



Child and Family Services Council
for Quality Assurance

ANNUAL REPORT
2012/2013 and 2013/2014



Child and Family Services Council for Quality Assurance
Annual Report | 2012/2013 and 2013/2014

MESSAGE FROM THE CHAIR

The development of the Child and Family Services Council for Quality Assurance has been a significant journey. From an initial concept as an independent external body, to an arm's length Council reporting directly to the Minister and located inside the Ministry of Human Services, the Council continues to advance quality assurance and continuous improvement activities. Ultimately our pursuit is to achieve better outcomes for the children, families and communities who interact with the child intervention system in Alberta.

As part of our responsibility to report on the duties and functions of the Council, a letter was provided to the Minister September 7, 2012, summarizing the activities up to that date (Appendix 1). We see this report as an extension of that letter and provide this Annual Report as a combined 2012/2013 and 2013/2014 report. Given the sequencing of initiatives, the operationalization and staffing of the Council, the contents of this report describe the accomplishments and recommendations made by the Council to date.

Over the course of its development, the Council has examined its role and function:

- a| monitoring and reviewing child intervention services to identify effective practices and make recommendations to the Minister; and
- b| being an early warning system for incidents giving rise to serious injuries or death of children in care.

Accordingly, this focus on system improvement and individual case reviews resulted in two recommendations.

One of the recommendations is to build a process to track progress made on all recommendations from reports, panels, and case reviews. The second recommendation identifies the need to define what quality is in a child intervention system. Additionally, the Council has decided to appoint two Expert Review Panels (ERPs). One aims to explore the quality improvement processes that support staff in the work they do and help create a safer environment for children in care. The second ERP calls for a systematic review of the circumstances of children in care who have committed suicide in the past two years.

The past year has seen a new Premier, a new Minister, increased media attention with a focus on children who died while in care, a Roundtable of experts and stakeholders and the establishment of the Implementation Oversight Committee (IOC). In the coming year, clarifying the role, function, partners, and stakeholders of the council will continue to be a priority. Moreover, the Council recognizes that changes underway to legislation in the 2014/2015 fiscal year will more clearly establish the Council as a driver of quality within the child intervention system.

Lastly, the work of the past year would not have been possible without the dedication of the Council members, the expertise of the Executive Director, the tireless support of the staff, and the collaboration of partners and stakeholders. We express great appreciation for their passion, knowledge and willingness to work together and with us. We look forward to an exciting year ahead and making a difference in the lives of children, families and staff working within the child intervention system.

Sincerely,

Lionel Dibden,

Chair, Child and Family Services Council for Quality Assurance

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CHILD AND FAMILY SERVICES COUNCIL FOR QUALITY ASSURANCE

VISION

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

MISSION

To advance the 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

"You know what is so good about the work we do, in Human Services, Human comes first."

- Dr. Eva Cardinal, CFS CQA Member,
Cree Elder from Saddle Lake

WHERE WE CAME FROM – A PATH SET FORTH

Improvements to the child intervention system were set in motion in July 2009, when the former Ministry of Children and Youth Services announced an external review of Alberta's child intervention system intended to find strengths in the current system, identify leading practices from other jurisdictions, and suggest ways the system could be enhanced to better support at-risk children, youth and families. The results of the review, *Closing the Gap Between Vision and Reality: Strengthening Accountability, Adaptability and Continuous Improvement in Alberta's Child Intervention System*, were released in June 2010.

A second independent expert panel was appointed by the Minister of Children and Youth Services in May 2011, to review the circumstances around the death of a child. The Minister tasked the panel with a comprehensive review of the case, with the expectation that the panel would identify lessons to be learned and make recommendations. *Findings of the External Expert Panel Regarding the Death of a Young Child: Closing the Inter-System Gaps to Keep Alberta's Children Safe* was the result.

These two reports were publicly released and together provided a blue-print for system improvement and support within the child intervention system. In response to the recommendations, the Child and Family Services Council for Quality Assurance (CFS CQA) was established in September 2011, by *Ministerial Order 2011-23*.

On April 1, 2012, the path of transformation continued as legislative changes created further modifications to the child intervention system. Simultaneously, an independent and external Child and Youth Advocate for the Province of Alberta was created through the *Child and Youth Advocate Act* and the CFS CQA, an internal arm's length body, was embedded within the *Child, Youth and Family Enhancement Act*. Different in mandate and scope, each serves a unique, yet related, purpose that supports both immediate and long-term improvement for the child intervention system.

Through its ongoing work, the CFS CQA serves alongside and is connected to internal and external quality assurance processes and stakeholders. The result is building and refining a system where quality assurance and ongoing learning is part of everyday work and not only a reaction to loss or tragedy. Ultimately, ongoing strengthening of the system is critical to improving the experiences and outcomes of Albertan children, families, and communities and will remain a core commitment of the CFS CQA.

WHO WE ARE

CFS CQA MEMBERSHIP

The CFS CQA is an arm's length, multi-disciplinary, cross-sectoral advisory body comprised of experts with knowledge and experience in child intervention services. Members include representation from the health, academia, law enforcement, and justice sectors, as well as the Aboriginal community, and the Office of the Child and Youth Advocate.

Currently, the CFS CQA is made up of seven members, six of whom are appointed by the Minister of Human Services and one of whom is a member by virtue of his position as the Child and Youth Advocate.

Dr. Lionel Dibden, M.B.B.Ch., F.R.C.P. (C)

Chair, Medical Director of Child Adolescent Protection Centre

Dr. Lionel Dibden is an Associate Professor in the Department of Pediatrics at the University of Alberta and Medical Director of the Child and Adolescent Protection Centre at the Stollery Children's Hospital in Edmonton. In his role as the CFS CQA Chair, he is also a member of the Child Intervention Implementation Oversight Committee established in January, 2014.

He completed his undergraduate medical education at the University of the Witwatersrand in Johannesburg, South Africa in 1978 and his pediatric residency at the University of Alberta, in Edmonton in 1986. Upon completion, he held a two-year Fellowship in Adolescent Medicine at the Hospital for Sick Children in Toronto and followed this with a year in the Eastern Arctic as a General Practitioner/Pediatrician at Iqaluit's Baffin Regional Hospital. Dr. Dibden is a previous Director of the Adolescents at Risk Program at the Misericordia Hospital. From April, 2001 to July, 2010, he was the Divisional Director of General Pediatrics at the University of Alberta and was Acting Chair of the Department of Pediatrics from July, 2008 to June, 2009.

Dr. Eva Cardinal

Cree Elder from Saddle Lake

Dr. Eva Cardinal is a founding member and representative of the Elders' Quality Council on Indigenous Languages for Blue Quills First Nations College, providing support and direction to program development in the Cree Language Department, where she also volunteers as an adjunct professor. Dr. Cardinal was bestowed an honorary Doctorate in Iyiniw Kiskeyhtamawin Asonamakew in 2010. This designation acknowledged her work in the area of Cree language, her knowledge regarding Cree culture and spirituality, and her commitment to passing this knowledge forward to the next generation.

Dr. Cardinal's previous experience includes 14 years as a supervisor and counselor-trainer for native liaison workers for the Sacred Circle Organization in the Edmonton Public School District. She also worked at Poundmaker's Lodge Treatment Centre over the course of eight years, first as a counselor when it opened its doors, later as a program coordinator, and finally in the capacity of director.

Since her retirement, Dr. Cardinal has returned to her home reserve of Saddle Lake First Nation where she has served on the Saddle Lake Kinteayak Board for three years, followed by three years serving on the Education Board. She currently serves on the Saddle Lake, Wahkohtowin Child Care Society.

Kent Henderson

Former Staff Sergeant, Edmonton Police Service

Kent Henderson brings over 27 years of experience in investigative and police services. Recently retiring as Staff Sergeant with the Edmonton Police Service, he first began his work in the field of investigating criminal allegations of child abuse/neglect in 1998. Since then, he has developed expertise in the field through first-hand experience including front line response to emergent cases of abuse, court testimony, and training police officers in forensic interviewing of child victims of abuse. In 2007, Mr. Henderson was the recipient of the Police Exemplary Service medal.

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 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. That country has since adopted many of the practices taught by the delegation as benchmark standards for the investigation of child abuse, and care for victims. In his role as a CFS CQA member he is also the Chair of the CFS CQA Report Review Sub-Committee (CFS CQA-RRC).

Dr. Gayla Rogers

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

Dr. Gayla Rogers is a professor and former dean of the Faculty of Social Work at the University of Calgary. For 12 years, Dr. Rogers led one of the largest and most reputable schools of social work in Canada and was instrumental in the expansion of undergraduate and graduate social work education across Alberta, including First Nations and Métis communities. In her current capacity as Special Advisor to the Provost, Dr. Rogers established the Academic Leadership Academy offering leadership development

to deans, department heads and other senior academic leaders. 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. Areas of expertise include: social work education, child welfare, family violence, homelessness, poverty, diversity and leadership.

Dr. Rogers was a member of the 2010 Alberta Child Intervention System Review Panel and Chair of the 2011 External Expert Panel. Over many years, Dr. Rogers has served as a director on numerous nonprofit boards and organizations at the local, provincial and national levels. Recent honours include: Lecture of a Lifetime (University of Calgary), Woman of Influence (Calgary) by Deloitte; Woman of Vision (Global TV/Calgary YWCA); University of Calgary Distinguished Alumni Award; and, induction into the Order of the University of Calgary.

Judge Marlene Graham, LLB

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

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 in the Alberta Legislature. After obtaining her LLB from the University of Alberta Law School in 1976, Judge Graham articled in private practice and then served as Crown Counsel for the Attorney General of Alberta until 1985 when she returned to private practice. By the time of her first election in 1997, she had a well-established family law practice with the south Calgary law firm of McConnell MacInnes Graham and was sitting as an Ad Hoc Traffic Commissioner.

During her years in elected office, Judge Graham consistently advocated for improvements to the justice system, including the need for a unified family court in Alberta, modernizing and consolidating family law legislation, strengthening the Maintenance Enforcement Program (MEP), establishing a more transparent, merit-based selection process for judges and securing a consolidated courthouse in Calgary. She had the opportunity to chair review committees and task forces which addressed these issues, resulting in significant policy and legislative improvements including the passage of the Family Law Act, 2003, increased access to court and better services for family law litigants and major structural and operational changes to MEP.

With her diverse professional experience, Judge Graham has been able to gain a broad perspective on the operation of government and the various systems within it. She has a strong commitment to the ideals of fairness, equality, justice and transparency, not only in the justice system, but also in all of our public bodies and institutions. She continues to have a great interest in emerging trends and issues in society and the governmental responses to these issues through public policy. In addition to her membership on the CFS CQA, she serves as the Chairman of the Prairie Provinces and Territories Educational Program, a committee of the Canadian Provincial Judges' Association and as the Alberta Judges' Association representative to the Judges' Pension Plan Advisory Committee. She also continues to volunteer as a judge at the Faculty of Law, University of Calgary for the LESA Intensive Trial Advocacy Course and the Alberta Court of Appeal Moot Court Competitions.

Donna Wallace

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

Donna Wallace received her Bachelor of Nursing and Masters in Continuing Education, Workplace Learning and Program Planning from the University of Calgary. Her work has focused on the areas of health promotion and disease prevention, public health, and women's and infants' health for over 40 years. Over her nursing career, she worked in Alberta Hospitals, Community Agencies, and Private Health Services. Upon retiring in 2013, Ms. Wallace was the Director of Public Health Nursing in Calgary Zone, Alberta Health Services, with over 700 staff. Responsibilities focused on health promotion and disease prevention service programs, and included quality assurance and improvement both in ongoing operations, as well as a member of the Community and Rural Quality Assurance Committee.

In 2010, Ms. Wallace was instrumental in bringing Alberta Health Services to the table for the formation of the Alberta Vulnerable Infant Response Team (AVIRT). This interdisciplinary, inter-professional, and interagency program responds to, investigates, and assesses reports of neglect or abuse of infants from 0-3 months of age and then provides enhanced support, ongoing surveillance and referral to community supports for families. In Canada, AVIRT Calgary was the first of its kind as an integrated model of service crossing over three agencies and has subsequently been established in Edmonton.

Ms. Wallace participated as a member of the External Expert Panel Review in 2011 investigating the death of a child, which made several recommendations to improve quality of services and safety of children in care. In addition to her work experience, Ms. Wallace has led and participated in perinatal, child health and workplace learning research and has published in peer reviewed journals. She has presented to audiences across North America and at the International Conference on Researching Work and Learning in Finland. In 2005, Ms. Wallace received the Alberta Centennial Gold Medal for service and contribution to Alberta families.

Del Graff

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

Del Graff has been the Child and Youth Advocate in Alberta since June 1, 2011. The Office of the Child and Youth Advocate provides advocacy support and legal appointment services to young people receiving services under the Child, Youth and Family Enhancement Act; the Protection of Sexually Exploited Children Act; and those involved with the youth criminal justice system. The Office also provides training and support to individuals and organizations interested in advocating for vulnerable children and families. Most recently, Mr. Graff assumed the position of 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 ways to address issues at a national level.

Mr. Graff has worked in the social services field for almost 30 years, and has developed and implemented a wide range of social programs to improve the circumstances for vulnerable people in both urban and rural settings. He has significant experience with many diverse groups, including collaboration and partnerships with First Nations and Métis people.

His formal education includes 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. He values the concept of lifelong learning and is passionate about his commitment to public service. He strongly believes in principle-based decisions and actions, especially when it comes to serving children.

VALUED PARTNERS

The CFS CQA recognizes and values the insight of the Child and Family Services Division Regional Directors (7), Delegated First Nations Agencies (17), and the Métis communities (8 Settlements and Métis Nation of Alberta Association). It is the desire of the CFS CQA to develop strong relationships with these service providers. Cultivating partnerships will enable the CFS CQA to address the root causes of issues within the child intervention system, including the over representation of Aboriginal children in care. The CFS CQA's intentions are to begin meeting with these service providers, establish trust-based relationships, build on the insight that is shared and use this to provide recommendations for best practice and system improvements. Through these activities, the CFS CQA will continue to advance its vision that children and families who interact with the child intervention system experience positive outcomes.

OFFICE OF THE CHILD AND FAMILY SERVICES COUNCIL FOR QUALITY ASSURANCE

The CFS CQA is supported by the Office of the Child and Family Services Council for Quality Assurance (the Office). Prior to April 1, 2014, the Office was located within the Child and Family Services (CFS) Division of Human Services.

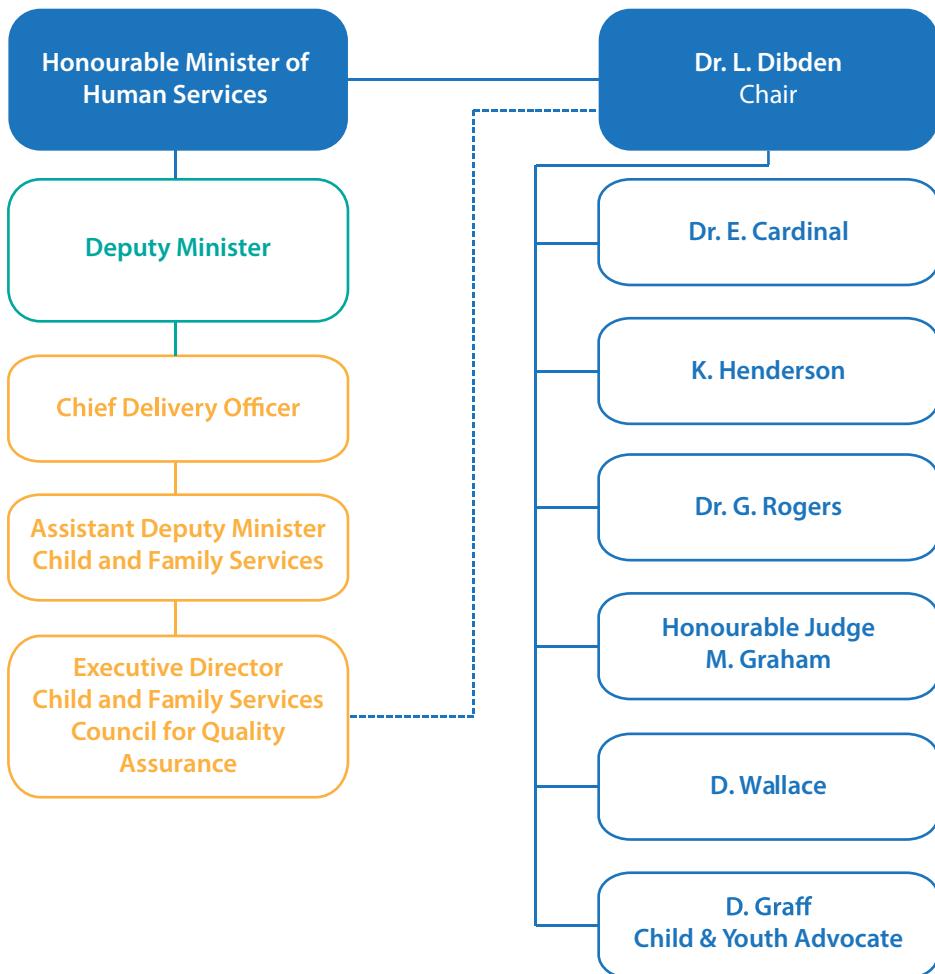
During the period 2012/2013 & 2013/2014, the Office was comprised of four staff, an Executive Director and three full-time permanent staff. The Executive Director joined the CFS Division on October 22, 2012 liaising with both the CFS CQA and functioning as part of the CFS Divisional Leadership Team. In the summer of 2013, two analysts began work with the Office and together with a coordinator provide support to the CFS CQA.

ORGANIZATIONAL STRUCTURE

Since its inception, the CFS CQA has reported directly to the Minister, originally the Minister of Children and Youth Services and now the Minister of Human Services.

The following diagram provides a view of the organizational structure of the Office and the CFS CQA prior to April 1, 2014. In the coming months, the CFS CQA will complete its transition from the Child and Family Services Division into the Planning and Quality Assurance Division. The CFS CQA recognizes the importance of being connected to and working in collaboration with both child intervention service delivery and a strategy division regardless of the organizational location of the Office of the CFS CQA.

CHILD AND FAMILY SERVICES COUNCIL FOR QUALITY ASSURANCE



Current as of
March 31, 2014



"Finding our place within the child intervention system has been a struggle, but not one without opportunities and achievements. Throughout these endeavors, our mission guides our work – to provide better services and achieve positive outcomes for the children we serve. We can never forget that – that is why we're here."

Judge Marlene Graham, CFS CQA Member

WHAT WE DO – CFS CQA’s MANDATE

As originally stated in the *Ministerial Order 2011-23* (MO) established in September 2011, the mandate of the CFS CQA was “to provide advice and make recommendations to the Minister of Alberta Children and Youth Services regarding systemic quality issues and processes pertaining to the provincial child intervention system.” Moreover, this direction outlined the key functions of the CFS CQA to including:

- “Working with Ministry and key stakeholders to develop the strategic framework for the CQA including priorities, goals, principles and processes.
- Reviewing ‘systemic’ quality issues and supporting the development of an integrated organizational approach to quality improvement.
- Conducting thorough reviews of information on serious injury and/or deaths occurring among children in the custody or under the guardianship of the Director.”

Effective April 1, 2012, the CFS CQA became a legislated body as a result of the amendments to the *Child, Youth and Family Enhancement Act*, namely, Part 3.1, Council for Quality Assurance. Under Section 105.73, the mandate of the CFS CQA was also refined, to state that: “the role of the Council is:

- a| to identify effective practices and make recommendations for the improvement of child intervention services, at the direction of the Minister and in co-operation with the Department; and,
- b| to appoint an expert review panel to review incidents giving rise to serious injuries or deaths of children as reported by the Director.”

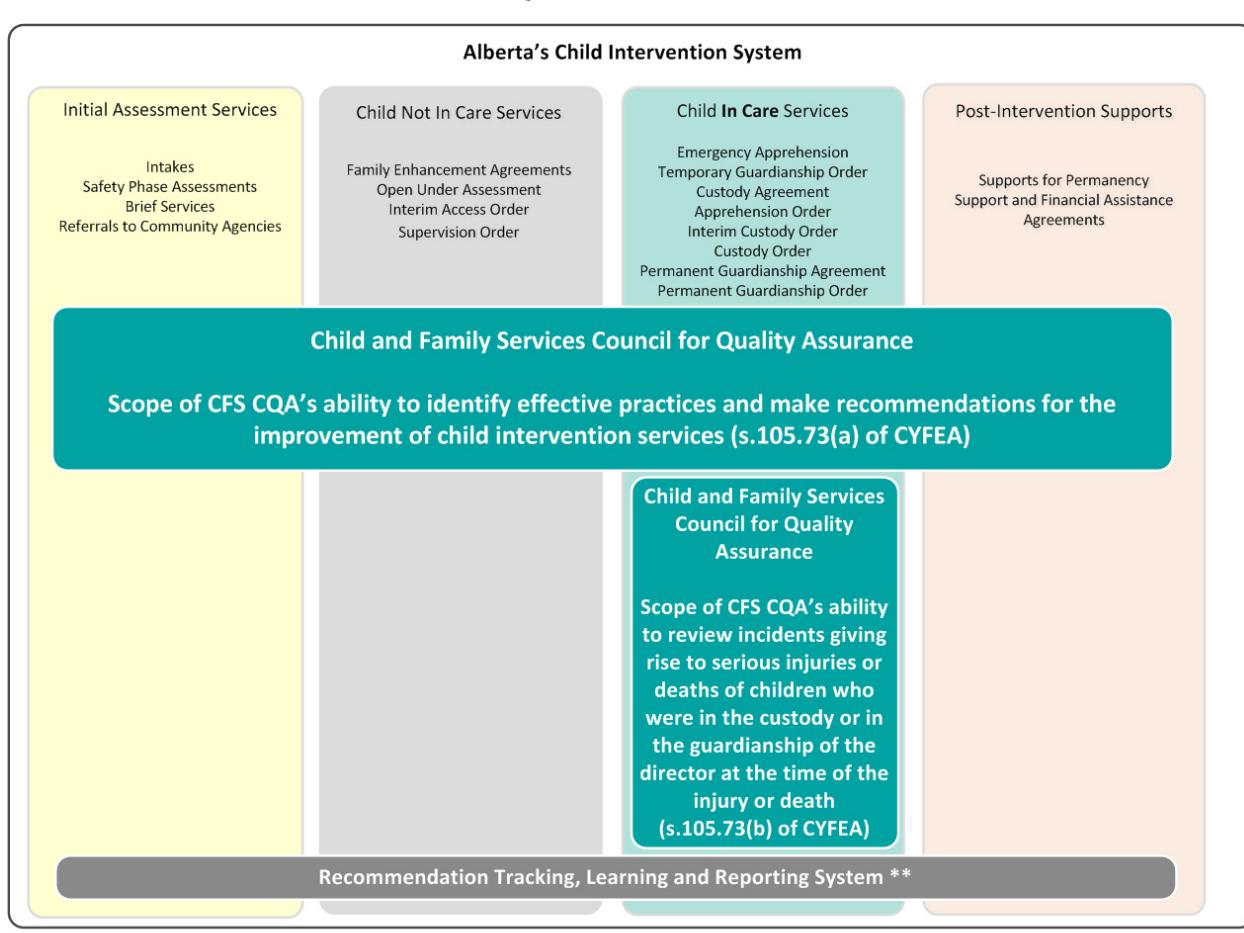
An accompanying *Expert Review Panel Regulation* came into force April 1, 2012, providing that: “The Council may appoint an expert review panel to review a serious injury to or the death of a child unless:

- 1| the Council is satisfied that:
 - a| the death was due solely to natural causes,
 - b| the death was due solely to a pre-existing medical condition or illness, or
 - c| the injury or death resulted from a disaster as defined in the *Emergency Management Act*,
- 2| the Council is satisfied that there was no meaningful connection between the injury or death and the nature or quality of care or supervision provided by a director, or
- 3| the Council is satisfied that the public interest would not be served by appointing an expert review panel.”

“For enduring improvement in child outcomes to be realized, upstream prevention is a critical component for both health and social programs. And when you are focused on improving the lives of children, you achieve longer term goals through supporting and teaching parents and families.”

- Donna Wallace, CFS CQA Member, CFS CQA-RRC Member

The following diagram illustrates the scope of the mandate focusing on part (a) and part (b) of s.105.73 of the *Child, Youth and Family Enhancement Act as of March 31st, 2014*.



** The Recommendation Tracking, Learning and Reporting System is identified as CFS CQA Recommendation 1 (August, 2013). The recommendation was accepted by Minister December 2013 and is currently under development.

CFS CQA MEETINGS

In fulfillment of its mandate, the CFS CQA met 8 times in 2012/2013 and 10 times in 2013/2014. Meetings are generally scheduled for a full day and this time is used to share and discuss CFS CQA activities as well as make decisions related to the performance of its core functions. Presentations from the CFS Division and Ministry staff are provided to give an overview of initiatives and projects underway and to seek feedback and comments from the CFS CQA regarding planning and implementation. Reports of incidents of serious injury and/or death of children in care are also provided to the CFS CQA.

The CFS CQA values its ability to collaborate with Ministry staff and will continue to work with key partners and stakeholders, having mutually supportive conversations to learn from experience, support leading practices and improve areas that require enhancement.

A FOCUS ON SYSTEMIC ISSUES

CFS CQA ROLE

Part (a) of the mandate of the CFS CQA allows recommendations to be made to the Minister regarding effective practices and improvements to intervention services.

CFS CQA SYSTEMIC ACTIVITIES

CFS CQA RECOMMENDATION 1:

A Recommendation Tracking, Learning and Reporting System (Quality Improvement Pathway) founded on child intervention recommendations and implementation status be developed, implemented and maintained.

The CFS CQA's Recommendation 1 was the first formal recommendation made to the Minister in recognition of the importance of tracking and reporting on past and future recommendations. The Recommendation Tracking, Learning and Reporting System (Quality Improvement Pathway) will serve to promote learning, increase accountability and assist in priority setting. The system will function as an inventory of recommendations related to the child intervention system with the accompanying Ministry response, recommendation status, supporting documents and identified lead. The recommendations originate from internal system reviews, as well as from external bodies such as the Office of the Auditor General, the Office of the Child and Youth Advocate or a report generated from a Fatality Inquiry.

This first recommendation resulted from the recognition that such a system did not exist in the Ministry. Implemented and monitored effectively, this Recommendation Tracking, Learning and Reporting System will:

- Systematically house recommendations made to the child intervention system in a standardized way.
- Serve to support trend analysis, theming, prioritization exercises, continuous quality improvement and record implementation progress.
- Allow for transparent access to information on the status of past reviews, audits, investigations and inquiries.
- Strengthen current or future reviews and continuous quality improvement activities.
- Support Results-based Budgeting activities.
- Honour the children, families, and workers involved in the original matters that the recommendations resulted from.

Honourable D. Hancock, Minister of Human Services accepted this recommendation on December 2013, and a database of past recommendations is currently under development within the Ministry. The CFS CQA will continue to provide input and feedback on its development, implementation and ongoing maintenance.

CFS CQA RECOMMENDATION 2:

An Alberta Child Intervention Service Quality Framework be developed through consultation and collaboration.

The quality framework concept is not new to child intervention systems; however, there is a growing emphasis on the need to incorporate the perspective of the children, families and communities who access these services into the definition of quality. Ideally, the development of this Framework will connect system partners through a shared and common understanding of quality and include consultation with:

- Albertans receiving child intervention services.
- Albertans who deliver child intervention services such as Ministry staff, Delegated First Nation Agencies, community and contracted agencies.
- The Aboriginal children, their families and community who account for the over-representation of children receiving child intervention services.

"A central feature of the service quality framework will be that it defines quality from the perspective of the children and families who access our services. Nowhere else will we have the ability to measure the quality of our services and use it to assess our practice. It has great potential for significant impact on the child intervention system and the people it serves."

- Dr. Gayla Rogers, CFS CQA Member

The resulting Child Intervention Service Quality Framework will serve as an "overarching umbrella" from which service quality can be evaluated. Moreover, it will:

- Articulate a common understanding of quality in the child intervention system for a variety of stakeholders including Albertans, child intervention professionals and organizations such as the CFS CQA.
- Identify the appropriate measures or performance indicators for child intervention practice.
- Ensure that policy supporting child intervention enables the delivery of quality services.
- Assist in the consistent measurement, monitoring and reporting on service quality.
- Allow reviews to be conducted that analyze current trends, emerging issues and opportunities to improve services and outcomes for children and families.
- Link and align initiatives such as the Children First Act — Children's Charter development, the Alberta Social Policy Framework, Human Services – Performance Management Framework and Corporate Quality Assurance Strategy, and the Child Intervention Practice Framework.

CFS CQA Recommendation 2 was accepted in December, 2013. Confident in the contribution a framework of this kind will have on child intervention services, the CFS CQA is the sponsor of the project and is working in collaboration and cooperation with the Ministry, the Alberta Centre for Child, Family and Community Research (The Centre) and an external team to develop a Child Intervention Service Quality Framework.



A FOCUS ON INCIDENT REVIEWS

CFS CQA ROLE

While part (a) of the mandate focuses on systemic issues across all child intervention services, part (b) requires the CFS CQA to play a role in the review of specific incidents of serious injury and/or death of children in care.

Part (b) of the mandate allows for the appointment of an expert review panel to review incidents for serious injury and/or death of children who were in the custody or under the guardianship of the director at the time of the injury or death. Moreover, the *Expert Review Panel Regulation* provides the grounds whereby an expert review panel may be appointed.

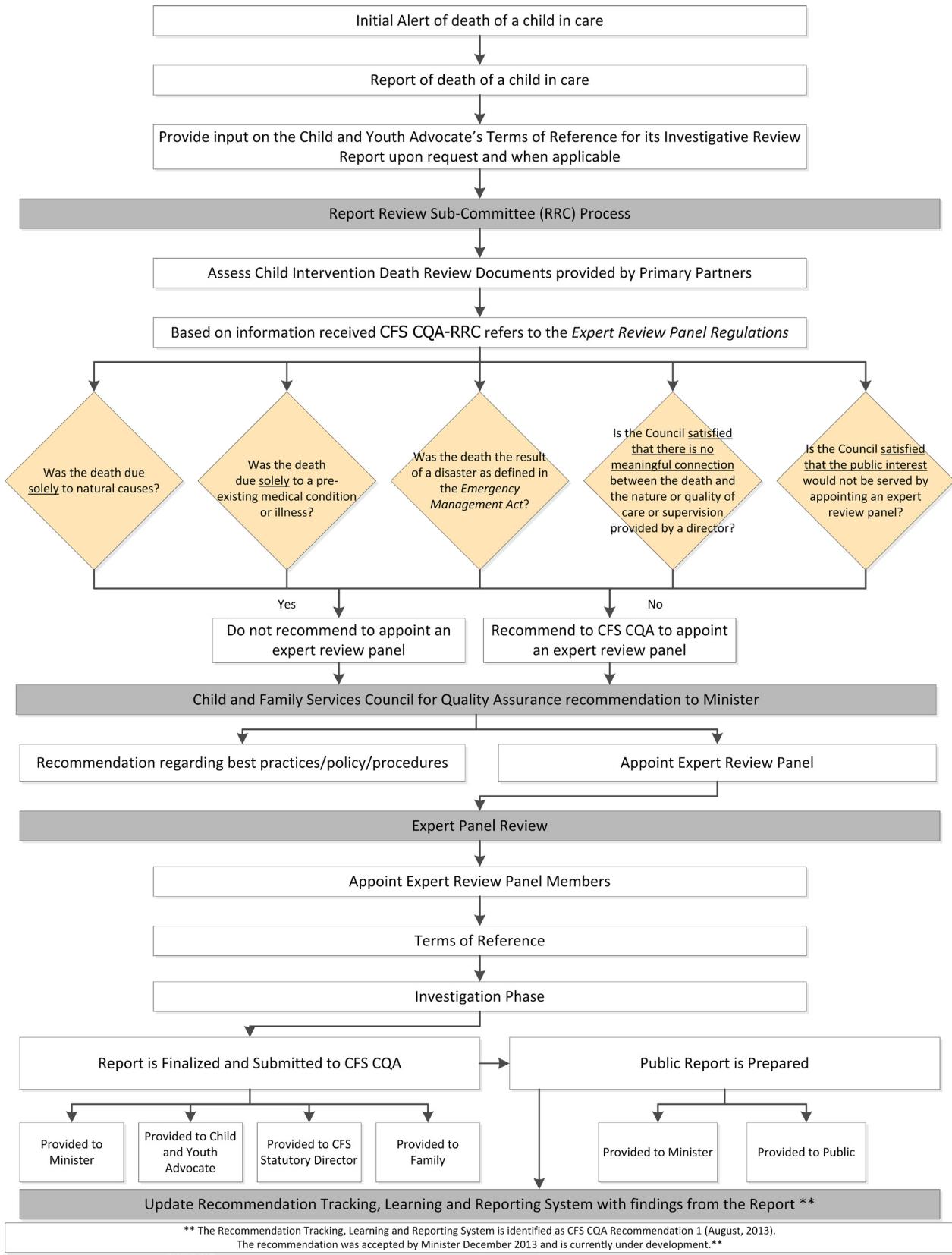
Under this function, the role of the CFS CQA includes:

- Receiving reports of serious injury and/or death of a child as provided by the Statutory Director, *Child, Youth and Family Enhancement Act*.
- Apply *Expert Review Panel Regulation* to each incident of serious injury and/or death occurring among children in the custody or under the guardianship of the Director to determine if an Expert Review Panel is warranted.

- Appointing an expert review panel to review any incidents and provide the Terms of Reference for the expert review panel to adhere to.
- Supporting the work of the Child and Youth Advocate by commenting on the Advocate's terms of reference for each serious injury and/or death investigation review that is conducted.
- Receiving a report from an expert review panel and providing a copy of the report to the Minister, the Child and Youth Advocate, the director who reported the incident(s), and to the parent of the child, and to the guardian of the child if the parent is not the guardian of the child at the time of the incident, if applicable along with a version made available to the public.

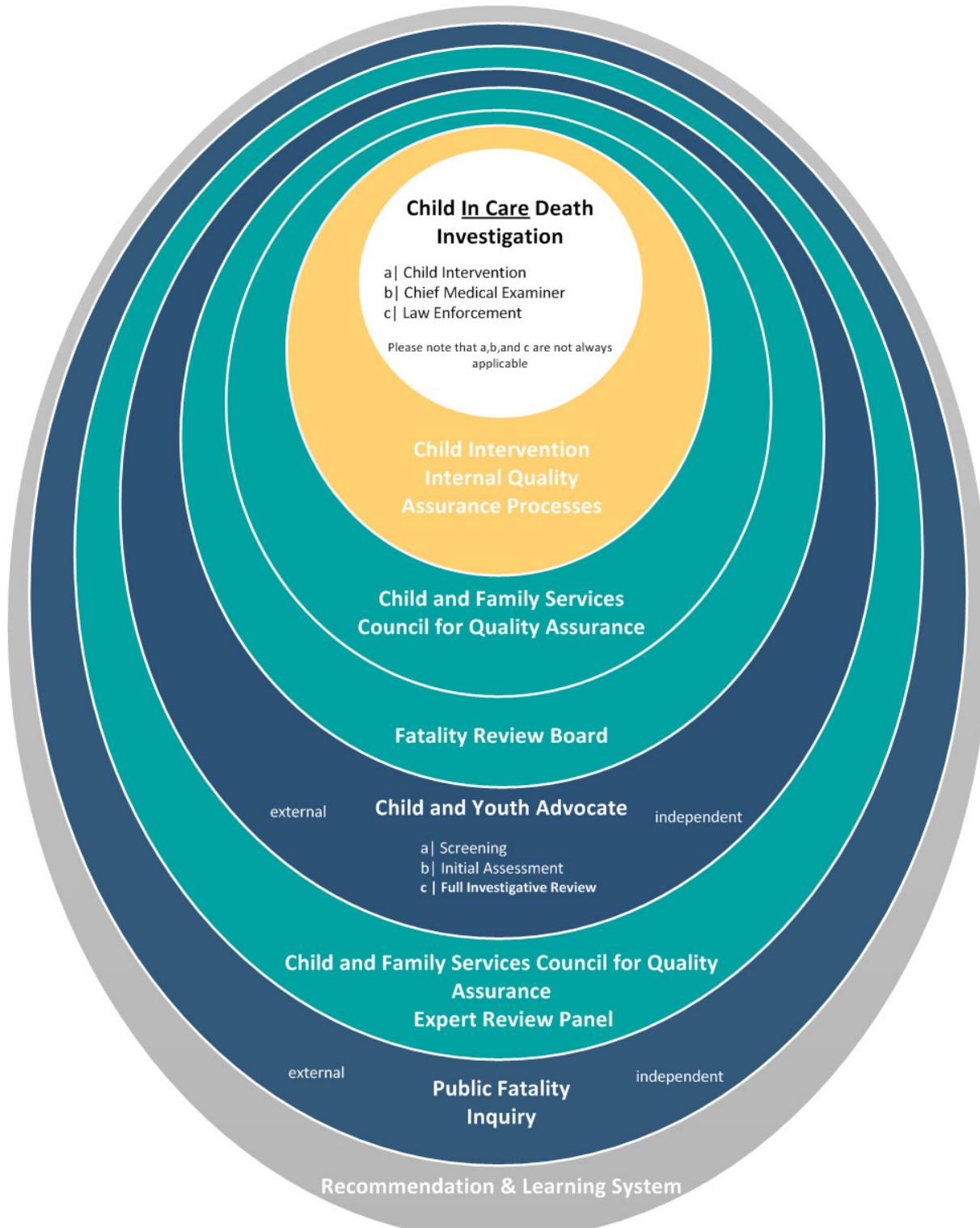
The following two diagrams below illustrate a high-level overview of the CFS CQA Child In Care Death Review process, as well as, that of others involved in the review of child in care deaths, as of March 31st, 2014.

CFS CQA CHILD IN CARE DEATH REVIEW PROCESS



Current as of March 31st, 2014

CFS CQA PRIMARY PARTNERS CHILD IN CARE DEATH REVIEW CONCEPT MAP



** The Recommendation Tracking, Learning and Reporting System is identified as CFS CQA Recommendation 1 (August, 2013). The recommendation was accepted by Minister December 2013 and is currently under development.

Current as of March 31st, 2014

OUR EXPERIENCE WITH INCIDENT SPECIFIC REVIEW FUNCTIONS

The CFS CQA has made a determination on the eleven¹ reports of incidents of serious injury and/or death of children in the custody or guardianship of the director received by the CFS CQA in 2012/2013. Consideration of these eleven incidents was led by the CFS CQA Report Review Committee (CFS CQA-RRC), a sub-committee of the CFS CQA, with the purpose to determine if an Expert Review Panel is warranted.

Based on the findings of the CFS CQA-RRC, the CFS CQA decided to appoint two expert review panels stemming from all eleven incidents reported to the CFS CQA in 2012/2013. This communication was provided to the Minister of Human Services in January 2014.

"Having the expertise of Council Members in reviewing incidents of serious injury and/or death has accomplished what Council was created to do – provide a multi-disciplinary view of today's approaches with a firm eye on the possibilities of tomorrow's."

- Kent Henderson, CFS CQA Member, CFS CQA-RRC Chair

The CFS CQA has received fifteen² reports of incidents of serious injury and/or death of children in the custody or guardianship of the director in 2013/2014. Consolidation of information pertaining to these reports is currently underway and the determinations from this assessment will be provided in the subsequent CFS CQA Annual Report.

CFS CQA CHILD IN CARE DEATH AND/OR SERIOUS INJURY REPORT REVIEW ACTIVITIES

CFS CQA EXPERT REVIEW PANEL 1:

To review internal child intervention quality assurance policies, components, and processes.

It has become evident through the examination of incidents of child in care serious injury and/or death, together with the ongoing quality assurance work with the department that the internal quality assurance, quality improvement and accountability functions of the child intervention system will benefit from review, strengthening and support. Under Section 105.75(2) of the *Child, Youth and Family Enhancement Act*, it is recommended that the CFS CQA's Expert Review Panel 1 will review internal child intervention quality assurance policies, components, processes and practice ranging from incident specific matters such as, child in care serious injury and/or death processes to high level organizational quality assurance functions. Application of the Expert Review Panel mechanism will provide for an in depth review of current functions and will recommend a path to strengthened, comprehensive and coordinated internal quality assurance and quality improvement processes which align with the leading practices in child intervention and public sector quality assurance and quality improvement.

¹ As one of the deaths that occurred in 2012/2013 was reported to the CFS CQA in 2013/2014 it has been included in the 2013/2014 statistical breakdown.

² As mentioned above in footnote 1, one of the deaths that occurred in 2012/2013 was reported to the CFS CQA in 2013/2014 it has been included in the 2013/2014 statistical breakdown.

CFS CQA EXPERT REVIEW PANEL 2:

To examine the issues related to child and youth suicide and the protective factors that can be strengthened such as Child and Youth Mental Health Services Access.

The death of a child by any manner is difficult to accept. The loss of life through suicide compounds the difficulty and increases the need to strengthen protective factors to prevent these events. Under Section 105.75(2) of the *Child, Youth, Family Enhancement Act*, it is recommended that the CFS CQA's Expert Review Panel 2 will examine the issues related to child and youth suicide and the protective factors that can be strengthened. The panel's scope will include, but not be limited to, examining the availability of access to mental health services, the factors that may hinder access and how protective factors can be enhanced. All relevant protective factors will be examined with special consideration being given to how the factors might vary between different communities.

"As a Council, we are committed and passionate people who are striving to improve the experience and outcomes for young people in the child intervention system. Our efforts are for them."

- Del Graff, CFS CQA Member & Child and Youth Advocate

The Minister of Human Services has been notified of the CFS CQA's intent to appoint both expert review panels. The CFS CQA is currently working with the Ministry to determine how this process will unfold to ensure a timely, effective and coordinated review is completed. The CFS CQA will continue to work in cooperation with the Ministry and seek additional input for the Terms of Reference and recommended Expert Review Panel composition. As per legislation, the findings and recommendations will be provided to the Minister in a format that is released to the public.



REPORT TO ALBERTANS

Noted in the 2012/2013 Human Services Annual Report, the Ministry reaffirmed its commitment to report all serious injuries and/or deaths of children and youth in care, regardless of cause. The CFS CQA echoes this commitment and provides the following statistical information as it relates to both part (a) and part (b) of the mandate.

CFS CQA REPORTED INCIDENTS OF CHILDREN AND YOUTH IN CARE SERIOUS INJURY AND/OR DEATH

The table below (Figure 1) provides an overview of the types of legislative services provided to children and youth under the *Children, Youth and Family Enhancement Act* along with post-intervention supports provided through Child and Family Services¹. All of these measures describe the number of children and youth receiving services in each category of the child intervention system based on the average monthly number of children and youth over the course of the fiscal year. The average monthly number of children and youth considered to be receiving child intervention services for 2012/2013 was 12,032 and for 2013/2014 was 11,041². This represents an 8.2% decrease from 2012/2013 to 2013/2014. The average monthly number of children and youth in care decreased 7.7% from 8,492 in 2012/2013 to 7,842 in 2013/2014.

"Our job is to help move the system away from the ethos of "shame and blame" to become a learning organization which is an employer of choice because relationships matter and the well-being of the people we serve is paramount "

- Dr. Lionel Dibden, CFS CQA-Chair

¹ For a full definition of services provided under each category of the child intervention system please refer to Appendix 2.

² All information cited in Figures 1, 7, 8 and 9 are sourced from Human Services, Child and Family Services Division. Please note that these services do not include those that extend beyond the Ministry of Human Services.

Figure 1

Summary of Services provided within the Child Intervention System				
		Children and Youth Receiving Child Intervention Services		
Reporting Period	Intakes	Children and Youth Not In Care	Children and Youth In Care	Post-Intervention Supports
2012/2013	4,467	3,540	8,492	4,474
2013/2014	4,302	3,199	7,842	4,835

Figure 2-6 below are based off of the reports received by the CFS CQA of incidents of Serious Injury and/or Deaths of children and youth who were considered "Children In Care" at the time of the injury or death and are part of the 8,492 in 2012/2013 and the 7,842 in 2013/2014. The below measure (Figure 2) provides a breakdown of the incidents reported to the CFS CQA by serious injury and/or death.

Figure 2

Reports of Serious Injury and/or Death of Children and Youth In Care		
Manner of Death ³	2012/2013	2013/2014
Medical (natural)	1	3
Accidental	2	0
Suicide	3	0
Homicide	1	0
Undetermined	1	0
Pending CME	1 ⁴	6
Total Reports of Death Received	9 ⁵	9 ⁶
Serious Injury⁷	2	6
Total Reports received by CFS CQA	11	15

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 CFS CQA, these findings may differ slightly from those reported in the *Human Services Annual Report* and the *Child and Youth Advocate Annual Report* (Figure 2). Based on the incidents reported to the CFS CQA in 2012/2013, one manner of death was due to medical causes, two were the result of an accident, three were due to suicide, one was classified as a homicide, one was classified as undetermined and one is still pending determination by the Medical Examiner. Of the 2013/2014 incidents reported to the CFS CQA, three were due to medical causes and six of these deaths are still pending determination as of March 31, 2014.

³ For a full definition of manner of death please refer to Appendix 3.

⁴ As of March 31, 2014, the unofficial manner of death was due to medical causes.

⁵ As reported in the Human Services Annual Report in 2012/2013, ten children and youth in care died. Nine of these deaths were reported to the CFS CQA in 2012/2013. As one of the deaths that occurred in 2012/2013 was reported to the CFS CQA in 2013/2014, it has been included in the 2013/2014 statistical breakdown since this is when it was reported to the CFS CQA.

⁶ Related to footnote 5 above, as reported in the Human Services Annual Report in 2013/14, eight children and youth in care died. Nine deaths were reported to the CFS CQA in 2013/2014, it has been included in the 2013/2014 statistical breakdown since this is when it was reported to the CFS CQA.

⁷ 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."

BREAKDOWN OF REPORTS RECEIVED BY THE CFS CQA OF INCIDENTS OF CHILD IN CARE SERIOUS INJURY AND/OR DEATH

Consistent with the CFS CQA's intentions to encourage and foster transparency and openness, a more detailed breakdown of the children and youth in care in which a serious injury and/or death was reported to the CFS CQA is supplied in Figures 3-6.

Figure 3

Reports of Serious Injury and/or Death of Children and Youth In Care by Gender		
Gender	2012/2013	2013/2014
Male	10	7
Female	1	8
Total	11	15

Figure 4

Reports of Serious Injury and/or Death of Children and Youth In Care by Age		
Age	2012/2013	2013/2014
0-5	4	7
6-12	1	4
13-15	2	2
16-17	4	2
All Ages	11	15

Figure 5

Reports of Serious Injury and/or Death of Children and Youth In Care by Status Type		
In Care Status Type ⁸	2012/2013	2013/2014
Permanent Care	6	10
Temporary Care	5	5
Total	11	15

Figure 6

Reports of Serious Injury and/or Death of Children and Youth In Care by Racial Status		
Racial Status	2012/2013	2013/2014
Aboriginal ⁹	7	12
Non-Aboriginal	4	3
Total	11	15

⁸ For a full definition of In Care status type, please refer to Appendix 2. For this analysis, Permanent Care is defined as Permanent Guardianship Order and Permanent Guardianship Agreement. Temporary Care is defined as Emergency Apprehension, Apprehension Order, Custody Agreement with Guardian, Custody Agreement with Youth, Temporary Guardianship Order, Interim Custody Order and Custody Order.

⁹ For this analysis, Aboriginal is defined as Status Indian, Potential to be Registered, Non-Status Indian, Métis, Inuit and Unknown Aboriginal.

OVER-REPRESENTATION OF ABORIGINAL CHILDREN RECEIVING IN CARE SERVICES

The over-representation of Aboriginal children and youth in care has been a concern of high priority nationally, provincially and for the CFS CQA. There is a strong desire to improve the outcomes for these children, their families and ensure that they have a quality experience when interacting with the child intervention system. Acknowledging the over-representation of Aboriginal children and youth receiving child intervention services is one of the first steps to bringing people together to begin to address the issue. It also highlights the need to have First Nations, Métis, and Inuit peoples at the table to discuss best practices and enhancements to the system. More than simply being the recipients of improved services, it is their participation in the quality assurance and continuous improvement process that will ultimately effect meaningful change.

Figure 7

Summary of Services provided to Aboriginal Children and Youth within the Child Intervention System				
		Children and Youth Receiving Child Intervention Services		
Reporting Period	Intakes ¹⁰	Children and Youth Not In Care	Children and Youth In Care	Post-Intervention Supports
2012/2013	N/A	1,258	5,769	1,521
2013/2014	N/A	1,170	5,391	1,725

Similar to Figure 1, Figure 7 above describes Aboriginal children and youth receiving services under each category of the child intervention system based on an average monthly number of children and youth over the course of the fiscal year. The average monthly number of Aboriginal children and youth receiving child intervention services for 2012/2013 was 7,027 and for 2013/2014 was 6,561. This represents a 6.6% decrease from 2012/2013 to 2013/2014. The average monthly number of Aboriginal children and youth in care decreased 6.6% from 5,769 in 2012/2013 to 5,391 in 2013/2014.

¹⁰ A breakdown of intake services for Aboriginal children and youth were not available at the time of publication of this Annual Report. The CFS CQA will continue to work in cooperation with the CFS Division to have this breakdown available.

BREAKDOWN OF ABORIGINAL CHILDREN RECEIVING IN CARE INTERVENTION SERVICES

Figures 8 and 9 provide a further breakdown of Aboriginal children and youth receiving only child in care intervention services. Figure 8 demonstrates the percentage of Aboriginal children and youth receiving permanent in care child intervention services increasing from 72.1% in 2012/2013 to 76.8% in 2013/2014.

Figure 8

Aboriginal Children and Youth In Care by Fiscal Year		
In Care Status Type	2012/2013	2013/2014
Temporary Care	1,612	1,253
Permanent Care	4,157	4,138
In Care Total	5,769	5,391

Figure 9 shows the difference in the average monthly number of Aboriginal and Non-Aboriginal children receiving only child in care intervention services. Even though the average monthly number of all children and youth in care has decreased from 8,492 in 2012/2013 to 7,842 in 2013/2014, the proportion of children and youth in care who are Aboriginal remains almost unchanged (67.9% in 2012/2013 and 68.7% in 2013/2014).

Figure 9

Children and Youth In Care by Racial Status		
Racial Status	2012/2013	2013/2014
Aboriginal	5,769	5,391
Non-Aboriginal	2,723	2,451
In Care Total	8,492	7,842

CFS CQA FINANCIALS

BUDGET & ACTUALS

The figures below provide a summary of the budget and the actuals of the CFS CQA for the 2012/2013 and 2013/2014 fiscal years. Furthermore, expenses for CFS CQA members are disclosed under the *Public Disclosure of Travel and Expenses Policy*. It should be noted that employees of the Alberta Public Service who also function on the CFS CQA 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*.

2012/2013 BUDGET & ACTUALS¹¹

Account Description	2012/2013 Budget Estimate	2012/2013 Actual Expenditures
Manpower	424,759	125,421
Supplies and Services		
Travel	9,250	35,043
Honoraria	-	105,208
Contract Services	55,750	54,076
Hosting	-	5,961
Other Materials/Supplies	10,241	4,972
Total Supplies & Services	75,241	205,260
Total	500,000	330,681

¹¹ The 2012/2013 budget estimates represented the first year for the CFS CQA. The budget estimate for 2012/2013 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 CFS CQA's expenses are part of the Ministry of Human Services Financial Statements.

2013/2014 BUDGET & ACTUALS¹²

Account Description	2013/2014 Budget Estimate	2013/2014 Actual Expenditures
Manpower	412,000	295,289
Supplies and Services		
Travel	50,000	68,751
Honoraria	105,000	170,564
Contract Services	115,000	199,319
Hosting	8,000	5,587
Other Materials/Supplies	10,000	10,281
Total Supplies & Services	288,000	454,502
Total	700,000	749,791

¹² The budget estimate for 2013/2014 includes manpower for four full-time staff (Executive Director, two analysts and one administrative coordinator), travel, honoraria, contract services, hosting and other materials/supplies. The budget estimates are based on expenditure trends annualized for the fiscal year. 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 CFS CQA's expenses are part of the Ministry of Human Services Financial Statements.



APPENDICES

APPENDIX 1



September 7, 2012

Honourable Dave Hancock, QC
Minister of Human Services
224 Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Minister Hancock:

Subject: Council for Quality Assurance Update

On behalf of the Council for Quality Assurance, I am pleased to provide you with an update regarding Council activities since January 2011.

We have made significant progress towards the fulfillment of our mandate, including the development of:

- a draft terms of reference;
- a draft strategic business plan;
- a process that ensures no duplication of effort between an Advocate's investigation and a Council's expert panel regarding a serious injury or death of a child in care of the Director; and
- a roster of possible expert panel members for the Minister's consideration
- a Vision, Values and Mission Statement.

Council for Quality Assurance
10th Fl, Sterling Place
9940 – 106 Street
Edmonton, AB T5K 2N2
www.child.alberta.ca/home/1458.cfm

The Council has also been involved in the development of a job description and the hiring of an executive director. We believe this important position will make it possible for the Council to more effectively implement its strategic plan and develop and nurture the necessary networks to support the Council in the fulfillment of its legislative mandate.

The Council believes it is important that our processes be developed by consensus, informed by consultation with key stakeholders and guided by our vision: *Children and families who interact with the child intervention system experience positive outcomes.*

Key elements of our vision include:

- Working together, the Council, the Ministry and the Advocate will improve the quality and effectiveness of Alberta's child intervention system;
- Alberta's vulnerable children and youth will experience an improved child intervention system;

- The improved system will enhance the ability of children and youth to mature into well functioning members of society;
- The province will be successful because Alberta's children and youth will be contributing members.

The Council also believes in the importance of building relationships with key stakeholders to help inform the development of Council priorities and recommendations. With support from the Ministry, we have made initial connections with a number of key stakeholders in a variety of forums including:

- a Symposium to share the Council's vision, values and objectives with child intervention services delivery systems – Child and Family Services Authorities, Delegated First Nation Agencies, and community-based contracted agencies;
- the May and June conferences on leading child intervention practices;
- at the invitation of Assistant Deputy Minister Catherine Twinn, the Indigenous Scholars, Elders and Allies conference;
- a meeting with the Chair of the Health Quality Council of Alberta to discuss how the Health Quality Council has established itself and how they developed Alberta's Health Quality Matrix. The development of a quality matrix for children and youth services has great potential to provide a framework for all staff to understand quality assurance/quality improvement strategies and use these indicators and approaches when developing, evaluating and reporting on programs and services to the Council; and
- a meeting with the Alberta Center for Child, Family and Community Research and has received information on the Child and Youth Data Lab.

The Council has received presentations developed by the Ministry on:

- areas of quality assurance and quality improvement;
- the child intervention system; and
- a profile of Aboriginal children receiving child intervention services.

The Council has also received and reviewed information on serious injury and deaths of children in the care of the Director as per legislation.

Thank you for the opportunity to continue to serve on the Council. We look forward to working in collaboration with the Ministry and the community to achieve our vision and fulfill our mandate.

Yours truly,

Dr. Lionel Dibden
Pediatrician and Medical Director
Child and Adolescent Protection Centre
Stollery Children's Hospital

APPENDIX 2¹³

For reporting purposes, the services provided through Child and Family Services, under the umbrella of the child intervention system are divided into four (4) categories. Definitions of these four (4) categories and the services provided within each are provided below:

INITIAL ASSESSMENT SERVICES

Activities that constitute Initial Assessment Services include:

- Intakes
- Safety Phase Assessment (Safety A or B)
- Brief Services
- Referrals to Community Agencies

Intake

This term represents the first of a series of assessment activities that provides a preliminary assessment of the child's need for intervention beginning with the receipt of a referral. An intake determines if the information received constitutes a report and if the report requires investigation. There are two possible outcomes, if the referral constitutes a report:

- Investigation is required.
- Investigation is not required.

Currently, only the number of intakes is measured under this category. Work is underway to develop a methodology that will allow the racial characteristic of new cases opening to Child Intervention to be measured.

Safety Phase Assessment

When intake has determined that there are reasonable and probable grounds to believe that the child may be in need of intervention per s.1(2), the assessment of the child's safety and intervention needs continues in the safety phase. The safety phase assessment activities involve gathering, consolidating and analyzing information for a structured in-depth assessment of the child's needs, parental capacities and environmental factors.

The safety phase includes a Part A and Part B which constitutes the assessment of the child's safety and intervention needs. The completion of Part A is required during the safety phase. The continued assessment under Part B is based on the outcome of Part A.

Brief Services

Brief services are goods and/or services provided on a one time basis to the child or family during the 5 day screening period to alleviate immediate needs. The services that are provided must not be accessible through any other means and are limited to:

- repatriation,
- accommodations/rent/damage deposit,
- utilities,
- groceries,
- emergency clothing,
- medical/dental/optical: one-time assistance with medical, dental or optical costs not covered by any other program, and
- support services, e.g. homemaking services.

CHILD NOT IN CARE SERVICES

Services that constitute Child Not In Care Services include:

Family Enhancement Agreement Enhancement Agreement (with Guardian or Custodian)

A voluntary agreement with the guardian or person who has custody of a child for periods for up to three months to provide family enhancement services when it is believed that the child's survival, security or development will be adequately protected if the child remains with the guardian.

The primary goal is to work collaboratively with the family to address and eliminate the condition that caused a child to be in need of intervention. This may involve putting services in place such as:

- Family Support workers;

¹³ This information is based on the legal authorities outlined in the *Child, Youth and Family Enhancement Act*. It was gathered with the assistance of the Child and Family Services Program Information, Evaluation and Performance Unit. For more information, refer to the *Child, Youth and Family Enhancement Act Policy Manual*.

- Accessing resources such as addiction, mental health, family counseling; and,
- Assessments (medical, psychological, etc.).

Enhancement Agreement with Youth (EAY)

Enhancement services are provided when a youth is living independently from their guardian, and requires intervention to meet their needs with a limited degree of supervision and support, such as:

- Ensuring that a youth has a health insurance; or,
- Various financial supports depending upon the needs of the youth (rent/supported independent living (SIL) placement fees/ basic maintenance).

A voluntary agreement signed with a youth, 16 years of age or older, for periods for up to nine months. The Director may continue to enter into subsequent EAY until the youth's 18th birthday.

Open Under Assessment

A primary legal authority that can be used when there is a need to create or maintain open file status while a court application is being made (generally - an application for a Supervision Order).

Interim Access Order

An order setting out terms for access to be provided between the child and the guardian or any other person with whom the child has a significant relationship with until the director's application for a Temporary Guardianship Order or a Permanent Guardianship Order is withdrawn or disposed of the court.

Supervision Order

An order authorizing a director to provide mandatory supervision of the child and a person residing with the child to ensure the survival, security or development of the child is protected.

CHILD IN CARE SERVICES

All services provided under this category are considered Child Protection Services and can be sub-divided into two types of care. The Placement Status Types are defined by the Primary Legal Authorities under the *Children, Youth and Family Enhancement Act*. Depending on the nature of the

authority, these placement types can be categorized by temporary or permanent. Each type of care will include a variety of placement status types.

TEMPORARY CARE

Emergency Apprehension

A director or a police officer to take a child into their custody without a court order if there is reasonable and probable grounds to believe that the child's life or health is seriously and imminently endangered.

Temporary Guardianship Order

An order made by the court appointing a director as the temporary guardian of a child, because the child is in need of intervention and the survival, security or development of the child cannot be adequately protected if the child remains with the child's guardian, but it can be anticipated that within a reasonable time the child may be returned to the custody of the child's guardian.

Custody Agreement with Guardian

An agreement with the child's guardian under which the custody of the child is given to the director as the child's survival, security or development cannot be adequately protected if the child remains with the child's guardian.

Custody Agreement with Youth

An agreement with a youth under which custody of the youth is given to the director because the youth is living independently of their guardian and the youth's survival, security and development can be adequately protected through the agreement.

Apprehension Order

Upon granting an application for an apprehension order the court authorizes the director or a police officer to apprehend the child.

Interim Custody Order

The court grants an order placing the child in the custody of the director during the period of an adjournment.

Custody Order

The court grants an order placing the child in the custody of a director until the director's application for a Temporary Guardianship Order or a Permanent Guardianship Order is withdrawn or disposed of by the court.

PERMANENT CARE

Permanent Guardianship Order

An order made by the court under which a director is appointed as a permanent guardian of the child.

Permanent Guardianship Agreement

Full legal guardianship responsibilities for a child.

POST-INTERVENTION SUPPORTS

Services that constitute Post-Intervention Supports include:

Supports for Permanency

Supports for Permanency (SFP) program offers services and financial support to families who adopt or become private guardians of children who were previously in the permanent care of Alberta Children's Services. This support is intended to encourage and secure such permanent placements by families who might otherwise find it difficult to meet the needs of these children. Two types of support may be provided to eligible families through SFP:

- 1| Maintenance payments are equal to basic foster care rates. Maintenance rates are determined by the age of the child.
- 2| Financial assistance can be provided to purchase services required by the child. Parents or private guardians are eligible for parental relief to a maximum of 576 hours a year per family. As well, financial assistance may be obtained to:
 - assist in maintaining a child's First Nation cultural ties through assisting payment of transportation costs of the child to the child's band; and/or
 - assist the family if the child has behavioral or emotional problems.

Funding may be available for the following services:

- counseling to a maximum of ten sessions per year at \$105 per hour; and
- up to \$70 per week to purchase additional services to address the child's behavioral or emotional problems. All other funding options for these types of services must be explored before eligibility can be determined.

Support and Financial Assistance Agreement

A support and financial assistance agreement is available to assist young adults, who were receiving intervention services on their 18th birthday, in achieving independence. The director may enter into an agreement if the support and financial assistance are not reasonably available to the young adult from other sources. Services can be provided to young adults between 18 and 22 years.

APPENDIX 3

The manner of death¹⁴ is a statistical classification of deaths that takes into account the circumstances under which the death occurred. The manner of death is determined after the cause of death has been established and takes into account the medical examiner's investigation into the medical history of the decedent, the circumstances surrounding the death, the scene findings, and the examination of the body (often supplemented with other tests such as a drug screen). The manners of death used by the Office of the Chief Medical Examiner in Alberta are as follows:

Natural

The natural manner of death is used when the cause of death is a natural disease, with a couple of the most common examples being heart disease or cancer. Almost half of all deaths investigated by the OCME are caused by natural diseases.

Accident

The accidental manner of death applies when a death is caused by an injury and where there is no obvious intent to cause death either on the part of the decedent or any other individual. Motor vehicle deaths are the most common example of accidental deaths in Alberta.

Suicide

Suicides are deaths that occur when an individual dies as a result of a self-inflicted injury where evidence indicates the person intended to cause their own death.

Homicide

A homicide is a death resulting from an injury caused directly or indirectly by the actions of another person where there is often (but not always) some indication of intent to cause the injury and/or death. Homicide is a neutral term that does not imply fault or guilt.

Unclassified

The unclassified manner of death is used when death is directly caused by a drug of abuse, including alcohol, or caused by the long term effects of alcohol and/or drug abuse.

Undetermined

The undetermined manner of death is used in those cases where a complete investigation does not yield sufficient information to determine which of the previous manners the death should be classified as. An example of this would be the death of a pedestrian following a hit-and-run vehicular incident where there were no witnesses and the driver of the vehicle was never found. In this case, there would be insufficient information available to establish whether the driver intentionally struck the pedestrian (homicide), unintentionally struck the pedestrian (accident), or the pedestrian jumped in front of the vehicle (suicide).

¹⁴ The definition of manner of death is as defined by the Office of the Chief Medical Examiner. For more information refer to the [Office of the Chief Medical Examiner Alberta Justice 2009 Annual Review](#).



