Assessment of the Status of the Implementation of Responses to Recommendations for the Child Intervention System

For Alberta Human Services

August 17, 2015
(Work substantially complete as at March 31, 2015)

Alberta

Treasury Board
and Finance

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Introduction

In January 2014, the former Human Services Minister announced a Five-Point Plan for improving the Child Intervention System. An Implementation Oversight Committee (IOC) was appointed to oversee this work. A key element of the IOC's mandate was to accelerate activity on the Five-Point Plan and to prioritize responses to previous recommendations for improving the Child Intervention System.

The IOC identified in its April 7, 2014 letter to the Minister, that it intended to begin a focused review of recent recommendations in order to:

   i.   Verify progress/impact; and
  ii.   Prioritize incomplete recommendations and identify barriers to implementation.

The recommendations stem from a variety of sources, including the Office of the Child and Youth Advocate; the Alberta Child Intervention Review Panel (2010); Fatality Inquiries; and the Child and Family Services Council for Quality Assurance.

Human Services (the "Ministry") had assessed the implementation status of the related recommendations and had provided a listing of that status to IOC.

The IOC requested the Ministry provide it with an independent verification of the progress or implementation status of 67 recommendations. These 67 recommendations were described by the Ministry as 55 completed recommendations and 12 ongoing with further ongoing action required. It excluded recommendations where implementation was still in progress as of July 2014.

The Ministry requested CIAS provide it with an independent assessment of the implementation status of the 67 recommendations.

There are duplicates included in the 67 recommendations. For purposes of this report, the total number of recommendations has been reduced to 58 (46 unique completed recommendations and 12 on-going recommendations). This change was discussed and agreed to with the Ministry.

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Purpose and Scope

In response to the Ministry's request, CIAS agreed to undertake a limited assessment of evidence supporting the Ministry responses stated as undertaken for the 46 recommendations reported as complete and the 12 recommendations reported as ongoing action required.

1. Recommendation	→	2. Ministry Response	→	3. Ministry Action(s)
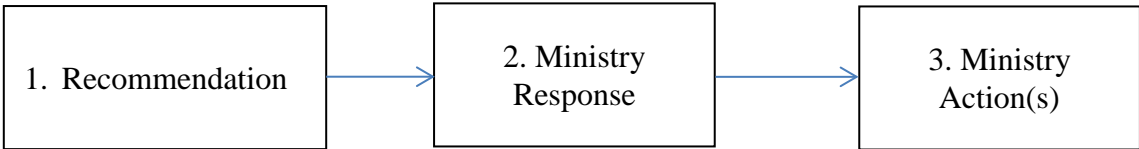
In order for the Ministry to implement a response, they need to determine the specific action(s) that must be taken in order to meet the intent of the recommendation. The assessment of the evidence extends to the action(s) taken by the Department related to the Ministry response.

This project did not assess whether the action reported to the IOC sufficiently and appropriately addressed the original recommendation or the related response by the Ministry. It focused on evidence to support whether the reported action had been completed and implemented.

This project was a limited assessment in that CIAS undertook limited procedures to review management's assertions vis-à-vis these Actions. **This work did not constitute an audit.**

CIAS, as part of our deliverables, summarized the limitations of our work with respect to assessment of the implementation of each response through the action(s) undertaken by the Ministry. CIAS also summarized what it would entail to provide a high level of assurance on the sufficiency and appropriateness of the implementation of the actions, and some of the associated challenges. This information could assist the Ministry in terms of potential next steps related to the verification of implementation of recommendations.

CIAS is also providing general suggestions for consideration by the Ministry that may potentially improve the quality and clarity of future recommendations based on its review of the existing recommendations (e.g. typical characteristics or recurring deficiencies that may complicate the development of Ministry responses and related actions to the recommendations).

It was understood that the project CIAS undertook on behalf of the Ministry was an initial step to provide an independent verification of actions taken in response to recommendations for the Child Intervention System, and was requested by the Implementation Oversight Committee. Once completed, other steps may be deemed necessary to support ongoing quality assurance activities by the Ministry.

The above purpose and scope of work, and applicable exclusions and limitations, were formally agreed to between the Ministry and CIAS in a Terms of Reference completed prior to the commencement of this project.

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Summary of Results

The Summary of Results is presented in two parts to align with the two overall deliverables for this project:

- Assessment of evidence supporting Ministry responses and related actions
- Suggestions for the Ministry's consideration to improve practices when responding to recommendations

Assessment of evidence supporting Ministry responses/actions

We performed a limited assessment of the implementation status of the 58 Ministry responses that were reported as completed, or as ongoing action required. This project did not assess whether the action reported to the IOC sufficiently and appropriately addressed the original recommendation, or the related response by the Ministry. It focused on evidence in support of whether the reported action had been completed and implemented.

We were able to confirm the status for fifty six (56) of the fifty eight (58) responses through examination of evidence supporting the applicable Ministry response or the related action.

For one of the responses (#18- Child Abuse) we were only able to partially verify the status of implementation, and one, (#24 - Critical Response Protocol), we were not able to verify.

Appendix A is a table summarizing CIAS' observations based on the work performed in verifying the Ministry's responses and/or actions related to the 58 Recommendations. The particulars related to the two responses that were either partially verified or not verified are also documented.

For an independent review to provide a high level of assurance that a particular Ministry response and/or action was sufficient and appropriate to address the original recommendation and/or the underlying incident which gave rise to the recommendation, **which was not part of the scope of this project**, would require the following:

- An understanding of how the action(s) taken by the Ministry to respond to a particular recommendation or incident is integrated into the overall Child Intervention System, and how the action(s) impacted the overall system.

- Auditing the implementation of the new or revised policies or processes by front line staff to determine whether they were being applied and followed as intended.

- Verifying whether intended outcomes were established for the actions taken and were being monitored for results, for any unintended outcomes, and for continuous improvement.

Even with the above, attributing changes in performance or outcome to a specific action would be challenging in many cases because of the many internal and external variables impacting a complex and integrated system such as the Child Intervention System.

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Suggestions for the Ministry's Consideration

Although this project, as previously stated, was not an audit and was not established to conclude on the effectiveness of processes, the deliverables for this project included suggestions for the Ministry's consideration on its practices for responding to recommendations received from the various sources.

As we did not audit the Child Intervention System, these suggestions should not be implemented by the Ministry without first undertaking an appropriate analysis of their impact on the overall system.

We recognize the importance of the Ministry not attempting, and not being seen as attempting, to influence these independent bodies, which may preclude the Ministry from acting on some elements of the suggestions below.

Based on work performed on this project, we provide the following suggestions for the Ministry's consideration.

Suggestion # 1 – Adopt the SMART Approach (Specific, Measurable, Achievable, Relevant, and Time-bound)

We suggest Human Services consider adopting and formalizing their recommendation approach which includes "SMART" criteria for receiving, reviewing, evaluating and responding to recommendations. Within the formal process, consideration should be given to:

- Developing a report within 90 to 120 days after an incident that provides:

  - Background on the incident;
  - Results and conclusions of the Ministry's review of the incident and recommendation;
  - Actions taken since the incident;
  - Actions yet to be taken with target time of completion; and
  - Intended outcomes.

  The report should be distributed to senior management and be available upon request to the organizations mandated to provide independent reviews.

- Establishing the intent and outcome of the recommendation. Obtaining clarity from the source would help ensure that the actions taken will address the underlying issue (root cause) that gave rise to the recommendations. Presently, the recommendations received are often fairly broad and general.

- Establishing a formal process to determine and evaluate the intended and potential outcomes from the Ministry's response to a recommendation. Consultation with the independent entity providing the recommendation should be considered for this process, where this is possible.

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- Establishing a detailed action plan with key milestones and with regular reporting on progress against the action plan to senior management.

- Establishing a scale of severity and significance to the incident that the recommendation relates to. Based on that scale, the Ministry can prioritize the recommendations received and focus efforts on the recommendations that require immediate attention.

- Consider consolidating recommendations completed over a period of time (e.g. quarterly, bi-annually or annually). This will allow the Ministry to reduce efforts responding to duplicate and repetitive recommendations, streamline reporting processes and review procedures.

- Consider theming recommendations received over a period of time, possibly in the same cadence as the reporting process identified above. This will provide improved information to the public while also allowing the Ministry an opportunity to analyze trends and undertake a root-cause analysis.

- In addition to the approvals received by the Ministry for releasing formal responses, it is recommended that the Ministry's communication branch be involved in reviewing the responses prior to their release to support consistency in presentation and process.

Suggestion # 2 – Data Management Processes

We suggest Human Services establish a formal data management system to collect, categorize and retain information to evidence actions taken and outcomes achieved. Consideration should be given to:

- Maintaining training logs that provide evidence that staff has successfully completed the mandatory or voluntary training courses.

- Retaining meeting dates, attendees, minutes, etc. for key meetings and outcomes,

- Confirming verbal approvals in writing, and

- Retaining formally approved documents such as Project Charters, Terms of Reference, Memorandums of Understanding, etc.

Suggestion # 3 – Jointly Owned Responses

We suggest Human Services clearly communicate within the Ministry response that a particular recommendation and the related response and actions are jointly owned by the Ministry and such other Ministries and Agencies within the GoA and/or Federally as are applicable. Further, clearly communicate what is within and outside Human Services' responsibility or sphere of influence.

Comments - Timelines

Timeliness of recommendations: It is recognized that the period from the time of the incident to when a recommendation is received is not within the control of the Ministry. It would be beneficial if a method could be found to improve the timeliness of these recommendations. It is often many years after the particular incident that recommendations are received, reducing their usefulness.

Management Response

The Ministry will continue the work on implementing a consistent approach to reviewing, responding, actioning, tracking and reporting publicly on the implementation progress for recommendations. The Child and Family Service division is committed to working collaboratively with recommending bodies on coming to a common understanding of the intent of their recommendation. Increased clarity on the intended outcome facilitates the successful implementation of their recommendations to support better outcomes and systemic improvements.

The development and implementation of a data system will support the Ministry in tracking progress and assist in the collection of evidence to support the actions taken on recommendations to improve the child intervention system. Clear processes for tracking, categorising and collecting information will support evaluation of impact and achievement of intended outcomes.

Completed Recommendations

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
1	Abuse Allegations Policy	Develop policy to identify and address the special considerations that need to be made in the investigation process when allegations of abuse are made against employees in a government-run facility.	Policy implemented on October 1, 2011; outlines considerations required when assessing care concerns of alleged abuse/ neglect in a government -run facility. This includes the involvement of the Ministry's Human Resources Branch.	Policy implemented. A videoconference was made available throughout the province, and posted on the intranet for ongoing access, outlining the changes and revisions as well as the layout and features of the revised manual. Policy manual revision sheets (Intervention, Placement Resources and Adoption) were provided to frontline staff with information by chapter of content and any revisions that were made. A temporary email address was established to support frontline staff in accessing program staff for policy clarification.	Department's response is verified. CIAS verified that: * The Department has revised the Enhancement Act Policy Manual to address allegations of abuse in a government run facility. * The Policy provides for the involvement of the HR branch in allegations of abuse or neglect in government run facilities.
2	Aboriginal Overrepresentation	We recommend that the ministry takes action, developed in partnership with Aboriginal stakeholders, that builds on work to date, and specifically addresses safely reducing the number of Aboriginal young people coming into ministry care, and for those who do, reducing the amount of time in care that builds on work to date, and starts reversing the upward trend for Aboriginal young people in ministry care. As well, for those Aboriginal young people who are in care, this	The Ministry is giving this issue priority and has taken action by focusing on creating relationships with Aboriginal stakeholders and developing joint solutions related to this issue: • The Minister met with the Grand Chiefs of each Treaty area in the fall of 2013. • The Ministry is working with the Chiefs and Council in all Treaty areas and with all service delivery partners to enhance and support the role of the Band Designate, to ensure their involvement in case planning for First Nation children in care who are away from their First Nations community. • We continue to work in partnership with Aboriginal Relations, Aboriginal Affairs and Northern Development Canada, and First Nation, Metis and Inuit leadership and communities.	The Ministry funds 31 Band Designates whose role it is to support children and families in maintaining cultural ties to their communities and preserving the child's cultural identity while in care. The Ministry is implementing an Elders' Circle, an in-house list of Elders available to provide support, wisdom, and guidance to all Human Services staff, both Aboriginal and non-Aboriginal, targeted for implementation by fall 2014. The division of Aboriginal Engagement and Strategy was established in June 2011 with the mandate to play a leadership role in defining social based challenges and opportunities facing Aboriginal peoples, and bring together the ministry , Aboriginal communities, other Ministries and stakeholders to develop solutions. The division has met with and heard from	Department's response is verified. CIAS verified that: * The Department met with the Grand Chiefs in fall 2013. * The Department is working with the Chiefs and Councils in all Treaty areas and with all service delivery partners to enhance and support the role of the Band Designate to ensure their involvement in case planning for First Nation children in care who are away from their First Nation community. * the Department continues to work in partnership with Aboriginal Relations, Aboriginal Affairs and Northern Development Canada and First Nations and Metis and Inuit leadership and communities.

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		action needs to include an increased commitment to their ongoing connection and involvement with their families, communities, and Nations and support for participation in their cultures and traditions.		more than 1,000 people to begin identifying the root issues that lead to Aboriginal children coming into care. Work has commenced on the Child and Family Services Engagement Process (formerly the MOU working group). Tri-lateral partners include representatives from all three Treaty areas, the AANDC and the CFS Division. A strategic work plan is under development to guide the work. Two Aboriginal Outcomes-Based Service Delivery (OBSD) sites have been launched. Regional service delivery areas and DFNAs are employing indigenous, trauma-informed and relationship-based practice/strategies, including Family Group Conferencing, Family Teaming, and Signs of Safety.	
3	Procedural Rights	The process of informing young people about their procedural rights requires ongoing discussion and increasing the capacity of the ministry to support young people to understand and exercise their rights. The Child and Youth Advocate recommends implementing a comprehensive strategy that includes: · further research into the benefits of building capacity, involving young people in decision-making, and informing them of their rights, · a compendium for	The policy regarding procedural rights for children was significantly revised in collaboration with the OCYA, Policy 1.8 - Children's Procedural Rights: • provides a clear description of procedural rights; • specifies when a caseworker must discuss procedural rights with children and youth; • provides clear direction about how to discuss procedural rights with children and youth; • identifies procedural rights contained within the *Child, Youth and Family Enhancement Act*; and • discusses the new children's rights booklets (*Children Have Rights* and *Children and Young People have Rights*) in terms of their use and content. Delegation training for new staff	The Enhancement Act Policy Manual, Policy 1.8 was revised to reflect Advocate's recommendations and implemented on October 1, 2011. Delegation training includes material and information on children's rights. The *Children Have Rights* and *Children and Young People Have Rights* booklets were distributed to staff, contracted agencies and posted on the Ministry's web-site.	Department's response is verified. CIAS verified that: * The Department has revised the Enhancement Act Policy Manual to address Children's Procedural Rights. * The delegation training material includes items specific to Children's Procedural Rights. * "Children have Rights" and "Children and Youth have Rights" booklets are available on the Department's website and are available as links from within the Enhancement Act Policy Manual.

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		training regarding the procedural rights booklets, to help caseworkers fully understand their legal obligations and the practical benefits of involving young people in decisions and developing their capacity to problem solve, · include a module in Delegation training on substantive and procedural rights for caseworkers, including strategies on engaging young people to learn about and use these rights in their day-to-day lives, · reinforce standard points in involvement with young people when discussions of rights should occur, · ongoing messages and key learning provided by the Ministry to reinforce the importance of knowledge building around rights education.	includes material specific to children's rights, and new staff are provided with copies of the children's rights booklets during training.		
4	Mandatory Notifications	The Child and Youth Advocate recommend that the ministry do the following: · Set up a system by which mandatory notifications are tracked, monitored, and aggregated internally. · Analyze the	The policy on Mandatory Notifications (MNs) was updated in July 2013 to reflect the requirement to submit to the OCYA and the Statutory Director. The Ministry receives quarterly data from the OCYA regarding the quantity and types of MNs submitted to the OCYA each month by every	The Ministry has implemented the recommendation of the Advocate that a system be established to track, monitor and internally aggregate all mandatory notifications. Work is underway to: * Analyze the information for themes and trends * Use the information to inform policy and practice * Internally monitor the adherence to	Department's response is verified. CIAS verified that: * The Department has revised the Enhancement Act Policy Manual to address Mandatory Notifications. * The Department receives quarterly information relating to the quantity and type of Mandatory Notifications

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		information for themes and trends. · Use the information to inform policy and practice. · Internally monitor the adherence to mandatory notifications policy and procedures province-wide to ensure the mandatory notifications protocol is consistent throughout DFNAs and regional service delivery areas.	regional service delivery area and DFNA. Trends and emerging issues identified during the analysis of data are addressed with the regional service delivery areas and DFNAs: • discussions of trends or concerning issues at Provincial Enhancement Table meetings, where each regional service delivery area and DFNA is represented; • follow-up with specific regional service delivery areas or DFNAs regarding identified concerns within a quarter; and • follow-up by the department which may include information-sharing for staff, updates to training or strengthened policy.	mandatory notifications policy and procedures province-wide to ensure the mandatory notifications protocol is consistent. Systemic matters will be addressed in responses to the OCYA Annual Report.	submitted by each regional service delivery area and DFNA. * Trends and analyses were reported in public responses relating to Mandatory Notifications. * The Provincial Enhancement Table provides an avenue to discuss trends or concerning issues regarding Mandatory Notifications. * The Provincial Enhancement Table Action Log captures items to be actioned and implemented as a result of discussions at the Provincial Enhancement Table. * The Department performed follow-ups with specific regional service delivery areas or DFNA regarding concerns identified.
5	Care Givers	While the Child and Youth Advocate acknowledges that the ministry has consistently invested in creating and maintaining placements for young people, appropriate placements remains a significant challenge and increased efforts are needed. We urge the Ministry to increase their efforts to recruit and retain appropriate caregivers, through enhanced training and strengthened ongoing support. We strongly recommend that the ministry focus their efforts on finding ways	We acknowledge the interconnections between permanency and placements. Increased placement options enhance the ability of staff to successfully match the needs of the young person with a skilled caregiver. Regardless of the type of placement, the Ministry carefully monitors all placements to ensure that all children placed in homes are safe and that caregivers are receiving the training and support required to meet the needs of the children.	In 2013-2014, the Ministry increased the per diem rates for foster parents. The *Enhancement Act Policy Manual* (Placement Resources) was revised in October 1, 2011 with new policies that reflect the Advocate's recommendations to increase our efforts to place children appropriately.	Department's response is verified. CIAS verified that: * The Department has revised the Enhancement Act Policy Manual to address placement of youth and children. * The Department has increased per diem rates for foster parents.

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		to place young people appropriately and to increase continuity for young people in care, so there are fewer unplanned placement moves for young people.			
6	Permanency	While there is evidence that the ministry has placed emphasis on permanency, this issue continues to be a challenge faced by this and other jurisdictions across the country. Despite these efforts, the issue remains that too many young people are not achieving a sense of permanency in their lives. Individuals often contact the OCYA with concerns about being separated from their family and community.	We acknowledge the interconnections between permanency and placements. Permanency for children and youth in care is an important and persistent issue in the child intervention system. Permanency is essential for the well being of children and youth in care.	In an annual year, approximately 6000 permanency outcomes are achieved: • family preservation; • family reunification; • legal permanency through adoption and private guardianship. In addition to supporting the permanency outcomes above, the Band Designates also support sustained cultural connections: • For children in long-term permanent care, build and maintain strong connections to family, community and culture; • Where adoption or private guardianship have been mutually agreed upon, develop a plan to ensure that the child remains connected to family, community and culture; • Advise and connect young adults who were previously in care with family to community and available supports. The youth reunification project is aimed at improving permanency outcomes for youth, with a primary focus on returning youth to their families. Discussion has focused on permanency results, research evidence, case planning and supporting sustainable outcomes in relation to creating lifelong positive relationships for youth in permanent care. The Ministry is funding a grant to the Alberta Foster Parent Association to lead a joint project with the Alberta Association of Services to Children and Families with the goal of assisting caregivers to support youth in care	Department's response is verified. CIAS verified that: * The Department has made efforts to support permanency through revisions in the Enhancement Act Policy Manual regarding Band Designates. * Alberta Foster Parent Association and Alberta Association of Services to Children and Families has produced a guide to assist caregivers to support youth in care transitioning to independence. * Approximately 6000 permanency outcomes are achieved through family preservation, family reunification and legal permanency through adoption and private guardianship.

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Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
				transitioning to independence.	
7	Restrictive Procedures	Train and support service providers in using the least restrictive or intrusive means of managing young people in their care.

Develop a policy framework that defines "restrictive procedures" and "intrusive measures" and considers alternatives to restrictive procedures and intrusive measures and addresses a system of accountability. | The new policies implemented October 1, 2011 were developed collaboratively with the OCYA and front-line staff. The new policies define both restrictive procedures and intrusive measures and provide considerations and principles for the prevention of violent and aggressive behaviours for children in the care and custody of the director. The development and use of a plan of care for a child has been highlighted as well as expectations for when a restrictive procedure or intrusive measure is required to manage the immediate safety of the child or others. | Revised the Enhancement Policy Manual in October 2011 to reflect the Advocate's recommendations.

A videoconference was made available throughout the province, and posted on the intranet for ongoing access, outlining the changes and revisions as well as the layout and features of the revised manual.

Policy manual revision sheets (Intervention, Placement Resources and Adoption) were provided to frontline staff with information by chapter of content and any revisions that were made. A temporary email address was established to support frontline staff in accessing program staff for policy clarification. | Department's response is verified.

CIAS verified that the Department has revised the Enhancement Act Policy Manual to address restrictive procedures and intrusive measures. |
| 8 | Complex Needs | Undertake a comprehensive review of the CYCN. | The Ministry continues to work collaboratively with the partnering Ministries to support collaborative case planning and service coordination for children in care who have complex and special needs. | In September 2012, the Ministries of Education, Health and Human Services launched a new Regional Collaborative Service Delivery Model (RCSD). The model merged three existing program areas, including Student Health, Children and Youth with Complex Needs, and Regional Educational Consulting Services.

RCSD resources must be pooled and shared to support the identified needs of children and youth in a given region. Children and youth throughout the region must have equitable access to services regardless of their school program. | Department's response is verified.

Through the information available of Alberta Education's website on the Regional Collaborative Service Delivery (RCSD) Model, CIAS verified that the Department is working collaboratively with the partnering ministries to support collaborative case planning and service coordination for children in care who have complex and special needs. |

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
9	Kinship Care	Rewrite policy to include the recommendations of the Kinship Care Report.

Improve the monitoring of compliance with policy regarding recruitment, selection, training, and ongoing support of kinship care homes. | The new policies implemented October 1, 2011, provide direction to front-line staff regarding eligibility, application and approval requirements for prospective kinship care providers. The policies further outline the support and monitoring for kinship care providers and the new requirements for a kinship care support plan to assist the caregivers in meeting the needs of the child placed in their home. The minister is committed to assisting and supporting children who are in the care and custody of the director in kinship care placements, while ensuring that their needs for safety, security and stability can be met. | The Enhancement Act Policy Manual, Placement Resources Chapter 2, Kinship Care, was revised October 1, 2011 to reflect the Advocate's recommendations.

A Provincial Placement Resources Table is being convened and one of the stated goals is "review and develop placement resources, policy, practice, and training as needed for kinship and foster care." | Department's response is verified.

CIAS verified that The Department has addressed Kinship Care in the Enhancement Act Policy Manual. |
| 10 | School Completion | Young people involved with the ministry often have increased barriers to not only school completion but also in all the areas of successful academic achievement. | The Success in School for Children and Youth in Care- Provincial Protocol Framework (PPF) is a joint initiative between the ministry and Alberta Education to support improved outcomes and high school completion rates for children and youth in care. Under the PPF, a collaborative approach is used to develop child focused plans that will support the student's success in school. A key component of the protocol is the inclusion of the young person in the process, along with the caseworker, caregivers and school staff. | The 2013-2014 school year is the first year of full implementation of the regional agreements. The responses to the spring 2013 surveys indicate that, while some challenges exist, the PPF and regional agreements are caregivers and school staff are being assisted in improving outcomes for children and youth in care.

Year three of the phased implementation is completed. | Department's response is verified.

CIAS verified that:
* that the Provincial Protocol Framework has been implemented and is a joint initiative between the Department and Alberta Education to support improved outcomes and high school completion rates for children and youth in care.
* that the Department has addressed the use of the Provincial Protocol Framework to support improved outcomes and high school completion rates for children and youth in care. |

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Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
				• The program requires a continued funding commitment from Alberta Education and Human Services. • All regional service delivery areas have fully implemented the protocol, focusing on students in their region who are in permanent care. The Enhancement Manual has been updated to include the protocol as part of on-going practice. The ministry also offers the Advancing Futures Bursary program for children previously in care. In 2012-2013, 81% of participants successfully completed their planned studies during the fiscal year.	
11	Impaired Capacity	Develop clear policy direction to address situations where a young person over 18 years old is not competent to enter into an agreement but still requires services.	The revised policy implemented on October 1, 2011, advises front-line staff of the considerations and resources available in determining a young person's competency to enter into and meet the terms of a negotiated agreement. The ministry remains committed to supporting young persons in achieving and maintaining independence.	A policy (with appropriate training), requiring caseworkers to determine if youth aged 18-22 have the capacity to understand agreements that they enter into, was implemented October 1, 2011.	Department's response is verified. CIAS verified that: * The Department has revised the Enhancement Act Policy Manual to address a young person's competency to enter into a negotiated agreement.
12	Historical information	Determine how to identify and bring forward historical health, educational, and family/ placement information on case files to make it more available to caseworkers.	The Intervention Services Information System (ISIS) case management database, which provides more efficient access to historical information, was implemented province-wide on April 10, 2013.	The Enhancement Act Policy Manual was reviewed and revised in October 2011. Including policies related to the review and consideration of historical information in the context of determining current risk and need for intervention.	Department's response is verified. CIAS verified that: * The Department has revised the Enhancement Act Policy Manual to address historical information in the context of addressing risk in placement intervention.

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Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
			We are also focusing on supporting child intervention caseworkers with training and tools so they can assess information from a variety of sources.	The Ministry's Information System for Intervention Services (ISIS) provides easy access for staff to case history and client information. The practice framework will guide staff in using information in their interactions with families and for decision-making.	* That ISIS and other processes and policies required in the Enhancement Act Policy enable users to capture case related information.
13	Cross-ministry Approach	Seek a mandate to establish a shared approach and infrastructure to better support vulnerable children and families in Alberta.	Children and Youth Services is currently partnering with other ministries in client centred and outcome-focused Initiatives including: • Setting the Direction, led by Education to support an inclusive educational system for children with special education needs. • Provincial Protocol Framework, along with Education to support success in school for children and youth in care. • Working with cross ministry partners to support children with disabilities to transition to adult services.	In 2010, the Ministry of Human Services was created. It brought together programs from the former ministries of Seniors and Community Supports (SCS), Children and Youth Services (CYS), Housing and Urban Affairs (HUA) and Employment and Immigration to create a more integrated approach to serving vulnerable Albertans. In 2012, Alberta's Social Policy Framework was endorsed by government and community. The Framework establishes a policy mandate for improved services for vulnerable people, including children. The Ministry is currently working on an Integrated Service Delivery initiative which will integrate services in communities.	Department's response is verified. CIAS verified that: * The Department has set the Direction, led by Education to support an inclusive educational system for children with special education needs. * The Department has implemented the Provincial Protocol Framework, along with Education to support success in school for children and youth in care. * The Department is working with cross Department partners to support children with disabilities to transition to adult services.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
14	Change Strategy	Develop and resource a change strategy that aligns and guides implementation of the various child intervention improvement initiatives.	Children and Youth Services agree that sound change management facilitates success. Key considerations will be effective planning, process clarity, evaluation and developing a process that is inclusive, culturally sensitive, transparent and flexible. An implementation process and team is being established that will plan, facilitate, guide, monitor and report on the progress of implementing the accepted recommendation.	A Child and Family Services knowledge management and knowledge mobilization (KM) strategy is in development. The KM strategy will support informed decision-making and action by sharing information gathered from diverse forms of evidence (experience, evaluation, research and context) with the Child and Family Services (CFS) regions and Delegated First Nation Agencies (DFNAs). A contract was initiated with an independent agency to develop templates and processes to assist the department in managing, monitoring and evaluation the implementation of recommendations for child intervention.	Department's action is verified. CIAS verified that: * The Department has developed a project charter to implement processes and establish a team that will plan, facilitate, guide, monitor and report on the progress of implementing the accepted recommendation. * A Child and Family Services knowledge management and knowledge mobilization (KM) strategy is in development. The KM strategy will support informed decision-making and action by sharing information gathered from diverse forms of evidence (experience, evaluation, research and context) with the Child and Family Services (CFS) regions and Delegated First Nation Agencies (DFNAs).
15	Council for Quality Assurance	Establish a provincial Child and Family Service Quality Council with a mandate to systematically assess service quality and report findings publicly.	Details on the mandate, scope, supporting structure and legislative implications of such an entity will be developed in consultation with stakeholders. In addition to structure and scope, this function needs to be explicitly connected to other quality assurance processes within the Ministry and inform an integrated quality assurance framework.	The Child, Youth and Family Enhancement Act was amended to establish the Council for Quality Assurance (CQA) on April 1, 2012. The Council is completing its Roles and Mandate document which will describe connections with other processes.	Department's response is verified, limited to the items within the Department's scope. CIAS verified that: * The Child, Youth and Family Enhancement Act were amended to establish the Council for Quality Assurance (CQA) on April 1, 2012. * The mandate, scope, supporting structure and legislative implication of the CQA were developed in consultation with external key stakeholders.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
					CIAS was not able to verify the following because CQA processes are outside the scope of this project and the Department: * If the CQA is integrated into other quality processes. * If the CQA is operating as per its mandate.
16	Aboriginal ADM	Establish a senior executive position at the Assistant Deputy Minister level tasked with enhancing the capacity and cultural competency of the child intervention system to serve Aboriginal children and families.	The Ministry Will create a senior executive position at the Assistant Deputy Minister level in the organization to strengthen the Ministry's directions and priorities, and ensure there is an Aboriginal perspective on service delivery design and implementation for Ministry programs and services. The Ministry will also identify opportunities to recruit, develop and promote Aboriginal leadership in all areas, internally and externally. Aboriginal positions recruited by the Ministry will be classified to reflect the role and responsibilities of the position and the qualifications of the individual.	An ADM, Aboriginal Policy and Engagement (now Aboriginal Engagement and Strategy) was created in 2010. This division is responsible for finding ways to address the overrepresentation of Aboriginal children in care. The division engages people involved in the intervention system through conversations and other collaborative processes to develop shared understandings of root causes, solve complex problems, and identify the right actions to strengthen families and communities and prevent crises in the lives of Aboriginal children.	Department's response is verified. CIAS verified that: * The Department created a senior executive position at the Assistant Deputy Minister level in the organization to strengthen the Department's directions and priorities, and ensure there is an Aboriginal perspective on service delivery design and implementation for Department programs and services. * The Department identified opportunities to recruit, develop and promote Aboriginal leadership in all areas, internally and externally. * Aboriginal positions recruited by the Department were classified to reflect the role and responsibilities of the position and the qualifications of the individual.

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17	Protection for QA Reviews	The Alberta Government enact legislation similar to Section 9 of the Alberta Evidence Act that protects information provided in quality improvement reviews conducted for Alberta Health Services.	Accept in principle subject to cross ministry review and concurrence, and the usual legislative processes.	Under the Child and Youth Advocate Act, information and records related to the Advocate's investigation of a serious injury or death of a child are privileged and not admissible as evidence in an action, except in a prosecution for perjury.

Under the Child, Youth and Family Enhancement Act, investigations/reviews conducted by an expert panel appointed by the CQA are also protected. | Department's response is verified.

CIAS verified that current legislation (Child and Youth Advocate Act and Child, Youth and Family Enhancement Act) provide a shield for information release. |
| 18 | Child Abuse | The Child Abuse Case Conference becomes a pivotal meeting that results in clarity of language around the mechanism of injury and agreed-upon next steps with a written summary that is shared with all participants. | a. Effective immediately, a supervisor/team lead will join child intervention caseworkers at all child abuse case conferences.
b. Effective immediately, a supervisor and manager will join child intervention caseworkers at all complex case conferences.
c. Effective immediately, the specific actions to be taken by each party following the child abuse case conferences will be clearly documented and shared with all participants.
d. Share with all regions the process and practices that will be formalized out of the partnership between the Calgary and Area CFSA's work with law enforcement and health professionals to improve child abuse case conferencing. | The region specific actions were enacted with the Calgary and Area service delivery area.

The Provincial Enhancement Table and the Child and Family Services Division leadership table engage in information sharing to share leading practices and learnings across the province. | Department's action is partially-verified.

CIAS verified that:

* Guidelines are in place that outline who should be in attendance and key considerations that assist in understanding of nature of the injuries, possible mechanisms, that could account for injuries, prognosis if known, level and nature of risk to the child and next steps.
* The Child Abuse Nurse Clinician chairs the meeting, records the information and disseminates the information to all of the attendees.

CIAS did not verify:
* The formalization of process and practices out of the partnership between the Calgary and Area CFSA's work with law enforcement and health professionals to improve child abuse case conferencing will be shared with all regions. |

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
19	Assessment Tools	As a further check and balance, ACYS take steps to identify leading edge, effective, well-researched and accepted child at-risk and family violence risk assessment tools and consider embedding these within the current casework practice model.	a. Implement mandatory use of the Screening Aid for Family Violence tool in situations where family violence is a current or past concern. b. Build on current family violence training provided to front-line responders to implement advanced-level family violence training for staff that will support risk assessment and safety planning. c. Establish a provincial co-ordinator to inform and support the review and analysis of incidents within the Child Intervention System where family violence is present. d. Consult with family violence experts to enhance current risk assessment tools and safety planning. e. Pilot a family violence client-centred response model to improve access to services and supports for individuals affected by family violence.	The mandatory Screening Aid for Family Violence is a practice tool for use with families who are experiencing, or have experienced family violence. • CI staff have received training. • The programs ongoing evolution occurs through engagement with experts and research regarding leading practices which can be incorporated into practice in Alberta. • The program area has made phone and web based content accessible in several languages. • Service delivery areas have Family Violence coordinators as supports and resources to frontline staff.	Department's response is verified. CIAS verified that: * The Department has a Screening Aid for Family Violence tool that is to be used in situations where family violence is a current or past concern. * Staff that support risk assessment and safety planning are required to take advanced-level family violence training. * The Department consulted with family violence experts to enhance current risk assessment tools and safety planning. * The Department piloted a family violence client-centred response model to improve access to services and supports for individuals affected by family violence. * The Department established a provincial co-ordinator to inform and support the review and analysis of incidents within the Child Intervention System where family violence is present.
20	Critical Incident Review	ACYS adopt a critical incident review process conducted by an independent panel of experts.	a. Establish an immediate interim process for conducting external reviews of extraordinary deaths of children in government care; identify and compile a standing list of available experts. b. Appoint an arm's-length Child and Family Services Council for Quality Assurance (CFSCQA) responsible for quality assurance oversight, reviewing all serious injuries and deaths involving children in government care and determining	The CQA was established and legislation was amended April, 2012.	Department's response is verified. CIAS verified that: * the Department established an immediate interim process for conducting external reviews of extraordinary deaths of children in government care and identified and complied a standing list of available experts. * an arm's-length Child and Family Services Council for Quality Assurance (CFSCQA) responsible

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			which incidents require an in-depth review by an external panel. c. In the legislation establishing the CFSCQA, provide the Council with authority to convene external expert panels to review extraordinary deaths of children in government care.		for quality assurance oversight, reviewing all serious injuries and deaths involving children in government care and determining which incidents require an in-depth review by an external panel was appointed. * The legislation establishing the CFSCQA, provides the Council with authority to convene external expert panels to review extraordinary deaths of children in government care.
21	Cross-ministry Framework	The Alberta Government provide a framework for enhanced inter-ministry and inter-department collaboration among groups including, but not limited to, Alberta Children and Youth Services (ACYS), Alberta Health Services, and Solicitor General and Public Security to share in a vision and mandate to keep Alberta's vulnerable children and families safe.	a. Expand the Alberta Vulnerable Infant Response Team (AVIRT), currently operating in Calgary, to Edmonton and share leading practices with other regions. b. Further develop cross-Ministry training partnership to increase staff and caregiver knowledge regarding child development and available resources for vulnerable children. c. Share the External Expert Panel's recommendations with partners on cross-ministry initiatives to inform future policy decisions that support vulnerable children and families, including the Prevention of Family Violence and Bullying Initiative, the Alberta Addiction and Mental Health Strategy, Safe Communities, Children and Youth with Complex Needs Initiative, and AVIRT.	The recommendations as outlined have been implemented: • AVIRT is operating in Edmonton and Calgary • Joint training in several areas is available including FASD and Mental Health First Aid. • The recommendations received by HS have been shared across GoA to support alignment of work and policy development to support Albertans.	Department's response is verified. CIAS verified that: * Leading practices from the Alberta Vulnerable Infant Response Team (AVIRT), currently operating in Calgary and Edmonton, are being shared with other regions as appropriate. * The Department is developing cross-Department training partnerships to increase staff and caregiver knowledge regarding child development and available resources for vulnerable children. * The Department shared the External Expert Panel's recommendations with partners on cross-Department initiatives to inform future policy decisions that support vulnerable children and families, including the Prevention of Family Violence and Bullying Initiative, the Alberta Addiction and Mental Health Strategy, Safe Communities, Children and Youth with Complex Needs Initiative, and AVIRT.

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Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
22	Cross-ministry Protocols	CFSA, AHS and CPS work together to develop protocols, effective relationships and communication pathways, to enhance interdisciplinary and inter-system cooperation and collaboration, and develop a shared mandate for the well-being and safety of vulnerable children.	a. Co-locate a team of law enforcement, health and child and family services professionals in Calgary as part of an enhanced service delivery model. This model will inform action in other regions of the province. b. Engage psychologists to work within the Calgary and Area Child and Family Services Authority (CFSA) to provide expert consultation to CFSA staff on complex cases. This strategy will inform actions in other regions of the province. c. Establish case-practice forums and training for child intervention supervisors and managers within the CFSA to provide opportunities for education, reviews of actual cases and mentorship, reinforce the need for critical thinking and challenge decision-making.	The Sheldon Kennedy Child Advocacy Centre in Calgary is operating in partnership with the law enforcement, health and regional service delivery partners. The regional service delivery area for Calgary engages in expert consultation and has engaged in a process for review and evaluation to reinforce the need for critical thinking (critical thinking online training is available to all frontline staff).	Department's action is verified. CIAS verified that the Sheldon Kennedy Child Advocacy Centre in Calgary is operating in partnership with the law enforcement, health and regional service delivery partners. The regional service delivery area for Calgary engages in expert consultation and has engaged in a process for review and evaluation to reinforce the need for critical thinking (critical thinking online training is available to all frontline staff).
23	Electronic Files	ACYS develop and implement a functional electronic file system instead of a combination of handwriting and typing, including forms that are easy to read.	a. Begin implementing the Intervention Services Information System to assist staff with managing cases by documenting activities related to placements, service providers, assessments and other day-to-day case specific information.	ISIS was launched provincially April 2013. Training and supports are available to frontline staff in regards to the use of ISIS. Primary case management documents are either built in or attached including: intake, assessment, legal authority information, placement details and contact logs.	Department's response is verified. CIAS verified that the Department has implemented the Intervention Services Information System to assist staff with managing cases by documenting activities related to placements, service provides, assessments and other day to day case specific information.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
24	Critical Response Protocol	ACYS implement a critical response protocol for staff when a tragic event occurs.	a. Develop and Implement human resource-related processes that will be followed for staff involved in a critical incident.	Process has been developed and Implemented by HR to support frontline staff following a critical incident.	Department's response is not verified due to unavailability of formally approved HR process. CIAS has reviewed the draft document and has been advised by the Department that the process is in practice. CIAS reviewed a DRAFT copy of the Human Resources Review Process In the Event of a Serious Injury or Death of a Child or Youth (March 13, 2014).
25	2010 Review of Child Intervention System	Action on the recommendations of the 2010 Review of the Child Intervention System continue to progress.	a. Continue the work underway to implement 10 recommendations from the Child Intervention System Review. b. Current actions include: · development of a Memorandum of Understanding with First Nations children and families. · pilot project planning for Aboriginal service delivery agencies. · creation of an Aboriginal Policy and Initiatives Division and hiring of an Assistant Deputy Minister. · Establishment of a Child and Family Services Council for Quality Assurance. · Improved critical incident tracking · - continued implementation of outcomes-based service delivery.	The recommendations from the CI Review have been actioned.	Department's response is verified: CIAS verified that: * The Department has launched Aboriginal outcome-based service delivery models. * The Department has created an Aboriginal Policy and Initiatives Division and hired an Assistant Deputy Minister. * The Department has established a Child and Family Services Council for Quality Assurance. * The Department is in the process of developing processes to respond to critical incidents. * The Department is in the process of implementing outcomes-based service delivery. * The Department is in-progress of finalizing an MOU with First Nations children and families. CIAS reviewed a draft version of the MOU.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
26	Suicide Counseling	To assist in the prevention of similar deaths, I recommend that psychological counseling of youth in the Tsuu T'ina Nation should be continued. Information should be shared between the Director and the counselors, with respect to the needs of the individual at risk child but also the needs of the Tsuu T'ina Nation youth as a whole. While CF was an identifiable "at risk" child considering her connection to the two earlier community suicides, and her suicide ideations and attempt in December 2005, other youth would benefit from counseling where there is a prevalence of suicide in the children's community. Specific grief counseling addressing suicide of a classmate of suicide of a child's peer is also recommended.	None provided as no public response report was made	The Statutory Director met With the Director of Tsuu T'ina in March 2010 regarding the Fatality Report and the need for appropriate sharing of information with professionals, multidisciplinary case conferences, and suicide prevention on Tsuu T'ina. The Statutory Director and the staff of the First Nations Liaison Unit (now Field Operations liaison) provided ongoing support to Tsuu T'ina regarding suicide prevention. Ministry implemented the Case Work Practice Model provincially in 2008. The model emphasizes the importance of collaborative practice, including working with other professionals and service providers.	Department's actions are verified limited to the items within the Department's scope. CIAS verified that: * Information is being shared between the Director and the counselors, with respect to the needs of the individual at risk child but also the needs of the Tsuu T'ina Nation youth as a whole. * Counseling is provided where there is a prevalence of suicide in the children's community. CIAS was unable to verify the following because Tsu T'ina processes are outside the scope of this project and the Department: * Psychological counseling for youth in the Tsuu T'ina Nation is being provided. Providing psychological counseling for all youth in the nation is not the Department's responsibility. Validation with Tsuu T'ina Nation is not included in the scope of this project.

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Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
27	Law Enforcement Investigative File Consent	A foster parent applicant who has been convicted of a violent offense be required to consent to release of law enforcement investigative file material for the purpose of assessing the applicant's suitability. Where necessary a physiological assessment of the applicant be required.	None provided as no public response report was made	Policy and legislative revisions regarding Criminal Record Checks have been made. Criminal Record Checks including a Vulnerable Sector Record Search are completed for the applicants and all other persons over the age of 18 residing in the home. If there is a conviction for an offence of a violent or sexual nature against a child, the application will be denied.	Department's action is verified. CIAS verified that: * A foster parent applicant who has been convicted of a violent offense is required to consent to release of law enforcement investigative file material for the purpose of assessing the applicant's suitability and where necessary a physiological assessment of the applicant be required.
28	Child, Youth and Family Enhancement Act amendment	The Child, Youth and Family Enhancement Act be amended to allow access to law enforcement files relating to an applicant with a criminal conviction for violent crimes.	None provided as no public response report was made	There is no need for a legislative amendment, as any service provider under the legislation must provide a criminal record check and policy requires a Vulnerable Sector Record Search.	Department's actions are verified. CIAS verified that: * The current Child, Youth and Family Enhancement Act allows access to law enforcement files relating to an applicant with a criminal conviction for violent crimes. * The Enhancement Act Policy Manual addresses criminal record checks and vulnerable sector record searches.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
29	Medical History Consent	Consent to release of medical history be obtained upon apprehension and a skeletal x-ray be obtained as part of the medical examination of a child placed in foster care.	None provided as no public response report was made	Policy requires that all children must have a medical booked within two days of coming into care.	Department's actions are verified limited to the items within the Department's scope. CIAS verified that: * The Enhancement Act Policy addresses obtaining medical history upon apprehension CIAS was unable to verify the following because Department of Health processes are outside the scope of this project and the Department: * The requirement for a skeletal x-ray as a part of the medical examination as the determination of what to include in the medical examination is not the Department's responsibility. Validation with the Department of Health is not included in the scope of this project.
30	Genogram	A genogram identifying family and extended family members as potential placement resources be completed as early as possible and periodically reviewed and updated.	None provided as no public response report was made	This is currently in policy and part of the delegation training.	Department's action is verified. CIAS verified that: * The Enhancement Act Policy Manual requires a genogram to identify family and extended family members as potential placement resources be completed as early as possible and periodically reviewed and updated.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
31	Child Care Information	Child care arrangements be communicated to the case worker and contact information supplied to the care giver for emergency use.	None provided as no public response report was made	This is currently in policy and part of the delegation training.	Department's action is verified. CIAS verified that: * The Enhancement Act Policy Manual addresses child care arrangements (i.e. the need that they be communicated to the case worker and contact information be supplied to the care giver for emergency use.)
32	Foster Parent Training	Training for foster parents include training respecting Shaken Infant Syndrome.	None provided as no public response report was made	At the time of the recommendation, Shaken Infant Training was made available as supplemental training for foster parents and was not included in the core training materials for caregivers. As a result, in Fall 2010, material was provided to all foster parents with infant placements and a session was offered at the Alberta Foster Parent Association in November 2010. Additional Safe Babies Training has been developed and made available in 2013/14, which incorporates, caring for infants and shaken infant syndrome.	Department's action is verified. CIAS verified that training for foster parents include training related to Shaken Infant Syndrome.
33	Service Standard Guidelines	Service standards guidelines be put in place to ensure a timely response to calls, questions and requests for information from foster parents, biological parents and service providers.	None provided as no public response report was made	Child Intervention Standards regarding placement include measures related to quality of the placement, safety of the child and stability of the placement.	Department's action is verified. CIAS verified that the Child Intervention Standards regarding placement include measures related to quality of the placement, safety of the child and stability of the placement.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
34	Caseworker Visits	Policy review concerning the frequency of caseworker visits be conducted to ensure adequate personal contact between the caseworker and foster child.	None provided as no public response report was made	The policy regarding caseworker contact was reviewed the policy is clear and comprehensive regarding the frequency and type of contact required between the caseworker and the child and caregiver.	Department's action is verified.\n\nCIAS verified that:\n* The Child Intervention Standards address the frequency of caseworker visits to be conducted to ensure adequate personal contact between the caseworker and foster child.
35	Foster Care Supports	Steps be taken to ensure that the foster family is properly equipped to receive a foster child and given adequate information and time to ensure that an informed choice is made concerning the proposed foster placement.	None provided as no public response report was made	This was already in policy and part of the delegation training.\n\nPolicy was updated in 2011 as part of a planned review and revision of the Enhancement Policy Manual review and revision including organization, role specific policies and enhanced clarity.\n\nPolicy was discussed and reinforced at the Provincial Enhancement Table.	Department's action is verified.\n\nCIAS verified that:\n* The Enhancement Act Policy Manual addresses that the foster family is properly equipped to receive a foster child and given adequate information and time to ensure that an informed choice is made concerning the proposed foster placement.
36	Part Time Personnel	Where part time personnel are responsible for services, clear information relating to dependable back up resources be communicated to those being served and to other service personnel.	None provided as no public response report was made	In September 2010, a discussion was held at the Provincial Enhancement Table regarding file standards, documentation and information sharing. Back-up workers as well as regular caseworkers have the same expectations as per policy.	Department's action is verified.\n\nCIAS verified that:\n* The Enhancement Act Policy Manual address situations where part time personnel are responsible for services, clear information relating to dependable back up resources be communicated to those being served and to other service personnel.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
37	Information Sharing	Guidelines be put in place to ensure regular meetings of service providers working with individuals and family units to discuss any matters of concern. Electronic sharing of information or access to file material be put in place as a means of efficiently ensuring that all involved in service providers receive complete information in a timely manner.	None provided as no public response report was made	The implementation of the Casework Practice Model in 2007-08 reinforced the importance of involving all participants, including family caregivers, and service providers, in planning and collaborative decision-making. OUTCOME BASED SERVICE DELIVERY (OBSD), the Front End Practice strategy, the Practice Framework and other service delivery area initiatives continue to enforce collaborative inclusive casework. Policy outlines contact requirements, planning review periods, service team meetings, and progress reviews.	Department's actions are verified. CIAS verified that: * Policies and processes are in place to provide for regular meetings of service providers working with individuals and family units to discuss any matters of concern. * Electronic sharing of information or access to file material was put in place as a means of efficiently ensuring that all involved in providing services receive complete information in a timely manner.
38	Blinds	During the hearing, evidence was heard from a Project Safety Officer – Health Canada, whose job was to research product safety. Health Canada regulated as well as provides informational bulletins concerning various products. Information was provided concerning recommendations health Canada makes regarding the installation and service of blinds and in particular actions consumers may take to prevent blind cords from becoming a danger. Many blind cords are designed with a loop, which becomes a natural noose and is a specific danger to	None provided as no public response report was made	The Ministry distributed material to foster parents, foster care support workers, licensing staff and caseworkers about safety hazards in the home. The Environmental Safety Assessment for Foster Care checklist was revised to include safety hazards like blind cords, placement of furniture and supervision expectations.	Department's action is verified. CIAS verified that policies and processes are in place to address precautions to prevent blind cords from becoming a danger.

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		children; the court recommends that all blind cords be separated at the bottom.			
39	Disability Information	That Children's Services should ensure that those caseworkers who work with a foster child have accurate and up to date information from a reliable medical source about the child's disability and in particular, the impact, if any, of the disability on the health, weight, and fragility of the child. This needs to be well understood in order for the worker to make informed assessments about how the child is doing in care, especially in the case of a nonverbal child who cannot communicate concerns with the child's worker.	None provided as no public response report was made	The Ministry continues to engage in cross-ministry collaboration to meet the needs of children in care, particularly medically fragile children and children with extraordinary medical needs. Children with disabilities are no longer served under the child intervention system unless there are concerns for their safety and well-being. Family Support for Children with Disabilities offers a unique model of support to families often providing supports and assistance for the family with the child in the home. The implementation of the Casework Practice Model in 2007-08 reinforced the importance of involving all participants, including family caregivers, and service providers, in planning and collaborative decision-making.	Department's action is verified. CIAS verified that policies and processes in place to address access accurate and up to date information from a reliable medical source about the child's disability and in particular, the impact, if any, of the disability on the health, weight, and fragility of the child.
40	Medical Checkups	That Children's Services should look at enhancing current policies to ensure that children are actually receiving their annual medical checkups as required, including a diary system so that the issue is flagged and not inadvertently overlooked.	None provided as no public response report was made	Existent policy requires that a child in care receive at minimum annual medical checkups. The Intervention Services Information System supports workers to manage medical information for a child through the medical tab and flag upcoming actions and decision points.	Department's actions are verified. CIAS verified that: * The Enhancement Act Policy Manual addresses the requirement of annual medical checkups for children. * The Intervention Services Information System (ISIS) provides a diary system for medical issues to be flagged and not inadvertently overlooked.

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
41	Recommendations	That where a recommendation comes from a reliable source (such as a school assessment) that a doctor examine the child for a possible medical issue that the child may be experiencing, that processes are in place to ensure the issue is flagged for follow up by Children's Services in an effective and meaningful way, including required entry by the Children's Services child care worker or other support staff at Children's services into a diary system.	None provided as no public response report was made	The implementation of the casework Practice Model in 2007-08 reinforced the importance of involving all participants, including family caregivers, and service providers, in planning and collaborative decision-making, service plans are reviewed minimally every three months where the goals and assigned tasks are reviewed for progress and achievement. Recommendations for actions to meet the needs of a child form part of the planning for the child and would be reviewed at regular intervals for completion and if required next steps. The provincial implementation of ISIS supports data entry and availability of case specific information to frontline staff throughout the province.	Department's actions are verified. CIAS verified that: * Policies and processes in place to address medical issues in a collaborative, effective and meaningful way and their related follow up. * The Intervention Services Information System (ISIS) has tools for case workers to log medical care information.
42	DFNA Foster Parents	Keewatin testified about the difficulties created when staff (professional or otherwise) employed by a DFNA assume the responsibilities of foster parents under that same DFNA's jurisdiction. I accept his evidence in that regard and see this practice as a conflict of interest and inimical to the best interests of the child. It is often natural to repose trust and confidence in those with whom one works. Standards can be relaxed and safeguards not observed. That may well have occurred in this case. Accordingly, I	The Ministry agrees that where an employee has a significant or familial connection to a child receiving services under the Child, Youth and Family Enhancement Act, concerns of conflict of interest may arise. We are also aware that a dual role may exist among employees who are both front-line staff and caregivers (i.e., foster parents or kinship care providers). We place emphasis on the importance of cultural and familiar connections for out-of-home placements for children. Smaller First Nation communities may have a higher concentration of staff working in those communities who are related to children receiving services, but who may also be strong placement options. It is not	As per the response: Policy addresses the direction when a dual role exists for a staff member in a service delivery area or OFNA. The placement resource is to be managed in another worksite where the employee does not work or have a supervisory relationship. Policy further outlines the requirement to restrict access to a file (paper and/or electronic) when an employee has a relationship or familiar connection to a child or family receiving services.	Department's response is verified. CIAS verified that: * The Department has revised the Enhancement Act Policy Manual to address dual role circumstances.

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Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
		recommend that DFNA staff be prohibited from acting as foster parents (under any name) in relation to children under the care or supervision of that same DFNA. I would not extend this prohibition to children under the care or supervision of any other DFNA or CFSA.	reasonable to prohibit staff from providing care as either foster or kinship care placements, because that would increase the chance of a child being displaced from their community. However, it is possible to ensure steps are taken to effectively manage any potential conflict of interest. Prior to 2009, a provincial policy was in place to provide direction in these types of sensitive dual role circumstances. In 2011, a revised policy was implemented to increase clarity. Current policy indicates that where significant or familial connections exist, such as staff who are foster or kinship care providers, the file should be assigned to a worksite where the employee does not work or have a supervisory relationship. A foster or kinship care provider file should be managed, monitored and approved by an alternate worksite. Policy also reflects the need to restrict access to paper and electronic intervention records when an employee has a significant or familiar connection to a child or family receiving services.		
43	Electronic Record Update	Policy governing the operation of DFNAs mandates certain procedures before the care of a child is transferred to an alternate caregiver. Documents must be obtained and placed on file. Caseworkers, supervisors, managers, the Director and the Department all have responsibilities to	The Ministry agrees that all required intervention record, criminal record, and safety checks need to be completed as required by policy and under the Residential Facilities Licensing Regulation. Foster care providers are licensed under this regulation, and are required to provide updated checks on a regular basis in order to have their licence renewed. Kinship care providers are not licensed; however, current policy requires kinship care providers and foster care providers to go through	As noted in the response, KCWS as an agency has engaged in organizational change to strengthen their communication and processes to meet provincial policy requirements.

Wide ranging support has been, and will continue to be provided to the agency with several staff on site continually, and at times, up to five staff helping in the areas of:

• file management;
• data entry; | Department's response is verified, limited to the items within the Department's scope.

CIAS verified that:
* The Department has revised the Enhancement Act Policy Manual to address Foster care and kinship care approvals and checks.

CIAS was unable to verify the following because KCWS and other DFNAs processes are not in the scope of this project or the |

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
		ensure that this is done. The electronic record (CYIM or ISIS) is to be updated. Testimony at this inquiry has led me to conclude that this policy requirement was not (and may still not) be practiced at KCWS. There appears to be little or no accountability structure in place for this deficiency. I recommend that an enhanced auditing procedure be put in place for a period of time in order to accurately measure the level of deficiencies in this regard. Furthermore, and regardless of the results of that audit, I recommend that meaningful consequences be established for failure by KCWS to comply with the policy governing file contents for children first taken into care.	the same approval process and submit the same documentation. As an agency, KCWS has increased its level of diligence around ensuring caregivers have submitted the required documentation, and staff have been directed to provide support to caregivers in completing the required checks. Consistent with provincial policy, if a caregiver cannot follow through with providing the intervention record, criminal record, and safety checks, direction has been given that any child placed in the home be removed until the tasks are completed. KCWS' organizational structure has been changed to strengthen communication and processes, including: hiring more Alternate Care Workers (who provide support to placement providers); Alternate Care Workers and Assessors have the same line of reporting; and Alternate Care Workers and Assessors attend the home to complete the initial safety checks when an out-of-home placement is required.	• electronic documentation (e.g. ISIS); • in-person training; • online training; • case consultation; and • supervisory mentorship .	Department. * KCWS has increased its level of diligence around ensuring caregivers have submitted the required documentation, and staff have been directed to provide support to caregivers in completing the required checks. * organization structure changes made at KCWS which have strengthened communication and processes including hiring more Alternate Care Workers (who provide support to placement providers)
44	Medical Checkup	I am aware of the fact that the current policy of DFNAs is to ensure that newly-placed foster children receive a medical checkup within 48 hours of their placement with an alternate caregiver. That did not take place in the case of K, however. And	The Ministry agrees it is important that each child receives a medical examination as soon as possible after coming into care. Current policy states the expectation that a child must have a medical appointment booked within two working days of being placed in an out-of-home placement. A medical form is provided to the placement provider for the physician to complete, then	As noted in the response, current policy addresses the need for a medical assessment and report from the assessing physician to be completed and placed on the file. Yearly physicals remain the minimum expectation for ongoing medical assessment; additional appointments and follow-ups are case specific. Child Intervention Standards reviews are completed yearly across the province, including KCWS. The results of the standards	Department's response is verified. CIAS verified that policies and processes are in place to address children's medical care (initial and on-going).

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Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
		I am satisfied by the evidence I have heard from several social workers employed by that Authority that compliance with this standard in the past may have been 'hit and miss'. In addition, all medical information relating to K was not provided to J. Of all the deficiencies in KCWS procedures in this case, this particular deficiency was the most important in placing K at risk. Accordingly, I recommend that existing policy in this regard be amended to require that a caseworker and his or her immediate supervisor be required to certify that a medical checkup has been completed and all medical information relating to a foster child has been forwarded to the foster parent within 72 hours of a child having been taken into care. Failure to observe this requirement should trigger an escalating series of notifications up to the Director level.	returned to the caseworker and placed on the child's intervention file. Current policy provides direction related to ongoing medical care for children in care and what information can be shared with medical staff. At minimum, a child in an out-of-home placement is to receive annual medical examinations once the initial medical exam has been completed. The Ministry has child intervention standards which are monitored and measured, with results discussed with DFNA management, boards and staff.	are reviewed with the agency.	

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45	Caregiver Education	Medical staff called at this inquiry consistently testified that an ordinary reasonable caregiver with average education would have sought medical intervention for a child with symptoms of pneumonia serious enough to have caused K's death. While J recognized that K was ill, she was unaware of the seriousness of the symptoms she observed and took no directed action to address them. I recommend that some attempt be made to educate caregivers without extensive child-rearing experience about symptoms of ill-health in children that should prompt their seeking some form of medical intervention.	The Ministry agrees placement providers must have appropriate training to successfully meet the individual needs of a child. Caregivers receive health instruction on a case-by-case basis, specific to any special medical needs a child in their care may have. Core training for caregivers addresses childhood development, and assessing and reporting developmental issues when working with Attention Deficit Disorder, Oppositional Defiance Disorder, Compulsive Disorder, Fetal Alcohol Spectrum Disorder, substance abuse, suicide awareness, sexual abuse and attachment issues. A phased implementation of Safe Baby Training, which has been successfully implemented in another Canadian jurisdiction, is currently underway across the province. This focused training for caregivers covers topics about caring for substance exposed infants; general infant health and illness care; at-risk infants; related health issues; and infant sleep, crying, feeding and development.	As noted in the response, caregiver training currently provided covers many common areas and caregivers are provided information and training as needed on a case-by-case basis, specific to the needs of a child placed in their care. A plan to review the Foster Care training is under development.	Department's response is verified. CIAS verified that: * Core training for caregivers addresses childhood development, and assessing and reporting developmental issues when working with Attention Deficit Disorder, Oppositional Defiance Disorder, Compulsive Disorder, Fetal Alcohol Spectrum Disorder, substance abuse, suicide awareness, sexual abuse and attachment issues. * Safe babies training has been implemented.
46	File Audit	After hearing the evidence at this inquiry, I am left with the impression that the policies governing the practices of KCWS as a DFNA are fully adequate. However, there were significant deficiencies in compliance with that policy in this case. And the evidence at this	All DFNAs operate under the same funding and expenditure guidelines provided by AANDC. AANDC requires annual audited statements from the agency and a billing compliance audit, which is one of the three ongoing concurrent reviews, every three years. Although the billing compliance audit and the practice and program reviews are essentially extensions of ongoing expectations, running the	Following the development of the terms of reference, The 2013 KCWS Agency Review - Child Intervention File Review Results was recently completed. The scope of the review included 142 Child Intervention files and 72 Caregivers (kinship and foster).	Department's response is verified, limited to items within the Department's scope. CIAS was unable to verify the following because AANDC and DFNAs processes are not in the scope of this project and the Department: * The AANDC requirement of annual audited statements from DFNAs. * The results of the three ongoing

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		inquiry more than suggests that these deficiencies extend well beyond K's case. Keewatin testified that KCWS files are audited on a quarterly basis by the provincial government. I have not been advised of the results of those audits. However, I am left to conclude that they would disclose significant deviations from the requirements of KCWS's own policies governing file contents. Audits are an important step in measuring organizational importance. They are not the final goal, however. I recommend that both KCWS and the Department review the audits of KCWS file contents as well as any review of their business practices and information management procedures (see: Recommendation #7) with a view to putting in place appropriate accountability practices. Where the well-being of children is at stake, routine non-compliance with important	three reviews concurrently using a collaborative approach that includes all parties to the agreements, presents a new and positive approach to working together in supporting best practices and problem solving. Once the reviews are completed, the expected outcome is an action plan to improve practice, which will include a further practice review in six to 12 months. A support model has been introduced to assist with addressing any existing compliance issues with DFNAs. With this support model, Ministry staff are assigned to work with individual DFNAs and their staff to provide training, mentoring and capacity building encompassing all areas of child intervention service delivery, from administrative processes through to front-line work. This model, which is based on a collaborative work plan outlining the needs of the agency, has been implemented at KCWS.		concurrent reviews being performed every three years at DFNAs.

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		procedures and practices can lead to tragic results. Whether or not the tragic result in this case was brought about by lax practices, the opportunity for future tragic results must be minimized by holding DFNAs and CSFAs accountable for following policies designed to protect children in their care.			

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On-going Recommendations

Recommendation Number	Initiative Description	Recommendation	Ministry's Response	Ministry's Actions	CIAS' Observations
1	Mental Health	The Ministry of Human Services is responsible to ensure that young people in its care receive the services they need to grow into healthy young adults with a sense of safety and well-being. The Ministry needs to take action, in cooperation with other Alberta government ministries, to ensure that young people in care who have mental health issues receive the specialized services they require to address those issues. This is consistent with several commitments in Alberta's new Social Policy Framework. Accordingly, the Advocate recommends that : · The Ministry of Human Services engages with the Ministry of Health, and other critical stakeholders, to develop and implement an Action Plan to improve the provision of Mental Health Services to children who are receiving child intervention services. An Action Plan will require	The Ministry recognizes that, as one part of the solution when it comes to mental health services, collaborative efforts are key to improving services for children and youth.

The Ministry is supporting programs which increase the knowledge and practice capacity of staff members who work directly with children and youth impacted by trauma. | Alberta Health and Alberta Health Services are jointly leading Alberta's Addictions and Mental Health Strategy (2011-2016). The ultimate goal of the strategy is to reduce the prevalence of addiction, mental health problems and mental illness in Alberta through health promotion and prevention activities and to provide quality assessment, treatment and support services to Albertans when they need them.

Government recently announced $5 million in new funding that will allow us to:

• Introduce three best practice sites in Calgary, Edmonton and Red Deer to provide increased mental health services to children and youth involved with the child intervention system.

   o Calgary- reduce the need for residential care by preventing the need for a child receiving child intervention services, to come into care and/or shortening their time in care by increasing the capacity of parents to resume the primary parenting role for their children;

   o Red Deer - develop a program for children and youth in care being discharged from acute care in a hospital setting and who are not ready to return to a community setting; or to prevent the need for a child or youth to access acute hospital care.

   o Edmonton- provide more intensive, longer term treatment (for up to 18 months) for children and youth who have complex needs as well as to support | Department's response is verified.

CIAS verified:
* The Department's efforts towardsrecognizing that, as one part of the solution when it comes to mental health services, collaborative efforts are key to improving services for children and youth.
* That the Department is supporting programs which increase the knowledge and practice capacity of staff members who work directly with children and youth impacted by trauma. |

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		objectives, tasks, timeframes, resources, and performance measures. One approach may be that the Ministry of Human Services asks the Council for Quality Assurance to implement an Expert Review Panel, in partnership with the Health Quality Council that results in an Action Plan for implementation. The Ministry of Human Services review and revise its policy and practices regarding trauma for children and youth in care, and ensure that children and youth who are negatively impacted by traumatic events in their lives are provided with sufficient mental health supports and services to address their needs. · The Ministry of Human Services review and revise its policy and practices regarding trauma for children and youth in care, and ensure that children and youth who are negatively impacted by traumatic events in their lives are provided with sufficient mental health supports and services to address their needs.		transitioning into community-based settings as appropriate. • Provide children and youth in care who have experienced physical abuse, sexual abuse and/ or neglect with better access to mental health specialists. • Provide child intervention staff with instant access to expert clinical/medical consultation that will help them better understand available psychiatric treatment plans and appropriate medications. • Provide crisis mental health supports for high-needs children and offer effective strategies to help foster parents and other caregivers. • Develop a cross-ministry mental health action plan that will enhance and sustain a high-level of supports for children involved with child intervention and expand the reach to support all children and families with mental health needs in Alberta. The ministry is supporting programs which increase the knowledge and practice capacity of staff members who work directly with children and youth impacted by trauma: • 18-month Children's Mental Health Learning Series commenced in October 2013 • Mental Health First Aid: For Adults Who Interact With Youth.	

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2	Cultural Understanding	Assessments should be undertaken with and informed by a comprehensive understanding of a young person's cultural context, including their life history, background and relationships (both pre and post migration), to improve the effectiveness of intervention services.	Draft response not yet publicly released: Work to improve our activities in this area has been underway for many years, and we believe that we continue to make progress. A key feature of the *Casework Practice Model* implemented in 2006 was the development of comprehensive assessment components at planned intervals throughout the period of involvement with Child Intervention services. The model helps link information gathered at assessment to the child's case planning. In partnership with stakeholders and staff, Human Services is developing a practice framework to guide Child Intervention practice in Alberta, the primary goal of which is to provide specific approaches and principles that support family-centred practice with child-centred outcomes. The Child Intervention Practice Framework builds on the values and principles that support the *Casework Practice Model* and guides how caseworkers make decisions and work with children, youth and families.	The Ministry supports comprehensive assessments through the development of casework practice model and the implementation of the current comprehensive assessment documents which consider the child and entire family across three domains. The Ministry is currently engaged in the ongoing development of a practice framework and a shift to outcomes based practice. Human Services Diversified Populations Committee is a cross divisional committee with the goal of improving multicultural service delivery.	Department's response is verified. CIAS verified: * The Department supports comprehensive assessments through the development of casework practice model and the implementation of the current comprehensive assessment documents which consider the child and entire family across three domains. * The Department is developing a practice framework to guide Child Intervention practice in Alberta, the primary goal of which is to provide specific approaches and principles that support family-centred practice with child-centred outcomes. * The Department is supporting Outcomes Based Service Delivery (OBSD) to support workers in their ability to assess children, youth and families within their cultural context. * Department launched the Human Services Diversified Populations Committee, a cross divisional committee with the goal of improving multi-cultural service delivery through a community of practice approach.

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			Six working principles have been created and are currently being vetted through frontline staff and practice leaders. One of the principles speak to the importance of "connection": ensuring children and youth are supported to maintain relationships that are important to them, connected to their own culture, supported to practice their religious beliefs, and, when appropriate, involved in the decision making process to create a plan for their care. A shift in practice toward Outcomes Based Service Delivery (OBSD) is supporting workers in their ability to assess children, youth and families within their cultural context. OBSD practice involves working in shared practice with agency, community and family members. Shared practice within OBSD represents a collective shift to collaborative and strengths-based approaches in working with families. A key component of this practice is timely and comprehensive sharing of information with service team members, which allows for more comprehensive assessments and plans to be completed within the team.		

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			Additionally, in 2011, the ministry launched the Human Services Diversified Populations Committee, a cross divisional committee with the goal of improving multi-cultural service delivery through a community of practice approach. The group is exploring ways to ensure there are opportunities for staff to develop their cultural competency skills on an ongoing basis. The Ministry recognizes the diverse cultural complexities that can be seen at the regional level and supports regional service delivery partners in developing positive working relationships with local newcomer serving agencies as needed.		
3	Tracking Serious Incidents	Continue to develop and implement a clear, efficient process for escalating and tracking serious incidents within the Ministry, DFNAs, and contracted agencies.	A process for consistently tracking critical incidents has recently been implemented. The information gathered from the critical incident reporting process will be used to identify and learn about areas of best practice and areas for improvement. This child intervention reporting process will be linked directly to an ongoing quality assurance process that assesses and reports on overall system performance.	Reporting of serious injuries and death in the ministry's Annual Report. Collaborative work on the definition of serious injury with the Office of the Child and Youth Advocate (OCYA).	Department's response is verified. CIAS verified that a process for consistently tracking critical incidents has been implemented. CIAS was not able to verify that a child intervention reporting process will be linked directly to an ongoing quality assurance process that assesses and reports on overall system performance as the Department is currently in the process of developing the process.
4	Off-Reserve Delivery	Enhance capacity for Aboriginal-led agencies to provide services for Aboriginal people in off-reserve communities. As capacity is built over time, enable Aboriginal-	With a focus on Calgary and Edmonton, Children and Youth Services will work with urban Aboriginal stakeholders and service partners to develop pilot programs aimed at improving child intervention services delivered off	Edmonton and Calgary consume to work With urban Aboriginal service providers to improve outcome for urban Aboriginal children and families involved with intervention services delivered off-reserve. This includes funding, project and program evaluation, and Aboriginal Outcome Based	Department's response is verified. CIAS verified that Children and Youth Services Division will work with urban Aboriginal stakeholders and service partners to develop pilot programs aimed

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		led agencies to provide a greater range of child intervention services to Aboriginal children and families off reserve.	reserve. This work will include reviewing service delivery approaches in other jurisdictions that have been successful in responding to the needs of Aboriginal clients in an urban setting. Children and Youth Services will also continue to support the Metis Settlements CFSA and its partnership with the Metis Nation of Alberta to examine how to expand services to Metis children and families who are not affiliated with a specific settlement and/or who do not live on a settlement.	Service Delivery (OBSD) sites. The Ministry continues to work with and support the Metis service delivery region in its partnership with MNA regarding supports and services to Metis children and families in Alberta. The Ministry funds 31 Band Designates whose role is to support children and families in maintaining cultural ties to their communities and preserving the child's cultural identity while in care. A number of DFNAs are showing positive outcomes such as success in finding permanent homes for children in care with extended family or community members and use of Family Group Conferencing in the early stages of involvement with a family. The Ministry is developing a Child Intervention Practice Framework which more closely aligns with indigenous models of practice, focusing on relationships, principles of respect, listening, caring, and culturally appropriate services. DFNAs have been involved in this work. The Metis service delivery area has protocols with its partnering service delivery regions to assist with the provision of a Metis Resource person for settlement affiliated Metis children and assist in contact with the Metis Nation of Alberta to determine if a child meets the criteria to be legally identified as Metis, to support the maintenance of cultural ties and preserving the child's unique cultural identity while in the care of the director.	at improving child intervention services delivered off reserve. CIAS also verified that Children and Youth Services Division will continue to support the Metis Settlements CFSA and its partnership with the Metis Nation of Alberta to examine how to expand services to Metis children and families who are not affiliated with a specific settlement and/or who do not live on a settlement.

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5	Service Delivery	Continue the shift towards an outcomes-based performance management system.	The Outcomes-Based Service Delivery model is currently being piloted across the province. This new model of delivery will be used for public reporting and accountability, program and policy evaluation, and to learn about areas of leading practice and areas for improvement. In the future, contracts with service delivery agencies will also be built upon achievement of agreed upon outcomes.	OBSO continues to be piloted across the province including Aboriginal services delivery sites.	Department's response is verified. CIAS verified that the Outcomes-Based Service Delivery model is being piloted across the province.
6	Complex Case Protocol	ACYS institute a formal protocol and process when a case is considered 'complex and challenging'.	a) Further enhance the critical incident reporting process established in August 2010 to further assist workers in their assessment of complex and challenging cases. b) Effective immediately, a provincial practice guideline will assist child intervention caseworkers and supervisors with managing complex and challenging cases. c) Building on existing protocols and initiatives, such as Children and Youth with Complex Needs, create a formal process to support consistent case management of complex and challenging cases.	Department and regional service delivery staff formed a working group to assess supports available to frontline staff in addressing complex and challenging cases. Policy and practice enhancements and ongoing discussion at Provincial Enhancement Table (PET) support learning and information sharing to improve outcomes for children and families receiving child intervention supports. The process for Reports of Death and Reports of Serious Injury have been refined and the CI Practice Framework is being implemented. In September 2012, the Ministries of Education, Health, and Human Services launched a new Regional Collaborative Service Delivery Model. The model merged three existing program areas: Student Health, Child and Youth with Complex Needs, and Regional Education Consulting services.	Department's response is verified. CIAS verified that: * the Department has enhanced the critical incident reporting process established in August 2010 to further assist workers in their assessment of complex and challenging cases. * the Department has developed a provincial practice guideline that will assist child intervention caseworkers and supervisors with managing complex and challenging cases. * the Department is building on existing protocols and initiatives, such as Children and Youth with Complex Needs, created a formal process to support consistent case management of complex and challenging cases.

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7	Organizational Learning	ACYS incorporate learning from adverse events and critical incidents through subsequent process and practice reviews, program evaluations and redesign as needed.	a) Effective immediately, learnings from actual cases will be incorporated into training and educational opportunities for staff to inform practice and support continuous improvement. b) Finalize the electronic critical incident management system to assist with identifying trends related to critical incidents within the child intervention system, and use this information to inform training and learning opportunities. c) Refer all incidents involving serious injuries or deaths of children and youth in care to the Child and Family Services Council for Quality Assurance. The Council will identify themes to help inform practices. d) Implement an online tool for staff, caregivers and agencies to share leading practices, information and feedback.	The Council for Quality Assurance {CQA) has been established and receives the Report of Death and Report of Serious Injury for review and determination of next steps including external expert panel review as per the legislation. Discussions regarding learnings, leading practices, information and feedback occurs at many provincial level and regional service delivery tables (regional leadership and partnership tables, Provincial Enhancement Table (PET), Contract managers, Placement resources, etc.) A foundational database has been developed to inform future trend analysis and the identification of areas for learning from adverse events.	Department's response is verified. Based on the specific procedures and assessment work performed above, CIAS verified that the electronic critical incidence management system has been finalized. CIAS noted that this initiative is in the process of being developed. Research has been performed on the access restrictions and privacy for the portal that will be layered onto ISIS.
8	Caseload	Ensure that caseworkers for the child have a reasonable caseload so that they have the time they need to be able to adequately document and follow-up on medical needs of the child.	None provided as no public response report was made.	Human Services is exploring a workload allocation model following input from staff through various program area focus groups. Leadership met with a diverse group of staff to generate potential quick-win solutions and identify efficiencies in the following broad areas of child intervention: • intakes/assessments • foster care/kinship care • ongoing casework • adoption/Supports for Permanency	Department's response is verified as the Department is working with the unions to choose a practical and effective model. As negotiations are in progress, models and discussions are confidential and cannot be provided for CIAS' review.

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9	Health Information	I am satisfied that the law now supports disclosure of health care information by hospitals or other third party health care agencies to caseworkers dealing with children in need of intervention. It is through lack of education or publicity of this information that impediments to disclosure occur with aboriginal children in the care of a DFNA. I recommend that the education of health care workers on the authority of DFNA caseworkers to demand and review health care information of children in their care be ongoing. I also recommend that some form of written authorization for disclosure of this information be provided to DFNA caseworkers to present to hospitals or other third party health care agencies explaining their authority and directing immediate disclosure.	The Ministry agrees caregivers need to be aware of health information for children in their care. When a child is first placed in any new placement, policy directs that caregivers be provided with all information necessary to meet the specific needs of the child, including details about any specific medical conditions, medications or ongoing treatment requirements. We also agree it is essential for DFNA staff to have access to necessary health information from health care professionals about children for whom they are responsible. Information sharing between health care workers and child intervention workers is essential for ensuring children receive the care and support they need. Existing legislation supports this kind of information sharing; we will continue to work with frontline staff and our health partners to clarify what type of information should be shared and under what circumstances. Further, through implementation of the Children First Act, all agencies and professionals providing services to children will have a renewed opportunity to learn about each other's roles and how they can work together more effectively to meet the children's needs.	Consequential amendments as a result of Children First Act further support and enhance information sharing to support Albertans, including children in care. The Information Sharing Strategy is currently being implemented and training is being revised regarding information sharing.	Department's response is verified. CIAS verified that: * The Enhancement Act Policy Manual includes policies to provide caregivers with information necessary to meet the specific needs of the child including details about medical conditions. * The Children First Act has been implemented and is providing opportunities for various agencies and professionals the opportunity to learn about each other's roles and how they can work together to more effectively meet children's needs.
10	DFNA Budgets	Evidence at this inquiry suggests that funding for child intervention services available for DFNAs and CFSAs is different; that DFNAs are	The federal government is responsible for funding child intervention services on-reserve. Eighteen* DFNAs currently deliver child intervention services on the reserves of 40 of the 48 First Nations	The Ministry works collaboratively with Aboriginal Affairs and Northern Development Canada (AANDC) and DFNAs regarding funding, service provision and delivery. The most recent meeting took place in February, 2014, where there was discussion around the	Department's response is verified limited to items within the Department's scope. CIAS did not peruse the verification that the Federal

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		resourced to a lesser extent because of an archaic funding formula. There must be no disparity of funding in the funding of aboriginal children versus non-aboriginal children. The reasons for eliminating any such disparity are obvious. I recommend that Alberta investigate whether such a disparity exists and, if so, enter into consultations with Canada to eliminate that disparity. I would also recommend that serious consideration be given to placing stricter controls on the use of funds by DFNAs for purposes other than the health and safety of children. While education and 'cultural activities' are both important in their own rights, they are secondary to ensuring the health and safety of children in care. If necessary, separate budgets should be created for those purposes.	in Alberta via agreements between the Government of Alberta, the Government of Canada and legally incorporated societies governed by independent boards (DFNAs). These agreements outline AANDC's responsibility to fund comparable levels of service and the expectation that the DFNA will follow Alberta's child intervention legislation and policy. A Federal Human Rights Tribunal is examining the apparent disparity in funding across Canada for services available on- versus off-reserve.	draft funding model presented by AANDC. * There are currently 17 DFNAs delivering CI services.	Government (AANDC) is responsible for funding child intervention services on reserve as validation with AANDC and DFNAs is not in the scope of this project.

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11	Business Processes	Neither this inquiry nor its report are the proper vehicles for reconstituting the business or information management systems at KCWS. However, the evidence at this inquiry has convinced me that some form of business process review of KCWS is required. Critical information relating to the health and safety of children cannot be separated into multiple files in different rooms administered by different staff. In the case of K, information relating to her case was spread over different files. Moreover the electronic information system (CYIM) was not promptly or comprehensively updated. Clerical staff at KCWS was directed to update closed files before active files, Understandably, the content and integrity of active files was compromised. And the volume of work expected of filing clerks resulted in childcare resources being diverted to that area and away from caregiving. I recommend that a comprehensive business	KCWS' business processes are being reviewed as a part of the previously indicated program review. This includes administrative processes, such as filing and data input into the electronic information system. The Intervention Services Information System (ISIS) was launched at KCWS on May 25, 2012, as part of the phased system implementation across the province. It Is now being used by all DFNAs and Child and Family Services Authorities (CFSAs). Prior to ISIS implementation, the Ministry provided significant support to KCWS to bring their filing and data input up-to-date. Foundational training was provided to all KCWS staff on five separate occasions, with an additional session available to casework supervisors. E-learning is also available on-line, and newly hired staff members receive training on using the system. Ministry staff provide support to KCWS with service delivery, mentoring and capacity building to support continuous improvement leading to good outcomes for children and families.	The Ministry is supporting KCWS in reviewing their processes and organizational structures. Ministry staff have offered support and assistance with file management, data entry, in person training and online training modules. Wide ranging support has been, and will continue to be provided to the agency with several staff on site continually, and at times, up to five staff helping in the areas of: · file management; · data entry; · electronic documentation (e.g. ISIS); · in-person training; · online training; · case consultation; and · supervisory mentorship.	Department's response is verified. CIAS verified that: * ISIS was launched at KCWS in May 2012. * Prior to ISIS implementation, the Department provided significant support to KCWS to bring their filing and data input up-to-date. * E-learning and on-line training on ISIS are available for KCWS staff. * the Department is supporting KCWS in reviewing their processes and organizational structures. Department staff have offered support and assistance with file management, data entry, in person training and online training modules. Wide ranging support has been, and will continue to be provided to the agency with several staff on site continually, and at times, up to five staff helping in the areas of: · file management; · data entry; · electronic documentation (e.g. ISIS); · in-person training; · online training; · case consultation; and · supervisory mentorship.

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		process review of KCWS be undertaken with a view towards ensuring an adequate physical plant, consolidated file information, efficient data entry and filing practices and proper implementation of the existing and/or a replacement information management system. I also recommend that care be taken in the future, not to update existing systems unless and until resources are in place to ensure a seamless transition. I make these recommendations fully understanding that the Department's role in DFNA operation once an agreement has been implemented is expected to be limited. However, this recommendation should be implemented as part of any future agreement(s) with KCWS as a DFNA or a new DFNA should be sought.			

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12	Governance Training	Recognition must be given to the highly disruptive influence of significant staff turnover, either through attrition or by management directive. The work of KCWS is important and ongoing. Its activities cannot be suspended for long periods of time in order to satisfy staffing practices. In addition, the value of long-term employment as a caseworker, supervisor or manager cannot be over-estimated. The different but complimentary roles of a Board of Directors and intermediate management are well-known and I will not dwell upon them here. The evidence I have heard at this inquiry suggests that these responsibilities may not be clear in the case of KCWS. The Board ought not to be making hiring and firing decisions at KCWS. I recommend that the Board, director and staff of KCWS receive training and direction in the respective roles of each within the larger organization. In particular, it is important to identify and ensure	The Ministry agrees that board governance training and ongoing support are key to strong and accountable board leadership. Since the appointment of the most recent KCWS board, Ministry staff have provided board governance training and continue to provide governance support as needed.\n\nThe Ministry is aware that staffing continues to be a challenge for DFNAs and CFSAs that provide services primarily to rural areas across the province. Contributing factors include remoteness of locations and the complexity associated with staff practicing in their home community.	Wide ranging support has been, and will continue to be provided to the agency with several staff on site continually, and at times, up to five staff helping in the areas of:\n\n• file management;\n• data entry;\n• electronic documentation (e.g. ISIS);\n• person training;\n• online training;\n• case consultation; and\n• supervisory mentorship.	Department's Response is verified.\n\nCIAS verified that:\n* Department is providing continued or ongoing governance support to DFNA Boards.\n\nCIAS was not able to validate if this support was provided to KCWS DFNA in particular as validation with KCWS is not included in the scope of this project.

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		respect for the differing roles of a Board of Directors and executive management. In addition, I recommend that KCWS and the Department jointly examine human resource strategies designed to encourage long-term employment of staff and effective transition procedures where significant staff turnover is anticipated.			

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