

The Honourable Heather Klimchuk
Minister of Human Services
224 Legislature Building
10800 97 Avenue
Edmonton, AB T5K 2B6

February 4, 2015

Dear Minister Klimchuk:

The Child Intervention Implementation Oversight Committee was formed to “guide action on Human Services’ 5 Point Plan to improve outcomes for children and ensure action on priorities and recommendations for improving the Child Intervention system.”

In your letter dated November 6, 2014, you asked us to explore the over-representation of Aboriginal Children and Families in the child intervention system, focusing on root causes, and to identify areas where future effort could be directed. You asked that our advice attend to the roles and responsibilities of the different levels of government and community partners, to consider any relevant differences in the diversity of Aboriginal communities in Alberta and provide our final report early in the New Year.

This letter is our final report in which we are pleased to offer:

- an update on progress against the 5 Point Plan;
- comments on the proposed internal child death and serious incident review process,
- comments on recently proclaimed legislation repealing the publication ban on the deaths of children in care,
- recommendations to address Aboriginal over-representation in Alberta’s child intervention system,
- recommendations relating to education and training of front line workers; and,
- recommendations relating to the Council for Quality Assurance.

Scope of our work

Our recommendations and advice should be received in the context of our mandate’s scope. The IOC was formed to provide independent advice to the Minister and was not an exhaustive or detailed external review of Alberta’s child intervention system. We have relied on material presented by the department, select external experts and the experience of our committee members to develop our advice. We have not had the opportunity to meet with front line workers or families involved in the child intervention system.

Update on progress

Attached to this letter is a chart summarizing progress on recommendations we made in our previous two letters and Human Services' 5 Point Plan.

Generally speaking, while progress is incremental and sometimes a little slower than we'd like, progress is being made. This letter will address some areas where we have remaining concerns, specifically with regards to child death review and the ability of the director to make an ex parte application to the court for a publication ban.

With regards to the verification of the implementation of past recommendations, we note that the Government of Alberta's Corporate Internal Audit Service is engaged to verify implementation status for completed/ongoing recommendations with a report expected in March 2015. We hope this report will be made public upon completion. The Council for Quality Assurance will assume responsibility for monitoring the implementation of past recommendations, taking over from the IOC.

In our August letter, we reported on our review of 25 "In-Progress" recommendations to determine how they might be prioritized or what barriers could be identified to their full implementation. Note that we have not had the opportunity to meet with the recommenders of the 25 In-Progress recommendations to test our conclusions and seek feedback from them. As a result our work to determine the final prioritization is not complete. The department has committed to meeting with the Office of the Child and Youth Advocate (OCYA) to discuss past and current recommendations.

I'm pleased to report we continue to receive excellent co-operation and support from the department.

Reducing the number of deaths of children in care or receiving services

In our previous letters to Minister Bhullar we made recommendations on improvements to the child death review processes. We'd like to briefly talk about leadership.

At the end of the day, no amount of external review, oversight, policy or process can replace leadership in reducing the number of deaths of children involved in Alberta's child intervention system. In this, the political level of government has a critical role to play.

A culture of inquiry and continuous improvement that is focused on improving the quality of care and ensuring children and families have long term success has to be at the heart of our work. When it comes to the injury or death of a child in care or receiving services, it's critically important that the child intervention system, from the top to the bottom, be clear in the drive to reduce the number of child deaths and serious incidents. We noted that the Child and Youth Services business plan (the department responsible for the child intervention system before the creation of Human Services) had a target of zero hospitalizations or deaths of children in protective services (in care or under a supervision order) as a result of an injury. This reflected an organizational commitment to continuous improvement.

As Minister, you can set the tone and be clear in your expectation that the government learn and improve from every incident and drive for continuous improvement. But we also have to go beyond words.

We've heard that the child intervention system can't possibly resolve poverty, addiction or domestic violence on its own so we should not expect that system alone to reduce injury and death of children in care or receiving services. The child intervention system is part of a larger government apparatus with clear responsibilities for health, housing, income support, addiction treatment, policing, criminal justice and more. Reducing child death and serious injury is a leadership challenge to the whole of government and one that is within the power of this government to achieve in concert with its government and community partners.

We recommend the government set measurable and time bound goals for the reduction of injury and deaths to children in care or receiving services, benchmarked against other child intervention systems around the world. Benchmarking also needs to put deaths in the child intervention system within the context of the broader population (are the rates or nature of fatalities somehow different to those experienced by other children in Alberta?). We can and should set the standard and have the ultimate goal of no preventable deaths among children in provincial care or receiving services.

Internal child death and serious incident review process

We've had the opportunity to examine the new internal death and serious incident review process for the child intervention system. While the process appears solid, we're concerned that the process gives the Statutory Director too much discretion on the decision whether or not a detailed review of a death or serious incident should occur.

In our view, all child deaths should be reviewed. The process as it appears now, allows for the Director to decide on the need for a detailed investigation based on the immediately apparent circumstances of the case. This theoretically could allow the Director to limit the department's investigation into, and learning from, any or all deaths or serious incidents. There does not appear to be evidence based criteria to support the Director in deciding which cases warrant detailed investigation, and which warrant a scaled down review.

The scope of the internal death reviews also seems limited to the child intervention system. Many of the children and families that come into contact with the child intervention system have interactions with multiple Alberta government departments and the factors that contribute to a death or serious incident can be related one, any or all of these multiple interactions.

We recommend that the department complete comprehensive reviews of all deaths and serious injuries for two years, including those deaths that occurred in 2014. The department and the Council for Quality Assurance should complete a joint evaluation of those reviews to establish criteria for the decision on when the Director should order a Statutory Review be completed, and when a scaled down review is

warranted. The scope of the internal death review process should consider all interactions with Government of Alberta systems.

Child Death Review Committee

In our first letter to Minister Bhullar we strongly supported the creation of a multidisciplinary Child Death Review Committee within the Office of the Chief Medical Examiner to investigate the deaths of all children in Alberta. We understand this committee is being considered as part of an ongoing review of the *Fatality Inquiries Act*.

A Child Death Review Committee would expand the mandate of the Office of the Chief Medical Examiner (OCME) to review the deaths of all children in Alberta with an eye to reducing preventable death and injury across the province. This committee would be critical to understanding the deaths of children involved with the Child Intervention System - if we have a better understanding of what's happening in the general population, we will be better able to contextualize incidents in the child intervention system and identify problems. We also feel the involvement of an independent OCME is an important additional step in building public trust in the investigation of deaths of children involved with the child intervention system.

We strongly encourage the government to create the Child Death Review Committee and expand the mandate of the OCME to focus on the prevention of child death in Alberta.

Remaining concern with publication ban

We're pleased to note the government's commitment to provide public notification within four business days of a death of a child in care or receiving services and to provide a monthly summary of information on the deaths of these children. To the best of our knowledge, no other Canadian jurisdiction is providing this level of disclosure.

Publishing information on death of children in care or receiving services and lifting the publication ban relating to the deaths of these children are very positive developments. We do however have a concern with regards to the government's ability to apply to the courts ex parte for a publication ban. Specifically it's our view that the 'Ex Parte' clause in the Act is unfair to families of children in care or receiving services from the child intervention system.

The Director is now able, without notice to the affected family, to apply to the court for a publication ban. This means affected families are formally excluded from the court process that determines whether a publication ban will be ordered. Proceedings taken in the absence of an involved party often lead to feelings of, perceptions of, and actual unfairness and are adverse to transparency.

In adding the ex parte clause, we appreciate that the government intended to make it easier for families to access the Court to seek a publication ban if they wished, and we note the department has not yet applied for a ban itself. We also welcome the department's policy commitment to involve and notify

families of its intent to apply. We remain concerned however, that the Ex Parte provision could still exclude affected families from the process, and result in the court making decisions without hearing the family's perspective. Family members of children in care often have limited skills and resources when dealing with bureaucratic and legal processes. They are unlikely to access the Court, whether to obtain a ban on publication or to overturn such an order as allowed in the Act. These rights are more accessible to the Director or any other person with familiarity with Court proceedings.

We recommend the government review the use of the ex parte provision during the upcoming review of the Child, Youth & Family Enhancement Act.

Aboriginal over representation

Aboriginal peoples, more specifically First Nations children and families, are over represented in child welfare systems across Canada and Alberta is second only to Manitoba in total number of First Nations children in care in Canada (based on 2011/12 data).

Aboriginal children in Alberta's child intervention system are largely First Nations children living in urban centres. According to 2013/14 department data, Aboriginal children make up 69% of the children in care in the province and 80% of those are First Nations children. First Nations children make up 55% of the In Care caseload in Alberta.

Root causes

The lingering impact of Residential Schools, poverty, poor housing and living conditions, and a lack of access to resources and opportunities combined with family breakdown, domestic violence and addiction are the principle root causes of the over-representation of Aboriginal children and families (particularly from First Nations) in Alberta's child intervention system.

Federal funding for people living on reserve has not kept pace with these diverse needs, including the need for social services outside the formal child intervention system. Provincially, child intervention workers outside the DFNA's do not appear consistently or adequately trained to work with First Nations families, and services are not adequately tailored to Aboriginal needs. Complicating our collective response to the plight of these families is a Gordian knot of local, provincial, treaty and federal jurisdiction that too often leave vulnerable people without the support they need.

Most often Aboriginal children come to the attention of the child intervention system as a result of concerns relating to neglect. Neglect in child intervention parlance can be broadly understood as failing to provide age appropriate basic care such as food, clothing, shelter, love and affection, medical and dental care, education, and protection from harm. Poverty is the common denominator in the vast majority of neglect cases.

According to Statistics Canada:

- The incidence of low income among Aboriginal people in Alberta is 32%, relative to 12% among the general Alberta population.
- 41% of Aboriginal children aged 0-12 in Alberta live in low income households, in contrast to 17% of children overall province-wide.
- For Aboriginal children in lone-parent families in Alberta, the incidence of low income climbs to 65%. This is 10% higher than the incidence of low income among children in lone-parent families province wide, at 55%.
- Aboriginal individuals not in census families (i.e. single-parent or couple families) are particularly vulnerable to low income, with an incidence rate of 50%. Women are slightly more vulnerable, at 53%.
- The unemployment rate for Aboriginal people in Alberta is 12.6%, more than twice that of Albertans as a whole at 5.8%.
- 46% of Aboriginal people have a post-secondary education, significantly lower than the non-Aboriginal population in Alberta at 64%

The Canadian Incidence Study of Reported Abuse and Neglect (2008) found that in substantiated maltreatment investigations, the incidence neglect was 8 times greater for First Nations children than for non-Aboriginal children and the incidence of intimate partner violence was 4.7 times greater for First Nations children. The same study found drug and alcohol abuse, a lack of social support, domestic violence and a history of foster care among the caregivers was much more prevalent in First Nations households involved in substantiated investigations of maltreatment. Alberta provincial data shows similar trends.

We can't talk about Aboriginal over-representation in the child intervention system without talking about the Indian residential schools that wreaked havoc on Aboriginal communities, families and children for more than 100 years. According to the Truth and Reconciliation Commission of Canada:

Up until the 1990s, the Canadian government, in partnership with a number of Christian churches, operated a residential school system for Aboriginal children. These government-funded, usually church-run schools and residences were set up to assimilate Aboriginal people forcibly into the Canadian mainstream by eliminating parental and community involvement in the intellectual, cultural, and spiritual development of Aboriginal children.

More than 150,000 First Nations, Inuit, and Métis children were placed in what were known as Indian residential schools. As a matter of policy, the children commonly were forbidden to speak their own language or engage in their own cultural and spiritual practices. Generations of children were traumatized by the experience. The lack of parental and family involvement in the upbringing of their own children also denied those same children the ability to develop parenting skills. There are an estimated 80,000 former students still living today. Because

residential schools operated for well more than a century, their impact has been transmitted from grandparents to parents to children. This legacy from one generation to the next has contributed to social problems, poor health, and low educational success rates in Aboriginal communities today.

Alberta was home to the largest number of Indian residential schools in Canada. Without question, we're seeing the impact of these schools in Alberta's child intervention system today.

Recommendations:

The Implementation Oversight Committee was established to provide recommendations to the Minister of Human Services and we've been asked for advice to address Aboriginal over representation in that system. We have to preface our recommendations however with the critical caveat that responding to the needs of Aboriginal children in Alberta is a collective responsibility. It is way too easy, and sadly too common, for one group or level of government to expect others to take responsibility for the problem. If we want to reduce the number of Aboriginal children becoming involved in the child intervention system then Albertans (as the de facto parents of children in care, voters and taxpayers), Aboriginal leaders, the provincial government and the Government of Canada each have to take responsibility.

We are encouraged to note that changes to child intervention practice in Alberta appear to be having a positive effect, for example, between 2011/12 and 2013/14 the total number of Aboriginal children in care in Alberta declined by eight per cent – despite increases in the Aboriginal child population. Promising practices such as these should be continued. Accordingly, a number of our recommendations focus on additional measures we feel the Province of Alberta can take in support of reducing the over-representation of Aboriginal children in our child intervention system.

Greater effort to keep Aboriginal families together

We noted that Aboriginal children in contact with Alberta's child intervention system are more likely to be put into care (nearly four times more likely to be taken into permanent care) but are far less likely to receive supports in community. Put another way, the child intervention system is more likely to apprehend Aboriginal children than support them in community with their families. Greater effort has to be taken to keep Aboriginal families together.

The department is making efforts to create a culture for staff that promotes a strength based approach when dealing with children and families. A Child Intervention Practice Framework that includes the following six principles has been developed:

1. Honoring and recognizing the Aboriginal experience;
2. Connection to existing relationships;
3. Collaborating with families and community members;
4. Continuous improvement of practice;
5. Strengths based approaches; and,
6. Family preservation.

The provincial adoption of Signs of Safety is a way to operationalize these values and philosophical shift and it is an important step in the right direction. Signs of Safety is a strengths-based, safety-oriented approach to child protection casework being implemented across Alberta's child intervention system. It holds promise in reducing Aboriginal over representation in the child intervention system because it helps sort out the difference between imminent danger versus chronic need. Aboriginal children typically come into contact with the child intervention system as a result of concerns regarding neglect and are apprehended due to a worker's assessment of imminent risk or danger. Signs of Safety also provides a more rigorous assessment of risk and shifts child intervention practice away from intervention and apprehension, to directly addressing the maltreatment issues with the family, and stabilizing and strengthening a child's and family's situation.

In order to keep more Aboriginal families together we recommend action in two key areas:

1. Child intervention services, practice and recruitment

- A review of child intervention services, in consultation with relevant Aboriginal communities and partners, to identify gaps in programming for Aboriginal peoples, especially for First Nations children and families. The review should include time-bound commitments and specific strategies for addressing identified gaps.
- Formalized training for intervention workers on the impact of the Indian residential schools, and other key elements of Aboriginal histories, traditions and cultural practices. This training should be developed in consultation with Aboriginal leaders and communities, and seek to equip workers to better respond to Aboriginal families in crisis. It should be mandatory for all delegated workers, and should be implemented and evaluated at the earliest opportunity. "Touchstones of Hope" developed by the First Nations Child and Family Caring Society of Canada could inform this training.
- Build on existing Aboriginal recruitment and retention efforts by setting time-bound targets for increasing the proportion of Aboriginal child-intervention workers. Specific strategies and targets should be developed to recruit and train more First Nations intervention workers for work in the urban Child and Family Services Regions.

2. Targeted poverty reduction

Poverty is the most powerful predictor of child welfare removal present in virtually all involvement in the child intervention system. Most Aboriginal children involved in the child intervention system are urban First Nations who fall under provincial jurisdiction.

The Premier has identified early childhood learning and development, poverty reduction and the plan to end homelessness as priorities for the Ministry of Human Services. We believe a targeted and proactive effort to reduce poverty among Aboriginal people living in urban areas could be effective in reducing Aboriginal over representation in the child intervention system by addressing some of the factors that lead to neglect. There is solid research to suggest that culturally appropriate services targeted to the key drivers of the over-representation (poverty, poor housing

and substance misuse) will substantially improve the safety and well-being of Aboriginal children and ultimately reduce the numbers of children in care. There are a number of promising models that have proven effective in Alberta and elsewhere. Common features of proactive or preventative programs designed to reduce child welfare involvement include: intensive and flexible intervention; intervention targeted to the factors placing families at risk such as poverty, poor housing and substance misuse; interventions tailored to the unique needs of each family; and, efforts focused on achieving improvements in a clearly defined set of outcomes.

We recommend that government efforts to reduce poverty prioritize specific, targeted initiatives to reduce poverty among Aboriginal people living in urban centres. Targeted efforts should begin with a focus on urban Aboriginal families and youth currently in contact with the child intervention system, including those about to age out of care (and those who recently have). Strategies should be reviewed against key risk factors for child intervention involvement, including: unaffordable or no housing; poverty, addiction, domestic violence and a history of foster care.

The targeted strategies should seek to improve outcomes for Aboriginal children and families in five key areas:

- o improving housing affordability and stability;
- o reducing domestic violence;
- o increase in employment / income;
- o increased educational involvement and improved outcomes (High School completion & post-secondary education); and,
- o reduction in negative justice and child intervention system involvement.

There are several promising Canadian Aboriginal models that could inform the development targeted strategies and other international models including (but not limited to): Housing First Intensive Case Management, the Troubled Families Program in the UK, the US Housing & Urban Development Family Unification program, Government of New Zealand – Children’s Teams and the Australian Centre for Social Innovation - Family by Family program.

Priority Issues for upcoming Federal-Provincial-Territorial (F/P/T) Discussions

In the past, jurisdictional complexities and disputes have too often impeded progress. However, we are encouraged by the recent commitment by Canada’s Premiers to address the over-representation of Aboriginal children in child welfare systems, and hopeful that this leadership will be accompanied by sustained engagement by the federal government. As Minister responsible for the legislation governing child intervention in Alberta, we believe you are in a strong position to set the agenda for these important deliberations with your F/P/T colleagues. We offer the following advice on two key areas where future collaborative action should be focused:

1. Federal funding and migration to the cities

We can’t say with certainty why so many First Nations families and children are coming to the cities but evidence suggests many are leaving reserves in search of opportunity and a better life. Many, we

believe, are leaving substandard housing, poverty and a lack of economic opportunity, often coming to the cities in search of health, education and social services for their children that do not exist on reserve.

The Auditor General of Canada noted the poor living conditions for many First Nations in a 2011 report:

It is clear that living conditions are poorer on First Nations reserves than elsewhere in Canada. Analysis by Indian and Northern Affairs Canada (INAC) supports this view. The Department has developed a Community Well-Being Index based on a United Nations measure used to determine the relative living conditions of developing and developed countries. INAC uses its index to assess the relative progress in living conditions on reserves. In 2010, INAC reported that the index showed little or no progress in the well-being of First Nations communities between 2001 and 2006. Instead, the average well-being of those communities continued to rank significantly below that of other Canadian communities. Conditions on too many reserves are poor and have not improved significantly.

We've noted in our review ongoing challenges with insufficient federal financial support for Aboriginal peoples. Our concerns echo those well documented by the Auditor General of Canada in reports in 2008 and 2011 as well as the argument made by the First Nations Child and Family Caring Society (Caring Society) in their case before the Canadian Human Rights Tribunal. In that case, the Caring Society and the Assembly of First Nations are joined by the Canadian Human Rights Commission in alleging that inequitable federal funding for child welfare is discriminatory pursuant to the Canadian Human Rights Act. One of the internal federal government documents filed at the Tribunal documented an alarming internal federal reallocation of over a half billion dollars out of needed on-reserve infrastructure funding (that would fund schools and housing for example) into social and education operating budgets to address growing populations. Further, this same document the Caring Society notes documented shortfalls in federal funding of the federal government's 'Enhanced Prevention Focused Approach' (EPFA) to funding First Nation Child and Family Services on reserve that is applied in Alberta and several other regions across Canada. For example, EPFA does not provide any funding for First Nations child welfare agencies for child-in-care related legal expenses or to receive and investigate child welfare reports even though these functions are required by law. This means the level of support a child or family can get on reserve is less than what they can get in the city. Many families on reserve are relocating off reserve to access services for their children that are either not available on reserve or provided in lesser ways. This migration off reserve in search of equitable services separates families from their cultures, languages and natural caring systems and transfers the cost of these services from the Government of Canada to the Government of Alberta.

Federal funding for child welfare only pays for people 'ordinarily resident on reserve' where Alberta's over-representation is largely urban. With the migration of families off reserve and into the cities, this effectively allows the Government of Canada to shift financial responsibility for Aboriginal child welfare to the province.

At the August 2014 Council of the Federation meeting, Canada's 13 Provincial and Territorial Premiers committed to improving outcomes for Aboriginal children in care. As part of forthcoming F/P/T discussions on this issue, we encourage the Government of Alberta to pursue enhanced Federal funding

for on reserve child and family services including operating and infrastructure, especially as it relates to housing, health care and education. Services available to families on reserve should be comparable to those services available to families in the rest of Alberta.

2. Empowering Aboriginal involvement in Child and Family Services

One way to support more effective child intervention services and enhanced outcomes for Aboriginal children and families is to ensure Aboriginal communities and agency partners are empowered to influence the design and delivery of services, and have the resources and flexibility to respond to their unique needs.

Alberta does have mechanisms to explore and resolve issues, however, discussions with F/P/T colleagues and Aboriginal communities and partners could explore what obstacles and opportunities exist to further empower Aboriginal communities, particularly First Nations. Particular attention should be given to:

- opportunities to clarify the authorities that apply to child and family services (Indian Act, provincial legislation (e.g., CYFE), First Nations legislation, and Treaties);
- clarifying funding responsibilities (for on- and off-reserve services) and, importantly, specifying a basis of comparability between on and off reserve child and family services;
- exploring promising practices for developing Aboriginal specific outcomes and standards of care;
- identifying opportunities to streamline data sharing and enhance learning opportunities between on- and off- reserve systems; and
- opportunities to enhance existing ongoing, formal processes that collaboratively address inequity for First Nations people in the child intervention system.

Jordan's Principle

We noted in our review that Alberta is the only province in Canada not to formally recognize "Jordan's Principle." Jordan was a First Nations child from Norway House Cree Nation in Manitoba. Born with complex medical needs, Jordan spent more than two years unnecessarily in hospital while the Province of Manitoba and the Federal government argued over who should pay for his at home care. Jordan died in hospital at the age of five years old, never having spent a day in a family home.

Jordan's Principle is a child first approach to resolving funding disputes within and between governments so that First Nations children can access public services on the same terms as other children. It calls on the government of first contact to pay for the services and seek reimbursement later so the child does not get tragically caught in the middle.

In Alberta's case, while there are processes in place to work through jurisdictional questions on a case-by-case basis, formally adopting this policy would more firmly signal Alberta's commitment to ensure the needs of individuals are met first – and to settle jurisdictional and funding questions after.

We recommend the Government of Alberta formally recognize and endorse Jordan's Principle.

Support an Inquiry into Missing and Murdered Indigenous Women

While it may seem way outside our mandate to recommend Alberta support a National Inquiry into Missing and Murdered Aboriginal Women, you cannot separate what happens to children and families from what happens to women and girls. You've asked us to focus on the root causes of Aboriginal over-representation in the child intervention system. The vulnerability of these women and girls is the result of the very same root causes that lead to the dramatic over-representation of Aboriginal children in child welfare systems (the legacy of Residential Schools, poverty, violence, trauma and more). If we want to begin to resolve these root causes, and reduce Aboriginal over-representation in child intervention, an Inquiry into Missing and Murdered Indigenous Women could be an effective complementary strategy.

The upcoming forum hosted by the Council of the Federation is a good first step, but that forum should lead to a full national inquiry. An inquiry would create the space to examine the problem free of jurisdictional prisms, expose the issues in their fullness, hold the key players accountable, and most importantly, build a drumbeat of public support for the reforms necessary to improve the health and wellbeing of Aboriginal women, children and families.

From a provincial government perspective an inquiry of this nature will bring critical attention to issues that need resolution if we are to deal with the root causes of Aboriginal over representation in our child intervention system and related provincial priorities to end homelessness and reduce poverty.

We recommend the Government of Alberta support the establishment of a National Inquiry into Missing and Murdered Indigenous Women.

Education and training

The effectiveness of Alberta's child intervention system rests on the skill and hard work of front line workers and their leaders. This is challenging and often thankless work in a professional field that is rapidly evolving. As we mentioned in our first letter to Minister Bhullar, an investment in the recruitment, training and professional development of child welfare workers and leaders, will reap significant returns in service quality and better outcomes for vulnerable Albertans.

We want to highlight the importance of ensuring high quality child intervention specific education and training for front line workers and their leaders. According to the Canadian Incidence Study of Reported Child Abuse and Neglect-2008, 67% of investigating child welfare workers across Canada had at least a Bachelor of Social Work degree. According to departmental data only 43.5% of workers in Alberta's child intervention system have Bachelors or Masters of Social Work degrees. In Alberta today there is only one degree program in social work (at the University of Calgary) and no Alberta institution that offers a formal child welfare specialization. 10 Alberta institutions offer social work diploma programs.

In the challenging, complex and rapidly evolving field of child intervention, a lack of child intervention specific training and degree programs is concerning. We recognize that some important steps have been taken to enhance access to social work education (both BSW and MSW), and to deepen the

department's partnership with post-secondary institutions on issues such as curriculum development. However, more can be done. We want to reiterate our previous recommendation that the government create an Alberta Centre for Child Welfare Development in partnership with an appropriate post-secondary institution that:

- provides a comprehensive child welfare education including a Bachelor of Social Work with a child welfare focus, a route into a tailored Masters of Social Work to help educate senior managers in child welfare leadership and supervision, and a range of child welfare professional development opportunities;
- drives collaborative research on child welfare practice in partnership with Alberta Human Services; and,
- provides complementary supports to the child welfare system, such as promotion of child welfare as a career path, and programming for children formerly in care.

Council for Quality Assurance

The Council for Quality Assurance (CQA) plays a lead role as a multidisciplinary body that works with the Department of Human Services and the Office of the Child and Youth Advocate in developing an integrated system of quality assurance and continuous improvement in Alberta's child intervention system.

As an arms-length body, the CQA can also play an important role in establishing and maintaining public trust and confidence in the quality of service being delivered by the child intervention system.

We've noted in our discussions ongoing tension between the department and the Council for Quality Assurance. Some of that tension can be derived from a lack of role clarity. The CQA, along with the department, has been buffeted by change over the last several years that has added confusion and uncertainty to its roles and responsibilities. We believe the CQA can play a very important quality assurance and continuous improvement role in the child intervention system but it needs greater independence from the department in order to be effective. The CQA's new work plan provides a solid roadmap for the coming year. The CQA will be assuming responsibility for the IOC's role in overseeing the implementation of recommendations to the child intervention system.

We recommend that the CQA be led by an Executive Director or CEO with a staff team hired and led independent of the department. Considering the evolution and mandate of the CQA, a review of the membership of the CQA might be in order. The purpose of the review would be to ensure that the appropriate skill, experience and expertise is present within the membership to complete the work required.

With regards to the internal child death and serious incident review process, we believe the CQA should not conduct its own separate review of death and serious injury but rather ensure there is a rigorous internal investigative process, provide independent expert advice to the internal review process and the Minister, participate in the Child Death Review Committee where required, and monitor the quality of the internal review process and the implementation of recommendations. If they feel an internal

investigative review is insufficient or the process is flawed, the Council should be empowered to require revision.

The CQA has noted a 'backlog' of reviews into deaths of children in care or receiving services going back to 2012. We believe the CQA and the department should negotiate a transition plan to ensure those recent deaths not covered by the new internal death and serious incident review process, receive an appropriate and rigorous review.

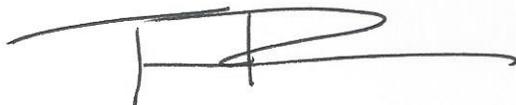
Thank you

We would like to thank the many department staff and experts who have supported our work. We would like to specifically acknowledge Bryce Stewart, Joni Brodziak, Glen Hughes and Cindy Thompson for their candor, intelligence and hard work in support of our committee.

On behalf of the Child Intervention System Implementation Oversight Committee I'm pleased to submit this report to you. Please do not hesitate to contact us with any questions or comments.

Thank you for this opportunity to serve.

Kindest regards,



Tim Richter
Chair, Implementation Oversight Committee

On behalf of:

Chief Wilton Littlechild, former Regional Chief for Treaty 6, 7 and 8, member of the United Nations Human Rights Expert Mechanism on the Rights of Indigenous Peoples and Commissioner for the Indian Residential School Truth and Reconciliation Commission

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

Ms. Joni Morrison O'Hara, retired Alberta child intervention system leader

Dr. Nico Trocmé, Professor of Social Work, McGill University; Co-chair, 2010 Child Intervention Review Panel

Trevor Daroux, Deputy Chief, Calgary Police Service

The Honourable Lawrie J. Smith, Court of Queen's Bench (retired)

Ms. Lori Cooper, Chief Delivery Officer, Alberta Human Services (ex officio)

Encl.

Child Intervention Implementation Oversight Committee (IOC) Status Report

IOC Recommendation / CI Enhancement Plan Element	Status / Description of Activity
IOC Recommendations – April 7, 2014	
<p>Improving the Child Death Review Process</p> <p>A. Create a multidisciplinary (expert) Child Death Review Committee (CDRC) under the Office of the Chief Medical Examiner</p> <ul style="list-style-type: none"> – Provide OCME direct access to information sharing systems <p>B. Develop Internal HS Death and Serious Incident Review (w/ CQA and OCYA)</p> <ul style="list-style-type: none"> – Extend statutory shield to CI workers and reviewers <p>C. Clarify and enhance the role of CQA</p> <p>D. Expand mandate of OCYA</p>	<p>Status:</p> <ul style="list-style-type: none"> ▪ Review of <i>Fatality Inquiries Act (FIA)</i>, including the proposed CDRC, is ongoing (led by Justice and Solicitor General). Expected completion of external consultation – March 2015. Expected completion of legislative changes – fall 2015 session. ▪ Department’s Internal Child Death and Serious Incident Review process developed with input from CQA and CYA. CQA to advise on implementation and continuous improvement. <ul style="list-style-type: none"> – Statutory shield extended to QA Officers appointed to review incidents. ▪ Bill 11 enhanced/broadened CQA role to include collaborative monitoring and evaluation of Director’s activities, strategies and standards, developing a Quality Assurance (QA) Framework, and the appointment of Committees for QA activities. ▪ Bill 11 extended OCYA ability to investigate deaths of children who received designated services up to two years prior to death.
<p>Remove the Blanket Publication Ban (for death in care or while receiving services)</p> <ul style="list-style-type: none"> – Enable families and youth to self-identify. 	<p>Status:</p> <ul style="list-style-type: none"> ▪ Bill 11 removed the blanket ban in respect of a deceased child. <ul style="list-style-type: none"> – Publication Ban (Court Applications and Orders) Regulation considered by all-party committee. Regulation came into effect on November 27.
<p>Review Progress and Prioritize Past Recommendations (post 2010)</p> <p>A. Verify implementation status</p> <p>B. Prioritize incomplete recommendations (w/ barriers to completion)</p>	<p>Status:</p> <ul style="list-style-type: none"> ▪ GOA’s Corporate Internal Audit Service (CIAS) engaged to verify implementation status for completed/ongoing recommendations. Expected completion – March 2015. ▪ Assigned “priority/status” categories for 25 in-progress recommendations.
<p>Ongoing Monitoring of Recommendations (1999-forward)</p> <p>A. Implementation Tracking System</p> <p>B. CQA Tracking and Reporting on implementation</p>	<p>Status:</p> <ul style="list-style-type: none"> ▪ Tracking system in final design phase. System governance and operational/process requirements are in planning stage.
<p>Invest in Front-Line Workers</p> <ul style="list-style-type: none"> – Alberta Centre for Child Welfare Development 	<p>Status:</p> <ul style="list-style-type: none"> ▪ Twenty-five (25) new spaces for Bachelor of Social Work (BSW), increasing to 100 additional seats per year by 2017/18. Master’s program (MSW) will increase by 25 spots starting in January 2015. Two-year online MSW will emphasize clinical social work and professional development/leadership opportunities for Child Intervention staff (tuition/books paid). Up to 5 of 25 spots reserved for Delegated First Nation Agency staff. ▪ GOA-U of C Taskforce established to explore Child Intervention focused education opportunities. Opportunities for research collaboration are being explored, supported by the results of the CI Research Forum (May 2014). ▪ U of C Faculty of Social Work to form knowledge broker relationship with Department of Human Services to support improved practice.

IOC Recommendations – August 21, 2014: System Outcomes and Benchmarks

Review/Prioritization of Past Recommendations		<p>Status: See also “Review Progress and Prioritize Past Recommendations” (above).</p> <ul style="list-style-type: none"> ▪ Assigned “priority/status” categories for 25 in-progress recommendations.
<p>Getting the Full Benefit of External Review</p> <p>A. Process to review proposed/draft recommendations with recommending body before committing to implement.</p> <p>B. Process to discuss published recommendation with recommending body to develop implementation plan to meet recommendations’ intent.</p> <p>C. Outreach to external/independent recommending bodies to establish guidelines for developing recommendations – e.g., “SMART” criteria.</p> <p>D. Require that each recommendation is supported by auditable action plan that includes (i) clear outcome; (ii) planned actions; (iii) responsibility for actions; (iv) timeline for completing actions; and (v) regular review and scheduled audit.</p>		<p>Status:</p> <ul style="list-style-type: none"> ▪ CFS Recommendation Approach is under development and includes SMART criteria. Approach supports collaboration with the recommending body for clarity of intent, anticipated impact and development of auditable action plans. Implementation expected April 2015. <ul style="list-style-type: none"> – Outreach to external/independent bodies has been initiated.
<p>System Performance Data Strategy</p> <p>A. Public reporting of program data and outcomes</p> <p>B. Benchmarking performance against peers</p> <p>C. Analysis of cross-ministry administrative data on children leaving CI (CYDL Project 2)</p> <p>D. Longitudinal study of experiences following involvement in CI (e.g. AIS 2014)</p>		<p>Status:</p> <ul style="list-style-type: none"> ▪ GOA Open Data initiative -- CI datasets posted on the HS website. Eleven “Official Statistics” posted on the OSI website and linked to Open Data portal. ▪ Publication of CI Outcome data (Phase 1) targeted for March 2015. ▪ Publication of CI Outcome data (Phase 2) targeted for 2015-16. ▪ Challenges/opportunities to benchmark performance under review. Ministry will benchmark its own performance over time. Evaluation of leading practices will continue as part of regular continuous improvement efforts. ▪ CYDL Project 2 underway. Initial results expected in 2016. ▪ Plans in development to engage academic and research partners in the development and implementation of a longitudinal study of children and youth involved with intervention. Targeted completion for 2018-19.
Child Intervention Enhancement Plan - Overview		
1	<p>Child Intervention Roundtable</p> <p>-Reviewing deaths and serious injuries</p> <p>-Balancing privacy and transparency</p>	<p>Status:</p> <ul style="list-style-type: none"> ▪ Roundtable held January 2014. Final Summary Report released. <ul style="list-style-type: none"> – See IOC Recommendation “Improving the Child Death Review Process” and “Remove Blanket Publication Ban” for additional details.
2	<p>Implementation Oversight Committee</p> <p>-Accelerate and guide action on child intervention enhancements</p>	<p>Status: IOC appointed and proceeding with identified priorities.</p> <ul style="list-style-type: none"> ▪ April 7 Letter to the Minister. ▪ August 21 Letter to the Minister. ▪ November 6 Letter from the Minister to IOC to provide new direction to guide actions and timing. ▪ IOC Meetings on Aboriginal over-representation with focus on root causes. ▪ January Letter (draft final report) to the Minister. ▪ February 6 meeting of Minister with IOC chair.

3	<p>Public Information Sharing -Continuous Improvement</p>	<p>Status:</p> <ul style="list-style-type: none"> ▪ GOA Open Data initiative -- CI datasets posted on the HS website. Eleven “Official Statistics” posted on the OSI website and linked to Open Data portal. ▪ CFS CI Interactive data tool also published to website. ▪ Phased publication of CI Outcome Measure data -- aligned with National Outcome Matrix (NOM): Phase 1 in March 2015; Phase 2 in 2015-16. ▪ Bill 11 requires supplemental “Annual Public Disclosure” and Director’s response to system recommendations. ▪ Online notification and monthly aggregate reporting of child deaths. ▪ Letter of Agreement with Calgary Police Service and Edmonton Police Service to support enhanced information sharing. Information sharing MOU with the RCMP is under discussion.
4	<p>Education, Training and Support for Child Intervention Workers -Strengthen casework practice</p>	<p>Status: See IOC Recommendation “Invest in Front-Line Workers” (above) for additional detail. Additional department activities include:</p> <ul style="list-style-type: none"> ▪ Established tracking system for staff qualifications. ▪ Development of a Child Intervention Practice Framework (CIPF). ▪ Development of a knowledge mobilization plan. ▪ Agreement for and investment in province-wide expansion of “Signs of Safety” initiative. ▪ Workload Assessment and Resource Management model is in development. ▪ Comprehensive review/redesign of staff training is in progress. ▪ Cross-cultural competency initiatives. Includes: (i) HS Ethnic Communities Committee; (ii) Diverse Populations Service Delivery Framework; (iii) Calgary Multi-Cultural Brokers Program to support cultural/kinship connections.
5	<p>Aboriginal Root Causes -Children’s safety and wellbeing</p>	<p>Status: Minister’s Priority Letter (November 6, 2014) requested root-cause focus as part of addressing Aboriginal over-representation. Selected GOA/HS initiatives include:</p> <ul style="list-style-type: none"> ▪ Alberta’s Social Policy Framework (SPF). Provides policy foundation for a variety of early intervention/prevention initiatives that are in development: <ul style="list-style-type: none"> – Poverty Reduction Strategy. – Early Years Strategy. – Children’s Charter (CFA). – Citizen-Centred Integrated Service Delivery (CCISD) model. – Alberta Sexual Violence Plan & Action Plan to End Child Sexual Abuse. – Youth Homelessness Strategy. ▪ Additional initiatives underway or in progress to address root causes in CI system include: <ul style="list-style-type: none"> – Welcome to Parenting Initiative – (May 22, 2014). – Expansion of mental health supports – (February 3, 2014). – Increase CI service eligibility from 22 to 24 years old. – Mentorship capacity funding – (July 14, 2014). – Family and Community Safety Program – (August 21, 2014). – Child Mental Health action plan for CI (cross-ministry).