of the expenditures for the 2015/2016 fiscal year.

Expenses for Council members are disclosed under the *Public Disclosure of Travel and Expenses Policy*. Council members are reimbursed for travelling and living expenses in accordance with the *Subsistence and Travel Allowance Regulation*.

### 2015/2016 EXPENDITURES<sup>14</sup>

Account Description	2015/2016 Actual Expenditures
Manpower	430,537
Travel	24,154
Honoraria	69,939
Contract Services	98,254
Hosting	3,621
Other Materials/Supplies	5,982
<b>Total</b>	<b>632,306</b>

<sup>14</sup> Manpower includes four full time staff (Executive Director, two analysts and one administrative coordinator). Contract services include administrative support and external consulting. Other materials/supplies includes freight and postage; rental; telephone and communications; and, material and supplies. The Council's expenses are part of the Human Services Financial Statements.



