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Alberta's Child Intervention System

Alberta's child intervention system, guided by the *Child, Youth and Family Enhancement Act*, the *Protection for Sexually Exploited Children Act*, and the *Drug-endangered Children Act*, offers a range of supports for families and children that are focused on child well-being and safety. The goal is to support families to be healthy so that children grow up in safe and nurturing homes.

The Service Delivery Structure

Child intervention services are provided through the Children's Services seven service delivery regions and 17 Delegated First Nations Agencies (DFNAs) – Attachment 1 and 2. Edmonton Region oversees dedicated service delivery sites that support to children and families living on Metis Settlements.

- In 2016/17 Q2 (April to September), there was a monthly average of almost 10,300 children and youth receiving intervention services (this includes in care and not in care)[1].
- The majority of children and youth (84%) received services through one of the ministry's Service Delivery Regions (approximately 8,600 children).
- The remaining 16% received services through a DFNA (approximately 1,600 children).

Delegated First Nation Agencies (DFNAs) and First Nations Service Delivery

Alberta has Agreements with 39 out of 48 First Nations regarding on-reserve child intervention service delivery.

- There are eight First Nations that are served on reserve by a ministry Service Delivery Region. Two First Nations are served by governments of North West Territories and Saskatchewan.
- The Agreements encompass the range of child and family services and specify the roles and responsibilities of all parties (DFNAs, the Government of Alberta and the Government of Canada, through Indigenous and Northern Affairs Canada).
- DFNAs are accountable to the federal government for funding; to the Alberta government for following provincial legislation and policy in service delivery through their delegation; and to their Boards and community for delivering quality services on reserve.

The ministry's Child Intervention Division provides support to DFNAs through training, mentoring, case consultations, program and organizational reviews, human resources, budgeting, business planning, and reporting on results. To support DFNAs in building capacity and maintaining operations, ministry staff have provided direct casework support in many areas from intake to case management and have sometimes assumed the role of DFNA Director for periods of time.

[1] Additional information regarding Alberta's child intervention caseload can be found in Attachment 5, and also beginning on page 10.

Ministry Child Intervention Staff

The Ministry of Children's Services has approximately 2,600 staff working in the Child Intervention program area, primarily in the ministry's seven service delivery regions. The majority of staff are frontline workers who work directly with children and families (approximately 1,350 caseworkers and 350 supervisors)[2]. Child Intervention staff receive their authority to deliver services through delegation under the *Child, Youth and Family Enhancement Act*.

The Child Intervention Division also includes approximately 160 department staff responsible for child intervention policy, practice and program development; quality assurance (including standards monitoring and examination of injury and death); support for DFNAs; program evaluation and performance, collection of data and data requests and support for the Child Intervention Information System. The Division also has three centralized service delivery components: Adoptions, Post-adoption registry and Advancing Futures Bursary.

Although not ministry staff, the 17 DFNAs employ approximately 275 child intervention workers who work with children and families on the Reserves of 39 of the 48 First Nations in Alberta. DFNA employees are not Government of Alberta employees, but they are required to follow provincial legislation, policy and standards.

In addition, there are approximately an additional 4,000 FTEs employed by contracted agencies that deliver direct services on Children's Services' behalf (such as family support, youth work, therapy, and residential support through foster, group and treatment care).

[2] Human Resources figures as of December 31, 2014.

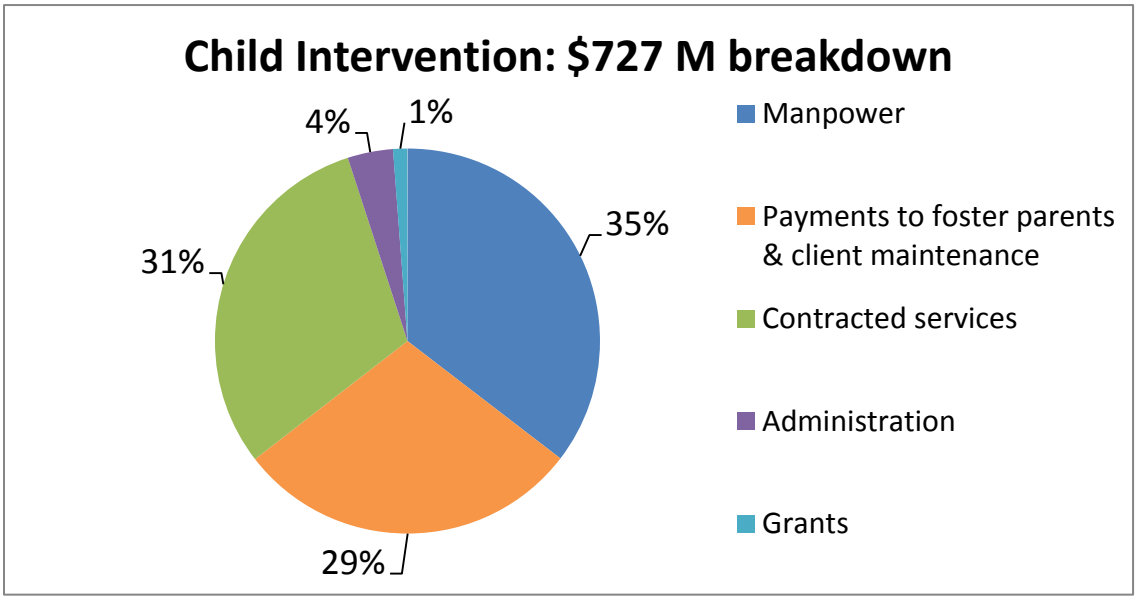
Expenditures

In 2015/16, Human Services spent $727 million on child intervention, representing 17% of total ministry spending. Most of the funding was dedicated to delivering child intervention services:

Program sub-element	2015/16 Spending (millions)	% of Total
Child Intervention Services	467	64%
Foster Care Support	174	24%
Supports for Permanency	57	8%
Program Planning and Delivery	23	3%
Protection of Sexually Exploited Children	6	1%
Total Child Intervention	**727**	**100%**

Of the $467 million for Child Intervention Services:

- $182 million was spent on Child Protection (39%)
- $108 million was spent on salaries and supporting costs for staff directly delivering child intervention services (23%)
- $61 million was spent on Intake and Assessment (13%)
- $33 million was spent on Family Enhancement (ages 0-17) and Support & Financial Assistance for young adults (7%)
- $83 million was spent on other programs and support services (18%).



Enabling Legislation

Authority to deliver child intervention services is granted through three separate but connected pieces of legislation.

The *Child, Youth and Family Enhancement Act* ("the Act") grants authority for service provision to children who are, or may be at risk of, being abused or neglected. Responsibilities include:

- Assessing and responding to risks to child safety and well-being;
- Assessing parental capacity and providing supports to children and families; and
- Assuming custody and guardianship when needed.

As per the Act, a child is in need of intervention if there are reasonable and probable grounds to believe that the child's survival, security or development is endangered because of the following:

a) The child has been abandoned or lost;
b) The guardian of the child is dead and the child has no other guardian;
c) The child is neglected* by the guardian;
d) The child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;
e) The guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse;
f) The child has been emotionally injured* by the guardian of the child;
g) The guardian of the child is unable or unwilling to protect the child from emotional injury*;
h) The guardian of the child has subjected the child to, or is unable or unwilling to protect the child from, cruel and unusual treatment or punishment.

*further definition of what constitutes 'neglect' and 'emotional injury' is built into the Act.

The *Protection of Sexually Exploited Children Act* (commonly referred to as PSECA) authorizes the apprehension of children who are sexually exploited through prostitution and provides a range of supports to assist the child in ceasing his/her involvement in prostitution, including community-based direct client services, residential placements and protective safe houses.

The *Drug-endangered Children Act* (commonly referred to as DECA) authorizes the apprehension of children living in drug houses, or exposed to drug manufacturing or other forms of illegal drug activity.

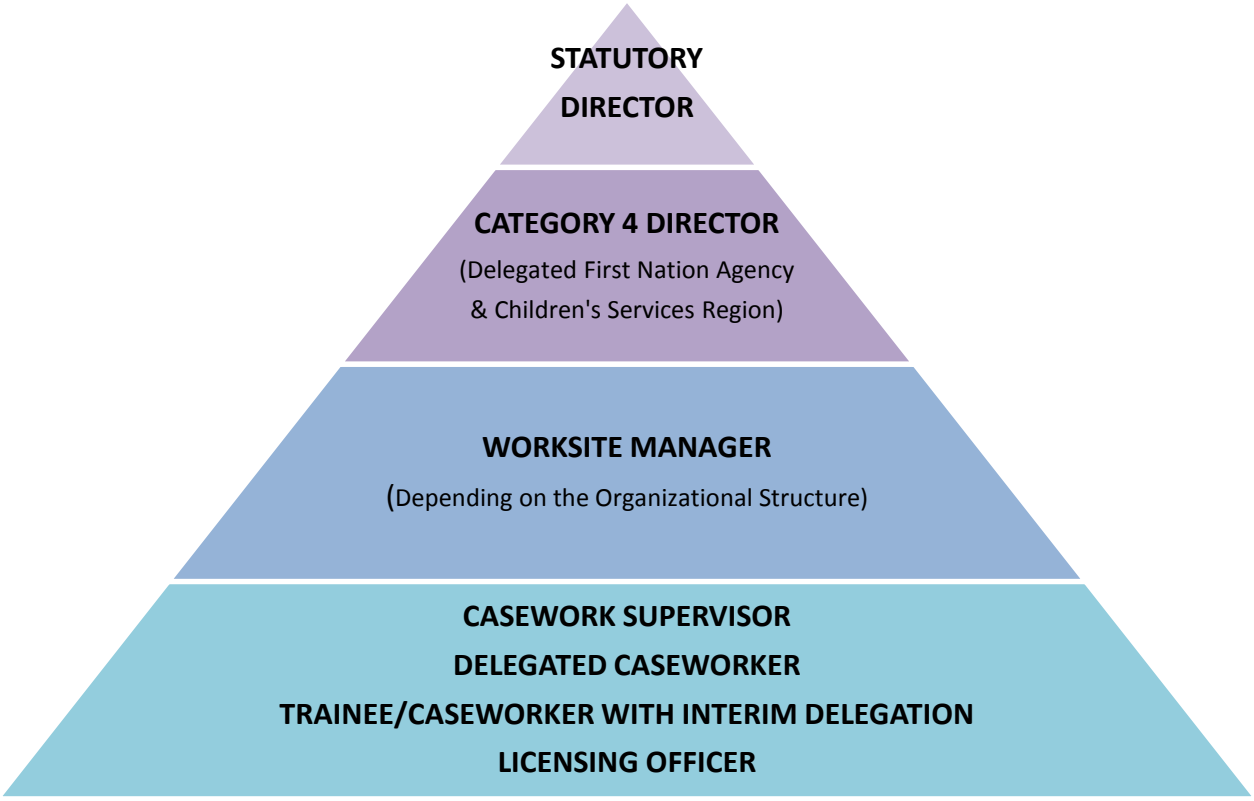
Delegation

Section 129 of the Act requires the Minister to designate one or more individuals as director(s) for the purposes of the Act. This person is referred to as the "Statutory Director."

- S.121 of the Act speaks to the ability of the Minister and a director to then delegate any of the duties or powers conferred or imposed on them, with some exceptions, including:
  - reporting serious injury or death;
  - appointing individuals to conduct internal reviews of serious incidents or death;
  - reporting on findings and recommendations of reviews; and
  - applying for a publication ban pertaining to a child receiving intervention services who has died.

It is impossible for the Statutory Director to personally assume decision making for all children and families receiving intervention services or to assume a parental role in relation to all children in care. As a result, the functions of child-specific decision making are delegated to five different levels within the ministry's service delivery arm.

- When authority is delegated, the delegator does not retain an "approval" role with respect to the decisions of the delegatee.
- Case management decisions made by delegated caseworkers and supervisors are final. The Statutory Director is unable to rescind or vary these decisions as long as the delegation is in effect. For this reason, the delegator (in this case, the Statutory Director) must show due diligence was exercised in choice and supervision of delegates.
- The Statutory Director, however, remains legally responsible for the decisions of delegates.



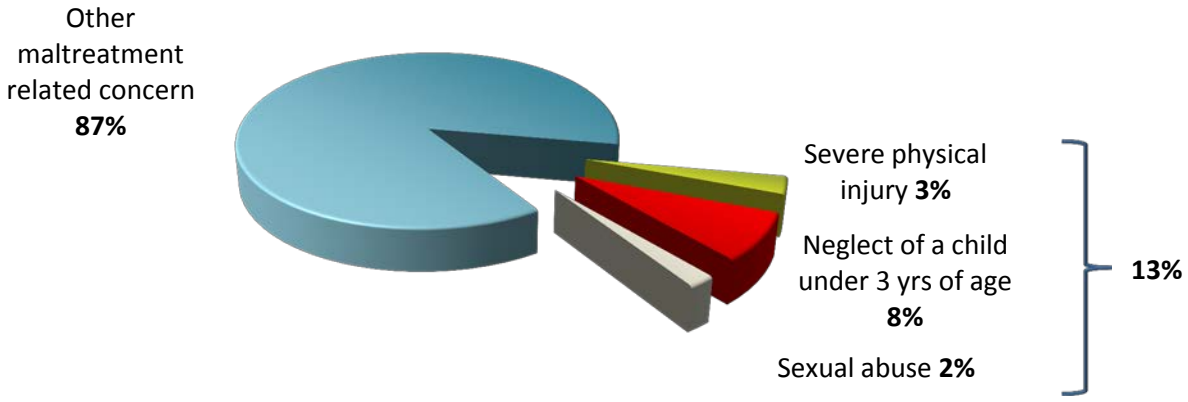
Child Intervention Service Delivery

Reasons for child intervention involvement

The Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008) was subset of a Canadian Study of Reported Child and Abuse and Neglect (CIS-2008) that examined the incidence of reported child maltreatment and the characteristics of the children and families investigated. The next release of the CIS using 2013 data is anticipated in spring 2017.

AIS-2008 data indicates 13% of children and youth being assessed were in danger or at risk of being seriously harmed and required immediate intervention services.

The remaining 87% of children and youth being assessed were at risk for endangered development and well-being, as opposed to safety. These cases typically involve neglect, exposure to family violence, and emotional maltreatment (executive summaries of the AIS-2008 and the Canadian Incidence Study-2008 are in Attachments 3 and 4).



Why this matters – a Focus on Child Intervention Practice

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

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

Legislation, policy, tools and approaches provide structure to the day to day activities and help organize the work. One of the most critical elements of successful child intervention service delivery is, however, the casework relationship between staff and families.

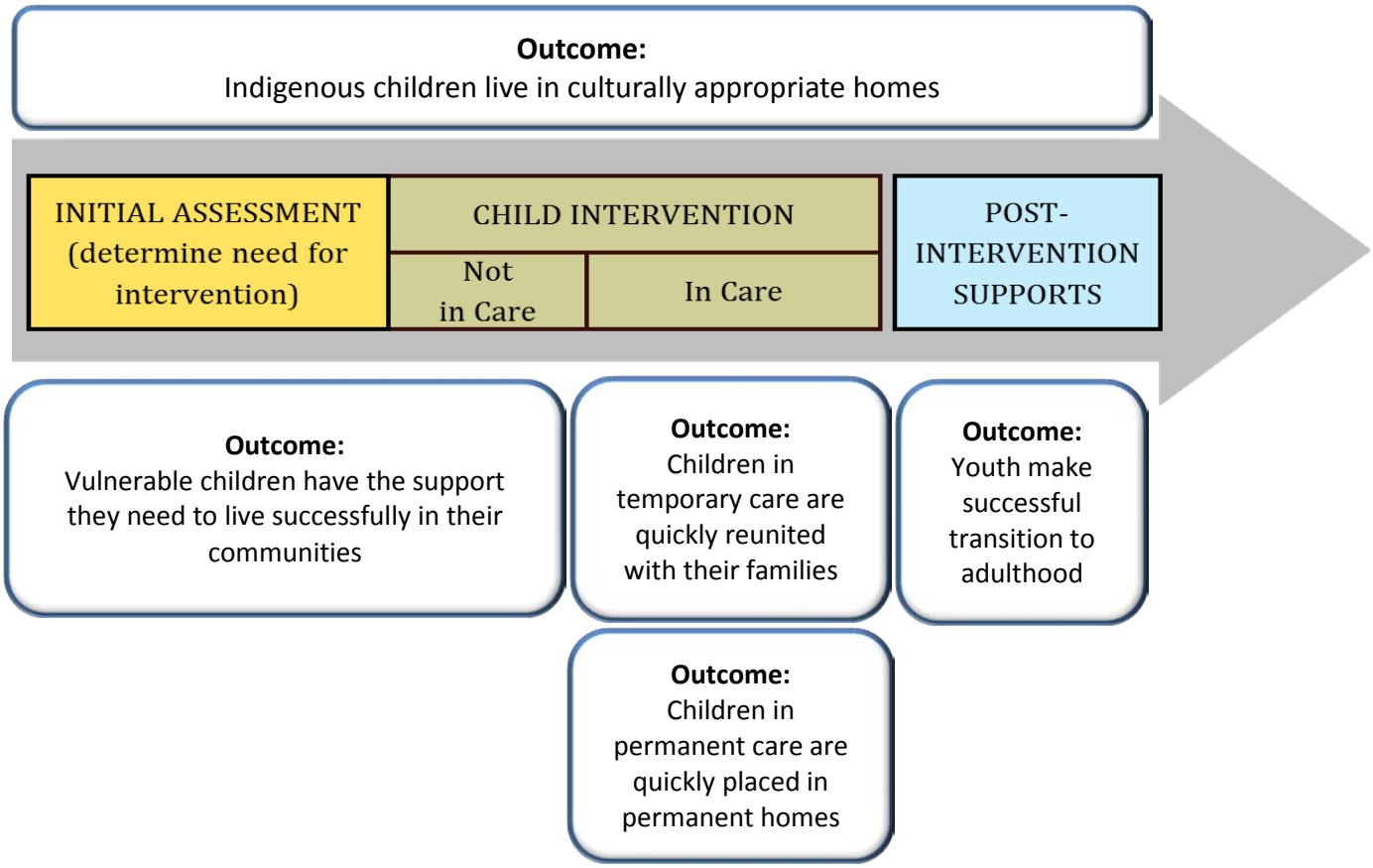
To be successful, staff require:

- A strengths-based organizational culture and environment that supports staff in exercising professional judgement and fostering relationships with the families they support,
- An ongoing organizational commitment to building staff capacity,
- Clear and explicit principles of practice (Child Intervention Practice Framework),
- Clearly articulated outcomes, models and tools of practice grounded in research and evidence, and
- Regular use of data and information to track results.

Phases of Child Intervention Involvement with Children and Families

The range of supports and services we provide to children, youth and families is organized into three basic categories:

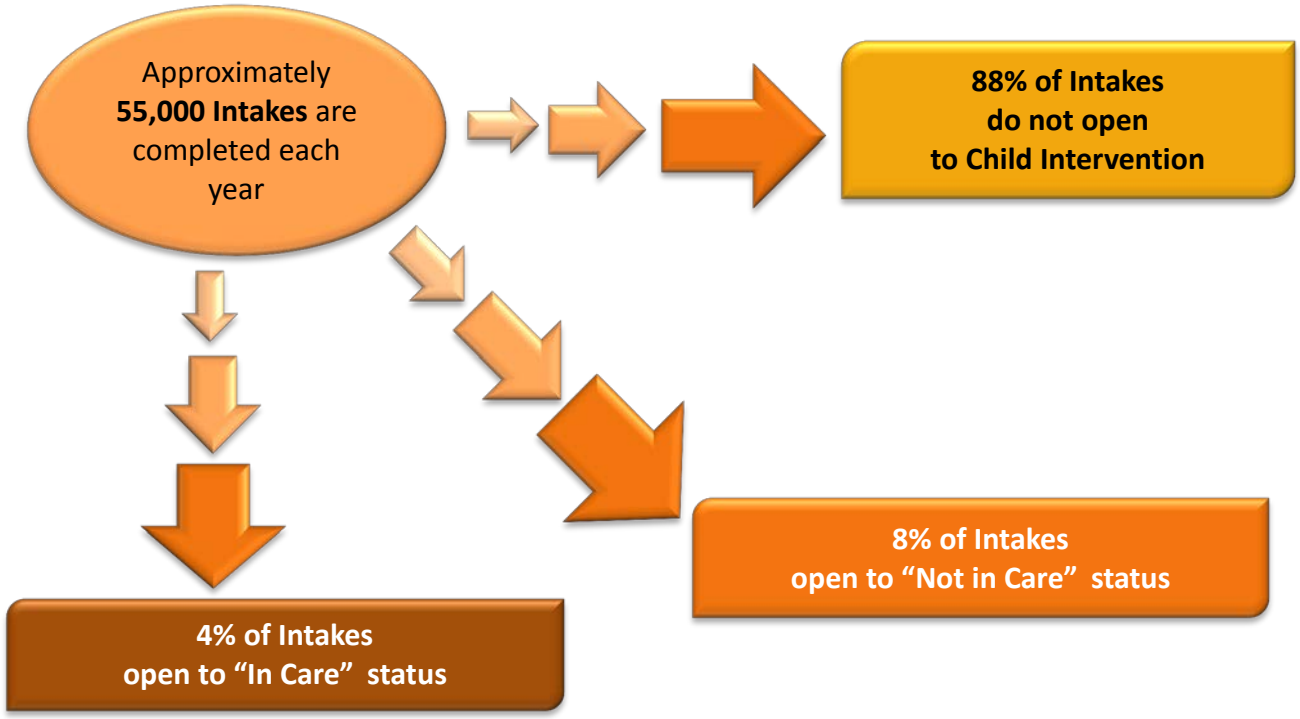
- Initial Assessment (determine need for intervention)
- Child Intervention (provide services while not in care or in care)
- Post-Intervention Supports (provide supports to youth leaving care and to adoptive and private guardianship families)



Initial Assessment / Front End

Each year, child intervention staff respond to and assess approximately 55,000 reports of child maltreatment, neglect and abuse (approximately 4,600 reports each month)[3].

- Of those, 88% do not open to a child intervention file. Families may receive brief services or be referred or connected to community resources.
- The remaining 12% receive services through an open child intervention file – 4% of which are in care (child is removed from the home), and 8% are not in care (child remains in the family home).



Child intervention services are provided once there is a substantiation that a child or youth is, or at risk of, being neglected or abused by their parent or guardian, as defined in section 1(2)(a) to (h) of the *Child, Youth and Family Enhancement Act* (CYFEA). The initial assessment phase is the phase at which such a determination is made.

The initial assessment phase begins with an intake: information is received (commonly known as a referral or a report) from a family or community member that a child's survival, security or development may be in danger due to neglect, physical abuse, emotional injury or sexual abuse, and it is determined that the information constitutes a report under s.4 of the CYFEA.

- Section 4(1) states "any person who has reasonable and probable grounds to believe that a child is in need of intervention shall forthwith report the matter to a director."
- An individual may report their concerns to any regional child intervention office, the 24-hour Northern Alberta Child Intervention Services, the 24-hour Southern Alberta Child Intervention Services, or the Child Abuse Hotline.

[3] A breakdown of child intervention caseloads is available in Attachment 5.

Most reports of concern come to child intervention from policing agencies, educators, and community members or relatives (see table below for a breakdown since 2013/14).

Reporter	2013/2014	2014/2015	2015/2016	2016/2017 YTD (to January 10, 2017)
Justice	33%	34%	33%	34%
Unknown	15%	16%	17%	17%
Education	13%	13%	13%	13%
Community Member/ Relative/Significant Other	13%	13%	13%	13%
Health	8%	8%	8%	8%
Community Organization	8%	7%	7%	7%
Parent	6%	5%	6%	5%
Child	1%	1%	1%	1%
Child Care	1%	1%	1%	1%
Alleged Maltreater	1%	1%	1%	1%
Other Adult	<1%	1%	<1%	<1%
Total	**100%**	**100%**	**100%**	**100%**

At intake, the worker is expected to gather pertinent information from the referral source and other collateral sources (school, police, medical, sometimes other family members or neighbors), and use this information to support either closing the file or moving to further assessment/ investigation to make a determination about the child or youth's need for intervention.

If the information gathered does not indicate that a child may be in need of intervention services, the matter is 'closed at intake', with supervisory approval. If the information gathered at intake provides reasonable and probable grounds to believe the child may be in need of intervention services (and brief services or emergency care will not alleviate the concerns) the matter proceeds, again with supervisory approval, to further assessment/investigation.

If the information gathered during both the intake and assessment substantiates that a child or youth is in need of intervention according to the legislation, a file will be opened under a legal authority (an agreement or a court order).

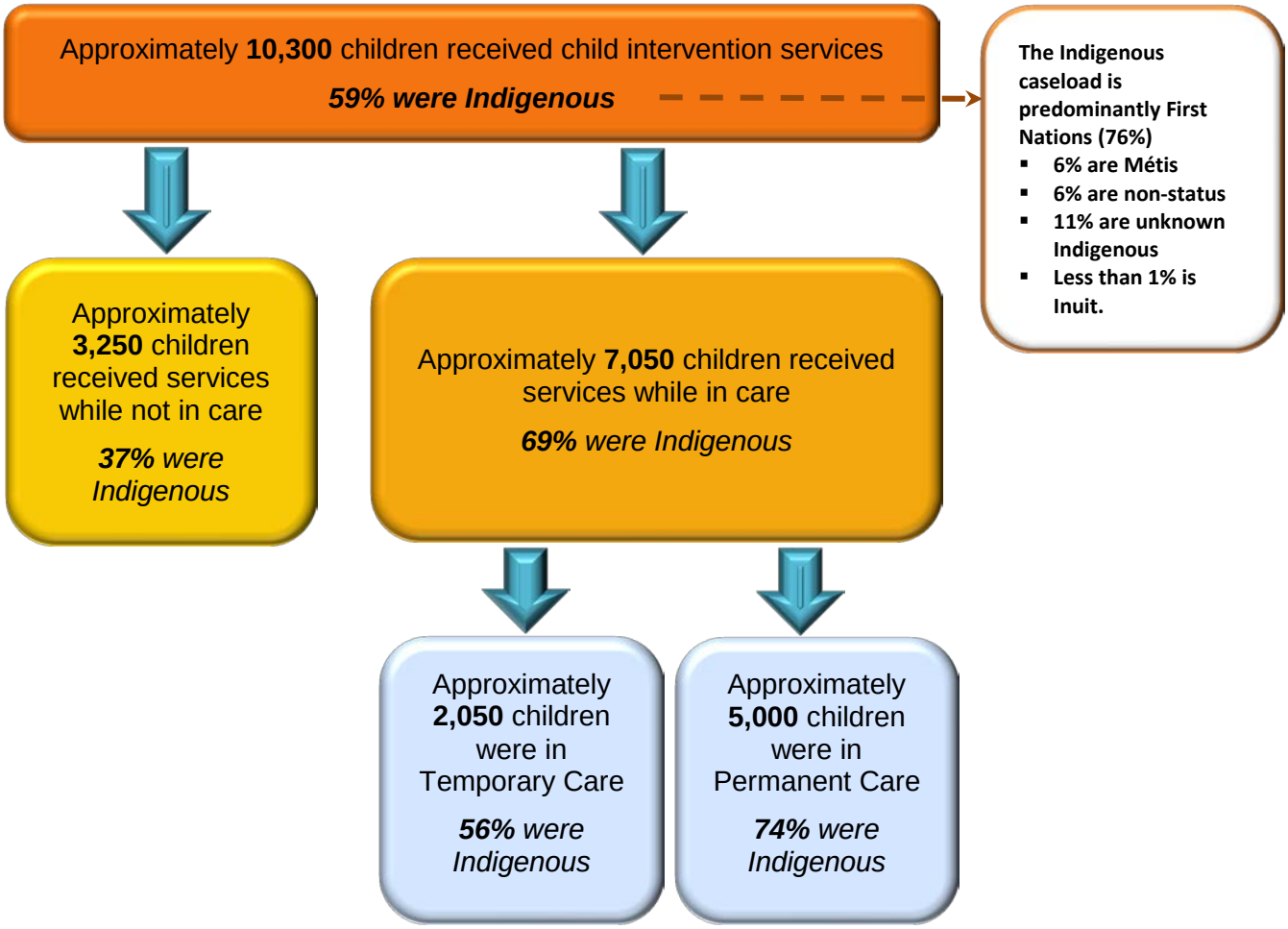
If the information gathered does not substantiate the reported concerns, the file will close; the closure may include a referral to community supports based on identified needs.

Eighty-eight per cent of the time, the assessment phase does not result in an open child intervention file. Eight per cent of the time, a file is opened and services are provided to the child or youth while remaining in the family home (not in care). Four per cent of the time, a file is opened and the child or youth is removed from the home (in care).

Open Child Intervention Caseload Breakdown

Whenever possible, services are provided while the child remains in the family home, as long as the child's safety is not at risk. When this is not possible, the child or youth may need to be removed from the home and placed in a more stable home while the parents work on making things better.

In an average month, there are 10,300 children and youth who are receiving child intervention services with an open case file. Approximately 3,250 of these children and youth are receiving services at home (not in care), while 7,050 are receiving services away from home (in care). This does not include the children who have child intervention involvement at the "initial assessment" stage to determine if formal child intervention services are required.



In addition, almost 1,700 young people access support through a Support and Financial Assistance Agreement to support a successful transition to adulthood.

Receiving Intervention Services - Not in Care

Wherever possible, we work with families to create a safe environment so that children can be supported to remain at home with their families.

Many partners, including extended family, community-based service providers and other government organizations, are brought together to make a plan to help strengthen the family to meet their child's needs. Examples of supports that may be provided include parent aides, in-home support workers, counselling services, youth workers, and referrals to other services to address issues impacting the family well-being (for example, employment, housing, addictions, etc.).

- In 2016/17 Q2 (April to September), there were approximately 3,250 children receiving services while not in care.

Receiving Intervention Services - In Care

When a child's safety and well-being needs cannot be met while remaining in the family home, they may be taken into care, either temporarily or permanently, depending on an assessment of the family's ability to address the protection concerns.

Wherever possible, services are provided to children in their communities so they are able to remain connected to their culture and to significant people in their lives. Family members receive support to address the protection concerns with the goal of returning children home when it is safe to do so.

- In 2016/17 Q2 (April to September), there were approximately 7,050 children receiving services while in care (approximately 2,050 in temporary care and approximately 5,000 in permanent care).
- The average age of children in care:
  - Indigenous children: 6.7 years old in temporary care and 10.6 old years in permanent care.
  - Non-Indigenous children: 7.5 years old in temporary care and 11.0 years old in permanent care.
- The average time spent in care:
  - Indigenous children: 1.1 years in temporary care and 5.7 years in permanent care.
  - Non-Indigenous children: 0.9 years in temporary care and 3.5 years in permanent care.

The difference in time in care for Indigenous and non-Indigenous children is directly linked to the differences in rates of permanency. Overall, Indigenous children end up in legally permanent homes (adoption and private guardianship) at a lower rate than non-Indigenous children resulting in Indigenous children spending more time in care. For more details, see Child Intervention Outcomes (page 16).

Out of Home Placements for Children in Care

2016/17 Q2 (April to September)			
Type	**Description**	**Number of Children in Care**	**Proportion of Overall Placement**
Kinship care - *approximately 1,700 Kinship Homes*	Preferred placement option as it allows children to maintain important familial and cultural ties and is less traumatic for the child than being placed with strangers (foster care or group care). Kinship caregivers are extended family members or persons who have a significant relationship with the child and family.	1,900	27%
Foster Homes - *approximately 1,800 Foster Homes*	Provide licensed family-based care. Foster homes and kinship homes receive the same monthly basic maintenance funding to support them to care for the children in their home.	3,600	51%
Group Care - *approximately 155 Group Care Facilities*	Facilities are licensed, staffed group living arrangements located in rural or urban communities.	500	7%
Treatment Care - *approximately 51 Treatment Care Facilities*	Facilities are a multi-bed residence where children typically receive schooling and counseling on site.	200	3%
Other Placements	Includes parental care, independent living arrangements, permanency placements (while waiting for adoption or private guardianship order to be approved), secure treatment centre, youth criminal justice facility, hospital, etc.	850	12%
Totals		**7,050**	**100%**

Post Intervention Supports

Support and Financial Assistance Agreements (from age 18 to 24th birthday)

Support and Financial Assistance Agreements (SFAAs) are available to young adults (from age 18 to their 24th birthday) who had been receiving intervention services. These agreements create an ongoing relationship with young adults who received services as a child, reflecting the moral obligation that parents have to continue to support them to successfully transition to adulthood.

SFAAs are based on the identified need of the young adult and can include support for housing, education, access to health services, vocational skills development, life skills mentoring, and connections to community and/or family members.

- In 2016/17 Q2 (April to September), there were almost 1,700 young adults receiving support through an SFAA.
- Between April 2012 and September 2016, there was a 194.6% overall increase in the SFAA caseload (from 594 young adults in April 2012 to 1,750 young adults in September 2016). This reflects an increase of 670 Indigenous young adults and 486 non-Indigenous young adults.

The increase in the SFAA caseload is due to a policy change in 2014 that makes these agreements automatic upon a youth's 18th birthday, along with a regulatory change to extend eligibility to the age of 24 (from 22).

Advancing Futures Bursary

Youth who have been, or continue to be, in provincial care or custody are supported to achieve their educational goals through the Advancing Futures Bursary program. Each year, almost 200 youth in care graduate from high school.

The Advancing Futures Bursary program provides transitional supports for youth transitioning out of care and funding for educational fees, monthly living allowances, child care and supplemental benefits as they achieve their post-secondary educational goals. Youth are eligible to enroll in upgrading, a degree, diploma, certificate or trade program at a post-secondary institution.

In 2015/16:

- 575 students were approved for funding in 94 institutions and campuses;
- The average cost per award was $14,500 per year;
- Over half of students receiving awards were enrolled in Degree (30%) or Diploma (29%) programs. An additional 17% were enrolled in upgrading and 24% were in certificate programs;
- 84% of students completed their program of study; and
- 34% of students self-reported themselves to be of Indigenous ancestry (First Nation, Métis or Inuit).

Supports for Permanency

The Supports for Permanency (SFP) Program is available to families who have adopted or obtained private guardianship of children who were in permanent government care. The program includes supports such as basic maintenance, parental respite, counselling and payment for services that assist in addressing a child's emotional or behavioural problems.

SFP includes monthly basic maintenance funding, respite, up to 10 counselling sessions per year, reimbursement for the cost of transporting a First Nations child to the child's Band to maintain cultural ties, and treatment in a residential facility for up to 12 months.

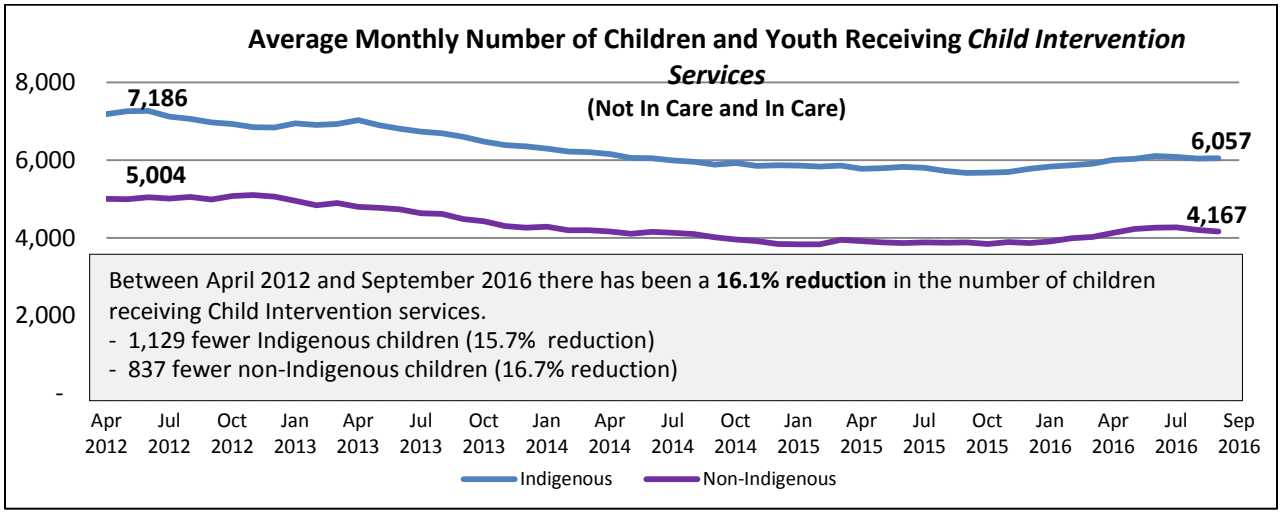
The number of children and families accessing the SFP program has steadily increased.

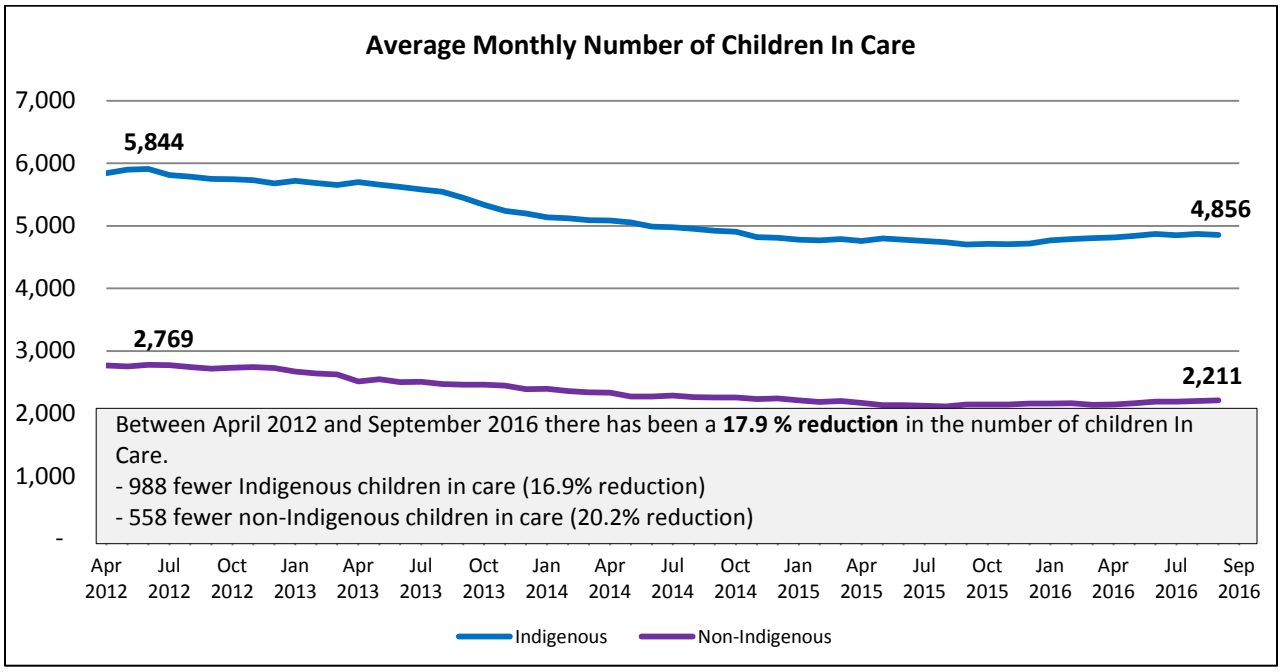
- In 2016/17 Q2 (April to September), just over 4,700 families received SFP benefits.
- Since April 2012, there has been a 26.5% overall increase in the SFP caseload (from 3,697 families in April 2012 to 4,675 families in September 2016). This reflects an increase of 550 Indigenous families and 428 non-Indigenous families.

What results are we seeing as a result of practice shifts?

Despite an increase in the number of intakes received, we have seen an overall decline over the past few years in both the in care and not in care caseloads, for Indigenous and non-Indigenous children.

While attribution to a specific strategy is difficult, the focus on supporting staff, building casework supervisor capacity, creating a strength-based practice framework, and adopting evidence-based tools and approaches are believed to be significant contributing factors to this decline.





In recent months, we have begun to see the caseload begin to stabilize and trend upward. A study conducted in the United States between 1990 and 2010 involving all 50 states looked at the correlation between economic recessions and increases in child intervention caseloads. The study found a strong correlation between unemployment rates and "child maltreatment," with increases in caseloads showing up about a year following the increases in unemployment. The Alberta unemployment rate began to increase around January 2015 and the child intervention caseloads first begin to increase in January 2016.

Child Intervention Outcomes

Children's Services has identified five service delivery outcomes, with nine related indicators, that are rooted in *Alberta's Child, Youth and Family Enhancement Act,* the ministry's Performance Management Framework and the Government of Alberta's Strategic Plan:

1. Vulnerable children are supported to live successfully in the community
2. Children in temporary care are reunited quickly with family
3. Children in permanent care are placed in permanent homes more quickly
4. Youth transition to adulthood successfully
5. Indigenous children live in culturally appropriate homes

These outcomes are based on previous work of provincial and territorial Directors of Child Welfare, in collaboration with child intervention and data collection experts. The outcomes were validated and adopted by agency service providers, frontline practitioners and management.

Seven years (2008/2009 – 2014/2015) of the outcome indicator results will be released in an interactive format on the ministry website. These tools will allow users to compare outcomes for Indigenous and non-Indigenous children.

2015/2016 Results:

1. Vulnerable children are supported to live successfully in the community (children stay home)
   - In 2015/16, there were 3,034 family preservations.
   - The rate of family preservations for Indigenous children was 81%, while for non-Indigenous children the rate was 90%.
2. Children in temporary care are reunited quickly with family (children return home)
   - In 2015/16, there were 2,101 family reunifications.
   - The rate of family reunifications for Indigenous children in temporary care was 58%, while for non-Indigenous children the rate was 64%.
3. Children in permanent care are placed in permanent homes more quickly (stable life-long families through adoption and private guardianship)
   - In 2015/16, there were 230 private guardianships and 291 adoptions.
   - The rate of achieving a legal permanency outcome (adoption or private guardianship) for Indigenous children in permanent care was 45%, while for non-Indigenous children the rate was 54%.
4. Youth transition to adulthood successfully
   - In September 2016, there were 1,750 young adults receiving a Support and Financial Assistance Agreement (970 Indigenous and 780 non-Indigenous young adults).
   - 575 students with previous intervention involvement were approved for post-secondary and related funding through Advancing Futures Bursary; 84% of students completed their program of study.
5. Indigenous children live in culturally appropriate homes
   - In 2015/16, 40% of Indigenous children in foster or kinship care were placed with Indigenous families.

Focus on Public Accountability and Transparency

To strengthen transparency and accountability, Children's Services has improved public access to updates on recommendations received and actions taken and to child intervention statistical information.

Recommendations

Internal and external stakeholders are interested in progress made by the child intervention program area to support systemic improvements and improve outcomes for vulnerable Albertans. Reporting more regularly and openly about recommendations received and actions taken supports greater accountability and transparency within the child intervention system.

A process has been developed to:

- Prepare for a public release including background and key messages
- Receive the recommendations and assess against work under way,
- Develop action plans
- Draft a response including which recommendations are accepted and which are not;
- Track progress on accepted recommendations for reporting and reporting publicly. The ministry's public responses to recommendations received are posted at www.humanservices.alberta.ca/publications/15896.html

Ministry responses to Office of Child and Youth Advocate reports, Fatality Inquiry reports and findings and recommendations from internal quality assurance reviews are shared publically, as is progress to-date on past recommendations. A high level assessment of the ministry's progress over the last five fiscal years is posted on the ministry website at www.humanservices.alberta.ca/abuse-bullying/recommendations-progress-update.html.

Child Intervention Statistics

Children's Services has developed a schedule of regular public reporting to clearly articulate our goals, outcomes and progress for the public, staff and stakeholders: http://www.humanservices.alberta.ca/abuse-bullying/17395.html.

- Quarterly updates on child intervention caseloads are posted on the ministry website.
- Aggregate monthly statistics related to deaths of children receiving child intervention services are posted each month (from 2008/2009 to October 31, 2016).
- The Child Intervention Data Tool allows Albertans to search for data by type of intervention involvement, placement, age, gender, and racial origin (Indigenous or not).
- Alberta's Open Data Portal http://open.alberta.ca/opendata/child-intervention-data contains 11 official statistics related to children and youth receiving services by age, gender, Indigenous status, service delivery area and permanency.

Deaths of Children receiving Child Intervention Services

Our tracking and reporting of deaths of children receiving intervention services has evolved over the years, allowing us to note where children and youth are most vulnerable and take actions where possible to support children and mitigate risks to prevent future deaths.

Prior to 2011/2012, the ministry reported publicly only on the number of children receiving child protection services who died as a result of injury – this did not include children receiving services while not in care, or children who died as a result of a medical or undetermined cause.

In 2011/2012, the ministry expanded its public reporting to include all deaths of children in care regardless of cause of death. In 2013/2014, this was again expanded to include the deaths of all children receiving intervention services (in care, not in care and over 18).

Children's Services has re-stated numbers so that results can be compared year over year. More stringent checks and balances have been put in place to ensure all deaths are being reported. For example, the OCME provides the ministry with monthly lists of deaths so that it can be cross-referenced to child intervention files. This ensures that even children involved through a screening are reported and reflected in the monthly statistical summaries.

Data related to the death of children receiving intervention services is updated monthly and available on the ministry website.

Previous Analysis of Deaths of Children Known to Child Intervention

In December 2013, the Alberta Centre for Child, Family and Community Research (ACCFCR) (now named PolicyWise for Children and Families) was asked to examine data on the deaths of 741 children who were known to the ministry (January 1, 1999 to September 30, 2013).

The ACCFCR's report, *A Preliminary Analysis of Mortalities in the Child Intervention System in Alberta,* does not comment on child intervention mortality rates compared with mortality rates in the general population in Alberta, other jurisdictions or countries. The report notes that this comparison is difficult because children in care or known to child intervention have different characteristics than those in the general child population. It also notes that, given the extremely small numbers of cases that are being presented, rates are subject to wide fluctuation.

The report references a 2001 British Columbia study on mortality of children in care in that province, which points out that the life circumstances of children in child welfare systems are such that they are at increased risk of death before they enter child welfare: "*most children who come into care are already economically disadvantaged, are medically fragile or severely disabled, or have been injured psychologically or emotionally – factors that put them at increased risk of dying at a young age*."

The ACCFCR report reveals that children receiving intervention services share the same mortality patterns (not to be confused with rates) with children in the general population in Alberta and Canada:

- Mortality rates were highest in infants and second highest in teenagers.
- Males had higher rates of mortality than females across most comparisons.

Children receiving child intervention services and the general population aged 0 to 17 years share some similar underlying risks of death. For example, teenagers in the intervention system, like those in the general population, are vulnerable to accidental deaths and suicide, and infants (and children in other age groups) have high rates of medical causes of death.

Risks of some types were elevated for children who required intervention services. For example, medical death rates were elevated in children receiving intervention services who were one year of age and older. Indigenous children receiving intervention services had higher rates of mortality than non-Indigenous children receiving intervention services. It is also noted that Indigenous populations in general have higher rates of infant mortality than the rest of the population, and higher rates of injury-related death throughout childhood.

Statistics Canada data from 2013 show that between 1999 and 2011, child mortality rates were consistently highest for infants, followed by 15 to 19 year olds. The rates for Alberta overall reflect similar patterns, with somewhat higher rates for infants and 15 to 19 year olds.

Current Child Death Review Mechanisms in Alberta

Statutory Director Quality Assurance Reviews

As part of the ministry's quality assurance processes, enabled by amendments to the *Child, Youth Enhancement Act* in 2014, an internal child death and serious incident review process has been developed to:

- Ensure a consistent and comprehensive examination approach following a death involving a child receiving child intervention services.
- Support the Government of Alberta's commitment to accountability, transparency and continuously improving the child intervention system.
- Evaluate case information and context to make recommendations for quality improvements to child intervention services and professional practice.
- Share key policy and practice learnings with Children's Services staff and stakeholders to support continuous improvement of the child intervention system.

The review process is embedded in legislation to provide a statutory shield to the information gathered from staff and stakeholders. Findings and recommendations are made public.

Fatality Inquiries

Deaths of children in care (not all children receiving services) are referred to the Office of the Chief Medical Examiner and subsequently reviewed by the Fatality Review Board for consideration for a public fatality inquiry unless the board is satisfied that the death was due to natural causes.

The Fatality Review Board may recommend a public fatality inquiry if there is a possibility of preventing similar deaths in the future or if there is a need for public protection or clarification of circumstances surrounding a case.

The Minister of Justice and Solicitor General calls the fatality inquiry, which is a public process overseen by a judge. The inquiry establishes cause, manner, time, place and circumstances of death, as well as the identity of the deceased. Judges may make recommendations to prevent similar occurrences, but are prohibited from making findings of legal responsibility.

The *Fatality Inquiries Act* requires that a written report is made available to the public. For each report, Children's Services provides a written public response to recommendations made for the child intervention system.

Office of the Child and Youth Advocate

The Office of the Child and Youth Advocate (OCYA) provides individual and systemic advocacy for children and youth receiving services under the *Child, Youth and Family Enhancement Act* (CYFEA) and the *Protection of Sexually Exploited Children Act* (PSECA), as well as youth involved with the youth criminal justice system.

The OCYA may conduct investigations into systemic issues arising from the serious injury or death of a young person receiving designated services. This includes a death or injury that occurs within two years of receiving services.

Reports are posted on the Advocate's website. Children's Services drafts and posts written public responses to each report.

Quality Assurance Activities to Support Continuous Improvement

In addition to quality assurance that happens at a casework level with oversight and support provided by casework supervisors, there are a number of service delivery and system level quality assurance (QA) activities focused on policy and practice. QA activities also facilitate performance evaluation, outcomes measurement, staff training, and knowledge mobilization and management. These processes assist the ministry to assess potential gaps and identify opportunities for systemic improvements in provincial delivery of child protection and intervention services

Child Intervention Standards

Standards were developed to be indicators of practice and the quality of services provided to children, youth and families. The Standards are measured through file reviews, reflect key areas of focus for the child intervention program in Alberta and are intended to complement and align with policy and legislation. Standards are currently being reviewed and updated to better reflect current policy and practice expectations.

Children's Services Regions and Delegated First Nation Agencies (DFNAs) use information from the Standards File Reviews to enhance service delivery.

Service Delivery Accountability Measures

In 2015/16, the Statutory Director identified three key areas of practice for a focus on measuring and monitoring performance:

- Face-to-face contact alone with a child that is recorded in the electronic system;
- Accurate placement information; and
- Accurate legal authority information.

To support service delivery areas in the attainment of these three priority measurements, the following supports and tools were developed:

- a monthly report showing region-specific results for each of the three measures;
- a Policy-to Practice session to discuss practice and system entry expectations and respond to staff questions;
- a real time reporting system known as the Timely and Accurate Program Information Strategy (TAPIS) system; TAPIS is designed to support child intervention practice by identifying files in the electronic system that have missing or incomplete data. Currently there are ten measures available on the TAPIS site and bi-weekly online training is available to all child intervention staff, supervisors and managers.

Mandatory Notifications

Staff are required to formally notify the Office of the Statutory Director and the Office of the Child and Youth Advocate whenever:

- a child is alleged to have suffered neglect, emotional injury, physical abuse or sexual abuse while in provincial government care;
- a child receiving services, or a significant person in his or her life, disagrees with the services planned for a child in care; or
- it is believed that the viewpoint or interests of a child in care are not being considered, the rights of a child in care are not being respected, or a child's needs are not met.

Accreditation

Accreditation is required for all contracted providers of child and family services in Alberta. It provides third party assurance that service providers are meeting minimum administrative and programmatic industry requirements and that children are receiving intervention services in safe environments.

Facility Licensing

Licensing provides consistency of expectations and outlines the regulated requirements for placement resources (foster homes, group homes and treatment facilities).

A Licensing Officer attends the facility at least once per year to conduct a site visit and complete an Environmental Safety Assessment, before issuing or renewing a license.

- The Environmental Safety Assessment includes a review of the facility's accommodations, sleeping arrangements, fire safety, medicines and hazardous substances storage as well as general safety requirements.

Policy review cycle

Process established to facilitate, prioritize and time new and existing policy initiatives. It provides clarity and predictability both internally and among stakeholders with regard to the policy review and implementation.

Program Design and Development

Programs are reviewed and developed using the following processes to ensure an evidence base and 'fit' for the Alberta context. Process includes:

- Research on leading practices including cross jurisdictional analysis
- Information sharing with other jurisdictions, including participating in the Canadian Incidence Study and Directors of Child Welfare group
- Engagement of internal, external, academic and cross-ministry bodies to develop alignment, conduct program reviews and make improvements to services

Knowledge Management and Mobilization

The Child Intervention Division has developed a systematic approach to:

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

Council for Quality Assurance (CQA)

The CQA provides multidisciplinary advice to the ministry related to continuous quality improvement within the child intervention system.

The CQA's role is to identify effective practices and make recommendations for the improvement of intervention services, at the direction of the Minister and in co-operation with the Department.

The CQA works collaboratively with the Ministry to:

- review issues and trends,
- make recommendations related to improvements in service quality, and
- identify opportunities where the ministry, communities and other service systems can more effectively support children, youth and families in our child intervention system.

The Council receives all reports of death and serious injury of children receiving intervention services. The Council may appoint an expert panel to review the circumstances of these incidents; this would result in a public report.

In partnership with the CQA, the ministry has developed a Service Quality Framework (SQF):

- The SQF has been developed for all stakeholders involved in the child intervention system and is intended to be used as a quality lens for the system and serve as a foundation for quality assurance, system enhancement and quality improvement initiatives.
- The SQF provides a structure for gathering quality assurance and continuous improvement information about the child intervention system that can be used to inform strategic and annual planning, decision-making, innovation and resource allocation.

Child Intervention Improvement Initiatives (2014 to current day)

The safety and well-being of children and youth in care or receiving services is our top priority. Children's Services is constantly striving to improve the system as a whole and to better support Alberta's children.

- It's important for us to understand who we serve in order to ensure the right services are provided to children and their families.
- The majority of children and youth who come to our attention are not in imminent danger and we strive to support families so that their children can remain at home, recognizing that familial and community connections are vital to long term healthy outcomes.
- A number of strategies and initiatives have been adopted over the past several years to:
  - Emphasize the importance of taking time to build relationships with families, their natural support network and other professionals.
  - Support staff through the adoption of evidence-based tools and approaches that support critical thinking and help them better meet child and family needs.
  - Engage Indigenous families and communities from the outset in planning for their children.
  - Support and engage immediate and extended families in a more intentional way.
  - Identify and support children who are at imminent risk through multidisciplinary approaches.

Examples of specific improvements include:

Improvements to enhance safety and well-being of those in care or receiving services

- Implementing Signs of Safety (SOS), a child intervention approach used in over 200 jurisdictions in 13 countries, province-wide. SOS focuses on a family's strengths and resources to reduce risk to the safety and well-being of children and to promote a healthier home.
- Encouraging natural support meetings early in the assessment process to meaningfully engage families.
- Reinforced collaboration with Indigenous communities by initiating connections and communication early on during the assessment process (through First Nations Designate and Metis Resource staff).
- Renewed the focus on kinship placement as the first placement, when appropriate, by removing perceived policy barriers.
- Extended Support and Financial Assistance Agreements (SFAA) from 22 to 24 years of age to provide youth who were in care an additional two years of support, based on a round table recommendation from a former youth in care.
- Began partnering in specialized service delivery to certain vulnerable populations, including multidisciplinary approaches to assessing reports received related to children suspected of being physically and sexually abused such as the Zebra Child Protection Centre, the Sheldon Kennedy Child Advocacy Centre, and the Caribou Child and Youth Centre.
- The ministries of Children's Services and Health, in partnership with Indigenous partners, are developing a Youth Suicide Prevention Strategy for Alberta.

Improvements to enhance training, practice and policy for staff

- Began implementation of Signs of Safety (SOS), outlined above, which included new tools, training and resources for front-line staff.
- Implemented mandatory training for casework supervisors to support critical thinking in decision making.
- Strengthened practice and decision making when considering removal of a child from his/her family.
- Updated the role descriptions for caseworkers to better reflect the work required of staff who support children and families.
- Held Family Finding sessions: in 2015, Lighting the Fire of Urgency - Introduction to Family Finding and Importance of Family Connectedness sessions across the province to introduce child intervention staff to the 'Family Finding' concept which provides guidance and support to caseworkers in the important work of finding and making significant connections to family members. In 2016, more intensive and hands on training was provided to walk caseworkers through the actual process. Future sessions are scheduled for 2017.
- Refreshing all training for delegated caseworkers to ensure the training reflects current leading practice.
- Adapting our IT systems based on feedback from staff about how best to streamline processes, allowing them to spend more time with children and families and less time at their computer.
- Workload Assessment Model (WAM): ministry staff are working with AUPE Local 006 on a model to establish workable benchmarks for frontline positions within child intervention. Five frontline roles have been benchmarked and are now being piloted in 27 application sites across the province.
    - The 27 application sites were officially launched on October 3, 2016; they will continue until March 31, 2017.
    - Data from the application sites will be analyzed and reported to leadership and front line delivery staff.
    - A Child Intervention Pilot Operations Committee was established on October 11, 2016 and will continue to meet every two weeks for the first three months (frequency in later months to be determined). One representative from each of the 27 sites will meet together to discuss successes and challenges, to determine issues that need to be raised with leadership, and to discuss strategies to manage workloads.
- Developing a Cultural Understanding Framework to increase knowledge and skills across the ministry to ensure provision of culturally appropriate services and supports.

Improvements to supports for caregivers

- Implemented new kinship care assessment tools to identify and address the unique needs and challenges that kinship caregivers face, especially at the onset of placement.
- Developed processes to complete real time criminal record checks on kinship care placements that happen in emergent situations, including agreements with police agencies to share information.
- Changed policy to require that the Kinship Care Guide is provided and reviewed with kinship providers upon immediate placement of a child placed into kinship care.
- Strengthened the requirements for final approval – including clarity on record checks and mandatory training expectations.

- Drafted an alternative approach to home assessments for kinship care providers acknowledging that the needs of kinship care providers are unique and require an approach to assessment that is more closely aligned with current research and leading practice. Pilots are being planned for roll out early 2017.
- Developed more specific one-on-one training to address specific needs and concerns of kinship caregivers who were most often unable or uncomfortable attending group training with foster parents. The revised training (2014) better reflects the unique issues faced by kinship caregivers (loyalty to family members, changing relationships within the family, feelings of guilt, dealing with behavioural issues when the child is a niece/nephew or grandchild, etc.).
- Made Safe Babies Caregiver Education Program mandatory for foster and kinship caregivers who care for children zero to 36 months. It teaches information on addictions, safe sleep practices, shaken baby syndrome and other issues pertaining to young children.

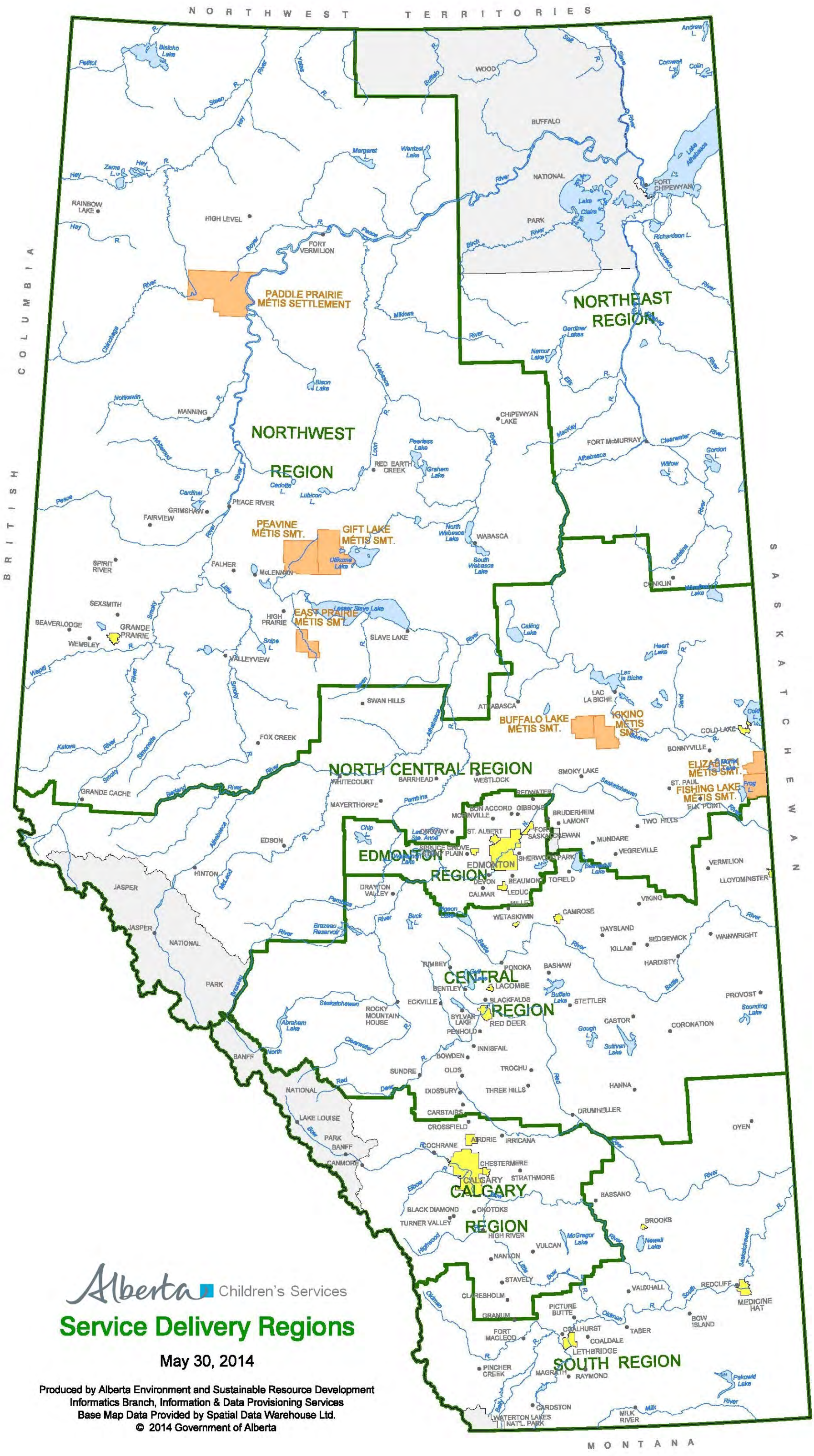
Future Improvements underway specific to kinship care

- Development of specific staffing competencies for kinship care support workers that recognize the need to provide a different type of support/oversight given that kinship caregivers have a different motivation to work with the ministry, face dynamics related to family relationships and often face additional structural issues not typically present for foster parents (i.e. housing and poverty).
- Development of a tool and approach that will provide guidelines to caseworkers, including the identification of timelines, oversight and supports that are required to ensure successful transitions of children in care to kinship and private guardianship applicants or back to their family of origin to assist with the decision making related to proceeding with these placements. This tool will be piloted in early 2017.
- Implementation of Foundations of Caregiver Support: a policy and communications strategy outlining how kinship care providers, along with adoptive parents and foster parents, are in a unique and powerful position to support children in at least three ways:
  - Support healthy child development by understanding typical developmental milestones and the impact of maltreatment on development, and, by intervening through intentional and strategic caregiving efforts.
  - Create connections with children and youth who have experienced complex trauma through relationships that empower and by providing physical and emotional safety.
  - Assist children and youth living in out-of-home care through the grieving process by integrating and giving meaning to past and current relationships and in actualizing future relationships and goals.

Improvements to enhance transparency and accountability

- Passed amendments to the *Child, Youth and Family Enhancement Act* (Bill 11)
  - The ability for the director to conduct internal quality assurance reviews related to death and serious incidents. Findings and recommendations will be made public.
  - Lifted publication ban to enable the name and photograph of a deceased child who was in care or receiving services to be published.
  - Requirement to publicly post responses to OCYA and fatality inquiry reports.
  - Expanded the mandate for the Child and Youth Advocate to include a death of a child that occurred up to two years following the child's involvement with the child intervention system.

- In addition, to support transparency and accountability, we:
  - Implemented a standardized approach to assessing, responding to and tracking recommendations provided to the child intervention system. Ministry responses to Office of Child and Youth Advocate reports are shared publically, as is progress to-date on past recommendations.
  - Posted a high level summary of ministry progress online at www.humanservices.alberta.ca/abuse-bullying/recommendations-progress-update.html.
  - Increased public access to child intervention data, allowing all Albertans to search for data by type of child intervention program, placement, ages, gender, and whether or not they are Indigenous through the Child Intervention Data Tool and 10 new sets of statistics.
  - Began posting quarterly statistical summaries of child intervention caseloads, updated quarterly on the Children's Services website.
  - Began posting information related to the death of children receiving child intervention services (updated monthly).



Alberta Children's Services

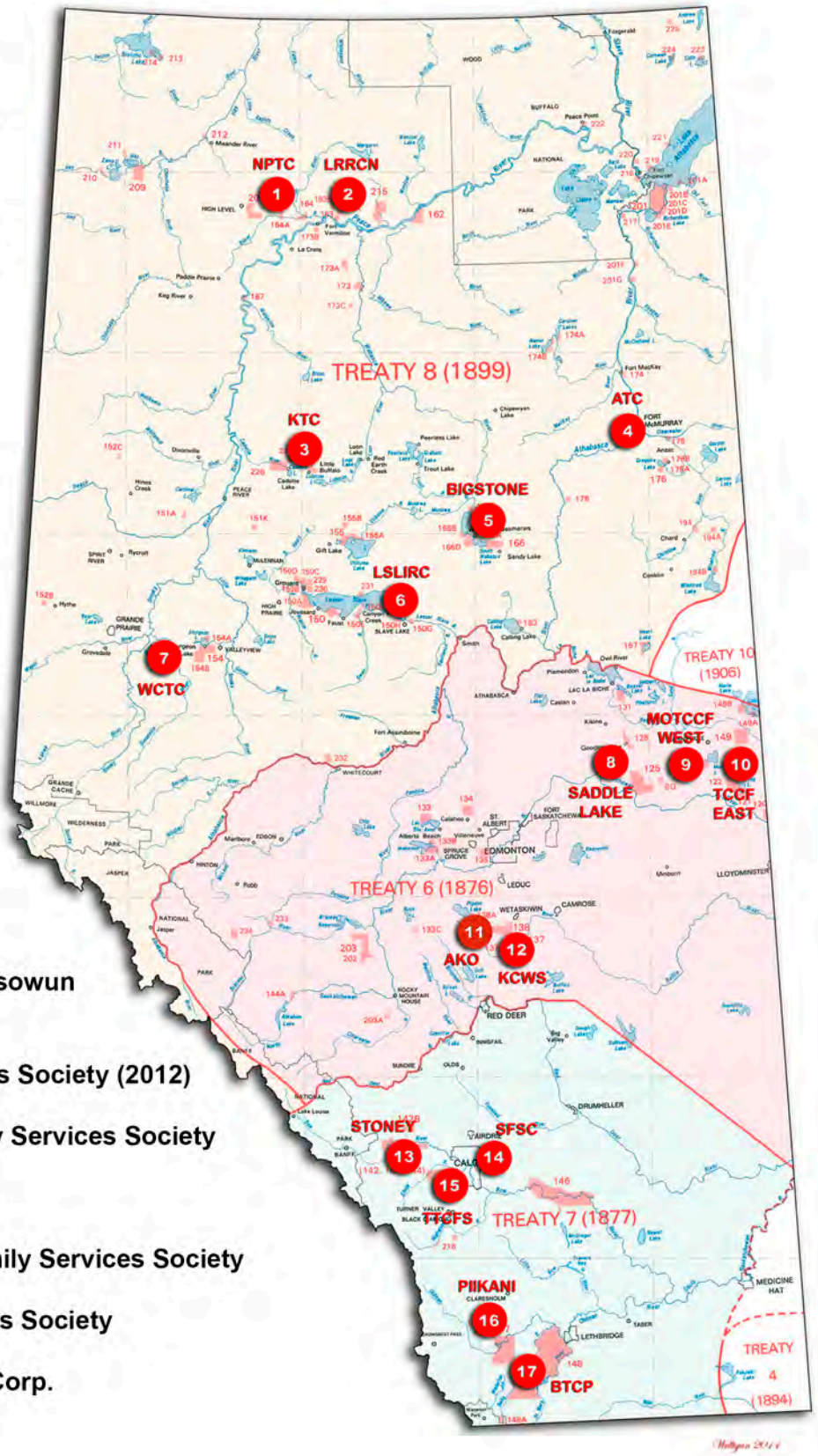
Service Delivery Regions

May 30, 2014

Produced by Alberta Environment and Sustainable Resource Development
Informatics Branch, Information & Data Provisioning Services
Base Map Data Provided by Spatial Data Warehouse Ltd.

DELEGATED FIRST NATION AGENCIES

1. North Peace Tribal Council
2. Little Red River Cree Nation Mamawi Awasia Society
3. KTC Child & Family Services
4. Athabasca Tribal Council Ltd.
5. Bigstone Cree First Nation Child & Family Services Society
6. Lesser Slave Lake Indian Regional Council
7. Western Cree Tribal Council Child, Youth & Family Enhancement Agency
8. Saddle Lake Wah-Koh-To-Win Society
9. Mamowe Opikihawasowin Tribal Chiefs Child & Family (West) Society
10. Tribal Chief Child & Family Services (East) Society
11. Akamkisiparinaw Ohpikihawasowun Association
12. Kasohkowew Child & Wellness Society (2012)
13. Stoney Nakoda Child & Family Services Society
14. Siksika Family Services Corp.
15. Tsuu T'ina Nation Child & Family Services Society
16. Piikani Child & Family Services Society
17. Blood Tribe Child Protection Corp.



Executive Summary

The Alberta Incidence Study of Reported Child Abuse and Neglect-2008 (AIS-2008) is the second province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Alberta child intervention offices. The AIS-2008 tracked 2,239 child maltreatment investigations conducted in a representative sample of 14 Child Intervention Service offices across Alberta in the fall of 2008.

Changes have occurred in investigation mandates and practices in Alberta over the last ten years and this has had an impact upon the types of cases that fall within the scope of the AIS-2008. In particular, child intervention authorities are receiving more reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred. Because the AIS is designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment and investigations of maltreatment that may have already occurred. The AIS-2008 was redesigned to separately track both types of investigations; however the previous cycle of the AIS did not distinguish between investigations of risk and investigations of maltreatment, thus posing challenges in comparisons between cycles. For the purpose of the present report, comparisons of the AIS-2008 with the AIS-2003 are limited to comparisons of rates of *all* investigations including risk-only cases. In contrast, risk-only cases are not included in the AIS-2008 estimates of rates and characteristics of *substantiated* maltreatment.

Child intervention workers completed a three-page standardized data collection form. Weighted provincial annual estimates were derived based on these investigations. The following considerations should be noted in interpreting AIS-2008 statistics:

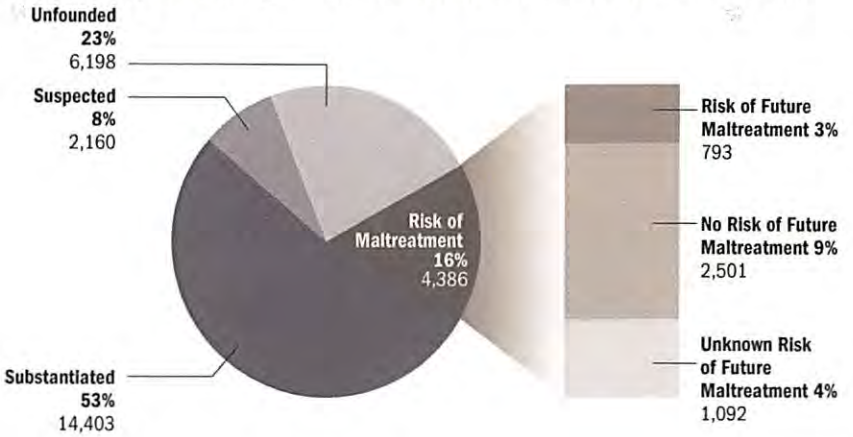
- the unit of analysis is the child maltreatment related investigation;
- the study is limited to reports investigated by child intervention offices and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported;
- the study is based on the assessments provided by the investigating child intervention workers and were not independently verified;
- as a result of changes in the way cases are identified, the AIS-2008 report cannot be directly compared to the AIS-2003 report; and
- all estimates are weighted annual estimates for 2008, presented either as a count of child maltreatment investigations (e.g. 12,300 child maltreatment investigations) or as the annual incidence rate (e.g. 3.1 investigations per 1,000 children).[1]

1 Please see Chapter 2 of this report for a detailed description of the study methodology.

INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

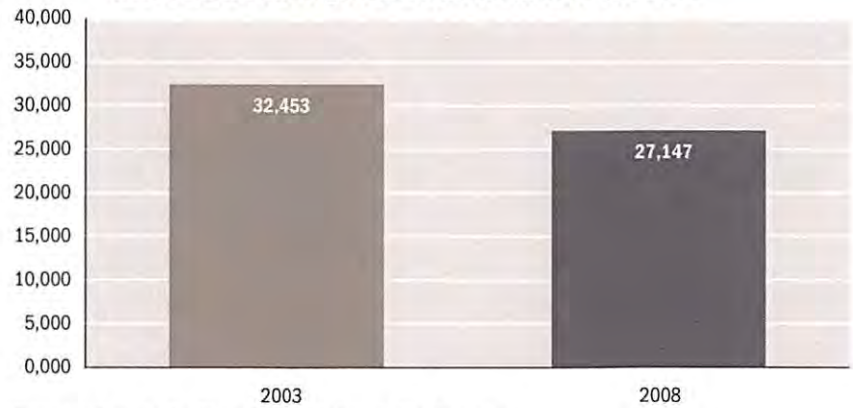
As shown in Figure 1, of the 27,147 child maltreatment investigations conducted in Alberta in 2008, 84% of investigations focused on a concern of abuse or neglect (an estimated 22,761 child maltreatment investigations or 29.36 investigations per 1,000 children) and 16% of investigations were concerns about risk of future maltreatment (an estimated 4,386 investigations or 5.66 investigations per 1,000 children). Fifty-three percent of these investigations were substantiated, an estimated 14,403 child investigations. In a further eight percent of investigations (an estimated 2,160 child investigations, or 2.79 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker at the conclusion of the investigation. Twenty-three percent of investigations (an estimated 6,198 child investigations, or 8.00 investigations per 1,000 children) were unfounded. In three percent of investigations, the investigating worker concluded there was a risk of future maltreatment (1.02 per 1,000 children, an estimated 793 child investigations). In nine percent of investigations no risk of future maltreatment was indicated (an estimated 2,501 investigations, or 3.23 investigations per 1,000 children). In four percent of investigations workers could not determine if the child was at risk of future maltreatment (1,092 investigations or 1.41 investigations per 1,000 children).

FIGURE 1: Type of Investigation and Level of Substantiation in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

FIGURE 2: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

2003-2008 COMPARISON

Changes in rates of maltreatment related investigations from 2003 to 2008 can be attributed to a number of factors including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in the AIS study procedures and definitions, and (4) changes in the actual rate of maltreatment.

Changes in practices with respect to investigations of risk of future maltreatment pose a particular challenge since these cases were not specifically identified in the 2003 cycle of the study. Because of these changes, the findings presented in this report are not directly comparable to findings presented in the AIS-2003[2] report, which may include some cases of risk of future maltreatment in addition to maltreatment incidents. Because risk only cases were not tracked separately in the 2003 cycle of the AIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

As shown in Figure 2 in 2003, an estimated 32,453 investigations were conducted in Alberta, a rate of 43.16 investigations per 1,000 children. In 2008, an estimated 27,147 maltreatment related investigations were conducted across Alberta, representing a rate of 35.02 investigations per 1,000 children. While the number of child investigations decreased between 2003 and 2008, the change is not statistically significant.

PLACEMENT

The AIS-2008 tracks out of home placements that occur at any time during the investigation. Investigating workers are asked to specify the type of placement. In cases where there may have been more than one placement, workers are asked to indicate the setting where the child had spent the most time.

In 2008, there were no placements in 87% of the investigations (an estimated 23,625 investigations). Thirteen percent of investigations resulted in a change of residence for the child (3,522 investigations, or a rate of 4.543 investigations per 1,000 children): four percent of children moved to an informal arrangement with a relative; seven percent to foster care or kinship care and two percent to residential/ secure treatment or group homes.

Changes have been noted in placement rates between 2003 and 2008. The incidence rate of informal placements decreased 42%, from 2.56 investigations per 1,000 children to 1.47 investigations per thousand children. This represents a statistically non-significant decrease. Between

2 MacLaurin, B., Trocmé, N., Fallon, B., McCormack, M., Pitman, L., Forest, N., Banks, J., Shangreaux, C., & Perrault, E. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report.* Calgary, AB, Faculty of Social Work, University of Calgary.

2003 and 2008, there occurred a statistically non-significant increase in foster care placements.

ONGOING SERVICES

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Workers completed this question on the basis of the information available at the time or upon completion of the intake investigation.

Thirty percent of investigations in 2008 (an estimated 8,201 investigations) were identified as remaining open for ongoing services while 70% of investigations (an estimated 18,919 investigations) were closed. There was a statistically significant decrease in the incidence of ongoing service provision between 2003 (17.07 investigations per 1,000 children) and 2008 (10.58 per 1,000 children).

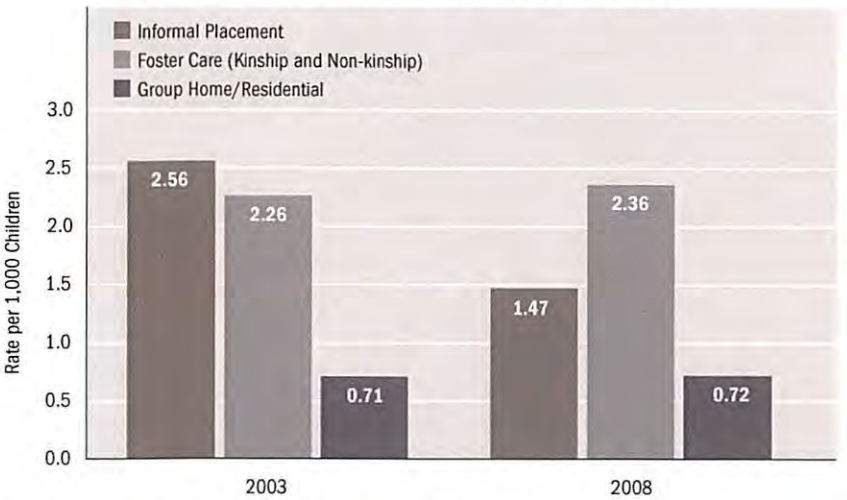
KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN ALBERTA IN 2008

Categories of Maltreatment

Figure 5 presents the incidence of substantiated maltreatment in Alberta, broken down by primary category of maltreatment. There were an estimated 14,403 substantiated child maltreatment investigations in Alberta in 2008 (18.58 investigations per 1,000 children). The two most frequent categories of substantiated maltreatment were exposure to intimate partner violence and neglect. Thirty-seven percent of all substantiated investigations identified neglect as the primary category of maltreatment (an estimated 5,328 investigations or 6.87 investigations per 1,000 children). In another 34% of substantiated investigations, exposure to intimate partner violence was identified as the overriding concern (an estimated 4,883 cases or 6.30 investigations per 1,000 children).

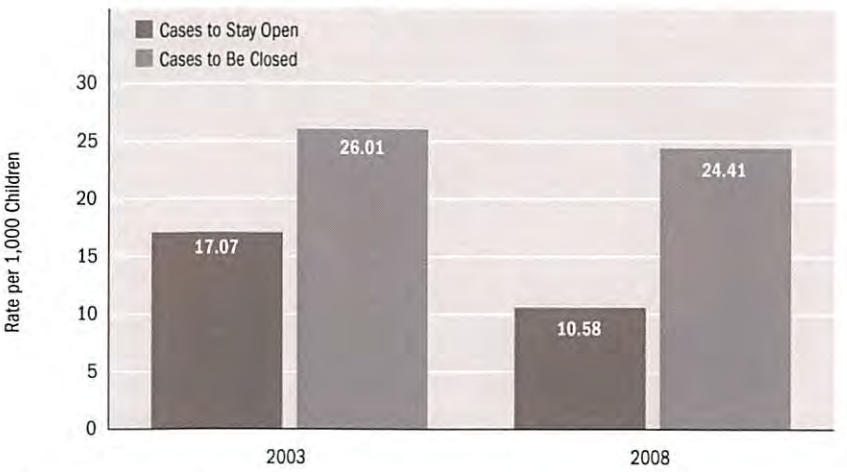
Emotional maltreatment was identified as the primary category of maltreatment in 14% of substantiated investigations (an estimated 1,974 investigations or 2.55 investigations per 1,000 children). In 13% of substantiated investigations, or an estimated 1,933 cases, the primary form of maltreatment was identified as physical abuse (2.49 investigations per 1,000 children). Sexual abuse was identified as the primary

FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

FIGURE 4: Provision of Ongoing Services Following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

maltreatment category in two percent of substantiated investigations (an estimated 285 investigations or 0.37 investigations per 1,000 children).

Physical and Emotional Harm

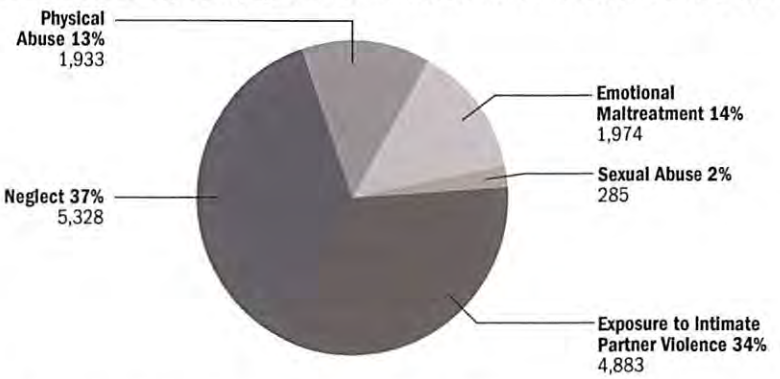
The AIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two measures: one describing the nature of harm and one describing severity of harm as measured by the need for medical treatment.

Physical harm was identified in eight percent of cases of substantiated maltreatment (an estimated 1,147 substantiated investigations or 1.48 investigations per 1,000 children) (Figure 6). In five percent of substantiated investigations (an estimated 748 investigations or 0.96 investigations per 1,000 children), harm was noted but no treatment was required. In a further three percent of substantiated investigations (an estimated 339 substantiated investigations or 0.51 investigations per 1,000 children), harm was sufficiently severe to require treatment.

Information on emotional harm was collected using a series of questions asking child intervention workers to describe emotional harm that had occurred because of the maltreatment incident(s). If the maltreatment was substantiated or suspected, workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s). In order to rate the severity of mental/emotional harm, workers indicated whether therapeutic intervention (treatment) was required in response to the mental or emotional distress shown by the child.

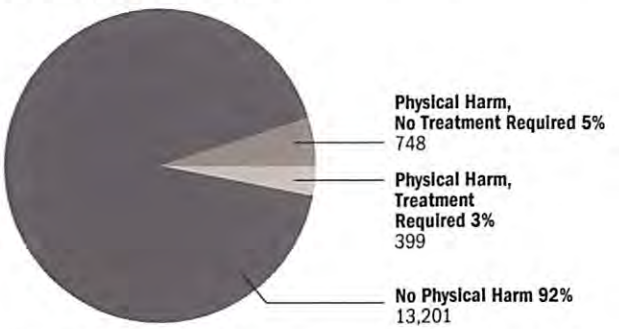
Figure 7 presents documented emotional harm identified during the child maltreatment investigations. Emotional harm was noted in 40% of all substantiated maltreatment investigations, involving an estimated 5,789 substantiated investigations (7.47 investigations per 1,000 children). In 25% of substantiated cases (an estimated 3,629 investigations or 4.68 investigations per 1,000 children) symptoms were severe enough to require treatment.

FIGURE 5: Primary Category of Substantiated Maltreatment in Alberta in 2008



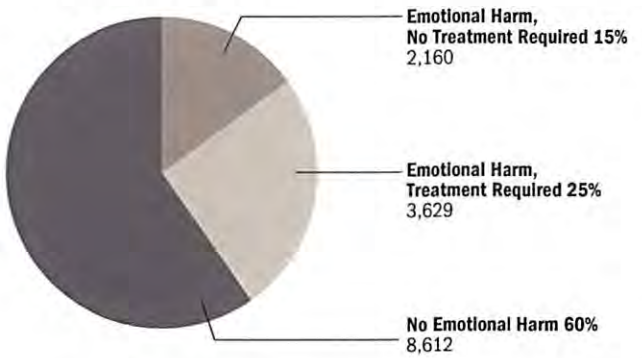
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 6: Documented Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008



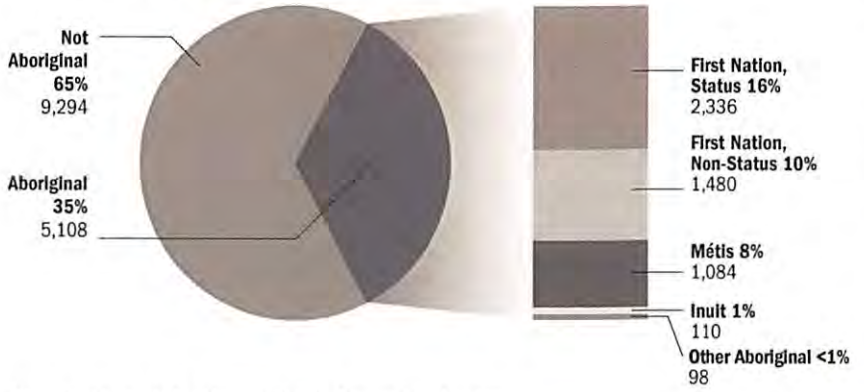
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 7: Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 8: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

Children's Aboriginal Heritage

Aboriginal heritage was documented by the AIS-2008 in an effort to better understand some of the factors that bring children from these communities into contact with the child intervention system. Aboriginal children were identified as a key group to examine because of concerns about overrepresentation of children from these communities in the foster care system. Thirty-five percent of substantiated cases (an estimated 5,108 investigations) involved children of Aboriginal heritage (Figure 8).

Sixteen percent of substantiated maltreatment investigations involved children with First Nations status, 10% of substantiated investigations involved First Nation Non-Status children, eight percent of substantiated investigations involved Métis children, one percent of investigated children in substantiated child maltreatment investigations were Inuit, and one percent of investigated children in substantiated child maltreatment investigations were classified as "other" Aboriginal.

Child Functioning Issues

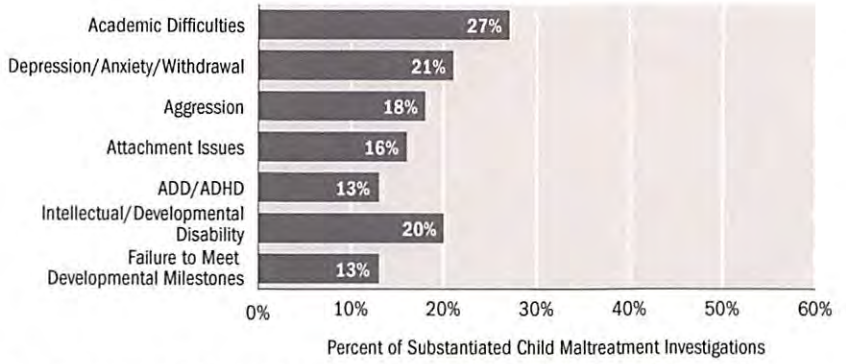
Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented on the basis of a checklist of 18 challenges that child intervention workers were likely to be aware of as a result of their investigation. The checklist only documents problems that child intervention workers became aware of during their investigation and therefore undercounts the occurrence of child functioning problems. Investigating workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable.

Figure 9 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 52% of substantiated child maltreatment investigations (an estimated 7,439 investigations, 9.60 investigations per 1,000 children) at least one child functioning issue was indicated by the investigating worker. Academic difficulties were the most frequently reported functioning concern (27% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (21% of substantiated maltreatment investigations). Twenty percent of substantiated maltreatment investigations involved children with intellectual/developmental disabilities, and 18% of substantiated maltreatment investigations involved aggression. Sixteen percent of substantiated maltreatment investigations indicated attachment issues. Thirteen percent of investigations involved children experiencing ADD/ADHD, and another 13% involved failure to meet developmental milestones. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may become evident after that time.

PRIMARY CAREGIVER RISK FACTORS

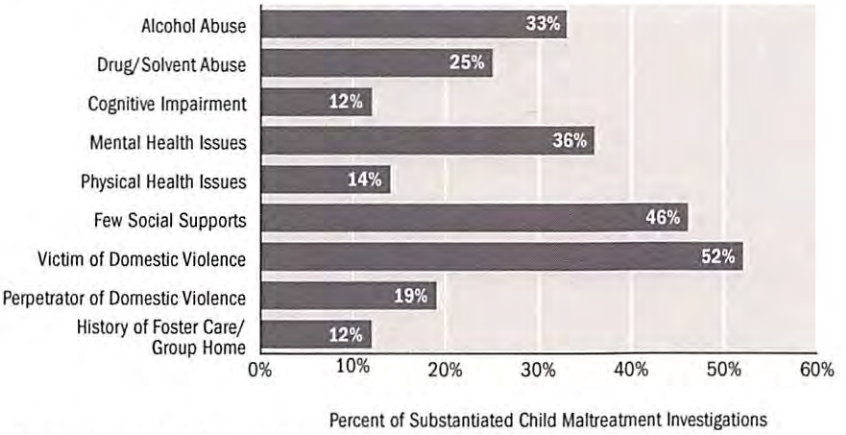
For each investigated child, the investigating worker was asked to indicate risk factors associated with the primary caregiver. In 86% of substantiated child maltreatment investigations (an estimated 12,343 investigations or 15.92 investigations per 1,000 children) at least one primary caregiver risk factor was indicated. A number of potential caregiver stressors were tracked by the AIS-2008; participating child welfare workers completed a simple checklist of potential stressors that they had noted during the investigation. The most frequently noted concerns for primary caregivers were: being a victim of domestic violence (52%), few social supports (46%), mental health issues (36%), and alcohol abuse (33%) (Figure 10).

FIGURE 9: Select Child Functioning Issues in Substantiated Child Maltreatment Investigations in Alberta in 2008



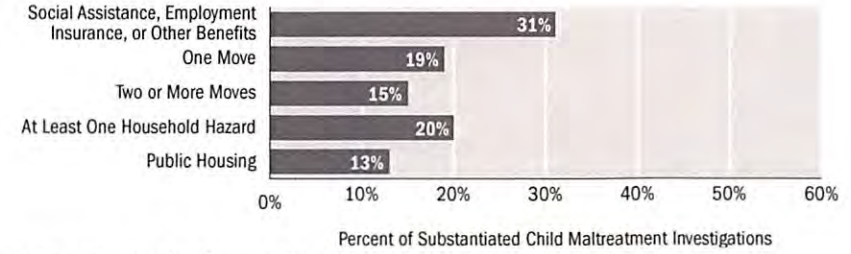
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 10: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 11: Household Risks in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations.

Household Risk Factors

The AIS-2008 tracked a number of household risk factors including social assistance, two or more moves in 12 months, and household hazards. Household hazards included access to drugs or drug paraphernalia, unhealthy or unsafe living conditions and accessible weapons. (See Chapter 5 for a full description of household hazards). Thirty-one percent of households depended on social assistance or other benefits as their source of income. At least one household hazard was documented in 20% of substantiated investigations. Nineteen percent of substantiated investigations involved families that had moved once in the previous year while 15% had moved two or more times. Fourteen percent of substantiated investigations involved families living in public housing (Figure 11).

FUTURE DIRECTIONS

The AIS 2003 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigations across Alberta over the last five years. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the AIS-2008 visit the Child Welfare Research Portal at http://www.cwrp.ca.

Executive Summary

Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas, and Jill Holroyd

The Canadian Incidence Study of Reported Child Abuse and Neglect-2008 (CIS-2008) is the third nation-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child welfare. The CIS-2008 tracked 15,980 child maltreatment investigations conducted in a representative sample of 112 Child Welfare Service organizations across Canada in the fall of 2008.

In all jurisdictions except Québec, child welfare workers completed a three-page standardized data collection form; in Québec, information was entered into an electronic form linked to the administrative information system. Weighted national annual estimates were derived based on these investigations. The following considerations should be noted in interpreting CIS statistics:

- the unit of analysis is the child-maltreatment-related investigation;
- the study is limited to reports investigated by child welfare sites and does not include reports that were screened out, cases that were investigated only by the police, and cases that were never reported;
- the data are based on assessments provided by child welfare workers and were not independently verified;
- as a result of changes in the way cases are identified, the CIS-2008 report cannot be directly compared with previous CIS reports; and
- all estimates are weighted annual estimates for 2008, presented either as a count of child maltreatment-related investigations (e.g., 12,300 child investigations) or as the annual incidence rate (e.g., 3.1 investigations per 1,000 children). See Chapter 2 for a full description of study methodology.

INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

As shown in Figure 1, of the estimated 235,842 child-maltreatment-related investigations conducted in Canada in 2008, 74% focused on possible incidents of abuse or neglect that may have already occurred (174,411 child maltreatment investigations or 28.97 investigations per 1,000 children) and 26% were concerns about risk of future maltreatment (61,431 investigations or 10.19 investigations per 1,000 children). Thirty-six percent of the investigations were substantiated (85,440 investigations or 14.19 investigations per 1,000 children). In a further 8% of investigations (17,918 investigations or 2.98 investigations per 1,000 children), there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the worker at the completion of the intake investigation. Thirty percent of investigations (71,053 investigations or 11.80 investigations per 1,000 children) were unfounded. In 5% of investigations, the worker concluded there was a risk of future maltreatment (12,018 investigations or 2.00 per 1,000 children). In 17% of investigations, no risk of future maltreatment was indicated (39,289 investigations or 6.52 investigations per 1,000 children). In 4% of investigations, workers did not know whether the child was at risk of future maltreatment.

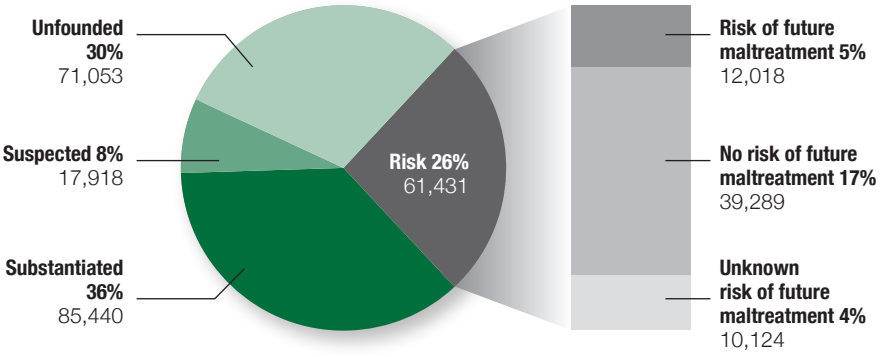
1998-2003-2008 COMPARISON

Changes in rates of maltreatment-related investigations from 1998 to 2008 might be due to a number of factors, including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in CIS study procedures and definitions, and (4) changes in the actual rate of maltreatment.

Changes in practice with respect to investigations of risk of future maltreatment pose a particular challenge since these cases were not specifically identified in the 1998 and 2003 cycles of the study. Because of this, the findings presented in this report are not directly comparable to findings presented in the CIS-1998 (Trocmé et al., 2001) and CIS-2003 (Trocmé, Fallon et al., 2005) reports, which may include some cases of risk of future maltreatment in addition to maltreatment incidents.

As shown in Figure 2, in 1998, an estimated 135,261 investigations were conducted in Canada, a rate of 21.47 investigations per 1,000 children. In 2003, the number of investigations nearly

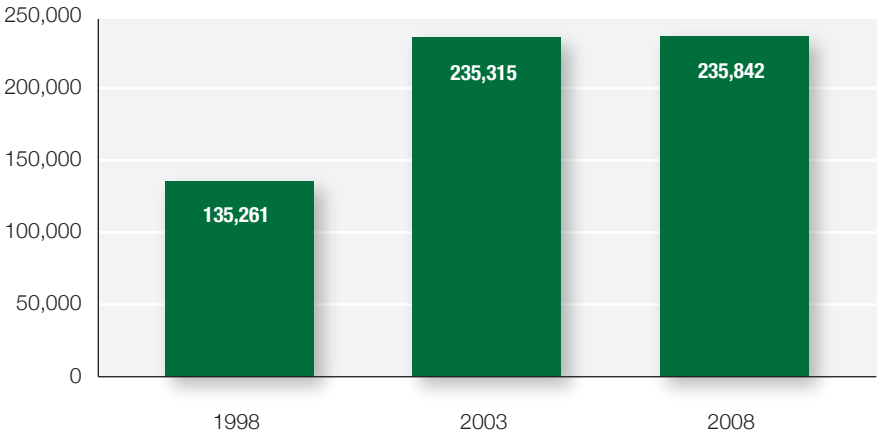
FIGURE 1: Type of Child Maltreatment Investigations and Level of Substantiation in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Total estimated number of investigations is 235,842, based on a sample of 15,980 investigations.

FIGURE 2: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 1998, 2003, and 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 7,633 investigations in 1998, 14,200 in 2003, and 15,980 in 2008.

doubled, with an estimated 235,315 investigations and a rate of 38.33 per 1,000 children (Trocmé, Fallon, & MacLaurin, in press). In contrast, the rate of investigations has not changed significantly between 2003 and 2008. In 2008, an estimated 235,842 maltreatment-related investigations were conducted across Canada, representing a rate of 39.16 investigations per 1,000 children.

Placement

The CIS tracked out-of-home placements that occurred at any time during the investigation. Workers were asked to specify the type of placement. In cases where there may have been more than one placement, workers were asked to indicate the setting where the child had spent the most time.

Figure 3 shows placement rates in 1998, 2003, and 2008. In 2008, there were no placements in 92% of the investigations (an estimated 215,878 investigations). About 8% of investigations resulted in a change of residence for the child (19,599 investigations or a rate of 3.26 investigations per 1,000 children): 4% of children moved to an informal arrangement with a relative; 4% to foster care or kinship care and fewer than 1% to a group home or residential/secure treatment.

There generally has been little change in placement rates, as measured during the maltreatment investigation, across the three cycles of the CIS, other than a moderate increase in informal placements of children with relatives.

Ongoing Services

Workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Workers completed this question on the basis of the information available at completion of the intake investigation.

Twenty-seven percent of investigations in 2008 (an estimated 62,715 investigations) were identified as remaining open for ongoing services while 73% of investigations (an estimated 172,782 investigations) were closed. There was no statistically significant difference in the incidence of ongoing service provision between 2003 (11.73 investigations per 1,000 children) and 2008 (10.41 per 1,000 children). In contrast, there was a substantial increase in the relative number of cases open for ongoing services from 7.27 per 1,000 children in 1998 to 11.73 per 1,000 children in 2003.

KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN CANADA IN 2008

Categories of Maltreatment

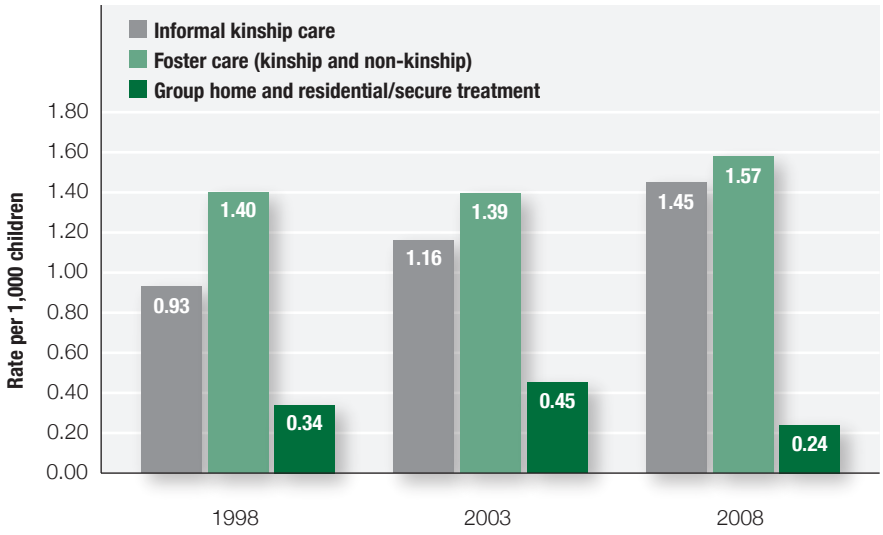
The CIS-2008 categorized maltreatment into physical abuse,

sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (Appendices F and G). Figure 5 presents the incidence of substantiated maltreatment in Canada, broken down by primary category of maltreatment. There were an estimated 85,440 substantiated child maltreatment investigations in Canada in 2008 (14.19 investigations per 1,000 children).

The two most frequently occurring categories of substantiated maltreatment were exposure to intimate partner violence and neglect. Thirty-four percent of all substantiated investigations identified exposure to intimate partner violence as the primary category of maltreatment (an estimated 29,259 cases or 4.86 investigations per 1,000 children). In another 34% of substantiated investigations, neglect was identified as the overriding concern (an estimated 28,939 investigations or 4.81 investigations per 1,000 children).

In 20% of substantiated investigations, or an estimated 17,212 cases, the primary form of maltreatment was identified as physical abuse (2.86 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in 9% of substantiated investigations (an estimated 7,423 investigations or 1.23 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment category in 3% of substantiated investigations (an estimated 2,607 investigations or 0.43 investigations per 1,000 children).

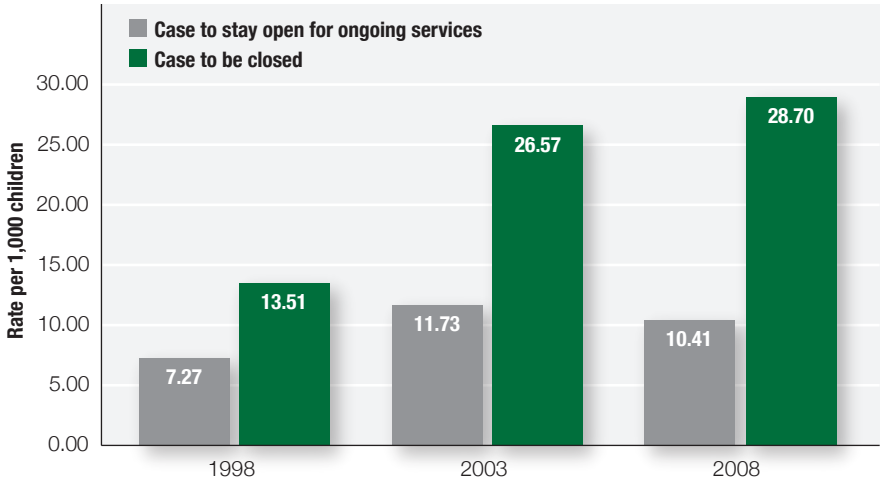
FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 1998, 2003, and 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 7,544 investigations in 1998, 14,105 in 2003, and 15,945 in 2008, with information about child welfare placement.

FIGURE 4: Provision of Ongoing Services following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in Canada in 1998, 2003, and 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 7,458 investigations in 1998 (with information on openings or closures), 14,105 in 2003, and 15,945 in 2008, with information about transfers to ongoing services.

Physical and Emotional Harm

The CIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two measures: one describing the nature of harm and one describing severity of harm as measured by the need for medical treatment.

Physical harm was identified in 8% of cases of substantiated maltreatment (an estimated 7,057 substantiated investigations or 1.17 investigations per 1,000 children) (Figure 6). In 5% of substantiated investigations (an estimated 4,643 investigations or 0.77 investigations per 1,000 children), harm was noted but no treatment was required. In a further 3% of substantiated investigations (an estimated 2,414 substantiated investigations or 0.40 investigations per 1,000 children), harm was sufficiently severe to require medical treatment.

Information on emotional harm was collected using a series of questions asking child welfare workers to describe emotional harm that had occurred because of the maltreatment incident(s). If maltreatment was substantiated, workers were asked to indicate whether

the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the incident(s). In order to rate the severity of mental/emotional harm, workers indicated whether therapeutic intervention (treatment) was required in response to the mental or emotional distress shown by the child.

Figure 7 presents emotional harm identified during child maltreatment investigations. Emotional harm was noted in 29% of all substantiated maltreatment investigations, involving an estimated 24,425 substantiated investigations (4.06 investigations per 1,000 children). In 17% of substantiated cases (an estimated 14,720 investigations or 2.44 investigations per 1,000 children) symptoms were severe enough to require treatment.

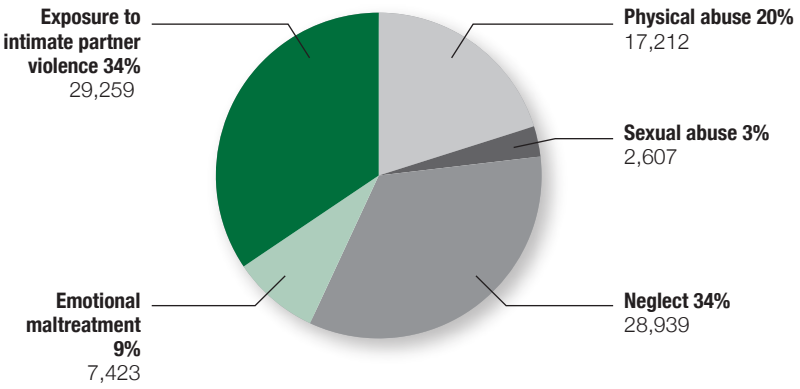
Children's Aboriginal Heritage

Aboriginal heritage was documented by the CIS-2008 in an effort to better understand some of the factors that bring Aboriginal children into contact with the child welfare system. Aboriginal children were identified as a key group to examine because of concerns about their over-representation in the foster care system. Twenty-two percent of substantiated cases (an estimated 18,510 investigations) involved children of Aboriginal heritage, as follows: 15% First Nations status, 3% First Nations non-status, 2% Métis, 1% Inuit and 1% with other Aboriginal heritage (Figure 8).

Child Functioning Issues

Child functioning across physical, emotional, cognitive, and behavioural domains was documented with a checklist of 18 issues that child welfare

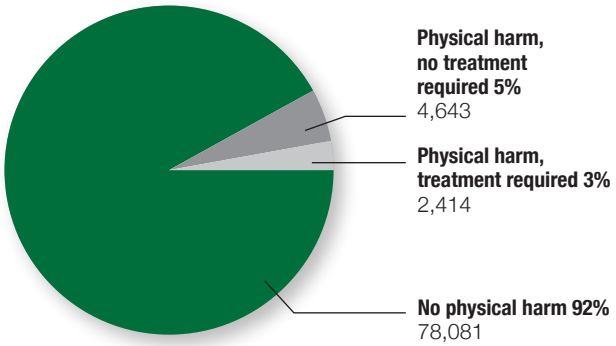
FIGURE 5: Primary Category of Substantiated Child Maltreatment in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Total estimated number of substantiated investigations is 85,440, based on a sample of 6,163 substantiated investigations.

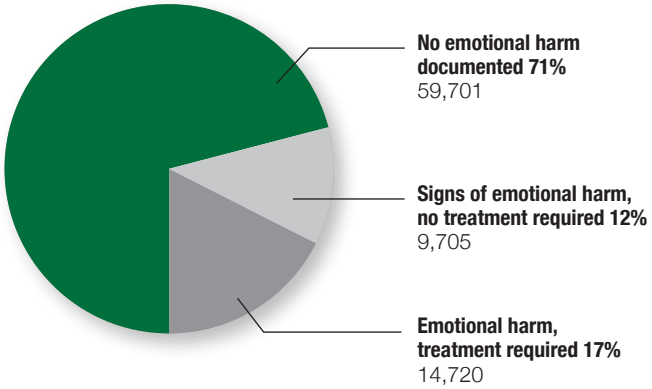
FIGURE 6: Physical Harm and Medical Treatment in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,133 substantiated investigations with information about physical harm and medical treatment.

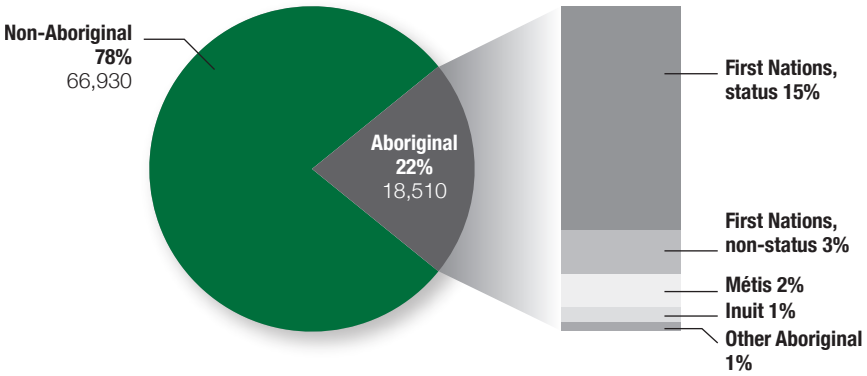
FIGURE 7: Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,044 substantiated investigations with information about emotional harm.

FIGURE 8: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,163 substantiated investigations.

workers were likely to be aware of as a result of their investigation. Because the checklist documents only issues that child welfare workers became aware of during their investigation, the occurrence of these issues may have been underestimated. Workers were asked to indicate issues that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, disclosed by the caregiver or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point.

In 46% of substantiated child maltreatment investigations (an estimated 39,460 investigations or 6.55 investigations per 1,000 children) at least one child functioning issue was indicated. Figure 9 displays the six most frequently reported child functioning issues. Academic difficulties were the most frequently reported functioning concern (23% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (19% of substantiated maltreatment investigations). Fifteen percent of substantiated maltreatment investigations involved child aggression, while 14% involved attachment issues. Eleven percent of investigations involved children experiencing Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and 11% involved intellectual or developmental disabilities.

Primary Caregiver Risk Factors

For each investigated child, the investigating worker was asked to identify the person who was the primary caregiver. A number of potential caregiver stressors were tracked by the CIS-2008; child welfare workers completed a checklist of potential stressors that they had noted during the investigation. In 78% of substantiated child maltreatment investigations (an estimated 66,282 investigations or 11.01 investigations per 1,000 children), at least one primary caregiver risk factor was reported. The most frequently noted concerns for primary caregivers were being a victim of domestic violence (46%), having few social supports (39%), and having mental health issues (27%) (Figure 10).

Household Risk Factors

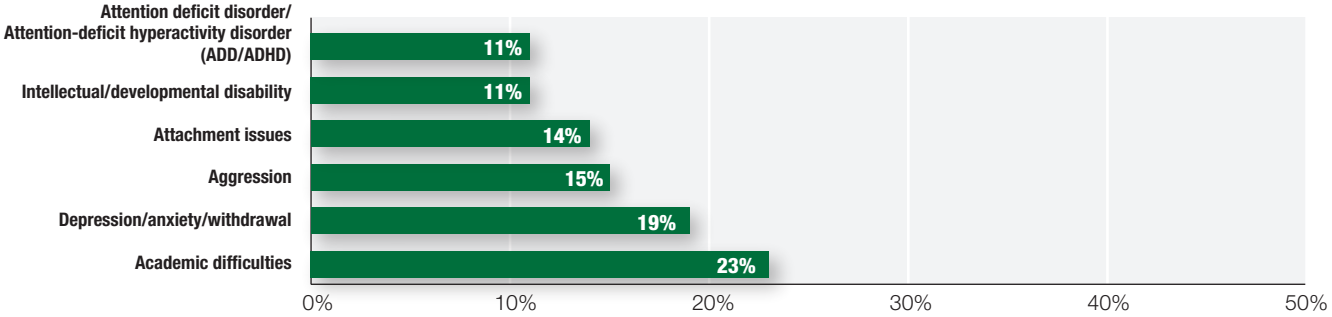
The CIS-2008 tracked a number of household risk factors including social assistance, household moves in 12 months, and household hazards. Household hazards included access to drugs or drug paraphernalia, unhealthy or unsafe living conditions and accessible weapons. Thirty-three percent of substantiated investigations involved families receiving social assistance or other benefits as their source of income. Twenty percent of investigations involved families that had moved once in the previous year. In 12% of the investigations, at least one household hazard was noted (Figure 11).

FUTURE DIRECTIONS

The 1998, 2003, and 2008 CIS datasets provide a unique opportunity to describe changes in child maltreatment investigations across Canada over the last decade. The 2008 sample has been expanded and the changes to the procedure for classifying investigations in 2008 will allow analysts to begin to track differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. The CIS-2008 dataset will be made available by the Injury and Child Maltreatment Section at the Public

Health Agency of Canada for secondary analyses (e-mail address: child.maltreatment@phac-aspc.gc.ca). For updates and more information on the CIS-2008, visit the Child Welfare Research Portal at http://www.cwrp.ca and the Public Health Agency of Canada's Injury and Child Maltreatment Section at http://www.phac-aspc.gc.ca/cm-vee/index-eng.php.

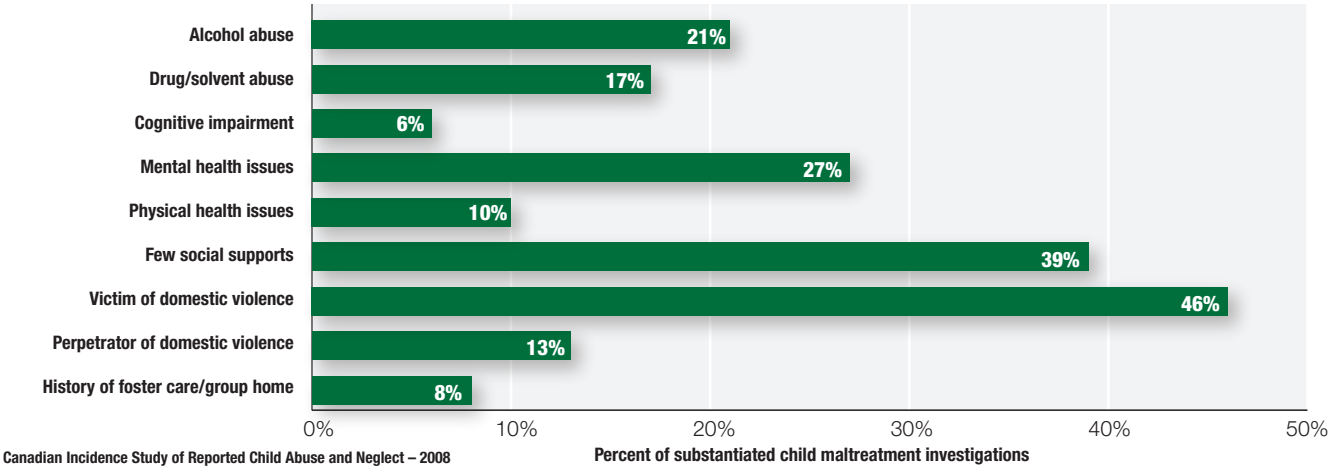
FIGURE 9: Selected Child Functioning Issues in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,163 substantiated investigations.

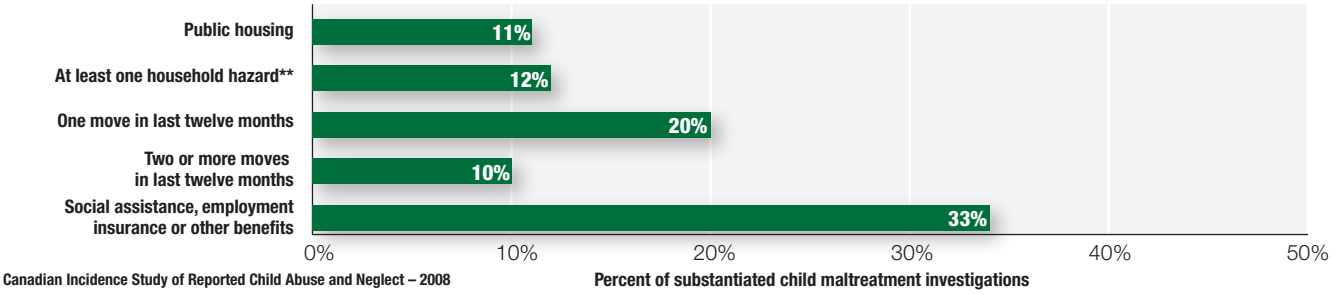
FIGURE 10: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,163 substantiated investigations.

FIGURE 11: Household Risks in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,163 substantiated investigations.

** Any of the following: accessible weapons, accessible drugs or drug paraphernalia, drug production/trafficking in home, chemicals or solvents used in production, other home injury hazards, and other home health hazards.

Child Intervention Information and Statistics Summary
2015/16 Fourth Quarter (March) Update

Initial Assessment	Not In Care	In Care	Post-Intervention Supports
	Family Enhancement	Child Protection	

- All 2015/16 numbers reflect data as of **March 2016**, unless otherwise stated.
- Percent changes reflect the current year-to-date average over the previous year-to-date average (For example, average of April 2015 to March 2016, compared to the average of April 2014 to March 2015).

Table 1: Average Number of Intakes Completed Each Month

Monthly Average	Dec 2015	Apr-Dec 2014/15	Apr-Dec 2015/16	% Change from 2014/15
CYS Regions	3,979	3916	4,145	⇧6%
DFNAs	230	288	343	⇧19%
Intakes Completed	**4,209**	**4,215**	**4,488**	**⇧6%**

* All initial assessment numbers reported are for December 2015, due to late entry.

In December 2015, there were **4,209 Intakes completed** across the Province. There has been an **6% increase** from 2014/15.

Table 2: Number of Children in Child Protection and Family Enhancement

Monthly Average	Mar 2016	2014/15	2015/16	% Change from 2014/15
Family Enhancement	2,437	2,212	2,261	⇧2%
Child Protection	7,508	7,737	7,428	⇩4%
Total Child Intervention	**9,945**	**9,949**	**9,689**	**⇩3%**

In March 2016, **7,508 children (75%)** received services through the Child Protection Program.

Table 3: Child Intervention Service Delivery

Monthly Average	Mar 2016	2014/15	2015/16	% Change from 2014/15
CYS Regions	8,358	8,404	8,166	⇩3%
DFNAs	1,587	1,545	1,523	⇩1%
Child Intervention	**9,945**	**9,949**	**9,689**	**⇩3%**

84% of children receiving Child Intervention Services in March 2016 were served by the CYS Regions.

Table 4: Child Intervention Caseload and Legal Statuses

Monthly Average	Mar 2016	2014/15	2015/16	% Change from 2014/15
Family Enhancement	2,437	2,212	2,261	⇧2%
Child Protection Not In Care	560	581	529	⇩9%
Total Not In Care	**2,997**	**2,793**	**2,790**	**⇧<1%**
Temporary Care	1,893	1,824	1,742	⇩4%
Permanent Care	5,055	5,332	5,157	⇩3%
Total In Care	**6,948**	**7,156**	**6,899**	**⇩4%**
Total Child Intervention	**9,945**	**9,949**	**9,689**	**⇩3%**

There were **9,945 children and youth** receiving Child Intervention Services at the end of March 2016. There has been a **safe reduction of 3%** from 2014/15.

There were **6,948** children In Care, while an additional **2,997** children received services at home.

Table 5: Child Intervention Caseload by Race

Monthly Average	Mar 2016	2014/15	2015/16	% Change from 2014/15
Aboriginal	5,917	5,946	5,783	⇩3%
Non-Aboriginal	4,028	4,002	3,906	⇩2%
CI Total	**9,945**	**9,949**	**9,689**	**⇩3%**
% of children in CI who are Aboriginal	**59%**	**60%**	**60%**	**no change**

In March 2016, **59% of children and youth** receiving services were Aboriginal.

Table 6: Aboriginal Children In Care

Monthly Average	Mar 2016	2014/15	2015/16	% Change from 2014/15
Aboriginal	4,806	4,905	4,753	⇩3%
Non-Aboriginal	2,142	2,251	2,146	⇩5%
In Care Total	**6,948**	**7,156**	**6,899**	**⇩4%**
% of children In Care who are Aboriginal	**69%**	**69%**	**69%**	**no change**

In March 2016, **69% of children and youth** receiving services In Care were Aboriginal. There has been a **safe reduction of 3%** in the number of Aboriginal children In Care from 2015/16.

According to the National Household Survey (2011), Aboriginal children make up approximately **10%** of the child population (ages 0-19) in Alberta . In March 2016, they accounted for **69%** of the children In Care.

Table 7: Placement Distribution for Children In Care

Monthly Average	Mar 2016	2014/15	2015/16	% Change from 2014/15
Parental Care	175	192	171	⇩11%
Kinship Care*	1,812	1,670	1,717	⇩3%
Foster Care	3,612	3,800	3,614	⇩5%
Permanency Placements†	265	299	300	⇧< 1%
Independent Living‡	182	195	171	⇩12%
Group Care	507	497	487	⇩2%
Treatment Care	203	236	218	⇩8%
Other Placement Types♦	192	267	221	⇩17%
All Placement Types (In Care)	**6,948**	**7,156**	**6,899**	**⇩4%**

*Kinship Care includes children placed with relatives or community members.

†Permanency Placements refer to the child's placement in their permanent home prior to the Adoption or Private Guardianship Order being granted.

‡Independent Living includes Supported Independent Living.

♦Other Placement Types include those in a placement related to their Health Needs, in Secure Services, in a Y.C.J.A Facility, in a PSECA Facility, in an interim placement or those who are not currently placed.

In March 2016, the most common placement types for children In Care were Foster and Kinship Care:

- **52% of children in care were placed in Foster Care; and**
- **26% of children in care were placed in Kinship Care.**

There has been **no change** in Permanency Placements from 2014/15.

There has been a **2% safe reduction** in the number of children placed in Group Care from 2014/15.

Table 8: Supports for Permanency (SFP) Program				
Monthly Average	**Mar 2016**	**2014/15**	**2015/16**	**% Change from 2014/15**
CYS Regions	4,336	4,052	4,254	⇧5%
DFNAs	360	245	309	⇧26%
Province	**4,696**	**4,297**	**4,562**	**⇧6%**

At the end of March 2016, there were **4,696 families** accessing the Supports for Permanency (SFP) Program. There has been a **6% increase** from 2014/15.

Table 9: Supports to Young Adults (SFA Agreements)				
Monthly Average	**Mar 2016**	**2014/15**	**2015/16**	**% Change from 2014/15**
CYS Regions	1,435	972	1,319	⇧36%
DFNAs	141	68	110	⇧62%
Province	**1,576**	**1,040**	**1,429**	**⇧37%**

At the end of March 2016, there were **1,576 young adults** who had an active SFA Agreement. There has been a **37% increase** from 2014/15.

Table 10: Advancing Futures Bursary				
	2013/14	**2014/15**	**2015/16**	**% Change from 2014/15**
Number of Approved Students	**502**	**553**	**575**	**⇧4%**
Percentage of youth who completed their studies	**80%**	**84%**	**In progress**	**n/a**

In 2015/16, **575 students** were enrolled in the following program types:

- Upgrading **(17%)**
- Certificate/Trade **(24%)**
- Diploma **(29%)**
- Degree **(30%)**

Since the inception of the program in January 2004, over **2,190 students** have accessed the program and over **1,000 students** have graduated with a certificate/trade, diploma or degree.

Table 11: Permanency Outcomes			
	2013/14	**2014/15**	**2015/16**
Family Preservations	3,009	2,699	2,826
Family Reunifications	1,651	1,172	1,157
Private Guardianships	225	194	213
Adoptions	246	228	273
All Permanency Outcomes	**5,131**	**4,293**	**4,469**

Preliminary data shows that in 2015/16, there were **2,826 Family Preservations** and **1,157 Family Reunifications.**

Preliminary data shows that in 2015/16, **213 Private Guardianships** and **273 Adoptions** were granted.

Table 12: Approved Foster and Kinship Homes			
Monthly Average	**2013/14**	**2014/15**	**As of March, 2016**
Authority Foster Homes	1,418	1,390	1,395
Agency Foster Homes	705	638	596
Kinship Homes	1,533	1,444	1,618
All Approved Homes	**3,656**	**3,472**	**3,609**

As of March 2016, there were **1,991** approved and licenced Foster Homes and an additional **1,618** approved Kinship Homes.

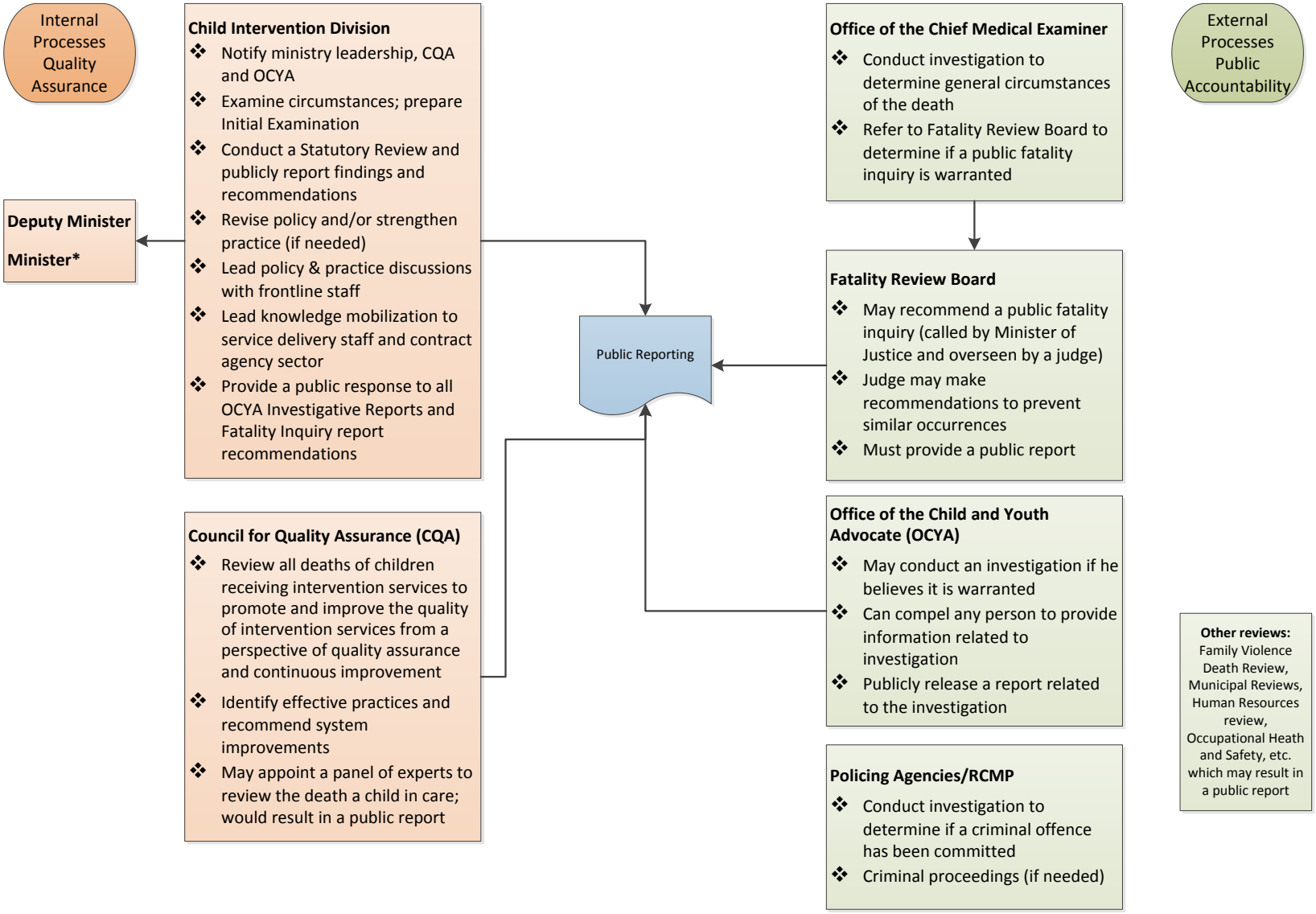
Table 13: PSECA Caseload			
	2013/14	**2014/15**	**2015/16**
Number of Distinct Children	**129**	**137**	**160**
The Protection of Children Involved in Prostitution Act (PChIP) was introduced in February 1999. PChIP was amended to PSECA in 2007.			

In 2015/16, **160 distinct children** were served through the *Protection of Sexually Exploited Children Act (PSECA)***.** There has been an **increase of 17%** since 2014/15.

Table 14: DECA Caseload			
	2013/14	**2014/15**	**2015/16**
Number of Distinct Children	**20**	**3**	**2**
DECA was introduced in November 2006.			

In 2015/16, **two distinct children** were apprehended under the *Drug Endangered Children Act (DECA)***.** There has been a **decrease of 90%** since 2013/14.

Child Death Review Mechanisms



*A Minister can call a review under the *Government Organization Act*

Child Intervention System – Key Milestones and Organizational Structure

Key Milestones

2004/2005

- Fatality Inquiries
- Home Visitation
- Child and Youth Support Program
- Family Group Conferencing
- Mediation
- Child, Youth & Family Enhancement Act
  - Family Enhancement
  - Services for adults 18-22
- Family Law Act
- Youth Criminal Justice Act (YCJA)

2005/2006

- Fatality Inquiries
- Special Study on Sudden Infant Death Syndrome
- Special Study on Suicide
- Focus on Kinship Care
- ISIS Development
- Band Designate
- Legal Representation for Children and Youth (LRCY)
- Protection Against Family Violence Act (PAFVA)

2006/2007

- Fatality Inquiries
- Youth Exit Survey
- Parent Link Centres
- Family Support for Children with Disabilities Act
- Drug Endangered Children Act
- Protection of Children Abusing Drugs Act
- Protection of Sexually Exploited Children Act
- SFP Income Cap removed

2007/2008

- Fatality Inquiries
- Triple P Parenting
- FASD Networks
- Federal funding for FE on reserve

2008/2009

- Fatality Inquiries
- Foster Care Review
- Cultural Planning
- Casework Practice Model
  - Safety and Detailed Assessments
  - Supervisory Checkpoints
  - Revised
- CYFEA Amendments

2009/2010

- Fatality Inquiries
- Kinship Care Review
- Family Group Conference Review
- Success in School
- Outcomes-Based Service Delivery (OBSD)
  - Safety
  - Well-being
  - Family & Community Support

2010/2011

- Child Intervention System Review
- Fatality Inquiries
- Critical Incident Reporting
- FASD community of practice
- New CI Standards
  - Safety
  - Client contact
  - Permanency
  - Caseworker contact
  - Culture

2011/2012

- Creation of Aboriginal Engagement & Strategy Division
- Fatality Inquiries
- Under 6 File review
- AVIRT (Alberta Vulnerable Infant Response Teams)
- Enhanced Band Designate
- ISIS Roll-out
- Amendments to PAFVA

2012/2013

- Council for Quality Assurance
- OCYA Investigative Reviews
- Fatality Inquiries
- Reaching our Full Potential
- Caribou Child Advocacy Centre
- Aboriginal OBSD Site – Edmonton
- Child Intervention Practice Framework
  - Signs of Safety
  - Front End Working Group
- ISIS Roll-out
- Independent Child and Youth Advocate

2013/2014

- Alberta Social Policy Framework
- Child Intervention Roundtable
- Information Sharing Strategy
- OCYA Investigative Reviews
- Fatality Inquiries
- Safe Babies
- CI Practice Framework Engagement
- Aboriginal OBSD Site – Calgary
- ISIS Roll-out
- Sheldon Kennedy Child Advocacy
- Children First Act
  - Pre-engagement for the *Child, Youth & Family Enhancement Act*
- FOIPP Act Review

2014/2015

- MOU signed with Western Australia
- OCYA Investigative Reviews
- Fatality Inquiries
- Public Reporting of Data
- Kinship Care Enhancements
- Youth Strategy
- Child Intervention Death Review Process
- In Care Consultations
- Tapis
- CI Practice Framework Family Finding
- Foundations of Caregiver Support
- Post 18 supports automatic and age raised to 24

2015/2016

- OCYA Investigative Reviews
- Fatality Inquiries
- Office of the Auditor General Review
- Multicultural Training

Organizational Structure

2004/2005

- Children's Services

2007/2008

- Children and Youth Services

2009/2010

- Alberta Supports

2010/2011

- Human Services 1.0

2011/2012

- Slave Lake Fire
- Common Service Access

2012/2013

- Human Services 2.0

2013/2014

- Flood Recovery
- Changes to Boards
- Integrated Service Delivery

2014/2015

- Human Services Governance Shifts

2015/2016

- Fort McMurray Fire

This document captures key milestones and organizational changes that have influenced Alberta's Child Intervention System. These do not represent the day-to-day ongoing casework, support to the DFNAs, program evaluations, regional initiatives and partnerships, ISD pilots, provincial awareness campaigns, working groups and cross-ministry committees, policy and practice enhancements, and training development and implementation.

Legislation | **Practice** | **Reviews** | **Governance** | **Knowledge to Practice** | **Organizational Changes**

Child Intervention Overview

Ministerial Panel on Child Intervention

February 2017

What is Child Intervention – Setting the Context

- **Legislative mandate:**
  - what the law says about when we become involved
  - what we need to consider when making decisions
  - what we are legally responsible for when we do become involved
- **Who are we serving and why:**
  - how do we get involved
  - why do we primarily become involved
- **Who delivers services:**
  - overall governance structure and who is involved in supporting children and their families

Child Intervention Legislation

- The *Child, Youth and Family Enhancement Act* (CYFEA) grants authority for service provision to children who are or may be at risk of being abused or neglected.
- Overall responsibilities include:
  - Assessing and responding to risks to child safety and well-being
  - Assessing parental capacity and providing supports to children and families
  - Assuming custody and guardianship when needed
- Also includes service provision under:
  - *Protection of Sexually Exploited Children Act* (PSECA)
  - *Drug-endangered Children Act* (DECA)

Reasons for Involvement – CYFEA Section1(2)

As per CYFEA, a child is in need of intervention if there are '*reasonable and probable grounds to believe that the survival, security or development of the child is endangered because of the following*':

(a) The child has been abandoned or lost;

(b) The guardian of the child is dead and the child has no other guardian;

(c) The child is neglected* by the guardian;

(d) The child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;

(e) The guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse;

Reasons for Involvement – CYFEA Section 1(2) (cont'd)

(f) The child has been emotionally injured* by the guardian of the child;

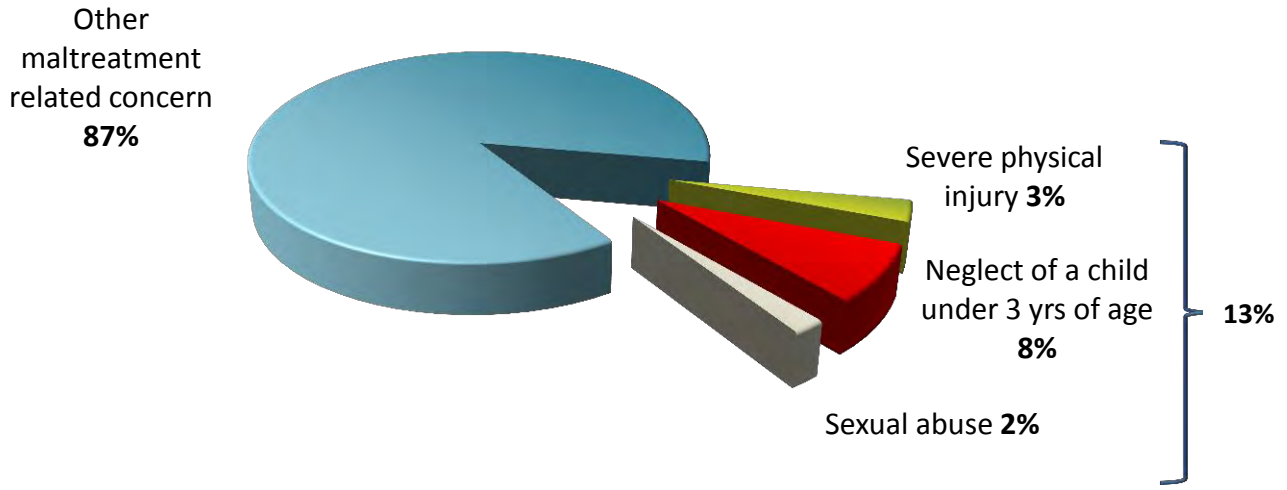
(g) The guardian of the child is unable or unwilling to protect the child from emotional injury*;

(h) The guardian of the child has subjected the child to, or is unable or unwilling to protect the child from, cruel and unusual treatment or punishment.

**further definition of what constitutes 'neglect' and 'emotional injury' is built into CYFEA*

Who do we serve?

- **The Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008) examined the incidence of reported child maltreatment and the characteristics of the children and families investigated.**
- **13% of children assessed were in danger or at risk of being seriously harmed and required immediate intervention.**
- **The remaining 87% were at risk for endangered development and well-being (typically involving neglect, exposure to family violence and emotional maltreatment) as opposed to safety.**



Matters to be Considered – Section 2 of CYFEA

- **Very explicit in describing the principles that need to be considered when making decisions and guiding what is in a child's 'best interest'.**
- **General themes include:**
  - **The family is the basic unit of society and should be supported and preserved**
    - The family is responsible for the care, supervision and maintenance of its children
    - Every child should have the opportunity to be a wanted and valued member of a family
  - **The importance of stable, permanent and nurturing relationships**
  - **The importance of the child's voice in planning**
  - **The importance of preparing youth to transition to adulthood**

Matters to be Considered continued

- Least disruptive measures are used to protect the child
- Decisions are made with the least possible delay
- Efforts need to be put into remediating the condition that led to the need for involvement in the first place
- Care is provided to meet the child's needs that is consistent with community standards and available resources
- A child's cultural, familial, social and religious heritage must be recognized as integral to self-image, development and environment
- If the child is Aboriginal, the uniqueness of Aboriginal culture, heritage, spirituality and traditions must be respected and considered

Service Delivery Structure

Children's Services Regions (Ministry Staff)

- Seven regions across the province
- Majority of children (85%) receive services through a region
- Staff are delegated to make case management decisions

Delegated First Nations Agencies (DFNAs)

- 17 DFNAs in three Treaty Areas
- Agreements with 39 out of 48 First Nations
- DFNA caseworkers are delegated to make case management decisions but are not GOA employees

Workforce

1,350 intervention caseworkers and 350 supervisors in the ministry's regional service delivery system

160 staff in the ministry's Child Intervention Division (including policy and delivery)

275 child intervention staff (caseworkers and supervisors) in 17 Delegated First Nations Agencies

4,000 FTEs in contracted agencies

Who else do we work with?

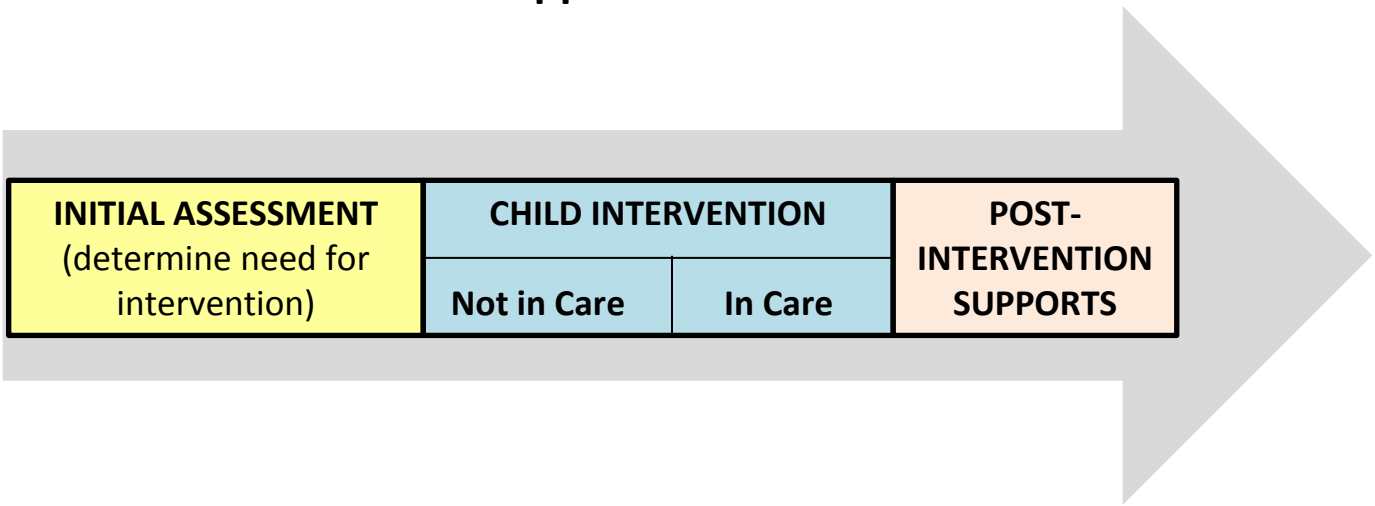
- **Key stakeholders include**:
  - **Children and families**
  - **Indigenous communities, agencies and leadership, including DFNAS, Treaty Area organizations, the Metis Nation of Alberta**
  - **Foster parents and kinship caregivers (Alberta Foster Parent Association)**
  - **Office of the Child and Youth Advocate**
  - **Child and Family Services Council for Quality Assurance**
  - **ALIGN – Association representing contract agencies**
  - **Members of research and academic communities**
  - **Professional associations and unions**

Reporting concerns

- **We rely on calls from family, community members and professionals to identify situations where a child's safety or well-being is at risk.**
- **Reports of concern come to us primarily from:**
  - **Justice (police or RCMP)**
  - **Education**
  - **Community members or relatives**
- **The remaining reports are from health professionals, community organizations, parents, child care providers and other adults.**

Child Intervention Overview

- **The range of supports and services we provide is organized into the following components (all of which are considered "*receiving services*"):**
  - **Initial Assessment (determine need for intervention)**
  - **Child Intervention (not in care and in care)**
  - **Post-Intervention Supports**



Continuum of Child Intervention

55,000 Intakes were completed in 2015/16

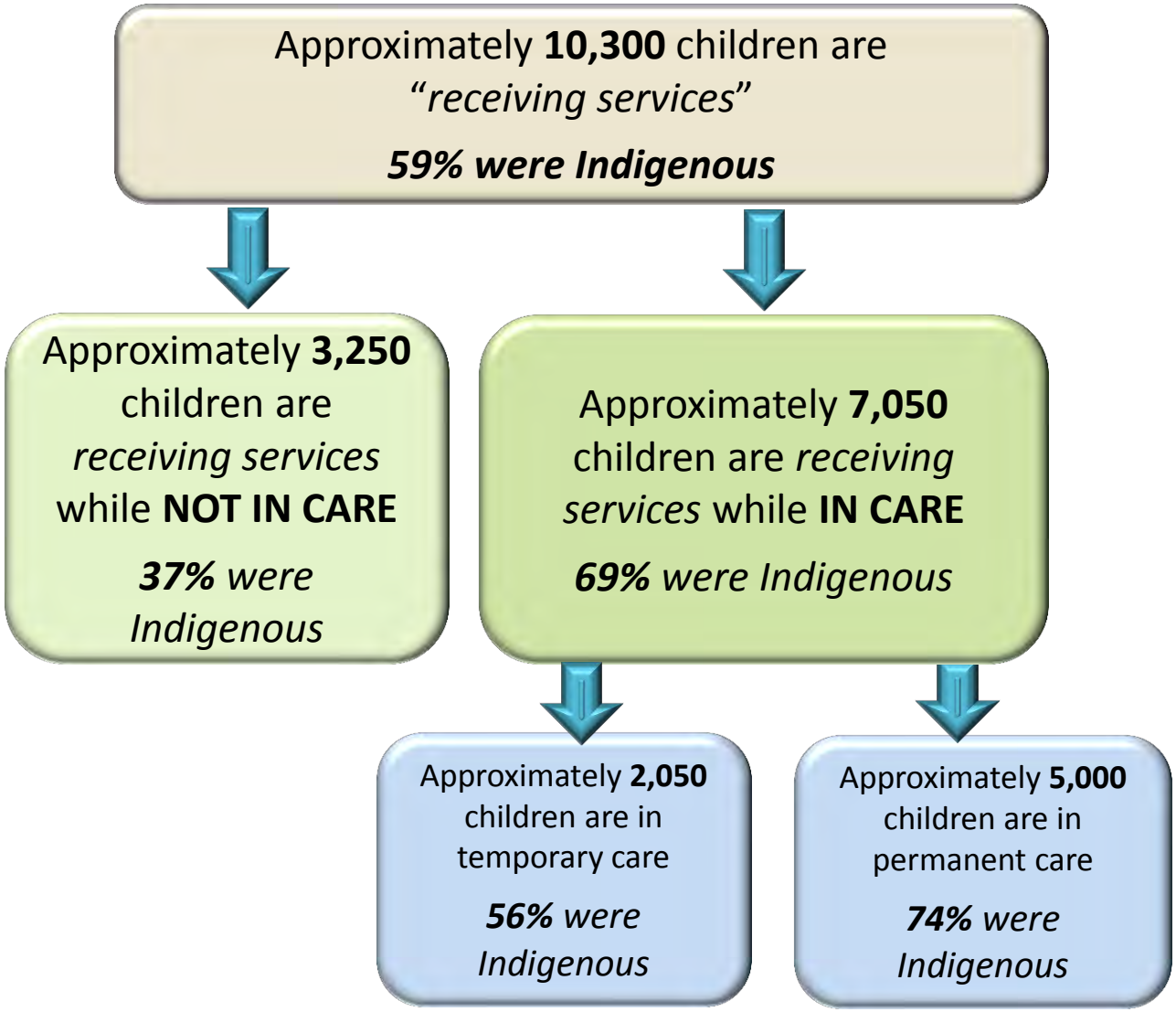
88% of Intakes **DID NOT OPEN** to *Child Intervention*:

However, a family may receive ***brief services*** or ***referrals to community resources.***

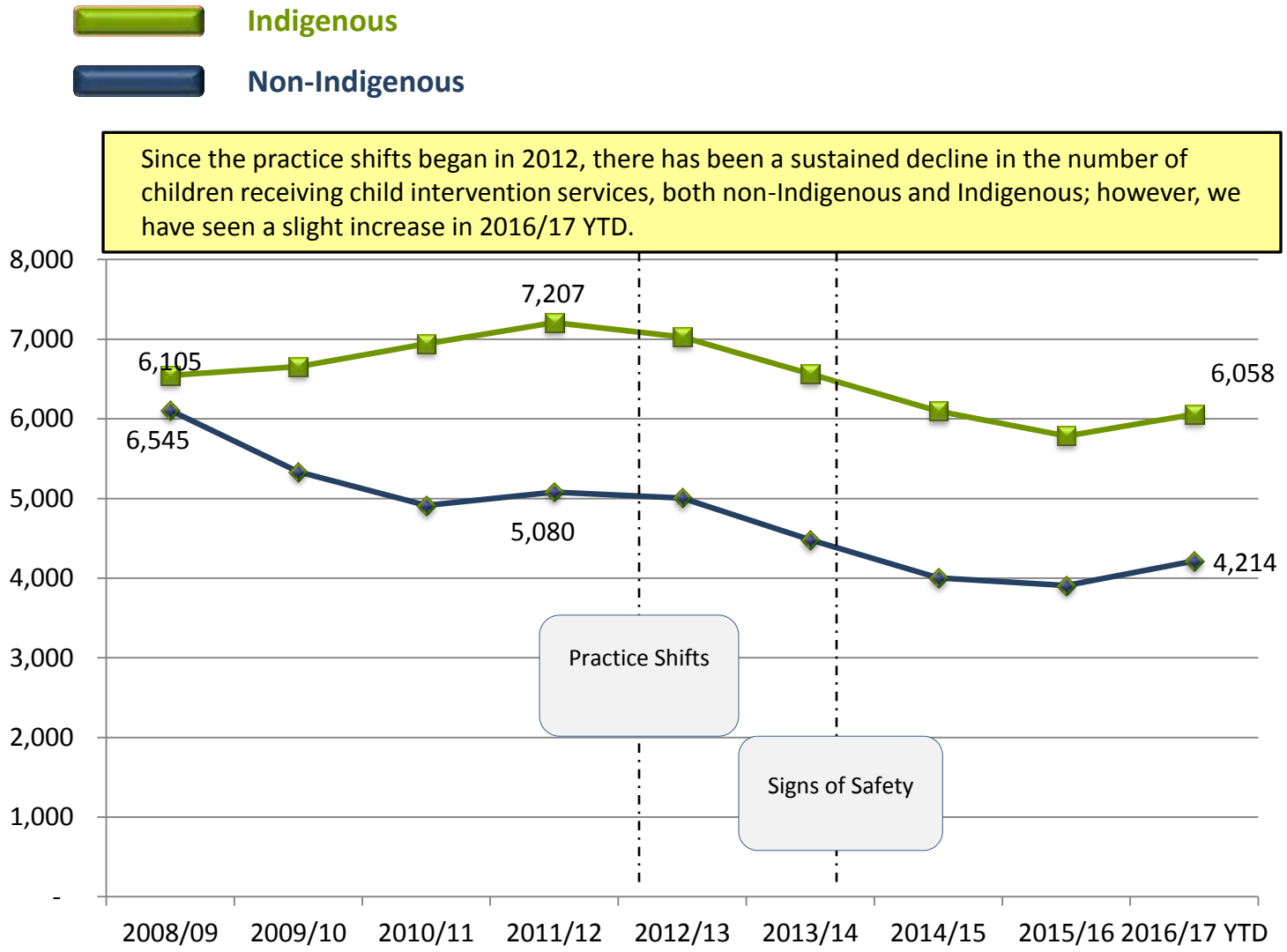
4% of Intakes **OPENED** to ***"In Care"*** status:

8% of Intakes **OPENED** to ***"Not in Care"*** status:

Child Intervention Caseload Breakdown



Average Monthly Child Intervention Caseload (Not In Care, Temporary Care, Permanent Care)



Key Decision Points in Child Intervention

1. Initial Assessment - Intake

Assess the need for further involvement according to CYFEA

DECISION POINT

↓

2. Initial Assessment - Safety Assessment

Contacts with children and family members. Safety assessment/plan with involvement of police when necessary. Possible apprehension of children. All according to CYFE a-h and matters to be considered

DECISION POINT

↓

3. Not In Care Legal Authority

Supports are provided to maintain the child in the home.

DECISION POINT

↓

4. Temporary Care Legal Authority

Children receive services while being removed from their home on a temporary basis.

DECISION POINT

↓

5. Permanent Care Legal Authority

Children are removed from their home permanently and are placed under the Guardianship of the Director.

DECISION POINT

↓

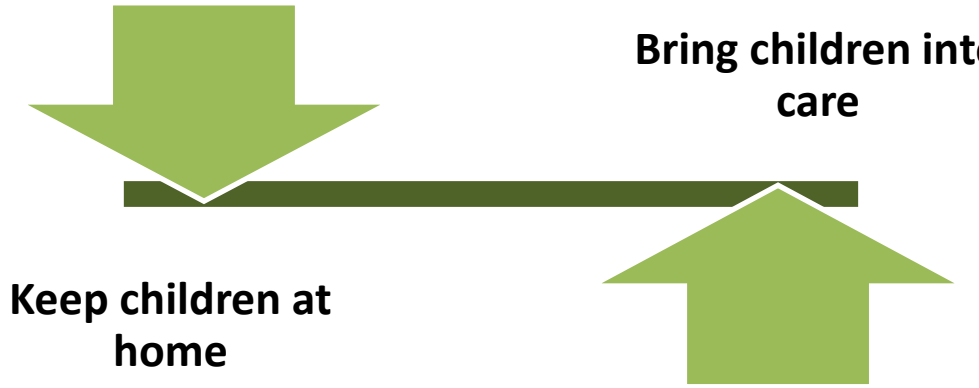
Adoption, Private Guardianship or Transition to Adulthood

Decision Making in Child Intervention

- **Keeping the 'matters to be considered' at the forefront, delegated staff (including frontline caseworkers, casework supervisors and managers) must balance:**
  - **protection of the child, maintaining child well-being**
  - **support to the family**
- **This creates a duality of role for staff who are investigators/agents of social control as well as the source of support for children and their families.**
- **This is further complicated when a child comes into care, as the worker then also fulfills the role of parent while continuing to serve those other two functions.**

Decision Making (continued)

- **Tension can be created when trying to reconcile opposing expectations and opinions of families, communities and other stakeholders about how to keep a child safe.**
- **Depending on any individual's role in that child and family's life, there are often contradictory views about what is in a child's best interest.**



What is a 'Legal Authority'?

- ***Legal Authority*** **refers to the legislated parameters under which certain services are provided to children and their families under CYFEA.**
  - There are various types of agreements and orders with associated timelines, responsibilities and planning requirements.

- **The specific legal authority is very important as it defines the powers and duties that can be exercised and at what point, including custodial and guardianship responsibilities.**

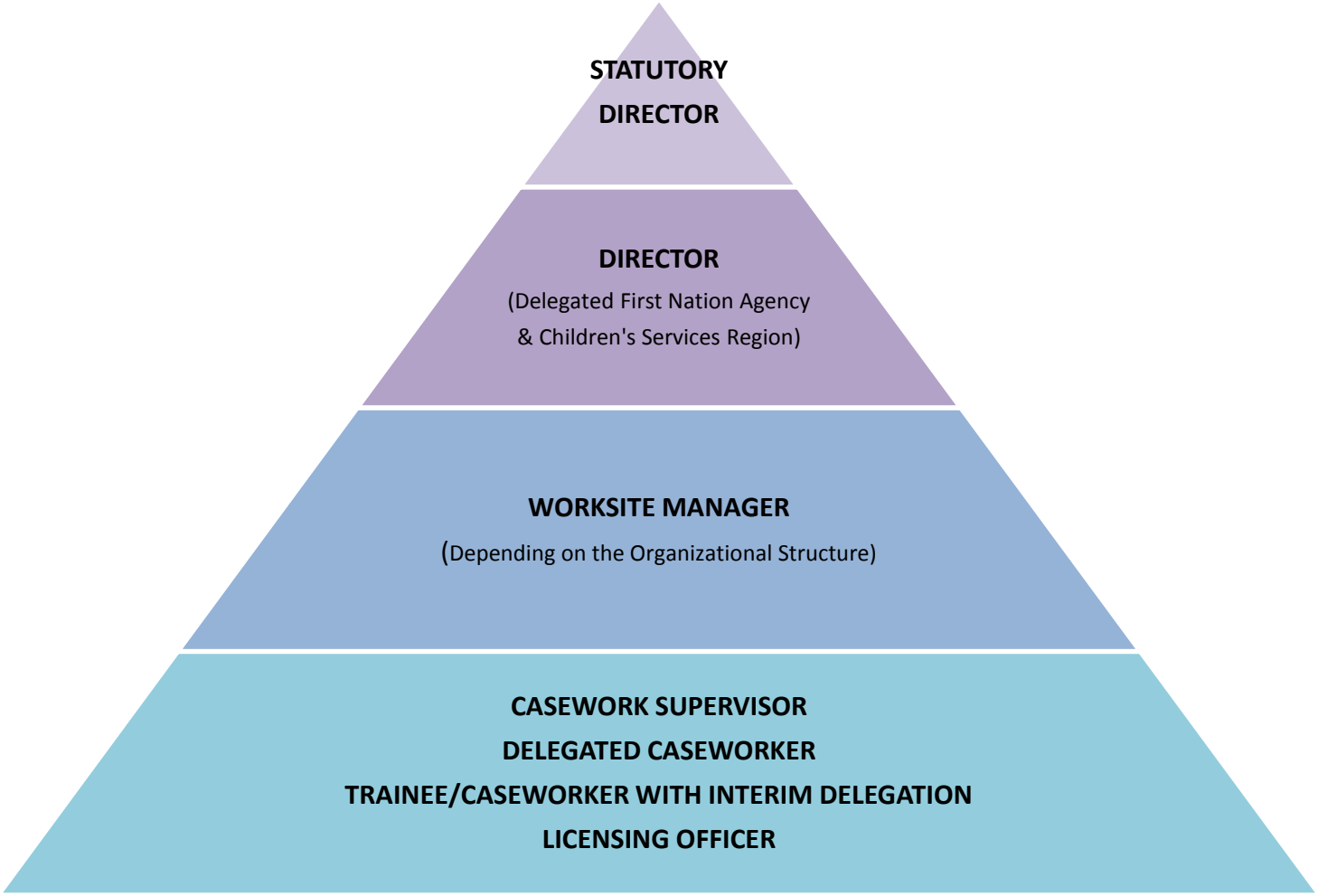
What is a 'director'?

- **Under s. 129 of the *Child, Youth and Family Enhancement Act*, the Minister must designate one or more individuals as director(s) for the purposes of the Act.**
- **This person is referred to as the "Statutory Director."**
  - **To carry out the duties and powers imposed by the Act, the Statutory Director delegates duties and powers to caseworkers and other persons employed in the administration of the Act.**
  - **As a result, all decisions and accountabilities in the legislation refer to a 'director'. This refers to staff who have been provided the authority for various levels of decision making according to a delegation scheme.**

Delegation of Case-Level Decision Making

- **Impossible for the Statutory Director to personally assume a parental role in relation to all children in care, or to assume decision making for all children receiving intervention services.**
- **As a result, the functions of child-specific decision making are delegated to different levels within the ministry's service delivery arm.**
- **When authority is delegated, the delegator does not retain an "approval" role with respect to the decisions of the delegatee.**
- **However, the Statutory Director is legally responsible for the decisions of delegates.**

Levels of Delegation



Services Provided to Families when a Child is NOT IN CARE

- **Many partners (including extended family, community-based service providers, other government program supports) work together to help strengthen the family to keep their child safe and well.**
  - **A case plan is negotiated with the family and their support network**
- **Examples of formal supports that may be provided:**
  - **parent aides,**
  - **in-home support workers,**
  - **counselling services,**
  - **youth workers, and**
  - **referrals to other services to address issues impacting family well-being (i.e. income, employment, housing, addictions supports).**

Director as Guardian/Custodian – IN CARE

- **If a child must be removed from his/her parent or legal guardian's care to ensure safety, the director legally assumes the role of custodian OR guardian, OR both.**

- **The distinction results in varying degrees of involvement and decision making of the parent.**

Placement Decisions

- **If a child must be removed from their family home for safety, the 'matters to be considered' in CYFEA are explicit about the considerations for placement.**
- **The director must consider:**
  - **Placement with extended family in or as close as possible to home community**
  - **The child's cultural, social and religious heritage:**
    - **If the child is Indigenous, the uniqueness of culture, spirituality and traditions should be respected and consideration given to the importance of preserving the child's cultural identity**
  - **The benefits of stability and continuity of care and relationships**
  - **The child's mental, physical and emotional needs and stages of development**

Placement Options

- **Whenever possible, children are placed in family settings**
  - **Approved kinship care**
  - **Licensed foster care**
- **Other types of in care placements include:**
  - **group care**
  - **residential treatment centre**
  - **a supported independent living option**

Quality Assurance and Continuous Improvement Processes

- **Child intervention policy and practice continue to evolve and improve by integrating inputs and learning from:**
  - **external and internal reviews (including child death reviews)**
  - **program reviews and evaluations**
  - **research into promising and leading practice**
  - **experiences of staff, stakeholders and those we serve**
  - **analysis of outcomes for children, youth and families**
  - **analysis of other system data**
  - **participation in national research**
  - **partnerships with academic and research bodies**
  - **standards and accountability results**
  - **recommendation tracking and reporting**

Public Accountability

- **The ministry has developed regular public reporting processes and tools.**
- **Information and data about services delivered under the Act are posted on the ministry website:**
  - **Data tool – data by type of intervention involvement, placement, age, gender, Indigenous or non-Indigenous**
  - **Alberta's Open Data Portal - 11 official statistics related to children and youth receiving services**
  - **Child intervention caseload data (updated quarterly)**
  - **Summary of children receiving services who have died (updated monthly)**
  - **Public responses to investigative and system reports**
  - **Update on the status of recommendation implementation**

Alberta Government

Questions?

Principle Based Practice Strategies

Principle Based Practice Strategies

Child Intervention Practice Framework

Alberta's child intervention system supports the health and well-being of children and families. It provides programs and services that help make it possible for children to grow up in safe nurturing homes where they are cared for, loved, encouraged and provided with opportunities to achieve their potential.

Our system has become more sophisticated as a result of enhanced incorporation of research, field experience and a deeper appreciation of cultural practice. Practitioners, academics, children and families are all moving the system towards more progressive policies and practices underpinned by clearly articulated principles.

Vision and Mission

- VISION: An environment where family strengths are recognized and where all children and youth are respected, valued and supported within the communities in which they live.
- MISSION: Ensure the safety and well-being of children and youth, by working together with families and communities to develop nurturing and safe environments for children, youth and individuals.

Outcomes

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

A practice framework outlines the core principles that underlies child intervention's approach to working with children, youth, families and communities. Grounded in the realities of practice, linked to outcomes and supported by research, a practice framework will guide practice and help policy development, training and quality assurance activities.

Practice Principles

A practice framework describes values and principles that support the casework practice model and underpin caseworkers' work with children and families. It outlines specific approaches and techniques that support "family centered practice with child –centered outcomes." Child and Family Services Staff value families and communities and the following practice principles guide our work and interaction with children, youth and families:

- **Aboriginal Experience**
  - Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.

- **Preserve Family**
  - We believe children and youth should be safe, healthy and live with their families, therefore we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

- **Strengths-Based**
  - Our approach is reflective, culturally responsive and strengths based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

- **Connection**
  - Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious or spiritual beliefs and, for those with involvement, have a plan for their care where they are included in the decision-making process.

- **Collaboration**
  - We are child-focused and family-centered. We collaborate with families, community agencies, and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

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

Definitions and Understanding of Risk

Balancing the strengths of the family, protective factors, including the existing safety, danger and risk against the *Matters to be Considered* is a monumental task undertaken daily by frontline staff. The need to manage the safety of children and the integrity of families can seem precarious and at times in conflict. The Enhancement legislation and policy support the identification of risk and the determination of the least intrusive measure to address and alleviate the need for intervention.

A number of terms used in child intervention need to be clearly understood. These terms tend to be used interchangeably yet they are markedly different. Understanding these terms can assist in decision making in the best interest of children and their families

Terminology

Risk: A broad concept regarding whether something *might* occur if there is no intervention. Risk may be low, medium or high.

Harm: Parent actions and behaviors are identified as impacting the child in a negative way. The harm may be physical, emotional, or psychological. Harm may indicate that services and/or supports are required to alleviate the harm. The *Child, Youth and Family Enhancement Act* differentiates harm as either an action or an act of omission (failure to protect a child).

Present Danger: Parent actions and behaviors are identified as having an immediate, significant and clearly observable impact on the family situation that requires an immediate response. Present danger situations currently place a child actively in peril.

Impending Danger: A child living in a situation where there is potential for danger to occur if the situation continues. Impending danger situations may or may not require the removal of the child in order to remove the potential for danger. These situations are the types of situations most commonly encountered by Child Intervention staff. They require a more intricate decision-making process using critical thinking. The *Matters to be Considered* from the *Act* will guide decisions.

Protective Factors: Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families, and protect against abuse and neglect. These attributes serve as buffers , helping parents to find resources, supports or coping strategies that allow them to parent effectively, even under stress.

Existing Safety: Describes times when parents have taken actions and made decisions that protected a child from possible danger when they might have acted in a way that caused harm. All the situations where the parents are able to keep the child safe using their strengths, resources and their own problem solving abilities. These are exceptions to the problem and offer possible solutions.

Complicating Factors: Are conditions which make building safety for children more challenging but, by themselves, do not cause direct harm to children. Situations, actions or behaviors that complicate a family but do not necessarily pose a risk to the child in any form of emotional, psychological or physical harm.

Supervisor Consults

Supervisor Consults

Intent

Intentional supervision and case consultation provides for support, collaboration and shared decision making. This ensures that the practice principles are evident in practice and are demonstrated through staff actions and behaviours. Support critical thinking, creating the time and space to probe and challenge assumptions and provides support for working with complex and challenging situations. Focus on the strengths of the family and ensure that decisions are consistent with the family's direction. The role of the CFS/DFNA is to support the family's choices while remaining focused on the best interest of the child, youth and their family - options considered are least intrusive, are designed to address the identified intervention needs, create safety and build capacity. The supervisor consults will be documented by the supervisor. The documentation will focus on the decisions made and outline the critical thinking that was used when making the decisions.

Questions/Prompts (things that you need to know at the end)

Strengths-based: Our approach is reflective, culturally responsive and strengths based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

1. What are the family strengths (community connections, extended family, bonding and attachment, professionals already involved, etc.)?
2. Tell me what the family looks like when things are going well, what is the family doing different?
3. What are we worried about?
4. Is this an intervention concern or a complicating factor?
5. What is the danger (present vs. impending) to the child based on these concerns (current injury or active abuse, abuser has access to the child, unsafe living conditions, medical, parental mental health, etc.)?

Collaboration: We are child-focused and family-centred. We collaborate with families, community agencies, and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

6. What is available to and/or has been identified by the family to mitigate the concerns (parent has demonstrated ability to provide safety for the child (alternate caregiver), access to community supports/resources, extended family able and willing to assist, age of the child decreases significance of the concern, etc.)?

7. What other variables (complicating factors) are impacting the situation (custody and access issues, addictions, mental health, Domestic Violence, lack of resources in community, steady and adequate income, housing, etc.)? Have we considered that individual values of team members may impact our assessment of the family?

Aboriginal Experience: Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.

8. Have we done a collateral contact with the DFNA, Band Designate or Metis Resource person? If not, why not?

9. Have all cultural resources appropriate to this family been considered in the planning?

10. When did the family meeting occur? What were the positive outcomes from the meeting and what could we do differently at the next family meeting?

11. Has the worker reflected on how their own perspective and values may be impacting the outcome of their assessment?

12. Has the past trauma of the family been considered in the assessment process and how the family is responding?

Preserve Family: We believe children and youth should be safe, healthy and live with their families, therefore, we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

13. For an ongoing case where the child has a PGO/PGA status the focus should be on the best interest of the child and strengths within the child's family (bio/kin/foster, etc.), significant relationships, and progress towards permanency.

14. What are the intervention concerns (s1(2) (a)-(h))?

For specific decision points and guides, please see:

- In-Care Consultations (before the child comes into care)
- Family/Natural Supports Meetings
- Immediate Kinship Placement
- Ongoing Kinship Placement – Reviewing your home study using principles
- Family Time

In-Care Consultations

In-Care Consultations

Intent

The intent of the process is to ensure critical thinking and challenge the assumptions that may exist to ensure that decisions being made, in the best interest of the child(ren), are based on thorough assessment and analysis. We need to ensure that other options that may not have been considered are discussed and weighed as protective or preventative to the imminent need identified. In-care consultation is a group consensus process that requires a minimum of three persons – the assessor/caseworker, their supervisor or a supervisor familiar with the file, and a manager from another centre. For Aboriginal children a collateral to the DFNA, band designate or Metis resource must also occur as part of the consultation. Building upon the practice principles the consultation focuses on ensuring that all options to keep the child(ren) safe have been explored prior to bringing the child/youth into care. Recognition of the trauma of bringing the child into care must be one of the considerations in planning. Focus on the strengths of the family and ensure that decisions are consistent with the family's direction. The group consultation process involves respectful challenges and probes to determine options available and possible solutions, supports critical thinking and explorations of the family's strengths, abilities and resources. Each member of the group has been able to share their views, has felt heard and can agree to the decision reached as the best option available for the current situation given the information available.

The supervisor consults will be documented by the supervisor. The documentation will focus on the decisions made and outline the critical thinking that was used when making the decisions.

Questions/Prompts

Preserve Family: We believe children and youth should be safe, healthy and live with their families, therefore, we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

1. What are the family strengths that would mitigate the intervention concerns (have we considered all family members including non-custodial guardians)?
2. What are we worried about?
3. Is this an intervention concern or a complicating factor?

4. What is the danger to the child based on these concerns? (current injury or active abuse, abuser has access to the child, unsafe living conditions, medical, parental mental health, etc.)
5. What does it look like when things are going well? What is different?

Strengths-based: Our approach is reflective, culturally responsive and strengths based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

6. What solutions has the family proposed, is the child going to be safe, how can we support their plan, if not why not?
7. What other variables (complicating factors) are impacting the situation (custody and access issues, addictions, mental health, Domestic Violence, lack of resources in community, steady and adequate income, housing, etc.)? Have we considered that individual values of team members may impact our assessment of the family?
8. What options have we considered, how did we decide that this would not address the intervention concerns?

Connection: Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious or spiritual beliefs and, for those with involvement, have a plan for their care where they are included in the decision-making process.

9. What is the family's perspective about the intervention concerns and subsequent plan?
10. What is the child(ren)'s perspective about the intervention concerns and subsequent plan?
11. Are there caregivers the parents are willing to leave the child with? How can we support this? (respite, financial, etc.)

Aboriginal Experience: Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.

12. Have we done a collateral contact with the DFNA, Band Designate or Metis Resource person? If not, why not? – The intent is to build relationships with DFNA's and Metis Settlements and leverage community connections to build capacity of the family. This is not a formal consult.
13. Have all cultural resources appropriate to this family been considered in the planning?
14. Has the worker reflected on how their own perspective and values may be impacting the outcome of their assessment?

15. Has the past trauma of the family been considered in the assessment process and how the family is responding?

If The Child Is To Come Into Care

If it is determined that a child is to come into care the following principles and questions are to be considered. For an aboriginal child, consultation with the DFNA regarding potential placement options should occur. The DFNA staff are likely aware of, or can provide information on, potential family for the child. For a Metis child affiliated with a Metis Settlement, consult with Metis Settlement Region 10 regarding potential family options. If a child is to be placed out of region (CFS or DFNA) the region of placement (CFS or DFNA) must be notified before the child is placed or as soon as possible in the event of an emergent placement.

Preserve Family: We believe children and youth should be safe, healthy and live with their families, therefore, we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

1. Has an emergency caregiver been considered/explored?

Connection: Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious or spiritual beliefs and, for those with involvement, have a plan for their care where they are included in the decision-making process.

2. Who are the identified potential kinship care providers? (i.e. family friends, children's connections, community members) How do we support them? (respite, financial, etc.)

Strengths-based: Our approach is reflective, culturally responsive and strengths based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

3. What has to change for the child to be returned home (the presenting danger versus harm)?
4. What will create/support that change (who, how, for how long)?

Aboriginal Experience: Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.

5. Have all cultural resources appropriate to this family been considered in the planning?

Strengths-based: Our approach is reflective, culturally responsive and strengths based. Because all children, youth and families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

6. How will the family maintain contact with the children? (i.e., family time, school, medical appointments, etc.)
7. When did the family meeting occur? What were the positive outcomes from the meeting and what could we do differently at the next family meeting?
8. Discuss the most respectful approach possible in notifying parents/guardians and bringing the child(ren) into care.

NOTE: Refer to Immediate Kinship Care and Family Time Guides

Family/Natural Supports Meeting

Family/Natural Supports Meeting

Intent

The meeting empowers families and their natural support system to create, understand and own the solutions that alleviate or mitigate the intervention concerns. To support a parent/guardian's rights and responsibilities to participate in decisions that affect them and their children.

Shared decision making builds on the philosophy that family members are able to develop realistic responses to the needs of their children, youth and families. Parents and legal guardians are responsible for the care and planning for their children and must be involved in the decision making process. All parents/guardians have an equal right to be heard. A benefit of bringing families together and supporting collaborative decision making is the ownership and commitment a family has to the plan they have created.

Prior to the Family/Natural Supports meeting, discussion needs to occur with all guardians in order to explain and assist in their understanding in the purpose of the meeting. The family needs to be engaged in deciding who will participate in the meeting, how they would like the meeting structured and any givens provided to the family in advance. This discussion prior to the family/natural supports meeting will assist in a positive outcome from the meeting.

Meeting Structure

- **Introductions**

Ceremony is held according to the family traditions which may include prayer, singing, or words by a respected elder. Respect that the cultural component needs to be relevant to the family involved and personalized for their beliefs and background.

- **Ground Rules**

Basic ground rules apply: safe and respectful environment and everyone has a voice.

Meeting guidelines are addressed. The family begins by giving their guidelines as to how they would like the discussions to be facilitated (e.g., no foul language, use of "I" statements, permission to leave the room when angry as well as returning, etc.). The caseworker may suggest that the participants focus on the strengths of the parents and family.

Use of talking stick or other engagement strategies should be used appropriate to the family.

- **Confidentiality**

Family and supports are identified by the guardians and include extended family, significant others, non-custodial guardians, any other resource or support identified. The identified members will be advised that they are invited by the guardian to be a support and part of the process to create a safety plan for the family and that they are expected to maintain the privacy of the family.

- **Danger/Harm Concerns**

Clearly express the intervention concern to the family and their support system in a way that they understand the issues (i.e. don't use jargon, use behaviour that has or has not occurred, concerns about future harm based on events to date, etc.)

This statement should come from the consultation with the supervisor and the critical thinking based on information gathered through the assessment process. Transparency is key in the parent's understanding of what needs to be changed.

Empower the family and their supports to create, understand and own the solutions to alleviate or mitigate the intervention concerns. Ask the family and their supports what they can do to address the danger/harm that has been identified. If the family and supports are not able to fully address the concerns make them aware of what is outstanding and continue to problem solve with them (i.e. what else…). If the support system is not able to address all of the concerns talk about what options may be available in the community or through intervention services, if required, and how this will support the family.

Meeting Outcomes

- Clear explanation around what needs to occur to address the concerns including timelines.
- Family safety plan with identified tasks and responsibilities.
- Outline for a service plan should an intervention status be required.
- Identified informal caregivers and potential formal kinship care providers.
- Additional services or supports required/requested by the family.

Immediate Kinship Placement

Immediate Kinship Placement

Intent

Kinship placements provide opportunities to maintain connections and natural relationships when a child is unable to live with their biological family. Kinship placements build on cultural and historical traditions of having family or community members care for children when their parents are unable to.

When a child comes into care, kinship placements should be pursued as the first placement. Research shows that immediate placement with a caregiver who has a connection with a child reduces the trauma of an apprehension. Children placed in kinship care show higher levels of attachment and less likelihood of coming back into care over time.

Although kinship families are often not trained in advance to care for children in need research shows that kinship families do well at ensuring children's needs are met. In fact, research highlights that caregivers with a connection to a child are less likely to be abusive or neglectful.

Kinship placements allow for the use of natural supports in supporting a child's parents to make changes. Research notes that at times consideration of kinship placements can be influenced by the child's parent's issues. Often a birth parent's behaviour of concerns is the exception within their family of origin (Lorkovich, 2004). It is important that when considering an imminent kinship placement, staff involved use critical thinking to reflect on the information they have available to them.

Research shows that kinship caregivers have less contact with caseworkers than foster parents, however require more support particularly in navigating the system (Shlonsky & Barrick, 2011). Kinship caregivers will need attention and support to orient to the Child Intervention system and adjust to their caregiver role.

In situations of immediate placement, it is important for kinship caregivers to receive the required supports immediately and to support them immediately to ensure success. Kinship families may not be prepared in advance of the placement and may require flexibility in the supports needed to support children in their home. Mobilizing formal and informal support systems immediately is crucial to the success of a kinship placement. Holding family meetings prior to placement provides opportunity to identify informal supports and identify any needs that need to be met for successful placement. Ongoing family meetings will continue to ensure that informal supports are accessed as well as identifying any need for formal supports to address any challenges.

The Kinship Care Support Plan is crucial and should reflect the collaboration of the family meeting. If possible the plan can be completed prior to placement, but must be completed immediately after placement. The plan should also be reviewed regularly with the family team.

Aboriginal Experience: Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected, and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth, and families.

1. Have the band designate, DFNA, or Métis Resource been contacted and have they identified alterative caregivers? The intent is to build relationships with First Nations communities, DFNA's and Métis Settlements and leverage community connections to build capacity of the family. This is not a formal consult but a collateral call.
2. Has the past trauma of the family been considered in the assessment process and how the family and potential caregivers are responding?
3. Has the caseworker reflected on how their own perspective and values may be impacting the outcomes of their assessment or placement decisions?

Preserve Family: We believe children and youth should be safe, healthy and live with their families, therefore we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

4. Who have the biological parents suggested as potential alternative caregivers?
5. Who has the child suggested as potential alternative caregivers?
6. What steps have been taken to locate and identify family members?

Connection: Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious or spiritual beliefs and, for those with involvement, have a plan for their care where they are included in the decision-making process.

7. Can the potential caregiver maintain the child's connection to their school, church, and/or community?
8. What are the culturally appropriate, community resources that can be accessed as supports for the family?
9. When did they last see the child?

10. If the child is verbal, how do they feel about living with this caregiver?

Strengths-based: Our approach is reflective, culturally responsive and strengths-based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

11. If there is criminal record history or child intervention history, what are some mitigating factors?
12. Are the concerns regarding criminal or child intervention history, protection concerns or mitigating factors?
13. If there are concerns with the Environmental Safety Assessment for Caregivers, how can we mitigate them to facilitate the placement?

Collaboration: We are child-focused and family-centred. We collaborate with families, community agencies, and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

14. Are the school or daycare aware of emergency/alternative caregivers?
15. Has a Family Meeting been convened to discuss the child's placement (see Family Meeting/Natural Support Guide to key meetings)? What was the recommendation and was a caregiver identified by the family?
16. Are the potential caregivers aware of what we are worried about? What are they worried about?
17. What is the child worried about?
18. Are the potential caregivers willing to work as part of a team with other formal and natural supports?
19. How can formal and informal resources be mobilized immediately to provide required supports to the caregivers? Develop a Kinship Care Support plan upon placement in collaboration with the caregivers. ***Kinship Care Inquiry Number: 1 844 644 1329**

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

Lorkovich, T.W., Piccola, T., Groza, V., & Marks, J. (2004). Kinship care and permanence: guiding principles for policy and practice. Families in Society: The Journal of Contemporary Social Services, 85 (2), 159-164.

Shlonsky, A.R, & Berrick, J.D. (2001). Assessing and promoting quality in kin and non-kin foster care. Social Service Review, 75(1), 60-83.

Ongoing Kinship Placement

Ongoing Kinship Placement

Reviewing your home study using principles

Intent

Kinship placements provide opportunities to maintain connections and natural relationships when a child is unable to live with their parents or guardians. Kinship placements build on cultural and historical traditions of having family or community members care for children when their parents are unable to.

Kinship placements should be pursued as the preferred placement whenever a child is in care. Long term outcomes of children placed in kinship care, include higher levels of attachment and lower rates of returning to government care after returning home for children placed in kinship care.

Exploring kinship care to find the best placement match for children should happen continuously.

Dispelling myths:

- Research shows that kinship families are less likely than other families to present a risk to children. In fact, research shows that caregivers with a connection to a child are less likely to be abusive or neglectful. Often a birth parent's behaviour of concerns is the exception within their family of origin (Lorkovich, 2004).

Considerations for kinship home approvals:

- When assessing and approving kinship homes, it is important to consider their unique role and experience. Critical thinking is important when applying home study models and tools that were developed for foster and adoptive families to kinship applicants. Factors such as family history and poverty are often complicating factors and in those cases should not be considered as barriers to placement.
- Research suggests assessment of kinship home should focus not only the placement's viability, but in assessing the caregiver's need for information, financial support, and social service support (Lorkovich, 2004). This forms a crucial component of developing the kinship care support plan.
- Involve the extended family and other natural supports. Family meetings or Family Group Conferences can identify opportunities for support and resources.

- At the home study completion, pull the family team together again and discuss opportunities to draw on natural supports to support the family as per the home study or mitigate identified concerns.
- Consider the ability for the kinship home to maintain connections for the child with their extended family, community, culture, and religious or spiritual beliefs.
- Engage the kinship caregiver as a collaborative member of the child's case planning team.
- Ensure the kinship caregiver is aware of what we are worried about and consider what the kinship caregivers' worries are as well.
- Consider how to support the kinship caregivers in the transition to becoming caregivers. Remember kinship caregivers often become caregivers following a crisis and may need support to understand their role and renegotiate other relationships within their extended family.

Use Appreciative Enquiry to think critically about the Home Study:

The service team, including family members, should meet to collaboratively discuss strengths, worries, and barriers identified in the Home Study. To respect the applicant's confidentiality, the report in its entirety should not be shared widely. However collaborating with the team through appreciative enquiry to discuss strengths, worries, and barriers can identify strategies to mitigate concerns or provide natural supports to make the placement successful.

What's going well?

- With the family team, identify the caregiver's strengths in the Home Study.
- Allow the family team to identify additional strengths if they are not included in the Home Study.
- Consider how these strengths can be drawn upon in the child's plan of care.

What are we worried about?

- For any concerns noted in the Home Study, consider what we are worried about and if they are related to the child and their care.
- If historical concerns (i.e., family of origin, previous relationships) are noted, consider why we are worried about their current impact on the child.
- If there are concerns regarding criminal or child intervention history, consider if these are protection concerns or complicating factors.

What can we do to alleviate the concerns?

- If concerns are noted in the Safety Environment Assessment, consider if these concerns can be mitigated through the Kinship Care support plan or other arrangements. Consider critically if they are barriers to placement or warrant conversation and safety planning with the caregiver.
- With the family team, identify ways to address the impacts of the noted concerns on the child.
- Draw upon natural and formal supports to alleviate these concerns.

Consider the information presented in the home study and make a decision to approve based on the 6 principles of the Child Intervention Practice Framework:

Aboriginal Experience: Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected, and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth, and families.

Preserve Family: We believe children and youth should be safe, healthy and live with their families, therefore we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

Connection: Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious beliefs and, for those in care, have a plan for their care where they are included in the decision-making process.

Strengths-based: Our approach is reflective, culturally responsive and strengths-based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

Collaboration: We are child-focused and family-centred. We collaborate with families, community agencies, and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

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

References:

Lorkovich, T.W., Piccola, T., Groza, V., & Marks, J. (2004). Kinship care and permanence: guiding principles for policy and practice. Families in Society: The Journal of Contemporary Social Services, 85 (2), 159-164.

Family Time

Family Time

Intent

Spending time with family for children in care, even if in permanent care, provides opportunities to foster healthy connections, bonds, and attachments. Family can include biological parents, siblings, extended family, and anyone the child may have a significant attachment or connection to. Regularly evaluating the time and the manner in which children are able to spend with these significant people in their lives will ensure these connections will be maintained as much as possible.

Changes to our philosophical approach to family time will ensure visits meet the child's needs. Decisions on family time will continue to ensure children's safety and security needs are met, but will also focus on their social, emotional, and attachment needs. Protective factors will be assessed during family time to ensure this time occurs in the most natural and least disruptive manner.

In order to reunite a family, it is important that children remain connected to their families if placed in care. Visits create opportunities to foster that connection, create teaching and learning opportunities for parents.

Questions/Prompts

Preserve Family: We believe children and youth should be safe, healthy and live with their families, therefore, we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families.

1. What are the opportunities for extended family or natural supports to be involved in family time?
2. Who else can attend a visit? Why or why not?
3. What are our worries in restricting family time? Are these protection concerns or complicating factors? How can they be mitigated?
4. What are the challenges for parents in attending family time? How can they be mitigated?
5. What are the challenges for children in attending family time? How can they be mitigated?
6. Can family time occur in the family's community and natural setting? If no, why not? How can we mitigate the barriers?
7. Can the parent continue to have contact with the child in a caregiving capacity and fulfill parental responsibility? (i.e., attend medical appointments, school events)

8. If the parent is not attending various appointments (school events, medical appointments) in a caregiver role, why not?
9. Can occasions such as school events and medical appointments become teaching and learning opportunities for family?

Strengths-Based: Our approach is reflective, culturally responsive and strengths based. Because all families have strengths and resources, we recognize and support the right and responsibility of parents to share in the decision-making process for them and their children.

10. Are the visits supervised? Why supervised vs supported? What are we worried about? What needs to happen to move the visits to supported?
11. If the visits are supported, how are we supporting the family to build their skills?
12. If family time is supported by staff, do case notes reflect the family's strengths at the visits?
13. Do those notes reflect the teaching opportunities for the family to build their skills?
14. If family time is going well, is this reflected in a progression towards least disruptive or increased family time?

Connection: Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious or spiritual beliefs and, for those with involvement, have a plan for their care where they are included in the decision-making process.

15. Has the child identified who the important people are in their life? Do they have opportunities to have contact with them?
16. Can family time occur in a time, place or manner where cultural and/or religious practices and beliefs can be practiced and shared? If no, why not?
17. Can we connect with cultural or religious community members to facilitate ongoing connection to the community?

Collaboration: We are child-focused and family-centred. We collaborate with families, community agencies, and other stakeholders in building positive, respectful partnerships across integrated multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

18. Have the parents described what their wishes are for family time?
19. Have the children described what their wishes are for family time?

Aboriginal Experience: Aboriginal peoples have always had their own ways of ensuring that vulnerable members, including children, are safe, protected, and nurtured. We honour this by recognizing their expertise in matters concerning their children, youth and families.

20. For an aboriginal child, have there been opportunities to visit with their home community and participate in cultural events relevant to their particular Nation.
21. What are the natural connections to the community for this child? Have we connected with them?
22. Can the band designate or other community contacts connect and provide a liaison with caregivers to facilitate ongoing contact?

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

23. Does family time reflect findings from current literature and attachment and child development?

    For more information on current attachment research and the opportunities for healthy attachment to multiple caregivers see:

    http://www.community.nsw.gov.au/docswr/_assets/main/documents/research_attachment.pdf

Government of Alberta and Western Australia implement largest international system-wide implementation of Signs of Safety Key Facts

What is Signs of Safety (SOS)?
The SOS model guides work in partnership with families and children to increase safety and reduce risk and danger by focusing on strengths, resources and networks the family have.

What improvements have been seen since starting SOS?
- Overall improvement in the level of skill, morale and satisfaction of workers
- Increase in family satisfaction
- Significant reduction of the number of children entering care
- Reduction in recidivism rates
- Reduction in number of matters taken before the courts

Note: Significant changes in case data are not measurable until the third year of implementation.

What is the current state of implementation in Alberta?
- Regions and agencies in Alberta began learning about the approach and adopting some of the tools. There were early indications of the success of this program. Alberta is currently undergoing a five-year implementation of SOS practice across the province.
- Over $2 million will be invested over the next two years to implement SOS in Alberta.
- Estimated percentage of staff who have attended basic SOS training:
  - Child and Family Services Delivery Areas: 57%
  - Delegated First Nations Agencies: 25%
  - OBSD Partner Agencies: 73%
- Approximately 15 more training sessions will be hosted in 2015, in addition to the 21 sessions already planned for the remainder of 2014.

What is the purpose of the MOU with the State of Western Australia?
Reflects the shared commitment of Human Services and the Western Australia Department of Child Protection to:
- Exchange policies and procedures, learning strategies, and resource materials,
- Collaborate on SOS research and evaluation, and
- Develop a program and formal agreement for staff to spend time working in both jurisdictions.

Staff observations:
- "…time is spent recognizing abilities (of the families) as opposed to seeking evidence"
- "Kids have a voice in what they want and what works. They define what is safe and what their goals are."

Parents have commented:
- They feel like they are working in collaboration with the worker.
- They are thankful for the case team and even asked to hug them as did not expect to be listened to, have their family and friends allowed to be present and part of planning.

Alberta Government

Collaborative Service Delivery (CSD)

What is CSD?

CSD began in 2009 as Outcome Based Service Delivery (OBSD) as a way to shift the focus of serving at-risk children and families from what services are provided to the desired end result, or outcome, of those services. It is based on a collaborative approach to child intervention service delivery built on close relationships with contracted agency partners and over time became known as Collaborative Service Deliver (CSD). As with all child intervention practice, CSD seeks to keep families together wherever possible.

CSD uses a new funding approach that provides increased flexibility for agencies in identifying what services they provide and how they will work with children and families. CSD is one way to improve the measurability and assess the effectiveness of services provided to Alberta children and families.

Seventeen Child and Family Services sites have implemented CSD to date with more scheduled to begin in the coming months.

How will CSD impact child intervention work?

- One of the core characteristics of CSD is a strong collaborative partnership between agency and Child and Family Services staff.
- Agency staff focus on child well-being, parental capacity and child development; Child and Family Services staff focus on risk and safety and supporting child intervention outcomes.
- Staff work with parents to jointly set goals and identify friends, relatives and professional services in the community who can support the family in achieving these goals.
- Children and families involved with the child intervention system make positive changes by accessing more flexible, creative, collaborative, and community-based services to address their needs.
- At this time, results indicate more children are able to be served at home with their families and more children are able to safely return to their home after services have been provided.

What are the key components of CSD?

1. Vulnerable children live successfully in the community.
2. Children in temporary care are reunited quickly with their family.
3. Children in permanent care are placed in permanent homes as quickly as possible.
4. Youth transition to adulthood successfully.
5. Aboriginal children live in culturally-appropriate placements and receive culturally-appropriate services.

For further information about CSD, please contact your local Child and Family Services office or visit:

http://humanservices.alberta.ca/abuse-bullying/17242.html

Alberta
Children's Services

Collaborative Service Delivery(CSD)
Shared Practice Framework

This framework is based on a shared, collaborative model that was developed to achieve better outcomes for children and families. The four areas of focus identified are critical components to joint case planning between clients, Agency staff and CFS staff. When approached collaboratively, our shared practice is grounded in evidence and will result in more intentional, congruent, strengths based decisions.

Critical Decision Points	Permanency	Legal Status	Placement	Access
Principles	Parents know what they need to change to get well; professionals are there to support the journey. Voice and choice of families is important to all decisions made. Community connection and cultural identity are important to a child's wellbeing. Every child is entitled to a sense of belonging, stability, permanence and continuity of care and relationships. There is a moral and professional responsibility, in partnership with the larger community, to find a permanent home for each child and youth in care.	The intervention services needed by the child should be provided in a manner that ensures the least disruption to the child (*CYFEA*). The family is responsible for the care , supervision, and maintenance of its children and every child should have an opportunity to be a wanted and valued member of a family, and to that end: If intervention services are necessary to assist the child's family in providing for the care of a child, those services should be provided to the family, insofar as it is reasonably practicable, in a manner that supports the family unit and prevents the need to remove the child from the family, and a child should only be removed from the child's family only when other less disruptive measures are not sufficient to protect the survival, security or development of the child; (*CYFEA*).	Children and youth should be safe, healthy and live with their families, therefore we focus on preserving and reuniting families and building on the capacity of extended family and communities to support children, youth and families. Children in temporary care are quickly reunited with their families; children in permanent care are quickly placed in permanent homes. Children and youth are supported to maintain relationships that are important to them, be connected to their own culture, practice their religious beliefs and, for those in care, have a plan for their care where they are involved in the decision-making process.	Access to those important in a child's life increases the circle of support during an increased time of need and maintains important attachments and bonds. Access is a tool to increase parental capacity through teaching, modeling, and active parenting and an opportunity for parents to retain as much parental responsibility as deemed safe. Access is not a stagnate decision, attachment theory suggest it is paramount to health and wellness of the both the child(ren) and the parents. Therefore access needs to be liberal and reviewed frequently.

Critical Decision Points	Permanency	Legal Status	Placement	Access
Child Centered and Safety questions	Are we thinking about the whole child's safety and wellbeing in the short and long term? Are people who have relationship with the child involved in decision making for the child? Are we clear what the danger is to the child and what the complicating factors are? Are youth moving towards independence connected and supported according to their needs and wishes?	What does the child(ren) want/say about their situation? (Good things/Worries/ Dreams) Who do the child(ren) say are important people in their lives?	Has the child been asked if there is someone they could stay with? Can a child remain in their own community and their school? What are the specific cultural or spiritual needs of the child? Can children be placed together? What kind of supports does someone need in order to care for this child?	Who should have access to a child? Who does the child say they want to have access with? What needs to happen for access to important people in a child's life to be increased or altered? Should visits be supported or unsupported?
Family Focused questions	Is the family at the centre of decision making? Have their voices been heard? Are we aware of the family's strengths, protective factors, and the safety factors in the home? (What's working well?) Is all involved clear about their responsibility in ensuring the child(ren) safety and wellbeing?	What does the family need to keep their children safe in their home? Who does the family identify as their support? Are their ways to increase their circle of support? What are the protective factors in this home? Have there been previous experiences for the family with other services and what was helpful for them?	Does placement allow and support access to parents? Have the parents/ significant relatives been asked who the children could stay with? Could support be put into the home and the parents stay elsewhere? Anyone in the home who could care with supports	What parental responsibilities can the parent maintain (driving kids to and from school for example)? Can visits occur safely in the family home? How can we maintain as much contact with the parents as possible?
Planning questions	Are decisions and plans supporting safety, stability, and belonging? Are services and plans being reviewed as agreed and in partnership with all involved?	What are our worries? What needs to happen next? What is going well?	Previous placements? Any siblings in care? Child specific info – needs, health, school, community? Permanency plan? Short term or long term placement required?	What do we need to know and do to ensure supported access visits are successful? Frequency, duration and location for visits?

Child Intervention Statistics

The range of child intervention supports and services we provide to children, youth and families is organized into the following phases:

- Initial Assessment (determine need for intervention)
- Child Intervention (provide services while not in care or in care)
- Post-Intervention Supports (provide supports to youth leaving care and to adoptive and private guardianship families)

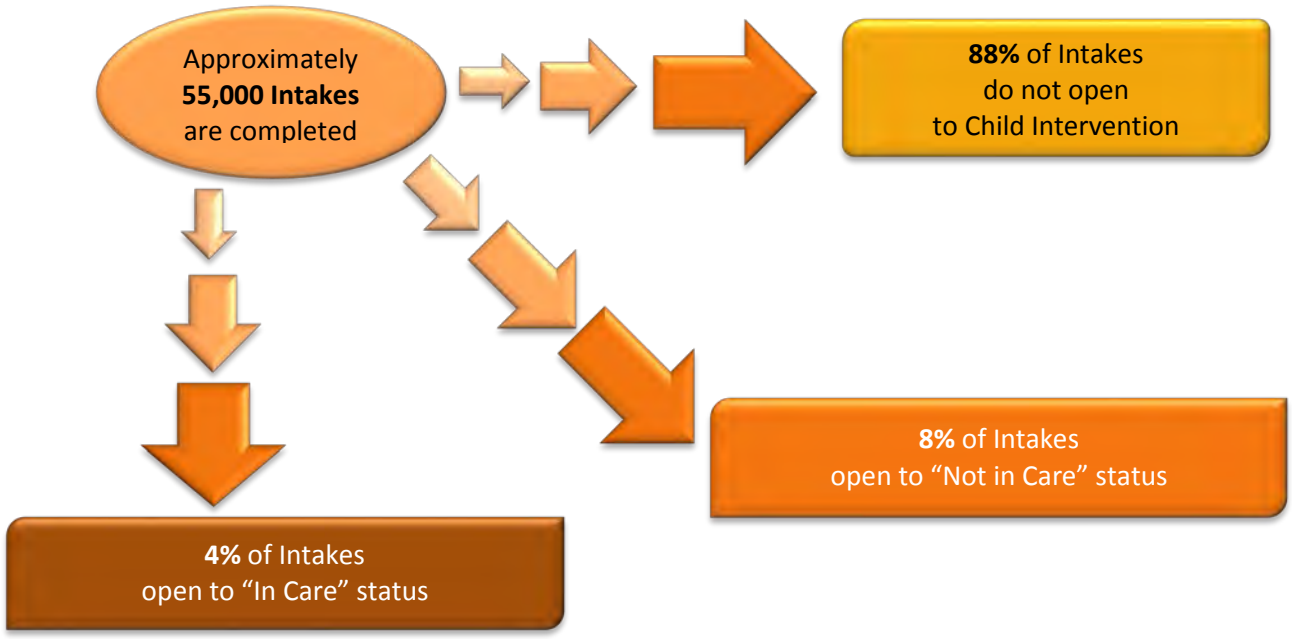
Over the course of a fiscal year, child intervention will provide services support to almost 54,000 unique children, youth and young people through initial assessments, an open child intervention file, or post-intervention support.

<table>
<tr><td rowspan="2">Initial Assessment</td><td colspan="2">Not In Care</td><td colspan="2">In Care</td><td rowspan="2">Post-Intervention Supports</td></tr>
<tr><td>Family Enhancement</td><td colspan="3">Child Protection</td></tr>
</table>

Initial Assessment

Each year, child intervention staff respond to and assess approximately 55,000 reports of child maltreatment, neglect and abuse (approximately 4,600 reports each month).

- Of those, 88% do not open to a child intervention file. Families may receive brief services or be referred to community resources.
- The remaining 12% receive services through an open child intervention file – 4% are in care (child is removed from the home), and 8% are not in care (child remains in the family home).



The following table shows the average number of intakes completed each month across the Province and the trend for the past three years. So far in 2016/17 YTD (April to September), the number of intakes completed each month has increased 2% over the same time period in 2015/16.

Child Intervention Statistics

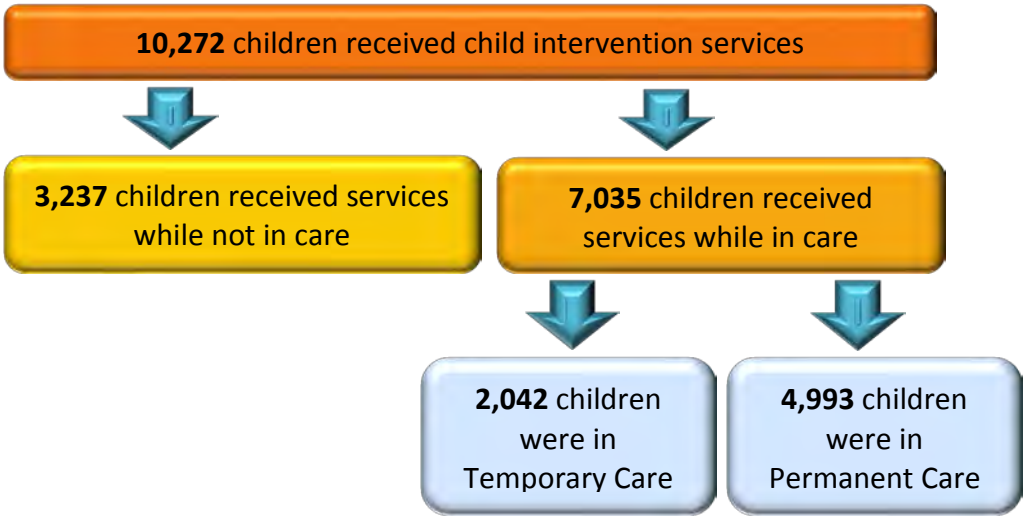
Table 1: Average Number of Intakes Completed Each Month					
	2014/15	2015/16	Apr-Sept 2015/16	Apr-Sept 2016/17	YTD % Change from 2015/16
Regions	4,054	4,207	4,175	4,284	⇧3%
DFNAs	313	364	365	328	⇩10%
Intakes Completed	**4,367**	**4,571**	**4,540**	**4,612**	⇧2%

Despite the increase in the number of intakes completed each month, the proportion of children opening to Child Intervention has remained unchanged from 2015/16 (see Table 2).

Table 2: Proportion of Intakes Leading to an Open Child Intervention Case in 2016/17			
	2014/15	2015/16	2016/17 YTD
Intakes Closed	**88%**	**88%**	**88%**
Open to Not In Care	8%	8%	8%
Open to In Care	4%	4%	4%
Intakes Open to Child Intervention	**12%**	**12%**	**12%**

Receiving Child Intervention Services (Not in Care and In Care)

In an average month in 2016/17 YTD, there are 10,272 children and youth who are actively receiving child intervention services with an open case file. Of these children and youth, 3,237 are receiving services at home (not in care), while 7,035 are receiving services away from home (in care).



Receiving Intervention Services - Not in Care

Wherever possible, we work with families to create a safe environment so that children can be supported safely at home.

Many partners, including extended family and community-based service providers, are brought together to help strengthen the family to meet their child's needs. Examples of supports that may be provided include: parent aides, in-home support workers, counselling services, youth workers, and referrals to other services to address issues impacting the family well-being (for example, employment, housing, addictions, etc.).

Child Intervention Statistics

- In 2016/17 Q2 (April to September), there were 3,237 children and youth receiving services while not in care. This is a 17% increase over the same time period in 2015/16.

Table 3: Not In Care Caseload

Monthly Average	2015/16	Apr-Sept 2015/16	Apr-Sept 2016/17	% Change from 2015/16
Family Enhancement	2,261	2,228	2,630	⇧18%
Child Protection Not In Care	529	535	607	⇧13%
Total Not In Care	**2,790**	**2,763**	**3,237**	**⇧17%**

Receiving Intervention Services - In Care

When a child's safety and well-being needs cannot be met while remaining in the family home, they may be taken into care, either temporarily or permanently, depending on an assessment of the family's ability to address the protection concerns.

Wherever possible, services are provided to children in their communities so they are able to remain connected to their culture and to significant people in their lives. Family members receive support to address the protection concerns with the goal of returning children home when it is safe to do so.

- In 2016/17 Q2 (April to September), there were 7,035 children and youth receiving services while in care (2,042 in temporary care and 4,993 in permanent care).

Table 4: In Care Caseload

Monthly Average	2015/16	Apr-Sept 2015/16	Apr-Sept 2016/17	% Change from 2015/16
Temporary Care	1,742	1,694	2,042	⇧21%
Permanent Care	5,157	5,200	4,993	⇩4%
Total In Care	**6,899**	**6,894**	**7,035**	**⇧2%**

Child Intervention Statistics

Out of Home Placements for Children in Care

When children are removed from their home temporarily or permanently, a range of placement options are available to meet the needs of the child.

Table 5: Out of Home Placements for Children In Care 2016/17 Q2 (April to September)

Type	Description	Number of Children in Care	Proportion of Overall Placement
Kinship Care - *approximately 1,700 Kinship Homes*	Preferred placement option as it allows children to maintain important familial and cultural ties and is less traumatic for the child than being placed with strangers (foster care or group care). Kinship caregivers are extended family members or persons who have a significant relationship with the child and family.	1,896	27%
Foster Care - *approximately 1,800 Foster Homes*	Provide licensed family-based care. Foster homes and kinship homes receive the same monthly basic maintenance funding to support them to care for the children in their home.	3,587	51%
Group Care - *approximately 155 Group Care Facilities*	Facilities are licensed, staffed group living arrangements located in rural or urban communities.	503	7%
Treatment Care - *approximately 51 Treatment Care Facilities*	Facilities are a multi-bed residence where children receive schooling and counseling on site.	198	3%
Other Placements	Includes parental care, independent living arrangements, permanency placements (while waiting for adoption or private guardianship order to be approved), secure treatment centre, youth criminal justice facility, hospital, etc.	851	12%
	All In Care Placements	**7,035**	**100%**

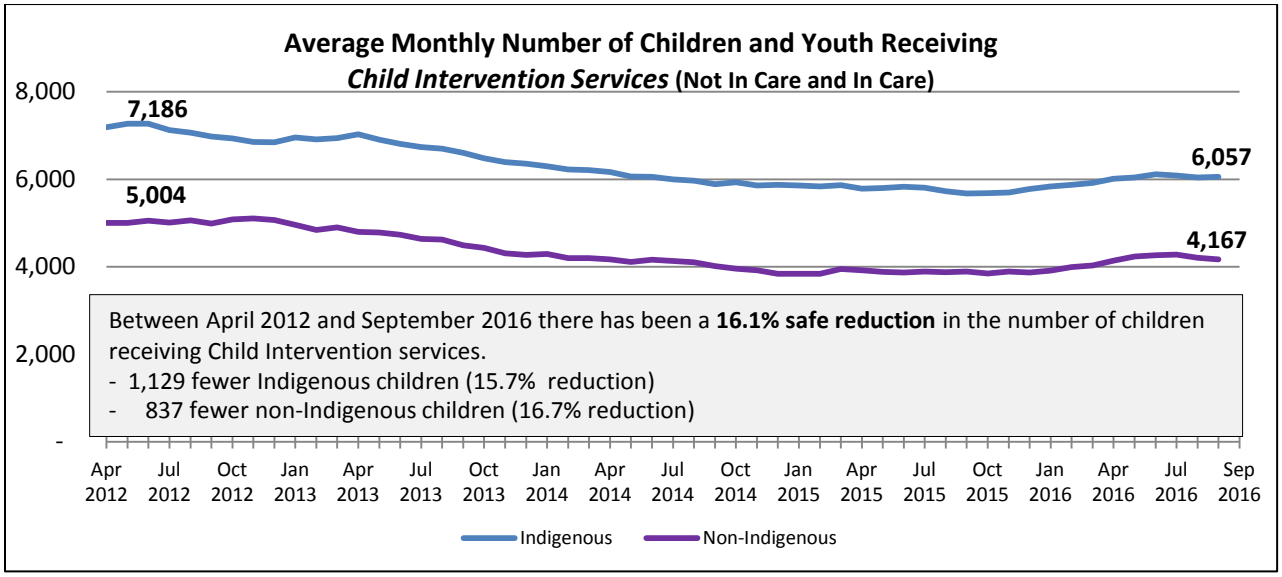
Child Intervention Statistics

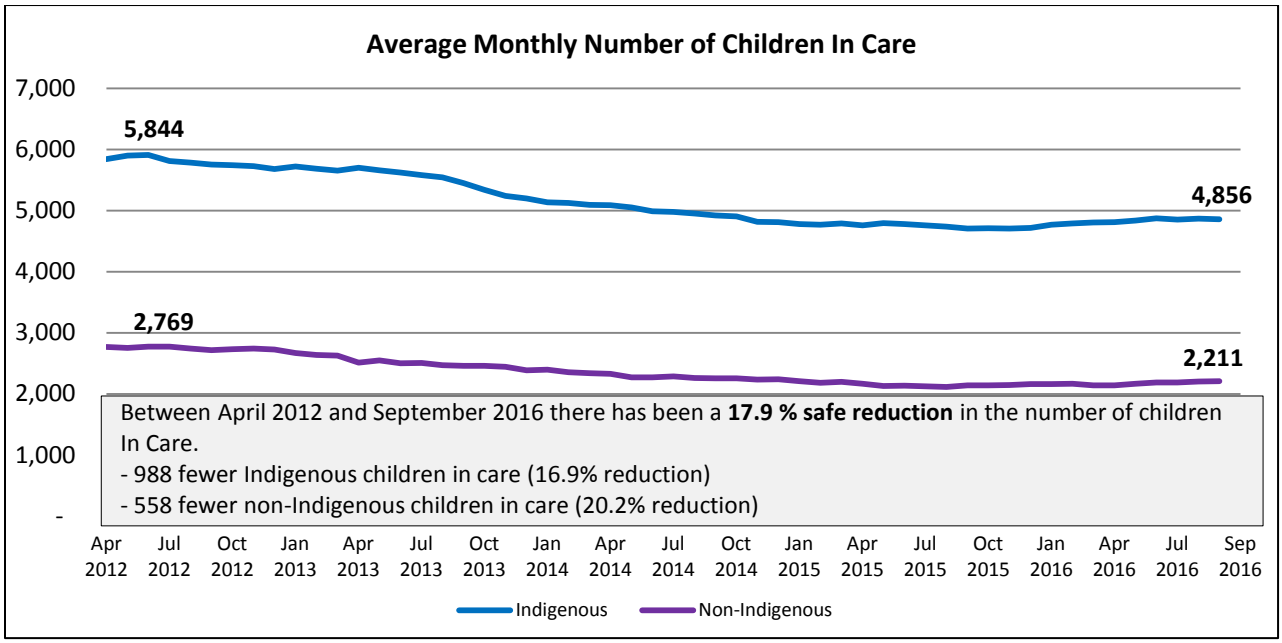
Child Intervention Caseload Trends

Despite an increase in the number of intakes received, and the stable rate of initial assessments leading to an open Child Intervention file, we have seen an overall decline over the past few years in both the in care and not in care caseloads, for Indigenous and non-Indigenous children.

In recent months, we have begun to see the caseload begin to stabilize and trend upward. A study conducted in the United States between 1990 and 2010 involving all 50 states looked at the correlation between economic recessions and increases in child intervention caseloads. The study found a strong correlation between unemployment rates and "child maltreatment," with increases in caseloads showing up about a year following the increases in unemployment. The Alberta unemployment rate began to increase around January 2015 and the child intervention caseloads first begin to increase in January 2016.

Numbers in the graphs below show the individual month over month trend, rather than an average for the fiscal year and therefore differ slightly from the average caseloads presented earlier.





Post Intervention Supports

Support and Financial Assistance Agreements (from age 18 to 24th birthday)

Support and Financial Assistance Agreements (SFAAs) are available to young adults (from age 18 to their 24th birthday) who had been receiving intervention services. They provide continued support for a successful transition to adulthood.

- In 2016/17 Q2 (April to September), there were almost 1,700 young adults receiving support through an SFAA.
- Between April 2012 and September 2016, there was a 194.6% overall increase in the SFAA caseload (from 594 young adults in April 2012 to 1,750 young adults in September 2016). This reflects an increase of 670 Indigenous young adults and 486 non-Indigenous young adults.

The increase in the SFAA caseload is due to a policy change in 2014 that makes these agreements automatic upon a youth's 18th birthday, along with a regulatory change to extend eligibility to the age of 24 (from 22).

Advancing Futures Bursary

Youth who have been, or continue to be, in provincial care or custody are supported to achieve their educational goals through the Advancing Futures Bursary program. Each year, almost 200 youth in care graduate from high school.

The Advancing Futures Bursary program provides transitional supports for youth transitioning out of care and funding for educational fees, monthly living allowances, child care and supplemental benefits as they achieve their post-secondary educational goals. Youth are eligible to enroll in upgrading, a degree, diploma, certificate or trade program at a post-secondary institution.

In 2015/16:

- 575 students were approved for funding in 94 institutions and campuses;
- The average cost per award was $14,500 per year;
- Over half of students receiving awards were enrolled in Degree (30%) or Diploma (29%) programs. An additional 17% were enrolled in upgrading and 24% were in certificate programs; and
- 84% of students completed their program of study.
- 34% of students self-reported themselves to be of Indigenous ancestry (First Nation, Métis or Inuit).

Supports for Permanency

The Supports for Permanency (SFP) Program is available to families who have adopted or obtained private guardianship of children who were in permanent government care. The program includes supports such as basic maintenance, parental respite, counselling and payment for services that assist in addressing a child's emotional or behavioural problems.

Child Intervention Statistics

SFP includes monthly basic maintenance funding, respite, up to 10 counselling sessions per year, reimbursement for the cost of transporting a First Nations child to the child's Band to maintain cultural ties, and treatment in a residential facility for up to 12 months.

The number of children and families accessing the SFP program has steadily increased:

- In 2016/17 Q2 (April to September), just over 4,700 families received SFP benefits.
- Since April 2012, there has been a 26.5% overall increase in the SFP caseload (from 3,697 families in April 2012 to 4,675 families in September 2016). This reflects an increase of 550 Indigenous families and 428 non-Indigenous families.

Child Intervention Information and Statistics Summary
2016/17 Second Quarter (September) Update

This report can be accessed online on the Human Services Website at the following link: http://www.humanservices.alberta.ca/documents/child-intervention-info-stats-summary-2016-17-q2.pdf

Initial Assessment	Not In Care		In Care	Post-Intervention Supports
	Family Enhancement		Child Protection	

- All 2016/17 numbers reflect data as of **September 2016**, unless otherwise stated.
- Percent changes reflect the current year-to-date average over the previous year-to-date average (For example, average of April to September 2016, compared to the average of April to September 2015).

Table 1: Average Number of Intakes Completed Each Month

Monthly Average	June 2016	Apr-Jun 2015/16	Apr-Jun 2016/17	% Change from 2015/16
Regions	4,761	4,246	4,646	⇧9%
DFNAs	288	366	308	⇩16%
Intakes Completed	**5,049**	**4,612**	**4,954**	**⇧7%**

* All initial assessment numbers reported are for June 2016, due to late entry.

In June 2016, there were **5,049 Intakes completed** across the Province. There has been a **7% increase** from 2015/16.

Table 2: Number of Children in Child Protection and Family Enhancement

Monthly Average	Sept 2016	Apr-Sept 2015/16	Apr-Sept 2016/17	% Change from 2015/16
Family Enhancement	2,562	2,228	2,630	⇧18%
Child Protection	7,662	7,429	7,642	⇧3%
Total Child Intervention	**10,224**	**9,657**	**10,272**	**⇧6%**

In September 2016, **7,662 children (75%)** received services through the Child Protection Program.

Table 3: Child Intervention Service Delivery

Monthly Average	Sept 2016	Apr-Sept 2015/16	Apr-Sept 2016/17	% Change from 2015/16
Regions	8,590	8,159	8,629	⇧6%
DFNAs	1,634	1,498	1,643	⇧10%
Child Intervention	**10,224**	**9,657**	**10,272**	**⇧6%**

84% of children who received Child Intervention Services in September 2016 were served by the Regions.

Table 4: Child Intervention Caseload and Legal Statuses

Monthly Average	Sept 2016	Apr-Sept 2015/16	Apr-Sept 2016/17	% Change from 2015/16
Family Enhancement	2,562	2,228	2,630	⇧18%
Child Protection Not In Care	595	535	607	⇧13%
Total Not In Care	**3,157**	**2,763**	**3,237**	**⇧17%**
Temporary Care	2,116	1,694	2,042	⇧21%
Permanent Care	4,951	5,200	4,993	⇩4%
Total In Care	**7,067**	**6,894**	**7,035**	**⇧2%**
Total Child Intervention	**10,224**	**9,657**	**10,272**	**⇧6%**

There were **10,224 children and youth** receiving Child Intervention Services at the end of September 2016. There has been a **6% increase** from Q2 2015/16.

There were **7,067 children In Care**, while an additional **3,157 children** received services at home.

Table 5: Child Intervention Caseload by Race				
Monthly Average	**Sept 2016**	**Apr-Sept 2015/16**	**Apr-Sept 2016/17**	**% Change from 2015/16**
Indigenous	6,057	5,768	6,058	⇧4%
Non-Indigenous	4,167	3,889	4,214	⇧8%
CI Total	**10,224**	**9,657**	**10,272**	**⇧6%**
% of children in CI who are Indigenous	**59%**	**60%**	**59%**	**⇩1%**

In September 2016, **59% of children and youth** receiving Child Intervention services were Indigenous.

Table 6: Indigenous Children In Care				
Monthly Average	**Sept 2016**	**Apr-Sept 2015/16**	**Apr-Sept 2016/17**	**% Change from 2015/16**
Indigenous	4,856	4,757	4,851	⇧2%
Non-Indigenous	2,211	2,137	2,184	⇧2%
In Care Total	**7,067**	**6,894**	**7,035**	**⇧2%**
% of children In Care who are Indigenous	**69%**	**69%**	**69%**	**no change**

In September 2016, **69% of children and youth** receiving services In Care were Indigenous. There has been a **2% increase** in the number of Indigenous children In Care from 2015/16.

According to the National Household Survey (2011), Indigenous children make up approximately **10%** of the child population (ages 0-19) in Alberta . In September 2016, they accounted for **69%** of the children In Care.

Table 7: Placement Distribution for Children In Care				
Monthly Average	**Sept 2016**	**Apr-Sept 2015/16**	**Apr-Sept 2016/17**	**% Change from 2015/16**
Parental Care	175	172	158	⇩8%
Kinship Care*	1,960	1,648	1,896	⇧15%
Foster Care	3,539	3,644	3,587	⇩2%
Permanency Placements†	305	316	285	⇩10%
Independent Living‡	194	160	188	⇧18%
Group Care	478	490	503	⇧3%
Treatment Care	191	228	198	⇩13%
Other Placement Types♦	225	236	220	⇩7%
All Placement Types (In Care)	**7,067**	**6,894**	**7,035**	**⇧2%**

*Kinship Care includes children placed with relatives or community members.
†Permanency Placements refer to the child's placement in their permanent home prior to the Adoption or Private Guardianship Order being granted.
‡Independent Living includes Supported Independent Living.
♦Other Placement Types include those in a placement related to their Health Needs, in Secure Services, in a Y.C.J.A Facility, in a PSECA Facility, in an interim placement or those who are not currently placed.

In September 2016, the most common placement types for children In Care were Foster and Kinship Care:

- **51% of children in care were placed in Foster Care; and**
- **27% of children in care were placed in Kinship Care.**

There has been **10% decrease** in Permanency Placements from Q2 2015/16.

There has been a **3% increase** in the number of children placed in Group Care from Q2 2015/16.

Table 8: Supports for Permanency (SFP) Program				
Monthly Average	**Sept 2016**	**Apr-Sept 2015/16**	**Apr-Sept 2016/17**	**% Change from 2015/16**
Regions	4,334	4,202	4,347	⇧3%
DFNAs	341	294	357	⇧21%
Province	**4,675**	**4,496**	**4,703**	**⇧5%**

At the end of September 2016, there were **4,675 families** accessing the SFP Program. There has been a **5% increase** from Q2 2015/16.

Table 9: Supports to Young Adults (SFA Agreements)				
Monthly Average	**Sept 2016**	**Apr-Sept 2015/16**	**Apr-Sept 2016/17**	**% Change from 2015/16**
Regions	1,582	1,261	1,532	⇧21%
DFNAs	168	94	156	⇧66%
Province	**1,750**	**1,355**	**1,688**	**⇧25%**

At the end of September 2016, there were **1,750 young adults** who had an active SFA Agreement. There has been a **25% increase** from Q2 2015/16.

Table 10: Advancing Futures Bursary				
	2013/14	**2014/15**	**2015/16**	**% Change from 2014/15**
Number of Approved Students	502	553	575	⇧4%
Percentage of youth who completed their studies	**80%**	**82%**	**84%**	**⇧2%**

In 2015/16, **575 students** were enrolled in the following program types:

- Upgrading **(17%)**
- Certificate/Trade **(24%)**
- Diploma **(29%)**
- Degree **(30%)**

Since the inception of the program in January 2004, over **2,193 students** have accessed the program and over **1,000 students** have graduated with a certificate, trade, diploma or degree.

Table 11: Permanency Outcomes			
	2014/15	**2015/16**	**2016/17 (Apr-Sept)**
Family Preservations	2,699	2,826	1,772
Family Reunifications	1,172	1,157	505
Private Guardianships	194	213	66
Adoptions	228	273	92
All Permanency Outcomes	**4,293**	**4,469**	**2,435**

Preliminary data shows that between April and September 2016, there were **1,772 Family Preservations** and **505 Family Reunifications.**

Preliminary data shows that between April and September 2016, there were **66 Private Guardianships** and **92 Adoptions** were granted.

Table 12: Approved Foster and Kinship Homes			
Monthly Average	**2014/15**	**2015/16**	**As of Sept 30, 2016**
Authority Foster Homes	1,390	1,344	1,251
Agency Foster Homes	638	613	523
Kinship Homes	1,444	1,529	1,739
All Approved Homes	**3,472**	**3,486**	**3,513**

As of September 30, 2016, there were **1,774** approved and licenced Foster Homes and an additional **1,739** approved Kinship Homes.

Table 13: PSECA Caseload			
	2013/14	**2014/15**	**2015/16**
Number of Distinct Children	**129**	**137**	**160**
The Protection of Children Involved in Prostitution Act (PChIP) was introduced in February 1999. PChIP was amended to PSECA in 2007.			

In 2015/16, **160 distinct children** were served through the *Protection of Sexually Exploited Children Act (PSECA)***.** There has been an **increase of 17%** since 2014/15.

Table 14: DECA Caseload			
	2013/14	**2014/15**	**2015/16**
Number of Distinct Children	**20**	**3**	**2**
DECA was introduced in November 2006.			

In 2015/16, **two distinct children** were apprehended under the *Drug Endangered Children Act (DECA)***.** There has been a **decrease of 90%** since 2013/14.

ALBERTA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (AIS-2008)

MAJOR FINDINGS

Bruce MacLaurin, Nico Trocmé, Barbara Fallon, Vandna Sinha, Richard Feehan, Rick Enns, Jordan Gail, Olivia Kitt, Shelley Thomas-Prokop, Carolyn Zelt, Gabrielle Daoust, Emily Hutcheon and Danielle Budgell

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Bruce MacLaurin
AIS-2008 Principal Investigator
Faculty of Social Work
University of Calgary

Dedication

This report is dedicated to the children and families who are served by Alberta child intervention workers. It is our sincere hope that the study contributes to improving their well-being.

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Executive Summary

The Alberta Incidence Study of Reported Child Abuse and Neglect-2008 (AIS-2008) is the second province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Alberta child intervention offices. The AIS-2008 tracked 2,239 child maltreatment investigations conducted in a representative sample of 14 Child Intervention Service offices across Alberta in the fall of 2008.

Changes have occurred in investigation mandates and practices in Alberta over the last ten years and this has had an impact upon the types of cases that fall within the scope of the AIS-2008. In particular, child intervention authorities are receiving more reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred. Because the AIS is designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment and investigations of maltreatment that may have already occurred. The AIS-2008 was redesigned to separately track both types of investigations; however the previous cycle of the AIS did not distinguish between investigations of risk and investigations of maltreatment, thus posing challenges in comparisons between cycles. For the purpose of the present report, comparisons of the AIS-2008 with the AIS-2003 are limited to comparisons of rates of *all* investigations including risk-only cases. In contrast, risk-only cases are not included in the AIS-2008 estimates of rates and characteristics of *substantiated* maltreatment.

Child intervention workers completed a three-page standardized data collection form. Weighted provincial annual estimates were derived based on these investigations. The following considerations should be noted in interpreting AIS-2008 statistics:

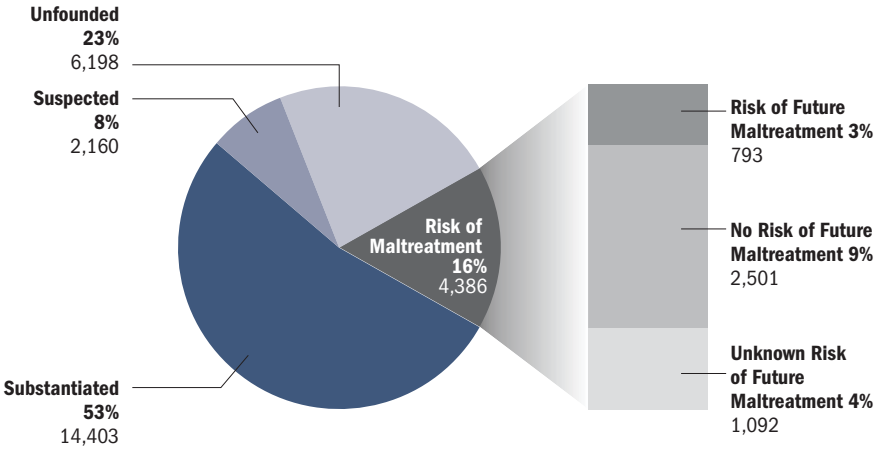
- the unit of analysis is the child maltreatment related investigation;
- the study is limited to reports investigated by child intervention offices and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported;
- the study is based on the assessments provided by the investigating child intervention workers and were not independently verified;
- as a result of changes in the way cases are identified, the AIS-2008 report cannot be directly compared to the AIS-2003 report; and
- all estimates are weighted annual estimates for 2008, presented either as a count of child maltreatment investigations (e.g. 12,300 child maltreatment investigations) or as the annual incidence rate (e.g. 3.1 investigations per 1,000 children).[1]

1 Please see Chapter 2 of this report for a detailed description of the study methodology.

INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

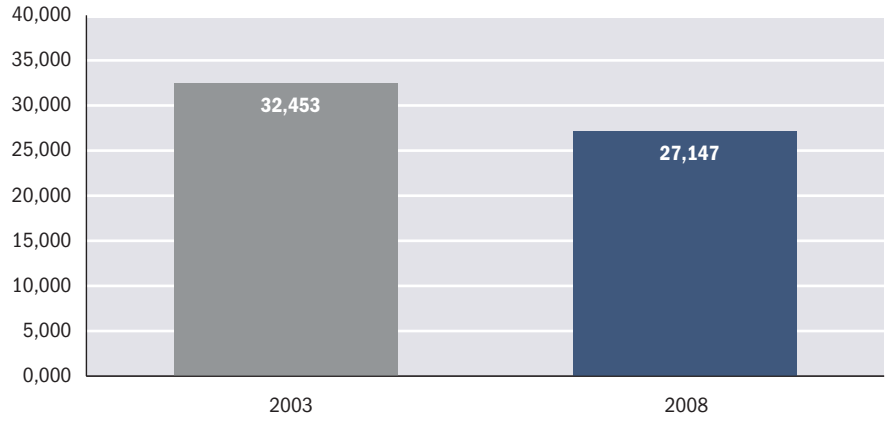
As shown in Figure 1, of the 27,147 child maltreatment investigations conducted in Alberta in 2008, 84% of investigations focused on a concern of abuse or neglect (an estimated 22,761 child maltreatment investigations or 29.36 investigations per 1,000 children) and 16% of investigations were concerns about risk of future maltreatment (an estimated 4,386 investigations or 5.66 investigations per 1,000 children). Fifty-three percent of these investigations were substantiated, an estimated 14,403 child investigations. In a further eight percent of investigations (an estimated 2,160 child investigations, or 2.79 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker at the conclusion of the investigation. Twenty-three percent of investigations (an estimated 6,198 child investigations, or 8.00 investigations per 1,000 children) were unfounded. In three percent of investigations, the investigating worker concluded there was a risk of future maltreatment (1.02 per 1,000 children, an estimated 793 child investigations). In nine percent of investigations no risk of future maltreatment was indicated (an estimated 2,501 investigations, or 3.23 investigations per 1,000 children). In four percent of investigations workers could not determine if the child was at risk of future maltreatment (1,092 investigations or 1.41 investigations per 1,000 children).

FIGURE 1: Type of Investigation and Level of Substantiation in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

FIGURE 2: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



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2003-2008 COMPARISON

Changes in rates of maltreatment related investigations from 2003 to 2008 can be attributed to a number of factors including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in the AIS study procedures and definitions, and (4) changes in the actual rate of maltreatment.

Changes in practices with respect to investigations of risk of future maltreatment pose a particular challenge since these cases were not specifically identified in the 2003 cycle of the study. Because of these changes, the findings presented in this report are not directly comparable to findings presented in the AIS-2003[2] report, which may include some cases of risk of future maltreatment in addition to maltreatment incidents. Because risk only cases were not tracked separately in the 2003 cycle of the AIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

As shown in Figure 2 in 2003, an estimated 32,453 investigations were conducted in Alberta, a rate of 43.16 investigations per 1,000 children. In 2008, an estimated 27,147 maltreatment related investigations were conducted across Alberta, representing a rate of 35.02 investigations per 1,000 children. While the number of child investigations decreased between 2003 and 2008, the change is not statistically significant.

PLACEMENT

The AIS-2008 tracks out of home placements that occur at any time during the investigation. Investigating workers are asked to specify the type of placement. In cases where there may have been more than one placement, workers are asked to indicate the setting where the child had spent the most time.

In 2008, there were no placements in 87% of the investigations (an estimated 23,625 investigations). Thirteen percent of investigations resulted in a change of residence for the child (3,522 investigations, or a rate of 4.543 investigations per 1,000 children): four percent of children moved to an informal arrangement with a relative; seven percent to foster care or kinship care and two percent to residential/ secure treatment or group homes.

Changes have been noted in placement rates between 2003 and 2008. The incidence rate of informal placements decreased 42%, from 2.56 investigations per 1,000 children to 1.47 investigations per thousand children. This represents a statistically non-significant decrease. Between

2 MacLaurin, B., Trocmé, N., Fallon, B., McCormack, M., Pitman, L., Forest, N., Banks, J., Shangreaux, C., & Perrault, E. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

2003 and 2008, there occurred a statistically non-significant increase in foster care placements.

ONGOING SERVICES

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Workers completed this question on the basis of the information available at the time or upon completion of the intake investigation.

Thirty percent of investigations in 2008 (an estimated 8,201 investigations) were identified as remaining open for ongoing services while 70% of investigations (an estimated 18,919 investigations) were closed. There was a statistically significant decrease in the incidence of ongoing service provision between 2003 (17.07 investigations per 1,000 children) and 2008 (10.58 per 1,000 children).

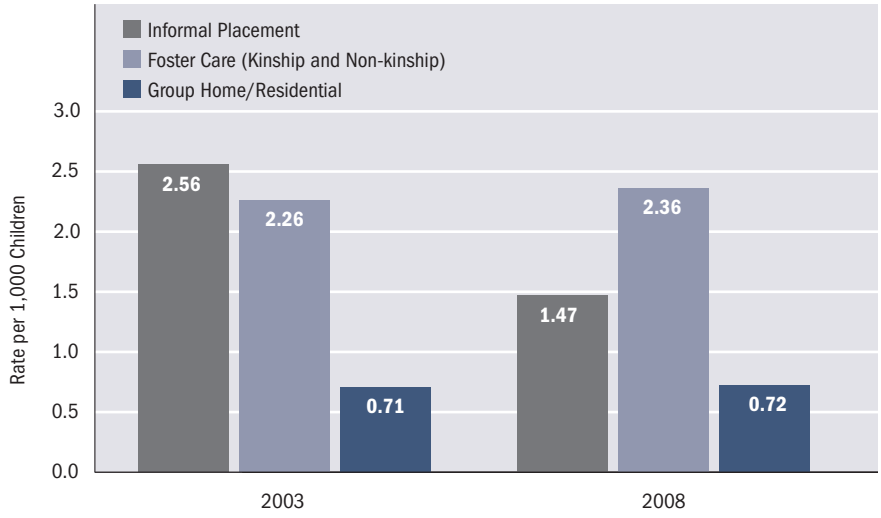
KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN ALBERTA IN 2008

Categories of Maltreatment

Figure 5 presents the incidence of substantiated maltreatment in Alberta, broken down by primary category of maltreatment. There were an estimated 14,403 substantiated child maltreatment investigations in Alberta in 2008 (18.58 investigations per 1,000 children). The two most frequent categories of substantiated maltreatment were exposure to intimate partner violence and neglect. Thirty-seven percent of all substantiated investigations identified neglect as the primary category of maltreatment (an estimated 5,328 investigations or 6.87 investigations per 1,000 children). In another 34% of substantiated investigations, exposure to intimate partner violence was identified as the overriding concern (an estimated 4,883 cases or 6.30 investigations per 1,000 children).

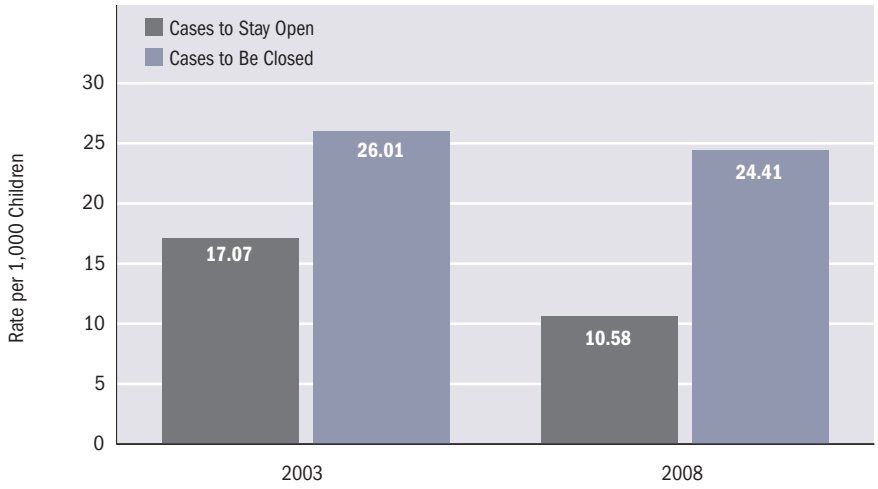
Emotional maltreatment was identified as the primary category of maltreatment in 14% of substantiated investigations (an estimated 1,974 investigations or 2.55 investigations per 1,000 children). In 13% of substantiated investigations, or an estimated 1,933 cases, the primary form of maltreatment was identified as physical abuse (2.49 investigations per 1,000 children). Sexual abuse was identified as the primary

FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

FIGURE 4: Provision of Ongoing Services Following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



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maltreatment category in two percent of substantiated investigations (an estimated 285 investigations or 0.37 investigations per 1,000 children).

Physical and Emotional Harm

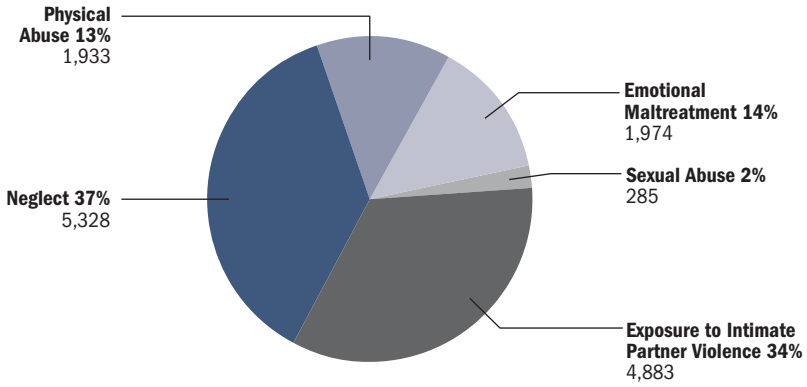
The AIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two measures: one describing the nature of harm and one describing severity of harm as measured by the need for medical treatment.

Physical harm was identified in eight percent of cases of substantiated maltreatment (an estimated 1,147 substantiated investigations or 1.48 investigations per 1,000 children) (Figure 6). In five percent of substantiated investigations (an estimated 748 investigations or 0.96 investigations per 1,000 children), harm was noted but no treatment was required. In a further three percent of substantiated investigations (an estimated 339 substantiated investigations or 0.51 investigations per 1,000 children), harm was sufficiently severe to require treatment.

Information on emotional harm was collected using a series of questions asking child intervention workers to describe emotional harm that had occurred because of the maltreatment incident(s). If the maltreatment was substantiated or suspected, workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s). In order to rate the severity of mental/emotional harm, workers indicated whether therapeutic intervention (treatment) was required in response to the mental or emotional distress shown by the child.

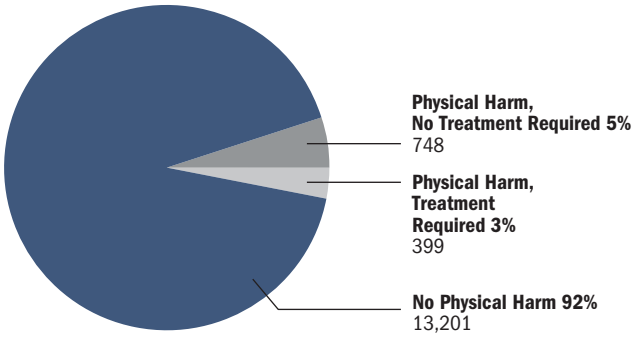
Figure 7 presents documented emotional harm identified during the child maltreatment investigations. Emotional harm was noted in 40% of all substantiated maltreatment investigations, involving an estimated 5,789 substantiated investigations (7.47 investigations per 1,000 children). In 25% of substantiated cases (an estimated 3,629 investigations or 4.68 investigations per 1,000 children) symptoms were severe enough to require treatment.

FIGURE 5: Primary Category of Substantiated Maltreatment in Alberta in 2008



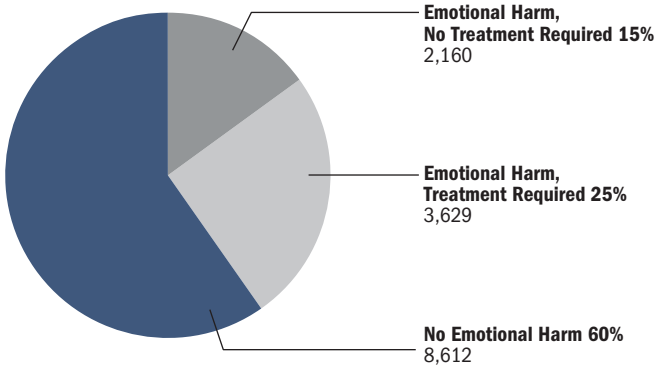
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 6: Documented Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008



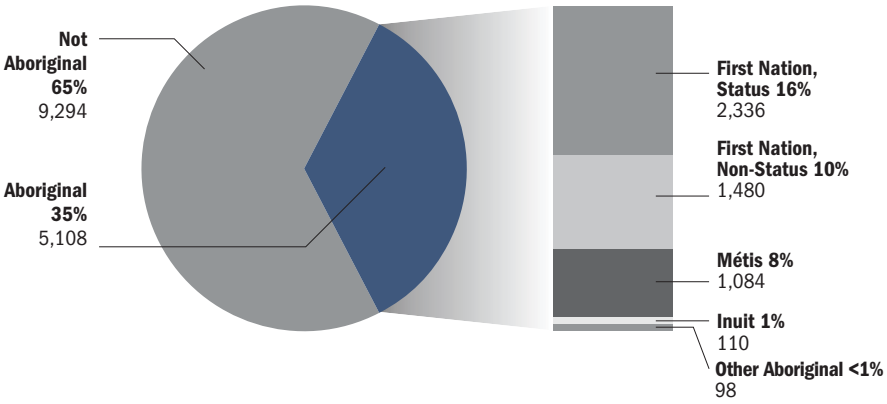
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 7: Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 8: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

Children's Aboriginal Heritage

Aboriginal heritage was documented by the AIS-2008 in an effort to better understand some of the factors that bring children from these communities into contact with the child intervention system. Aboriginal children were identified as a key group to examine because of concerns about overrepresentation of children from these communities in the foster care system. Thirty-five percent of substantiated cases (an estimated 5,108 investigations) involved children of Aboriginal heritage (Figure 8).

Sixteen percent of substantiated maltreatment investigations involved children with First Nations status, 10% of substantiated investigations involved First Nation Non-Status children, eight percent of substantiated investigations involved Métis children, one percent of investigated children in substantiated child maltreatment investigations were Inuit, and one percent of investigated children in substantiated child maltreatment investigations were classified as "other" Aboriginal.

Child Functioning Issues

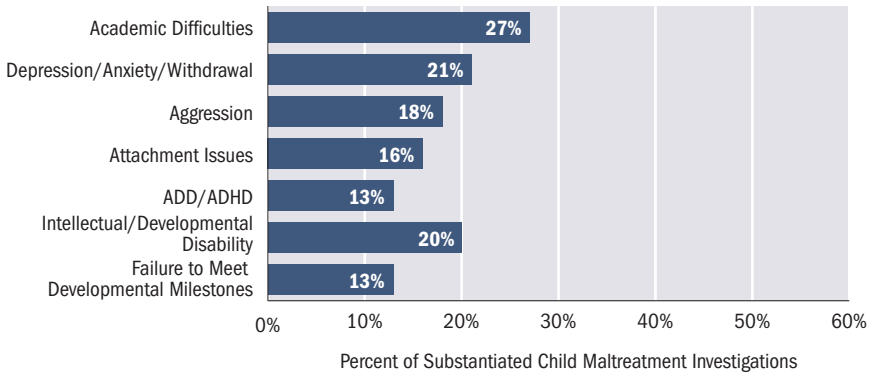
Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented on the basis of a checklist of 18 challenges that child intervention workers were likely to be aware of as a result of their investigation. The checklist only documents problems that child intervention workers became aware of during their investigation and therefore undercounts the occurrence of child functioning problems. Investigating workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable.

Figure 9 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 52% of substantiated child maltreatment investigations (an estimated 7,439 investigations, 9.60 investigations per 1,000 children) at least one child functioning issue was indicated by the investigating worker. Academic difficulties were the most frequently reported functioning concern (27% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (21% of substantiated maltreatment investigations). Twenty percent of substantiated maltreatment investigations involved children with intellectual/developmental disabilities, and 18% of substantiated maltreatment investigations involved aggression. Sixteen percent of substantiated maltreatment investigations indicated attachment issues. Thirteen percent of investigations involved children experiencing ADD/ADHD, and another 13% involved failure to meet developmental milestones. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may become evident after that time.

PRIMARY CAREGIVER RISK FACTORS

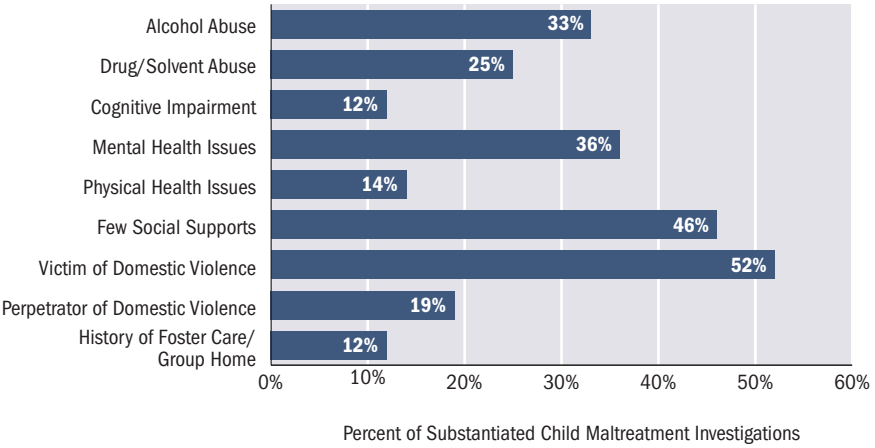
For each investigated child, the investigating worker was asked to indicate risk factors associated with the primary caregiver. In 86% of substantiated child maltreatment investigations (an estimated 12,343 investigations or 15.92 investigations per 1,000 children) at least one primary caregiver risk factor was indicated. A number of potential caregiver stressors were tracked by the AIS-2008; participating child welfare workers completed a simple checklist of potential stressors that they had noted during the investigation. The most frequently noted concerns for primary caregivers were: being a victim of domestic violence (52%), few social supports (46%), mental health issues (36%), and alcohol abuse (33%) (Figure 10).

FIGURE 9: Select Child Functioning Issues in Substantiated Child Maltreatment Investigations in Alberta in 2008



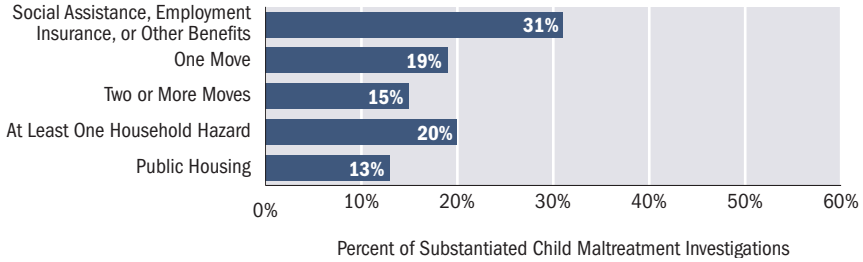
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 10: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 11: Household Risks in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations.

Household Risk Factors

The AIS-2008 tracked a number of household risk factors including social assistance, two or more moves in 12 months, and household hazards. Household hazards included access to drugs or drug paraphernalia, unhealthy or unsafe living conditions and accessible weapons. (See Chapter 5 for a full description of household hazards). Thirty-one percent of households depended on social assistance or other benefits as their source of income. At least one household hazard was documented in 20% of substantiated investigations. Nineteen percent of substantiated investigations involved families that had moved once in the previous year while 15% had moved two or more times. Fourteen percent of substantiated investigations involved families living in public housing (Figure 11).

FUTURE DIRECTIONS

The AIS 2003 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigations across Alberta over the last five years. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the AIS-2008 visit the Child Welfare Research Portal at http://www.cwrp.ca.

Chapter 1
INTRODUCTION

The following report presents the major descriptive findings from the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008). The AIS-2008 is the second province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child intervention services in Alberta. The estimates presented in this report are primarily based on information collected from child intervention investigators on a representative sample of 2,239 child intervention investigations conducted across Alberta.

BACKGROUND TO THE ALBERTA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (AIS-2008)

Responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the government of Alberta, specifically the Ministry of Children and Youth Services. Alberta children and families received services from 10 Child and Family Services Authorities (CFSAs) and 18 Delegated First Nations Agencies (DFNAs), which are a system of Aboriginal child intervention offices which have increasing responsibility for protecting and supporting Aboriginal children. Because of challenges in reporting consistent service statistics, the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS) is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions. The AIS-2008 is the second province wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Alberta child intervention services. The AIS-2008 tracked 2,239 child maltreatment investigations conducted in a representative sample of 14 Child Welfare Service Areas across Alberta in the fall of 2008.

The AIS-2008 is funded in part by the Government of Alberta of Children and Youth Services[1] and the Public Health Agency of Canada (PHAC). Additional support was provided by the Faculty of Social Work at the University of Calgary. Funding from PHAC was provided to gather information from a nationally representative sample of 112 child protection offices, which included offices in Alberta. In addition to direct funds received from federal and provincial sources, all participating offices contributed significant in-kind support, which included not only the time required for child protection workers to attend training sessions, complete forms, and respond to additional information requests, but also coordinating support from team administrative staff, supervisors, managers, and data information specialists.

The Canadian Incidence Study of Child Abuse and Neglect (CIS), has been conducted in 1998, 2003 and in 2008, while the AIS was conducted in 2003, and again in 2008. Readers should note that because of changes in the way child intervention investigations are conducted and in the way the AIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the AIS-2003 report**. Readers should note that because of changes and variations to child protection services across Canada, comparisons should not be made between the result of individual provinces and other provinces. Given the growing complexity of child protection services in Alberta, more detailed analyses will be developed in subsequent reports and articles.[2]

OBJECTIVES AND SCOPE

The primary objective of the AIS-2008 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child intervention services in Alberta in 2008. Specifically, the AIS–2008 is designed to:

1. determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to

1 Funding was provided by Alberta Children and Youth Services (ACYS); however, the views expressed in the AIS-2008 report do not necessarily reflect those of Alberta Children and Youth Services (ACYS).

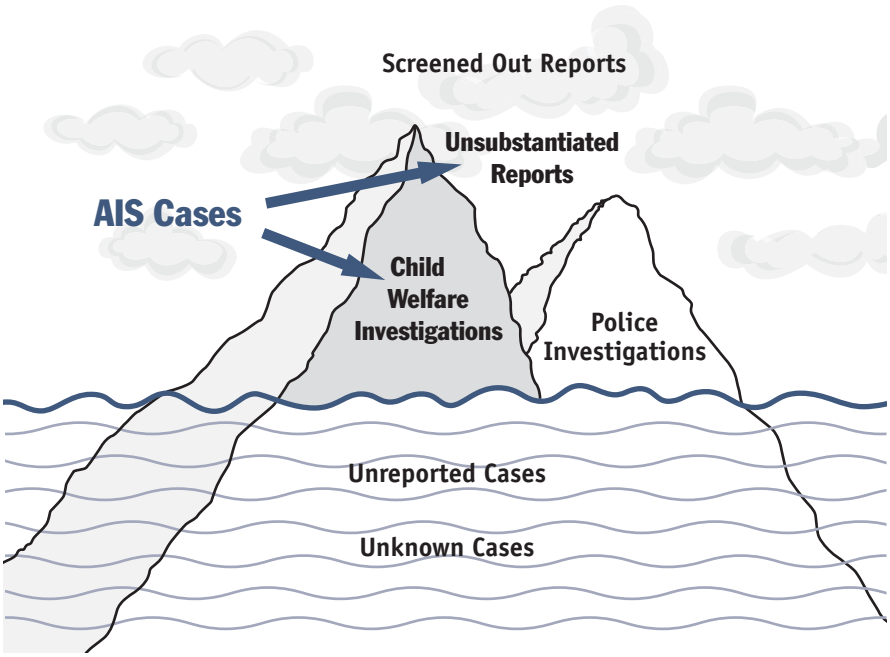
2 Information about additional analyses is available on the Canadian Child Welfare Research Portal: http://www.cwrp.ca

intimate partner violence as well as multiple forms of maltreatment;

2. investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
3. examine selected determinants of health that may be associated with maltreatment;
4. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, use of child welfare court; and
5. compare selected rates and characteristics of investigations across the 2003 and 2008 cycles of the AIS.

The AIS collects information directly from a provincial sample of child intervention workers at the point when an initial investigation regarding a report of possible child abuse or neglect is completed. The scope of the study is therefore limited to the type of information available to workers at that point. As shown in the AIS Iceberg Model (Figure 1-1), the study only documents situations that are reported to and investigated by child intervention offices. The study **does not include** information about **unreported maltreatment** nor does it include cases that are **only investigated by the police**.[3] Similarly, the AIS **does not include** reports that are made to child intervention authorities but are **screened out** before they are investigated. While the study reports on short-term outcomes of child intervention investigations, including substantiation status, initial placements in out-of-home care, and court applications, the study **does not track** longer term **service events that occur beyond the initial investigation**.

FIGURE 1-1: SCOPE of AIS-2008



(*) adapted from Trocmé, N., McPhee, D. et al. (1994). *Ontario incidence study of reported child abuse and neglect*. Toronto, ON: Institute for the Prevention of Child Abuse. and, Sedlak, A., J., & Broadhurst, D.D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

Changes in investigation mandates and practices over the last five years have further complicated what types of cases fall within the scope of the AIS. In particular, child intervention authorities are receiving many more reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred. Because the AIS was designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment and investigations of maltreatment that may have already occurred. The AIS-2008 was redesigned to separately track both types of cases; however this has complicated comparisons with the past cycle of the study. For the purpose of the present report, comparisons with the previous cycle are limited to comparisons of rates of all investigations including risk-only cases. In contrast, **risk-only cases are not included in the AIS-2008 estimates of rates and characteristics of substantiated maltreatment**.

CHILD WELFARE SERVICES IN CANADA: A CHANGING MOSAIC

The objectives and design of the AIS-2008 are best understood within the context of the decentralized structure of Canada's child intervention system and with respect to changes over time in mandates and intervention standards. Child welfare legislation and services are organized in Canada at the provincial and territorial levels. Child welfare is a mandatory service, directed by provincial and territorial

3 In some jurisdictions cases of physical or sexual abuse involving extra-familial perpetrators, for example a baby-sitter, a relative who does not live in the home, or a stranger, are investigated by the police and only referred to child welfare services if there are other concerns about the safety or well-being of children.

child welfare statutes. Although all child welfare systems share certain basic characteristics organized around investigating reports of alleged maltreatment, providing various types of counseling and supervision, and looking after children in out-of-home care, there is considerable variation in the organization of these service delivery systems.[4] Some provinces and territories operate under a centralized, government-run child welfare system; others have opted for decentralized models run by mandated offices. A number of provinces and territories have recently moved towards regionalized service delivery systems.

Child welfare statutes vary considerably. Some jurisdictions limit their investigation mandates to children under 16, while others extend their investigations to youth under 19. Provincial and territorial statues also vary in terms of the specific forms of maltreatment covered, procedures for investigation, grounds for removal, and timelines for determining permanent guardianship. In addition to these legislative differences, there are important differences in regulations and investigation policies. These differences may be further accentuated by the implementation of differently structured assessment tools and competency based training programs.

CHILD INTERVENTION SERVICES IN ALBERTA

In Alberta, there are 10 Child and Family Services authorities, based on regional location. This format is considered "centralized," with each region being responsible for service provision to the families and children served by their offices. There are 18 delegated First Nations offices in Alberta providing direct services to children and families of Aboriginal descent on reserve. In addition, one office provides services off reserve. In Alberta, Children's Services is responsible for providing services to children until the age of 18.

Since the AIS-2003, several new pieces of legislation have been ratified for use within Alberta. In 2004, the *Child, Youth and Family Enhancement Act* was enacted and provided the framework by which child intervention in Alberta is primarily governed. The *Child, Youth and Family Enhancement Act* emphasizes the support and preservation of families in ensuring children's safety and well-being. "Differential response" enables intervention services to respond to families' unique needs, with two legislated streams of activity: family enhancement services (services and supports enabling families to continue to care for their children in the home) and protection services (court interventions or placements ensuring the safety of children at risk). When protection services are necessitated, emphasis is placed on placements within a child's extended family and community, decreasing cumulative time in care, obtaining earlier permanency, supporting transitions to adulthood, identifying a natural child advocate, and preserving the cultural identity of Aboriginal children.[5]

In addition to the *Enhancement Act*, the *Family Support for Children with Disabilities Act* enhances supports and services for children with disabilities and their families. Other recent legislation includes the *Child and Family Services Authority Act*, the *Protection of Sexually Exploited Children Act*, the *Drug Endangered Children Act*, and the *Protection against Family Violence Amendment Act*. Together, these laws aim to support families and communities in providing safe and nurturing environments for children in Alberta.

Although provincial and territorial child welfare statutes apply to all Aboriginal people, special considerations are made in many statutes with respect to services to Aboriginal children and families. The responsibility for funding services to First Nations children and families living on reserve rests with federal government under the *Indian Act*.[6,7] The structure of Aboriginal child welfare services is changing rapidly. A growing number of services are being provided either by fully mandated Aboriginal offices or by Aboriginal counseling services that work in conjunction with mandated services.[8]

Funding for on-reserve services is provided by the government at the provincial level, and provinces and territories are subsequently reimbursed by the federal government under the guidelines of the 1965 Indian Welfare Agreement. The federal government pays the province an established share of its costs to deliver child welfare services to on-reserve First Nations people, including cost for children in care. In addition to regular funding,

4 For more detailed description of provincial, territorial, and Aboriginal services go to the Canadian Child Welfare Research Portal: http://www.cwrp.ca.

5 Government of Alberta. (August, 2004). *Overview of changes to the Child, Youth and Family Enhancement Act*.

6 *Indian Act,* R.S.C., c. I-6, s. 88.

7 *The Constitution Act* (1982) recognizes three groups of Aboriginal peoples: "Indians" – now commonly referred to as First Nations, Métis, and Inuit. First Nations children constitute 64% of the Aboriginal child population (Statistics Canada, 2001, 2006).

8 Blackstock, C. (2003) First nations Child and Family Services: Restoring Peace and harmony in First Nations Communities. In Kufeldt, K. and McKenzie B. (Eds.*). Child Welfare: Connecting Research, Policy and Practice.* Waterloo: Wilfrid Laurier Press. pp. 331-343.

TABLE 1-1: Alberta Child Protection Offices

Region	
1 – Southwest	Crow's Nest Pass
	Lethbridge
	Taber
2 – Southeast	Brooks
	Medicine Hat
3 – Calgary & Area	Airdrie/Bow Valley
	Calgary
	Canmore
	Claresholme
	High River (old Windsong)
	Strathmore
4 – Central Alberta	Didsbury
	Drayton Valley
	Drumheller (and Hanna)
	Olds
	Red Deer
	Rocky Mountain House
	Stettler
	Three Hills
	Wetaskiwin
5 – East Central	Camrose
	Killam
	Lloydminister
	Tofield
	Vegreville
	Vermillion
	Wainwright
6 – Edmonton & Area	East Sturgeon
	Fort Saskatchewan
	Leduc
	Morinville
	North Central Edmonton
	Spruce Grove
	Stony Plain
	Strathcona – Sherwood Park Edmonton

Region	
7 – North Central	Athabasca
	Barrhead
	Bonnyville
	Cold Lake (and CFSA 12)
	Edson
	Hinton
	Lac La Biche
	Slave Lake
	St. Paul
	Westlock
	Whitecourt
8 – Northwest	Fairview
	Grand Cache
	Grand Prairie
	Grimshaw
	High Level
	High Prairie
	Peace River
	Valleyview
9 – Northeast	Fort McMurray
10 – Métis Settlements	Edmonton Office
	High Prairie
	Paddle Prairie
	St. Paul Sub office
First Nations	AKO – Akamkisipatinaw Ohpikihawasowin CFS
	Athabasca Tribal Council
	Bigstone Indian CFS
	Blood Tribe Child Protection Services Corp.
	Kasohkowew Child Welness
	Kee Tas Kee Now (KTC)
	Lesser Slave Indian Regional Council
	Little Red River Cree Nation CFS
	North Peace Tribal Council CFS
	Piikani CFS (Peigan)
	Saddle Lake Wah-Koh-To-Win Child Care Society
	Siksika Family Services Corp.
	Stoney CFS
	Tribal Chiefs CFS East
	Tribal Chiefs CFS West
	Tsuu T'ina CFS
	Western Cree Tribal Council
	Yellowhead Tribal Services

Indian and Northern Affairs of Canada (INAC) provides funding directly to First Nations as well as mandated and non-mandated child welfare offices operated by First Nations for enhanced preventative services. The name Indian and Northern Affairs of Canada was changed to Aboriginal Affairs and Northern Development Canada in June of 2011.

In addition to variations in mandates and standards between jurisdictions, it is important to consider that these mandates and standards have been changing over time. From 1998 to 2003 the CIS found that rates of investigated maltreatment had significantly increased.[9] Most of the available data point to changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused or neglected. Using the analogy of the iceberg (Figure 1-1), there is no indication that the iceberg is increasing;[10] rather, it would appear that the detection line (depicted as the water line on the iceberg model) is lowering, leading to an increase in the number of reported and substantiated cases. The CIS-2003 report points in particular to four important changes: (1) An increase in reports made by professionals; (2) an increase in reports of emotional maltreatment and exposure to intimate partner violence; (3) a larger number of children investigated in each family, and (4) an increase in substantiation rates.[11] These changes are consistent with changes in legislation and investigation standards in Alberta where statutes and regulations have been broadened to include more forms of maltreatment and investigation standards, requiring that siblings of reported children be systematically investigated.

A file review of a sample of CIS-2003 cases conducted in preparation for the CIS-2008 and AIS-2008 identified a growing number of risk assessments as a fifth factor that may also be driving the increase in cases. Several cases that were counted by investigating workers as maltreatment investigations appeared in fact to be risk of future maltreatment where the investigating worker was not assessing a specific incident of alleged maltreatment, but was assessing instead the risk of future maltreatment. Unfortunately, because the CIS-2003 was not designed to track these cases, we cannot estimate the extent to which risk assessments may have contributed to the increase in cases between 1998 and 2003.

THE ALBERTA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (AIS)

The first *Alberta Incidence Study of Reported Child Abuse and Neglect* was completed in 2003. The AIS-2003 was the first study in Alberta to estimate the incidence of child abuse and neglect that was reported to, and investigated by, the child intervention system. The AIS-2003 was based on the original CIS-2003 methodology, designed by Nico Trocmé.[12] It was partially based on the design of the U.S. National Incidence Studies.[13] In 2003 and again in 2008, Alberta Child and Youth Services[14] provided funding to augment the Public Health Agency of Canada's funding for the Alberta sample of the CIS. This additional funding allowed an enhanced sample sufficient to develop provincial estimates of investigated child abuse and neglect in Alberta in 2003 and 2008. Bruce MacLaurin (University of Calgary) is the principal investigator of the AIS-2003 and AIS-2008 and the co-investigator of the CIS-2008. Nico Trocmé (McGill University) is the principal investigator of the CIS-2008 study. Barbara Fallon is a co-investigator of the AIS-2008 and the Director of the CIS-2008. Vandna Sinha is the co-investigator of the AIS-2008 and the Principal Investigator of the First Nations' CIS-2008. Rick Enns and Richard Feehan are co-investigators of the AIS-2008. Please see Appendix A and Appendix B for a full list of all the researchers and advisors involved in the CIS and AIS.

Using a standard set of definitions, the AIS-2003 and 2008 provide the best available estimates of the incidence and characteristics of reported child maltreatment in Alberta over

9 Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating Between Substantiated, Suspected, and Unsubstantiated Maltreatment in Canada. *Child Maltreatment*, *14*(4), 4–16.

10 See Trocmé, N., Fallon, B., MacLaurin, B., Copp, B. (2002). *The changing face of child welfare investigations in Ontario: Ontario incidence studies of reported child abuse and neglect (OIS 1993/1998)*. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto. Also see Fallon, B., Trocmé, N., MacLaurin, B., Felstiner, C., & Petrowski, N. (2008). *Child abuse and neglect investigations in Ontario: Comparing 1998 and 2003 data*. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.

11 See Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2005). *Canadian incidence study of reported child abuse and neglect – 2003 (CIS-2003): Major findings*. Minister of Public Works and Government Services Canada.

12 Nico Trocmé is the Principal Investigator of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). Dr. Trocmé is a Professor at McGill University and is the Director of the Centre for Research on Children and Families.

13 Sedlak A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress, Executive summary.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

14 Funding was provided by Government of Alberta Children and Youth Services; however, the views expressed in the AIS-2008 do not necessarily reflect those of Alberta Children and Youth Services.

a 5-year period. Findings from the AIS-2003 have provided much needed foundational/baseline information to service providers, policy makers, and researchers seeking to better understand the children and families coming into contact with the child welfare system. For example, the AIS-2003 drew attention to the large number of investigations involving exposure to intimate partner violence. Findings from the studies have assisted in better adapting child welfare policies to address the array of difficulties faced by victims of maltreatment and their families.

ORGANIZATION OF THE REPORT

The AIS-2008 report presents the profile of substantiated child abuse and neglect investigations conducted across Alberta in 2008 and a comparison of rates of investigations documented by the 2003 and 2008 cycles of the study.

This report is divided into five chapters and eight appendices. Chapter 2 describes the study methodology. Chapter 3 compares the incidence rate across the two cycles for investigations and the types of investigations conducted by child intervention offices in Alberta in 2003 and 2008. Chapter 4 examines the characteristics of substantiated maltreatment investigations by type of maltreatment in Alberta in 2008 including severity and duration of injury, and the identity of the alleged perpetrators. Chapter 5 examines the child and family characteristics of substantiated investigations in Alberta in 2008.

Because of changes in the way child intervention investigations are conducted in Alberta and in the way the AIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the AIS-2003 report**. In particular, it should be noted that previous reports do not separately track investigations of cases where future risk of maltreatment was the only concern. More detailed analyses will be developed in subsequent reports and articles.[15]

The Appendices Include:

Appendix A: AIS-2008 Site Researchers

Appendix B: First Nations CIS Advisory Committee

Appendix C: Glossary of Terms

Appendix D: AIS-2008 Maltreatment Assessment Form

Appendix E: AIS-2008 Guidebook

Appendix F: Case Vignette

Appendix G: Variance Estimates and Confidence Intervals

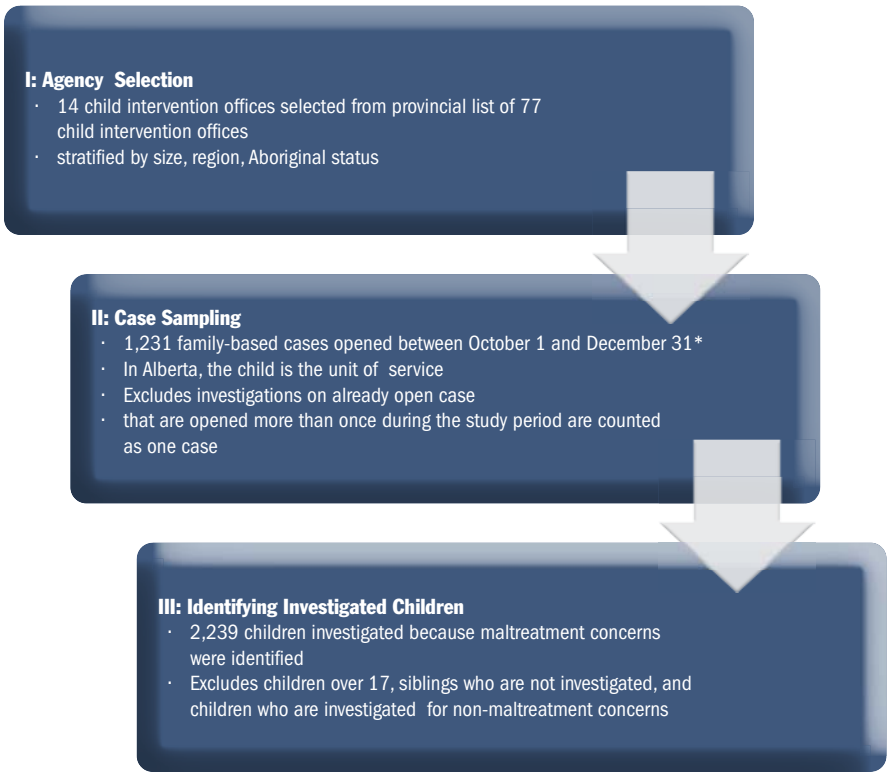
15 Information about additional analyses is available on the Canadian Child Welfare Research Portal: http://www.cwrp.ca and at PHAC website.

Chapter 2
METHODOLOGY

The AIS-2008 is the second provincial study examining the incidence of reported child abuse and neglect in Alberta. The AIS-2008 captured information about children and their families as they came into contact with child intervention services over a three-month sampling period. Children who were not reported to child intervention services, screened-out reports, or new allegations on cases currently open at the time of case selection were not included in the AIS-2008. A multi-stage sampling design was used, first to select a representative sample of 14 child intervention offices across Alberta, and then to sample cases within these offices. Information was collected directly from the investigating workers at the conclusion of the investigation. The AIS-2008 sample of 2,239 investigations was used to derive estimates of the annual rates and characteristics of investigated children in Alberta.

As with any sample survey, estimates must be understood within the constraints of the survey instruments, the sampling design, and the estimation procedures used. This Chapter presents the AIS-2008 methodology and discusses its strengths, limitations, and impact on interpreting the AIS-2008 estimates.

FIGURE 2-1: Three Stage Sampling



SAMPLING

The AIS-2008 sample was drawn in three stages: first a representative sample of child intervention offices from across Alberta was selected, then cases were sampled over a three month period within the selected offices, and finally child investigations that met the study criteria were identified from the sampled cases.

SITE SELECTION

Child intervention offices are the primary sampling unit for the AIS-2008. The term child intervention office is used to describe any organization that has the authority to conduct child protection investigations. A minimum of one office was selected in each region of the province. In Alberta, offices serve the full population in a specific geographic region, with the exception of delegated First Nations offices that serve First Nations children on reserve. Aboriginal offices were not included in the provincial/territorial strata, but were sampled from a separate Aboriginal pan-Canadian stratum, derived from a list of First Nations organizations with fully delegated investigator authority. A final count of 14[1] offices constitutes the sampling frame for the 2008 study (see Table 2-1).

1 77 child intervention agencies served Alberta as of March, 2008.

TABLE 2-1: Child Population and Sample Size by Region, AIS-2008

Region	Alberta Regions	Child Population (0–17)	Total Child Intervention Offices	Number of AIS Offices	AIS Agency Child Population (0–17)	Annual Office Case Openings	Case Openings Sampled for AIS
North	Regions 8 & 9	286,585	9	2	34,642	1,063	167
North Central	Regions 6 & 7	275,599	19	3	238,906	3,653	284
Central	Regions 4 & 5	101,414	16	3	52,460	890	256
South	Regions 1, 2 & 3	334,062	11	5	286,032	5,549	511
Aboriginal	Region 10, First Nations	8,504	22	1	833	63	13
Alberta	**11**	**775,175**	**77**	**14**	**612,873**	**11,218**	**1,231**

Source: Canada. Statistics Canada. Census of Canada, 2006: Age and Sex for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census - 100% Data [computer file]. Ottawa: Ont.: Statistics Canada [producer and distributor], October 22, 2002 (95F0300XCB01006). Census data quality can be found at http://www.statcan.ca/english/census96/dqindex.html and http://www12.statcan.ca/english/census01/Products/Reference/dict/appendices/app002.pdf

Offices were stratified by size and by region. In addition, a separate stratum was developed for First Nations offices. Stratification ensures that all subpopulations are represented in the sample. Most offices were selected randomly within their regional strata using SPSS Version 15.0 random selection application. Exceptions included sites sampled with certainty and First Nations offices that were selected through the First Nations CIS Advisory Committee (see First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings). Offices in the largest metropolitan areas were sampled with certainty. All offices sampled in Alberta committed to participation in the AIS-2008.

CASE SELECTION

The second sampling stage involved selecting cases opened in the study sites during the three month period of October 1, 2008 to December 31, 2008. Three months was considered to be the optimum period to ensure high participation rates and good compliance with study procedures. Consultation with service providers indicated that case activity from October to December is considered to be typical of the whole year. However, follow-up studies are needed to systematically explore the extent to which seasonal variation in the types of cases referred to child intervention services may affect estimates that are based on a three-month sampling period. In small to mid-size offices, every case opened during the three month sampling period was selected. In larger offices that conducted over 1,000 investigations per year, a random sample of 250 cases was selected for inclusion in the study.[2] In Alberta, two of the 13 participating offices conducted over 1,000 investigations per year and thus caps of 250 were enforced during the case selection period.

Several caveats must be noted with respect to case selection. To ensure that systematic and comparable procedures were used, the formal process of opening a case for investigation was used as the method for indentifying cases. The following procedures were used to ensure consistency in selecting cases for the study:

- Cases that were reported but screened out before the case was referred for assessment were not included (see Figure 1-1). There is too much variation in screening procedure to be able to feasibly track these cases within the budget of the AIS-2008;
- reports on **already open cases** were not included; and
- only the first report was included for cases that were **reported more than once** during the three-month sampling period.

These procedures led to 1,231 family based cases being selected in Alberta.

Identifying Investigated Children

The final sample selection stage involved identifying children who had been investigated as a result of cases that were open due to concerns of maltreatment. Readers should note that, in contrast to other provinces, Alberta cases are opened at the level of the individual child. Cases can be opened for a number of reasons that do not necessarily involve maltreatment concerns. These can include children with difficult behaviour problems, pregnant youth seeking supportive counseling, or other service requests that do not involve a specific allegation of maltreatment.

In Alberta, children eligible for inclusion in the final study sample were identified by having child

2 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Chabot, M., & Knoke, D. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

intervention workers complete the *Intake Face Sheet* from the *AIS-2008/ CIS-2008 Maltreatment Assessment Form*. The *Intake Face Sheet* allowed the investigating worker to identify any children who were being investigated because of maltreatment-related concerns (i.e., investigation of possible past incidents of maltreatment or assessment of risk of future maltreatment). Only children 17 and under are included in the sample used in this report. These procedures yielded a final provincial sample of 2,239 children investigated because of maltreatment-related concerns.

INVESTIGATED MALTREATMENT VS. RISK ASSESSMENTS

Maltreatment related investigations that met the criteria for inclusion in the AIS-2008 include situations where there are concerns that a child may have already been abused or neglected as well as situations where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed. Risk investigations were not specifically included in previous cycles of the AIS. However, because of changes in investigation mandates and practices over the last ten years, the AIS-2008 was redesigned to separately track risk assessments and maltreatment investigations.

The AIS -2008 asked investigating workers to complete a data collection instrument for investigations of future risk of maltreatment in addition to investigated events of alleged or suspected maltreatment. This change has complicated comparisons with past cycles of the study. For the purpose of the present report, comparisons with the AIS-2003 are limited to comparisons of rates of all maltreatment related investigations including risk assessments. In contrast, risk-only cases are not included in the AIS-2008 estimates of rates and characteristics of substantiated maltreatment.

FORMS OF MALTREATMENT INCLUDED IN THE AIS-2008

A source of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other categories of maltreatment, such as neglect and emotional maltreatment, are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment.[3] For instance, some child welfare authorities include only intra-familial sexual abuse, while the justice system deals with cases of extra-familial sexual abuse.

The AIS-2008 definition of child maltreatment, consistent with the CIS-2008 definition, includes **32 forms of maltreatment** subsumed under **five categories** of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. This classification reflects a fairly broad definition of child maltreatment and includes several forms of maltreatment that are not specifically stated in many child welfare statutes (e.g. educational neglect). The AIS-2008 is able to track up to three categories of maltreatment.

INVESTIGATED MALTREATMENT VS. SUBSTANTIATED MALTREATMENT

The child intervention statute in Alberta requires that professionals working with children and the general public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated. Jurisdictions in Alberta use a two-tiered substantiation classification system that distinguishes between substantiated and unsubstantiated cases, or verified and not verified cases. Substantiated cases are coded according to the type of abuse or neglect, as indicated in provincial legislation. Unsubstantiated cases may fall into one of two categories: not in need of intervention services (child safety or well-being is not endangered), or with indicated protection needs (possible protection concerns exist, but substantiation is insufficient to necessitate a court order). As such, the AIS-2008 uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out (see Trocmé et al., 2009[4] for more information on the distinction between these three levels of substantiation).

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between risk assessments, maltreatment

3 Portwood, S. G. (1999). Coming to terms with a consensual definition of child maltreatment. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, 4*(1), 56–68.

4 Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. *Child Maltreatment, 14*(1), 4–16.

investigations, and substantiated cases of maltreatment. Estimates presented in Chapter 3 of this report include investigations and risk assessments and the estimates in Chapters 4 and 5 of this report focus on cases of substantiated maltreatment.

RISK OF HARM VS. HARM

Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most tragic cases, have died as a result of maltreatment. In practice, child intervention offices investigate and intervene in many situations in which children have not yet been harmed, but are **at risk of harm**. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not yet been harmed.

Provincial and territorial statutes cover both children who have suffered from demonstrable harm due to abuse or neglect, and children at risk of harm. Substantiation standards in all jurisdictions across Canada include situations where children have been harmed as a result of maltreatment as well as situations where there is no evidence of harm but where children are at substantial risk of harm as a result of maltreatment. The AIS-2008 includes both types of situations in its definition of substantiated maltreatment. The study also gathers information about physical and emotional harm attributed to substantiated or suspected maltreatment (see Chapter 4). The AIS-2008 documents both physical and emotional harm; however, definitions of maltreatment used for the study do not require the occurrence of harm.

There can be confusion around the difference between *risk of harm* and *risk of maltreatment*. A child who has been placed **at risk of harm** has experienced an event that endangered her/his physical or emotional health. Placing a child at risk of harm is considered maltreatment. For example, neglect can be substantiated for an unsupervised toddler regardless of whether or not harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, **risk of maltreatment** refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

INSTRUMENTS

The AIS-2008/CIS-2008 survey instruments were designed to capture standardized information from child welfare workers conducting maltreatment investigations or investigations of risk of future maltreatment. Because investigation procedures vary considerably across Canada (see Chapter 1), a key challenge in designing the AIS-2008/CIS-2008 survey instrument was to identify the common elements across jurisdictions that could provide data in a standardized manner. Given the time constraints faced by child welfare workers, the instrument also had to be kept as short and simple as possible.

The AIS-2008/CIS-2008 Maltreatment Assessment Form

The main data collection instrument used for the study was the *Maltreatment Assessment Form* which was completed by the primary investigating child welfare worker upon completion of each child welfare investigation (see Appendix D). The data collection form consisted of an *Intake Face Sheet*, a *Household Information Sheet*, and a *Child Information Sheet.*

Intake Face Sheet

Workers completed the *Intake Face Sheet* for all cases opened during the study period, whether or not a specific allegation of maltreatment had been made or there was a concern about future risk of maltreatment. This initial review of all child welfare case openings provided a consistent mechanism for differentiating between cases investigated for suspected maltreatment or risk of maltreatment and those referred for other types of child intervention services.

Information about the report or referral as well as identifying information about the child(ren) involved was collected on the *Intake Face Sheet*. The form requested information on: the date of referral; referral source; number of children in the home; age and sex of children; the reason for the referral; whether the case was screened out; the relationship between each caregiver and child; and the type of investigation (a risk investigation only or an investigated incident of maltreatment).[5] The section of the form containing partially identifying information was kept at the office. The remainder of the form was completed if abuse or neglect was suspected at any point during the investigation, or if the investigating worker completed a risk investigation only.[6]

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5 The *AIS-2008/CIS-2008 Guidebook*, (Appendix E) defines a **risk investigation only** as: "Indicate if the child was investigated because of risk of maltreatment only. Include situations in which no allegation of maltreatment was made and no specific incident of maltreatment was suspected at any point during the investigation." A **maltreatment investigation** is defined as: "Indicate if the child was investigated because of an allegation of maltreatment… include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment."

6 The *AIS-2008/CIS-2008 Guidebook* and training sessions emphasized that workers should base their responses to these questions on their clinical expertise rather than simply transposing information collected on the AIS of provincial or local investigation standards.

Household Information Sheet

The *Household Information Sheet* was completed when at least one child in the family was investigated for alleged maltreatment or risk of maltreatment. The household was defined as all adults living at the address of the investigation. The *Household Information Sheet* collected detailed information on up to two caregivers living in the home at the time of referral. Descriptive information was requested about the contact with the caregiver, other adults in the home, housing, housing safety, caregiver functioning, case status, and referral(s) to other services (see Appendix D).

Child Information Sheet

The third page of the instrument, the *Child Information Sheet*, was completed for each child who was investigated for maltreatment or for whom there was a risk assessment completed.[7] The *Child Information Sheet* documented up to three different forms of maltreatment, and included levels of substantiation, alleged perpetrator(s), and duration of maltreatment. In addition, it collected information on child functioning, physical and emotional harm to the child attributable to the alleged maltreatment, child welfare court activity, out-of-home placement, and transfers to ongoing services. Workers who conducted investigations of risk of maltreatment did not answer questions pertaining to investigated maltreatment but did complete items about child functioning, placement, court involvement, previous reports, and spanking. In those investigations involving risk assessments, workers were asked whether they were concerned about future maltreatment.

7 Two Child Information Sheets were included as a component of the *AIS-2008/CIS-2008 Maltreatment Assessment Form*, and additional Child Information Sheets were available in every office.

Guidebook

A significant challenge for the study was to overcome the variations in the definitions of maltreatment used in different jurisdictions. Rather than anchor the definitions in specific legal or administrative definitions, a single set of definitions corresponding to standard research classification schemes was used. All items on the case selection forms were defined in an accompanying *AIS-2008/CIS-2008 Guidebook* (see Appendix E).

Revising and Validating the Child Assessment Form

The AIS-2008/CIS-2008 data collection instrument was based on the AIS-2003/CIS-2003[8,9] and CIS-1998[10] data collection instruments in order to maximize the potential for comparing findings across cycles of the studies. A key challenge in updating instruments across cycles of a study is to find the right balance between maintaining comparability while making improvements based on the findings from previous cycles. For instance, very low response rates on income questions in previous studies lead to the development of a simpler question about families running out of money at the end of the month. In addition, changes over time in child welfare practices may also require that changes be made to the data collection forms. For example, exposure to intimate partner violence was, until recently, generally not considered to be a form of maltreatment and was not a specific maltreatment category on the form in the initial incidence study conducted in Ontario in 1993. It was added in subsequent cycles of the study.

Changes to the AIS-2008/CIS-2008 version of the form were made in close consultation with the *Research Working Group*, a subcommittee of the *CIS-2008 National Steering Committee* of the *Public Health Agency of Canada*. Changes were made on the basis of data collection problems noted during previous cycles, analysis of response rates, validation file review study, focus group consultations with child welfare workers in several jurisdictions, and a reliability study used to compare different points in time.

Changes to the data collection instrument included: the addition of a series of questions designed to distinguish maltreatment investigation from risk-only cases, a more detailed procedure to identify the relationship between each child and the caregivers in the home, a more elaborate housing safety question, a new poverty measure, more specific intimate partner violence maltreatment codes, and revised emotional maltreatment categories.

Case File Validation Study

The review of the data collection instrument for the 2008 cycle of the study began with a case file validation study, using data from the 2003 Canadian Incidence Study[11] Data collected in 2003 using the CIS-2003 version of the form was compared to information in the case files from one

8 MacLaurin, B., Trocmé, N. , et al. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

9 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003 (CIS-2003): Major findings*. Minister of Public Works and Government Services Canada.

10 Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., et al. (2001). *Canadian incidence study of reported child abuse and neglect: Final report*. Minister of Public Works and Government Services Canada.

11 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., et al. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

of the larger offices that participated in the CIS-2003. While there was good correspondence on many items, it became apparent that despite specific instruction in 2003 to only include investigations of child maltreatment, a number of cases that appeared to only involve concerns about future risk had been coded as maltreatment investigations.

Validation Focus Groups

The AIS-2008/CIS-2008 Research Team conducted six focus groups with front-line child protection workers and supervisors across Canada from late July to late October 2007.[12] The purpose of the groups was to receive feedback on the proposed changes to the CIS-2008 data collection instrument. The process was iterative. Feedback from each focus group was used to make changes to the instrument prior to the next focus group. Groups were held in Montréal, Toronto, St. John's, Halifax, Regina, and Calgary. One of the participating groups was a First Nations office.

Reliability Study

A reliability study[13] was undertaken to examine the test re-test reliability of the data collection instrument. The consistency of worker judgments was evaluated by comparing case ratings on the instrument at two points in time. Test re-test reliability was examined for a wide range of variables measuring characteristics of suspected/alleged maltreatment, households, caregivers, children, maltreatment history, and service related variables. A convenience sample of eight child welfare offices was selected for reliability testing based upon availability and proximity to study team research personnel. Workers participated in the study on a voluntary basis.

The test re-test procedure was arranged as follows: workers completed the instrument for new investigations that had an allegation or suspicion of child maltreatment (Time 1), then at an average of 3.8 weeks later the same worker completed the instrument a second time for the same investigation (Time 2). At Time 1 the sample size was 130 investigations. Time 2 of the reliability study for some offices could not be scheduled prior to the finalization of the instrument and therefore their Time 2 data was not included in the analysis.

To assess the reliability of the instrument variables with comparable response options, all sites were collapsed, yielding a sample of 100 children from 68 households. Two measures of agreement were calculated for categorical variables: percent agreement and the Kappa statistic. The Kappa statistic adjusts for agreement that occurs by chance alone; values between 0.4 and 0.6 are usually interpreted as moderate agreement; between 0.6 and 0.8 substantial agreement; and values that exceed 0.8 reflect excellent agreement.[14] Similar testing was conducted on the CIS-2003.[15]

The vast majority of items on the CIS-2008 form showed good to excellent test re-test reliability. Among the most reliable groups of variables were primary forms of maltreatment, family's maltreatment history, child age and gender, case disposition items, and indices related to emotional harm. "Any service referral" and "any family-focused referral," and the majority of items related to household and caregiver characteristics also showed substantial to excellent agreement.

A number of items fell slightly below the criterion adopted for acceptable reliability. In order to address the low reliability of two questions (e.g., accessible drugs/drug paraphernalia and police involvement in the child maltreatment investigation), questions were re-ordered and/or clarified on the final AIS-2008/CIS-2008 data collection instrument. The low reliability for secondary and tertiary maltreatment codes was similar to the AIS-2003/CIS-2003 data collection instrument. Analysis of secondary and tertiary maltreatment should be interpreted with caution. However, co-occurring maltreatment has been a significant predictor of service intrusiveness in multiple secondary analyses of the AIS/CIS data.

The study team's review of the case narratives in the reliability study revealed that the newly developed procedures to categorize risk cases were creating confusion and inconsistent results. This led to an unplanned set of revisions to the way that risk was operationalized on the data collection instrument. Time constraints prevented final reliability testing of the child maltreatment assessment form. Although the final data collection instrument differed from the versions that had been tested, the final set of changes was limited to only a few items.

12 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., et al. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

13 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., et al. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

14 Landis & Koch. (1977). Measurement of observer agreement for categorical data. *Biometrics, 33*(1), 159–174.

15 Knoke, D., Trocmé, N., MacLaurin, B., & Fallon, B. (2009). Reliability of the Canadian Incidence Study data collection instrument. *The Canadian Journal of Program Evaluation, 23*(1), 87–112.

DATA COLLECTION AND VERIFICATION PROCEDURES

Training

Site Researchers were assigned to coordinate site training and case selection at each AIS-2008 office (see Appendix A). The case selection phase began with a training session, conducted by a Site Researcher to introduce participating child intervention workers to the AIS-2008 instruments and case selection procedures. After a review of the forms and procedures, workers completed the form for selected case vignettes (see Appendix F). The completed forms were then discussed and discrepancies in responses reviewed to ensure that items were being properly interpreted. Each worker was given an AIS-2008/CIS-2008 Guidebook, which included definitions for all the items and study procedures (see Appendix E).

Timing of Form Completion

Completion of the data collection instrument was designed to coincide with the point when investigating workers complete their written report of the investigation. The length of time between the receipt of the referral and the completion of the written assessment is approximately 30 days in Alberta. In instances where a complex investigation takes more time, workers were asked to complete the data collection instrument with their preliminary assessment report.

Site Visits

Site Researchers visited the AIS-2008 sites on a regular basis to collect forms, respond to questions, and monitor study progress. In most instances six visits to each location were required. Additional support was provided depending on the individual needs of workers at each site. Site Researchers collected the completed forms during each site visit and reviewed them for completeness and consistency. Every effort was made to contact workers if there was incomplete information on key variables (e.g. child age or category of maltreatment) or inconsistencies. Identifying information (located on the bottom section of the *Intake Face Sheet*, see Appendix D) was stored on site, and non-identifying information was sent to the central data verification locations.

Data Verification and Data Entry

Data collection forms were verified three times for completeness and inconsistent responses: first on site by the Site Researchers, a second time at the University of Calgary Faculty of Social Work, then a third time at the University of Toronto or McGill University, prior to data entry. Consistency in form completion was examined by comparing the data collection instrument to the brief case narratives provided by the investigating workers.

Data collection forms were entered by scanner using TELEform Elite scanning software, V.8.1. Face Sheet information was entered manually using Microsoft Access 2000. The data were then combined into an SPSS Version 17.0 database. Inconsistent responses, missing responses, and miscodes were systematically identified. Duplicate cases were screened for at the child welfare site and deleted on the basis of office identification numbers, family initials, and date of referral.

Participation and Item Completion Rates

The case selection form was kept as short and simple as possible to minimize the response burden and ensure a high completion rate. Item completion rates were over 98% on most items.[16]

The participation rate was estimated by comparing actual cases opened during the case selection period (October 1 to December 31, 2008) with the number of cases for which data collection instruments were completed.[17] The overall participation rate suggests that sampled cases reflected the workload at all sites during the three-month case selection period. Participation rates below 95% were discussed with the AIS-2008 liaisons for each office to examine the possibility of skewed sampling. In all cases low participation could be attributed to external events (e.g. staff holidays, staff turnover), and no evidence of systematic bias was found.

ESTIMATION PROCEDURES

Weighting

The data collected for the AIS-2008 were weighted in order to derive provincial annual incidence estimates. Two sets of weights were applied. First, results were annualized to estimate volume of cases investigated by each office in 2008. The annualization

16 The high item completion rate can be attributed both to the design of the case selection instrument and to the verification procedures. In designing the form, careful attention was given to maintaining a logical and efficient ordering to questions. The use of check boxes minimized completion time. An "unknown" category was included for many questions to help distinguish between missed responses and unknown responses.

17 Participation rate is the proportion of cases open between October 1 and December 31, 2008, for which the data collection form was completed.

weights were derived by dividing the total number of cases opened by site in 2008 by the number of cases sampled from that site. For example, if 225 cases were sampled over 3 months in a site that opened 1,000 cases over the year, a weight of 4.44 (1,000/225) was applied to all cases in the site. The average annualization weight was 5.56. While this annualization method provides an accurate estimate of overall volume, it cannot account for qualitative differences in the types of cases referred at different times of the year.

To account for the non-proportional sampling design, regional weights were applied to reflect the relative sizes of the selected sites. Each study site was assigned a weight reflecting the proportion of the child population of the site relative to the child population in the stratum or region that the site represented. For instance if a site with a child population of 25,000 was randomly sampled to represent a region or province/territory with a child population of 500,000, a regionalization weight of 20 (500,000/25,000) would be applied to cases sampled from that site. This involved aggregating Census subdivisions.[18] Regionalization and annualization weights were combined so that each case was multiplied first by an annualization weight and then by a regionalization weight. Provincial incidence estimates were calculated by dividing the weighted estimates by the child population (less than one to 17 year olds). The child population figures for AIS-2008 sites are based on 2006 Census data.

Case Duplication

Although cases reported more than once during the three month case sampling period were unduplicated, the weights used to develop the AIS-2008 annual estimates include an unknown number of "duplicate" cases, i.e. children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the AIS-2008 uses the term "child investigations" rather than "investigated children", since the unit of analysis is the investigation of the child's alleged maltreatment.

An estimate of how often maltreated children will be counted more than once can be derived from those jurisdictions that maintain separate investigation-based and child-based counts. The U.S. *National Child Abuse and Neglect Data System (NCANDS)*,[19] reports that for substantiated cases of child maltreatment, the 6 month recurrence rate during 2003 was 8.4 per cent. Further estimates of recurrence have been made by Fluke and colleagues (2008). During a 24-month period which followed all investigations from eight states, 16% of children were re-reported within 12 months, and another 6% were re-reported in the subsequent 12 months.[20] In Québec, the recurrence rate was 8.8 per cent of screened-in investigations over a 12-month period.[21]

Sampling Error Estimation

Although the AIS-2008 estimates are based on a relatively large sample of 2,239 child maltreatment investigations, sampling error is primarily driven by variability between the14 sites. Sampling error estimates were calculated to reflect the fact that the survey population had been stratified and that primary sampling units (offices) had been selected randomly from each stratum. To calculate the variance, the stratified design allowed the research team to assume that the variability between strata was zero and that the total variance at the provincial level was the sum of the variance for each stratum. In most instances, two offices, the primary sampling units, were chosen from each strata.[22] Variance estimates were calculated using WesVar 5.1, which computes estimates and their variance estimates from survey data using replication methods.

Standard error estimates were calculated for select variables at the $p < 0.05$ level.[23] Most coefficients of variation were within the reliable range:[24] between 4.27% (children in maltreatment investigations aged 16 to 17 years) and 16.23% (neighbour or friend as a referral source). Estimates that should be interpreted with caution ranged from 17.16% (physical harm not requiring treatment in substantiated

18 Census subdivisions are the equivalent of municipalities (e.g. cities, towns, townships, villages, etc.)

19 U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2005). *Child Maltreatment 2003.* Washington, DC: U.S. Government Printing Office.

20 Fluke, J, Shusterman, G.R., Hollinshead, D.M. and Yuan, Ying Ying T. (2008). Longitudinal AnalyAIS of Repeated Child Abuse Reporting and Victimization: Multistate AnalyAIS of Associated Factors. *Child Maltreatment, 13*(1), 76–88.

21 Hélie, S. (2005). *Fréquence et déterminants de la récurrence du signalement en protection de la jeunesse: Analyse de survie d'une cohorte Montréalaise*. Unpublished doctoral dissertation, Université du Québec á Montréal, Psychologie Département.

22 In one strata there were three agencies selected.

23 This means that 95% of random samples will yield estimates that will lie within one standard error above or below the estimate. In other words, if the study were repeated 100 times, in 95 times the estimates would fall within one standard error of the estimate.

24 The coefficient of variation (CV) is the ratio of the standard error to its estimate. Statistics Canada considers CVs under 16.60 to be reliable, warns that CVs between 16.60 and 33.30 should be treated with caution, and recommends that CVs above 33.30 not be used.

maltreatment investigations) to 33.17% (physical abuse, neglect, and emotional maltreatment as multiple categories of maltreatment). There were a few estimates based on over 100 investigations with coefficients of variation greater than 33.30%: parent's partner as a primary caregiver; band housing or "other" housing type; and drug production/trafficking in the home. Estimates based on events that occurred in fewer than 100 cases are not included in this report and are marked as blanks in the accompanying tables.

The error estimates do not account for any errors in determining the annual and regional weights, nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from site to site. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends on the extent to which the sampling period is representative of the whole year.

ETHICS PROCEDURES

The AIS-2008/CIS-2008 data collection and data handling protocols and procedures were reviewed and approved by the Conjoint Research Ethics Board at the University of Calgary. Permission for participating in the data collection process was obtained from the Government of Alberta's Children and Youth Services. The study utilized a case file review methodology. The case files are the property of the delegated office or regional authority. Therefore, the permission of the Government of Alberta's Children and Youth Services was required in order to access the case files. Confidentiality of case information and participants, including workers and offices, was maintained throughout the process. No directly-identifying information was collected on the data collection instrument. The *Intake Face Sheet* collected near-identifying information about the children including their first name and age. The tear-off portion of the *Intake Face Sheet* had a space for the file/case number the office assigns, the study number the AIS-2008 that site researchers assigned, and also provided space for the first two letters of the family surname. This information was used for only verification purposes. Any names on the forms were deleted prior to leaving the office.

The data collection instruments (that contain no directly-identifying information) were either scanned into an electronic database at the Universities of Toronto or uploaded from encrypted CD's or data sticks. This electronic data was stored on a locked, password protected hard drive in a locked office and on a CD stored in a locked cabinet off-site. Only those study personnel with security clearance from the Government of Canada had access to this information through password-protected files. All paper data collection instruments are archived in secure filing cabinets.

Aboriginal Ethics

The First Nations component of the CIS adhered to the principles of ownership, control, access and possession (OCAP) which must be negotiated within the context of individual research projects. In the case of the First Nations component of the CIS, adherence to OCAP principles is one of three shared concerns which shape the collaborative relationship between the advisory committee and the research team, and which guide the approach to research design and implementation. The First Nations CIS advisory committee, which mediates First Nations ownership of and control over the project, has a mandate of ensuring that the CIS respects OCAP principles to the greatest degree possible given that the CIS is a cyclical study which collects data on First Nations, other Aboriginal, and non-Aboriginal investigations. The First Nations CIS is grounded in an understanding that the CIS research team will not collect or analyze First Nations specific data without the approval and guidance of the advisory committee and that proposals to for secondary analyses that distinguish between First Nations and mainstream offices must be approved by advisory committee.

This report contains only provincial estimates of child abuse and neglect and does not identify any participating office. Information about additional analyses is available on the Canadian Child Welfare Research Portal website at: http://www.cwrp.ca.

STUDY LIMITATIONS

Although every effort was made to make the AIS-2008 estimates as precise and reliable as possible, several limits inherent to the nature of the data collected must be taken into consideration:

- the AIS-2008 **only tracks reports investigated by child intervention** services and do not include reports that were screened out, cases that were only investigated by the police and cases that were never reported. For instance, Table 4-1 presents the estimated number of substantiated incidents of exposure to intimate partner violence in Canada. This number does not include incidents of intimate partner violence that were investigated only by the police, and it does not include incidents of

intimate partner violence that were never reported to either the police nor child intervention authorities;

- the study is based on the assessments provided by the investigating child intervention workers and **could not be independently verified**. For example, Table 5-2 presents the child functioning concerns reported in cases of substantiated maltreatment. The investigating workers determined if the child subject of the investigation demonstrated functioning concerns that were known or observable to the worker at the time of investigation, for instance depression or anxiety. However, these child functioning concerns were not verified by an independent source;
- as a result of changes in the way risk only cases are identified in the AIS-2008, comparisons between study cycles must be done with caution. Tables in the AIS-2008 report **cannot be directly compared** to tables in the previous report. Chapter 3 presents select comparisons across study cycles, and so interpretations of this chapter must be done with caution;
- the weights used to derive annual estimates include counts of children investigated more than once during the year, therefore the unit of analysis for the weighted estimates is a **child investigation**;
- the annual provincial counts presented in this report are **weighted estimates.** In some instances samples sizes are too small to derive publishable estimates. For example, Table 4-4 presents the nature of physical harm by primary maltreatment category; the number of substantiated physical abuse investigations involving broken bones or fatality could not be reported due to the small sample sizes;
- the AIS-2008 tracks **information during the first 30 days** of case activity; service outcomes such as out of home placements and applications to court only include events that occurred during those first approximately 30 days; Table 3-5 and Table 3-6 were affected by this limitation.

Chapter 3

RATES OF MALTREATMENT RELATED INVESTIGATIONS IN THE AIS-2003 AND AIS-2008

This Chapter primarily compares rates of maltreatment-related investigations documented by the 2003 and 2008 cycles of the AIS. These results should be interpreted with caution since a number of factors are not controlled for in these descriptive tables. Changes in rates of maltreatment-related investigations can be attributed to a number of factors including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in the AIS study procedures and definitions,[1] and (4) changes in the actual rate of maltreatment.[2] As noted in the introductory and methods chapters of this report, changes in practices with respect to investigations of risk of maltreatment pose a particular challenge since these cases were not clearly identified in the 2003 cycle of the study. Readers are reminded that because of these changes, the findings presented in this report are **not directly comparable to findings presented in the AIS-2003 report**. This Chapter presents select comparisons with investigations from the AIS-2003. Given the growing complexity of the AIS, more detailed analyses will be developed in subsequent reports and articles.[3]

The estimates presented in the tables in this Chapter are weighted estimates derived from child maltreatment investigations from representative samples of child intervention offices or areas conducted in 2003 and 2008. The sampling design and weighting procedures specific to each study should be considered before inferences are drawn from these estimates (see the methods Chapter of this report, as well as the methods Chapter of the 2003 report).[4]

Estimates presented from the AIS-2003, and AIS-2008 **do not include** (1) incidents that were not reported to child intervention offices, (2) reported cases that were screened out by child welfare offices before being fully investigated, (3) new reports on cases already open by child intervention offices, and (4) cases that were investigated only by the police.

Data are presented in terms of the estimated annual number of investigations, as well as the incidence of investigations per 1,000 children age less than one to 17.[5] These figures refer to child investigations and not to the number of investigated families. Investigations include all maltreatment-related investigations including cases that were investigated because of future risk of maltreatment. Because risk-only cases were not tracked separately in the 2003 cycle of the AIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

COMPARISONS BETWEEN AIS-2003 AND AIS-2008

Chapter 3 presents comparison between the two provincial cycles of the AIS. Comparisons focus on changes in rates and key characteristics of investigations. All of the estimates reported in the Chapter 3 tables were re-calculated for the 2008 report to ensure consistency in the estimation procedures used. As a result, the estimates for AIS-2003 used in the 2008 report may differ slightly from those published in previous reports. Statistical tests of significance were used to test the significance of differences between the 2003 and 2008 estimates.

1 These changes are described in Chapter 2. Study procedures, in particular the sample selection and weighting, have been kept consistent between studies. Some changes have been made to the specific forms of maltreatment tracked by the study, but the major categories have not changed.

2 Trocmé, N., B. Fallon, MacLaurin, et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003: Major findings*. Ottawa, Minister of Public Works and Government Services Canada

3 Information about additional analyses is available on the Canadian Child Welfare Research Portal: http://www.cwrp.ca

4 MacLaurin, B., N. Trocmé, et al. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

5 The cut-off age of 17 (children under the age of 18) is the age legislated in Alberta (*Child, Youth and Family Enhancement Act*, 2003) Direct comparisons with the CIS-2008 report should not be made, as the cut-off age is 15 (children under the age of 16). All calculations were based on the child population estimates from the 2006 census provided by Custom Services Section, Advisory Services, Statistics Canada Ontario Regional Office.

TABLE 3-1: Number and Incidence of Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Alberta 2003		Alberta 2008	
# of Investigations	Rate per 1,000 children	# of Investigations	Rate per 1,000 children
32,453	43.16	27,147	35.02

Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Based on a sample of 2,653 child maltreatment related investigation in 2003, and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008
Differences between 2003 and 2008 are non-significant

TABLE 3-2: Age of Children in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008

	Alberta 2003			Alberta 2008		
Child Age Group	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
< 1 year	2,032	56.67	6%	2,324	55.74	9%
1–3 years	5,066	45.99	16%	5,236	42.95	19%
4–7 years	7,136	44.34	22%	5,820	36.31	21%
8–11 years	8,282	47.07	26%	5,954	34.84	22%
12–15 years	7,857	44.15	24%	6,026	32.74	22%
16–17 years	2,080	23.33	6%	1,787	18.56	7%
Total Investigations	**32,453**	**43.16**	**100%**	**27,147**	**35.02**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Percentages are column percentages
Based on a sample of 2,653 child maltreatment related investigations in 2003, and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008 with information about age of child
Differences between 2003 and 2008 are non-significant

MALTREATMENT RELATED INVESTIGATIONS

Table 3-1 presents the number and incidence of maltreatment-related investigations in 2003 and 2008. In 2003 an estimated 32,453 investigations were conducted in Alberta, a rate of 43.16 investigations per 1,000 children. In 2008, the number of investigations decreased, with an estimated 27,147 investigations and a rate of 35.02 per 1,000 children.[6] However, this decrease is not statistically significant.

CHILD AGE IN INVESTIGATIONS

Table 3-2 describes the number and incidence of maltreatment-related investigations by age group, in 2003 and 2008. In 2008, children under the age of one year were the most likely to be investigated at a rate of 55.74 investigations per 1,000 children. Rates of investigations for one to three years of age and four to seven years of age were 42.95 and 36.31 investigations per 1,000 children, respectively. Rates of investigations decreased for the next two age groups: 34.84 investigations per 1,000 children eight to 11 years old, and 32.74 investigations per 1,000 children 12 to 15 years old. Rates of investigation were lowest for the oldest age group (16 to 17 years) at 18.56 investigations per 1,000 children

Infants were the most likely to be investigated in both 2003 and 2008. Comparing the incidence of investigation by age group between 2003 and 2008, there has been a statistically non-significant decrease in rates for children in all age groups. Readers should note that comparisons between age-groups should always be made on the basis of incidence rates that take into consideration variations in age rates in the general population, rather than on the basis of the count of investigations.

TYPES OF INVESTIGATIONS AND SUBSTANTIATION DECISIONS

Table 3-3 describes types of investigations and substantiation decisions resulting from maltreatment-related investigations conducted across

6 MacLaurin, B., Trocmé, N., et al. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

Alberta in 2008. The AIS-2008 tracks two types of investigations: those conducted because of a concern about a maltreatment incident that may have occurred and those conducted because of there may be significant risk of future maltreatment. The outcomes of **maltreatment investigations** are classified in terms of three levels of substantiation:[7]

- substantiated: the balance of evidence indicates that abuse or neglect has occurred;
- suspected: insufficient evidence to substantiate abuse or neglect, but maltreatment cannot be ruled out;
- unfounded: the balance of evidence indicates that abuse or neglect has not occurred (unfounded does not mean that a referral was inappropriate or malicious; it simply indicates that the investigating worker determined that the child had not been maltreated).

The outcomes of **risk only investigations** are classified in terms of three response categories:

- Risk of future maltreatment
- No risk of future maltreatment
- Unknown risk of future maltreatment

Of the 27,147 child maltreatment investigations conducted in Alberta in 2008, 84% of investigations focused on a concern of abuse or neglect (an estimated 22,761 child maltreatment investigations or 29.36 investigations per 1,000 children) and 16% of investigations were concerns about risk of future maltreatment (an estimated 4,386 investigations or 5.66 investigations per 1,000 children). Fifty-three percent of these investigations were substantiated, an estimated 14,403 child investigations. In a further eight percent of investigations (an estimated 2,160 child investigations, 2.79 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker at the conclusion of the investigation. Twenty-three percent of investigations (an estimated 6,198 child investigations, 8.00 investigations per 1,000 children) were unfounded. In three percent of investigations, the investigating worker concluded there was a risk of future maltreatment (1.02 per 1,000 children, an estimated 793 child investigations). In nine percent of investigations no risk of future maltreatment was indicated (an estimated 2,501 investigations or 3.23 investigations per 1,000 children). In four percent of investigations workers did not know whether the child was at risk of future maltreatment.

As shown in Table 3-3, rates of substantiated maltreatment decreased from 2003 to 2008, from 23.76 per 1,000 children in 2003 to 18.58 per 1,000 children in 2008. This comparison, however, is complicated since the 2003 cycle of the AIS did not specifically track risk-only investigations. As a result it is not possible to determine to what extent some confirmed risk only cases may have been classified as "substantiated" maltreatment. As noted in Chapter 2, a case file validation study using of a sub-sample of CIS-2003 investigations found that several cases had been miscoded in this manner. Including the 2008 confirmed cases of future maltreatment (793 cases at a rate of 1.02 confirmed cases of risk per 1,000 children) with the 2008 rate of substantiated cases (18.58 per 1,000), yields a rate of 19.60 investigations per 1,000 children where either maltreatment has been substantiated or future risk has been confirmed. Further analysis of the AIS-2008 risk only investigations is required before differences between categories of investigation outcomes can be appropriately interpreted.

REFERRAL SOURCE

Table 3-4a describes the sources of referrals in 2003 and 2008. Each independent contact with the child intervention office regarding a child (or children) was counted as a separate referral. The person who actually contacted the child intervention office was identified as the referral source. For example, if a child disclosed an incident of abuse to a schoolteacher, who made a report to a child intervention office, the school was counted as a referral source. However, if both the schoolteacher and the child's parent called, both would be counted as referral sources.

The *Maltreatment Assessment Form* included 18 pre-coded referral source categories and an open "other" category. Table 3-4a combines these into three main categories; any non-professional referral, any professional referral, and other referral sources (e.g. anonymous).

Non-Professional Referral Sources

Parent: This includes parents involved as a caregiver to the reported child, as well as non-custodial parents.

Child: A self-referral by any child listed on the *Intake Face Sheet* of the AIS-2008 *Maltreatment Assessment Form*.

Relative: Any relative of the child in question. Workers were asked to

7 Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. *Child Maltreatment,* 14(1), 4–16.

TABLE 3-3: Type of Investigation and Level of Substantiation in Child Maltreatment Investigations in Alberta in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

	Alberta 2003			Alberta 2008		
Maltreatment and Risk Only Investigations	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Substantiated Maltreatment	17,864	23.76	55%	14,403	18.58	53%
Suspected Maltreatment	5,998	7.98	18%	2,160	2.79	8%
Unfounded Maltreatment	8,591	11.42	27%	6,198	8.00	23%
Total Investigated Incidence of Maltreatment	32,453	43.16	100%	22,761	29.36	84%
Risk of Future Maltreatment	n/a	n/a	n/a	793	1.02	3%
No Risk of Future Maltreatment	n/a	n/a	n/a	2,501	3.23	9%
Unknown Risk of Future Maltreatment	n/a	n/a	n/a	1,092	1.41	4%
Total Risk Investigation Only*	n/a	n/a	n/a	4,386	5.66	16%
Total Investigations	**32,453**	**43.16**	**100%**	**27,147**	**35.02**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigation in 2008, with information about the type and level of substatiation

* Risk investigations were not specified in the Alberta Incidence Study of 2003

For substantiated and unfounded investigations, differences between 2003 and 2008 are non-significant; for suspected investigations, there was statistically significant decrease between 2003 and 2008

code "other" for situations in which a child was living with a foster parent and a relative of the foster parent reported maltreatment.

Neighbour/Friend: This category includes any neighbour or friend of the children or his/her family.

Professional Referral Sources

Community Agencies: This includes social assistance worker (involved with the household), crisis service/shelter worker (includes any shelter or crisis services worker) for domestic violence or homelessness, community recreation centre staff (refers to any person from a recreation or community activity programs), day care centre staff (refers to a childcare or day care provider), and community office staff.

Health Professional: This includes hospital referrals that originate from a hospital made by either a doctor, nurse or social worker rather than a family physician's office, community health nurse (nurses involved in services such as family support, family visitation programs and community medical outreach), and physician (any family physician with a single or ongoing contact with the child and/or family).

School: Any school personnel (teacher, principal, teacher's aide etc.)

Mental health professional/office: Includes family service offices, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside of a school/hospital/child welfare/Youth Justice Act setting.

Other child welfare services: Includes referrals from mandated Child Welfare service providers from other jurisdictions or provinces.

Police: Any member of a Police Force, including municipal, provincial/territorial or RCMP.

Other Referral Sources

Anonymous: A caller who is not identified.

Other referral source: Any other source of referral not listed above.

In 2008, 27% of investigations or an estimated 7,207 investigations were referred by a non-professional source (rate of 9.30 investigations per 1,000 children), and 70% of investigations were referred by professionals (an estimated 19,050 investigations or 24.58 investigations per 1,000 children). In three percent of investigations (an estimated 760 investigations or 0.98 investigations per 1,000 children) the referral source was classified as other, either because it was anonymous or was categorized as an "other" source of referral.

From 2003 to 2008 the distribution of referrals between professionals and non-professionals remained fairly similar, with statistically non-significant decreases in referral rates for both groups. There was a

statistically significant decrease in referral rates for anonymous or "other" referral sources.

Table 3-4b presents specific non-professional and professional referral sources, as well as the "other" category, for all investigations conducted in 2008. Some specific referral sources have been collapsed into categories: custodial parents and non-custodial parent (Custodial or Non Custodial Parent) and social assistance worker, crisis service/shelter, community recreation centre, community health nurse, community physician, community mental health professional and community agency (Community, Health and Social Services). The largest number of referrals came from police: 25% of investigations or an estimated 6,797 investigations (rate of 8.77 investigations per 1,000 children). The second largest source of referral was schools: 21% of investigations (an estimated

TABLE 3-4a: Referral Source in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008

	Alberta 2003			Alberta 2008		
Referral Source	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Any Non-Professional Referral Source	9,199	12.23	28%	7,207	9.30	27%
Any Professional Referral Source	20,510	27.27	63%	19,050	24.58	70%
Other/Anonymous Referral Source	2,729	3.63	9%	760	0.98	3%
Total Investigations	**32,438**	**43.14**	**100%**	**27,017**	**34.85**	**100%**

Alberta Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about the referral source

For non-professional and professional referrals, differences between 2003 and 2008 are non-significant; for other/anonymous referral sources, there was a statistically significant decrease

TABLE 3-4b: Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Referral Source	#	Rate per 1,000 children	%
Non Professional			
Custodial or Non Custodial Parent	1,963	2.53	7%
Child (Subject of Referral)	620	0.80	2%
Relative	1,918	2.47	7%
Neighbour/Friend	2,231	2.88	8%
Professional			
Community, Health or Social Services	3,058	3.94	11%
Hospital (Any Personnel)	1,761	2.27	6%
School	5,789	7.47	21%
Other Child Welfare Service	1,306	1.68	5%
Day Care Centre	122	0.16	0%
Police	6,797	8.77	25%
Anonymous	485	0.63	2%
Other	275	0.35	1%
Total Investigations	**27,147**	**35.02**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,239 investigations in 2008 with information about referral source

Columns may not add up to total because investigating workers could identify more than one referral source

5,789 investigations or a rate of 7.47 investigations per 1,000 children). Neighbours or friends were the largest non professional referral source (eight percent of investigations or a rate of 2.88 per 1,000 children).

RATES OF ONGOING SERVICES, PLACEMENT, AND COURT

Three key service events can occur as a result of a child welfare investigation: a child can be brought into out-of home care, an application can be made for a child welfare court order, and a decision is made to close a case or provide on-going services. While the AIS -2008 tracks any of these decisions made during the investigation, the study **does not track events that occur after the initial investigation**. Additional admissions to out-of-home care, for example, are likely to occur for cases kept open after the initial investigation. It should also be noted that investigation intervention statistics presented apply **only to child welfare cases open because of alleged maltreatment or risk of future maltreatment**. Children referred to child welfare offices for reasons other than child maltreatment or risk of maltreatment (e.g. behavioural or emotional problems, see Chapter 2) may have been admitted to care or received ongoing services, but were not tracked by the AIS-2008.

Ongoing Child Welfare Services

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Table 3-5). An estimated 8,201 investigations (30%) in 2008 were identified as remaining open for ongoing services while an estimated 18,919 investigations (70%) were closed.

There was a statistically significant decrease in the incidence of investigations remaining open for on-going services from 17.07 investigations per 1,000 children in 2003 to 10.58 per 1,000 children in 2008. There was slight statistically non-significant decrease in the incidence of cases to be closed between 2003 and 2008.

Out-of-Home Placement

The AIS-2008 tracks placements out-of-home that occur at any time during the investigation. Investigating workers are asked to specify the type of placement. In cases where there may have been more than one placement, workers are asked to indicate the setting where the child had spent the most time. The following placement classifications were used:

No Placement Required: No placement is required following the investigation.

Placement Considered: At this point of the investigation, an out-of home placement is still being considered.

Informal Kinship Care: An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority does not have temporary custody.

Kinship Foster Care: A formal placement has been arranged within the family support network (kinship care, extended family, customary care); the child welfare authority has temporary or full custody and is paying for the placement.

Family Foster Care (non-kinship): Includes any family based care, including foster homes, specialized treatment foster homes, and assessment homes.

Group Home Placement: An out-of-home placement required in a structured group living setting.

TABLE 3-5: Ongoing Child Welfare Services in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigation in Alberta in 2008

	Alberta 2003			Alberta 2008		
Provision of Ongoing Services	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Case to Stay Open for Ongoing Services	12,839	17.07	40%	8,201	10.58	30%
Case to be Closed	19,562	26.01	60%	18,919	24.41	70%
Total Investigations	**32,401**	**43.16**	**100%**	**27,120**	**34.99**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,650 child maltreatment related investigations in 2003 and 2,237 child maltreatment and risk of future maltreatment related investigations in 2008, with information about ongoing child welfare services

There was a statistically significant decrease between 2003 and 2008 for cases remaining open; for cases to be closed, differences were non-significant

Residential/Secure Treatment: Placement required in a therapeutic residential treatment centre to address the needs of the child.

For the purposes of Table 3-6a these placement categories were combined into four broader categories: child remained at home (no placement required and placement considered), informal kinship care (informal care), foster care which includes kinship foster care and non-kinship family foster care (foster care and kinship care), and group home or residential treatment placements (group home and residential secure treatment).

In 2008, there were no placements in 87% of investigations (23,625 investigations or 30.48 investigations per 1,000 children). Thirteen percent of investigations resulted in a change of residence for the child: four percent to informal kinship care (an estimated 1,139 investigations or 1.47 investigations per 1,000 children); seven percent to foster care or kinship care (an estimated 1,828 investigations or 2.36 investigations per 1,000 children); and in two percent to residential/secure treatment or group homes (an estimated 555 investigations or 0.72 investigations per 1,000 children).

There generally has been little change in placement rates (as measured during the maltreatment investigation) across the two cycles of the AIS. There was a statistically non-significant decrease between 2003 and 2008 in children not placed, a statistically non-significant decrease in informal placement, and a statistically non-significant increase in formal foster care placement.

Table 3-6b presents specific placements for all investigations conducted in 2008. The vast majority of investigations required no placement (85% of investigations or an estimated 23,025 investigations, a rate of 29.70 investigations

TABLE 3-6a: Placement in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

	Alberta 2003			Alberta 2008		
Placement Status	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Remained at Home	28,294	37.62	87%	23,625	30.48	87%
Child with Relative (Not a Formal Child Welfare Placement)	1,923	2.56	6%	1,139	1.47	4%
Foster Care (Includes Foster and Kinship Care)	1,696	2.26	5%	1,828	2.36	7%
Group Home/Residential Secure Treatment	534	0.71	2%	555	0.72	2%
Total Investigations	**32,447**	**43.15**	**100%**	**27,147**	**35.02**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about child welfare placement

Differences between 2008 and 2003 are non-significant

TABLE 3-6b: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Placement status	#	Rate per 1,000 children	%
No Placement Required	23,025	29.70	85%
Placement Considered	600	0.77	2%
Informal Kinship Care	1,139	1.47	4%
Kinship Foster Care	398	0.51	2%
Foster Care	1,430	1.84	5%
Group Home	387	0.50	1%
Residential Secure Treatment	168	0.22	1%
Total Investigations	**27,147**	**35.02**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,239 child maltreatment related investigations in 2008, with information about child welfare placement

per 1,000 children) and in two percent of investigations placement was considered. Five percent of investigations resulted in foster care placement (an estimated 1,430 investigations or a rate of 1.84 investigations per 1,000 children); four percent in informal kinship care (1,139 investigations or a rate of 1.47); two percent in kinship foster care (398 investigations or a rate of 0.51); one percent in group home placement; and one percent in residential secure treatment.

Previous Child Maltreatment Investigations

Workers were asked if the investigated child had been previously reported to child intervention office for suspected maltreatment. As seen in Table 3-7, in 56% of investigations, workers indicated that the child had been referred previously for suspected maltreatment (15,114 investigations representing a rate of 19.5 per 1,000 children). In 43% of investigations, the child had not been previously investigated for suspected maltreatment (11,823 investigations, representing a rate of 15.25 investigations per 1,000 children). In one percent of investigations, the investigating worker did not know whether the child had been previously reported for suspected maltreatment (an estimated 210 investigations, representing a rate of 0.27 investigations per 1,000 children).

A higher proportion of children were previously investigated in 2003 (60%, or 25.69 per 1,000 children) as compared to 2008 (56%, or 19.50 per 1,000 children).However, this decrease between 2003 and 2008 was not statistically significant.

Child Welfare Court Applications

Table 3-8 describes any applications made to child intervention court during the investigation period. Applications to child welfare court can be made for a number of reasons, including orders of supervision with the child remaining in the home, as well as out-of-home placement orders ranging from temporary to permanent. Although applications to court can be made during the investigation period many statutes require that, where possible, non-court ordered services be

TABLE 3-7: History of Previous Investigations in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in 2008

	Alberta 2003			Alberta 2008		
Previous Investigations	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Previously Investigated	19,318	25.69	60%	15,114	19.50	56%
Child Not Previously Investigated	13,001	17.29	40%	11,823	15.25	43%
Unknown	134	0.18	0%	210	0.27	1%
Total Investigations	**32,453**	**43.16**	**100%**	**27,147**	**35.02**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about history of previous investigations

Differences between 2008 and 2003 are non-significant

TABLE 3-8: Applications to Child Welfare Court in Child Maltreatment Investigations in Alberta 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

	Alberta 2003			Alberta 2008		
Child Welfare Court	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
No Application to Court	30,191	40.15	93%	23,301	30.06	86%
Court Application Made	2,245	2.99	7%	3,846	4.96	14%
Total Investigations	**32,436**	**43.13**	**100%**	**27,147**	**35.02**	**100%**

Alberta Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about child welfare court

There was a statistically significant decrease in no court applications between 2003 and 2008

offered before an application is made to court. Because the AIS-2008 can only track applications made during the investigation period, the AIS-2008 court application rate does not account for applications made at later points of service.

Investigating workers were asked about three possible statuses for court involvement during the initial investigation:

No Application: Court involvement was not considered.

Application Considered: The child welfare worker was considering whether or not to submit an application to child welfare court.

Application Made: An application to child welfare court was submitted.

Table 3-8 collapses "no court" and "court considered" into a single category (No Application to Court). In the AIS-2008, 14% of all child investigations (an estimated 3,846 investigations or a rate of 4.96 per 1,000 children) resulted in an application to child welfare court, either during or at the completion of the initial maltreatment investigation. This was a statistically significant increase from 2003, where seven percent of all child investigations (an estimated 2,245 investigations or a rate of 2.99 court applications per 1,000 children). There was a statistically non-significant decrease in investigations in which no court was considered.

Chapter 4
CHARACTERISTICS OF MALTREATMENT

The AIS-2008 definition of child maltreatment includes 32 forms of maltreatment subsumed under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (see Question 31: Maltreatment Codes in AIS-2008/CIS-2008 Guidebook in Appendix E). The 32 forms of maltreatment tracked by the AIS-2008 are defined in the detailed sections on the five categories of maltreatment in this chapter.

Each investigation of maltreatment had a minimum of one and a maximum of three identified forms of maltreatment. In cases involving more than three forms of maltreatment, investigating workers were asked to select the three forms that best described the reason for investigation. More than one category of maltreatment was identified for 30% of substantiated child maltreatment investigations (Table 4-2). The **primary category** of maltreatment was the form that best characterized the investigated maltreatment. In cases where there was more than one form of maltreatment and one form of maltreatment was substantiated and one was not, the substantiated form was automatically selected as the primary form.[1]

This Chapter describes the characteristics of maltreatment in terms of nature and severity of harm and the duration of the maltreatment. Table 4-1 presents the primary category of substantiated maltreatment.

The estimates presented in this Chapter are derived from child maltreatment investigations from a representative sample of child intevention offices in 2008. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child intevention offices, (2) reported cases that were screened out by child intevention offices before being fully investigated, (3) new reports on cases already open by child intevention offices, (4) cases that were investigated only by the police, and (5) cases that were only investigated because of concerns about future risk (see Chapter 2: Methods for a full description of the inclusion and exclusion criteria). Readers are cautioned that the findings presented in this Chapter are **not directly comparable to findings presented in the AIS-2003 report** (see Chapter 1).

PRIMARY CATEGORIES OF MALTREATMENT

Table 4-1 presents the estimates and incidence rates for the five primary categories of **substantiated** maltreatment in Alberta in 2008.

The maltreatment typology in the AIS-2008 uses five major categories of maltreatment: physical abuse; sexual abuse; neglect; emotional maltreatment; and exposure to intimate partner violence. Physical abuse was comprised of six forms: shake, push, grab or throw; hit with hand; punch kick or bite; hit with object; choking, poisoning, stabbing; and other physical abuse. Sexual abuse contained nine forms: penetration; attempted penetration; oral sex; fondling; sex talk or images; voyeurism; exhibitionism; exploitation; and other sexual abuse. Neglect was comprised of eight forms: failure to supervise: physical harm; failure to supervise: sexual abuse; permitting criminal behaviour; physical neglect; medical neglect (includes dental); failure to provide psychiatric or psychological treatment; abandonment; and educational neglect. Emotional maltreatment included six forms: terrorizing or threat of violence; verbal abuse or belittling; isolation/confinement; inadequate nurturing or affection; exploiting or corrupting behaviour; and exposure to non-partner physical violence.[2] Exposure to intimate partner violence was comprised of three forms: direct witness to physical violence; indirect exposure to physical violence;

1 The AIS classification protocol was modified since AIS-2003 to avoid confusion in cases wherein one form of maltreatment is substantiated and one is not. If the primary investigated form was not substantiated but a secondary form was, the substantiated form was recoded as the primary overall form. For example, if physical abuse was unsubstantiated in a case initially classified primarily as physical abuse, but neglect was substantiated, the substantiated neglect was recoded as the primary form of maltreatment.

2 Exposure to non-partner physical violence was analyzed as a form of emotional maltreatment category. On the AIS-2008/CIS-2008 data collection instrument, exposure to non-partner violence was listed separately from other maltreatment forms (see Appendix D).

and exposure to emotional violence. See AIS-2008/CIS-2008 Guidebook (Appendices E) for specific definitions of each maltreatment form.

There were an estimated 14,403 substantiated child maltreatment investigations in Alberta in 2008 (18.58 investigations per 1,000 children). Neglect represents the largest proportion of substantiated maltreatment investigations. Thirty-seven percent of all substantiated investigations identified neglect as the primary type of maltreatment, an estimated 5,328 cases (6.87 investigations per 1,000 children). In 34% of substantiated investigations, exposure to intimate partner violence was identified as the primary concern, an estimated 4,883 investigations (6.30 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in 14% of substantiated investigations (an estimated 1,974 investigations or 2.55 investigations per 1,000 children). In 13% of substantiated investigations, or an estimated 1,933 cases, the primary form of maltreatment identified was physical abuse (2.49 investigations per 1,000 children). Sexual abuse was identified as the primary maltreatment form in two percent of substantiated investigations (an estimated 285 investigations or 0.37 investigations per 1,000 children).

SINGLE AND MULTIPLE CATEGORIES OF MALTREATMENT

The AIS-2008 tracks up to three forms of maltreatment; while Table 4-1 describes the primary category of substantiated maltreatment, Table 4-2 describes cases of substantiated maltreatment involving multiple categories of maltreatment. In most cases (70%) only one category of substantiated maltreatment was documented, in 30% of cases multiple categories of substantiated maltreatment were documented.

Single Categories of Maltreatment: In 70% of substantiated cases, one category of maltreatment was identified, involving an estimated 10,033 child investigations (12.94 investigations per 1,000 children). Exposure to intimate partner violence was identified as the single category of maltreatment in 27% of substantiated investigations; neglect in 25%; emotional maltreatment in nine percent; physical abuse in eight percent; and sexual abuse in one percent.

Multiple Categories of Maltreatment: Thirty percent of substantiated investigations involved more than one category of substantiated maltreatment, an estimated 4,369 child investigations (5.63 investigations per 1,000 children). The most frequently identified combinations were neglect and exposure to intimate partner violence (973 investigations), neglect and emotional maltreatment (917 investigations), emotional maltreatment and exposure to intimate partner violence (728 investigations), physical abuse and emotional maltreatment (388 investigations), and physical abuse, neglect, and emotional maltreatment (331 investigations).

DOCUMENTED PHYSICAL HARM

The AIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two measures, one describing severity of harm as measured by medical treatment needed and one describing the nature of harm.

In 92% of substantiated investigations, no physical harm was identified (Table 4-3). Physical harm was identified in eight percent of cases of substantiated maltreatment. In five percent of cases (an estimated 748 substantiated investigations, or 0.96 investigations per 1,000 children) harm was noted but no treatment was

TABLE 4-1: Primary Category of Substantiated Maltreatment in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Primary Category of Maltreatment	#	Rate per 1,000 children	%
Physical Abuse	1,933	2.49	13%
Sexual Abuse	285	0.37	2%
Neglect	5,328	6.87	37%
Emotional Maltreatment	1,974	2.55	14%
Exposure to Intimate Partner Violence	4,883	6.30	34%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment related investigations in 2008, with information about the primary category of maltreatment

TABLE 4-2: Single and Multiple Categories of Substantiated Child Maltreatment in Alberta in 2008

	#	Rate per 1,000 children	%
Single Form of Substantiated Maltreatment			
Physical Abuse Only	1,135	1.46	8%
Sexual Abuse Only	176	0.23	1%
Neglect Only	3,494	4.51	25%
Emotional Maltreatment Only	1,331	1.72	9%
Exposure to Intimate Partner Violence Only	3,898	5.03	27%
Subtotal: Only One Form of Substantiated Maltreatment	10,033	12.94	70%
Multiple Categories of Substantiated Maltreatment			
Physical Abuse and Neglect	265	0.34	2%
Physical Abuse and Emotional Maltreatment	388	0.50	3%
Physical Abuse and Exposure to Intimate Partner Violence	232	0.30	2%
Sexual Abuse and Neglect	122	0.16	1%
Sexual Abuse and Emotional Maltreatment	–	–	0%
Sexual Abuse and Exposure to Intimate Partner Violence	–	–	0%
Neglect and Emotional Maltreatment	917	1.18	6%
Neglect and Exposure to Intimate Partner Violence	973	1.26	7%
Emotional Maltreatment and Exposure to Intimate Partner Violence	728	0.94	5%
Physical Abuse, Sexual Abuse and Emotional Maltreatment	–	–	0%
Physical Abuse, Sexual Abuse and Exposure to Intimate Partner Violence	–	–	0%
Physical Abuse, Neglect and Emotional Maltreatment	331	0.43	2%
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	–	–	0%
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	–	–	0%
Sexual Abuse, Neglect and Emotional Maltreatment	–	–	0%
Sexual Abuse, Neglect and Exposure to Intimate Partner Violence	–	–	0%
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	208	0.27	2%
Subtotal: Multiple Categories	4,369	5.64	30%
Total Substantiated Maltreatment	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated investigations in 2008

(–) Estimates of less than 100 weighted investigations are not shown

required. In a further three percent of cases (an estimated 399 substantiated investigations, or 0.51 investigations per 1,000 children), harm was sufficiently severe to require treatment.

Physical Abuse: Physical harm was indicated in 32% of investigations where physical abuse was the primary substantiated maltreatment, an estimated 617 child investigations. In 24% of cases a physical injury had been documented but was not severe enough to require treatment. In another eight percent of cases, medical treatment was required. The fact that no physical harm was noted in 68% of physical abuse cases may seem surprising to some readers. It is important to understand that most jurisdictions consider that physical abuse includes caregiver behaviours that seriously endanger children, as well as those that lead to documented injuries.

Sexual Abuse: Estimates for physical harm by medical treatment in substantiated sexual abuse investigations were too low to reliably report.

Neglect: Although physical harm was indicated in only seven percent of investigations where neglect was the primary substantiated maltreatment, most of these cases involved injuries that were severe enough to require medical treatment (four percent of

substantiated neglect cases). As a result, there were more victims of neglect requiring medical treatment (an estimated 207 victims of neglect, or 0.27 investigations per 1,000 children) than for any other category of maltreatment.

Emotional Maltreatment: Estimates for physical harm by medical treatment in substantiated emotional maltreatment investigations were too low to reliably report.

Exposure to Intimate Partner Violence: Estimates for physical harm by medical treatment in substantiated exposure to intimate partner violence investigations were too low to reliably report.

NATURE OF PHYSICAL HARM

Investigating workers were asked to document the nature of physical harm that was suspected or known to have been caused by the investigated maltreatment. These ratings are based on the information routinely collected during the maltreatment investigation. While investigation protocols require careful examination of any physical injuries and may include a medical examination, it should be noted that children are not necessarily examined by a medical practitioner. Seven possible types of injury or health conditions were documented:

No Harm: there was no apparent evidence of physical harm to the child as a result of maltreatment.

Bruises/Cuts/Scrapes: The child suffered various physical hurts visible for at least 48 hours.

Burns and Scalds: The child suffered burns and scalds visible for at least 48 hours.

Broken Bones: The child suffered fractured bones.

Head Trauma: The child was a victim of head trauma (note that in shaken infant cases the major trauma is to the head, not to the neck).

Other Health Conditions: The child suffered from other physical health conditions, such as complications from untreated asthma, failure to thrive, or a sexually transmitted disease.

Fatal: Child has died; maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.

Table 4-4 presents six types of physical harm (and no physical harm investigations) reported in the AIS-2008. Physical harm was documented in eight percent of cases of substantiated maltreatment involving an estimated 1,203 children (1.55 investigations per 1,000 children). Physical harm primarily involved bruises, cuts, and scrapes (five percent) and other health conditions (three percent of substantiated maltreatment). Because the AIS-2008 estimates are based on a very small number of cases involving burns and scalds, broken bones, head

TABLE 4-3: Severity of Physical Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008

	Primary Category of Substantiated Maltreatment																	
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment			Exposure to Intimate Partner Violence			Total		
Severity of Physical Harm	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
No Medical Treatment Required	471	0.61	24%	–	–	0%	157	0.20	3%	–	–	0%	–	–	0%	748	0.96	5%
Medical Treatment Required	146	0.19	8%	–	–	0%	207	0.27	4%	–	–	0%	–	–	0%	399	0.51	3%
Sub-total: Any Physical Harm Documented	617	0.80	32%	–	–	0%	364	0.47	7%	–	–	0%	–	–	0%	1,147	1.48	8%
No Physical Harm Documented	1,316	1.70	68%	256	0.33	90%	4,940	6.37	93%	1,904	2.46	96%	4,785	6.17	99%	13,201	17.03	92%
Total Substantiated Investigations	**1,933**	**2.49**	**100%**	**285**	**0.37**	**100%**	**5,304**	**6.84**	**100%**	**1,974**	**2.55**	**100%**	**4,852**	**2.04**	**100%**	**14,348**	**18.51**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Based on a sample of 1,129 substantiated child maltreatment investigations in Alberta 2008 with information about documented physical harm and primary category of substantiated maltreatment

(–) Estimates of less than 100 weighted investigations are not shown

trauma, and fatality, the estimates for those types of physical harm are too low to reliably report.

DOCUMENTED EMOTIONAL HARM

Considerable research indicates that child maltreatment can lead to emotional harm. Child intevention workers are often among the first to become aware of the emotional effects of maltreatment, either through their observations or through contact with allied professionals, The information collected in the AIS-2008 is limited to the initial assessment period and therefore may under-count emotional harm. If the maltreatment was substantiated or suspected, workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s). These maltreatment-specific descriptions of emotional harm are not to be confused with the general child functioning ratings that are presented in Chapter 5. It is also important to note that while many victims may not show symptoms of emotional harm at the time of the investigation, the effects of the maltreatment may only become manifest later. Therefore, the emotional harm documented by the AIS-2008 underestimates the emotional effects of maltreatment.

Table 4-5 presents whether or not emotional harm was identified during the child maltreatment investigation within each of the primary categories of maltreatment. In order to rate the severity of mental/emotional harm, workers indicated whether the child required treatment to manage the symptoms of mental or emotional harm. In 60% of substantiated investigations, no emotional harm was identified. Emotional harm was noted in 40% of all substantiated maltreatment investigations, involving an estimated 5,789 substantiated investigations. In 25% of substantiated cases (4.68 investigations per 1,000 children) symptoms were severe enough to require treatment in the workers' opinion.

Physical Abuse: Emotional harm was noted in 41% of cases where physical abuse was the primary substantiated maltreatment; in more than half of those cases (28%) symptoms were severe enough to require treatment.

Sexual Abuse: Emotional harm was noted in 53% of investigations where sexual abuse was the primary substantiated concern. In 52% of cases where sexual abuse was the primary substantiated maltreatment, harm was sufficiently severe to require treatment. Estimates for emotional harm not requiring treatment in substantiated sexual abuse cases were too low to reliably report. Although a relatively large proportion of sexually abused children displayed symptoms of emotional harm requiring treatment, these cases account for an estimated 148 out of the 3,629 substantiated maltreatment cases where emotional harm was believed to require therapeutic intervention (four percent). As noted above, the AIS-2008 tracked harm that could be associated with observable symptoms. It is likely that many sexually abused children may be harmed in ways that were not readily

TABLE 4-4: Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008

	Total		
Nature of Physical Harm	#	Rate per 1,000 children	%
No Physical Harm	13,200	17.03	92%
Bruises, Cuts and Scrapes	734	0.95	5%
Burns and Scalds	–	–	0%
Broken Bones	–	–	0%
Head Trauma	–	–	0%
Fatality	–	–	0%
Other Health Conditions	428	0.55	3%
At Least One Type of Physical Harm	1,203	1.55	8%
Total Substantiated Investigations*	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

* Based on a sample of 1,133 substantiated investigations in 2008 with information on nature on physical harm

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(–) Estimates of less than 100 weighted investigations are not shown

apparent to the investigating worker.

Neglect: Emotional harm was identified in 43% of investigations where neglect was the primary substantiated maltreatment; in 29% of cases harm was sufficiently severe to require treatment.

Emotional Maltreatment: Emotional harm was identified in 44% of investigations where substantiated emotional maltreatment was the primary concern, and was sufficiently severe to require treatment in 25% of cases. While it may appear surprising to some readers that no emotional harm had been documented for such a large proportion of emotionally maltreated children, it is important to understand that the determination of emotional maltreatment includes parental behaviours that would be considered emotionally abusive or neglectful even though the child shows no symptoms of harm.

Exposure to Intimate Partner Violence: Emotional harm was identified in 35% of investigations where exposure to intimate partner violence was the primary substantiated maltreatment; in 18% of cases harm was sufficiently severe to require treatment.

TABLE 4-5: Documented Emotional Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008

	Primary Category of Substantiated Maltreatment																	
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment			Exposure to Intimate Partner Violence			Total		
Documented Emotional Harm	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
No treatment required	254	0.33	13%	–	–	0%	712	0.92	14%	384	0.50	19%	807	1.04	17%	2,160	2.79	15%
Treatment required	532	0.69	28%	148	0.19	52%	1,559	2.01	29%	488	0.63	25%	902	1.16	18%	3,629	4.68	25%
Sub-total: Any Emotional Harm Documente	786	1.01	41%	148	0.19	52%	2,271	2.93	43%	872	1.12	44%	1,709	2.20	35%	5,789	7.47	40%
No documented Emotional harm	1,147	1.48	59%	134	0.17	47%	3,057	3.94	57%	1,101	1.42	56%	3,173	4.09	65%	8,612	11.11	60%
Total Substantiated Investigations	**1,933**	**2.49**	**100%**	**285**	**0.37**	**100%**	**5,328**	**6.87**	**100%**	**1,973**	**2.55**	**100%**	**4,882**	**6.30**	**100%**	**14401**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated chid maltreatment investigations with information about whether or not there was emotional harm documented

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(–) Estimates of less than 100 weighted investigations are not shown

TABLE 4-6: Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment in Alberta in 2008

	Primary Category of Substantiated Maltreatment																	
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment			Exposure to Intimate Partner Violence			Total		
Duration of Maltreatment	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Single Incident	810	1.04	42%	–	–	0%	1,320	1.70	25%	338	0.44	17%	1,403	1.81	29%	3,958	5.11	28%
Multiple Incidents	1,102	1.42	58%	177	0.23	67%	3,986	5.14	75%	1,636	2.11	83%	3,459	4.46	71%	10,360	13.36	72%
Total Substantiated Investigations	**1,912**	**2.47**	**100%**	**264**	**0.34**	**100%**	**5,306**	**6.84**	**100%**	**1,974**	**2.55**	**100%**	**4,862**	**6.27**	**100%**	**14,318**	**18.47**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Based on a sample of 1,129 substantiated child maltreatment investigations with information about duration of maltreatment and primary category of substantiated maltreatment

(–) Estimates of less than 100 weighted investigations are not shown

DURATION OF MALTREATMENT

Workers were asked to describe the duration of maltreatment by classifying suspected or substantiated investigations as single incident or multiple incident cases. If the maltreatment type was unfounded, the duration was listed as "Not Applicable (Unfounded)." Given the length restrictions for the AIS-2008 questionnaire, it was not possible to gather additional information on the frequency of maltreatment in order to distinguish between long-term situations with infrequent maltreatment and long-term situations with frequent maltreatment.

Table 4-6 shows that 28% of substantiated investigations (an estimated 3,958 child investigations, or 5.11 investigations per 1,000 children) involved single incidents of maltreatment and 72% involved multiple incidents of maltreatment (an estimated 10,360 child investigations, or 13.36 investigations per 1,000 children).

Physical Abuse: Maltreatment was indicated as a single incident in 42% of cases with physical abuse as the primary substantiated concern, and multiple incidents in 58% of physical abuse cases.

Sexual Abuse: Maltreatment was reported as a multiple incidents in 67% of sexual abuse investigations. Estimates for sexual abuse as a single incident of maltreatment were too low to reliably report.

Neglect: Maltreatment was indicated as a single incident of neglect in 25% of cases where neglect was the primary substantiated maltreatment, and multiple incidents in 75% of neglect cases.

Emotional Maltreatment: Maltreatment was indicated as a single incident in 17% of cases where emotional maltreatment was the primary substantiated concern, and multiple incidents in 83% of emotional maltreatment investigations.

Exposure to Intimate Partner Violence: Maltreatment was indicated as a single incident in 29% of cases where emotional maltreatment was the primary substantiated concern, and multiple incidents in 71% of emotional maltreatment investigations.

Chapter 5
CHARACTERISTICS OF CHILDREN AND FAMILIES

This Chapter provides a description of cases of substantiated maltreatment[1] in terms of the characteristics of the children, their caregivers and their homes. The estimates presented in this Chapter are weighted Alberta estimates derived from child maltreatment investigations conducted in 2008 in a sample of Alberta child intevention offices. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child intevention offices, (2) reported cases that were screened out by child intevention offices before being fully investigated, (3) new reports on cases already open by child intevention offices, (4) cases that were investigated only by the police, and (5) cases that were investigated because of concerns about future risk (see Chapter 2: Methods for a full description of the inclusion and exclusion criteria). Readers are cautioned that the findings presented in this Chapter are **not directly comparable to findings presented in the AIS-2003 report** (see Chapter 1).

1 With the exception of Table 5-1 that includes all investigations and substantiations.

AGE AND SEX OF CHILDREN IN MALTREATMENT-RELATED INVESTIGATIONS AND SUBSTANTIATED MALTREATMENT

Table 5-1 presents the children's age and sex in all maltreatment-related investigations as well as in substantiated child maltreatment investigations. The incidence of maltreatment-related investigations was nearly identical for males (34.31 investigations per 1,000 children) and females (35.77 per 1,000 children). There was some variation by age and sex in incidence of investigated maltreatment with rates being highest for infants (46.86 investigations per 1,000 female infants and 45.58 per 1,000 infant males). Rates of maltreatment-related investigations were similar by sex for four to seven year olds (34.96 and 37.58 per 1,000 girls and boys age four to seven years old, respectively). Males were more often represented in the 8 to 11 year old group and females more often in the adolescent group (ages 12 to 15 and 16 to 17).

The incidence of substantiated maltreatment was nearly identical for males (18.54 per 1,000 boys) and females (18.62 per 1,000 girls). However, there was some variation by age group and sex in the incidence of substantiated maltreatment. For males, incidence rates were highest for those aged one year (28.04), nine years (25.19), and less than one year (24.86). For females, incidence rates were highest for those aged less than one year (27.88), three years (24.15), and one year (23.76). Rates of substantiated maltreatment were similar by sex for four to seven year olds, while males were more often represented in the eight to 11 year old group, and females more often in the adolescent group.

DOCUMENTED CHILD FUNCTIONING

Child functioning was documented on the basis of a checklist of challenges that child welfare workers were likely to be aware of as a result of their investigation. The child functioning checklist (see Appendix D *AIS-2008/CIS-2008 Maltreatment Assessment Form*) was developed in consultation with child welfare workers and researchers to reflect the types of concerns that may be identified during an investigation. The checklist is not a validated measurement instrument for which population norms have been established.[2] The checklist only documents problems that are known to investigating child intevention workers and therefore may

2 A number of child functioning measures with established norms exist; however, these are not consistently used in child welfare settings and could not be feasibly used in the context of the AIS-2008.

TABLE 5-1: Child Age and Sex in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations, and in Substantiated Child Maltreatment Investigations in Alberta in 2008

			All Investigations*			Substantiated Maltreatment**		
		Child Population in Alberta	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
0–17 Years	**All Children**	**775,175**	**27,147**	**35.02**	**100%**	**14,403**	**18.58**	**100%**
	Females	377,835	13,516	35.77	50%	7,037	18.62	49%
	Males	397,340	13,631	34.31	50%	7,366	18.54	51%
0–3 Years	**Females**	**79,850**	**3,742**	**46.86**	**14%**	**2,002**	**25.07**	**14%**
	Males	**83,760**	**3,818**	**45.58**	**14%**	**1,975**	**23.58**	**14%**
< 1 Year	Females	20,370	1,175	57.68	4%	568	27.88	4%
	Males	21,320	1,149	53.89	4%	530	24.86	4%
1 Year	Females	20,035	825	41.18	3%	476	23.76	3%
	Males	20,830	962	46.18	4%	584	28.04	4%
2 Years	Females	19,995	868	43.41	3%	462	23.11	3%
	Males	21,115	895	42.39	3%	474	22.45	3%
3 Years	Females	19,450	874	44.94	3%	495	24.15	3%
	Males	20,495	812	39.62	3%	386	18.83	3%
4–7 Years	**Females**	**78,225**	**2,735**	**34.96**	**10%**	**1,310**	**16.75**	**9%**
	Males	**82,070**	**3,084**	**37.58**	**11%**	**1,626**	**19.81**	**11%**
4 Years	Females	18,915	637	31.99	2%	310	16.39	2%
	Males	20,075	700	34.87	3%	364	18.13	3%
5 Years	Females	19,395	720	37.12	3%	298	15.36	2%
	Males	20,230	687	33.96	3%	342	16.91	2%
6 Years	Females	19,865	646	32.52	2%	295	14.85	2%
	Males	20,695	785	37.93	3%	400	19.33	3%
7 Years	Females	20,050	733	36.56	3%	406	20.25	3%
	Males	21,070	913	43.33	3%	519	24.63	4%
8–11 Years	**Females**	**83,085**	**2,668**	**32.11**	**10%**	**1,356**	**16.32**	**9%**
	Males	**87,840**	**3,287**	**37.42**	**12%**	**1,792**	**20.40**	**12%**
8 Years	Females	20,145	644	31.97	2%	306	15.19	2%
	Males	20,930	823	1.96	3%	407	19.45	3%
9 Years	Females	20,050	693	34.56	3%	347	17.31	2%
	Males	21,675	925	42.68	3%	546	25.19	4%
10 Years	Females	21,405	551	25.74	2%	305	14.25	2%
	Males	22,445	815	36.31	3%	511	22.77	4%
11 years	Females	21,485	780	36.30	3%	398	18.52	3%
	Males	22,790	724	0.99	3%	328	14.39	2%
12–15 Years	**Females**	**89,685**	**3,373**	**37.61**	**12%**	**1,774**	**19.78**	**12%**
	Males	**94,395**	**2,654**	**28.12**	**10%**	**1,545**	**16.37**	**11%**
12 Years	Females	21,705	814	37.50	3%	405	18.66	3%
	Males	23,005	857	37.25	3%	509	22.13	4%
13 Years	Females	22,380	821	36.68	3%	393	17.56	3%
	Males	23,105	596	25.80	2%	362	15.67	3%
14 Years	Females	22,680	833	36.73	3%	492	21.69	3%
	Males	23,815	659	27.67	2%	435	18.27	3%
15 Years	Females	22,920	905	39.49	3%	484	21.12	3%
	Males	24,470	541	22.11	2%	239	9.77	2%
16–17 Years	Females	46,990	998	21.24	4%	595	12.66	4%
	Males	49,275	789	16.01	3%	427	8.67	3%
16 Years	Females	23,640	547	23.14	2%	320	13.54	2%
	Males	25,005	458	18.32	2%	217	8.68	2%
17 Years	Females	23,350	452	19.36	2%	275	11.00	2%
	Males	24,270	331	13.64	1%	211	8.69	1%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages. Individual cells may not add up to totals because low frequency estimates are not reported but are included in totals

*Based on a sample of 2,239 child maltreatment investigations with information about child age and sex

** Based on a sample of 1,133 substantiated child maltreatment investigations with information about child age and sex

Column numbers may not add up to indicated total due to rounding

undercount the occurrence of some child functioning problems.[3]

Investigating workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation.[4] The six-month period before the investigation was used as a reference point where applicable. Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented with a checklist that included the following categories:

Depression/Anxiety/Withdrawal: Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.

Suicidal Thoughts: The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.

Self-harming Behaviour: Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.

ADD/ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children of comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school, or in the community.

Attachment Issues: The child does not have a physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.

Aggression: Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property, at home, at school or in the community.

Running (Multiple Incidents): Has run away from home (or other residence) on multiple occasions for at least one overnight period.

Inappropriate Sexual Behaviour: Child displays inappropriate sexual behaviour, including age-inappropriate play with toys, self or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; prostitution or seductive behaviour.

***Youth Criminal Justice Act* Involvement:** Charges, incarceration, or alternative measures with the Youth Justice system.

Intellectual/Developmental Disability: Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g., Down's syndrome, autism and Asperger's syndrome.

Failure to Meet Developmental Milestones: Children who are not meeting their development milestones because of a non-organic reason.

Academic difficulties: Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language usage, numbers, reading, work comprehension).

Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE): Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in-utero exposure to alcohol abuse by the biological mother.

Positive Toxicology at Birth: When a toxicology screen for a newborn tests positive for the presence of drugs or alcohol.

Physical Disability: Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness,

3 Although child welfare workers assess the safety of children, they do not routinely conduct a detailed assessment of child functioning. Items on the checklist included only issues that workers happened to become aware of during their investigation. A more systematic assessment would therefore likely lead to the identification of more issues than noted by workers during the AIS-2008.

4 Items were rated on a 4-point measure differentiating "confirmed," "suspected," "no" and "unknown" child functioning concern. A child functioning concern was classified as confirmed if a problem had been diagnosed, observed by the investigating worker or another worker, or disclosed by the caregiver or child. An issue was classified as suspected if investigating workers` suspicions were sufficient to include the concern in their written assessment of the family or in transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be completed in subsequent analyses.

deafness or a severe vision or hearing impairment that noticeably affects activities of daily living.

Alcohol Abuse: Problematic consumption of alcohol (consider age, frequency and severity).

Drug/solvent Abuse: Include prescription drugs, illegal drugs, and solvents.

Other: Any other conditions related to child functioning

Table 5-2 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 52% of substantiated child maltreatment investigations (an estimated 7,439 investigations, 9.60 investigations per 1,000 children) at least one child functioning issue was indicated by the investigating worker. Academic difficulties were the most frequently reported functioning concern (27% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (21% of substantiated maltreatment investigations). Twenty percent of substantiated maltreatment investigations involved children with intellectual/developmental disabilities, and 18% of substantiated maltreatment investigations involved aggression. Sixteen percent of substantiated maltreatment investigations indicated attachment issues. Thirteen percent of investigations involved children experiencing ADD/ADHD. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may become evident after that time.

ABORIGINAL HERITAGE OF INVESTIGATED CHILDREN

Children's Aboriginal heritage was documented by the AIS-2008 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system. Aboriginal children are a key group to examine because of concerns about overrepresentation of

TABLE 5-2: Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Alberta in 2008

Child Functioning Concern	#	Rate per 1,000 children	%
Depression/Anxiety/Withdrawal	3,043	3.93	21%
Suicidal Thoughts	970	1.25	7%
Self-Harming Behaviour	786	1.01	5%
ADD/ADHD	1,903	2.45	13%
Attachment Issues	2,336	3.01	16%
Aggression	2,636	3.40	18%
Running (Multiple Incidents)	973	1.26	7%
Inappropriate Sexual Behaviours	837	1.08	6%
Youth Criminal Justice Act Involvement	603	0.78	4%
Intellectual/Developmental Disability	2,865	3.70	20%
Failure to Meet Developmental Milestones	1,899	2.45	13%
Academic Difficulties	3,947	5.09	27%
FAS/FAE	1,408	1.82	10%
Positive Toxicology at Birth	345	0.45	2%
Physical Disability	531	0.69	4%
Alcohol Abuse	835	1.08	6%
Drug/Solvent Abuse	876	1.13	6%
Other Functioning Concern	704	0.91	5%
At Least One Child Functioning Concern	7,439	9.60	52%
No Child Functioning Concern	6,964	8.98	48%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidcence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about child functioning

Columns may not add up to total because investigating workers could identify more than once child functioning concern

children from these communities in the foster care system. Table 5-3 shows that the rate of substantiated child maltreatment investigations was more than five times higher in Aboriginal child investigations than for non-Aboriginal children ($^{72.57}/_{1,000}$ Aboriginal children versus $^{13.21}/_{1,000}$ non-Aboriginal children).

Thirty-five percent of substantiated investigations involved children of Aboriginal heritage (Table 5-3). Sixteen percent of substantiated maltreatment investigations involved children with First Nations status, 10% involved First Nations Non-Status children and eight percent were Métis children. One percent of investigated children in substantiated child maltreatment investigations were Inuit. Estimates for children of other Aboriginal heritage were too low to reliably report.

PRIMARY CAREGIVER AGE AND SEX

For each investigated child, the investigating worker was asked to indicate who was the primary parent, and to specify their age and sex. Eight age groups were captured on the *Intake Face Sheet*, enabling the workers to estimate the caregiver's age (see Appendix D, *Maltreatment Assessment Form*). Table 5-4 shows the age and sex distribution of primary caregivers. In 91% of substantiated investigations the persons considered to be the primary caregiver were female. Nearly half (47%) of substantiated investigations involved caregivers between the ages of 31 and 40. Caregivers who were under 22 were relatively rare (four percent), as were caregivers over 50 (one percent). Estimates for caregivers aged 16 and under and caregivers older than 60 were too low to reliably report.

TABLE 5-3: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008

Aboriginal Heritage	#	Rate per 1,000 children	%
First Nation, Status	2,336	NA	16%
First Nation, Non-Status	1,480	NA	10%
Métis	1,084	NA	8%
Inuit	110	NA	1%
Other Aboriginal	–	NA	0%
Sub-total: All Aboriginal	5,109	72.57	35%
Non-Aboriginal	9,294	13.21	65%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages.

Based on a sample of 1133 substantiated child maltreatment investigations with information about the child's Aboriginal heritage

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(–) Estimates of less than 100 weighted investigations are not shown

TABLE 5-4: Age and Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Alberta in 2008

Age of Primary Caregiver	Sex of Primary Caregiver	#	Rate per 1,000 children	%
<16	Females	–	–	0%
	Males	–	–	0%
16–18	Females	141	0.18	1%
	Males	–	–	0%
19–21	Females	440	0.57	3%
	Males	–	–	0%
22–30	Females	4,245	5.48	30%
	Males	100	0.13	1%
31–40	Females	6,251	8.06	43%
	Males	592	0.76	4%
41–50	Females	1,731	2.23	12%
	Males	489	0.63	3%
51–60	Females	193	0.25	1%
	Males	–	–	0%
>60	Females	–	–	0%
	Males	–	–	0%
Unknown	Females	–	–	0%
	Males	–	–	0%
Total	Females	13,107	16.91	91%
	Males	1,296	1.67	9%
Total Substantiated Investigations		**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about primary caregiver age and sex

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Column numbers may not add up to indicated total due to rounding

(–) Estimates of less than 100 weighted investigations are not shown

PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD

The AIS-2008 gathered information on up to two of the child's parents or caregivers living in the home.[5] For each listed caregiver, investigating workers were asked to choose the category that described the relationship between the caregiver and each child in the home. If recent household changes had occurred, investigating workers were asked to describe the situation at the time the referral was made.

The caregiver's relationship to the child was classified as one of the following: biological parent (mother or father), parent's partner, foster parent, adoptive parent, grandparent, and other.

Table 5-5 describes only the primary caregiver's relationship to the child in substantiated maltreatment investigations in Alberta in 2008. Ninety-six percent of substantiated investigations involved children whose primary caregiver was a biological parent, and one percent lived with a primary caregiver who was a parent's partner. Two percent of substantiated child investigations involved a grandparent as primary caregiver. Estimates for other types of caregiver relationships were too low to reliably report.

TABLE 5-5: Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Alberta in 2008

Primary Caregiver's Relationship to the Child	#	Rate per 1,000 children	%
Biological Mother	12,617	16.28	88%
Biological Father	1,191	1.54	8%
Parent's Partner	145	0.19	1%
Foster Parent	–	–	0%
Adoptive Parent	–	–	0%
Grandparent	262	0.34	2%
Other Relative	–	–	0%
Other	–	–	0%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about primary caregiver's relationship to the child

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(–) Estimates of less than 100 weighted investigations are not shown

PRIMARY CAREGIVER RISK FACTORS

Concerns related to documented caregiver risk factors were reported by investigating workers using a checklist of nine items that were asked about each caregiver. Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months.[6] The checklist is not a validated measurement instrument. The checklist only documents problems that are known to investigating child intevention workers.

The checklist included:

Alcohol Abuse: Caregiver abuses alcohol.

Drug/Solvent Abuse: Abuse of prescription drugs, illegal drugs or solvents.

Cognitive Impairment: Caregiver has a cognitive impairment.

Mental Health Issues: any mental health diagnosis or problem.

Physical Health Issues: Chronic illness, frequent hospitalizations or physical disability.

Few Social Supports: Social isolation or lack of social supports.

Victim of Domestic Violence: During the past six months the caregiver was a victim of domestic violence including physical, sexual or verbal assault.

Perpetrator of Domestic Violence: During the past six months the caregiver was a perpetrator of domestic violence including physical, sexual or verbal assault.

History of Foster Care or Group Home: Caregiver was in foster care and or group home care during his or her childhood.

Table 5-6 presents primary caregiver risk factors that were noted by investigating workers. At least one primary caregiver risk factor was identified in 86% of substantiated

5 The two-caregiver limit was required to accommodate the form length restrictions set for the *Household Information Sheet*.

6 Items were rated on a 4-point measure differentiating "confirmed," "suspected," "no" and "unknown" caregiver risk factor. A caregiver risk factor or family stressor was classified as confirmed if a problem had been diagnosed, observed by the investigating worker or another worker, or disclosed by the caregiver. An issue was classified as suspected if investigating workers` suspicions were sufficient to include the concern in their written assessment of the family or in transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be completed in subsequent analyses.

maltreatment investigations (an estimated 12,343 child investigations). The most frequently noted concerns were victim of domestic violence (52%), few social supports (46%), mental health issues (36%), alcohol abuse (33%), and drug or solvent abuse (25%).

HOUSEHOLD SOURCE OF INCOME

Investigating workers were requested to choose the income source that best described the primary source of the household income. Income source was categorized by the investigating worker using nine possible classifications:

Full Time Employment: A caregiver is employed in a permanent, full-time position.

Part Time (Fewer Than 30 Hours/ Week): Family income is derived primarily from a single part-time position.

Multiple Jobs: Caregiver has more than one part-time or temporary position.

Seasonal: Caregiver works either full- or part-time positions for temporary periods of the year.

Employment Insurance (EI): Caregiver is temporarily unemployed and is receiving employment insurance benefits.

Social Assistance: Caregiver is currently receiving social assistance benefits.

Other Benefit: Refers to other forms of benefits or pensions (e.g., family benefits, long-term disability insurance or child support payments.

None: Caregiver has no source of legal income.

Unknown: Source of income was not known.

Table 5-7 collapsed income sources into full time employment, part time employment (which include seasonal and multiple jobs), benefits/ employment insurance/social assistance, unknown and none. Table 5-7 shows the source of income for the households of children with substantiated maltreatment as tracked by the AIS-2008. Fifty-four percent of investigations (or 7,720 substantiated investigations) involved children in families that derived their primary income from full-time employment. Thirty-one percent involved children whose families received other benefits/ EI/social assistance as their primary source of income (4,426 substantiated investigations). Eleven percent of families relied on part-time work, multiple jobs or seasonal employment. In two percent of substantiated investigations the source of income was unknown by the workers, and in two percent of substantiated investigations no reliable source of income was reported.

TABLE 5-6: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008

Caregiver Risk Factors	#	Rate per 1,000 children	%
Alcohol Abuse	4,744	6.12	33%
Drug/Solvent Abuse	3,620	4.67	25%
Cognitive Impairment	1,679	2.17	12%
Mental Health Issues	5,249	6.77	36%
Physical Health Issues	2,048	2.64	14%
Few Social Supports	6,646	8.57	46%
Victim of domestic violence	7,426	9.58	52%
Perpetrator of Domestic Violence	2,725	3.52	19%
History of Foster Care/Group Home	1,717	2.21	12%
At Least One Primary Caregiver Risk Factor	12,343	15.92	86%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Based on a sample of 1,133 substantiated child maltreatment investigations with information about primary caregiver's risk factors

Columns may not add up to total because investigating workers could identify more than one primary caregiver risk factor

TABLE 5-7: Household Source of Income in Substantiated Child Maltreatment Investigations in Alberta in 2008

Household Source of Income	#	Rate per 1,000 children	%
Full-Time Employment	7,720	9.96	54%
Part-Time/Multiple Jobs/Seasonal Employment	1,651	2.13	11%
Benefits/EI/Social Assistance	4,426	5.71	31%
Unknown	315	0.41	2%
None	291	0.38	2%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about household source of income

HOUSING TYPE

Table 5-8 presents housing type for substantiated investigations. Investigating workers were asked to select the housing accommodation category that best described the investigated child's household living situation. The types of housing included:

Own Home: A purchased house, condominium, or townhouse.

Rental: A private rental house, townhouse or apartment.

Band Housing: Aboriginal housing built, managed, and owned by the band.

Public Housing: A unit in a public rental-housing complex (i.e., rent-subsidized, government-owned housing), or a house, townhouse or apartment on a military base.

Shelter/Hotel: An SRO hotel (single room occupancy), homeless or family shelter, or motel accommodation.

Unknown: Housing accommodation was unknown.

Other: Any other form of shelter.

At the time of the study, 59% of all substantiated investigations involved children living in any type of rental accommodations (46% private rentals and 13% public housing), and 29% involved children living in purchased homes. Four percent lived in band housing, four percent in other accommodation types, and two percent in shelters or hotels. In two percent of substantiated investigations, workers did not have enough information to describe the housing type. According to the 2006 Census, 78% of households owned their home, and 22% rented their home.[7]

TABLE 5-8: Housing Type in Substantiated Child Maltreatment Investigations in Alberta in 2008

Housing Type	#	Rate per 1,000 children	%
Own Home	4,164	5.37	29%
Rental Accomodation	6,669	8.60	46%
Public Housing	1,948	2.51	13%
Band housing	576	0.74	4%
Shelter/Hotel	262	0.34	2%
Other	540	0.70	4%
Unknown	243	0.31	2%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about housing type

Column numbers may not add up to indicated total due to rounding

TABLE 5-9: Family Moves Within the Last 12 Months in Substantiated Child Maltreatment Investigations in Alberta in 2008

Frequency of Family Moves	#	Rate per 1,000 children	%
No Moves in Last 12 Months	7,303	9.42	51%
One Move	2,740	3.53	19%
Two or More Moves	2,148	2.77	15%
Unknown	2,212	2.85	15%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about family moves

FAMILY MOVES

In addition to housing type, investigating workers were asked to indicate the number of household moves within the past twelve months. Table 5-9 shows that half of substantiated investigations involved families that had not moved in the previous 12 months (51% or 9.42 investigations per 1,000 children), whereas 19% had moved once (3.53 investigations per 1,000 children) and 15% had moved two or more times (2.77 investigations per 1,000 children). In 15% percent of substantiated investigations, whether the family had recently moved was unknown to the workers.

EXPOSURE TO HAZARDS IN THE HOME

Exposure to hazards in the home was measured by investigating workers who indicated the presence or absence of hazardous conditions in the home (Table 5-10). Hazards included in the AIS-2008 were presence of accessible weapons, the presence of accessible drugs or drug paraphernalia, evidence of drug production or drug trafficking in the home, chemicals or solvents

7 Household type, structural type of dwelling and housing tenure, *2006 Census*. Minister of Industry, 2008. 97-554-xcb2006028

TABLE 5-10: Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Alberta in 2008

Housing Conditions	#	Rate per 1,000 children	%
Accessible Weapons	391	0.50	3%
Acceessible Drugs or Drug Paraphernalia	1,321	1.70	9%
Drug Production/Trafficking in Home	126	0.16	1%
Chemicals or Solvents Used in Production	–	–	0%
Other Home Injury Hazards	698	0.90	5%
Other Home Health Hazards	1,690	2.18	12%
Total Substantiated Investigations	**14,403**	**18.58**	**100%**

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages do not add up to 100% because investigating workers could identify more than one hazard in the home

Based on a sample of 1,133 substantiated child maltreatment investigations with information about households identified as having housing safety concerns

Columns may not add up tp total because low frequency estimates are not reported but are included in totals and because investigating workers could identify more than one hazard in the home

(–) Estimates of less than 100 weighted investigations are not shown

used in drug production, home injury hazards (poisons, fire implements, or electrical hazards) and home health hazards (insufficient heat, unhygienic conditions).

Home health hazards were noted in 12% of substantiated investigations (an estimated 1,690 substantiated investigations); home injury hazards were noted in five percent of substantiated maltreatment investigations. Accessible weapons were indicated in three percent of substantiated investigations while accessible drugs or drug paraphernalia were noted in nine percent of substantiated investigations. Drug production/trafficking in the home were noted in one percent of substantiated investigations. The presence of at least one household hazard was noted in 20% of substantiated investigations.

FUTURE DIRECTIONS

The AIS 2003 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigation across Alberta over the last decade. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the AIS-2008 visit the Child Welfare Research Portal at http://www.cwrp.ca.

Appendix A

AIS-2008 SITE RESEARCHERS

AIS-2008 Site Researchers provided training and data collection support at the 14 AIS offices. Their enthusiasm and dedication to the study were critical in ensuring its success. The following is a list of Site Researchers who participated in the AIS-2008.

Richard Feehan
(Co-Investigator, AIS-2008)
Faculty of Social Work
University of Calgary

Rick Enns (Co-Investigator, AIS-2008)
Faculty of Social Work
University of Calgary

Olivia Kitt (Research Associate)
Faculty of Social Work
University of Calgary

Shelley Thomas Prokop
(Research Associate)
First Nations Family and Community Institute

Jordan Gail (Research Associate)
Faculty of Social Work
University of Calgary

Bruce MacLaurin (Principle Investigator)
Faculty of Social Work
University of Calgary

Carolyn Zelt (Research Associate)
Faculty of Social Work
University of Calgary

DATA ENTRY

Data entry of the AIS-2008 Face Sheet was completed by Christine DuRoss and Melissa Van Wert in Toronto. Scanning for the AIS-2008 was completed by Adina Herbert in Toronto and Abu Sayem in Montreal. Data cleaning for the AIS-2008 was completed by Joanne Daciuk.

DATA ANALYSIS

Assistance in developing the sampling design, custom area files, weights, and confidence intervals was provided by Martin Chabot, School of Social Work, McGill University.

Appendix B

FIRST NATIONS CIS/AIS ADVISORY COMMITTEE

The First Nations CIS Advisory Committee's mandate is to ensure that CIS respects the principles of Aboriginal Ownership of, Control over, Access to and Possession of research (OCAP principles) to the greatest degree possible given that the CIS is a cyclical study which collects data on Aboriginal and non-Aboriginal investigations.

The following is a list of current members of the First Nations CIS-2008 Advisory Committee members.

Marlyn Bennett
First Nations Child & Family Caring Society of Canada
Winnipeg, Manitoba

Cindy Blackstock
First Nations Child & Family Caring Society of Canada
Ottawa, Ontario

Elsie Flette
Southern First Nations Network of Care
Winnipeg, Manitoba

Joan Glode (chair)
Mi'kmaw Family & Children's Services of Nova Scotia
Shubenacadie Hants County, Nova Scotia

Richard Gray
First Nations of Quebec & Labrador Health & Social Services Commission
Wendake, Quebec

Shawn Hoey
Caring for First Nations Children Society
Victoria, British Columbia

Betty Kennedy
The Association of Native Child & Family Services Agencies of Ontario
Thunder Bay, Ontario

Judy Levi
North Shore MicMac District Council
Eel Ground, New Brunswick

Linda Lucas
Caring for First Nations Children Society
Victoria, British Columbia

H. Monty Montgomery
University of Regina
Saskatoon, Saskatchewan

Stephanie O'Brien
Assembly of First Nations
Ottawa, Ontario

Tara Petti
Southern First Nations Network of Care
Winnipeg, Manitoba

Appendix C
GLOSSARY OF TERMS

The following is an explanatory list of terms used throughout the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008) report.

Aboriginal Peoples:[1] The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people – Indians, Métis, and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

AIS: *Alberta Incidence Study of Reported Child Abuse and Neglect*.

Age group: The age range of children included in the AIS-2008 sample. Unless otherwise specified, all data are presented for children between newborn and 17 years of age inclusively.

Annual Incidence Rate: The number of child maltreatment related investigations per 1,000 children in a given year.

Annualization Weight: The number of cases opened during 2008 divided by the number of cases sampled during the three-month sampling selection period.

Case Duplication: Children who are subject of an investigation more than once in a calendar year are counted in most child welfare statistics as separate "cases" or "investigations." As a count of children, these statistics are therefore duplicated.

Case Openings: Cases that appear on office statistics as openings. These may be counted on a family basis or a child basis. Openings do not include referrals that have been screened-out.

Categories of Maltreatment: The five key classifications categories under which the 32 forms of maltreatment were subsumed: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence.

Child: The AIS-2008 defined child as age newborn to 17 years inclusive.

Child Maltreatment Related Investigations: Case openings that meet the AIS-2008 criteria for investigated maltreatment (Figure 1-1).

Child Welfare Offices: The primary sampling unit for the AIS-2008 is the local child welfare office responsible for conducting child maltreatment related investigations. In Alberta they are local offices for the provincial child protection authority. A total of 77 child welfare offices were identified across Alberta for the AIS-2008/CIS-2008, of which 14 were selected for the final sample.

Childhood Prevalence: The proportion of people maltreated at any point during their childhood.

Definitional Framework: The AIS-2008 provides an estimate of the number of cases (age under 18) of alleged child maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence) reported to and investigated by Alberta child intevention offices in 2008 (screened-out reports are not included). The estimates are broken down by three levels of substantiation (substantiated, suspected, unsubstantiated). Cases opened more than once during the year are counted as separate investigations.

Differential or Alternate Response Models: A newer model of service delivery in child welfare in which a range of potential response options are customized to meet the diverse needs of families reported to child welfare. Typically involves multiple "streams" or "tracks" of service delivery. Less urgent cases are shifted to a "community" track where the focus of intervention is on coordinating services and resources to meet the short- and long-term needs of families.

First Nation:[2] A term that came into common usage in the 1970s to replace the word "Indian", which some people found offensive. Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term "First Nations peoples" refers to the Indian peoples in Canada, both Status and non-Status. Some Indian peoples have also adopted the term "First Nation" to replace the word "band" in the name of their community.

First Nations Status:[3] A person who is registered as First Nations under

1 http://www.ainc-inac.gc.ca/ap/tln-eng.asp

2 http://www.ainc-inac.gc.ca/ap/tln-eng.asp

3 Ibid.

the *Indian Act*. The act sets out the requirements for determining who is First Nations for the purposes of the *Indian Act*.

Forms of Maltreatment: Specific types of maltreatment (e.g., hit with an object, sexual exploitation, or direct witness to physical violence) that are classified under the five AIS-2008 Categories of Maltreatment. The AIS-2008 captured 32 forms of maltreatment.

Inuit:[4] An Aboriginal people in Northern Canada, who live in Nunavut, Northwest Territories, Northern Quebec, and Northern Labrador. The word means "people" in the Inuit language – Inuktitut. The singular of Inuit is Inuk.

Level of Identification and Substantiation: There are four key levels in the case identification process: detection, reporting, investigation, and substantiation. *Detection* is the first stage in the case identification process. Little is known about the relationship between detected and undetected cases. *Reporting* suspected child maltreatment is required by law in all provinces and territories in Canada. Reporting mandates apply at a minimum to professionals working with children, and in many jurisdictions apply as well to the general public. The AIS-2008 does not document unreported cases. *Investigated* cases are subject to various screening practices, which vary across offices. The AIS-2008 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases. *Substantiation* distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. The AIS-2008 uses a three tiered classification system, in which a *suspected* level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker, but cannot be substantiated.

Maltreatment Related Investigations: Investigations of situations where there are concerns that a child may have already been abused or neglected.

Métis:[5] People of mixed First Nation and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit, or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway, and Cree.

Multi-stage sampling design: A research design in which several systematic steps are taken in drawing the final sample to be studied. The AIS-2008 sample was drawn in three stages.

NIS: U.S. *National Incidence Study of Child Abuse and Neglect*.

Non-Maltreatment Cases: Cases open for child welfare services for reasons other than suspected maltreatment (e.g., prevention services, parent-child conflict, services for young pregnant women, etc.).

Oversampling: Provinces could elect to oversample. Certain provinces, such as Alberta, provided additional funding for a representative number of offices to be sampled for the province. This procedure ensures that the final sample includes a sufficient number of cases from the sub-group of interest. This way, it is possible to conduct separate analyses on the data collected from the sub-group. Investigations from Alberta were oversampled to ensure that enough data were collected to provide provincial estimates.

Primary Sampling Unit: See definition of Child Welfare Office. In a multi-stage sampling design, the initial stage of sampling is based on an element of the population, and that element is the primary sampling unit. In the AIS-2008, the initial stage of sampling occurred by randomly selecting child welfare offices.

Regionalization Weight: Based on the child population, regionalization weights were determined by dividing the child population (age 0-17) in the strata by the child population (age 0-17) of primary sampling units sampled from the strata. See definitions of primary sampling unit and strata. Weights based on Census 2006 data.

Reporting year: The year in which child maltreatment cases were opened (with a few exceptions). The reporting year for the AIS is 2008.

Risk of Future Maltreatment: A situation where a child is considered to be at risk for maltreatment in the future due to the child or the family's circumstances. For example, a child living with a caregiver who abuses substances may be deemed at risk of future maltreatment even if no form of maltreatment has been alleged. In this report, risk of future maltreatment is used to distinguish maltreatment investigations where there are concerns that a child may have already been abused or neglected from cases where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed.

Risk of Harm: Placing a child at risk of harm implies that a specific action (or inaction) occurred that seriously endangered the safety of that child.

Screened-out: Referrals that are not opened for an investigation.

Strata: To increase the sampling

4 Ibid.

5 http://www.ainc-inac.gc.ca/ap/tln-eng.asp

efficiency, child welfare offices were grouped in strata from which CIS/AIS offices were sampled. In Alberta, they were further stratified by size and by region. In addition, separate strata were developed for First Nations Offices.

Unit of Analysis: The denominator used in calculating maltreatment rates. In the case of the AIS-2008 the unit of analysis is the child maltreatment investigation.

Unit of Service: Some child welfare jurisdictions consider the entire family as the unit of service, while others only consider the individual child who was referred for services as the unit of service. For those jurisdictions that provide service on the basis of the child, a new investigation is opened for each child in the family where maltreatment is alleged. For those jurisdictions that provide service on the basis of the family, a new investigation is opened for the entire family regardless of how many children have been allegedly maltreated.

Appendix D

CIS-2008/AIS-2008 MALTREATMENT ASSESSMENT FORM

The AIS-2008 Maltreatment Assessment Form consists of:

- Intake Face Sheet;
- Household Information Sheet; and
- 2 identical Child Information Sheets.

Canadian Incidence Study of Reported Child Abuse and Neglect – CIS-2008

Étude canadienne sur l'incidence des cas signalés de violence et de négligence à l'égard des enfants – ECI-2008

Funded by Public Health Agency of Canada and supported by the provincial and territorial governments of Canada

CIS Maltreatment Assessment

INTAKE FACE SHEET *(Please complete this face sheet for all cases)*

CIS OFFICE USE ONLY

1. Date referral was received: D D M M Y Y

2. Date case opened: D D M M Y Y

3. Source of allegation/referral *(Fill in all that apply)*

○ Custodial parent	○ Neighbour/friend	○ Hospital (any personnel)	○ School	○ Police
○ Non-custodial parent	○ Social assistance worker	○ Community health nurse	○ Other child welfare service	○ Community agency
○ Child (subject of referral)	○ Crisis service/shelter	○ Community physician	○ Day care centre	○ Anonymous
○ Relative	○ Community/recreation centre	○ Community mental health professional	○ Other: _____	

4. Please describe referral, including alleged maltreatment or risk of maltreatment (if applicable) and results of investigation

In jurisdictions with differential/alternative response choose one: ○ Customized/alternate response ○ Traditional protection investigation

CIS OFFICE USE ONLY

5. Caregiver(s) in the home

Primary caregiver

a) Sex ○ Male ○ Female

b) Age ○ <16 ○ 16–18 yrs ○ **19–21 yrs** ○ 22–30 yrs ○ **31–40 yrs** ○ **41–50 yrs** ○ 51–60 yrs ○ >60 yrs

Second caregiver in the home at time of referral

○ No second caregiver in the home

a) Sex ○ Male ○ Female

b) Age ○ <16 ○ 16–18 yrs ○ **19–21 yrs** ○ 22–30 yrs ○ **31–40 yrs** ○ **41–50 yrs** ○ 51–60 yrs ○ >60 yrs

Use the following ***relationship codes*** *to indicate caregiver's relationship to the child in 6d) and 6e) and, in the case of "other," please specify the relationship in the space provided*

1 Biological parent
2 Parent's partner
3 Foster parent
4 Adoptive parent
5 Grandparent
6 Other: _____

CIS OFFICE USE ONLY	6a) List first names of *all* children (<20 years) in the home at time of referral	6b) Age of child	6c) Sex of child	6d) **Primary** caregiver's relationship to child (see relationship codes above)	6e) **Other** caregiver's relationship to child (see relationship codes above)	6f) Referred	6g) Risk investigation only	6h) Investigated incident of maltreatment
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○

A Child Information Sheet should be completed for each child investigated for a risk of maltreatment (6g) or incident of maltreatment (6h).

Worker's name: _____

CIS OFFICE USE ONLY

First two letters of primary caregiver's surname:

Other family surname, if applicable:

Case number:

This information will remain confidential, and no identifying information will be used outside your own agency.
This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal **QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287**
University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080 08/08

PROCEDURES

1. The Intake Face Sheet should be completed on every case that you assess/investigate, even if there is no suspected maltreatment.
2. The entire CIS Maltreatment Assessment form (*Intake Face Sheet, Household Information Sheet* and *Child Information Sheet(s)*) should be completed for each investigation. Each investigated child requires a separate *Child Information Sheet*.

   Currently open/active cases with new allegations of child maltreatment are not included in the CIS.

To ensure accuracy and minimize response time, the shoud be completed when you complete the standard written assessment/investigation report for the child maltreatment investigation.

Unless otherwise specified, all information *must* be completed by the investigating worker.

Complete *all* items to the best of your knowledge. To increase accuracy of data scanning, please avoid making marks beyond the fill-in circles.

Thank you for your time and interest.

COMMENTS

If you are unable to complete an investigation for any child indicated in 6g) or 6h) please explain why

CIS OFFICE USE ONLY

Comments:

Comments:

Comments:

This information will remain confidential, and no identifying information will be used outside your own agency.
This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

al QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-707
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

CIS Maltreatment Assessment: Household Information

CIS OFFICE USE ONLY ___ - ___ - ___

Please describe household composition at time of referral

Primary Caregiver : _____

A8. Primary income
O Full time O Seasonal O Other benefit
O Part time (<30 hrs/wk) O Employment insurance O None
O Multiple jobs O Social assistance O Unknown

A9. Ethno-racial
O White
O South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
O Black (e.g., African, Haitian, Jamaican)
O Chinese
O Latin American
O Southeast Asian other than Chinese (e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
O Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
O Aboriginal
O Other: _____

A10a) If Aboriginal O On reserve O Off reserve
b) O First Nations status O First Nations non-status O Métis
O Inuit O Other: _____
c) Caregiver attended residential school O Yes O No O Unknown
d) Caregiver's parent attended residential school O Yes O No O Unknown

A11. Primary language O English O French O Other: _____

A12. Contact with caregiver in response to investigation
O Co-operative O Not co-operative O Not contacted

A13. Caregiver risk factors

	Confirmed	Suspected	No	Unknown
Alcohol abuse	O	O	O	O
Drug/solvent abuse	O	O	O	O
Cognitive impairment	O	O	O	O
Mental health issues	O	O	O	O
Physical health issues	O	O	O	O
Few social supports	O	O	O	O
Victim of domestic violence	O	O	O	O
Perpetrator of domestic violence	O	O	O	O
History of foster care/group home	O	O	O	O

Second Caregiver in the home : _____
O No other caregiver in the home

B8. Primary income
O Full time O Seasonal O Other benefit
O Part time (<30 hrs/wk) O Employment insurance O None
O Multiple jobs O Social assistance O Unknown

B9. Ethno-racial
O White
O South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
O Black (e.g., African, Haitian, Jamaican)
O Chinese
O Latin American
O Southeast Asian other than Chinese (e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
O Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
O Aboriginal
O Other: _____

B10a) If Aboriginal O On reserve O Off reserve
b) O First Nations status O First Nations non-status O Métis
O Inuit O Other: _____
c) Caregiver attended residential school O Yes O No O Unknown
d) Caregiver's parent attended residential school O Yes O No O Unknown

B11. Primary language O English O French O Other: _____

B12. Contact with caregiver in response to investigation
O Co-operative O Not co-operative O Not contacted

B13. Caregiver risk factors

	Confirmed	Suspected	No	Unknown
Alcohol abuse	O	O	O	O
Drug/solvent abuse	O	O	O	O
Cognitive impairment	O	O	O	O
Mental health issues	O	O	O	O
Physical health issues	O	O	O	O
Few social supports	O	O	O	O
Victim of domestic violence	O	O	O	O
Perpetrator of domestic violence	O	O	O	O
History of foster care/group home	O	O	O	O

14. Other adults in the home *(Fill in all that apply)*
O None O Grandparent
O Children >19 O Other: _____

15. Caregiver(s) outside the home *(Fill in all that apply)*
O None O Father O Mother
O Grandparent O Other: _____

16. Child custody dispute
O Yes O No O Unknown

17. Housing
O Own home O Rental
O Public housing O Band housing
O Unknown O Hotel/Shelter
O Other: _____

18. Home overcrowded
O Yes O No O Unknown

19. Number of moves in past year
O 0 O 1 O 2 O 3 or more
O Unknown

20. Housing safety
a) Accessible weapons
O Yes O No O Unknown
b) Accessible drugs or drug paraphernalia
O Yes O No O Unknown
c) Drug production or trafficking in the home
O Yes O No O Unknown
d) Chemicals or solvents used in production
O Yes O No O Unknown
e) Other home injury hazards
O Yes O No O Unknown
f) Other home health hazards
O Yes O No O Unknown

21. Household regularly runs out of money for basic necessities
O Yes O No O Unknown

22. Case previously opened
O Never O 1 time O 2-3 times
O >3 times O Unknown
a) If case was opened before, how long since previous opening
O <3 mo O 3-6 mo O 7-12 mo
O 13-24 mo O >24 mo

23. Case will stay open for on-going child welfare services
O Yes O No
a) If yes, is case streamed to differential or alternative response
O Yes O No

24. Referral(s) for any family member *(Fill in all that apply)*
O No referral made
O Parent support group
O In-home family parent counselling
O Other family or parent counselling
O Drug or alcohol counselling
O Welfare or social assistance
O Food bank
O Shelter services
O Domestic violence services
O Psychiatric or psychological services
O Special education placement
O Recreational services
O Victim support program
O Medical or dental services
O Child or day care
O Cultural services
O Other: _____

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CIS Maltreatment Assessment: Child Information

CIS OFFICE USE ONLY ☐☐☐ - ☐☐ - ☐☐☐ - ☐

First name: _____ **25. Sex** ○ Male ○ Female **26. Age** ☐☐

27. Type of Investigation ○ Investigated incident of maltreatment **OR** ○ Risk investigation only

28. Aboriginal status ○ Not Aboriginal ○ First Nations status ○ First Nations non-status ○ Métis ○ Inuit ○ Other: _____

29. Child functioning *(Are you aware if any of the following apply to this child at this point in time?)*

(Fill in each item)	Confirmed	Suspected	No	Unknown
Depression/anxiety/withdrawal	○	○	○	○
Suicidal thoughts	○	○	○	○
Self-harming behaviour	○	○	○	○
ADD/ADHD	○	○	○	○
Attachment issues	○	○	○	○
Aggression	○	○	○	○
Running (Multiple incidents)	○	○	○	○
Inappropriate sexual behaviour	○	○	○	○
Youth Criminal Justice Act involvement	○	○	○	○

	Confirmed	Suspected	No	Unknown
Intellectual/developmental disability	○	○	○	○
Failure to meet developmental milestones	○	○	○	○
Academic difficulties	○	○	○	○
FAS/FAE	○	○	○	○
Positive toxicology at birth	○	○	○	○
Physical disability	○	○	○	○
Alcohol abuse	○	○	○	○
Drug/solvent abuse	○	○	○	○
Other: _____	○	○	○	○

30. If risk investigation only, is there a significant risk of future maltreatment? ○ Yes ○ No ○ Unknown
For risk investigation only, please complete only Questions 39, 40, 41 and 42

31. Maltreatment Codes

Physical abuse
1 - Shake, push, grab or throw
2 - Hit with hand
3 - Punch, kick or bite
4 - Hit with object
5 - Choking, poisoning, stabbing
6 - Other physical abuse

Sexual abuse
7 - Penetration
8 - Attempted penetration
9 - Oral sex
10 - Fondling
11 - Sex talk or images
12 - Voyeurism
13 - Exhibitionism
14 - Exploitation
15 - Other sexual abuse

Neglect
16 - Failure to supervise: physical harm
17 - Failure to supervise: sexual abuse
18 - Permitting criminal behaviour
19 - Physical neglect
20 - Medical neglect (includes dental)
21 - Failure to provide psych. treatment
22 - Abandonment
23 - Educational neglect

Emotional maltreatment
24 -Terrorizing or threat of violence
25 - Verbal abuse or belittling
26 - Isolation/confinement
27 - Inadequate nurturing or affection
28- Exploiting or corrupting behaviour

Exposure to intimate partner violence
29 - Direct witness to physical violence
30 - Indirect exposure to physical violence
31 - Exposure to emotional violence
32 - Exposure to non-partner physical violence

Insert Maltreatment Codes in the boxes below
(Enter primary form of maltreatment first)
☐☐☐

32. Alleged perpetrator *(Fill in all that apply)*

1st	2nd	3rd	
○	○	○	Primary caregiver
○	○	○	Second caregiver
○	○	○	Other

If Other perpetrator:
a) Age
○ <13 ○ 13-15 ○ 16-20
○ 21-30 ○ 31-40 ○ 41-50
○ 51-60 ○ >60
b) Sex ○ Male ○ Female

33. Substantiation *(Fill in only one per column)*

1st	2nd	3rd	
○	○	○	Substantiated
○	○	○	Suspected
○	○	○	Unfounded

a) Substantiated or suspected maltreatment, is mental or emotional harm evident?
○ Yes ○ No
b) If yes, child requires therapeutic treatment
○ Yes ○ No
c) Was the unfounded report a malicious referral?
○ Yes ○ No ○ Unknown
d) If unfounded, is there a significant risk of future maltreatment?
○ Yes ○ No ○ Unknown

34. Was maltreatment a form of punishment? *(Fill in only one per column)*

1st	2nd	3rd	
○	○	○	Yes
○	○	○	No
○	○	○	Unknown

35. Duration of maltreatment *(Fill in only one per column)*

1st	2nd	3rd	
○	○	○	Not applicable (unfounded)
○	○	○	Single incident
○	○	○	Multiple incidents

36. Physical harm *(Fill in all that apply)*
○ No harm ○ Bruises/Cuts/Scrapes
○ Broken bones ○ Burns and scalds
○ Head trauma ○ Fatal
○ Other health condition: _____

37. Severity of harm
a) Medical treatment required
○ Yes ○ No ○ N/A - no harm
b) Health or safety seriously endangered by suspected or substantiated maltreatment
○ Yes ○ No ○ N/A - no harm
c) History of injuries
○ Yes ○ No ○ Unknown

38. Physician/nurse physically examined child as part of the investigation
○ Yes ○ No

39. Placement during investigation
○ No placement required
○ Placement considered
○ Informal kinship care
○ Kinship foster care
○ Family foster care (non kinship)
○ Group home
○ Residential/secure treatment

40. Child welfare court
○ No court considered ○ Application considered
○ Application made
a) Referral to mediation/alternative response
○ Yes ○ No

41. Previous reports
a) Child previously reported to child welfare for suspected maltreatment
○ Yes ○ No ○ Unknown
b) If yes, was the maltreatment substantiated?
○ Yes ○ No ○ Unknown

42. Caregivers use spanking as a form of discipline
○ Yes ○ No ○ Unknown

43. Police involvement in adult domestic violence investigation
○ None ○ Charges laid
○ Investigation only ○ Unknown
○ Charges being considered ○ N/A

44. Police involvement in child maltreatment investigation
○ None ○ Charges being considered
○ Investigation only ○ Charges laid

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Appendix E

CIS-2008/AIS-2008 GUIDEBOOK

The following is the AIS-2008 Guidebook used by child welfare workers to assist them in completing the Maltreatment Assessment Form.

CIS-2008 Guidebook

Site Researcher: _____
Telephone: _____
Fax: _____
Email: _____
Mail: _____

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
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Site Agency/Office: _____
Case Selection Starts: _____
Case Selection Ends: _____

Return all completed forms to your local Agency/Office Contact Person: _____, located at _____.

If your Site Researcher is not available, and your need immediate assistance, please contact the CIS Central Office in Toronto, at (416) 978-2527

THE CANADIAN INCIDENCE STUDY
OF REPORTED CHILD ABUSE AND NEGLECT

2008 Guidebook

BACKGROUND

The *Canadian Incidence Study of Reported Child Abuse and Neglect—CIS-2008*—is the third national study of reported child abuse and neglect investigations in Canada. Results from the *CIS-2003*, the *CIS-1998*, and its precursor, the *1993 Ontario Incidence Study*, have been widely disseminated in conferences, reports, books and journal articles (see Centre of Excellence for Child Welfare and Public Health Agency of Canada websites http://www.cecw-cepb.ca/ and http://www.phac-aspc.gc.ca/cm-vee/public-eng.php).

The *CIS-2008* is funded by the Public Health Agency of Canada. Additional funding has been provided by the provinces of Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan and the Centre of Excellence for Child Welfare with significant in-kind support provided by every province/territory. The project is managed by a team of researchers at McGill University's Centre for Research on Children and Families, the University of Toronto's Factor-Inwentash Faculty of Social Work, the University of Calgary's Faculty of Social Work, the Université de Laval's Ecole de service social, the Centre Jeunesse de Montréal-Institut Universitaire and the First Nations Child and Family Caring Society.

OBJECTIVES

The primary objective of the *CIS-2008* is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Canada. Specifically, the study is designed to

- determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence, as well as multiple forms of maltreatment;
- investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
- examine selected determinants of health that may be associated with maltreatment;
- monitor short-term investigation outcomes, including substantiation rates, out-of-home placements, use of child welfare court and criminal prosecution; and
- compare 1998, 2003, and 2008 rates of substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence; the severity of maltreatment; and short-term investigation outcomes.

SAMPLE

The primary sampling unit for the *CIS-2008* is a study-designed child welfare service area (CWSA). A CWSA is a distinct child geographic area served by a child welfare agency/office.[1] One hundred and eighteen child welfare agencies/offices across Canada were randomly selected

[1] Some distinct geographic areas are served by more than one child welfare agency/office.

from the 411 CWSAs. A minimum of one CWSA was chosen from each province and territory. Provinces were allocated additional CWSAs based on both the provincial proportion of the Canadian child population and on oversampling funds provided in Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan. Oversampling funding provided by certain provinces allowed for the selection of additional CWSAs in these provinces, which permits researchers to generate estimates of the incidence of abuse and neglect specific to that province. Additional funds were also provided to oversample First Nations child welfare agencies.

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

CIS MALTREATMENT ASSESSMENT FORM

The *CIS Maltreatment Assessment Form* was designed to capture standardized information from child welfare investigators on the results of their investigations. It consists of four yellow legal-sized pages with "Canadian Incidence Study of Reported Child Abuse and Neglect—CIS-2008" clearly marked on the front sheet.

The *CIS Maltreatment Assessment Form* comprises an *Intake Face Sheet*, a *Comment Sheet* (which is on the back of the *Intake Face Sheet*), a *Household Information Sheet*, and two *Child Information Sheets*. The form takes ten to fifteen minutes to complete, depending on the number of children investigated in the household.

The *CIS Maltreatment Assessment Form* examines a range of family, child, and case status variables. These variables include source of referral, caregiver demographics, household composition, key caregiver functioning issues, housing and home safety. It also includes outcomes of the investigation on a child-specific basis (including up to three forms of maltreatment), nature of harm, duration of maltreatment, identity of alleged perpetrator, placement in care, child welfare and criminal court involvement.

TRAINING

Most training sessions will be held in October 2008 for all workers involved in the study. Your Site Researcher will visit your agency/office prior to the data collection period and will continue to make regular visits during the data collection process. These on-site visits will allow the Site Researcher to collect forms, enter data, answer questions and resolve any problems that may arise. If you have any questions about the study, contact your Site Researcher (see contact information on the front cover of the *CIS-2008 Guidebook*).

CONFIDENTIALITY

Confidentiality will be maintained at all times during data collection and analysis.

To guarantee client confidentiality, all near-identifying information (located at the bottom of the *Intake Face Sheet*) will be coded at your agency/office. Near-identifying information is data that could potentially identify a household (e.g., agency/office case file number, the first two letters of the primary caregiver's surname and the first names of the children in the household). This information is required for purposes of data verification only. This tear-off portion of the *Intake*

Face Sheet will be stored in a locked area at your agency/office until the study is completed, and then will be destroyed.

The completed *CIS Maltreatment Assessment Form* (with all identifying information removed) will be sent to the University of Toronto or McGill University sites for data entry and will then be kept under double lock (a locked RCMP–approved filing cabinet in a locked office). Access to the forms for any additional verification purposes will be restricted to select research team members authorized by the Public Health Agency of Canada.

Published analyses will be conducted at the national level. Provincial analyses will be produced for the provinces gathering enough data to create a separate provincial report (Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan). **No agency/office, worker or team-specific data will be made available to anyone, under any circumstances.**

COMPLETING THE *CIS MALTREATMENT ASSESSMENT FORM*

The *CIS Maltreatment Assessment Form* should be completed by the investigating worker when he or she is writing the first major assessment of the investigation. In most jurisdictions this report is required within four weeks of the date the case was opened.

It is essential that **all items** on the *CIS Maltreatment Assessment Form* applicable to the specific investigation be completed. Use the "Unknown" response if you are unsure. If the categories provided do not adequately describe a case, provide additional information on the *Comment Sheet*. If you have any questions during the study, contact your Site Researcher. The contact information is listed on the front cover of the *CIS-2008 Guidebook.*

FREQUENTLY ASKED QUESTIONS

1. FOR WHAT CASES SHOULD I COMPLETE A *CIS MALTREATMENT ASSESSMENT FORM*?

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. Generally, if your agency/office counts an investigation in its official opening statistics reported to a Ministry or government office, then the case is included in the sample and a *CIS Maltreatment Assessment Form* should be completed, unless your Site Researcher indicates otherwise. The Site Researcher will establish a process in your agency/office to identify to workers the openings or investigations included in the agency/office sample for the *CIS-2008*.

In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study. Workers in large agencies will be provided with a case list of all eligible cases, and should complete a *CIS Maltreatment Assessment Form* for all cases selected through this process.

2. SHOULD I COMPLETE A FORM FOR ONLY THOSE CASES WHERE ABUSE AND/OR NEGLECT ARE SUSPECTED?

Complete an *Intake Face Sheet* and the tear-off portion of the *Intake face Sheet* for all cases opened during the data selection period at your agency/office (e.g., maltreatment investigations as well as prenatal counselling, child/youth behaviour problems, request for services from another agency/office, and, where applicable, screened-out cases) or for all cases identified in the random selection process. If maltreatment was alleged at any point during the investigation, complete the remainder of the *CIS Maltreatment Assessment Form* (both *Household Information* and *Child Information Sheets*). Maltreatment may be alleged by the person(s) making the report, or by any other person(s), including yourself, during the investigation (e.g., complete a *CIS Maltreatment Assessment Form* if a case was initially referred for parent/adolescent conflict, but during the investigation the child made a disclosure of physical abuse or neglect). Also complete a *Household Information Sheet* and relevant items on the *Child Information Sheet* (questions 25 through 30, and questions 39 through 41) for any child for whom you conducted a risk assessment. For risk assessments only, do not complete the questions regarding a specific event or incident of maltreatment. An *event* of child maltreatment refers to something that may have happened to a child whereas a *risk* of child maltreatment refers to something that probably will happen.

3. SHOULD I COMPLETE A *CIS MALTREATMENT ASSESSMENT FORM* ON SCREENED-OUT CASES?

The procedures for screening out cases vary considerably across Canada. Although the CIS does not attempt to capture informally screened-out cases, we will gather *Intake Face Sheet* information on screened-out cases that are formally counted as case openings by your agency/office. If in doubt, contact your Site Researcher.

4. WHEN SHOULD I COMPLETE THE *CIS MALTREATMENT ASSESSMENT FORM*?

Complete the *CIS Maltreatment Assessment Form* at the same time that you prepare the report for your agency/office that documents the conclusions of the investigation (usually within four weeks of a case being opened). For some cases, a comprehensive assessment of the family or household and a detailed plan of service may not be complete yet. Even if this is the case, complete the form to the best of your abilities.

5. WHO SHOULD COMPLETE THE *CIS MALTREATMENT ASSESSMENT FORM* IF MORE THAN ONE PERSON WORKS ON THE INVESTIGATION?

The *CIS Maltreatment Assessment Form* should be completed by the worker who conducts the intake assessment and prepares the assessment or investigation report. If several workers investigate a case, the worker with primary responsibility for the case should complete the *CIS Maltreatment Assessment Form.*

6. WHAT SHOULD I DO IF MORE THAN ONE CHILD IS INVESTIGATED?

The *CIS Maltreatment Assessment Form* primarily focuses on the household; however, the *Child Information Sheet* is specific to the individual child being investigated. **Complete one child sheet for each child investigated for an incident of maltreatment or for whom you conducted a risk assessment.** If you had no maltreatment concern about a child in the home, or you did not conduct a risk assessment, then do not complete a *Child Information Sheet* for that child. Additional pads of *Child Information Sheets* are available in your training package.

7. WILL I RECEIVE TRAINING FOR THE *CIS MALTREATMENT ASSESSMENT FORM*?

All workers who complete investigations in your agency/office will receive training prior to the start of the data collection period. If a worker is unable to attend the training session or is hired after the start of the CIS-2008, he or she should contact the Site Researcher regarding any questions about the form. Your Site Researcher's name and contact information is on the front cover of the *CIS-2008 Guidebook.*

8. WHAT SHOULD I DO WITH THE COMPLETED FORMS?

Give the completed *CIS Maltreatment Investigation Form* to your Agency/Office Contact Person. All forms will be reviewed by the Site Researcher during a site visit, and should he or she have additional questions, he or she will contact you during this visit. Your Agency/Office Contact Person is listed on the inside cover of the *CIS-2008 Guidebook.*

9. IS THIS INFORMATION CONFIDENTIAL?

The information you provide is confidential, and no identifying information will leave your agency/office. Your Site Researcher will code any near-identifying information from the bottom portion of the *Intake Sheet.* Where a name has been asked for, the Site Researcher will black out the name prior to the form leaving your agency/office. Refer to the section above on confidentiality.

DEFINITIONS: *INTAKE FACE SHEET*

QUESTION 1: DATE REFERRAL WAS RECEIVED

This date refers to the day that the referral source made initial contact with your agency/office.

QUESTION 2: DATE CASE OPENED

This refers to the date the case was opened. In some agencies/offices, this date will be the same as the referral date.

QUESTION 3: SOURCE OF ALLEGATION/REFERRAL

Fill in all sources of referral that are applicable for each case. This refers to **separate and independent contacts** with the child welfare agency/office. If a young person tells a school principal of abuse and/or neglect, and the school principal reports this to the child welfare authority, you would fill in the circle for this referral as "School." There was only one contact and referral in this case. If a second source (neighbour) contacted the child welfare authority and also reported a concern for this child, then you would also fill in the circle for "Neighbour/friend."

- **Custodial parent:** Includes parent(s) identified in Question 5: Caregiver(s) in the home.
- **Non-custodial parent:** Contact from an estranged spouse (e.g., individual reporting the parenting practices of his or her former spouse).
- **Child (subject of referral):** A self-referral by any child listed on the *Intake Face Sheet* of the *CIS Maltreatment Assessment Form*.

- **Relative:** Any relative of the child in question. If child lives with foster parents, and a relative of the foster parents reports maltreatment, specify under "Other."
- **Neighbour/friend:** Includes any neighbour or friend of the child(ren) or his or her family.
- **Social assistance worker:** Refers to a social assistance worker involved with the household.
- **Crisis service/shelter:** Includes any shelter or crisis service for domestic violence or homelessness.
- **Community/recreation centre:** Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- **Hospital:** Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor's office.
- **Community health nurse:** Includes nurses involved in services such as family support, family visitation programs and community medical outreach.
- **Community physician:** A report from any family physician with a single or ongoing contact with the child and/or family.
- **Community mental health professional:** Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/Child Welfare/*Youth Justice Act* (YJA) setting.
- **School:** Any school personnel (teacher, principal, teacher's aide, school social worker etc.).
- **Other child welfare service:** Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- **Day care centre:** Refers to a child care or day care provider.
- **Police:** Any member of a police force, including municipal or provincial/territorial police, or RCMP.
- **Community agency:** Any other community agency/office or service.
- **Anonymous:** A referral source who does not identify him- or herself.
- **Other:** Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

QUESTION 4: PLEASE DESCRIBE REFERRAL, INCLUDING ALLEGED MALTREATMENT OR RISK OF MALTREATMENT (IF APPLICABLE) AND RESULTS OF INVESTIGATION

For jurisdictions that have a differential or alternate response approach at the investigative stage, identify the nature of the approach used during the course of the investigation:

- A **customized or alternate response** investigation refers to a less intrusive, more flexible assessment approach that focuses on identifying the strengths and needs of the family, and coordinating a range of both formal and informal supports to meet those needs. This approach is typically used for lower-risk cases.
- A **traditional child protection investigation** refers to the approach that most closely resembles a forensic child protection investigation, and often focuses on gathering evidence in a structured and legally defensible manner. It is typically used for higher-risk cases or those investigations conducted jointly with the police.

Provide a short description of the referral, including, as appropriate, the investigated maltreatment or the reason for a risk assessment, and major investigation results (e.g., type of maltreatment,

substantiation, injuries). If the reason for the case opening was not for alleged or suspected maltreatment, describe the reason (e.g., adoption home assessment, request for information).

QUESTION 5: CAREGIVER(S) IN THE HOME

Describe up to two caregivers in the home. Only caregiver(s) in the child's primary residence should be noted in this section. Provide each caregiver's age and sex in the space indicated.

QUESTION 6: LIST ALL CHILDREN IN THE HOME (<20 YEARS)

Include biological, step-, adoptive and foster children.

a) **List first names of *all* children (<20 years) in the home at time of referral:** List the first name of each child who was living in the home at the time of the referral .
b) **Age of child:** Indicate the age of each child living in the home at the time of the referral. Use 00 for children younger than 1.
c) **Sex of child:** Indicate the sex of each child in the home.
d) **Primary caregiver's relationship to child:** Describe the primary caregiver's relationship to each child, using the codes provided.
e) **Other caregiver's relationship to child:** Describe the other caregiver's relationship to each child (if applicable), using the codes provided. Describe the caregiver only if the caregiver is in the home.
f) **Referred:** Indicate which children were noted in the initial referral.
g) **Risk investigation only:** Indicate if the child was investigated because of risk of maltreatment only. Include only situations in which **no allegation** of maltreatment was made, and **no specific incident of maltreatment** was suspected at any point during the investigation (e.g., include referrals for parent–teen conflict; child behaviour problems; parent behaviour such as substance abuse, where there is a risk of future maltreatment but no concurrent allegations of maltreatment. Investigations for risk may focus on risk of several types of maltreatment (e.g., parent's drinking places child at risk for physical abuse and neglect, but no specific allegation has been made and no specific incident is suspected during the investigation).
h) **Investigated incident of maltreatment:** Indicate if the child was investigated because of an allegation of maltreatment. In jurisdictions that require that all children be routinely interviewed for an investigation, include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment (e.g., include three siblings ages 5 to 12 in a situation of chronic neglect, but do not include the 3-year-old brother of a 12-year-old girl who was sexually abused by someone who does not live with the family and has not had access to the younger sibling).

TEAR-OFF PORTION OF *INTAKE FACE SHEET*

The semi-identifying information on the tear-off section will be kept securely at your agency/office, for purposes of verification. It will be destroyed at the conclusion of the study.

WORKER'S NAME

This refers to the person completing the form. When more than one individual is involved in the investigation, the individual with overall case responsibility should complete the *CIS Maltreatment Assessment Form*.

FIRST TWO LETTERS OF PRIMARY CAREGIVER'S SURNAME

Use the reference name used for your agency/office filing system. In most cases this will be the primary caregiver's last name. If another name is used in the agency/office, include it under "Other family surname" (e.g., if a parent's surname is "Thompson," and the two children have the surname of "Smith," then put "TH" **and** "SM"). **Use the first two letters of the family name only. Never fill in the complete name.**

CASE NUMBER

This refers to the case number used by your agency/office.

DEFINITIONS: *COMMENT SHEET*

The back of the *Intake Face Sheet* provides space for additional comments about an investigation. Use the *Comment Sheet* only if there is a situation regarding a household or a child that requires further explanation.

There is also space provided at the top of the *Comments Sheet* for situations where an investigation or/assessment was unable to be completed for children indicated in 6(g) or 6(h).

DEFINITIONS: *HOUSEHOLD INFORMATION SHEET*

The *Household Information Sheet* focuses on the immediate household of the child(ren) who have been the subject of an investigation of an event or incident of maltreatment or for whom a risk assessment was conducted. The household is made up of all adults and children living at the address of the investigation at the time of the referral. Provide information for the primary caregiver and the other caregiver if there are two adults/caregivers living in the household (the same caregivers identified on the *Intake Face Sheet*).

If you have a unique circumstance that does not seem to fit the categories provided, write a note on the *Comment Sheet* under "Comments: Household information."

Questions A8–A13 pertain to the primary caregiver in the household. If there was a second caregiver in the household at the time of referral, complete questions B8–B13 for the second caregiver. If both caregivers are equally engaged in parenting, identify the caregiver you have had most contact with as the primary caregiver. If there was only one caregiver in the home at the time of the referral, endorse "no other caregiver in the home" under "second caregiver in the home".

QUESTION 8: PRIMARY INCOME

We are interested in estimating the primary source of the caregiver's income. Choose the category that best describes the caregiver's source of income. Note that this is a caregiver-specific question and does not include income from the second caregiver.

- **Full time:** Individual is employed in a permanent, full-time position.
- **Part time (fewer than 30 hours/week):** Refers to a single part-time position.
- **Multiple jobs:** Caregiver has more than one part-time or temporary position.
- **Seasonal:** This indicates that the caregiver works at either full- or part-time positions for temporary periods of the year.
- **Employment insurance:** Caregiver is temporarily unemployed and receiving employment insurance benefits.
- **Social assistance:** Caregiver is currently receiving social assistance benefits.
- **Other benefit:** Refers to other forms of benefits or pensions (e.g., family benefits, long-term disability insurance, child support payments).
- **None:** Caregiver has no source of legal income. If drugs, prostitution or other illegal activity are apparent, specify on *Comment Sheet* under "Comments: Household information."
- **Unknown:** Check this box if you do not know the caregiver's source of income.

QUESTION 9: ETHNO-RACIAL GROUP

Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will not be published out of context. This section uses an abbreviated checklist of ethno-racial categories used by Statistics Canada in the 1996 Census.

Check the ethno-racial category that best describes the caregiver. Select "Other" if you wish to identify two ethno-racial groups, and specify.

QUESTION 10: IF ABORIGINAL

a) **On or off reserve:** Identify if the caregiver is residing "on" or "off" reserve.
b) **Caregiver's status:** First Nations status (caregiver has formal Indian or treaty status, that is, registered with the Department of Indian and Northern Affairs), Inuit, First Nations non-status, Métis or Other (specify and use the *Comment Sheet* if necessary).
c) **Caregiver attended residential school:** Identify if the caregiver attended a residential school.
d) **Caregiver's parent attended residential school:** Identify if the caregiver's parent (i.e., the children's grandparent) attended residential school.

QUESTION 11: PRIMARY LANGUAGE

Identify the primary language of the caregiver: English, French, or Other and specify. If bilingual, choose the language spoken in the home.

QUESTION 12: CONTACT WITH CAREGIVER IN RESPONSE TO INVESTIGATION

Would you describe the caregiver as being overall cooperative or non-cooperative with the child welfare investigation? Check "Not contacted" in the case that you had no contact with the caregiver.

QUESTION 13: CAREGIVER RISK FACTORS

These questions pertain to the primary caregiver and/or the other caregiver, and are to be rated as "Confirmed," "Suspected," "No," or "Unknown." Fill in "Confirmed" if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the caregiver. Use the "Suspected" category if your suspicions are sufficient to include in a written assessment of the household or a transfer summary to a colleague. Fill in "No" if you do not believe there is a problem and "Unknown" if you are unsure or have not attempted to determine if there was such a caregiver functioning issues. Where applicable, use the **past six months** as a reference point.

- **Alcohol abuse:** Caregiver abuses alcohol.
- **Drug/solvent abuse:** Abuse of prescription drugs, illegal drugs or solvents.
- **Cognitive impairment:** Caregiver has a cognitive impairment.
- **Mental health issues:** Any mental health diagnosis or problem.
- **Physical health issues:** Chronic illness, frequent hospitalizations or physical disability.
- **Few social supports:** Social isolation or lack of social supports.
- **Victim of domestic violence:** During the **past six months** the caregiver was a victim of domestic violence, including physical, sexual or verbal assault.
- **Perpetrator of domestic violence:** During the **past six months** the caregiver was a perpetrator of domestic violence.
- **History of foster care/group home:** Indicate if this caregiver was in foster care and/or group home care during his or her childhood.

QUESTION 14: OTHER ADULTS IN THE HOME

Fill in all categories that describe adults (excluding the orimary and other caregivers) who lived in the house at the time of the referral to child welfare. Note that children (<20 years of age) in the home have already been described on the *Intake Face Sheet*. If there have been recent changes in the household, describe the situation **at the time of the referral.** Fill in all that apply.

QUESTION 15: CAREGIVER(S) OUTSIDE THE HOME

Identify any other caregivers living outside the home who provide care to any of the children in the household, including a separated parent who has any access to the child(ren). Fill in all that apply.

QUESTION 16: CHILD CUSTODY DISPUTE

Specify if there is an ongoing child custody/access dispute at this time (**court application has been made or is pending**).

QUESTION 17: HOUSING

Indicate the housing category that best describes the living situation of this household.

- **Own home:** A purchased house, condominium or townhouse.

- **Public housing:** A unit in a public rental-housing complex (i.e., rent subsidized, government-owned housing), or a house, townhouse or apartment on a military base. Exclude Band housing in a First Nations community.
- **Unknown:** Housing accommodation is unknown.
- **Other:** Specify any other form of shelter.
- **Rental:** A private rental house, townhouse, or apartment.
- **Band housing:** Aboriginal housing built, managed and owned by the band.
- **Hotel/Shelter:** An SRO hotel (single room occupancy), homeless or family shelter, or motel accommodations.

QUESTION 18: HOME OVERCROWDED

Indicate if household is made up of multiple families and/or overcrowded.

QUESTION 19: NUMBER OF MOVES IN PAST YEAR

Based on your knowledge of the household, indicate the number of household moves within the **past year or twelve months.**

QUESTION 20: HOUSING SAFETY

a) Accessible weapons: Guns or other weapons that a child may be able to access.
b) Accessible drugs or drug paraphernalia: Illegal or legal drugs stored in such a way that a child might access and ingest them, or needle**s** stored in such a way that a child may access them.
c) Drug production or trafficking in the home: Is there evidence that this home has been used as a drug lab, narcotics lab, grow operation or crack house? This question asks about evidence that drugs are being grown (e.g., marijuana), processed (e.g., methamphetamine) or sold in the home. Evidence of sales might include observations of large quantities of legal or illegal drugs, narcotics, or drug paraphernalia such as needles or crack pipes in the home, or exchanges of drugs for money. Evidence that drugs or narcotics are being grown or processed might include observations that a house is "hyper-sealed" (meaning it has darkened windows and doors, with little to no air or sunlight).
d) Chemicals or solvents used in production: Industrial chemicals/solvent stored in such a way that a child might access and ingest or touch.
e) Other home injury hazards: The quality of household maintenance is such that a child might have access to things such as poisons, fire implements or electrical hazards.
f) Other home health hazards: The quality of living environment is such that it poses a health risk to a child (e.g., no heating, feces on floor/walls).

QUESTION 21: HOUSEHOLD REGULARLY RUNS OUT OF MONEY FOR BASIC NECESSITIES

Indicate if the household regularly runs out of money for necessities (e.g., food, clothing).

QUESTION 22: CASE PREVIOUSLY OPENED

Describe case status at the time of the referral.

Case previously opened: Has this family previously had an open file with a child welfare agency/office? For provinces where cases are identified by family, has a caregiver in this family been part of a previous investigation even if it was concerning different children? Respond if there is documentation, or if you are aware that there have been previous openings. Estimate the number

of previous openings. This would relate to case openings for any of the children identified as living in the home (listed on the *Intake Face Sheet*).

a) **If case was opened before, how long since previous opening:** How many months between the time the case was last opened and this current opening?

QUESTION 23: CASE WILL STAY OPEN FOR ONGOING CHILD WELFARE SERVICES

At the time you are completing the *CIS Maltreatment Investigation Form*, do you plan to keep the case open to provide ongoing services?

a) **If yes, is case streamed to differential or alternative response:** If case is remaining opened for ongoing service provision, indicate if the case is streamed to differential or alternative response.

QUESTION 24: REFERRAL(S) FOR ANY FAMILY MEMBER

Indicate referrals that have been made to programs designed to offer services beyond the parameters of "ongoing child welfare services." Include referrals made internally to a special program provided by your agency/office as well as referrals made externally to other agencies/services. Note whether a referral was made and is part of the case plan, not whether the young person or family has actually started to receive services. Fill in all that apply.

- **No referral made:** No referral was made to any programs.
- **Parent support group:** Any group program designed to offer support or education (e.g., Parents Anonymous, Parenting Instruction Course, Parent Support Association).
- **In-home family/parenting counselling:** Home-based support services designed to support families, reduce risk of out-of-home placement, or reunify children in care with their family.
- **Other family or parent counseling:** Refers to any other type of family or parent support or counseling not identified as "parent support group" or "in-home family/parenting counseling" (e.g., couples or family therapy).
- **Drug or alcohol counselling: Addiction program (any substance) for careg**iver(s) or children.
- **Welfare or social assistance:** Referral for social assistance to address financial concerns of the household.
- **Food bank:** Referral to any food bank.
- **Shelter services:** Regarding domestic violence or homelessness.
- **Domestic violence services:** Referral for services/counselling regarding domestic violence, abusive relationships or the effects of witnessing violence.
- **Psychiatric or psychological services:** Child or parent referral to psychological or psychiatric services (trauma, high risk behaviour or intervention).
- **Special education placement:** Any specialized school program to meet a child's educational, emotional or behavioural needs.
- **Recreational services:** Referral to a community recreational program (e.g., organized sports leagues, community recreation, Boys and Girls Clubs).
- **Victim support program:** Referral to a victim support program (e.g., sexual abuse disclosure group).

- **Medical or dental services:** Any specialized service to address the child's immediate medical or dental health needs.
- **Child or day care:** Any paid child or day care services, including staff-run and in-home services.
- **Cultural services:** Services to help children or families strengthen their cultural heritage.
- **Other:** Indicate and specify any other child- or family-focused referral.

DEFINITIONS: CHILD INFORMATION SHEET

QUESTION 25: CHILD NAME AND SEX

Indicate the first name and sex of the child for which the *Child Information Sheet* is being completed. Note, this is for verification only.

QUESTION 26: AGE

Indicate the child's age.

QUESTION 27: TYPE OF INVESTIGATION

Indicate if the investigation was conducted for a specific incident of maltreatment, or if it was conducted to assess risk of maltreatment only. Refer to page 8, question 6 g) and h) for a detailed description of "risk investigation only" versus investigation of an "incident of maltreatment."

QUESTION 28: ABORIGINAL STATUS

Indicate the Aboriginal status of the child for which the *CIS Maltreatment Assessment Form* is being completed: **Not Aboriginal**, **First Nations status** (caregiver has formal Indian or treaty status, that is, is registered with the Department of Indian and Northern Affairs), **First Nations non-status**, **Métis**, **Inuit** or **Other** (specify and use the *Comment Sheet* if necessary).

QUESTION 29: CHILD FUNCTIONING

This section focuses on issues related to a child's level of functioning. Fill in "Confirmed" if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the parent or child. Suspected means that, in your clinical opinion, there is reason to suspect that the condition may be present, but it has not been diagnosed, observed or disclosed. Fill in "No" if you do not believe there is a problem and "Unknown" if you are unsure or have not attempted to determine if there was such a child functioning issue. Where appropriate, use the **past six months** as a reference point.

- **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.
- **Suicidal thoughts:** The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.
- **Self-harming behaviour:** Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.
- **ADD/ADHD:** ADD/ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically

seen in children of comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school or in the community.

- **Attachment issues:** The child does not have a physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.
- **Aggression:** Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property, at home, at school or in the community.
- **Running (Multiple incidents):** Has run away from home (or other residence) on multiple occasions for at least one overnight period.
- **Inappropriate sexual behaviour:** Child displays inappropriate sexual behavior, including age-inappropriate play with toys, self or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; prostitution or seductive behaviour.
- ***Youth Criminal Justice Act* involvement:** Charges, incarceration or alternative measures with the Youth Justice system.
- **Intellectual/developmental disability:** Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g., Down syndrome, autism and Asperger syndrome.
- **Failure to meet developmental milestones:** Children who are not meeting their development milestones because of a non-organic reason.
- **Academic difficulties:** Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language usage, numbers, reading, work comprehension).
- **FAS/FAE:** Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in utero exposure to alcohol abuse by the biological mother.
- **Positive toxicology at birth:** When a toxicology screen for a newborn tests positive for the presences of drug or alcohol.
- **Physical disability:** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.
- **Alcohol abuse:** Problematic consumption of alcohol (consider age, frequency and severity).
- **Drug/solvent abuse:** Include prescription drugs, illegal drugs and solvents.
- **Other:** Specify any other conditions related to child functioning; your responses will be coded and aggregated.

QUESTION 30: IF RISK INVESTIGATION ONLY, IS THERE A SIGNIFICANT RISK OF FUTURE MALTREATMENT?

Only complete this question in cases in which you selected "Risk investigation only" in "Question 27: Type of investigation". Indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

Note: If this is a risk investigation only, once you have completed question 30, skip to question 39, and complete only questions 39, 40, 41 and 42.

QUESTION 31: MALTREATMENT CODES

The maltreatment typology in the *CIS-2008* uses five major types of maltreatment: *Physical Abuse*, *Sexual Abuse*, *Neglect*, *Emotional Maltreatment*, and *Exposure to Intimate Partner Violence*. These categories are comparable to those used in the previous cycles of the CIS, the Ontario Incidence Study. Because there is significant variation in provincial and territorial child welfare statutes, we are using a broad typology. Rate cases **on the basis of your clinical opinion**, not on provincial, territorial or agency/office-specific definitions.

Select the applicable maltreatment codes from the list provided (1–32), and write these numbers **clearly** in the boxes below Question 31. Enter in the first box the form of maltreatment that best characterizes the investigated maltreatment. If there is only one type of investigated maltreatment, choose all forms within the typology that apply. If there are multiple types of investigated maltreatment (e.g., physical abuse *and* neglect), choose one maltreatment code within each typology that best describes the investigated maltreatment. All major forms of alleged, suspected or investigated maltreatment should be noted in the maltreatment code box regardless of the outcome of the investigation.

Physical Abuse

The child was physically harmed or could have suffered physical harm as a result of the behaviour of the person looking after the child. Include any alleged physical assault, including abusive incidents involving some form of punishment. If several forms of physical abuse are involved, **identify the most harmful form** and circle the codes of other relevant descriptors.

- **Shake, push, grab or throw:** Include pulling or dragging a child as well as shaking an infant.
- **Hit with hand:** Include slapping and spanking, but not punching.
- **Punch, kick or bite:** Include as well any other hitting with other parts of the body (e.g., elbow or head).
- **Hit with object:** Includes hitting with a stick, a belt or other object, throwing an object at a child, but does not include stabbing with a knife.
- **Choking, poisoning, stabbing:** Include any other form of physical abuse, including choking, strangling, stabbing, burning, shooting, poisoning and the abusive use of restraints.
- **Other physical abuse:** Other or unspecified physical abuse.

Sexual Abuse

The child has been sexually molested or sexually exploited. This includes oral, vaginal or anal sexual activity; attempted sexual activity; sexual touching or fondling; exposure; voyeurism; involvement in prostitution or pornography; and verbal sexual harassment. If several forms of sexual activity are involved, **identify the most intrusive form**. Include both intra-familial and extra-familial sexual abuse, as well as sexual abuse involving an older child or youth perpetrator.

- **Penetration:** Penile, digital or object penetration of vagina or anus.
- **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
- **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
- **Fondling:** Touching or fondling genitals for sexual purposes.
- **Sex talk or images:** Verbal or written proposition, encouragement or suggestion of a sexual nature (include face to face, phone, written and Internet contact, as well as exposing the child to pornographic material).
- **Voyeurism:** Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.
- **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
- **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
- **Other sexual abuse:** Other or unspecified sexual abuse.

Neglect

The child has suffered harm or the child's safety or development has been endangered as a result of a failure to provide for or protect the child. Note that the term "neglect" is not consistently used in all provincial/territorial statutes, but interchangeable concepts include "failure to care and provide for or supervise and protect," "does not provide," "refuses or is unavailable or unable to consent to treatment."

- **Failure to supervise: physical harm:** The child suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
- **Failure to supervise: sexual abuse:** The child has been or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.
- **Permitting criminal behaviour:** A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
- **Physical neglect:** The child has suffered or is at substantial risk of suffering physical harm caused by the caregiver(s)' failure to care and provide for the child adequately. This includes inadequate nutrition/clothing, and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

- **Medical neglect (includes dental):** The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to the treatment. This includes dental services when funding is available.
- **Failure to provide psych. treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional or developmental condition that could seriously impair the child's development. The child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.
- **Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.
- **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), or fail to enroll the child, or repeatedly keep the child at home. If the child is experiencing mental, emotional or developmental problems associated with school, and treatment is offered but caregivers do not cooperate with treatment, classify the case under failure to provide treatment as well.

Emotional Maltreatment

The child has suffered, or is at substantial risk of suffering, emotional harm at the hands of the person looking after the child.

- **Terrorizing or threat of violence:** A climate of fear, placing the child in unpredictable or chaotic circumstances, bullying or frightening a child, threats of violence against the child or child's loved ones or objects.
- **Verbal abuse or belittling:** Non-physical forms of overtly hostile or rejecting treatment. Shaming or ridiculing the child, or belittling and degrading the child.
- **Isolation/confinement:** Adult cuts the child off from normal social experiences, prevents friendships or makes the child believe that he or she is alone in the world. Includes locking a child in a room, or isolating the child from the normal household routines.
- **Inadequate nurturing or affection:** Through acts of omission, does not provide adequate nurturing or affection. Being detached, uninvolved; failing to express affection, caring and love, and interacting only when absolutely necessary.
- **Exploiting or corrupting behaviour:** The adult **permits or encourages t**he child to engage in destructive, criminal, antisocial, or deviant behaviour.

Exposure to Intimate Partner Violence

- **Direct witness to physical violence:** The child is physically present and witnesses the violence between intimate partners.
- **Indirect exposure to physical violence:** Includes situations where the child overhears but does not see the violence between intimate partners; or sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.

- **Exposure to emotional violence:** Includes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners. Includes witnessing or overhearing emotional abuse of one partner by the other.
- **Exposure to non-partner physical violence:** A child has been exposed to violence occurring between a caregiver and another person who is not the spouse/partner of the caregiver (e.g., between a caregiver and a neighbour, grandparent, aunt or uncle).

QUESTION 32: ALLEGED PERPETRATOR

This section relates to the individual who is alleged, suspected or guilty of maltreatment toward the child. Fill in the appropriate perpetrator for each form of identified maltreatment as the primary caregiver, second caregiver or "Other." If "Other" is selected, specify the relationship of the alleged perpetrator to the child (e.g., brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, family friend). If you select "Primary Caregiver" or "Second Caregiver," write in a short descriptor (e.g., "mom," "dad," or "boyfriend") to allow us to verify consistent use of the label between the *Household Information* and *Child Information Sheets*. Note that different people can be responsible for different forms of maltreatment (e.g., common-law partner abuses child, and primary caregiver neglects the child). If there are multiple perpetrators for one form of abuse or neglect, fill in all that apply (e.g., a mother and father may be alleged perpetrators of neglect). Identify the alleged perpetrator regardless of the level of substantiation at this point of the investigation.

If Other Perpetrator

If Other alleged perpetrator, identify

a) **Age:** If the alleged perpetrator is "Other," indicate the age of this individual. Age is essential information used to distinguish between child, youth and adult perpetrators. If there are multiple alleged perpetrators, describe the perpetrator associated with the primary form of maltreatment.
b) **Sex:** Indicate the sex of the "Other" alleged perpetrator.

QUESTION 33: SUBSTANTIATION (fill in only one substantiation level per column)

Indicate the level of substantiation at this point in your investigation. Fill in only one level of substantiation per column; each column reflects a separate form of investigated maltreatment, and thus should include only one substantiation outcome.

- **Substantiated:** An allegation of maltreatment is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.
- **Suspected:** An allegation of maltreatment is suspected if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.
- **Unfounded:** An allegation of maltreatment is unfounded if the balance of evidence indicates that abuse or neglect has not occurred.

If the maltreatment was substantiated or suspected, answer 33 a) and 33b).

a) **Substantiated or suspected maltreatment, is mental or emotional harm evident?** Indicate whether child is showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s).
b) **If yes, child requires therapeutic treatment:** Indicate whether the child requires treatment to manage the symptoms of mental or emotional harm.

If the maltreatment was unfounded, answer 33 c) and 33d).

c) **Was the unfounded report a malicious referral?** Identify if this case was intentionally reported while knowing the allegation was unfounded. This could apply to conflictual relationships (e.g., custody dispute between parents, disagreements between relatives, disputes between neighbours).
d) **If unfounded, is there a significant risk of future maltreatment?** If maltreatment was unfounded, indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

QUESTION 34: WAS MALTREATMENT A FORM OF PUNISHMENT?

Indicate if the alleged maltreatment was a form of punishment.

QUESTION 35: DURATION OF MALTREATMENT

Check the duration of maltreatment as it is known at this point of time in your investigation. This can include a single incident or multiple incidents. If the maltreatment type is unfounded, then the duration needs to be listed as "Not Applicable (Unfounded)."

QUESTION 36: PHYSICAL HARM

Describe the physical harm suspected or known to have been caused by the investigated forms of maltreatment. Include harm ratings even in accidental injury cases where maltreatment is unfounded, but the injury triggered the investigation.

- **No harm:** There is no apparent evidence of physical harm to the child as a result of maltreatment.
- **Broken bones:** The child suffered fractured bones.
- **Head trauma:** The child was a victim of head trauma (note that in shaken-infant cases the major trauma is to the head, not to the neck).
- **Other health condition:** Other physical health conditions, such as untreated asthma, failure to thrive or STDs.
- **Bruises/cuts/scrapes:** The child suffered various physical hurts visible for at least 48 hours.
- **Burns and scalds:** The child suffered burns and scalds visible for at least 48 hours.
- **Fatal:** Child has died; maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.

QUESTION 37: SEVERITY OF HARM

a) **Medical treatment required:** In order to help us rate the severity of any documented physical harm, indicate whether medical treatment was required as a result of the injury or harm for any of the investigated forms of maltreatments.
b) **Health or safety seriously endangered by suspected or substantiated maltreatment:** In cases of "suspected" or "substantiated" maltreatment, indicate whether the child's health or safety was endangered to the extent that the child could have suffered life-threatening or permanent harm (e.g., 3-year-old child wandering on busy street, child found playing with dangerous chemicals or drugs).
c) **History of injuries:** Indicate whether the investigation revealed a history of previously undetected or misdiagnosed injuries.

QUESTION 38: PHYSICIAN/NURSE PHYSICALLY EXAMINED CHILD AS PART OF THE INVESTIGATION

Indicate if a physician or nurse conducted a physical examination of the child over the course of the investigation.

QUESTION 39: PLACEMENT DURING INVESTIGATION

Check one category related to the placement of the child. If the child is already living in an alternative living situation (emergency foster home, receiving home), indicate the setting where the child has spent the most time.

- **No placement required:** No placement is required following the investigation.
- **Placement considered:** At this point of the investigation, an out-of-home placement is still being considered.
- **Informal kinship care:** An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority does not have temporary custody.
- **Kinship foster care:** A formal placement has been arranged within the family support network (kinship care, extended family, customary care); the child welfare authority has temporary or full custody and is paying for the placement.
- **Family foster care (non kinship):** Include any family-based care, including foster homes, specialized treatment foster homes and assessment homes.
- **Group home:** Out-of-home placement required in a structured group living setting.
- **Residential/secure treatment:** Placement required in a therapeutic residential treatment centre to address the needs of the child.

QUESTION 40: CHILD WELFARE COURT

There are three categories to describe the current status of child welfare court at this time in the investigation. If investigation is not completed, answer to the best of your knowledge at this time. Select one category only.

a) Referral to mediation/alternative response: Indicate whether a referral was made to mediation, family group conferencing, an Aboriginal circle, or any other alternative dispute resolution (ADR) process designed to avoid adversarial court proceedings.

QUESTION 41: PREVIOUS REPORTS

a) Child previously reported to child welfare for suspected maltreatment: This section collects information on previous reports to Child Welfare for the **individual child in question**. Report if the child has been previously reported to Child Welfare authorities because of suspected maltreatment. Use "Unknown" if you are aware of an investigation but cannot confirm this. Note that this is a child-specific question as opposed to the previous report questions on the *Household Information Sheet*.

b) If yes, was the maltreatment substantiated: Indicate if the maltreatment was substantiated with regard to this previous investigation.

QUESTION 42: CAREGIVERS USE SPANKING AS A FORM OF DISCIPLINE

Indicate if caregivers use spanking as a form of discipline. Use "Unknown" if you are unaware of caregivers using spanking.

QUESTION 43: POLICE INVOLVEMENT IN ADULT DOMESTIC VIOLENCE INVESTIGATION

Indicate level of police involvement specific to a domestic violence investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

QUESTION 44: POLICE INVOLVEMENT IN CHILD MALTREATMENT INVESTIGATION

Indicate level of police investigation for the present child maltreatment investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

THANK YOU FOR YOUR SUPPORT AND INTEREST IN THE THIRD CYCLE OF THE CANADIAN INCIDENCE STUDY.

NOTES AND COMMENTS

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Appendix F

CIS-2008/AIS-2008 CASE VIGNETTES

The following is the case vignette used during training sessions on how to complete the AIS-2008 *Maltreatment Assessment Form*.

Intake Assessment: Sarah and Jason

File Number: 2345-234 G
Referring Source: Neighbour
Family Name: Smith
Mother's Name: Betsy Smith
Date of Referral: October 06, 2008
Ethno-racial group: White
Father's Name: Unknown

Children:	**Date of Birth:**
Sarah	May 05, 2003
Jason	February 02, 2008

Case Record: Investigation in 2006, lack of supervision of 3-year-old Sarah.

Referral Summary:

Date: Oct 6/08 A caller contacted the office with concerns that Jason, a young baby, was being left alone by his mother. The caller lives across the street from Ms. Smith and has known the family for four or five months. The caller indicated that Ms. Smith lives in an apartment with her little girl who looks about four or five, and her baby boy who is about 8 or 9 months old. The caller has watched Ms. Smith leave the house with her daughter at lunchtime, walking the girl to school a few blocks away. The baby is not with her. Ms. Smith sometimes returns within 10 or 15 minutes, and other times she returns after a longer period. The caller has watched this happen six or seven times since the start of the school year. Today she noted that Ms. Smith was gone for at least 45 minutes and that the baby was alone in the apartment the whole time, although Ms. Smith was now back at home. The caller knows that Ms. Smith has a boyfriend who stays overnight occasionally.

Date: Oct 7/08 The worker attended the home of Ms. Smith (26) at 10 am. Ms. Smith was surprised to see the worker at her home but agreed to let the worker in. She apologized for the house being untidy as she had not been able to clean up yet this morning.

The kitchen had a large pile of dirty dishes on the counter and in the sink, including several half-full baby bottles. The worker looked in the fridge and cupboards, and noted adequate provisions. Crumbs and pieces of dirt were stuck to the carpet. Toys and dirty dishes were all about the living area. The beds were all unmade and Sarah's bed had no sheets. Jason's crib was sour smelling but free of toys. The bathroom was very dirty. The window was broken and a large piece of glass was on the floor.

Ms. Smith indicated that she has been unemployed since Sarah was born. She relies on social assistance to pay her bills. She has used the food bank a few times. She has more money since moving to this subsidized apartment four months ago. She indicated that she has an on-and-off boyfriend named John; he does not help with the kids. Ms. Smith was raised in another town. Her parents and two brothers remain there. Ms. Smith has no history of CAS involvement as a child.

Sarah was talkative and friendly. She showed no signs of anxiety or fear in front of her mother. Sarah proudly told the worker what a big girl she was as she could dress herself and

make her own breakfast. She thought it was nice to let her mom sleep in.

When asked directly about leaving the baby at home. Ms Smith admitted that she has had to do this once or twice as she finds the trip to school conflicts with the baby's nap. The worker asked Sarah if she ever babysat her brother and Sarah stated that her mother had "never-ever-ever" left her alone at home. When asked how long she was gone, Ms. Smith said she took Sarah straight to school and came home; leaving Jason sleeping alone for a maximum of 10 minutes. The worker asked about Ms. Smith's usual child care and Ms. Smith indicated that she rarely needed a babysitter but would call on her friend to watch her kids if she had to go out. The worker advised Ms. Smith that under no circumstances could she leave either of her children alone.

Near the end of the visit the worker asked to hold the baby, and noted that his sleepers were damp. She asked Ms. Smith to change him. Ms. Smith put Jason directly on the dirty floor and changed his diaper. He did not have a diaper rash, and he had no observable bruises. While on the floor Jason picked up some debris from the floor and put it in his mouth.

The worker advised Ms. Smith that conditions in her home posed safety hazards to her children—namely the broken window and glass in the bathroom, and the dirty living areas.. Ms. Smith agreed to clean the home and call her landlord to fix the window.

The worker informed Ms. Smith that she would be receiving ongoing visits from the agency to help her establish appropriate child care routines and to support he in organizing the daily tasks of family life. The worker had Ms. Smith sign a release form so she could speak with both the family doctor and Sarah's school.

Date: **Oct 7/08** Ms. Q is a kindergarten teacher. Ms. Q expressed concern as Sarah often arrives in rumpled clothes, with dirty hair and face. Some days she smells unclean and the teacher has heard other children make fun of Sarah's smell. Sarah has told her teacher that she is late because she has to wait for her mom to put her brother down for his nap before they can walk to school. Sarah is frequently late for school.

Date: **Oct 8/08:** Phone call to Dr. Jones's office. The office confirmed that an appointment had been made for both children and the doctor will call the worker after she has seen the family again.

Investigation Conclusions:

This case involves the neglect of Sarah and her brother Jason. Jason has been left unsupervised more than once. This comes after Ms Smith was previously investigated and cautioned for inadequate supervision of Sarah. Sarah appears to take on numerous parenting tasks including the soothing and supervision of her baby brother as well as preparing herself for school. In addition, the home is dirty and poses several dangers to the children.

Outcome: **Case to be transferred for ongoing services**

Appendix G
VARIANCE ESTIMATES AND CONFIDENCE INTERVALS

The following is a description of the method employed to develop the sampling error estimation for the AIS-2008. As well as the variance estimates and confidence intervals for the AIS-2008 estimates. Variance estimates are provided for the statistics in the "total" column for most tables in this report.

SAMPLING ERROR ESTIMATION[1]

The AIS-2008 uses a random sample survey method to estimate the incidence and characteristics of cases of reported child abuse and neglect across the country. The study estimates are based on the core AIS-2008 sample of 2,239 child investigations drawn from a total population of 1,195 family cases open for service in Alberta.

The size of this sample ensures that estimates for figures such as the overall rate of reported maltreatment, substantiation rate, and major categories of maltreatment have a reasonable margin of error. However, the margin of error increases for estimates involving less frequent events, such as the number of reported cases of medical neglect or the number of children under four years of age placed in the care of child welfare services. For extremely rare events, such as voyeurism, the margin of error is very large, and such estimates should be interpreted as providing a rough idea of the relative scope of the problem rather than a precise number of cases.

Appendix G tables provide the margin of error for selected AIS-2008 estimates. For example, the estimated number of child maltreatment investigations in Alberta is 27,147. The lower 95 per cent confidence interval is 23,479 child investigations and the upper confidence interval is 30,816 child investigations. This means that if the study were repeated 20 times, in 19 times the calculated confidence interval (23,479–30,816) would contain the true number of child maltreatment investigations.

Estimates are only representative of the sampling period; the error estimates do not account for any errors in determining the annual and regional weights. Nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from office to office. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends on the extent to which the sampling period is representative of the whole year.

To assess the precision of the AIS-2008 estimates, sampling errors were calculated from the sample with reference to the fact that the survey population had been stratified and that a single cluster (or office) had been selected randomly from each stratum. From the selected cluster all cases in the three-month period were sampled. In a few situations, a shorter period of time was sampled or every random cases were sampled. An annualization weight was used to weight the survey data to represent annual cases. A regionalization weight was used to weight the survey data so that data from offices represented regions or strata.

Sampling errors were calculated by determining the sampling variance and then taking the square root of this variance. The sampling variability that was calculated was the variability due to the randomness of the cluster selected. Had a different cluster been selected, then a different estimate would have been obtained. The sampling variance and sampling error calculated are an attempt to measure this variability. Thus, the measured variability is due to the cluster. We did not measure the variability, however, because only three months were sampled, not a full year, and in some situations only every second case was sampled.

To calculate the variance, the stratified design allowed us to assume that the variability between strata was zero and that the total variance at the Alberta level was the sum of the variance for each strata.

Calculating the variance for each strata was a problem, because only one

cluster had been chosen in each strata. To overcome this problem we used the approach given in Rust and Kalton (1987).[1]

This approach involved collapsing stratum into groups (collapsed strata); the variability among the clusters within the group was then used to derive a variance estimate. Collapsing of strata was done to maintain homogeneity as much as possible.

The estimated population of incidences $(\hat{\tau})$ with the characteristic of interest is:

$$\hat{\tau} = \sum_{h=1}^{H} \hat{\tau}_h$$

Where $\hat{\tau}_h$ is the population of incidences with the characteristic of interest for the h^{th} stratum.

$$\hat{\tau}_h = \sum_i w_h y_{hi}$$

where:

w_h is the weight for the h^{th} stratum

y_{hi} is 1 if the i^{th} unit (case) in stratum h has the characteristic of interest, is 0 if the i^{th} unit (case) in stratum h does not have the characteristic of interest, and we sum over all the i units (cases) in the h^{th} stratum.

For our study the H strata were partitioned into J groups of strata, known as collapsed strata, and there were H_j ($H_j \geq 2$) strata in the collapsed stratum j. Stratum h within collapsed stratum j is denoted by $h(j)$. The collapsed strata estimator of the variance $\hat{\tau}$ is

$$\text{var}(\hat{\tau}) = \sum_j^J \frac{H_j}{(H_j - 1)} \sum_h^{H_j} \left[\hat{\tau}_{h(j)} - \frac{\hat{\tau}_j}{H_j} \right]^2$$

Where $\hat{\tau}_{h(j)}$ denotes the unbiased estimator of $\hat{\tau}_{h(j)}$, the parameter value for stratum h in collapsed stratum j, and

$$\hat{\tau}_j = \sum_h^H \hat{\tau}_{h(j)}$$

The following are the variance estimates and confidence intervals for AIS-2008 variables of interest. The tables are presented to correspond with the tables in the chapters of the Major Findings Report. Each table reports the estimate, standard error, coefficient of variation, lower and upper confidence interval.

1 Rust, K., & Kalton, G. (1987). Strategies for collapsing strata for variance estimation. *Journal of Official Statistics*, *3*(1): 69–81.

APPENDIX G: Table 3-1a

Number and Rate of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Number of Investigations	27,147	1,872	6.90%	23,479	30,816

APPENDIX G: Table 3-2

Age of Children in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<1 year	2,324	311	13.39%	1,714	2,934
1–3 years	5,236	372	7.10%	4,507	5,965
4–7 years	5,820	396	6.80%	5,044	6,596
8–11 years	5,954	524	8.80%	4,928	6,981
12–15 years	6,026	486	8.06%	5,075	6,978
16–17 years	1,787	76	4.27%	1,638	1,937

APPENDIX G: Figure 3-3

Substantiation Decisions in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Substantiated	14,403	1,246	8.65%	11,961	16,845
Suspected	2,160	190	8.80%	1,788	2,533
Unfounded	6,198	551	8.89%	5,118	7,277
Risk of Future Maltreatment	793	113	14.28%	571	1,015
No Risk of Future Maltreatment	501	228	9.10%	2,055	2,947
Unknown Risk of Future Maltreatment	1,092	302	27.68%	500	1,685

APPENDIX G: Table 3-4a

Referral Source in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Any Non-Professional Referral Source	7,207	804	11.15%	5,631	8,782
Any Professional Referral Source	19,050	1,273	6.68%	16,555	21,544
Other/Anonymous Referral Source	760	64	8.40%	635	885

APPENDIX G: Table 3-4b

Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Non Professional					
Custodial or Non Custodial Parent	1,963	247	12.58%	1,479	2,447
Child (Subject of Referral)	620	128	20.65%	369	871
Relative	1,918	232	12.11%	1,463	2,374
Neighbour/Friend	2,231	362	16.23%	1,521	2,940
Professional					
Community, Health or Social Services	3,058	344	11.26%	2,383	3,733
Hospital (Any Personnel)	1,761	193	10.97%	1,383	2,140
School	5,789	323	5.59%	5,156	6,423
Other Child Welfare Service	1,306	66	5.07%	1,176	1,435
Day Care Centre	122	25	20.36%	74	171
Police	6,797	831	12.23%	5,168	8,425
Anonymous	485	44	9.13%	398	572
Other	275	30	10.99%	216	334

APPENDIX G: Table 3-5

Provision of Ongoing Services Following an Investigation in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Case to Stay Open for Ongoing Services	8,201	904	11.02%	6,430	9,973
Case to be Closed	18,919	1,307	6.91%	16,357	21,480

APPENDIX G: Table 3-6a

Placements in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Remained at Home	23,625	1,571	6.65%	20,546	26,705
Child with Relative (Not a Formal Child Welfare Placement)	1,139	163	14.27%	820	1,457
Foster Care (Includes Kinship Care)	1,828	177	9.70%	1,480	2,175
Group Home/Residential Secure Treatment	555	31	5.64%	494	617

APPENDIX G: Figure 3-6b

Placements in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Placement Required	23,025	1,599	6.95%	19,891	26,159
Placement Considered	600	150	24.97%	307	894
Informal Kinship Care	1,139	163	14.27%	820	1,457
Kinship Foster Care	398	74	18.51%	254	542
Foster Care	1,430	133	9.30%	1,169	1,691
Group Home	387	28	7.21%	333	442
Residential Secure Treatment	168	24	14.37%	121	215

APPENDIX G: Table 3-7

History of Previous Investigations in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Previously Investigated	15,114	1,326	8.77%	12,515	17,713
Child Not Previously Investigated	11,823	858	7.26%	10,142	13,505
Unknown	210	0	0.00%	210	210

APPENDIX G: Table 3-8

Applications to Child Welfare Court in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Court Considered	23,301	1,548	6.65%	20,266	26,336
Application Made	3,846	462	12.02%	2,940	4,752

APPENDIX G: Figure 4-1

Primary Category of Substantiated Maltreatment in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Physical Abuse	1,933	159	8.21%	1,622	2,244
Sexual Abuse	285	74	25.97%	140	430
Neglect	5,328	409	7.68%	4,526	6,129
Emotional Maltreatment	1,974	303	15.37%	1,380	2,568
Exposure to Intimate Partner Violence	4,883	619	12.68%	3,669	6,097

APPENDIX G: Table 4-2

Single and Multiple Categories of Substantiated Child Maltreatment in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Single Form of Substantiated Maltreatment					
Physical Abuse Only	1,135	91	8.06%	955	1,314
Sexual Abuse Only	176	50	28.39%	78	274
Neglect Only	3,494	281	8.06%	2,942	4,045
Emotional Maltreatment Only	1,331	273	20.50%	796	1,865
Exposure to Intimate Partner Violence Only	3,898	556	14.26%	2,809	4,988
Multiple Categories of Substantiated Maltreatment					
Physical Abuse and Neglect	265	54	20.53%	158	372
Physical Abuse and Emotional Maltreatment	388	53	13.68%	284	492
Physical Abuse and Exposure to Intimate Partner Violence	232	65	28.02%	105	360
Sexual Abuse and Neglect	122	45	37.03%	33	210
Sexual Abuse and Emotional Maltreatment	–	–	–	–	–
Sexual Abuse and Exposure to Intimate Partner Violence	–	–	–	–	–
Neglect and Emotional Maltreatment	917	174	18.96%	576	1,257
Neglect and Exposure to Intimate Partner Violence	973	122	12.49%	735	1,211
Emotional Maltreatment and Exposure to Intimate Partner Violence	728	84	11.59%	562	893
Physical Abuse, Sexual Abuse and Emotional Maltreatment	–	–	–	–	–
Physical Abuse, Sexual Abuse and Exposure to Intimate Partner Violence	–	–	–	–	–
Physical Abuse, Neglect, Emotional Maltreatment	331	110	33.17%	116	546
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	–	–	–	–	–
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	–	–	–	–	–
Sexual Abuse, Neglect and Emotional Maltreatment	–	–	–	–	–
Sexual Abuse, Neglect and Exposure to Intimate Partner Violence	–	–	–	–	–
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	208	68	32.56%	75	341

(–) Estimates of less than 100 weighted investigations are not

APPENDIX G: Figure 4-3

Severity of Physical Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
No Physical Harm	13,200	1,082	8.20%	11,079	15,322
Physical Harm, No Medical Treatment Required	748	128	17.16%	496	999
Physical Harm, Medical Treatment Required	400	110	27.46%	185	615

APPENDIX G: Table 4-4

Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Bruises, Cuts, Scrapes	734	111	15.16%	516	952
Burns and Scalds	–	–	–	–	–
Broken Bones	–	–	–	–	–
Head Trauma	–	–	–	–	–
Fatality	–	–	–	–	–
Other Health Conditions	428	109	25.44%	214	641

(–) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Figure 4-5

Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
No Emotional Harm	8,613	691	8.03%	7,258	9,967
Signs of Emotional Harm, No Treatment Required	2,161	198	9.15%	1,774	2,549
Emotional Harm, Treatment Required	3,629	475	13.08%	2,699	4,559

APPENDIX G: Figure 4-6

Duration of Maltreatment in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Single Incident	3,959	457	11.53%	3,064	4,854
Multiple Incident	10,361	823	7.95%	8,747	11,975

APPENDIX G: Table 5-2

Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Depression/Anxiety/Withdrawal	3,043	410	13.48%	2,239	3,848
Suicidal Thoughts	970	122	12.59%	731	1,210
Self-Harming Behaviour	786	59	7.55%	670	902
ADD/ADHD	1,903	204	10.72%	1,503	2,303
Attachment Issues	2,336	182	7.80%	1,979	2,693
Aggression	2,636	390	14.81%	1,870	3,401
Running (Multiple Incidents)	973	109	11.23%	759	1,187
Inappropriate Sexual Behaviours	837	92	11.02%	656	1,018
Youth Criminal Justice Act Involvement	603	69	11.43%	468	738
Intellectual/Developmental Disability	2,865	270	9.42%	2,336	3,393
Failure to Meet Developmental Milestones	1,899	254	13.37%	1,401	2,397
Academic Difficulties	3,947	387	9.81%	3,188	4,706
FAS/FAE	1,408	156	11.05%	1,103	1,713
Positive Toxicology at Birth	345	88	25.59%	172	519
Physical Disability	531	78	14.74%	378	685
Alcohol Abuse	835	172	20.58%	499	1,172
Drug/Solvent Abuse	876	83	9.44%	714	1,038
Other Functioning Concern	704	173	24.59%	364	1,043

APPENDIX G: Table 5-3

Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Aboriginal Heritage					
Not Aboriginal	9,294	617	6.64%	8,085	10,504
First Nation, Status	2,336	605	25.89%	1,150	3,521
First Nation, Non-Status	1,480	228	15.42%	1,033	1,928
Métis	1,084	139	12.82%	812	1,356
Inuit	110	0	0.00%	110	110
Other Aboriginal	–	–	–	–	–

(–) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Table 5-4a

Age of Primary Caregiver in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
<16 years	–	–	–	–	–
16–18 years	141	46	32.43%	52	231
19–21 years	440	46	10.49%	349	530
22–30 years	4,345	330	7.59%	3,698	4,991
31–40 years	6,843	815	11.91%	5,245	8,441
41–50 years	2,219	310	13.98%	1,611	2,828
51–60 years	281	65	23.03%	154	408
>60 years	110	3	33.00%	39	182

(–) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Table 5-4b

Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Females	13,107	1,208	9.22%	10,738	15,475
Males	1,296	184	14.23%	935	1,658

APPENDIX G: Table 5-5

Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Biological Parent	13,808	1,205	8.72%	11,447	16,169
Parent's Partner	145	78	53.50%	-7	298
Foster Parent	–	–	–	–	–
Adoptive Parent	–	–	–	–	–
Grandparent	262	59	22.45%	147	377
Other	–	–	–	–	–

(–) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Table 5-6

Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Alcohol Abuse	4,744	655	13.81%	3,460	6,028
Drug/Solvent Abuse	3,620	428	11.82%	2,781	4,459
Cognitive Impairment	1,679	167	9.96%	1,352	2,007
Mental Health Issues	5,249	505	9.62%	4,259	6,239
Physical Health Issues	2,048	272	13.30%	1,515	2,582
Few Social Supports	6,646	729	10.98%	5,216	8,075
Victim of Domestic Violence	7,426	759	10.22%	5,938	8,914
Perpetrator of domestic Violence	2,725	321	11.77%	2,096	3,354
History of Foster Care/Group Home	1,717	201	11.70%	1,323	2,111

APPENDIX G: Table 5-7

Household Source of Income in Substantiated Investigations in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Full-Time Employment	7,720	441	5.71%	6,855	8,585
Part-time/Multiple Jobs/ Seasonal Employment	1,651	214	12.94%	1,232	2,069
Benefits/EI/Social Assistance	4,426	878	19.84%	2,706	6,147
Unknown	315	75	23.76%	168	462
None	291	42	14.54%	208	373

APPENDIX G: Table 5-8

Housing Type in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Own Home	4,164	253	6.09%	3,667	4,661
Rental Accommodation	6,669	805	12.07%	5,091	8,246
Public Housing	1,948	179	9.19%	1,598	2,299
Band housing	576	280	48.54%	28	1,125
Shelter/Hotel	262	63	24.11%	138	385
Other	540	233	43.17%	83	997
Unknown	243	56	22.83%	135	352

APPENDIX G: Table 5-9

Family Moves Within the Last 12 Months in Substantiated Child Maltreatment Investigations in Alberta in 2008has					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
No Moves in Last 12 Months	7,303	459	6.29%	6,403	8,203
One Move	2,740	270	9.85%	2,211	3,269
Two or more moves	2,148	232	10.82%	1,692	2,604
Unknown	2,212	653	29.51%	933	3,491

APPENDIX G: Table 5-10

Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Alberta in 2008					
				Confidence Interval	
Variable	Estimate	Standard Error	Coefficient of Variation	Lower	Upper
Accessible Weapons	391	69	17.76%	255	527
Accessible Drugs or Drug Paraphernalia	1,321	175	13.26%	977	1,664
Drug Production/Trafficking in Home	126	42	33.32%	44	208
Chemicals or Solvents Used in Production	–	–	–	–	–
Other Home Injury Hazards	698	48	6.92%	603	793
Other home health hazards	1,690	170	10.06%	1,357	2,023

(–) Estimates of less than 100 weighted investigations are not shown

Appendix H
DESCRIPTION OF WEIGHTING PROCEDURE

Weighting involves multiplying sampled data by factors which adjust the representation of each case in the data in order to correct for disproportionate representation of certain groups of interest and generate a sample which conforms to known population distributions on specified variables.

Conceptually, the weights used to maintain provincial representativeness of the data included in AIS-2008 can be viewed as three distinct factors which are multiplied by one another.

Office weight – The first factor, which we can call W_s, represents the ratio of the total number of offices in a stratum (a group of offices within a geographic region from which offices were randomly sampled) to the number of offices sampled from that stratum.

$$W_s = \frac{\textit{\# of offices in stratum}}{\textit{\# of offices sampled in stratum}}$$

Subsampling weight – In most offices, data were collected for every new, maltreatment-related investigation opened during the three month data collection period; however, in order to reduce burden on workers, sample size was limited to 250, randomly selected investigations in 20 very large offices. Accordingly, *unweighted* data from the province underrepresents the investigations conducted by large offices. The second factor, which we can call W_{ss}, accounts for the random sampling of investigations within the three-month data collection period. This factor represents the ratio of the number of investigations opened by an office during the three-month data collection period to the number of investigations from that office which were included in the AIS sample.

$$W_{ss} = \frac{\textit{\# of investigations Oct. 1–Dec. 31}}{\textit{\# of investigations sampled}}$$

Office Size Correction – Child welfare offices, including those in the study sample, vary greatly in terms of the number of children they serve and the number of investigations they conduct. The "office weight" described above adjusts for differences in the number of offices selected from each stratum, but does not account for variations in the size of the offices within these strata. The third factor, which we can call PS_r, is intended to adjust for variations in the size of offices within a stratum. It represents the ratio of the average child population served by offices sampled within a stratum to the average child population for all offices in the stratum. Ideally, this factor would adjust for variations in the number of investigations opened by offices within a stratum. But, because reliable statistics on number of investigations completed by an office have not been consistently available, child population is used as a proxy for office size. Accordingly, this factor assumes that the numbers of investigations opened by the offices within a stratum are strictly proportional to office child population and it does not account for variations in the per capita rate of investigations.

$$PS_r = \frac{\textit{average child population in sampled offices}}{\textit{average child population in offices in stratum}}$$

Together, these three factors, $W_s \times W_{ss} \times PS_r$ are used to create estimates of the number of investigations completed within the three-month data collection period by all Alberta offices.

Annualization

In addition to the weight adjustment of data from the province all data presented in this report were weighted in order to derive annual estimates. Because the AIS collects data only during a three-month period from a sample of child welfare offices, data are weighted to create estimates of the number of investigations conducted by sampled offices during 2008. Accordingly, all data are multiplied by a factor, which we can call PS_a, which represents the ratio of all investigations conducted by sampled offices during 2008 to all investigations opened by the sampled office during the Oct. 1–Dec. 31 quarter.

$$PS_r = \frac{\textit{\# of investigations in 2008}}{\textit{\# of investigations Oct. 1–Dec. 1}}$$

Two key limitations of the annualization weight must be noted. This factor corrects for

seasonal fluctuation in the number of investigations, but it does not correct for any seasonal variations in investigation/maltreatment characteristics. In addition, while cases reported more than once during the three-month case sampling period were unduplicated (see Case Selection section in this chapter), the weights used for AIS-2008 annual estimates include an unknown number of "duplicate" cases, i.e. children or families reported and opened for investigation two or more times during the year. Accordingly, the weighted annual estimates presented in this report represent new child maltreatment-related investigations conducted by the sampled offices in 2008, rather than investigated children.

2016 Edition

Are We Doing Enough?

A status report on Canadian public policy and child and youth health

Canadian Paediatric Society

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Background

How Canada cares for and nurtures its younger generations is our clearest possible expression of collective values and national well-being. Ensuring the health and well-being of all children and youth is a shared responsibility, with family, community and public institutions each playing key roles. At its broadest level, care means governments enacting evidence-based public policies that safeguard and enhance physical and mental health, safety and well-being.

While children and youth make up one-quarter of Canada's population, they are disadvantaged politically by not being eligible to vote. However, the Canadian Paediatric Society (CPS) knows what a powerful tool public policy advocacy can be in keeping child and youth issues on the national agenda. We have years of experience making sure that best practice and medical evidence inform public policies affecting children and youth. Through their daily work with children, CPS members recognize how investing in child and youth health and family health promotion can net huge gains – both human and financial.[1] The purpose of this report is to share these insights and accompanying evidence-based recommendations with policy makers.

This 5th edition of the status report reviews current policy on critical fronts while specifying improvements and raising the public profile of key paediatric issues. Since its first release in 2005, *Are We Doing Enough?* has examined and evaluated how effectively each provincial/territorial government protects and promotes the health and well-being of children and youth on select measures. This report also assesses the federal government's performance in key areas. Because thoughtful policy change takes time and this federal government's mandate is still in its early days, the CPS is reserving assessment – temporarily – on some federal issues contained in this report. The report's new online format will allow us to track progress and update ratings as needed over the coming months. A pdf version (reflecting status as of May 2016) is also available.

Canada has certainly come a long way since 2005. Governments are doing better in many critical areas. Provinces and territories with tough anti-smoking legislation show reduced smoking rates among youth. The number of publicly funded vaccines has increased significantly. Legislation to prevent youth from accessing tanning booths has been implemented across all provinces. However, on every measure contained in this report, there is still work to do. *Are We Doing Enough?* highlights areas of provincial/territorial strength, as well as weakness, and is intended to help child and youth health advocates, caring agencies and individual governments compare progress on key issues and improve public policy.

As in previous editions, *Are We Doing Enough?* assesses public policy in four major areas:

- Disease prevention
- Health promotion
- Injury prevention
- Best interests of children and youth

New key issues evaluated in this report include breastfeeding promotion, child death review processes and the management of type 1 diabetes in schools.

We hope this status report provides direction and impetus for all advocates and policy-makers who take the best interests of children and youth to heart – and then a few steps further, into 'city hall' or the corridors of government.

Information in this report is current as of May 2016 and was obtained from government documents, credible web resources and personal correspondence.

The CPS would like to thank the following non-governmental organizations for their assistance in validating information: the Breastfeeding Committee for Canada; the Canadian Hospitals Injury Reporting and Prevention Program at the Hospital for Sick Children; the Diabetes at School Advisory Group; the Jordan's Principle Working Group; McMaster University's machealth; Moms, Boobs and Babies (MBB); the NorthernStar Mothers Milk Bank; Parachute; and the Saskatchewan Prevention Institute.

Summary

Every day, too many children and youth in Canada experience preventable injuries and infections, chronic disease, poverty, or unequal access to quality health care and education. Many of their difficulties are rooted in public policies that do not put the needs of children and youth first. According to the 2016 UNICEF-Innocenti Report Card, Canada ranked 26th among 35 rich countries on the overall well-being of its children.[2] When responses from children and youth to a life satisfaction survey were factored in, Canada only gained one level, meaning our young people are among the least happy in the developed world.

Are We Doing Enough? can help change this picture. The Canadian Paediatric Society has a long and successful history of working with government representatives, agencies and allied organizations to improve the health and well-being of children and youth. Government-led programs and health promotion strategies have proven and substantial powers to save lives, prevent injuries and protect against disease. But we can always do more. While legislation has progressed in some areas since the 2012 status report, some governments still need to coordinate and implement better public policies on the issues evaluated here. Further steps are needed because, as we've already seen, sustained advocacy and sound policies produce amazing results.

Policy matters

Policy matters... In recent years, significant progress has been made in protecting children and youth from vaccine-preventable diseases. With only a few exceptions, children and youth across Canada have publicly funded access to all routine vaccines. Vaccination programs have significantly reduced many vaccine-preventable diseases such as meningococcal and pneumococcal infections, *Haemophilus influenzae*, and rotavirus disease, among others. Three provinces have yet to implement a rotavirus program, though the evidence shows that rotavirus vaccination protects young children and alleviates demands on emergency departments.[3]

Policy matters... When governments implement strong policies to prevent and reduce smoking rates among children and adolescents, smoking prevalence decreases. Fewer children are exposed to second-hand smoke, leading to healthier families and fewer trips to the hospital for pneumonia and asthma-related complications. However, while Canada's efforts on smoking cessation have reaped significant benefits, new challenges lie ahead. Youth are being exposed to a broader spectrum of tobacco products, including smokeless tobacco, flavoured tobacco, water pipes and e-cigarettes, for which traditional government controls are wholly inadequate. Governments must develop policies that regulate e-cigarettes and novel tobaccos as strictly as cigarettes and traditional tobacco products.

Policy matters... Where injury prevention legislation is strong, paediatricians see fewer ER visits, hospitalizations, brain injuries and preventable deaths. However, unintentional injuries are still the leading cause of death, morbidity and disability in Canadian children and youth, and legislation is a sorry patchwork on some key safety issues. For example, there is no consistent approach to bicycle helmet, booster seat or off-road vehicle legislation in this country. Five provinces or territories still have no legislation on bicycle helmets despite evidence that helmet wearing reduces risk of brain injury by up to 80%.[4] Effective safety policies and programs reduce the human and economic costs we all bear.[5] Canada needs a national injury prevention strategy which includes outreach, education and safety legislation that is enforced at all government levels. Injury *prevention* is undoubtedly the best approach to reducing the present burden of harm and, like immunization, could be one of the great public health achievements of the 21st century.[6]

Policy matters… Where child death review processes are standardized – including data collection – positive outcomes follow, such as effective injury prevention campaigns and laws that truly safeguard young lives. Also, stakeholders from multiple disciplines and agencies tend to share information and learn from one another. When we understand how and why children die, we can take better measures to protect them.[7]

Policy matters… Where universal newborn hearing screening programs are in place, early diagnosis leads to earlier interventions and better outcomes for children with a hearing impairment. Permanent hearing loss is one of the most common congenital disorders of childhood, occurring in about about two per 1,000 live births. Children with hearing loss who do not receive timely intervention often have problems with communication and psychosocial skills, cognition or literacy later on.

Advocacy matters

Far too often, physicians see children and youth with preventable medical issues. While every government has the onus to protect through policy and legislation, health experts play an essential role in shaping such laws and programs. *Are We Doing Enough?* is for advocates working with governments to keep kids healthier and safer. As a tool, the status report is most effective in the hands of experts who care about these issues. The changes to public policy recommended here are based on best evidence and decades of experience persuading governments to take paediatric issues seriously.

A few examples... Past CPS President Dr. Richard Stanwick worked for years to raise public understanding about the serious health consequences of second-hand smoke, which has resulted in stronger anti-smoking legislation. In 2013, paediatric residents in Manitoba were instrumental in persuading their provincial government to introduce bicycle helmet legislation. Dr. Susanna Martin's concern over car-related injury and death rates led her to champion booster seat legislation in Saskatchewan, with results clearly reflected in this report. Paediatricians are uniquely qualified to engage government on policies to improve child and youth health and well-being.

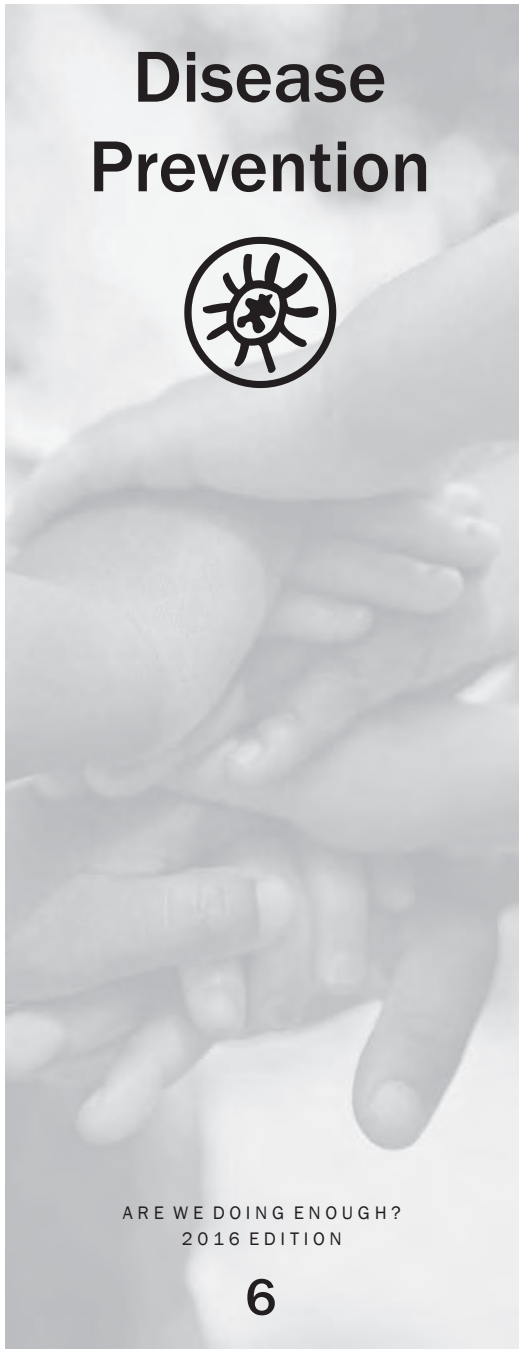
Child and youth mental health strategies have not been re-evaluated in this edition, but the CPS recognizes the serious challenges to mental health in Canada. The need to reduce First Nations and Inuit youth suicide rates may be the loudest call to action, but there are many. Children and youth deserve equitable access to mental health services, treatments and culturally competent support programs. And while some provinces and territories have developed mental health strategies since 2012, CPS members tell us this step has not improved access to services and programs significantly. Wait times and other barriers to mental health services have serious and lasting consequences for individuals, families and communities. Because about 70% of mental illnesses first appear in childhood or adolescence, early prevention, screening, and treatment are key to reducing lifelong impacts.[8] Along with mental health experts and partnering organizations, the CPS urges all levels of government to develop and fund programs providing timely mental health services to young people.

Child poverty is not easy to measure, but a national poverty reduction strategy remains an issue of foremost importance. The federal government has recently committed in mandate letters to help Canadian families living in substandard conditions. In fact, 19% of children and fully half of status First Nations children now live below the poverty line in Canada.[9] Among the many effects of low socioeconomic status is a strong association with poor health later in life. All Canadian children and youth deserve the same opportunities no matter where they live. The CPS urges governments at every level to work together and with allied stakeholders to eradicate family poverty. Supplementary health benefits, accessible and affordable child care, and targeted nutrition and housing programs would all help children and youth to thrive and reach their full potential. Governments must partner with First Nations, Métis and Inuit communities to eliminate the causes of systemic poverty.

CPS commitment

The status report is only a snapshot, but the picture it provides is clear enough to raise concerns. Despite past efforts, a persistent patchwork of health and safety policies in Canada means that children and youth are not being cared for equitably. Far too often, the quality of care they receive depends on where they live. *Are We Doing Enough?* is a practical starting point for advocates, policy-makers and care providers who want to help all children and youth reach their full potential. They deserve no less.

Disease Prevention



Immunization

Infectious diseases were once the leading cause of death in Canada. They now account for less than 5% of deaths, making immunization the most cost-effective public health measure of the last century. Today, universal coverage of paediatric vaccines offers all children and youth protection against many life-threatening diseases.

In addition to vaccines that have been part of the routine immunization schedule for a number of years, the Canadian Paediatric Society and the National Advisory Committee on Immunization (NACI) recommend that children and youth be vaccinated against rotavirus, varicella (chickenpox), pertussis (whooping cough), seasonal influenza, and meningococcal and pneumococcal infections. The CPS and NACI also recommend that the human papillomavirus (HPV) vaccine be provided to girls at no charge. Provinces that have been proactive in adding the HPV vaccine for boys to their publicly funded schedules are to be commended.

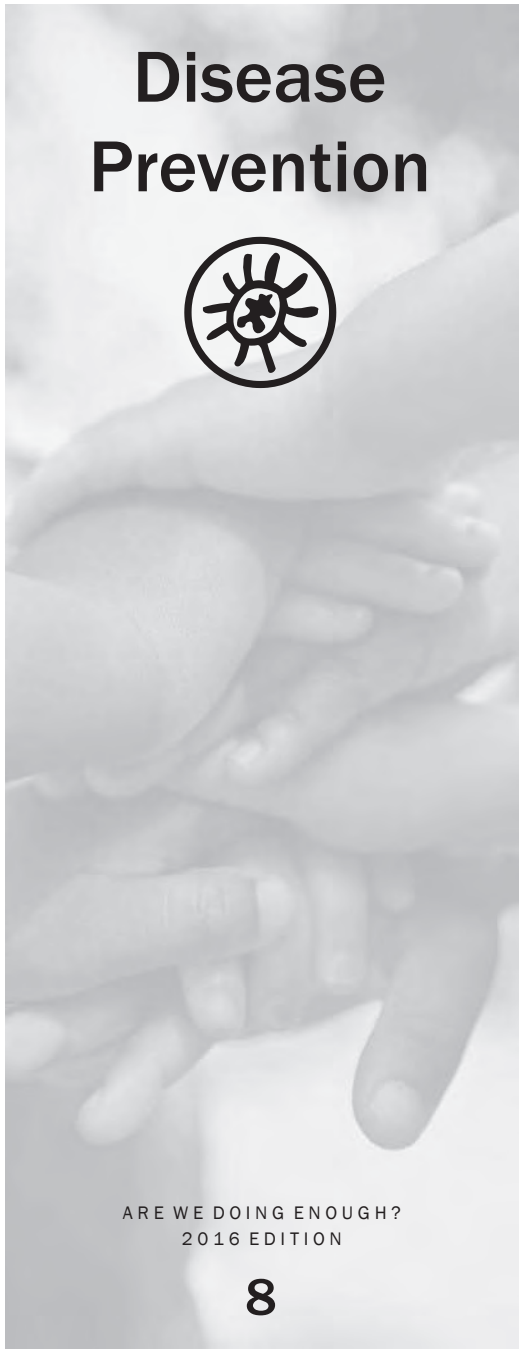
Still, coverage of all routine vaccines is not yet universal across Canada. Not all provinces and territories offer the same vaccines to the same groups at no cost – schedules vary somewhat depending on where you live. A harmonized immunization schedule would be very beneficial, yet continues to be elusive.

Immunization registries help identify children who are (over)due for immunization, provide health care providers with a patient's immunization status at each visit, inform public health campaigns, and help jurisdictions track immunization coverage. A patchwork of registries currently exists in Canada. About half of provinces and territories have an electronic immunization registry, while others use paper-based systems, a combination of the two, or simply do not have a registry in place. The CPS urges provinces and territories to work toward establishing electronic immunization registries and a universal schedule for administering vaccines.

Excellent:	Province/territory provides meningococcal, adolescent pertussis, pneumococcal, varicella, rotavirus, influenza, and HPV vaccines according to the schedule recommended by the Canadian Paediatric Society and the National Advisory Committee on Immunization, at no cost to individuals. Province/territory has a central immunization e-registry.
Good:	Province/territory provides all of the recommended vaccines but does not have a central immunization e-registry.
Fair:	Province/territory provides all but one of the recommended vaccines and does not have a central immunization e-registry.

Immunization				
Province/Territory	**2012 status**	**2016 status**	**Recommended actions**	**Comments**
British Columbia	Excellent	Good	Implement a central immunization e-registry.	
Alberta	Fair	Good	Implement a central immunization e-registry.	Personal information on immunization status is available only for the Edmonton area. Efforts to add information held in public health units and physicians' offices province-wide are ongoing.
Saskatchewan	Good	Excellent	Meets all CPS recommendations.	
Manitoba	Fair	Excellent	Meets all CPS recommendations.	
Ontario	Excellent	Good	Implement a central immunization e-registry.	The CPS encourages Ontario to continue working on the full implementation of "Panorama", so that patient records can be accessed and updated by primary care physicians.
Quebec	Good	Excellent	Meets all CPS recommendations.	
New Brunswick	Good	Fair	Implement a rotavirus immunization program. Implement a central immunization e-registry.	Vaccination records can be obtained from providers but are not housed in a centralized e-registry.
Nova Scotia	Fair	Fair	Implement a rotavirus immunization program. Implement a central immunization e-registry.	Vaccination records can be obtained from providers but are not housed in a centralized e-registry.
Prince Edward Island	Excellent	Good	Implement a central immunization e-registry.	There is a registry, but it can only be accessed by public health nurses and select personnel.
Newfoundland and Labrador	Fair	Good	Implement a central immunization e-registry.	Immunization records can be obtained from regional health authorities, but there is no centralized e-registry.
Yukon	Fair	Excellent	Meets all CPS recommendations.	
Northwest Territories	Fair	Excellent	Meets all CPS recommendations.	
Nunavut	Fair	Fair	Add a second dose of varicella vaccine. Implement a central immunization e-registry.	Nunavut does not have a rotavirus immunization program in place. The CPS acknowledges that this decision is based on disease epidemiology and that surveillance is underway to detect cases and assess need. Electronic medical records are being centralized gradually and are available in at least one community in each of the three regions.

Disease Prevention



Prevent smoking among youth

Provincial/territorial legislation to protect children and youth from the effects of smoking continues to strengthen. The most recent data on tobacco use are based on national surveys conducted by Health Canada and Statistics Canada in 2013 (which excluded the territories). About 11% of youth 15 to 19 years of age were smokers in 2013 compared with 22% in 2001.[10]

However, smoking rates appear to be stabilizing and minority groups, particularly Indigenous and LGBTQ youth, have higher than average smoking rates.[11] Among First Nations high school students living off-reserve, 25% reported smoking in 2008.[12] They were also more likely to be exposed to second-hand smoke at home and in vehicles (37% and 51%, respectively) than their mainstream peers (20% and 30%).[13]

Some of the most effective measures to reduce smoking rates in teens are already in place across Canada, such as high taxes, labelling deterrents, bans on point-of sale displays and advertising to minors, and smoke-free spaces (including vehicles transporting minors). And while most jurisdictions have banned smoking in enclosed public spaces and in vehicles when children or youth are present (with the exception of the Northwest Territories and Nunavut), there is still much work to be done.

Youth are now exposed to a broader spectrum of tobacco products, including smokeless tobacco, flavoured tobacco, water pipes and e-cigarettes, over which there is inadequate government control. In 2013, the first national data set on e-cigarette use in Canada revealed that 20% of youth 15 to 19 years of age had tried e-cigarettes.[14] It is possible that e-cigarette use among teenagers will soon surpass cigarette smoking.

The Canadian Paediatric Society urges governments to treat e-cigarettes the same way as traditional tobacco products and to expand all current smoking restrictions in public spaces and workplaces to include them.[15] The CPS also calls on provinces and territories to ban smoking in all public places – including public playgrounds and sports fields and surfaces – as Ontario, Quebec and New Brunswick have done.

Excellent:	Province/territory prohibits smoking in all public places (including outdoors*). Legislation has been introduced to protect children and youth from tobacco in automobiles. Province/territory has passed legislation on e-cigarettes and flavoured tobacco products.
Good:	Province/territory prohibits smoking in some, but not all, public spaces. Legislation has been introduced to protect children and youth from tobacco in automobiles. Province/territory has passed legislation on e-cigarettes and flavoured tobacco products.
Fair:	Province/territory prohibits smoking in some, but not all, public spaces. Legislation has been introduced to protect children and youth from tobacco in automobiles. Province/territory does not have legislation on e-cigarettes and flavoured tobacco products.
Poor:	Province/territory prohibits smoking in some, but not all, public spaces. Province/territory does not have legislation to protect children and youth from tobacco in automobiles. Province/territory does not have legislation on e-cigarettes and flavoured tobacco products.

Prevent smoking among youth				
Province/Territory	**2012 status**	**2016 status**	**Recommended actions**	**Comments**
British Columbia	Excellent	Good	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans.	The CPS credits municipalities that have banned smoking in recreational spaces, parks, beaches and publicly owned sports fields.
Alberta	Good	Fair	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans. Implement legislation on e-cigarettes.	Alberta banned flavoured tobacco products in 2015. The CPS credits municipalities that have banned smoking in recreational spaces, parks, beaches, and publicly owned sports fields.
Saskatchewan	Excellent	Fair	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans. Implement legislation on e-cigarettes and flavoured tobacco products.	The CPS credits municipalities that have banned smoking in recreational spaces, parks, beaches and publicly owned sports fields.
Manitoba	Excellent	Good	Implement a province-wide ban on smoking on outdoor restaurant patios.	Manitoba has banned smoking in provincial park beaches and playgrounds. The CPS credits municipalities that have banned smoking on outdoor restaurant patios.
Ontario	Excellent	Excellent	Meets all CPS recommendations.	
Quebec	Good	Excellent	Meets all CPS recommendations.	
New Brunswick	Excellent	Excellent	Meets all CPS recommendations.	
Nova Scotia	Excellent	Good	Implement a province-wide ban on smoking in outdoor public places.	Nova Scotia prohibits smoking on outdoor licensed areas and patios. The CPS credits municipalities that have banned smoking in recreational spaces, parks, beaches and publicly owned sports fields.
Prince Edward Island	Excellent	Good	Implement a province-wide ban on smoking in outdoor public places, including a full ban on smoking on outdoor restaurant patios.	PEI prohibits smoking on restaurant patios during certain hours of operation only.
Newfoundland and Labrador	Excellent	Fair	Implement a province-wide ban on smoking in outdoor public places to complement existing municipal bans. Implement legislation on e-cigarettes and flavoured tobacco products.	The CPS credits the more than 85 municipalities and cities that have banned smoking in recreational spaces, parks, beaches and publicly owned sports fields. E-cigarette legislation is in development.
Yukon	Excellent	Fair	Implement a province-wide ban on smoking in outdoor public places. Implement legislation on e-cigarettes and flavoured tobacco products.	Yukon prohibits smoking on outdoor licensed areas and patios.
Northwest Territories	Good	Poor	Implement legislation on smoking in cars with minors present. Implement a province-wide ban on smoking in outdoor public places. Implement legislation on e-cigarettes and flavoured tobacco products.	
Nunavut	Good	Poor	Implement legislation on smoking in cars with minors present. Implement a province-wide ban on smoking in outdoor public places. Implement legislation on e-cigarettes and flavoured tobacco products.	

* Outdoor spaces should include playgrounds and publicly owned sports fields and surfaces, or anywhere within 20 metres of such an area.

Health Promotion

Breastfeeding promotion
(As per the WHO's Baby-friendly Initiative [BFI])

Breastfeeding is uniquely beneficial in many ways, not least as an effective preventative health measure for both mothers and babies.[16] Except in very few specific circumstances, breastfeeding should be universally encouraged.

To improve worldwide breastfeeding initiation and duration rates, the World Health Organization (WHO) and UNICEF launched the Baby-Friendly Initiative (BFI) in 1991, the cornerstone of which is the Ten Steps to Successful Breastfeeding. Since then, more than 21,000 hospitals in 156 countries have acquired "baby-friendly" status, and breastfeeding initiation and duration have both increased.[17] As of March 2016, Canada reported having 114 BFI-designated facilities (hospitals and community health services) – with the majority in Ontario (23) and Quebec (86).[18]

Health care practitioners are ideally qualified to promote and support breastfeeding. Partnering with the BFI, a global, evidence-based, institutional framework for protecting, promoting and supporting breastfeeding, could vastly improve breastfeeding practice and outcomes for mothers and babies in Canada.[19] Leadership from each province and territory is essential to ensure implementation of the BFI in all health care facilities delivering services to babies and mothers.

The Canadian Paediatric Society recommends that governments implement a BFI policy or strategy, with a designated coordinator and breastfeeding education for all health care providers, managers and volunteers working in hospitals and community services that care for mothers and babies. Provinces and territories should also: develop incentives to encourage and support BFI certification; track breastfeeding practices, especially initiation, duration and exclusivity rates; provide easily accessible supportive services, such as lactation consults in person or by phone/email, and provide pasteurized human milk banking for sick or premature infants.[20]

Excellent: Province/territory:
- Has implemented a BFI policy or strategy, with a designated BFI coordinator and a breastfeeding education strategy for all health care providers, managers and volunteers working in hospitals and community services that care for mothers and babies.
- Provides incentives that encourage and support health facilities to become BFI-certified.
- Tracks breastfeeding initiation, duration and exclusivity rates.
- Provides free access to lactation consultants in person or by phone/email.
- Provides access to banked pasteurized human milk for sick and premature infants.

Good: Province/territory has 3 or 4 of the above components in place.

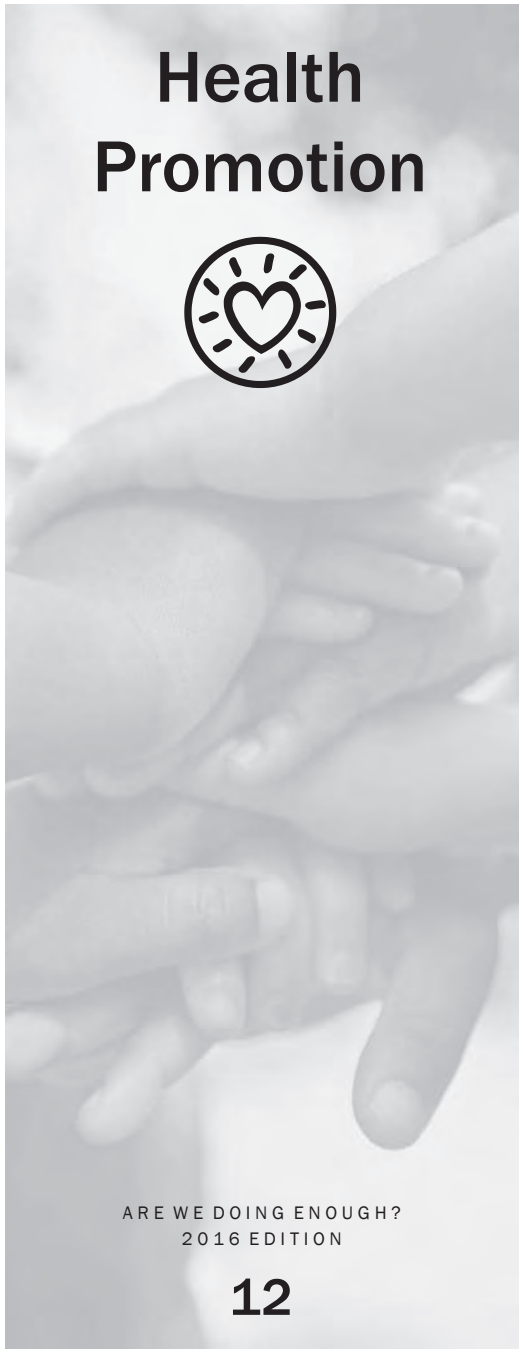
Fair: Province/territory has 1 or 2 of the above components in place.

Poor: Province has none of the criteria specified above in place.

Breastfeeding promotion (not assessed in 2012)

Province/Territory	2016 status	Recommended actions	Comments
British Columbia	Good	Provide incentives that encourage and support health facilities to become BFI-certified.	British Columbia has two facilities due for BFI redesignation. Facilities do not receive funding incentives from government to become BFI-certified.
Alberta	Good	Implement a BFI policy or strategy, with a designated BFI coordinator and a breastfeeding education strategy. Track breastfeeding initiation, duration and exclusivity rates.	Alberta has a milk bank, though it is not government-funded. Revenue comes from hospitals and health centres that use banked milk as well as from granting agencies and corporate and private sponsorship.
Saskatchewan	Fair	Implement a BFI policy or strategy, with a designated BFI coordinator and a breastfeeding education strategy. Provide incentives that encourage and support health facilities to become BFI-certified. Track breastfeeding initiation, duration and exclusivity rates.	Saskatchewan has one community BFI-designated facility. Saskatchewan sends donor milk to the NorthernStar Mothers Milk Bank in Calgary. NICUs in Regina and Saskatoon offer donor milk to sick and premature infants but at a cost to the regional health authority.
Manitoba	Excellent	Meets all CPS recommendations.	Strategy aims to establish a milk bank and specific targets for BFI facilities by 2018. Manitoba has two BFI-designated facilities.
Ontario	Excellent	Meets all CPS recommendations.	The province should consider developing milk depots and should continue to support the The Rogers Hixon Ontario Human Donor Milk Bank.
Quebec	Good	Provide incentives that encourage and support health facilities to become BFI-certified.	Province does not offer logistical or financial incentives to institutions that become BFI-certified. Due to a lack of lactation consultants, access is limited in many areas and they are often not accessible in a timely fashion.
New Brunswick	Fair	Provide incentives that encourage and support health facilities to become BFI-certified. Track breastfeeding initiation, duration and exclusivity rates. Provide access to banked pasteurized human milk for sick and premature infants.	Province tracks breastfeeding initiation and exclusivity at hospital discharge and is working on a process to capture duration rates.
Nova Scotia	Good	Provide incentives that encourage and support health facilities to become BFI-certified. Provide free province-wide access to lactation consultants in person or by phone/email.	Breast milk donated in Halifax is shipped to the NorthernStar Mothers Milk Bank in Calgary and sent back to IWK Health Centre as needed (at the Centre's expense). A pilot project is underway to measure breastfeeding duration.
Prince Edward Island	Poor	Implement a BFI policy or strategy, with a designated BFI coordinator and a breastfeeding education strategy. Provide incentives that encourage and support health facilities to become BFI-certified. Track breastfeeding initiation, duration and exclusivity rates. Provide free province-wide access to lactation consultants in person or by phone/email. Provide access to banked pasteurized human milk for sick and premature infants.	
Newfoundland and Labrador	Good	Provide incentives that encourage and support health facilities to become BFI-certified. Provide access to banked pasteurized human milk for sick and premature infants.	Initiation and exclusivity rates are tracked by the Perinatal Program NL. The provincial government is working with public health nurses to improve access to data on duration rates from the Client Referral Management System.
Yukon	Fair	Implement a BFI policy or strategy, with a designated BFI coordinator and a breastfeeding education strategy. Provide incentives that encourage and support health facilities to become BFI-certified. Track breastfeeding initiation, duration and exclusivity rates. Provide free province-wide access to lactation consultants in person or by phone/email.	There is only one level-4 nursery in the territory. All sick or premature infants are transported out of the territory to sites that offer banked breast milk. No BFI initiative has been implemented but the Whitehorse General Hospital has a breastfeeding policy.
Northwest Territories	Fair	Implement a BFI policy or strategy, with a designated BFI coordinator. Track breastfeeding initiation, duration and exclusivity rates. Provide access to banked pasteurized human milk for sick and premature infants.	NWT Supports Breastfeeding – a government program – provides education to mothers, families and health professionals.
Nunavut	Fair	Implement a BFI policy or strategy, with a designated BFI coordinator and a breastfeeding education strategy. Provide incentives that encourage and support health facilities to become BFI-certified. Track breastfeeding initiation, duration and exclusivity rates. Provide free province-wide access to lactation consultants in person or by phone/email.	All sick or premature infants are transported out of the territory to sites that offer banked breast milk.

Health Promotion



Newborn hearing screening

Permanent hearing loss is one of the most common congenital disorders of childhood, occurring in about two per 1,000 live births. Universal newborn hearing screening (UNHS) leads to earlier diagnosis and intervention, which means better outcomes for children with a hearing impairment.[21]

Without screening, children with hearing loss are typically not diagnosed until they reach 2 years of age, with mild and moderate hearing losses often going undetected until children are in school. Universal screening would detect most infants with hearing loss by the time they are 3 months old, with an intervention started by 6 months of age.

Children with hearing loss who are not supported by early intervention can experience irreversible shortfalls in communication and psychosocial skills, cognition and literacy. Deafness can lead to lower academic achievement, underemployment, difficulty with social adaptation and psychological distress later on. Such effects are directly proportional to the severity of hearing loss and the time lag between diagnosis and intervention. Evidence shows that infants with hearing impairments who are diagnosed and receive intervention before 6 months of age score 20 to 40 percentile points higher on school-related measures (language, social adjustment and behaviour) compared with children who receive intervention later.

The two-step screening procedure implemented by most UNHS programs is highly efficient and cost-effective, particularly considering the lifetime costs of deafness. The Canadian Paediatric Society recommends that provinces and territories provide UNHS for all infants via a fully funded, integrated program that ensures: all babies are screened by 1 month, diagnoses are confirmed by 3 months and interventions are in place by 6 months of age.

Excellent: Province/territory has a fully funded, integrated screening program, with all babies screened by 1 month of age, diagnoses confirmed by 3 months, and interventions in place by 6 months.

Fair: Province/territory has a partial program. Testing is provided selectively (e.g., in neonatal intensive care units to infants at risk for hearing loss) or supportive services are limited by geography.

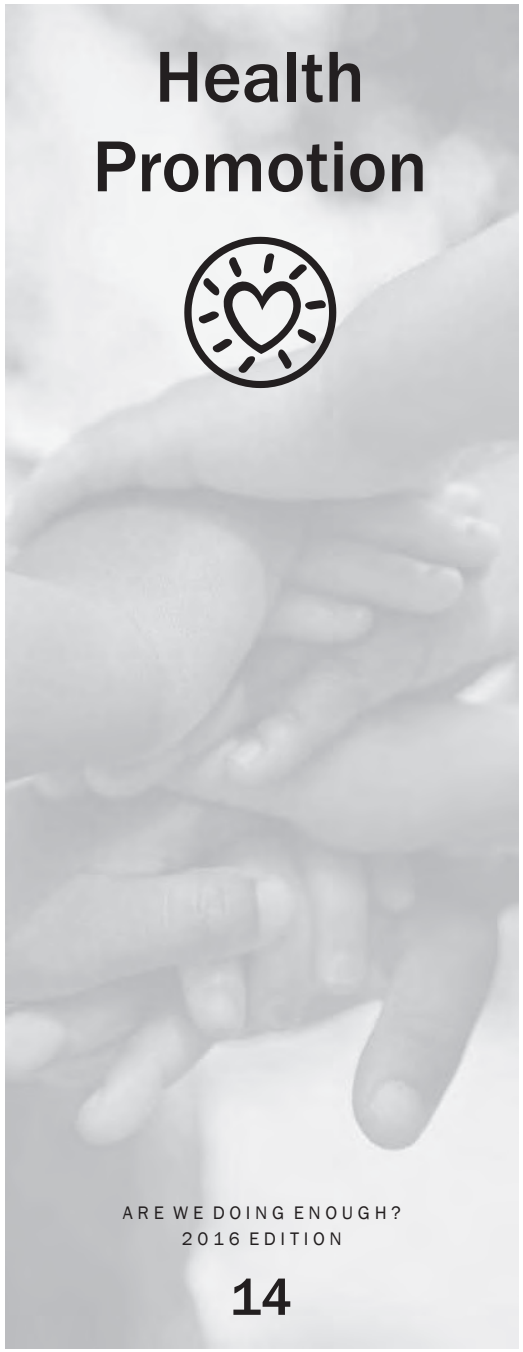
Poor: Province/territory does not offer newborn hearing screening.

Newborn hearing screening

Province/Territory	2012 status	2016 status	Recommended actions	Comments
British Columbia	Excellent	Excellent	Meets all CPS recommendations.	
Alberta	Fair	Fair	Implement a universal newborn hearing screening and intervention program.	A province-wide early hearing detection and intervention program is in development, with full implementation slated for 2017.
Saskatchewan	Fair	Poor	Implement a universal newborn hearing screening and intervention program.	Only the Saskatoon Health Region has a universal hearing screening program.
Manitoba	Poor	Excellent	Meets all CPS recommendations.	*The Universal Newborn Hearing Screening Act* received Royal Assent and the Universal Hearing Screening Program goes into effect on September 1, 2016.
Ontario	Excellent	Excellent	Meets all CPS recommendations.	
Quebec	Good	Fair*	Implement a universal newborn hearing screening and intervention program.	The CPS recognizes that a pilot project announced in 2009 is ongoing with intensive program development to this point. There is concern, however, that full implementation has been delayed due to underfunding.
New Brunswick	Excellent	Excellent	Meets all CPS recommendations.	
Nova Scotia	Excellent	Excellent	Meets all CPS recommendations.	
Prince Edward Island	Excellent	Excellent	Meets all CPS recommendations.	
Newfoundland and Labrador	Fair	Fair	Implement a universal newborn hearing screening and intervention program.	
Yukon	Good	Fair*	Implement a universal newborn hearing screening and intervention program.	While a standardized, fully accessible system is not in place, the CPS recognizes that because most births occur in Whitehorse, nearly 90% of infants are screened. Also, each community health centre has access to newborn hearing screening equipment. The CPS appreciates that retaining clinicians is an ongoing challenge.
Northwest Territories	Good	Fair*	Implement a universal newborn hearing screening and intervention program.	The CPS appreciates that having a scattered population and limited access to centralized testing and corrective services pose significant challenges. There are birthing centres in Inuvik, Hay River and Fort Smith, but audiology services are only available in Yellowknife.
Nunavut	Poor	Poor	Implement a universal newborn hearing screening and intervention program.	The CPS appreciates that having a scattered population and limited access to centralized testing and corrective services pose significant challenges.

* For provinces or territories that have gone from "Good" to "Fair", this does not mean legislation has regressed. Rather, the "Good" indicator from the previous status report no longer exists. The indicators have been compressed into three.

Health Promotion



An enhanced 18-month well-baby visit

With our better understanding of the links between early child development and later health and well-being, well-baby visits are now recognized as key opportunities to assess growth and positively affect life outcomes. For some families, the 18-month visit might be the last regularly scheduled visit with a primary care provider before a child enters school. This visit is a critical opportunity to examine and evaluate a child's progress, to help parents nurture their child's development, and to identify areas where there may be some difficulty. It is also a time to introduce parents to community resources and supports.

Well-baby visits focus on immunization and identifying abnormalities, but the 18-month check-up can also be a pivotal assessment of developmental health. Not only does it happen at an important point in a child's development, it comes at a stage when families are dealing with formative issues such as child care, behaviour management, nutrition/eating patterns, and sleep. The 18-month assessment is an excellent opportunity to counsel and reinforce healthy behaviours, and to promote positive parenting, injury prevention and literacy. Screening for parental health issues, including mental health, domestic abuse and substance misuse can also take place at this visit.

The Canadian Paediatric Society supports a stronger system of early childhood development and care across Canada and recommends that all provinces and territories establish an enhanced well-baby visit with standard guidelines. A standardized developmental surveillance tool and a clinician-prompt health guide with evidence-based suggestions for healthier development should be used.[22] In provinces/ territories where this enhanced visit is conducted by fee-for-service physicians, they should have access to office-based tools and a special fee code.

Excellent: Province/territory has initiated an enhanced well-baby visit at 18 months, with standard guidelines. In provinces and territories where this enhanced visit is conducted by fee-for-service physicians, they have access to office-based tools and a special fee code.

Poor: Province/territory has not initiated an enhanced well-baby visit at 18 months.

An enhanced 18-month well-baby visit				
Province/Territory	**2012 status**	**2016 status**	**Recommended actions**	**Comments**
British Columbia	Poor	Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines. If the visit is conducted by fee-for-service physicians, they should have access to office-based tools and a special fee code.	
Alberta	Poor	Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines. If the visit is conducted by fee-for-service physicians, they should have access to office-based tools and a special fee code.	
Saskatchewan	Poor	Excellent	Meets all CPS recommendations.	Public Health recently implemented an enhanced 18-month assessment in child health clinics, where 18-month immunizations are administered.
Manitoba	Poor	Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines. If the visit is conducted by fee-for-service physicians, they should have access to office-based tools and a special fee code.	
Ontario	Excellent	Excellent	Meets all CPS recommendations.	
Quebec	Poor	Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines. If the visit is conducted by fee-for-service physicians, they should have access to office-based tools and a special fee code.	
New Brunswick	Poor	Excellent	Meets all CPS recommendations.	
Nova Scotia	Poor	Poor	Initiate an enhanced well-baby visit at 18 months, with standard guidelines. If the visit is conducted by fee-for-service physicians, they should have access to office-based tools and a special fee code.	
Prince Edward Island	Poor	Excellent	Meets all CPS recommendations.	
Newfoundland and Labrador	Poor	Excellent	Meets all CPS recommendations.	
Yukon	Poor	Excellent	Meets all CPS recommendations.	
Northwest Territories	Poor	Excellent	Meets all CPS recommendations.	The “Well Child Record” is relatively new to health centres, and education to manage the referral process is ongoing. The CPS will be looking for progress toward full implementation.
Nunavut	Poor	Excellent	Meets all CPS recommendations.	

Injury Prevention

Bicycle helmet legislation

Bicycling is a popular activity and a healthy, environmentally friendly form of transportation. However, bicycling is also a leading cause of injuries in children and adolescents, with risk of head injuries being particularly serious. While current injury data is lacking, hospital statistics from a few years ago clearly support the enactment of helmet legislation in many provinces/territories. According to 2009-10 statistics, about 20 young people aged 19 and under die from bicycle-related injuries each year in Canada, while another 50 or so experience permanent disability.[23] Approximately 700 children and youth are hospitalized annually for serious bicycle injuries.[24] The impact of head injuries is often lifelong, with the risk of learning impairment, developmental delay and behavioural challenges as common effects.[25]

Most injuries sustained by children and youth are both predictable and preventable, so there is every reason for governments to legislate proactively. Research shows that more people choose to wear helmets where mandatory bike helmet laws are in effect and that injury rates are about 25% lower than in areas without legislation.[26] Nevertheless, five provinces/territories in Canada still do not have bicycle helmet legislation.

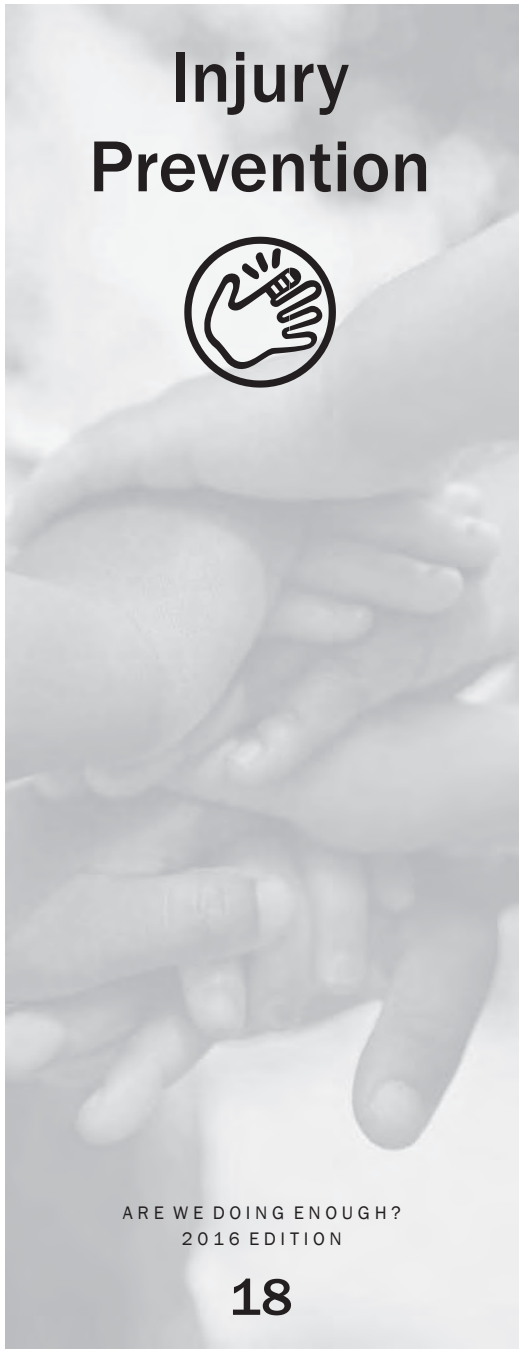
One Cochrane review showed that helmets reduce the risk of head and brain injuries by about 69%, severe brain injuries by 74% and facial injuries by 65%.[27] If every cyclist wore a properly fitted helmet, about 4 out of every 5 head injuries could be prevented.[28] Yet among youth 12 to 17 years of age, only 37.5% said they always wore a bicycle helmet when riding.[29] Up to 70% of deaths occur in boys aged 10 to 19.[30] Emotional costs aside, it is estimated that every $1 invested in bicycle helmets saves $29 in injury costs.[31]

The Canadian Paediatric Society continues to advocate for the mandatory use of Canadian Standards Association-approved bicycle helmets for riders of all ages. Legislation must be accompanied by enforcement, and school- and community-based education programs must reinforce helmet use. The evidence suggests that even legislation without significant enforcement increases use temporarily – for a few years, at least after implementation – but sustained effectiveness requires ongoing enforcement and promotion.[32]

Excellent:	Province/territory requires all cyclists to wear helmets, with financial penalties for non-compliance. Parents are responsible for ensuring their child wears a helmet.
Good:	Province/territory requires all cyclists younger than 18 years of age to wear a helmet.
Poor:	Province/territory has no bike helmet legislation.

Bicycle helmet legislation				
Province/Territory	**2012 status**	**2016 status**	**Recommended actions**	**Comments**
British Columbia	Excellent	Excellent	Meets all CPS recommendations.	
Alberta	Good	Good	Amend current legislation to include all age groups.	
Saskatchewan	Poor	Poor	Enact legislation that requires all age groups to wear helmets.	Education programs are available.
Manitoba	Poor	Good	Amend current legislation to include all age groups.	
Ontario	Good	Good	Amend current legislation to include all age groups.	
Quebec	Poor	Poor	Enact legislation that requires all age groups to wear helmets.	Education programs are available.
New Brunswick	Excellent	Excellent	Meets all CPS recommendations.	
Nova Scotia	Excellent	Excellent	Meets all CPS recommendations.	
Prince Edward Island	Excellent	Excellent	Meets all CPS recommendations.	
Newfoundland and Labrador	Poor	Excellent	Meets all CPS recommendations.	
Yukon	Poor	Poor	Enact legislation that requires all age groups to wear helmets.	Whitehorse has an all-ages helmet by-law.
Northwest Territories	Poor	Poor	Enact legislation that requires all age groups to wear helmets.	Inuvik has an all-ages helmet by-law. Yellowknife has a helmet by-law for children and youth younger than 18 years old.
Nunavut	Poor	Poor	Enact legislation that requires all age groups to wear helmets.	

Injury Prevention



Booster seat legislation

Motor vehicle collisions are the leading cause of unintentional injury deaths in children over a year old in Canada.[33] In 2013, more than 70 children under the age of 14 were killed and more than 8,900 were injured in car crashes in Canada.[34] Booster seats provide up to 60% more protection than seat belts alone.[35]

Although all provinces and territories have laws requiring the use of restraint systems for children up to about 4 years old, children aged 4 to 8 years often "graduate" prematurely to using seat belts, increasing their risk of injury, disability and death. In a collision, children using seat belts instead of booster seats are 3.5 times more likely to suffer a serious injury and 4 times more likely to suffer a head injury.[36]

According to one U.S. study, in states where the age requirement for booster seats (or harnessed child restraints) was increased to 7 or 8 years old, the rate of children who sustained fatal or incapacitating injuries in a collision decreased by 17%.[37]

Based on strong evidence, the Canadian Paediatric Society recommends that provinces and territories require children in vehicles to use an approved booster seat until they reach 145 cm in height or 9 years of age, and weigh between 18 kg and 36 kg. Legislation should be uniform across Canada to make it easier for families to comply with regulations when travelling.[38] The CPS also recommends using community-based education programs to increase restraint use. Such programs help ensure that car and booster seats are properly installed and used.[39]

Excellent:	Province/territory requires children to be in an approved booster seat until they reach 145 cm in height ***or*** 9 years of age ***and*** weigh between 18 kg and 36 kg. Public education programs are in place.
Good:	Province/territory requires children to be in an approved booster seat until they reach the height of 145 cm ***or*** a specified age younger than 9 years ***and*** a weight between 18 kg and 22 kg. Public education programs are in place.
Fair:	Province/territory requires the use of a booster seat after children have outgrown their front-facing safety seat, but legislation is based on age and/or weight criteria without mentioning height. Public education programs are in place.
Poor:	Province/territory has no booster seat legislation for children weighing over 18 kg.

Booster seat legislation				
Province/Territory	**2012 status**	**2016 status**	**Recommended actions**	**Comments**
British Columbia	Excellent	Excellent	Meets all CPS recommendations.	
Alberta	Poor	Poor	Enact booster seat legislation.	The Alberta Government and Alberta Health Services recognize booster seats as the safest choice for children under 9 years old who have outgrown their forward-facing child safety seat, and weigh between 18 kg and 36 kg or are less than 145 cm tall, but it is not legislated.
Saskatchewan	Poor	Excellent	Meets all CPS recommendations.	
Manitoba	Fair	Excellent	Meets all CPS recommendations.	
Ontario	Excellent	Excellent	Meets all CPS recommendations.	
Quebec	Good	Excellent	Meets all CPS recommendations.	
New Brunswick	Excellent	Excellent	Meets all CPS recommendations.	
Nova Scotia	Excellent	Excellent	Meets all CPS recommendations.	
Prince Edward Island	Excellent	Excellent	Meets all CPS recommendations.	
Newfoundland and Labrador	Excellent	Excellent	Meets all CPS recommendations.	
Yukon	Fair	Good	Require children to be in an approved booster seat until they reach 145 cm in height ***or*** 9 years of age ***and*** weigh between 18 kg and 36 kg.	
Northwest Territories	Poor	Poor	Enact booster seat legislation.	Government website provides advice on child occupant restraints with heights/weights according to CPS recommendations, but there is no legislation.
Nunavut	Poor	Poor	Enact booster seat legislation.	The CPS recognizes that few people own cars in Nunavut.

Injury Prevention

Off-road vehicle safety legislation
(All-terrain vehicles and snowmobiles)

All-terrain vehicles (ATVs) and snowmobiles are widely used in rural Canada for recreation, work and transportation. The popularity of off-road vehicles, particularly ATVs, has increased significantly over the past 20 years, along with the number of severe ATV-related injuries and deaths, particularly among children and youth. Between 2001 and 2010, hospitalization for injuries involving an ATV increased by 31%.[40] Off-road vehicles are especially dangerous when operated by children and young adolescents. They tend to take more risks and lack the experience, physical size and strength, and cognitive and motor skills to operate these vehicles safely.

In Canada, snowmobiling has one of the highest rates of serious injury of any popular winter sport, with most injuries occurring among youth.[41]

According to Parachute's *Cost of Injury in Canada* report, 33 children and youth younger than 19 years of age died in 2010 alone due to off-road vehicle activities, while 1,019 were hospitalized.[42] The total economic burden for ATV and snowmobile injuries in this age group was nearly $150 million dollars.[43]

Surveys conducted in the U.S. and Canada also show that youth rarely follow best practices for ATV use. Less than 50% and possibly as few as 24% of respondents wore helmets consistently, and less than one-quarter reported taking a safety training course.[44] There is little evidence that youth-sized vehicles with limited speed capacity are any safer than full-sized models. The risk to a child or teen operating a 'youth model' ATV is still almost twice as high as that for an adult on a larger machine.

Addressing off-road vehicle safety is culturally and logistically challenging. Legislation, sustained enforcement, engineering modifications and public education are all required. One year after Nova Scotia restricted children younger than 14 years of age from operating ATVs, related injuries in that age group declined by one-half.[45] Yet injury rates have increased to almost pre-legislation levels in recent years, suggesting that policies to restrict children from using ATVs have limited long-term impact. Future preventive strategies should also include engineering modifications to improve vehicle safety.[46]

The Canadian Paediatric Society urges provincial and territorial governments to introduce and enforce off-road vehicle legislation. Children younger than 16 years of age should not be permitted to operate off-road vehicles. Driver education and helmet use should be mandatory.[47] [48]

Excellent:	Province/territory bans off-road vehicle operation for children/youth under 16 years old. Safety training and helmet use are mandatory.
Good:	Province/territory bans off-road vehicle operation for children under 14 years old. Safety training and helmet use are mandatory.
Fair:	Province/territory requires adult supervision of children/youth under 15 years old, and restricts where youth under 16 years can operate an off-road vehicle. Helmet use is mandatory.
Poor:	Province/territory has no off-road vehicle legislation, or the minimum operating age is under 14 years old.

Off-road vehicle safety legislation (All-terrain vehicles and snowmobiles)

Province/Territory	2012 status		2016 status	Recommended actions	Comments
	ATVs	Snowmobiles			
British Columbia	Fair	Poor	Fair	Prohibit off-road vehicle operation for children/youth under 16 years old. Institute mandatory safety training.	
Alberta	Poor	Poor	Poor	Prohibit off-road vehicle operation for children/youth under 16 years old. Make helmet use and safety training mandatory.	
Saskatchewan	Fair	Good	Good	Prohibit off-road vehicle operation for children/youth under 16 years old.	
Manitoba	Fair	Fair	Fair	Prohibit off-road vehicle operation for children/youth under 16 years old. Institute mandatory safety training.	
Ontario	Fair	Fair	Fair	Prohibit off-road vehicle operation for children/youth under 16 years old. Institute mandatory safety training.	
Quebec	Good	Excellent	Excellent	Meets all CPS recommendations.	
New Brunswick	Fair	Good	Good	Prohibit off-road vehicle operation for children/youth under 16 years old.	
Nova Scotia	Fair	Good	Good	Prohibit off-road vehicle operation – including snowmobiles – for children/youth under 16 years old on both public and private lands.	
Prince Edward Island	Fair	Good	Good	Prohibit off-road vehicle operation for children/youth under 16 years old.	
Newfoundland and Labrador	Good	Fair	Fair	Prohibit off-road vehicle operation for children/youth under 16 years old rather than 14 years – the current age limit. Institute mandatory safety training.	
Yukon	Poor	Fair	Fair	Prohibit off-road vehicle operation for children/youth under 16 years old. Institute mandatory safety training. Make helmet use mandatory for all ages and on all terrains.	The CPS credits Whitehorse for having stricter regulations.
Northwest Territories	Fair	Fair	Fair	Prohibit off-road vehicle operation for children/youth under 16 years old. Institute mandatory safety training.	
Nunavut	Fair	Fair	Fair	Prohibit off-road vehicle operation for children/youth under 16 years old. Institute mandatory safety training.	

Best Interests of Children and Youth

Child and youth death review

The death of a child is a tragic event and perhaps all the more so when it could have been prevented. Major causes of death in childhood and adolescence in Canada include sudden death in infancy, congenital and medical disorders, unintentional injuries, suicide, homicide, and child maltreatment.[49]

There are currently no national standards in Canada for child death investigations, data collection around the circumstances of a child's death, or death review processes. Only a few provinces have formal child death review systems. Several other jurisdictions have a child death review committee, but these groups tend only to review cases of children in foster care or whose care is overseen by an appropriate government ministry. Such committees may not have proper or consistent data collection mechanisms. The lack of standardized data makes it difficult to implement effective prevention and intervention strategies, provincially or nationwide.

To ensure evidence-informed injury prevention programs and policies, the Canadian Paediatric Society recommends that a comprehensive, structured and effective child death review program be initiated for every region in Canada. Processes should include systematic reporting and analysis of all child and youth deaths and mechanisms for evaluating the impact of case-specific recommendations.[50]

The importance of having a child death review process – including data collection – is well established in many countries. Research shows that standardized approaches have significant positive outcomes, such as effective injury prevention campaigns and legislative changes that truly safeguard the lives of children and youth.[51]

Excellent:	Province/territory has a broadly representational child death review committee* to review all child and youth deaths and a structured process, including reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.
Good:	Province/territory has a child death review committee* but no reliable data or consistent data collection mechanism and/or no system to consolidate, disseminate or evaluate recommendations.
Fair:	Province/territory only reviews cases of child or youth death while in foster care or under ministerial care, or reviews other cases but has no broadly represented child death review committee. Province/territory has no reliable data or consistent tracking mechanism and/or no system to consolidate, disseminate or evaluate committee or other recommendations.
Poor:	Province/territory does not have any form of child death review.

Child and youth death review (not assessed in 2012)

Province/Territory	2016 status	Recommended actions	Comments
British Columbia	Excellent	Meets all CPS recommendations.	
Alberta	Fair	Implement a child death review committee* and a structured process to review all child and youth deaths. Process should include reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.	A CDR working group in the Ministry of Health is working to establish a standardized process.
Saskatchewan	Fair	Implement a child death review committee* and a structured process to review all child and youth deaths. Process should include reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.	The Office of the Chief Coroner is interested in establishing a formal, standardized review and reporting system on all child deaths. Work is underway. The CPS will monitor progress.
Manitoba	Excellent	Meets all CPS recommendations.	
Ontario	Excellent	Meets all CPS recommendations.	Ontario reviews deaths that fall under the *Coroners Act*, including all deaths of children under 5 years of age, as well as all deaths of children under 19 years of age with involvement of a Children's Aid Society within 12 months of their death. Ontario is working toward a review system that can use aggregate data from *all* child deaths for prevention-focused work.
Quebec	Good	Implement a structured process, including reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.	A formal mandate and structure are being developed.
New Brunswick	Excellent	Meets all CPS recommendations.	Province is exploring whether to review natural deaths that are not reported to Coroner Services.
Nova Scotia	Fair	Implement a broadly representational child death review committee* and a structured process to review all child and youth deaths, including reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.	The Department of Community Services conducts internal reviews. The Office of the Ombudsman can also do reviews, with public reports. The Office of the Ombudsman has called for the establishment of a provincial interdepartmental team to conduct child death reviews.
Prince Edward Island	Poor	Implement a broadly representational child death review committee* and a structured process, including reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.	
Newfoundland and Labrador	Excellent	Meets all CPS recommendations.	
Yukon	Fair	Implement a child-specific death review committee and a linkable database for meaningful data collection, consolidation and dissemination.	Yukon reviews all child deaths but does not have a child-specific death review committee.
Northwest Territories	Good	Implement a structured process, including reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.	Coroner's Service wants to establish a formal, standardized review and reporting system. The CPS will monitor progress.
Nunavut	Fair	Implement a child death review committee* and a structured process to review all child and youth deaths – not just cases in care. Process should include reporting protocols, a linkable database for meaningful data collection, consolidation and dissemination, and an evaluative mechanism.	A death review committee is being established. The CPS will monitor progress.

* Committee includes regional chief medical examiner or coroner and representatives from law enforcement, child protection services, local public health, the crown attorney, as well as a paediatrician, family physician and/or other health care provider.

Management of type 1 diabetes in school

About 1 in 300 children have type 1 diabetes, a chronic disease where the pancreas no longer produces insulin.[52] People with type 1 diabetes rely on injections or infusions of insulin to keep their blood sugar levels in a target range. Maintaining good control of diabetes, by minimizing low and high blood sugars, reduces the risk of short- and long-term complications.

Children younger than 5 years and early school-aged children are the fastest growing group of new type 1 diabetes diagnoses. These children need support for the daily tasks of diabetes management. Because they spend about 30 to 35 hours a week in school, ensuring that children and youth are safe and well-managed throughout the day is critical. One of the biggest concerns for children with type 1 diabetes in school is the potential for low blood sugar (hypoglycemia) which, if not treated, can rapidly lead to loss of consciousness or seizure.[53]

The Canadian Paediatric Society and the Canadian Paediatric Endocrine Group recommend that all provinces and territories establish a comprehensive policy on the management of type 1 diabetes in school, which should require schools to: develop an Individual Care Plan; identify and require at least two school personnel to be trained to provide support; ensure teachers of students with type 1 diabetes are trained to recognize and treat low blood sugar (hypoglycemia); provide a clean, safe area for diabetes self-care; provide accommodations in the event of hypoglycemia before/during an exam/test.[54] The Canadian Diabetes Association has similar guidelines.[55] [56]

Excellent:	Province/territory has a policy on the management of children and youth with type 1 diabetes in schools, consistent with recommendations from the Canadian Paediatric Society, the Canadian Paediatric Endocrine Group and the Canadian Diabetes Association. Mechanisms are in place to demonstrate that the policy is being implemented consistently and effectively across the province/territory.
Good:	Province/territory has a policy on the management of children and youth with type 1 diabetes in schools, consistent with recommendations from the Canadian Paediatric Society, the Canadian Paediatric Endocrine Group and the Canadian Diabetes Association. The policy requires the development of an Individual Care Plan and the provision of appropriately trained personnel to assist students with daily management, including insulin administration and glucagon as needed.
Fair:	Province/territory has guidelines on type 1 diabetes in elementary and secondary schools, but guidelines lack some components recommended by the CPS/CPEG and CDA, and does not provide for the administration of insulin while in school. Guidelines include provision for management of hypoglycemia, support for blood glucose checks and emergency plans.
Poor:	Province/territory has no guidelines on type 1 diabetes in elementary and secondary schools.

Management of type 1 diabetes in school (not assessed in 2012)			
Province/Territory	**2016 status**	**Recommended actions**	**Comments**
British Columbia	Good	Implement a reporting/evaluation mechanism to demonstrate consistency and effectiveness of policy.	Under BC's provincial standards for supporting students with type 1 diabetes, a template care plan is completed by Nursing Support Services with the child's parents, health team and school administrator. This care plan can be individualized to the student's needs.
Alberta	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	
Saskatchewan	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	
Manitoba	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	
Ontario	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	Ontario is currently developing a Prevalent Medical Conditions policy, which is to include diabetes.
Quebec	Good	Implement a reporting/evaluation mechanism to demonstrate consistency and effectiveness of policy.	A provincial protocol is in place for parents, school administration and school nurses. Extra support may be available when necessary through application of code 33, 'mild organ deficiency' (*déficience organique légère*).
New Brunswick	Fair	Expand guidelines to provide support for insulin administration for students who require assistance with injections or pump.	Diabetes management is recognized as an essential routine service in Policy 704 – Health Support Services, and the province has developed a *Handbook for Type 1 Diabetes Management in Schools* for school administrators and staff.
Nova Scotia	Fair	Expand guidelines to provide support for insulin administration for students who require assistance with injections or pump.	2010 guidelines call for the development of an individual care plan, with information and training for school personnel.
Prince Edward Island	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	
Newfoundland and Labrador	Fair	Expand guidelines to provide support for insulin administration for students who require assistance with injections or pump.	2014 guidelines recommend development of a Diabetes Management and Emergency Plan.
Yukon	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	
Northwest Territories	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	
Nunavut	Poor	Develop comprehensive policy on managing type 1 diabetes in school, consistent with CPS/CPEG and CDA recommendations.	

Jordan's Principle

Jordan's Principle was designed to ensure that First Nations children do not experience delays, disruptions or denials of services ordinarily available to other Canadian children. It is a child-first principle named in honour of Jordan River Anderson, a First Nations boy from Norway House, Manitoba, who was born with complex medical needs and languished in hospital while the federal and provincial governments argued over who would pay for his at-home care. Jordan died before ever spending a day in a family home.

Because responsibility for First Nations children's services is often shared among federal, provincial/territorial and First Nations governments, accessing certain services can be challenging. Funding disputes between federal and provincial governments, or between federal departments, are not uncommon, and can result in delays that unfairly affect children's health and well-being. Jordan's Principle requires the government of first contact to provide the service, and then resolve the funding issue. As such, Jordan's Principle is a mechanism to help ensure children's human, constitutional, and treaty rights.[57]

Although Jordan's Principle was passed unanimously by the House of Commons in 2007 and adopted by most provinces and territories, its implementation has been limited and inconsistent. A 2015 research report[58] found that jurisdictional confusion among provincial, territorial and federal governments still results in First Nations children being denied care, and that Jordan's Principle is not being applied.

The Jordan's Principle Working Group—which includes the Assembly of First Nations, Canadian Paediatric Society, Canadian Association of Paediatric Health Centres, UNICEF Canada, and an academic research team—has called on federal and provincial governments to work with First Nations to implement a governmental response consistent with the vision of Jordan's Principle advanced by First Nations and endorsed by the House of Commons in 2007.

The Truth and Reconciliation Commission (TRC) recognized that Jordan's Principle is critical not only to equity but also to the larger effort to redress the legacy of residential schools. The TRC called for full implementation of Jordan's Principle in its 2015 report.[59]

In a 2016 ruling,[60] the Canadian Human Rights Tribunal (CHRT) described how the federal government's narrow interpretation of Jordan's Principle—relevant only to children with complex medical conditions under the care of multiple service providers—along with complex and time-consuming processes, accounted for the government's report of no cases meeting the criteria for Jordan's Principle. It ordered the Department of Indigenous Affairs to "cease applying its narrow definition of Jordan's Principle and to take measures to immediately implement the full meaning and scope of Jordan's Principle." While focused on a case against the federal government, the CHRT ruling highlights an interpretation of Jordan's Principle shared by many provinces and territories.

Three months after the initial decision, a subsequent ruling[61] again ordered the federal government to "immediately implement" Jordan's Principle, specifically to:

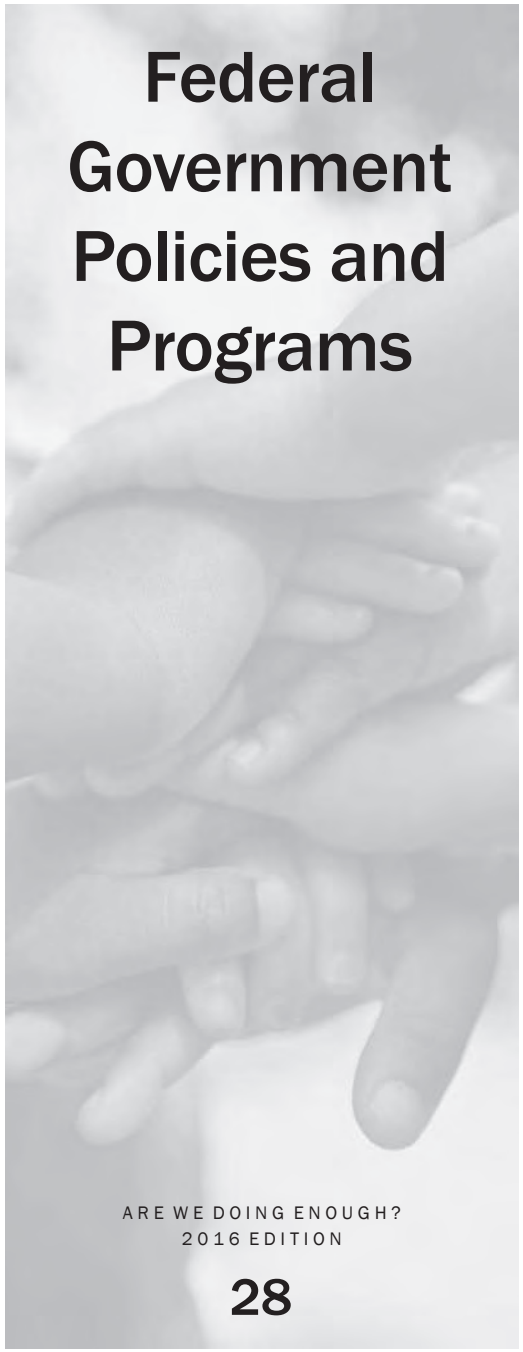
- include all jurisdictional disputes, both between federal government departments as well as between the federal and provincial/territorial governments;
- include all First Nations children, not just those children with multiple disabilities;
- ensure that the government agency of first contact pay for the service without the need for policy review or case conferencing before funding is provided.

The Canadian Paediatric Society surveyed all provinces and territories about their definition of and practices around Jordan's Principle.[62] While not all provinces responded, the feedback that was received indicated significant discrepancies in the interpretation and implementation of Jordan's Principle. Along with other members of the Jordan's Principle Working Group, the CPS recommends a governmental response that is consistent with the vision of Jordan's Principle advanced by First Nations and endorsed by the House of Commons.

Jordan's Principle

Province/Territory	Highlights of provincial/territorial response to Jordan's Principle
British Columbia	No response at time of publication.
Alberta	Expressed support for Jordan's Principle in 2008, but did not describe how this works in practice.
Saskatchewan	Limits Jordan's Principle to "all First Nations children with intensive health care needs." Reports three "potential" Jordan's Principle cases as resolved through case conferencing protocol.
Manitoba	First province to announce an agreement to implement Jordan's Principle (September 2008), although no resources have been dedicated to the process. Reports that "informal case conferencing" has minimized impact of jurisdictional disputes, but did not provide the number of cases addressed in this manner.
Ontario	Applies Jordan's Principle to children with "complex medical conditions" but reports no cases to date or "any jurisdictional disputes between Canada and Ontario that have been resolved by reference to Jordan's Principle."
Quebec	No response at time of publication.
New Brunswick	Tripartite agreement (First Nations' Chiefs of New Brunswick, province, and federal government) reached in December 2011, which includes "public services" such as health care, child welfare and other social services, and special education. The document includes a dispute resolution process, as well as communications material for the public in four languages. New Brunswick reports that two potential Jordan's Principle cases were resolved.
Nova Scotia	No response at time of publication.
Prince Edward Island	No response at time of publication.
Newfoundland and Labrador	Reports that programs and services are provided by the government "consistent with Jordan's Principle while waiting for funding decisions from another source." But the province "has not implemented the jurisdictional dispute mechanism of Jordan's Principle."
Yukon	Has not formally adopted Jordan's Principle, noting "Yukon's health system funds services on a universal basis for all Yukon residents and does not distinguish between First Nation and non-FN, nor does our insured program embody a 'child-specific' lens."
Northwest Territories	Has not formally adopted Jordan's Principle, noting that "NWT has a single health and social services system that does not have separate health and social services for on-reserve First Nations children and families, and does not differentiate between the provision of any health or social service based on ethnicity."
Nunavut	The population of Nunavut is approximately 85% Inuit. "The Government of Nunavut is interested in any discussions regarding the inclusion of Inuit children under the protections of Jordan's Principle."

Federal Government Policies and Programs



Child and youth well-being is essential to a strong and prosperous country. Provincial and territorial governments play a critical policy-making role in education, health and transportation, while federal leadership can improve the public health and socio-economic well-being of Canada's youngest citizens in major ways, for the long term.

The recently elected federal government made serious policy commitments on behalf of children and youth and included several in ministerial mandate letters in the fall of 2015. Besides the landmark issues rated below, the Canadian Paediatric Society (CPS) urges the government to enact evidence-based legislation in other 'high impact' areas for children and youth: firearm safety, recreational marijuana use, access to mental health services, injury prevention strategies, and youth criminal justice system reforms.

The government's mandate is still in its early days. Because thoughtful policy change takes time, the CPS is reserving assessment – temporarily – on a number of issues contained in this report. The report's new online format will allow us to track progress and update ratings as needed over the coming months.

Immunization

Rating: Pending

Infectious diseases were once the leading cause of death in Canada but now account for less than 5% of deaths, making immunization the most cost-effective public health effort of the last century. While provincial/territorial immunization programs have clearly benefited from federal involvement, the lack of a national immunization registry is a significant gap that should be addressed at the highest levels. A registry would help increase uptake and ensure that vaccines reach all segments of the population. It would facilitate the transfer of patient immunization records across jurisdictions. It would also enhance national surveillance of vaccine-preventable diseases and help track any adverse reactions.

The CPS credits the federal government with:

- Recognizing the need to increase vaccination rates in the Health Minister's mandate letter. Federal departments should continue working closely with their provincial/territorial counterparts and allied stakeholders to increase overall national immunization rates.
- Introducing label changes for certain homeopathic products – specifically nosodes – that fall under the *Natural Health Products Regulations*.
- Investing $3.5 million over three years for ImmunizeCA (phase two), an innovative mobile app that helps Canadians keep their immunization information close at hand.

The CPS urges the federal government to work with provinces and territories to establish a national immunization registry – an important step toward providing full clinician access to *all* provincial and territorial registries.

Prevent smoking among youth

Rating: Pending

In recent years, youth have been exposed to a broader spectrum of tobacco products, including

smokeless tobacco, flavoured tobacco, water pipes and e-cigarettes, over which there is inadequate government control. The current *Tobacco Act* has not kept pace with the availability of these new products.[63] Despite national prevention strategies and legislation, thousands of teenagers become addicted to tobacco products each year and smoking rates seem to be stabilizing in Canada.[64] Proper funding and coordinated inter-jurisdictional regulation are needed to forge a comprehensive tobacco control strategy. Studies show that population-based interventions should be culturally appropriate, target particular groups (such as Indigenous or LGBTQ youth, who have higher-than-average smoking rates), and overlap environments (e.g., home and school/school and community).[65]

Positive developments at the federal level include:
- Health Canada's *Federal Tobacco Control Strategy (2012-2017)*, which has helped reduce demand for tobacco products by making smoking less affordable, less accessible and less appealing to young Canadians.
- The Health Minister's mandate letter, which introduced plain packaging requirements for tobacco products.

The CPS urges the government to:
- Initiate work on the next iteration of the *Federal Tobacco Control Strategy.* It should include strategies and policies to regulate e-cigarettes and *all* flavoured tobacco products, including menthol.
- Introduce legislation banning advertising and products aimed at youth.
- Implement and fund evidence-based smoking prevention and cessation programs.

Early learning and child care/ Early childhood development

Rating: Pending

Quality child care is a key determinant of health, development and learning in the early years. Canada has nearly 5 million children aged 0 to 12, but fewer than 990,000 regulated child care spaces.[66] Spending on child care and preschool education is low in Canada compared with other OECD nations.[67] The vast majority of families find child care expensive and difficult to access. Ensuring accessible, affordable child care for low-income families would ease their economic burden, make it easier for parents to enter the labour market, and help children learn alongside more advantaged peers.

A positive first step was including a National Early Learning and Childcare Framework in mandate letters to the Minister of Indigenous and Northern Affairs and the Minister of Families, Children and Social Development. The outline for a national child care agreement, to be used as the basis for funding agreements between federal and provincial/territorial governments, is projected for the summer of 2016.

The CPS urges the government to work closely with provinces, territories, Indigenous communities and experts in early learning to implement a national early childhood education and child care program. Quality of service should be the same wherever children live and whatever their socio-economic status or cultural origins.

Child and youth poverty

Rating: Pending

Nineteen per cent of children and fully half of status First Nations children now live below the poverty line in Canada.[68] Income and socio-economic status are prime determinants of child and youth health.[69] Federal investments are critical for reducing child poverty.

Positive developments at the federal level include:
- Introducing the Canada Child Benefit (CCB).
- The Minister of Families, Children and Social Development's mandate letter promised development of a national poverty reduction strategy and an affordable housing strategy.
- The reinstatement of the mandatory long-form census – an essential tool for tracking poverty rates in specific or marginal populations.

The CPS urges the government to develop – in consultation with provincial and territorial governments, Indigenous leadership and nongovernmental organizations – a federal action plan with targets and timelines to reduce child poverty. This plan should include an affordable housing strategy[70] and a national child care program.

Jordan's Principle

(please consult page 26 for context).

Rating: Pending

In a 2016 ruling,[71] the Canadian Human Rights Tribunal described how the federal government's narrow interpretation of Jordan's Principle—as relevant only to children with complex medical conditions under the care of multiple service providers—along with complicated and time-consuming processes, accounted for the government's report of no cases meeting the criteria for Jordan's Principle. The Tribunal ordered the Department of Indigenous and Northern Affairs to "cease applying its narrow definition of Jordan's Principle and to take measures to immediately implement the full meaning and scope of Jordan's Principle." In a response to the Tribunal dated May 10, 2016,[72] the federal government said that it had expanded the scope of Jordan's Principle, and "committed to providing the necessary resources to implement Jordan's Principle". The CPS and other advocates will continue to monitor and assess progress toward full implementation.

Commissioner for Children and Youth

Rating: Poor

Canada signed the United Nations Convention on the Rights of the Child 25 years ago, agreeing to protect and ensure children's rights.[73] That commitment also acknowledged Canada's obligation to make sure all children have opportunities to develop cognitively, physically, socio-emotionally and spiritually.[74] As yet, there is no federal child and youth advocate to hold the government accountable for this commitment. The CPS urges the government to establish this independent office to monitor the well-being of Canada's children and youth, help guide investments in future generations, and promote equitable public policies, with specific focus on Indigenous, immigrant, refugee and other marginalized groups.

Interim Federal Health Program

Rating: Excellent

The CPS commends the government for fully restoring the Interim Federal Health Program, which provides limited, temporary coverage of health care benefits to all protected persons, including resettled refugees, refugee claimants and certain other groups who are ineligible for provincial/territorial health insurance.

Recommendations of the Truth and Reconciliation Commission

Rating: Pending

The federal government has committed to implement all *94 'calls to action' framed by the Truth and Reconciliation Commission* in late 2015. What is urgently needed is an implementation plan, with roll-outs designed in partnership with Indigenous community leaders and provincial/territorial authorities.

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The Canadian Paediatric Society is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research, and support of its membership.

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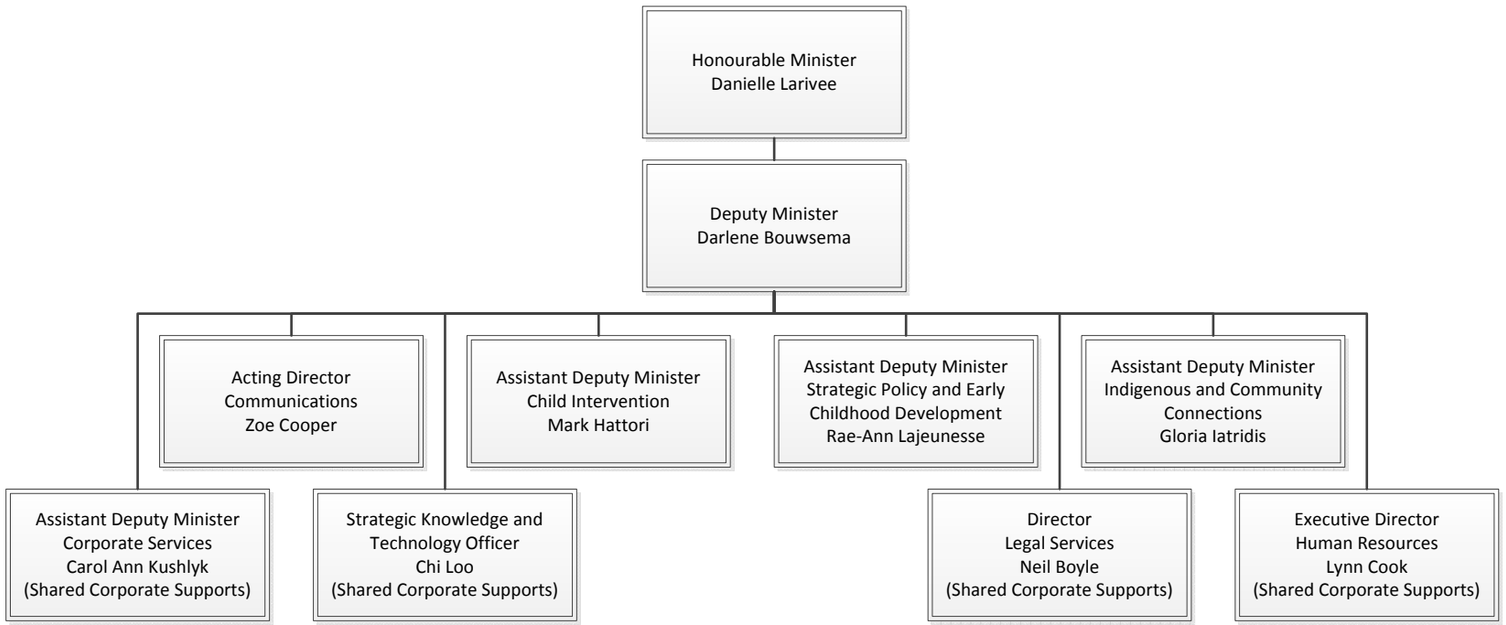
Children's Services

Deputy Minister



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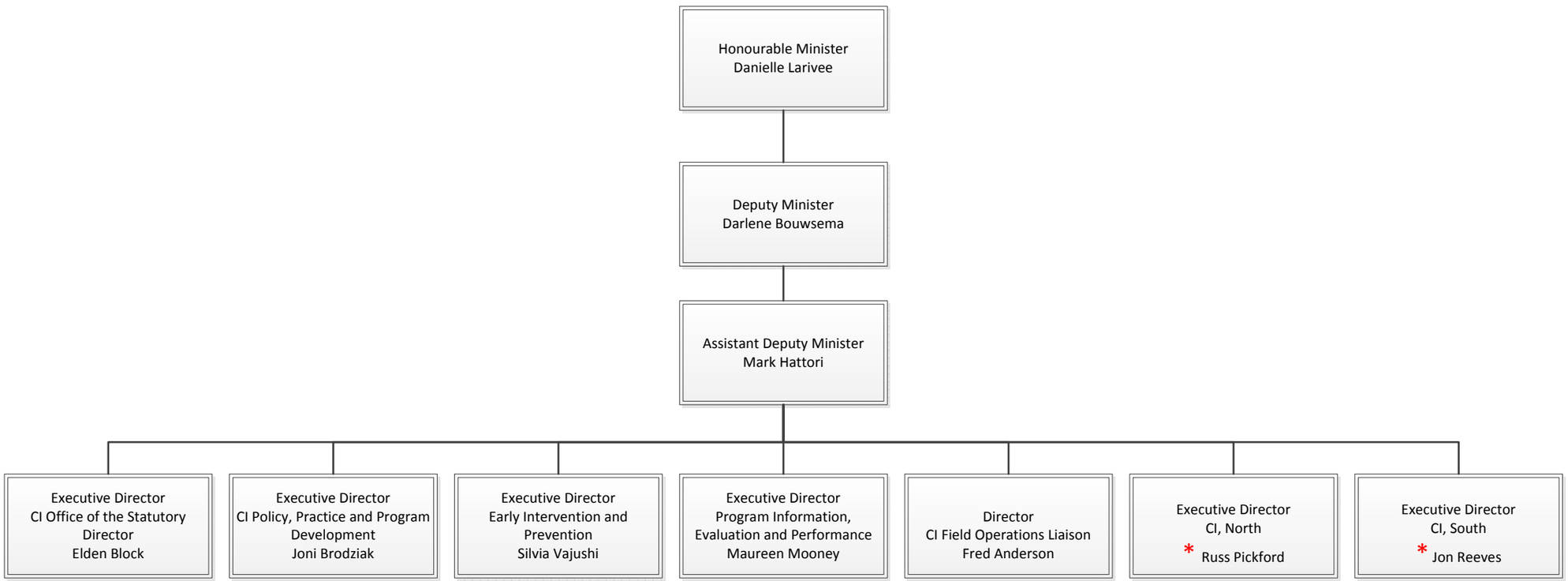
Children's Services

Child Intervention



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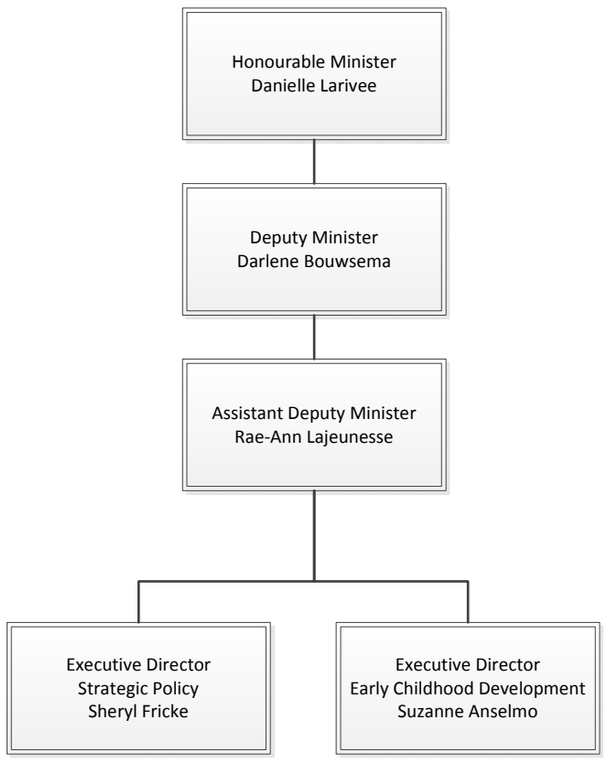
Children's Services

Strategic Policy and Early Childhood Development



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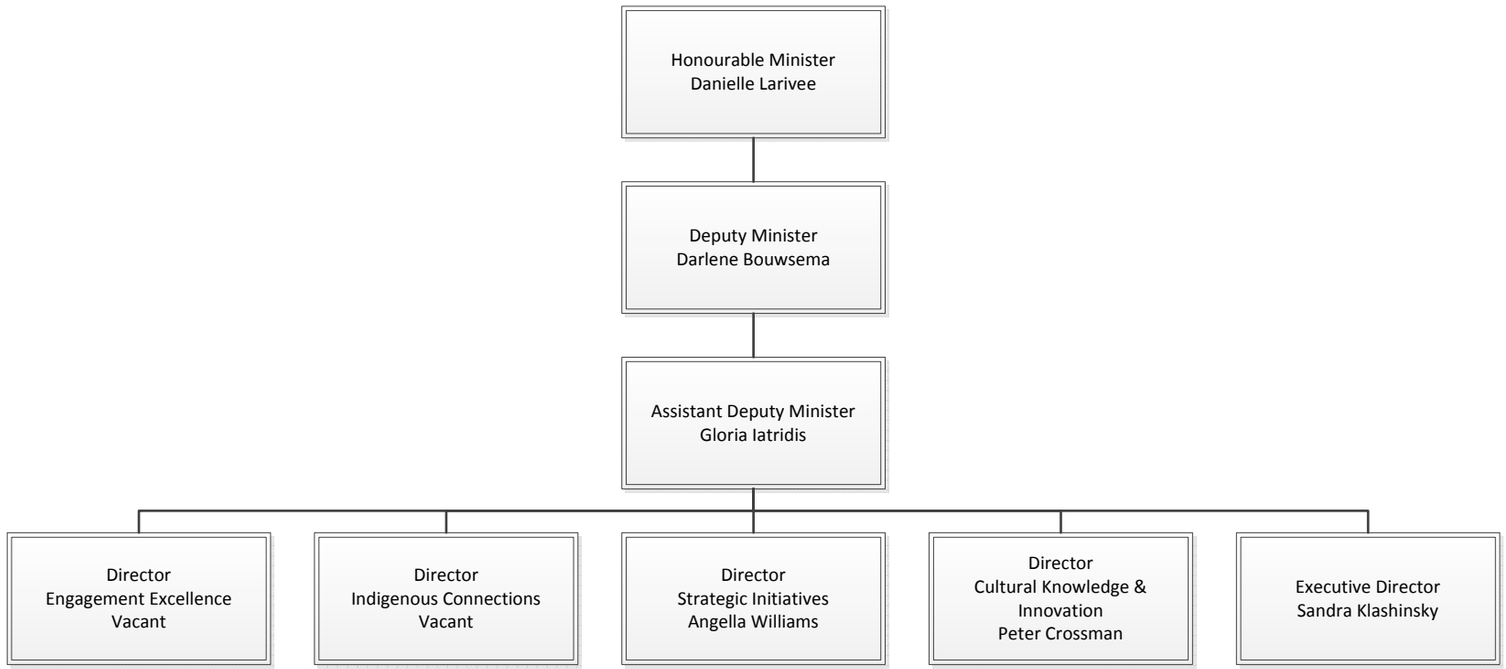
Children's Services

Indigenous and Community Connections



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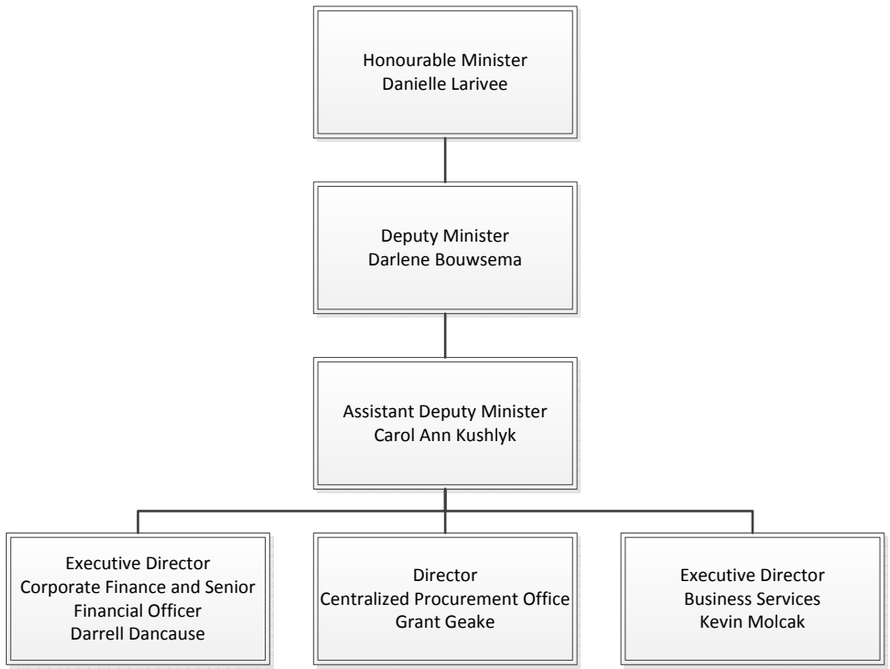
Children's Services
Corporate Services (Shared)



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Workforce Quick Facts: Child Intervention System

The Ministry of Children's Services has approximately 2,600 staff working in the Child Intervention program area, primarily in the ministry's seven service delivery regions. The majority of staff are frontline workers who work directly with children and families (approximately 1,350 caseworkers and 350 supervisors).

The Child Intervention Division includes approximately 160 department staff responsible for child intervention policy, practice and program development; quality assurance (including examination of injury and death); support for Delegated First Nations Agencies (DFNAs); program evaluation and performance, and centralized service delivery. Centralized service delivery includes adoptions, post-adoption registry and Advancing Futures Bursary.

The 17 DFNAs employ approximately 275 child intervention workers who work with children and families on the Reserves of 39 of the 48 First Nations in Alberta. While DFNA employees are not Children's Services (or Government of Alberta) employees, they are required to follow provincial legislation, policy and standards.

There are also approximately 4,000 additional FTEs employed by contracted agencies that deliver services on Children's Services' behalf (such as family support, youth work, therapy, and residential support through foster, group and treatment care).

GOA Minimum Recruitment Standards for Human Services Workers (HSW)

HSW 5: Entry level role as a Caseworker

- Preferred education is a Bachelor of Social Work with some related experience.
- Equivalency: Master of Social Work (no experience required); OR related university degree and 2 years related; OR related diploma and 3 years related experience; OR related certificate and 4 years related experience.

HSW 6: Assesor or Generalist

- Preferred education is a Bachelor of Social Work with 1 year related experience.
- Equivalency: Master of Social Work and some related experience; OR related university degree and 3 years related; OR related diploma and 4 years related experience; OR related certificate and 5 years related experience.

HSW 7: Supervisor or Specialist

- Preferred education is a Bachelor of Social Work with 2 years related experience.
- Equivalency: Master of Social Work and 1 year related experience; OR related university degree and 4 years related; OR related diploma and 5 years related experience; OR related certificate and 6 years related experience.

Academic Credential Review

- A cross-sectional review of the academic credentials of child intervention staff was completed in spring 2014 and again in fall 2015.
  - 699 employees were included in the review (HSW 5, 6, 7, and CYC 1 and 2 classifications).
- Approximately 40% of the 1,856 employees who fall into the above classifications have their credentials captured in the Alberta Public employee database (IMAGIS). Academic credentials are captured only at point of hire.

- The 2015 results revealed:
    1. Approximately 5% of reviewed employees had a Master's degree. The majority are in Social Work (57%).
    2. Approximately 59% of reviewed employees have a Bachelor's degree. The majority are in Social Work (49%).
    3. Approximately 27% of reviewed employees have a Diploma. The most common is in Social Work (31%).

Internal Training, Learning and Development for Staff

- All child intervention caseworkers receive standardized training (referred to as Delegation Training) and attend regular ongoing training.
    - Delegation Training is designed to provide new child intervention workers with an introduction to the knowledge and practice skills necessary to perform their duties under the mandate of the various Acts directing practice in Alberta.
    - Delegation Training has six modules that requires 15 full days of training.
    - There are six additional mandatory training topics after Delegation Training modules.
    - There are nine additional training topics that are optional to staff after Delegation Training modules.
    - Supervisors have three days of mandatory training as well as other optional training opportunities in supervision and leadership fundamentals.

Regulatory Body

- The Alberta College of Social Work (ACSW) is the regulatory body for the profession of social work in Alberta, and serves three main functions:
    1. Accreditation of social worker diploma programs in Alberta
    2. Registration and competency requirements of social workers
    3. Complaints and discipline
- Not all caseworkers are Registered Social Workers. As of January 2017, there are 1,060 Registered Social Workers employed as child intervention staff working in one of the ministry's seven service delivery regions.

Strategic Workforce Plan

- The Workload Assessment Model (WAM) was initiated in July 2014 to address workload standards for frontline child intervention staff.
- Representatives from each service delivery region, including members of the union, participated in reviewing workload metrics and drafting options or recommendations for consideration.
    - The workload benchmark reflects the number of cases a worker is expected to carry in addition to all non-casework activities (such as travel, documentation, training, administrative duties, etc.).
- On December 10, 2015, AUPE provided formal written acceptance of the model and benchmarks.
- We are working on an evaluation of workloads, with pilots underway in 27 sites across the province, with full provincial implementation of workload benchmarks by summer 2017.

Child Intervention 2015/16 Budget

Total Child Intervention operating budget for 2015/16 was **$736.2 million** and accounted for 17% of the total Ministry expense budget. This amount represents both the supply vote amount (**$730.1M**), i.e. the amount the Ministry is authorized to draw from the General Revenue Fund, and the amounts not requiring supply vote (**$6.1M**).

The voted estimate for Child Intervention was allocated as follows (in thousands of dollars):

Program Planning and Delivery	27,068	4%
Child Intervention Services	471,660	65%
Supports for Permanency	54,828	7%
Foster Care Support	170,515	23%
Protection of Sexually Exploited Children	6,088	1%
Total Child Intervention	**730,159**	**100%**

Voted budget estimate compared to actual spending (in thousands of dollars):

	Budget	**Actual**	**Under/ (Over)**
Program Planning and Delivery	27,068	23,464	3,604
Child Intervention Services	471,660	466,608	5,052
Supports for Permanency	54,828	56,856	(2,028)
Foster Care Support	170,515	174,265	(3,750)
Protection of Sexually Exploited Children	6,088	5,844	244
Total Child Intervention	**730,159**	**727,037**	**3,122**

Additional information about Child Intervention programs is available in the Human Services 2015/16 Annual Report:
http://www.humanservices.alberta.ca/documents/2015-16-human-services-annual-report.pdf

Child Intervention Standards

The Child Intervention Standards do not replace provincial acts, regulations or policy but are intended to complement or supplement those standards that are embedded within them as well as in any statutory agreements. Further there are protocols, agreements and procedures set out between Alberta and other provinces, governments or Aboriginal jurisdictions including the Provincial/Territorial Protocol on Children and Families Moving between Provinces and Territories that provide guidance and direction to Child and Family Services (CFS) Regions and Delegated First Nation Agencies (DFNAs) that are not repeated within this document.

For the purpose of this document, a standard is the measureable definition of the minimum acceptable level of required performance, focusing on safety and achieving positive outcomes for children. Along with the standards embedded within legislation, regulations and policy, the Child Intervention Standards define the minimum requirements for services provided through the child intervention program under the *Child, Youth and Family Enhancement Act* (CYFE Act).

Within child intervention, there are a number of accountability and reporting requirements therefore there are different performance expectations and/or standards. CFS Regions and DFNAs have flexibility to set additional operational standards/policies.

Sharing information is critically important in planning and decision making for children, youth and families. While confidentiality is important and should be respected, it should not be used as a reason for not engaging in information sharing, joint decision making and planning.

Standards	Measures
Standard 1: Emergency Response and Safety The decision regarding response time is a critical one. The caseworker, at all stages throughout the case (from intake to file closure), will consider the safety of the child when determining response time. The caseworker will respond urgently, taking immediate action if there are concerns regarding the child's immediate safety. Some of the indicators to consider when assessing the immediate safety of the child are age,	File type: intake, safety phase/investigation, all other intervention files. One number will be reported: the results of Question 2. 1. During the review period, was the child's immediate safety at risk? The need for immediate action should be assessed based on age, medical/health needs, developmental level, abandonment, suicidal ideation, the potential loss of valuable evidence and the caregiver(s)

Standards	Measures
medical/health needs, developmental level, abandonment, suicidal ideation, the loss of valuable evidence and the caregiver(s) inability or unwillingness to protect the child due to current circumstances.	inability or unwillingness to protect the child due to current circumstances. *If "YES" to question 1, answer question 2:* 2. Was there an immediate response?
Standard 2: Initial Client Contact The Director investigates a report to determine whether a child is in need of intervention under the *CYFE Act*. In order to assess the safety of the child, it is important to gather the child's perspective on matters related to intervention under the *CYFE Act*. The Safety Phase Assessment must include the following: - Face-to-face contact and interview with the child in need; - Private interview with school-aged child, apart from the family; - Face-to-face contact and interview with all other children living in the home who may be at risk; - Face-to-face contact and interview with guardian(s).	File type: safety phase/investigation One number will be reported: a sum of the results of Questions 1, 2, 3, and 4 1. Was the child in need interviewed face-to-face? Answer 'YES' if the child was seen but not interviewed due to age and/or developmental level. 2. For school-aged children, was the interview completed apart from the family? Indicate N/A if there is a valid reason for not interviewing the child separately (e.g. developmental level or whereabouts unknown). 3. Were all other children living in the home that may be at risk interviewed face-to-face? Answer 'YES' if the child was seen but not interviewed due to age and developmental level. 4. Was the guardian(s) interviewed face-to-face? Both guardians are to be interviewed face-to-face in two-guardian homes. If it is clearly documented that one guardian is inaccessible or unavailable, mark 'YES'.

Standards	Measures
Standard 3: Planning for Permanency When children are involved with intervention services, it is important that relevant planning take place in order to ensure desired outcomes for children, youth and families. This should be a collaborative, inclusive process involving at minimum: the child (if capable), the caregiver, significant others, and the guardian (if applicable). This process should designate specific responsibilities to those involved and clearly outline the goals to be achieved. Planning is done to address the child's needs for stability, continuity of care, culture and relationships. It also includes identifying permanency options for long-term stable relationships in the child's life.	File type: All intervention files One number will be reported: the results of Question 2, 1. Is there collaborative permanency planning documented on file that addresses key areas such as stability, continuity of care, culture, and relationships? Minimally "collaborative" would involve the child (if capable), and if applicable, the caregiver, significant others, and guardian. This could also include service providers, community members; band designates, extended family members, etc. The caseworker can not do this in isolation. The file information should reflect the overall plan for the child on a long term basis. The caseworker should have clearly identified a permanent outcome goal (e.g. PG, adoption, long term foster care, return to/remain in family home) as well as actions to be taken in order to attain it. *If "YES" to question 1, answer question 2:* 2. Is the permanency plan being reviewed every three-months and actively being worked on, or continuing to be supported if achieved? "Actively" is determined by a review every three-months and ongoing efforts by the caseworker to work towards the permanency goal that has been outlined, or re-assessing the permanency goal if needed. If the child has already attained permanency, it is expected that the caseworker would continue to support the situation (e.g. financially, addressing issues raised, providing supports as required, etc).

Standards	Measures
Standard 4: Caseworker Contact Central to the caseworker role is the requirement to actively build relationships with the child, guardian(s) and caregiver. Purposeful communication and regular contact are critical to this process in order to best understand the needs of the child, guardian(s) and caregiver.	File type: All intervention files Three numbers will be reported: - the first number is the results of Question 1 and 2 - the second number is results of Question 3. - the third number is the sum of the results of Question 4, 5, 6 and 7. 1. Was the monthly contact with the child sufficient to have obtained information related to the child's well-being and safety? Monthly contact between the caseworker and the child is expected with all children who have verbal skills and/or access to alternate communication technology. For the children who do not have verbal skills and/or access to alternate communication technology, or refused contact, the caseworker can gather monthly information about the well-being of the child from both the caregiver and one additional resource or professional. In the absence of an alternate resource to gather information from, the caseworker is expected to see the child. 2. Was there face-to-face contact, in-person or videoconference, with the child every three months that was sufficient to have obtained information related to the child's well-being and safety? 3. Does file information demonstrate that the caseworker actively engaged, or made attempts to engage with the child in order to build a relationship? The caseworker is considered to be "actively engaged" when there is discussion with the child about their safety, interests,

Standards	Measures
	well-being, and case plan. A variety of contact (e.g. face-to-face, phone, etc.) can be included. The type of contact and the level of discussion/observation will be dependent on the age and developmental level of the child. 4. Was there contact with the caregiver that was specific to the child's well-being and case plan, a minimum of once every three months? Both topics (case plan and well-being) need to be covered within the three-month period; however it isn't required to be done in same visit/conversation. A variety of contact (e.g. face-to-face, phone, etc.) can be included. 5. Was there face-to-face contact, in-person or videoconference, with the caregiver every three months? 6. Was there contact with the guardian(s) that was supportive and focused on the achievement of case plan goals, a minimum of once every three months? Answer 'N/A' for PGO files. A variety of contact (e.g. face-to-face, phone, etc.) can be included. 7. Was there face-to-face contact, in-person or videoconference, with the guardian(s) every three months? Answer 'N/A' for PGO files.
Standard 5: Cultural Connectedness for Aboriginal Children An Aboriginal child's self identity and sense of belonging is positively	For the year 2009-10, information will be gathered with the intent to explore cultural

Standards	Measures
affected by their learning and participation in their culture. It is important that at the early stages and throughout involvement for an Aboriginal child, the uniqueness of Aboriginal culture, language, heritage, spirituality and traditions are respected, and attention is given to preserving the child's cultural identity. Children need to be in direct contact with individuals that tie them to their heritage and facilitate their ongoing learning of cultural practices. Additionally these contacts will be focused on meeting the cultural goals outlined in the child's case plan.	connectedness for Aboriginal children, rather than measure compliance. The belief is that children in their parental home, with extended family/Kinship care, or in a home on their reserve/Métis settlement, are culturally connected. For children that are not in parental home, with extended family/Kinship care, or in a home on their reserve/Métis settlement, information is being collected on the nature and frequency of cultural activities the child is participating in. File type: All intervention files Five numbers will be reported: - The first number is the total number of Aboriginal children within the sample. - The second number is the results of Question 1. - The third number is the results of Question 2. - The fourth number is the results of Question 3. Each activity type will have a reported number, to reflect the number of children involved in each. - The fifth number is the results of Question 4. 1. Is the Aboriginal child receiving intervention services through a Family Enhancement Agreement or a Supervision Order? 2. Is the child placed in their parental home, with extended family/Kinship care, or in a home on their reserve/Métis settlement? 3. If the child is not placed in their parental home, with extended family/Kinship care, or in a home on their reserve/Métis settlement, does the file reflect cultural planning through any of the following activities: - Elder is involved

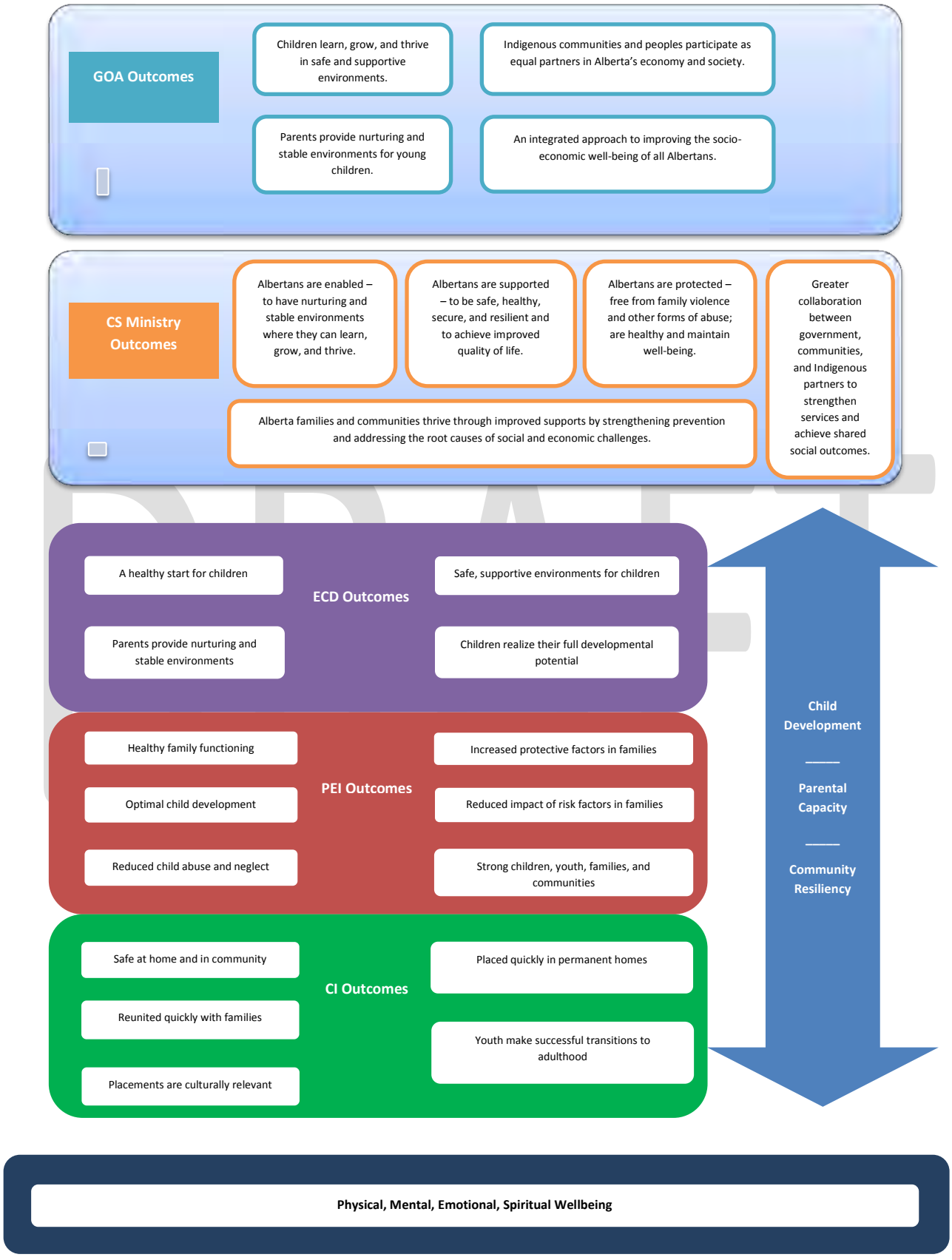
Standards	Measures
	- Aboriginal resource worker - Attendance and participation in ceremonial activities - Contact with family - Other significant Aboriginal relationships - Visits to community (reserve/settlement) - Traditional teachings (hunting, cooking, dancing, story-telling, history) - Cultural education (workshops, conferences, courses) - Speaks and/or is learning traditional language - No cultural activities on file - Child refuses participation or involvement - Caregiver/guardian refuses participation or involvement for the child - Other (please indicate in comment box) 4. How many times did the child participate in cultural activities in the past year? (Indicate number in numeric box).
Standard 6: Placement When the Director is appointed as a custodian and/or guardian of a child it is expected that safe environments are provided for children receiving out of home care. The placement must be licensed/ accredited as required. For those placements that are not required to be licensed or accredited, intervention and criminal record checks will be completed and a caseworker must have visited the home prior to, or at the time of the child's placement. This visit must include a safety assessment of the home environment. Issues related to the safety of the	File type: All intervention files. - For children placed in licensed/accredited/significant other/extended family homes, only the child's file will be reviewed - For children newly-placed in Kinship, both the child's file and the Kinship file will be reviewed. - For question 5, only review the child's file for this information. Four numbers will be reported: - The first number is the results of Question 2. - The second number is the sum of the results of Questions 4, 5 and 6. - The third number is the sum of the results of Questions 7 and 8. - The fourth number is the results of Question 11.

Standards	Measures
child, quality of care and suitability of the placement must be addressed on a timely basis.	1. Is the child's placement required to be licensed or accredited? *If "YES" to question 1, answer question 2:* 2. Is the license or accreditation current? 3. If the child's placement is not required to be licensed or accredited, was the child placed in a newly opened placement in the past year? Answer N/A if the youth's placement is not supported by the caseworker, and proceed to and answer question 9. *If "YES" to question 3, answer question 4:* 4. Were intervention record checks completed prior to, or at the time of placement? *If "YES" to question 3, answer question 5:* 5. Were criminal record checks completed within 30 days of placement of that child? *If "YES" to question 3, answer question 6:* 6. Did the caseworker visit the home and assess its safety prior to, or at the time of placing the child? *If "NO" to question 3, answer question 7:* 7. If the home was already considered an open placement at the time the child was placed, did the caseworker ensure that there were criminal record checks completed within the last three years? *If "NO" to question 3, answer question 8:* 8. If the home was already considered an open placement at the time the child was placed, did the caseworker ensure that a safety environment assessment had been completed within the last year?

Standards	Measures
	If "N/A" to question 3, answer question 9: 9. If the child's placement is not supported by the caseworker, did the caseworker make an effort to complete a home visit to assess the safety of the child's placement? *Answer question 10 for any newly approved or previously approved placements: kinship, foster care, group care, and treatment facility, and non-Ministry facilities (e.g. PChAD placements and young offender centres)* 10. Were there any issues related to the safety of the child, quality of care or suitability of the placement? 11. Were these issues addressed by the caseworker assessing the situation and the necessary action taken? Necessary action refers to steps taken by the caseworker to deal with the issue and may include interviewing the child and/or others, conducting an investigation, meeting with pertinent parties, developing a plan on how to resolve the issue, and/or making necessary referrals.

The Standards will continue to be revised with the focus on outcomes, continuous improvement and quality services to children, youth and families of Alberta.

Children's Services
Prevention to Intervention Outcome Alignment



Child Intervention Outcome Indicators

Development of the Child Intervention Outcome Indicators was a three year long process devoted to collaboration with Child Intervention Policy, Regional and Delegated First Nation Agency Directors, contract agency service delivery partners and the Statutory Director's office to achieve consensus on what the indicators should be and how we should measure them. Seven years (2008/09 to 2014/15) of outcome indicator results for Child Intervention are ready for release on the Children's Services website.

Outcome Indicator Overview

- Child intervention outcomes define key results that the ministry seeks to achieve for children receiving intervention services. By measuring outcomes over time, we are able to assess service impact and performance and explain linkages between services provided and outcomes for recipients.
    - Five service delivery outcomes, with nine related indicators, were developed and are rooted in Alberta's *Child, Youth and Family Enhancement Act*, the former Human Services' Performance Management Framework and the Government of Alberta's Strategic Plan:
        - Vulnerable children have the support they need to live in their community.
        - Children in temporary care are quickly reunited with their families.
        - Children in permanent care are quickly placed in permanent homes.
        - Youth make successful transition to adulthood.
        - Indigenous children live in culturally appropriate homes where their unique cultural identity is respected and fostered.
    - These five outcomes were validated and adopted by agency service providers, frontline practitioners and management.
- In 2014, Human Services committed to publicly report program data and system outcomes. The recent *Auditor General's Report on Indigenous Children in Care* also recommended that Human Services should have "adequate systems to report on and evaluate the results of Child Intervention Services it provides".
- In order to support the development and ongoing evolution of the outcome indicators, Child Intervention established a Technical Data Group with representation from: service delivery, policy and practice, the Statutory Director's office and Child Intervention data specialists. The group meets regularly to review results, update methodologies if necessary, and develop new indicators.
- Planning is underway to work with Indigenous partners on additional permanency measures that reflect culture, community and connection. Joint work will also be initiated with other program areas in both Children's Services and Community and Social Services (Persons with Developmental Disabilities, Assured Income for the Severely Handicapped, Homelessness and Income Support) to develop future outcome indicators for youth transitions.
    - In 2014/15, 58% of youth aged out of the child intervention system without achieving a permanency outcome.
- The seven years of outcome indicator results were shared with leading Canadian researchers (reps from the following Universities: McGill, Montreal, Toronto and Calgary) in the field of Child Intervention outcomes. We will continue to work with these researchers to provide us with insights on next steps and suggestions on indicators (youth, Indigenous) that still require development work.
- Alberta has completed a cross-jurisdictional scan of the Canadian provinces and territories to examine what child intervention data and information is reported openly to the public.

- When compared to other jurisdictions, Alberta was found to be doing a better job of making information publically accessible in a timely, consistent and detailed manner. One jurisdiction that was comparable to Alberta was British Columbia; however, information was not as up-to-date or accessible.

- The outcomes data will be released in an interactive format on the Children's Services website. Three new web based tools are being finalized (currently in UAT) to support public access to the Child Intervention outcome indicators which will include seven years of results (2008/09-2014/15):
  1. Child Intervention Outcome Indicators
     a. This tool houses the data for rates of family preservation, reunification, adoption/private guardianship, recurrence and cultural connectedness.
  2. Child Intervention Moves in Care
  3. Child Intervention Time to Achieve Outcome
     a. This tool profiles the time to achieve family preservation, reunification and adoption/private guardianship.

Summary of Outcome Indicator Results

Tables 1 through 9 below present the results for the nine outcome indicators for the seven year period of 2008/09 to 2014/15.

Family Preservation – Children Stay at Home

The rate of family preservation for all children has remained relatively stable, with a high of 91% in 2013/14 and a low of 85% in 2010/11.

- Indigenous children consistently have a lower rate of family preservation than non-Indigenous children; this gap has ranged from a difference of 6% to 9%.

Table 1: Rates of Family Preservation

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	81%	83%	79%	83%	82%	86%	82%
Non-Indigenous	89%	89%	88%	89%	89%	93%	91%
All Children	**86%**	**87%**	**85%**	**86%**	**87%**	**91%**	**88%**

Time to Achieve Family Preservation

The time to achieve family preservation for all children has shown very little change in the last four fiscal years.

- Indigenous children have consistently had shorter durations than non-Indigenous children; the difference has declined somewhat over time.

Table 2: Time to Achieve Family Preservation (in Months)

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	6.0	6.3	5.8	6.1	6.3	6.1	6.1
Non-Indigenous	6.8	7.1	6.5	6.7	6.6	6.7	6.6
All Children	**6.6**	**6.8**	**6.3**	**6.5**	**6.5**	**6.5**	**6.4**

Child Intervention Outcome Indicators

Family Reunification – Children Return Home

The rate of family reunification for all children has remained relatively stable; the lowest rate was 65% in 2014/15.

- Indigenous children consistently have a lower rate of family reunification than non-Indigenous children; this gap has narrowed in the most recent year to 4%.

Table 3: Rates of Family Reunification

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	66%	65%	67%	64%	63%	62%	63%
Non-Indigenous	72%	71%	74%	74%	72%	73%	67%
All Children	**69%**	**68%**	**70%**	**68%**	**68%**	**67%**	**65%**

Time to Achieve Family Reunification

The time to achieve family reunification for all children has gradually increased over the past seven years.

- 2013/14 was the first time in six years in which Indigenous children had a longer duration than non-Indigenous children and this trend has continued into 2014/15.

Table 4: Time to Achieve Family Reunification (in Months)

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	9.6	10.1	10.5	11.5	11.8	14.3	15.0
Non-Indigenous	10.9	11.6	10.8	11.6	11.9	12.2	13.7
All Children	**10.3**	**10.9**	**10.7**	**11.5**	**11.8**	**13.3**	**14.4**

Adoption and Private Guardianship – Children are with stable, life-long families

The rate of adoption and private guardianship for all children was stable at 45-46% for many years; in the most recent two years, we have seen a slight decrease.

- In 2008/09 there was a large difference in rates for Indigenous and non-Indigenous children. This difference gradually narrowed over the following six years.

Table 5: Rates of Adoption and Private Guardianship

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	38%	39%	44%	43%	42%	39%	39%
Non-Indigenous	53%	51%	50%	49%	50%	48%	46%
All Children	**46%**	**45%**	**46%**	**45%**	**46%**	**43%**	**42%**

Child Intervention Outcome Indicators

Time to Achieve Adoption and Private Guardianship

The time to achieve adoption and private guardianship for all children began to decrease in 2012/13; in 2014/15 the duration once again increased.

- The duration to adoption and private guardianship has consistently been shorter for non-Indigenous children.

Table 6: Time to Achieve Adoption and Private Guardianship (in Months)

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	46.3	49.1	52.5	55.3	52.8	50.3	58.1
Non-Indigenous	38.3	38.1	38.8	43.1	42.7	41.3	43.3
All Children	**41.6**	**42.9**	**45.6**	**49.4**	**47.8**	**46.4**	**52.0**

Recurrence – Children who have received services do not return

The recurrence rate for all children dropped from 16% in 2008/09 to 13% for the next three fiscal years. In the most recent three fiscal years, it has increased and, in 2014/15, is at its highest during the seven year period.

- Recurrence rates for Indigenous children have consistently been higher than for non-Indigenous children.

Table 7: Rates of Recurrence

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	21%	18%	17%	16%	20%	20%	22%
Non-Indigenous	18%	9%	10%	9%	10%	13%	13%
All Children	**16%**	**13%**	**13%**	**13%**	**14%**	**16%**	**17%**

Child Intervention Outcome Indicators

Moves in Care – Children experience a minimal number of placements

The proportion of all children with two or fewer moves has been increasing, while the proportion of children with six or more moves has been decreasing.

- The proportion of children with less than two moves has consistently been higher for non-Indigenous children.
- Higher proportions of Indigenous children have had six or more moves.

Table 8: Moves In Care (in Months)

		2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	No Moves	38%	34%	34%	35%	37%	41%	37%
	1-2 Moves	36%	39%	39%	37%	37%	39%	38%
	3-5 Moves	14%	14%	14%	15%	15%	13%	18%
	6-10 Moves	6%	7%	8%	8%	7%	4%	5%
	11+ Moves	5%	5%	5%	5%	4%	2%	3%
	All Moves	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Non-Indigenous	No Moves	39%	37%	37%	39%	40%	42%	41%
	1-2 Moves	40%	42%	40%	39%	41%	43%	45%
	3-5 Moves	14%	14%	14%	14%	13%	11%	12%
	6-10 Moves	4%	5%	5%	5%	4%	3%	2%
	11+ Moves	2%	2%	3%	2%	2%	0%	1%
	All Moves	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
All Children	No Moves	39%	36%	35%	37%	39%	42%	39%
	1-2 Moves	38%	40%	40%	38%	39%	41%	41%
	3-5 Moves	14%	14%	14%	15%	14%	12%	15%
	6-10 Moves	5%	6%	6%	7%	5%	4%	4%
	11+ Moves	4%	4%	4%	4%	3%	1%	2%
	All Moves	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Information about the number of moves in care may be of interest to the public, media, and Child and Youth Advocate. While 80% of children in care experienced no moves (39%) or 1-2 moves (41%), a small percentage of children experienced 11 or more moves (2%).

- A sample review of ten children with 11 or more moves in 2014/15 revealed that the number of moves is not necessarily an indicator of a negative or a positive permanency outcome:
    - four children were placed in a permanent home though private guardianship, one child was returned home and reunified with their family, four children aged out at age 18 and one medically fragile child passed away.
- Each of the Service Delivery and DFNA Regions have been provided with a recap of the children receiving services in their area that experienced 11 or more moves during the last three years; the intent is to identify practice and placement learnings that can be shared at an upcoming meeting with the Service Delivery Practice Leads.

Child Intervention Outcome Indicators

Cultural Connectedness- Indigenous children are placed in culturally appropriate homes

Indigenous placement matching data has only been available for the last four fiscal years. The rate since 2012/13 has remained unchanged.

Table 9: Rates of Cultural Connectedness

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Indigenous	n/a	n/a	n/a	41%	39%	39%	39%

Recap of Indigenous Results

While the outcome results are generally less positive for Indigenous children compared to non-Indigenous children, the gap between these two groups is decreasing in some areas, including the rate of family reunification (where the gap is now 4%) and the rate of adoption and private guardianship (where the gap is now 7%).

TAPIS Overview

The Timely and Accurate Program Information Strategy (TAPIS) is a real time reporting system designed to help support child intervention practice in the province by searching through the Intervention Services Information System to find files in the System that have missing or incomplete data.

- Currently there are ten measures available on the TAPIS site.
- Bi-weekly online training is available to all child intervention staff, supervisors and managers.

Service Delivery Accountability Measures

In 2015/16, the Statutory Director identified three key areas of practice with a focus on measuring and monitoring performance:

- Face-to-face contact alone with a child and recorded in the Intervention Services Information System
- Accurate placement information
- Accurate legal authority information

In order to support each service delivery area in the attainment of these three priority measurements, supports and tools were provided:

- a monthly report is provided profiling region-specific results for each of the three measures;
- a Policy-to Practice session was organized to discuss practice and system entry expectations and respond to staff questions
- enhanced training on TAPIS to support service delivery in the identification of files with missing or overdue information.

Intakes Not Assigned a Worker

In the fall of 2015 a procedure was implemented, which placed heightened attention on intake cases that had not been assigned a worker from work queues. Work queues are an inbox in the Intervention Services Information System that managers and supervisors are required to subscribe to so that they can monitor new intake cases and assign them to caseworkers for follow-up.

Unassigned intakes that remain in the work queues represent risk in that, although the intake has been logged by one of the service delivery areas, the follow up required to determine safety of the child involved has not been determined in the official record held within the Intervention Services Information System.

The process includes:

- Monitoring the TAPIS site daily and sending emails to Regional or DFNA staff when a child has not been assigned a worker for more than 3 days (this is to account for weekends and holidays).
- Daily email reminders are sent out and escalated to the Statutory Director's office when action has not been taken on a file in more than 5 days.

Province of Alberta

CHILD, YOUTH AND FAMILY ENHANCEMENT ACT

Revised Statutes of Alberta 2000
Chapter C-12

Current as of December 17, 2014

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Amendments Not in Force

This consolidation incorporates only those amendments in force on the consolidation date shown on the cover. It does not include the following amendments:

RSA 2000 cC-12 s133 amends s58.

2013 cC-12.5 s9(60) (2014 c7 s20(b) – effective July 23, 2014) amends s126.12 .

2013 cC-12.5 s9 amends ss1, 2.1, 3.1(1), 6, 7, 8, repeals and substitutes s9, amends ss10, 11, 12, 13(6)(b), 14, 16, 17, 18(1), 19, 19.1, 20(1) and (4), 21(1) and (11)(a), 21.1, 22, 22.1, 22.2, 23, 24(2), 28(2) and (3), 29(1), 30(1), 31, 32, 33, 34, 35, 39, 42, 43.1, 43.2, 44, 44.1, 44.2(2), 45, 46, 47, 48, 49, 50(3), 52, 53(1)(c), 55, 56(2)(d), 57.2, 57.4, 57.5, 57.6, 57.8(1) and (2), 63(1), 64(1)(f), 67, 68(4)(a), 73.1(2)(e) and 74(1)(c)(i) and (3), 74.4(7), 84(b), 85(2)(b), 105.1, 107, 109(4) and (5), 111(2), 112(1)(a), 114(1), 117.1(1), 119, 120, 121, adds s124.01, amends ss124.1, 126, 126.11,128(1)(a), repeals 129(2), adds s129.1 and 129.2, amends ss130, 131, adds s132.1.

Regulations

The following is a list of the regulations made under the *Child, Youth and Family Enhancement Act* that are filed as Alberta Regulations under the Regulations Act

	Alta. Reg.	*Amendments*
Child, Youth and Family Enhancement Act		
Adoption	187/2004	*68/2008, 117/2008, 251/2009, 164/2010, 31/2012, 192/2013*
Child, Youth and Family Enhancement	160/2004	*218/2004, 163/2006, 35/2007, 68/2008, 277/2009, 31/2012, 194/2012, 192/2013, 147/2014*
Court Rules and Forms	39/2002	*145/2004, 68/2008, 276/2009, 164/2010, 227/2011, 31/2012, 187/2013, 207/2014, 85/2016*
Expert Review Panel	54/2012	
Publication Ban (Court Applications and Orders)	207/2014	*85/2016*
Residential Facilities Licensing	161/2004	*252/2009, 192/2013*
Resource Rebate	47/2006	*13/2016*

CHILD, YOUTH AND FAMILY ENHANCEMENT ACT

Chapter C-12

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HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Interpretation

1(1) In this Act,

(a) "aboriginal" includes Indian, Metis and Inuit;

(a.1) "adoption order" means an order made under section 70;

(a.2) "adoption services" means any service provided under Part 2;

(a.3) "Appeal Panel" means an Appeal Panel established under Part 4;

(a.4) "band" means band within the meaning of the *Indian Act* (Canada);

(b) "biological father" means the man

(i) who is married to the biological mother at the time of the birth of the child,

(ii) acknowledged by the biological mother as the biological father of the child,

(iii) declared by a court to be the biological father of the child, or

(iv) who satisfies a director that he is the biological father of the child;

(c) "biological mother" means the woman who gave birth to the child;

(d) "child" means a person under the age of 18 years and includes a youth unless specifically stated otherwise;

(e) repealed 2013 cB-7.5 s9;

(f) "Child and Youth Advocate" means the person appointed as the Child and Youth Advocate under section 2 of the *Child and Youth Advocate Act*;

(g) "council of the band" means council of the band within the meaning of the *Indian Act* (Canada);

(h) "Court" means the Provincial Court;

(h.1) "custodian" means a custodian as defined in the *Health Information Act*;

(i) "custody agreement" means an agreement entered into under section 9 or 57.2(2);

(j) "director" means a person designated by the Minister as a director for the purposes of this Act and the *Protection of Sexually Exploited Children Act* and without limiting the generality of the foregoing includes a person designated as a director in accordance with an agreement under section 122(2) of this Act;

(j.1) "family enhancement agreement" means an agreement entered into under section 8 or 57.2(1);

(j.2) "family enhancement services" means any service provided under a family enhancement agreement and care provided under section 7;

(k) "foster parent" means a person approved as a foster parent by a director;

(l) "guardian" means

(i) a person who is or is appointed a guardian of the child under Part 2 of the *Family Law Act*, or

(ii) a person who is a guardian of the child under an agreement or order made pursuant to this Act;

(l.1) "health information" means health information as defined in the *Health Information Act*;

(m) "Indian" means an Indian as defined in the *Indian Act* (Canada);

(m.1) "intervention services" means any services, including protective services, provided to a child or family under this Act except for services provided under Part 2 or Part 3;

(m.2) "marital status" includes, on and after the coming into force of the *Adult Interdependent Relationships Act*, an adult interdependent partner as defined in that Act;

(n) "Minister" means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;

(o) "peace officer" means a member of a municipal police service, a member of the Royal Canadian Mounted Police, or a peace officer appointed under the *Peace Officer Act* for the purposes of this Act;

(p) "permanent guardianship agreement" means an agreement entered into under section 11;

(q) "permanent guardianship order" means a permanent guardianship order made under section 34;

(q.01) "personal information" means personal information as defined in the *Freedom of Information and Protection of Privacy Act*;

(q.1) repealed 2008 c31 s2;

(r) "private guardianship order" means a private guardianship order made under section 56;

(s) "protective services" means any service provided to a child who either

(i) is in the custody of a director, or

(ii) is the subject of a supervision order, temporary guardianship order or permanent guardianship agreement or order;

(s.1) "public body" means a public body as defined in the *Freedom of Information and Protection of Privacy Act*;

(t) "qualified person" means a qualified person as prescribed in the regulations;

(t.1) "reserve" means reserve within the meaning of the *Indian Act* (Canada);

(u) "secure services certificate" means a secure services certificate issued under section 43.1;

(v) "secure services facility" means a facility designated by the Minister, by regulation, as a secure services facility;

(w) "secure services order" means a secure services order made under Part 1, Division 4;

(x) repealed 2003 c16 s3;

(x.1) repealed 2008 c31 s2;

(y) "supervision order" means a supervision order made under section 28 and includes a renewal order;

(z), (aa) repealed 2003 c16 s3;

(bb) "temporary guardianship order" means a temporary guardianship order made under section 31 and includes a renewal order;

(cc) "youth" means a child who is 16 years of age or older.

(2) For the purposes of this Act, a child is in need of intervention if there are reasonable and probable grounds to believe that the survival, security or development of the child is endangered because of any of the following:

(a) the child has been abandoned or lost;

(b) the guardian of the child is dead and the child has no other guardian;

(c) the child is neglected by the guardian;

(d) the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;

(e) the guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse;

(f) the child has been emotionally injured by the guardian of the child;

(g) the guardian of the child is unable or unwilling to protect the child from emotional injury;

(h) the guardian of the child has subjected the child to or is unable or unwilling to protect the child from cruel and unusual treatment or punishment.

(i) repealed 2003 c16 s3.

(2.1) For the purposes of subsection (2)(c), a child is neglected if the guardian

(a) is unable or unwilling to provide the child with the necessities of life,

(b) is unable or unwilling to obtain for the child, or to permit the child to receive, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or

(c) is unable or unwilling to provide the child with adequate care or supervision.

(3) For the purposes of this Act,

(a) a child is emotionally injured

(i) if there is impairment of the child's mental or emotional functioning or development, and

(ii) if there are reasonable and probable grounds to believe that the emotional injury is the result of

(A) rejection,

(A.1) emotional, social, cognitive or physiological neglect,

(B) deprivation of affection or cognitive stimulation,

(C) exposure to domestic violence or severe domestic disharmony,

(D) inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child,

(E) the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child;

(F) chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child;

(b) a child is physically injured if there is substantial and observable injury to any part of the child's body as a result of the non-accidental application of force or an agent to the child's body that is evidenced by a laceration, a contusion, an abrasion, a scar, a fracture or other bony injury, a dislocation, a sprain, hemorrhaging, the rupture of viscus, a burn, a scald, frostbite, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth;

(c) a child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities.

(4) Subject to this Act, a person who is a guardian of a child under an agreement or order made under this Act is a guardian under the *Family Law Act*.

(5) For the purposes of this Act, a child is in the custody of a director if

(a) the child has been apprehended under section 19 and has not been returned to the custody of the child's guardian,

(b) the child is the subject of a custody order under section 21.1(2)(a) or an interim order for custody under section 21.1 or 26, or

(c) the child is the subject of a custody agreement.

RSA 2000 cC-12 s1;2002 c8 s21;2002 c9 s2;2003 cF-4.5 s113;2003 c16 s3;2004 c16 s2;2006 cP-3.5 s34;2007 c8 s12;2008 c31 s2;2011 cC-11.5 s26;2013 cB-7.5 s9

Matters to be considered

2 If a child is in need of intervention, a Court, an Appeal Panel and all persons who exercise any authority or make any decision under this Act relating to the child must do so in the best interests of the child and must consider the following as well as any other relevant matter:

(a) the family is the basic unit of society and its well-being should be supported and preserved;

(b) the importance of stable, permanent and nurturing relationships for the child;

(c) the intervention services needed by the child should be provided in a manner that ensures the least disruption to the child;

(d) a child who is capable of forming an opinion is entitled to an opportunity to express that opinion on matters affecting the child, and the child's opinion should be considered by those making decisions that affect the child;

(e) the family is responsible for the care, supervision and maintenance of its children and every child should have an opportunity to be a wanted and valued member of a family, and to that end

(i) if intervention services are necessary to assist the child's family in providing for the care of a child, those services should be provided to the family, insofar as it is reasonably practicable, in a manner that supports the family unit and prevents the need to remove the child from the family, and

(ii) a child should be removed from the child's family only when other less disruptive measures are not sufficient to protect the survival, security or development of the child;

(f) subject to clauses (e) and (g), if a child has been exposed to domestic violence within the child's family, intervention services should be provided to the family in a manner that supports the abused family members and prevents the need to remove the child from the custody of an abused family member;

(g) any decision concerning the removal of a child from the child's family should take into account the risk to the child if the child remains with the family, is removed from the family or is returned to the family;

(h) if it is not inconsistent with protecting the survival, security or development of a child who is in need of intervention, and appropriate community services are available, the child or the child's family should be referred to the community for services to support and preserve the family and to prevent the need for any other intervention under this Act;

(i) any decision concerning the placement of a child outside the child's family should take into account

(i) the benefits to the child of a placement within the child's extended family;

(ii) the benefits to the child of a placement within or as close as possible to the child's home community,

(iii) the benefits to the child of a placement that respects the child's familial, cultural, social and religious heritage,

(iv) the benefits to the child of stability and continuity of care and relationships,

(v) the mental, emotional and physical needs of the child and the child's mental, emotional and physical stage of development, and

(vi) whether the proposed placement is suitable for the child;

(j) the provision of intervention services is intended to remedy or alleviate the condition that caused the child to be in need of intervention;

(k) intervention services are most effective when they are provided through a collaborative and multi-disciplinary approach;

(l) if a child is being provided with care under this Act, the child should be provided with a level of care that is adequate to meet the needs of the child and consistent with community standards and available resources;

(m) if a child is being provided with care under this Act, a plan for the care of that child should be developed that

(i) addresses the child's need for stability, permanence and continuity of care and relationships, and

(ii) in the case of a youth, addresses the youth's need for preparation for the transition to independence and adulthood;

(n) a person who assumes responsibility for the care of a child under this Act should endeavour to make the child aware of the child's familial, cultural, social and religious heritage;

(o) there should be no unreasonable delay in making or implementing a decision affecting a child;

(p) if the child is an aboriginal child, the uniqueness of aboriginal culture, heritage, spirituality and traditions should be respected and consideration should be given to the importance of preserving the child's cultural identity.

RSA 2000 cC-12 s2;2003 c16 s4

Procedural rights

2.1 A director, when it is appropriate, must inform a child of the child's procedural rights under this Act.

2003 c16 s5

3 Repealed 2011 cC-11.5 s26.

Alternative dispute resolution

3.1(1) Subject to the regulations, a child, the guardian of a child or a person who in the opinion of a director has a significant connection to a child may, with the agreement of the director, enter into alternative dispute resolution, as defined in the regulations, with the director with respect to any decision made by the director with respect to the child.

(2) All information provided orally during alternative dispute resolution is confidential and is the privileged information of the person providing it, and all documents and records created as a result of alternative dispute resolution are confidential and are privileged documents and records of the person creating them.

(3) No person shall disclose or be compelled to disclose the documents, records or information described in subsection (2) except

(a) with the consent of all who participated in the alternative dispute resolution,

(b) if disclosure is necessary to make or to carry out an agreement under this Act,

(c) if disclosure is pursuant to an order of the Court granted with the consent of all the parties to the Court application,

(d) to the extent that the disclosure is necessary to protect the survival, security or development of the child, or

(e) for the purposes of disclosure required by section 4.

(4) If there is a conflict or inconsistency between subsection (2) or (3) and the *Freedom of Information and Protection of Privacy Act*, subsection (2) or (3) prevails despite that Act.

(5) No action may be brought against a person who conducts alternative dispute resolution under this section for any act done or omitted to be done with respect to the alternative dispute resolution unless it is proved that the person acted maliciously and without reasonable and probable cause.

2003 c16 s7;2004 c16 s4

Part 1
Intervention Services

Division 1
Preliminary Matters

Reporting child in need

4(1) Any person who has reasonable and probable grounds to believe that a child is in need of intervention shall forthwith report the matter to a director.

(1.1) A referral received pursuant to section 35 of the *Youth Criminal Justice Act* (Canada) is deemed to be a report made under subsection (1).

(2) Subsection (1) applies notwithstanding that the information on which the belief is founded is confidential and its disclosure is prohibited under any other Act.

(3) This section does not apply to information that is privileged as a result of a solicitor-client relationship.

(4) No action lies against a person reporting pursuant to this section, including a person who reports information referred to in subsection (3), unless the reporting is done maliciously or without reasonable and probable grounds for the belief.

(5) Notwithstanding and in addition to any other penalty provided by this Act, if a director has reasonable and probable grounds to believe that a person has not complied with subsection (1) and that person is registered under an Act regulating a profession or occupation prescribed in the regulations, the director shall advise the appropriate governing body of that profession or occupation of the failure to comply.

(6) Any person who fails to comply with subsection (1) is guilty of an offence and liable to a fine of not more than $2000 and in default of payment to imprisonment for a term of not more than 6 months.

RSA 2000 cC-12 s4;2003 c16 s9

Peace officer

5 If a peace officer, on reasonable and probable grounds, believes that a child committed an offence under an Act of the Parliament of Canada while the child was under the age of 12 years, the peace officer may report the matter to a director.

1984 cC-8.1 s4

Investigation and response

6(1) If a director receives information in the form of

(a) a request for intervention services,

(b) a report under section 4 or 5, or

(c) any other allegation or evidence that a child may be in need of intervention,

the director must investigate the child's need for intervention unless the director is satisfied that the information was provided maliciously or is unfounded or that the report or allegation was made without reasonable and probable grounds.

(2) During an investigation, a director may convey a child to any place in order to complete the investigation if in the opinion of the director it is necessary.

(3) If, after an investigation referred to in subsection (1), the director is of the opinion that the child is in need of intervention,

(a) the director must,

(i) if the director is satisfied that it is consistent with the child's need for intervention, provide family enhancement services to the child or to the child's family in accordance with this Act, or

(ii) if the director is not satisfied that the child's need for intervention can be met under subclause (i), take whatever action under this Act that the director considers appropriate, including the provision of protective services in accordance with this Act,

and

(b) the director may, if the director is satisfied that it is consistent with the child's need for intervention, convey the child to the person who has custody of the child or to a person who is temporarily caring for the child.

(4) If family enhancement services are provided to the child or to the child's family, the person or a member of the organization providing those services must report to the director any matter respecting the child that may require further investigation by the director.

RSA 2000 cC-12 s6;2003 c16 s10;2008 c31 s4

Emergency care

7(1) If a director is satisfied that without the provision of emergency care a child may be in need of intervention because the guardian of the child cannot be located after a reasonable search or has died or become incapacitated, the director may appoint a person to care for the child until the guardian can be located or other satisfactory arrangements can be made for the care of the child, and the director may convey the child for the purpose of placing the child in the care of that person.

(2) The person appointed under subsection (1) may care for the child in the residence in which the child was found and for that purpose may

(a) enter the residence,

(b) live in the residence,

(c) carry on normal housekeeping activities in the residence that are necessary for the care of the child, and

(d) exercise reasonable control over all children residing in the residence.

(3) The person appointed under subsection (1) may care for the child in the person's own residence for not more than 10 days.

(4) When a person is appointed under subsection (1), no liability attaches to that person in the course of carrying out that person's duties under subsection (2) or to a director assisting that person in carrying out those duties by reason only of the entry into and occupation of the residence without the consent of the owner or occupier.

RSA 2000 cC-12 s7;2003 c16 s11;2008 c31 s5

Division 2
Agreements

Family enhancement agreement

8(1) A director may enter into an agreement in the prescribed form with the guardian of a child or with another person who, with the express or implied consent of the guardian or pursuant to a Court order or an agreement, has custody of the child with respect to the

provision of services to the family or the child if, in the opinion of the director,

(a) the child is in need of intervention, and

(b) as a result of the provision of the services, the child's survival, security or development will be adequately protected if the child remains with the child's guardian or the person who has custody of the child, as the case may be.

(2) Repealed 2003 c16 s13.

RSA 2000 cC-12 s8;2003 c16 s13

Custody agreement

9 Subject to section 33, a director may enter into an agreement in the prescribed form for terms of not more than 6 months each with the guardian of a child under which custody of the child is given to the director if, in the opinion of the director,

(a) the child is in need of intervention, and

(b) the survival, security or development of the child cannot be adequately protected if the child remains with the child's guardian.

RSA 2000 cC-12 s9;2003 c16 s14

Terms of custody agreement

10 A custody agreement between a guardian and a director shall include terms prescribing

(a) the plan for the care of the child, including a description of the services to be provided,

(b) the visits or other access to be provided between the child and the child's guardian or any other person, and

(c) the extent of the delegation of the authority of the guardian to the director.

(d) repealed 2003 c16 s15.

RSA 2000 cC-12 s10;2003 c16 s15

Permanent guardianship agreement

11(1) If a child has been in the actual custody of at least one of the child's guardians for a cumulative period of less than 6 months, all the guardians of the child and a director may enter into a permanent guardianship agreement in the prescribed form under which the director will assume the guardianship of the child.

(2) When an agreement is made pursuant to this section

(a) the guardianship of any person who was a guardian of the child at the time the agreement was entered into is terminated,

(b) the agreement is binding on any parent who at the time the agreement was entered into was not a guardian of the child, whether or not that parent had notice of the agreement,

(c) the director is the sole guardian of the child for all purposes, and

(d) the agreement may be terminated only pursuant to section 12, 13, 35 or 40(2).

1984 cC-8.1 s10;1985 c16 s4;1988 c15 ss8,45

Termination of permanent guardianship agreement

12(1) A guardian who has entered into a permanent guardianship agreement under section 11 may, within 10 days after the date of the agreement, request the director in writing to terminate the agreement and return the child who is the subject of the agreement to that guardian.

(2) Subject to subsection (3), a director who receives a request from a guardian under subsection (1) shall notify any other guardian who was a party to the permanent guardianship agreement of the request and shall place the child in the custody of the guardian who makes the request under subsection (1) within 48 hours after receiving the request or within any other period agreed to by the director and the guardian who makes the request.

(3) A permanent guardianship agreement terminates on the expiration of the 48 hours or any other period agreed to under subsection (2).

(4) A director who has reasonable and probable grounds to believe that the termination of a permanent guardianship agreement under this section would render the child who is the subject of the permanent guardianship agreement in need of intervention may

(a) enter into an agreement under section 8 or 9, or

(b) apply to the Court in the prescribed form for an order under Division 3.

RSA 2000 cC-12 s12;2003 c16 s16

Application for order to terminate agreement

13(1) A person claiming to be a parent of a child who is the subject of a permanent guardianship agreement under section 11 may, within 10 days after the date of the agreement, apply to the

Court in the prescribed form for an order terminating the agreement.

(2) An applicant under subsection (1) shall give not less than one day's notice of the nature, time and place of the hearing of the application to

(a) a director, and

(b) a person who was a guardian of the child immediately before the permanent guardianship agreement was entered into.

(3) Section 23(5) and (6) apply to an application under this section.

(4) The Court may adjourn the hearing of an application under this section for not more than 15 days or for a longer period agreed to by the parties to the application.

(5) If the Court is satisfied that the applicant is a parent of the child, the Court may terminate the permanent guardianship agreement and do any one or more of the following:

(a) declare the applicant to be a parent of the child;

(b) appoint the applicant as a guardian of the child if the Court is satisfied that

(i) the applicant is capable of assuming and willing to assume the responsibilities of guardianship of the child, and

(ii) it is in the best interests of the child that the applicant be appointed a guardian;

(c) direct that the child be placed in the custody of any guardian of the child if the Court is satisfied that

(i) the guardian is capable of assuming and willing to assume the custody of the child, and

(ii) it is in the best interests of the child that the guardian assume the custody of the child.

(6) If the Court makes an order under subsection (5),

(a) the guardianship of any person who was a guardian of the child before the permanent guardianship agreement was entered into is revived,

(b) the guardianship of the child by the director is terminated, and

(c) if a person is appointed as a guardian under subsection (5)(b), that person is an equal guardian of the child with any other guardian of the child.

(7) If the Court makes an order under subsection (5)(b), it may make a further order terminating the guardianship of any other guardian of the child if

(a) the Court is satisfied that the other guardian of the child consents to the termination, or

(b) the Court considers it necessary or desirable to do so.

(8) An order made under this section does not come into effect until the applicant serves the director with a copy of the order.

1988 c15 s9

Access agreements

14(1) A director may enter into an agreement in the prescribed form with

(a) a guardian of a child who is the subject of a temporary guardianship order, or

(b) any person who has a significant relationship with a child who is the subject of a temporary guardianship order.

(2) The agreement may include the following:

(a) the visits or other access to be provided between the child and the guardian or any other person with whom the child has a significant relationship;

(b) the conditions, if any, under which the director will consult with the guardians on matters affecting the child;

(c) repealed 2003 c16 s17;

(d) any other matter relating to the guardianship of the child.

(3) No agreement under subsection (1)(b) relating to a child who is 12 years of age or older shall be made without the consent of the child.

RSA 2000 cC-12 s14;2003 c16 s17

Minor parent

15 Any agreement entered into under this Act by a person under 18 years of age is as valid as if that person had attained the age of 18.

1984 cC-8.1 s13

Division 3
Court Orders

Supervision order application

16(1) A director may apply to the Court in the prescribed form for an order under section 28 authorizing the director to provide supervision of the child and the persons with whom the child resides if, in the opinion of the director,

(a) the child is in need of intervention,

(b) supervision of the child and the persons with whom the child resides is necessary to ensure that the survival, security or development of the child is protected, and

(c) there are reasonable and probable grounds to believe that the child's survival, security or development will be adequately protected as a result of the supervision.

(2) If a director applies under subsection (1), the director shall include with the application recommendations with respect to the terms of the proposed supervision.

RSA 2000 cC-12 s16;2003 c16 s115

Temporary guardianship application

17 A director may apply in the prescribed form to the Court for a temporary guardianship order under section 31 in respect of a child if, in the opinion of the director,

(a) the child is in need of intervention, and

(b) the survival, security or development of the child cannot be adequately protected if the child remains with the child's guardian,

but it can be anticipated that within a reasonable time the child may be returned to the custody of the child's guardian or, if the child is 16 years of age or older, the child will be able to live independently.

RSA 2000 cC-12 s17;2003 c16 s115

Permanent guardianship application

18(1) A director may make an application in the prescribed form to the Court for a permanent guardianship order under section 34 in respect of a child if, in the opinion of the director,

(a) the child is in need of intervention or is the subject of a temporary guardianship order,

(b) the survival, security or development of the child cannot adequately be protected if the child remains with or is returned to a guardian other than the director, and

(c) it cannot reasonably be anticipated that the child could or should be returned to the custody of the child's guardian within a reasonable period of time.

(2) Repealed 2003 c16 s19.

RSA 2000 cC-12 s18;2003 c16 s115

Apprehension order

19(1) If a director has reasonable and probable grounds to believe that a child is in need of intervention, the director may make an ex parte application to a judge of the Court, or if no judge is reasonably available, to a justice of the peace, for an order

(a) authorizing the director to apprehend the child, or

(b) if the judge or justice is satisfied that the child may be found in a place or premises, authorizing the director or any person named in the order and any peace officer called on for assistance, to enter, by force if necessary, that place or premises and to search for and apprehend the child.

(2) If

(a) a child who is in the custody of a director under Division 2 or this Division has left or been removed from the custody of the director without the consent of the director, and

(b) the director has reasonable and probable grounds to believe that the child may be found in a place or premises,

the director may make an ex parte application to a judge of the Court or, if no judge is reasonably available, to a justice of the peace, for an order under subsection (3).

(3) A judge of the Court or a justice of the peace, if satisfied on reasonable and probable grounds that the child may be found in the place or premises, may make an order authorizing the director or any person named in the order and any peace officer called on for

assistance, to enter, by force if necessary, the place or premises specified in the order and to search for and remove the child for the purpose of returning the child to the custody of the director.

(4) If a director has reasonable and probable grounds to believe that a child referred to in subsection (2) may be found in a place or premises and that the life or health of the child would be seriously and imminently endangered as a result of the time required to obtain an order under subsection (3) or (5), the director may, without an order and by force if necessary, enter that place or those premises for the purposes specified in subsection (3).

(5) If, in the opinion of the director, it would be impracticable to appear personally before a judge or justice of the peace to apply for an order in accordance with subsection (1) or (2), the director may make the application by telephone or other means of telecommunication to a judge of the Court or a justice of the peace.

(6) The information on which an application for an order by telephone or other means of telecommunication is based shall be given on oath and shall be recorded verbatim by the judge or justice who, as soon as practicable, shall cause the record or a transcription of the record, certified by the judge or justice as to time, date and contents, to be filed with the clerk of the Court.

(7) For the purposes of subsection (6), an oath may be administered by telephone or other means of telecommunication.

(8) The information submitted by telephone or other means of telecommunication shall include the following:

(a) a statement of the circumstances that make it impracticable for the director to appear personally before a judge of the Court or a justice of the peace;

(b) the identity of the child, if known;

(c) with respect to an application under subsection (1), a statement setting out the director's grounds for believing that the child is in need of intervention;

(d) with respect to an application under subsection (2), a statement setting out the authority under which the director has custody of the child and the director's grounds for believing that the child may be found in the place or premises;

(e) a statement of the director's grounds for believing that the child will be found in the place or premises to be searched;

(f) a statement as to any prior application for an order under this section in respect of the same child of which the director has knowledge.

(9) A judge of the Court or a justice of the peace referred to in subsection (5) who is satisfied that an application made by telephone or other means of telecommunication

(a) conforms to the requirements of subsection (8), and

(b) discloses reasonable grounds for dispensing with personal appearance for the purpose of making an application under subsection (1) or (2)

may make an order conferring the same authority respecting search and apprehension as may be conferred under subsection (1) or (2).

(10) If a judge of the Court or a justice of the peace makes an order under subsection (9),

(a) the judge or justice shall complete and sign an order in the prescribed form, noting on its face the time, date and place at which it was made,

(b) the director, on the direction of the judge or justice, shall complete, in duplicate, a facsimile of the order in the prescribed form, noting on its face the name of the judge or justice making the order and the time, date and place at which it was made, and

(c) the judge or justice shall, as soon as practicable after the order has been made, cause the order to be filed with the clerk of the Court.

(11) An order made by telephone or other means of telecommunication is not subject to challenge by reason only that the circumstances were not such as to make it reasonable to dispense with personal appearance for the purpose of making an application under subsection (1).

(12) Notwithstanding subsection (1), a director or peace officer may apprehend a child without an order if the director or peace officer has reasonable and probable grounds to believe that the child's life or health is seriously and imminently endangered because

(a) the child has been abandoned or lost or has no guardian,

(b) the child has left the custody of the child's guardian without the consent of the guardian and, as a result, the guardian is unable to provide the child with the necessities of life, or

(c) the child has been or there is substantial risk that the child will be physically injured or sexually abused.

(13) A person who is authorized to apprehend a child under subsection (12) and who has reasonable and probable grounds to believe that the child may be found in a place or premises may, without an order and by force if necessary, enter that place or those premises and search for the child.

(14) Notwithstanding subsection (1), a director or peace officer may apprehend a child without an order if the director or peace officer has reasonable and probable grounds to believe that the child has left or been removed from the custody of the child's guardian without the consent of the guardian.

RSA 2000 cC-12 s19;2002 c9 s3;2003 c16 s20;2008 c31 s6

Apprehension in another province

19.1 If a child who is ordinarily resident in Alberta is apprehended in another province under the authority of that province's child welfare legislation and placed in the custody of a director by that province's child welfare authorities, the child is deemed to be apprehended under section 19 effective on the day the child is so placed.

2002 c9 s4

Notice of apprehension

20(1) If a child has been apprehended, the director shall notify the guardian of the child forthwith

(a) that the child has been apprehended,

(b) of the intention, if any, of the director to confine the child pursuant to section 43.1(1), and

(c) of the intention, if any, of the director to apply for an order pursuant to section 43.1(3).

(2) Notice under subsection (1) may be by any method and may be oral or in writing.

(3) Notice under subsection (1) shall include a statement of the reasons for the apprehension and the telephone number of the nearest office of the Legal Aid Society of Alberta.

(4) The validity of proceedings under this Act is not affected if the director is unable, after reasonable effort, to give notice in accordance with this section.

RSA 2000 cC-12 s20;2003 c16 s21

Court application after apprehension

21(1) If a child is apprehended under section 19 and is not, within 2 days after being apprehended, returned to the custody of the child's guardian or, in the case of a child who is ordinarily resident in another province, placed in the custody of the child welfare authorities of that other province, the director shall apply to the Court in the prescribed form for

(a) a supervision order,

(b) a temporary or permanent guardianship order,

(c) an order returning the child to the custody of the child's guardian, or

(d) in the case of a child who is ordinarily resident in another province, an order placing the child in the custody of the child welfare authorities of that other province.

(2) Repealed RSA 2000 c26(Supp) s11.

(3) An application under subsection (1) shall be heard not more than 10 days after the child is apprehended.

(3.1) Despite section 23(4), notice of an application under subsection (1) shall be served at least 2 days before the date fixed for the hearing.

(4) If

(a) a child is returned to the custody of the child's guardian or placed in the custody of the child welfare authorities of the province in which the child is ordinarily resident, or

(b) a family enhancement agreement or custody agreement is entered into in respect of the child,

before the expiration of the period referred to in subsection (3), the application under subsection (1) may be withdrawn at the time and place scheduled for the hearing of the application.

(5) to **(10)** Repealed 2003 c16 s22.

(11) The Court, on hearing an application under this section, may

(a) if it is not satisfied that the child is in need of intervention, order the director to return the child to the custody of the child's guardian, or

(b) if it is satisfied that the child is in need of intervention, make any order with respect to the child that it may make under this Division.

RSA 2000 cC-12 s21;RSA 2000 c26(Supp) s11; 2002 c9 s5;2003 c16 ss22,115;2005 c28 s2

Initial custody

21.1(1) If a director makes an application to the Court under section 21(1)(b) for a temporary guardianship order or permanent guardianship order, the director must also apply for an order for custody of the child until the application for a temporary guardianship order or for a permanent guardianship order is withdrawn or disposed of.

(2) On hearing a custody application under subsection (1), the Court must

(a) order the child into the custody of a director, or

(b) order that the child be returned to the custody of the child's guardian

until the director's application for a temporary guardianship order or a permanent guardianship order is withdrawn or disposed of.

(3) If an order is made under subsection (2)(a), the Court may

(a) include terms for access to be provided between the child and the guardian or any other person with whom the child has a significant relationship, and

(b) require an assessment of the child and of the child's guardian and any other person who may be given custody of the child when the application for a temporary guardianship order is disposed of.

(4) Despite section 26, an application under subsection (1)

(a) is summary in nature, and

(b) may be adjourned for a period of no more than 14 days at a time unless the parties agree to a longer adjournment; however, the total adjournment period under this clause shall not exceed 42 days.

(5) If the Court adjourns a hearing under subsection (4), it must make an interim order providing for the custody of the child, and the order may include terms respecting access to the child.

(5.1) The Court may hear an application for an adjournment under subsection (4) by videoconference if the Court is satisfied that it is proper to do so.

(6) Repealed 2008 c31 s7.

2003 c16 s23;2004 c16 s5;2008 c31 s7;2014 c13 s16

Custody on apprehension

22 If a child has been apprehended, a director has exclusive custody of the child and is responsible for the child's care, maintenance and well-being until the director has returned the child to the custody of the child's guardian or an application under section 21 has been disposed of.

RSA 2000 cC-12 s22;2002 c9 s6;2003 c16 s24

Health care on apprehension

22.1(1) If the guardian of a child who has been apprehended is unable or unavailable to consent to the provision of essential medical, surgical, dental or other remedial treatment for the child that is recommended by a physician or dentist, a director may authorize the provision of any recommended treatment for the child.

(2) If the guardian of a child who has been apprehended refuses to consent to essential medical, surgical, dental or other remedial treatment for the child that is recommended by a physician or dentist, the director must apply to the Court for an order authorizing the treatment.

(3) Despite section 23(4), notice of the date, time and place at which an application under subsection (2) is to be heard must be served not less than one day before the date fixed for the hearing.

(4) A director may make an application by telephone or other means of telecommunication to a judge of the Court in accordance with section 19(5) to (10), in which case section 19(11) applies to the order.

(5) If it is satisfied that the treatment is in the best interests of the child, the Court may authorize the treatment notwithstanding that the guardian of the child refuses to consent to the treatment.

(6) If the Court authorizes treatment under this section, the authorization extends to the conclusion of the course of treatment

unless the Court orders otherwise, even if a director ceases to have custody or guardianship of the child.

(7) If a child is treated pursuant to an order under this section, no liability attaches to the person treating the child by reason only that the guardian of the child did not consent to the treatment.

2003 c16 s25

Health care under guardianship

22.2(1) If a child who is the subject of a temporary guardianship order or a permanent guardianship agreement or order refuses to consent to essential medical, surgical, dental or other remedial treatment that is recommended by a physician or dentist, the director must apply to the Court for an order authorizing the treatment.

(2) Despite section 23(4), notice of the date, time and place at which an application under subsection (1) is to be heard must be served not less than one day before the date fixed for the hearing.

(3) If the Court authorizes treatment under this section, the authorization extends to the conclusion of the course of treatment unless the Court orders otherwise, even if a director ceases to have guardianship of the child.

(4) If a child is treated pursuant to an order under this section, no liability attaches to the person treating the child by reason only that the child did not consent to the treatment.

2003 c16 s25

Notice of application

23(1) Notice of the nature, date, time and place of every hearing under this Division shall be served by the applicant on

(a) all the guardians of the child,

(b) a director, if the applicant is not a director,

(c) the child, if the child is 12 years of age or older,

(d) a foster parent of the child, if the child was in the continuous care of that foster parent for more than 6 months immediately preceding the application, and

(e) any other person in whose care the child was when the child was apprehended, if the child was in the continuous care of that person for more than 6 months immediately preceding the application.

(2) Notice under subsection (1) shall be served personally on

(a) all the guardians of the child, and

(b) the child, if the child is 12 years of age or older.

(3) Notice under subsection (1) may be served by mail on

(a) a director,

(b) a foster parent, and

(c) a person in whose care the child was when the child was apprehended.

(4) Notice under subsection (1) shall be served at least 5 days before the date fixed for the hearing.

(5) If the Court is satisfied that it is proper to do so, the Court, on the ex parte application of the applicant at any time before the time fixed for the hearing, may do any of the following:

(a) authorize service ex juris, service by registered mail or any other form of substitutional service;

(b) if an order is made under clause (a), extend or reduce the time within which service may be effected;

(c) if an order is made under clause (a), extend the time within which a hearing shall be held;

(d) authorize service on a guardian appointed under the *Adult Guardianship and Trusteeship Act* in respect of the guardian of a child instead of on the guardian of the child;

(e) authorize the giving of a shorter period of notice;

(f) dispense with service on any person other than the director.

(6) Whether or not authorization has been given under subsection (5), the Court may do any of the following at the time of the hearing:

(a) approve service made in a form it considers adequate in the circumstances;

(b) approve a shortened period as sufficient notice;

(c) dispense with service on any person other than the director.

RSA 2000 cC-12 s23;2003 c16 s26;2008 cA-4.2 s122

Exclusion from hearing

24(1) Subject to subsection (2), if the Court is satisfied that

(a) the evidence or information presented to the Court may be seriously injurious or seriously prejudicial to the child who is the subject of a hearing under this Division or to a child who is a witness at a hearing under this Division, or

(b) it would be in the interest of public morals, the maintenance of order or the proper administration of justice to exclude any or all members of the public from the courtroom,

the Court may exclude any person including a guardian of the child or the child from all or part of the proceedings if the Court considers that person's presence to be unnecessary to the conduct of the proceedings.

(2) The Court may not exclude a director or a lawyer representing any of the parties.

(3) At the outset of a hearing under this Division, the Court shall inform the parties of their right to make an application under subsection (1) to exclude persons.

RSA 2000 cC-12 s24;2003 c16 ss26.1,115;
2004 c16 s6

25 Repealed 2003 c16 s27.

Adjournments

26(1) The Court may adjourn a hearing under this Division for a period of not more than 42 days or for any longer period that the Court, in its discretion, directs.

(2) If the Court adjourns a hearing, the Court must make an interim order in respect of the child who is the subject of the hearing providing for the custody of or access to the child during the adjournment.

(3) This section does not apply to the adjournment of a hearing under section 21.1.

RSA 2000 cC-12 s26;2003 c16 ss28,115;2008 c31 s8

General powers of Court

27 After a hearing under this Division, the Court may make any order it has jurisdiction to make under this Division or Division 4 if it is satisfied as to the appropriateness of that order notwithstanding that it is not the order applied for.

RSA 2000 cC-12 s27;2003 c16 s29

Supervision order

28(1) The Court may make a supervision order for a period of not more than 6 months if it is satisfied that

(a) a child is in need of intervention, and

(b) mandatory supervision of the child and a person residing with the child and the compliance by that person with the terms of the order are necessary to adequately protect the survival, security or development of the child.

(2) The Court shall consider the recommendations of the director with respect to the terms of the supervision before making an order under this section.

(3) A supervision order shall

(a) require that a director supervise the child within the residence of the child, and

(b) set out reasonable terms in respect of

(i) the frequency of visits at the residence by a director,

(ii) the assessment or treatment of the child or any person residing with the child, and

(iii) any other terms that the Court considers necessary.

RSA 2000 cC-12 s28;2003 c16 ss30,115

Breach of supervision order

29(1) If, on an application by a director in the prescribed form, the Court is satisfied that a guardian or other person residing with a child has failed to comply with a term of a supervision order, the Court may, without hearing any further evidence as to the child's need for intervention,

(a) renew, vary or extend the supervision order, or

(b) make a temporary guardianship order or a permanent guardianship order in respect of the child.

(2) Section 23 applies to the service of notice of the time and place of the hearing of an application under subsection (1).

RSA 2000 cC-12 s29;2003 c16 s31

Restraining order

30(1) If a child has been apprehended under section 19 or is the subject of a supervision order or a temporary or permanent guardianship order and a director has reasonable and probable

grounds to believe that a person has physically or emotionally injured or sexually abused the child, or is likely to physically or emotionally injure or sexually abuse the child or has encouraged or is likely to encourage the child to engage in prostitution, the director may apply to the Court of Queen's Bench for either or both of the following orders:

(a) an order restraining that person from residing with the child;

(b) an order restraining that person from contacting the child or associating in any way with the child.

(2) The Court of Queen's Bench may make an order under this section for periods of not more than 6 months each.

(3) If the Court of Queen's Bench makes an order under this section restraining a parent of the child, the Court may make a further order prescribing the contributions, financial or otherwise, to be made by that parent for the maintenance of the child.

(4) A person who is restrained under a restraining order may apply to the Court of Queen's Bench for a review of the order.

(5) On hearing an application under subsection (4), the Court of Queen's Bench may continue, vary or terminate the order.

RSA 2000 cC-12 s30;2009 c53 s35

Temporary guardianship order

31(1) The Court may make an order appointing a director as a guardian of a child if it is satisfied that

(a) the child is in need of intervention, and

(b) the survival, security or development of the child may not be adequately protected if the child remains with the child's guardian,

but it can be anticipated that within a reasonable time the child may be returned to the custody of the child's guardian or, if the child is 16 years of age or older, the child will be able to live independently.

(2) If the Court makes an order under subsection (1), the director becomes a joint guardian with any other guardian of the child and, subject to any order under subsection (4), may exercise all of the authority of a guardian of the child to the exclusion of any other guardian except with respect to a proceeding under Part 2, Division 1.

(3) Repealed 2003 c16 s32.

(4) On making a temporary guardianship order or at any time during its term, the Court, on the application of a director, a guardian of the child, the child if the child is 12 years of age or older or any other person with whom the child has a significant relationship, may, on being satisfied that the matter cannot be resolved by agreement or the terms of an agreement have not been complied with, and on considering the recommendations of the director, make an order prescribing

(a) the access to be provided between the child and a guardian or any other person with whom the child has a significant relationship,

(b) the conditions under which the director must consult with the guardian on matters affecting the child,

(c) if recommended by a director, participation by the child or the guardian or both in treatment or remedial programs, and

(d) any other terms that the Court considers necessary.

(5) No order under subsection (4)(a) providing for access between a child who is 12 years of age or older and a person with whom the child has a significant relationship shall be made without the consent of the child.

(6) An order under this section may provide that a guardian, other than the director, or any person who will have custody of the child shall, prior to the expiration of the temporary guardianship order, submit to an assessment in order to assist the director or the Court, as the case may be, to determine the fitness of the guardian or other person to assume the custody of the child when the order expires or is terminated.

(7) The Court shall consider the recommendations of the director in respect of an assessment before making an order under subsection (6).

RSA 2000 cC-12 s31;2003 c16 s32;2004 c16 s7

31.1 and **31.2** Repealed 2003 c16 s33.

Review of supervision or temporary guardianship order

32(1) If a child is the subject of a supervision order or a temporary guardianship order and the appeal period with respect to the order has expired,

(a) a director, at any time during the term of the order, or

(b) a guardian of the child or the child if the child is 12 years of age or older, once during the term of the order,

may apply to the Court in the prescribed form for an order renewing, varying or terminating the original order or for a new order under section 28, 31 or 34.

(2) On reviewing an order under this section, the Court may consider any matter it thinks is relevant, and shall consider the following:

(a) whether the circumstances that caused the child to be in need of intervention have changed;

(b) the intervention services that have been provided to the child or the family of the child;

(c) repealed 2008 c31 s9;

(d) whether a guardian, other than the director, has complied with the order.

(3) Unless it is satisfied that it would be in the best interests of the child to order otherwise, the Court shall, despite section 33, extend the period of the original order pending the disposition of the application under this section.

RSA 2000 cC-12 s32;2003 c16 s34;2008 c31 s9

Total cumulative time in the care of a director

33(1) For the purposes of this section, a child is in the care of a director when the child is the subject of one or more of the following:

(a) a custody agreement under section 9 or 57.2(2);

(b) a custody order under section 21.1(2)(a);

(c) a temporary guardianship order under subsection (3) or section 29(1)(b) or 31;

(d) an extension of a temporary guardianship order under section 32(3);

(e) an interim order granting custody to a director under section 26(2).

(2) The total cumulative time during which a child is in the care of a director shall not exceed

(a) 9 months if the child is under the age of 6 years, or

(b) 12 months if the child is 6 years of age or older, or if the child attains the age of 6 years while in the care of a director.

(3) If the total cumulative time during which a child is in the care of a director reaches the maximum set out in subsection (2) in respect of that child, the Court may, notwithstanding subsection (2), make one temporary guardianship order for one period of not more than 6 months if the Court is satisfied that

(a) there are good and sufficient reasons to do so, and

(b) it can be anticipated that the child may be returned to the custody of the child's guardian within the period of the order.

(4) The following shall not be included in a calculation under subsection (2):

(a) if a period of at least 5 years passes during which a child is not in the care of a director or the subject of a permanent guardianship agreement or order, any time the child was in the care of a director that preceded that period;

(b) if a child is the subject of an adoption order or a private guardianship order, any time the child was in the care of the director that preceded the date that order was made.

(5) Despite subsection (2), if the Court adjourns a hearing of an application for permanent guardianship, the Court shall make an interim order granting custody of the child to a director pending the disposition of the application unless it is satisfied that it would be in the best interests of the child to order otherwise.

(6) An order under subsection (5) may provide for access to the child.

RSA 2000 cC-12 s33;2003 cF-5.3 s12; 2003 c16 s35; 2004 c16 s8;2005 c28 s2;2008 c31 s10;2009 c48 s2

Permanent guardianship order

34(1) The Court, on application pursuant to this Division by a director, may make a permanent guardianship order appointing the director as guardian of the child if it is satisfied that

(a) the child is in need of intervention or is the subject of a temporary guardianship order,

(b) the survival, security or development of the child cannot adequately be protected if the child remains with or is returned to the child's guardian, and

(c) it cannot be anticipated that the child could or should be returned to the custody of the child's guardian within a reasonable time.

(2), **(3)** Repealed 2003 c16 s36.

(4) If the Court makes a permanent guardianship order, the director is the sole guardian of the person of the child and the Public Trustee is the sole trustee of the estate of the child.

(5) A director shall, on request, send the Public Trustee a copy of the permanent guardianship order.

(6), **(7)** Repealed 2003 c16 s36.

(8) On making a permanent guardianship order or at any time during its term, the Court, on the application of a director, a former guardian of the child, the child if the child is 12 years of age or older or any other person with whom the child has a significant relationship, may make an order prescribing the access to be provided between the child and the former guardian or that other person.

(9) No order under subsection (8) relating to a child who is 12 years of age or older shall be made without the consent of the child.

(10) A director may enter into an agreement in the prescribed form with

(a) a former guardian of a child who is the subject of a permanent guardianship order, or

(b) any person who has a significant relationship with a child who is the subject of a permanent guardianship order

providing for visits or other access to be provided between the child and the former guardian or other person.

(11) No agreement under subsection (10)(b) relating to a child who is 12 years of age or older shall be made without the consent of the child.

(12) The Court shall not make an order under subsection (8) unless it is satisfied that the access provided by the order will not interfere with the adoption of the child.

(13) If an order is made under subsection (8), a director, the child if the child is 12 years of age or older, or the person to whom access is provided in the order may apply to the Court for a review of the order.

(14) On hearing an application under subsection (13), the Court may continue, vary or terminate the original order.

RSA 2000 cC-12 s34;2003 c16 ss36,115

Report on guardianship

34.1 A director must, with respect to each child who is the subject of a permanent guardianship agreement or order for one year or more, report to the Minister in the manner required by the regulations regarding the plan for a permanent placement for that child.

2003 c16 s37

Termination of permanent guardianship agreement or order

35(1) If a child is the subject of a permanent guardianship agreement or order, the director, if the director is satisfied that the child should be returned to the guardianship of the person who was the guardian of the child before the agreement or order was made, may apply to the Court for an order terminating the permanent guardianship agreement or order.

(1.1) If a permanent guardianship agreement or order is terminated pursuant to subsection (1), the person, other than a director, who was the guardian immediately before the permanent guardianship agreement or order was made is the guardian of the child unless the Court orders otherwise.

(2) Repealed 2003 c16 s39.

RSA 2000 cC-12 s35;2003 c16 s38

Application by former guardian

35.1(1) If a child is the subject of a permanent guardianship order, a person who was the child's guardian immediately before the permanent guardianship order was made may apply to the Court for an order terminating the permanent guardianship order if, at the time the application is made,

(a) the child has not been adopted,

(b) more than one year has elapsed since the period for appealing the permanent guardianship order expired or, if the permanent guardianship order was appealed, since the appeal was disposed of, and

(c) more than 2 years has elapsed since the last application brought by the applicant under this section, if any, was disposed of.

(2) On hearing an application under subsection (1), the Court may

(a) terminate the permanent guardianship order and appoint the applicant as a guardian of the child if the Court is satisfied that

(i) the applicant is capable of assuming and willing to assume the responsibilities of guardianship of the child, and

(ii) it is in the best interests of the child that the applicant be appointed a guardian,

(b) make a supervision order in conjunction with an order described in clause (a), or

(c) dismiss the application.

2013 cC-12.5 s9(24)

36 and **37** Repealed 2003 c16 s39.

Parents' marriage

38 If a child is the subject of a permanent guardianship order and subsequently the biological mother and biological father of that child marry each other, the biological father of the child is deemed to have been given or served with all notices required to be given to or served on a guardian of the child before the date of the marriage.

RSA 2000 cC-12 s38;2010 c16 s1(42)

Right to custody

39 A supervision order and the right of a director to the custody of a child when the child is in the custody of a director or the child is the subject of a temporary or permanent guardianship order or a permanent guardianship agreement takes precedence over the rights given by any order not made under this Act respecting custody, access, contact, parenting time or the child's place of residence, whether that order

(a) was granted to a person who is a party to the proceedings under this Act or not, or

(b) was granted before or after

(i) the child came into the custody of a director,

(ii) the making of the supervision order or the temporary or permanent guardianship order, or

(iii) the execution of the permanent guardianship agreement.

RSA 2000 cC-12 s39;2003 c16 s39.1;2004 c16 s9

Duration of order

40(1) A temporary guardianship order remains in effect until

(a) the order expires or is terminated by a court,

(a.1) a private guardianship order is made in respect of the child,

(b) the child attains the age of 18 years, or

(c) the child marries,

whichever occurs first.

(2) A permanent guardianship agreement or order remains in effect until

(a) the agreement or order is terminated by a court,

(b) a private guardianship order is made in respect of the child,

(c) an adoption order is made in respect of the child,

(d) the child attains the age of 18 years, or

(e) the child marries,

whichever occurs first.

RSA 2000 cC-12 s40;2003 c16 s40

41 Repealed 2003 c16 s41.

Death of child

42(1) When a child who is the subject of a permanent guardianship agreement or order dies, the director may

(a) consent to an autopsy of the body of the child, and

(b) arrange for the burial or other disposition of the body of the child.

(2) When a child who is the subject of a temporary guardianship order dies, the director may arrange for the burial or other disposition of the body of the child if

(a) the director is unable after making reasonable efforts to locate the other guardian of the child within a reasonable time, or

(b) the other guardian of the child is unable to pay for the burial or other disposition of the body of the child.

1984 cC-8.1 s40;1988 c15 s45

Division 4
Secure Services

43 Repealed 2003 c16 s43.

Secure services certificate

43.1(1) Subject to subsection (2), if a child

(a) other than a youth who is the subject of a custody agreement under section 57.2(2), is in the custody of a director,

(b) is the subject of a supervision order, temporary guardianship order or permanent guardianship agreement or order, or

(c) is the subject of a family enhancement agreement under section 8,

and a director has reasonable and probable grounds to believe that

(d) the child is in a condition presenting an immediate danger to the child or others,

(e) it is necessary to confine the child in order to stabilize and assess the child, and

(f) less intrusive measures are not adequate to sufficiently reduce the danger,

the director may issue a secure services certificate in the prescribed form, and on issuing it the director may convey the child, and may detain the child while the child is being conveyed, to a secure services facility and may confine the child in a secure services facility.

(2) A director may not issue a secure services certificate respecting a child who is the subject of a supervision order, a custody agreement under section 9 or a family enhancement agreement under section 8 without the written consent of the guardian.

(3) If a director confines a child pursuant to subsection (1),

(a) the director must appear before the Court within 3 days after the confinement to show cause why the certificate was issued, and

(b) the director may also apply in the prescribed form for a secure services order in respect of the child for a further period of not more than 7 days if it is necessary

(i) to stabilize the child, or

(ii) to assess the child and prepare a plan for services in the prescribed form.

(3.1) The Court may hear a show cause or application for a secure services order under subsection (3) by videoconference if the Court is satisfied that it is proper to do so.

(3.2) If in the opinion of the director it would be impracticable to appear personally before a judge or justice of the peace

(a) to show cause in accordance with subsection (3)(a), or

(b) to apply for an order in accordance with subsection (3)(b),

the director may show cause or make the application to a judge of the Court by telephone or other means of telecommunication in accordance with section 43.2.

(4) If a director confines a child pursuant to subsection (1), the director must serve on the child and on the guardian, if the guardian consented to the issuing of the secure services certificate, not more than one day after the certificate is issued

(a) a copy of the secure services certificate showing the reason for confinement and the duration of the certificate,

(b) a notice of the date, time and place at which the appearance to show cause under subsection (3)(a) will be held, and

(c) an application, if any, for a further period of confinement under subsection (3)(b).

(5) A secure services certificate or order is sufficient authority for any person to confine the child in a secure services facility.

(6) An application pursuant to subsection (3) may be heard by a judge of the Court, a judge of the Court of Queen's Bench or a justice of the peace.

(7) The judge or justice of the peace that hears an application pursuant to subsection (3) may make a secure services order in respect of a child for a period of not more than 7 days if the judge or justice of the peace is satisfied that a further period of confinement is necessary

(a) to stabilize the child, or

(b) to assess the child and prepare a plan for services.

(8) If a judge or justice of the peace makes a secure services order under subsection (7), a director must

(a) serve a copy of the secure services order on the child not more than one day after it is granted, and

(b) notify a guardian of the child forthwith by any method, orally or in writing.

2003 c16 s44;2004 c16 s10;2008 c31 s11

Application for secure services order by telecommunication

43.2(1) If the director shows cause or makes an application under section 43.1 by telephone or other means of telecommunication, the information on which the application or show cause is based shall be given on oath and shall be recorded verbatim by a judge of the Court who, as soon as practicable, shall cause the record or a transcription of the record, certified by the judge as to time, date and contents, to be filed with the clerk of the Court.

(2) For the purposes of subsection (1), an oath may be administered by telephone or other means of telecommunication.

(3) The information submitted by telephone or other means of telecommunication must include a statement of the circumstances that make it impracticable for the director to appear personally before a judge of the Court or a justice of the peace.

(4) A judge of the Court referred to in subsection (1) may make an order under section 43.1 if the judge is satisfied that an application made by telephone or other means of telecommunication conforms to the requirements of subsection (3).

(5) If a judge of the Court makes an order pursuant to subsection (4),

(a) the judge shall complete and sign an order in the prescribed form, noting on its face the time, date and place at which it was made,

(b) the director, on the direction of the judge, shall complete, in duplicate, a facsimile of the order in the prescribed form, noting on its face the name of the judge making the order and the time, date and place at which it was made, and

(c) the judge shall, as soon as practicable after the order has been made, cause the order to be filed with the clerk of the Court.

(6) An order made by telephone or other means of telecommunication is not subject to challenge by reason only that the circumstances were not such as to make it reasonable to dispense with personal appearance for the purpose of making an application.

2008 c31 s12

Secure services order

44(1) If a child

(a) other than a youth who is the subject of a custody agreement under section 57.2(2), is in the custody of a director,

(b) is the subject of a supervision order, temporary guardianship order or permanent guardianship agreement or order, or

(c) is the subject of a family enhancement agreement under section 8,

the director may make an ex parte application to the Court for a secure services order.

(2) The Court may make a secure services order in respect of a child for a period of not more than 5 days if it is satisfied that

(a) the child is in a condition presenting an immediate danger to the child or others,

(b) it is necessary to confine the child in order to stabilize and assess the child, and

(c) less intrusive measures are not adequate to sufficiently reduce the danger.

(3) If the Court makes a secure services order under subsection (2), a director must

(a) serve a copy of the secure services order on the child not more than one day after it is granted, and

(b) notify a guardian of the child forthwith by any method, orally or in writing.

(4) Before the termination of the secure services order granted under subsection (2), a director may apply to the Court in the prescribed form for a continuation of the secure services order and

the Court may continue the secure services order for an additional period of not more than 5 days if further confinement is necessary

(a) to stabilize the child, or

(b) to assess the child and prepare a plan for services in the prescribed form.

(5) The director must serve the child and a guardian of the child with notice of the date, time and place of the hearing of an application under subsection (4) not less than one day before the hearing date of the application.

(6) If the Court is satisfied that it is proper to do so, the Court, on the ex parte application of the director, may, at any time before the time fixed for the hearing of an application under subsection (4), do any of the following:

(a) authorize service ex juris, service by registered mail or any other form of substitutional service;

(b) if an order is made under clause (a), extend or reduce the time within which service may be effected;

(c) if an order is made under clause (a), extend the time within which a hearing shall be held;

(d) authorize service on a guardian appointed under the *Dependent Adults Act* in respect of the guardian of a child instead of on the guardian of the child;

(e) authorize the giving of a shorter period of notice;

(f) dispense with service on any person.

(6.1) Whether or not authorization has been given under subsection (6), the Court may do any of the following at the time of the hearing of an application under subsection (4):

(a) approve service made in a form it considers adequate in the circumstances;

(b) approve a shortened period as sufficient notice;

(c) dispense with service on any person.

(7) A director must specify the secure services facility in which a child is to be confined pursuant to a secure services order.

(8) A secure services order is sufficient authority for any person to confine the child in a secure services facility.

(9) If the Court makes a secure services order, it shall

(a) inform the child of the reason for doing so,

(b) provide the child, the child's guardian and the child's lawyer, if any, with a copy of the order and a written statement showing

(i) the reasons for the confinement,

(ii) the period of the confinement and the date on which it terminates,

(iii) that the order may be reviewed or appealed on the application of the child, the child's guardian or a director,

(iv) that the child may obtain a copy of the form prescribed for making an application for a review from the person in charge of the secure services facility, and

(v) that the child may be represented by a lawyer at any application to the Court,

(vi) repealed 2008 c31 s13,

(c) provide the child with a written statement showing the address and telephone number of the Child and Youth Advocate, and

(d) provide the child's guardian with a written statement showing the address and telephone number of the nearest office of the Legal Aid Society.

RSA 2000 cC-12 s44;2003 c16 s45;2004 c16 s11; 2008 c31 s13

Renewal of section 43.1 and 44 orders

44.1(1) A secure services order granted under section 43.1 or 44 may be renewed in accordance with the application procedures of section 44, except subsection (4), on the application by a director in the prescribed form for a period of not more than 20 days.

(2) The total period of confinement of a child in a secure services facility under this section and sections 43.1 and 44 shall not exceed 30 consecutive days.

(3) Despite subsection (2), if the child ceases to be in the custody of a director or the subject of a supervision order, a temporary guardianship order, a permanent guardianship agreement or order or a family enhancement agreement under section 8, the confinement in the secure services facility terminates immediately.

2003 c16 s46;2004 c16 s12

Exclusion from proceedings

44.2(1) Subject to subsection (2), if the Court is satisfied that

(a) the evidence or information presented to the Court may be seriously injurious or seriously prejudicial to the child who is the subject of a hearing under this Division, or

(b) it would be in the interest of public morals, the maintenance of order or the proper administration of justice to exclude any or all members of the public from the courtroom,

the Court may exclude any person, including a guardian of the child or the child, from all or part of the proceedings if the Court considers that person's presence to be unnecessary to the conduct of the proceedings.

(2) The Court may not exclude a director or a lawyer representing any of the parties.

(3) At the outset of a hearing under this Division, the Court shall inform the parties of their right to make an application under subsection (1) to exclude persons.

2008 c31 s14

Secure treatment facility

45(1) A secure services certificate or order is sufficient authority for any peace officer or director to apprehend and convey the child named in it to the secure services facility specified by a director and to detain the child while the child is being conveyed to the secure services facility.

(2) On the issuing of a secure services certificate or order, the person in charge of the secure services facility specified by a director must admit the child to the secure services facility if the child is not already resident in that facility, and the person is responsible for ensuring that

(a) the child is provided with services to stabilize the child in accordance with the standards prescribed for such services in the regulations,

(b) any assessment required for the preparation of a plan for services for the child is undertaken, and

(c) the level of security provided to the child meets what is reasonably required for the confinement of the child.

RSA 2000 cC-12 s45;2003 c16 s47

Transfer

46 When the child named in a secure services certificate or order is in a secure services facility, a director may transfer the child to another secure services facility and the certificate or order is sufficient authority for any peace officer, director or member of the staff of the secure services facility to detain the child while the child is being transferred.

RSA 2000 cC-12 s46;2003 c16 s48

Leave of absence

47 During the term of a secure services certificate or order, a director may grant the child a leave of absence from the secure services facility for medical, humanitarian or rehabilitative reasons on any terms and conditions that the director considers necessary.

RSA 2000 cC-12 s47;2003 c16 s49

Search and apprehension order

48(1) When a child who is the subject of a secure services certificate or order

(a) leaves a secure services facility when no leave of absence has been granted, or

(b) leaves a secure services facility pursuant to a leave of absence and fails to return within the time permitted by the leave,

a director may apprehend and convey or authorize a peace officer or any other person to apprehend and convey the child, and to detain the child while the child is being conveyed, to a secure services facility.

(2) If a director has reasonable and probable grounds to believe that a child who is the subject of a secure services certificate or order

(a) has left a secure services facility when a leave of absence has not been granted, or

(b) has left a secure services facility pursuant to a leave of absence but has not returned within the time prescribed,

the director may make an ex parte application to a judge of the Court or, if no judge is reasonably available, to a justice of the peace, for an order authorizing the director or any person named in the order and any peace officer called on for assistance, to enter,

by force if necessary, any place or premises specified in the order, to search for, apprehend and convey the child to any secure services facility and to detain the child while the child is being conveyed to a secure services facility.

(3) The judge or justice may make an order under this section if the judge or justice is satisfied that the child may be found in the place or premises specified in the order.

(4) If, in the opinion of the director, it would be impracticable to appear personally before a judge or justice of the peace to apply for an order in accordance with subsection (2), the director may make the application by telephone or other means of telecommunication to a judge of the Court or a justice of the peace.

(5) The information on which an application for an order by telephone or other means of telecommunication is based shall be given on oath and shall be recorded verbatim by the judge or justice who, as soon as practicable, shall cause the record or a transcription of the record, certified by the judge or justice as to time, date and contents, to be filed with the clerk of the Court.

(6) For the purposes of subsection (4), an oath may be administered by telephone or other means of telecommunication.

(7) The information submitted by telephone or other means of telecommunication shall include the following:

(a) a statement of the circumstances that make it impracticable for the director to appear personally before a judge of the Court or a justice of the peace;

(b) a statement of the director's belief that the child is the subject of a secure services certificate or order and

(i) has left the secure services facility without a leave of absence, or

(ii) has not returned to the secure services facility within the time prescribed;

(c) a statement of the director's grounds for believing that the child will be found in the place or premises to be searched;

(d) a statement as to any prior application for an order under this section in respect of the same child of which the director has knowledge.

(8) A judge of the Court or a justice of the peace referred to in subsection (4) who is satisfied that an application made by telephone or other means of telecommunication

(a) conforms to the requirements of subsection (7), and

(b) discloses reasonable grounds for dispensing with personal appearance for the purpose of making an application under subsection (2)

may make an order conferring the same authority respecting search and apprehension as may be conferred under subsection (2).

(9) If a judge of the Court or a justice of the peace makes an order under subsection (8),

(a) the judge or justice shall complete and sign an order in the prescribed form, noting on its face the time, date and place at which it was made,

(b) the director, on the direction of the judge or justice, shall complete, in duplicate, a facsimile of the order in the prescribed form, noting on its face the name of the judge or justice making the order and the time, date and place at which it was made, and

(c) the judge or justice shall, as soon as practicable after the order has been made, cause the order to be filed with the clerk of the Court.

(10) An order made by telephone or other means of telecommunication is not subject to challenge by reason only that the circumstances were not such as to make it reasonable to dispense with personal appearance for the purpose of making an application under subsection (2).

(11) If a director or a peace officer or other person authorized under subsection (1) to apprehend a child has reasonable and probable grounds to believe that

(a) the child may be found in a place or premises, and

(b) the life or health of the child would be seriously and imminently endangered as a result of the time required to obtain an order under subsection (2) or (4),

the director, peace officer or other person may, without an order and by force if necessary, enter that place or those premises and search for and remove the child for the purpose of conveying the

child to a secure services facility and may detain the child while the child is being conveyed to a secure services facility.

RSA 2000 cC-12 s48;2002 c9 s7;2003 c16 s50; 2008 c31 s15

Review

49(1) A child with respect to whom a secure services order has been made, a guardian of the child or a director may apply to the Court in the prescribed form for a review of the order.

(2) An application for a review of a secure services order may be made

(a) by a director, at any time during the period of the order and the period of any renewal of the order, or

(b) by the child who is the subject of the secure services order or a guardian of the child, once during the period of the order and once during the period of any renewal of the order.

(3) The hearing of a review shall be held not more than 3 days after the application is filed with the Court or within any further period that the Court directs.

(4) If a director is not the applicant, the clerk of the Court shall notify a director of the application.

(5) The applicant shall send a notice of the date, time and place of the hearing of the review by the Court by registered mail or by any other method approved by the Court to

(a) the child,

(b) a guardian of the child if a director is not the guardian of the child, and

(c) the person in charge of the secure services facility in which the child is confined

not less than one day before the date fixed for the hearing.

(6) If the Court is satisfied that it is proper to do so, the Court, on the ex parte application of the director, may, at any time before the time fixed for the hearing, do any of the following:

(a) authorize service ex juris, service by registered mail or any other form of substitutional service;

(b) if an order is made under clause (a), extend or reduce the time within which service may be effected;

(c) if an order is made under clause (a), extend the time within which a hearing shall be held;

(d) authorize service on a guardian appointed under the *Dependent Adults Act* in respect of the guardian of a child instead of on the guardian of the child;

(e) authorize the giving of a shorter period of notice;

(f) dispense with service on any person.

(7) Whether or not authorization has been given under subsection (6), the Court may do any of the following at the time of the hearing:

(a) approve service made in a form it considers adequate in the circumstances;

(b) approve a shortened period as sufficient notice;

(c) dispense with service on any person.

RSA 2000 cC-12 s49; 2003 c16 s51;2004 c16 s13; 2008 c31 s16

Order of Court on review

50(1) After hearing an application for the review of a secure services order, the Court may make an order in accordance with section 44 confirming, varying or terminating the secure services order.

(2) An order made under subsection (1) shall not extend the period of the secure services order reviewed.

(3) The director shall provide the child, the child's guardian, the child's lawyer, if any, and the person in charge of the secure services facility in which the child is confined with a copy of the order made under subsection (1).

RSA 2000 cC-12 s50;2003 c16 s52;2008 c31 s17

Adjournment and extension of confinement

51(1) The Court may adjourn the hearing of an application under section 43.1, 44, 44.1 or 49

(a) with the consent of the parties to the application, or

(b) if the Court is satisfied that the adjournment is necessary in order to obtain evidence to assist the Court in determining

whether a secure services order should be made, or confirmed, varied or terminated.

(1.1) A justice of the peace may adjourn the hearing of an application under section 43.1(3) for a hearing before a judge of the Court

(a) with the consent of the parties to the application, or

(b) if the justice of the peace is satisfied that the adjournment is necessary in order to obtain evidence to assist in determining whether a secure services order should be issued.

(2) Unless it is satisfied that it would be in the best interests of the child to order otherwise, the Court shall in respect of a child who is confined under this Division extend the confinement pending the hearing of an application under section 44 or 44.1 or the hearing of a review under section 49, as the case may be.

(3) The number of days that the hearing of an application under section 43.1, 44, 44.1 or 49 is adjourned shall be included in a calculation of the duration of the order made at the hearing if the child is confined in the secure services facility during the adjournment.

RSA 2000 cC-12 s51;2003 c16 ss53,115;2004 c16 s14;
2005 c28 s2;2008 c31 s18

Division 5
Private Guardianship

Private guardianship

52(1) Any adult may apply to the Court in the prescribed form for a private guardianship order in respect of a child who is in the custody of a director or is the subject of a temporary guardianship order or a permanent guardianship agreement or order.

(1.1) An application under subsection (1) must include a home study report in the form required in the regulations prepared by a qualified person respecting

(a) the suitability of the applicant as a guardian,

(b) the ability and willingness of the applicant to assume the responsibility of a guardian with respect to the child, and

(c) whether it is in the best interests of the child that the applicant be appointed as a guardian of the child.

(1.2) If the child is the subject of a permanent guardianship agreement or order, the report required under subsection (1.1) must be prepared by a director.

(1.3) If an applicant has reason to believe that the child is an aboriginal child, the application under subsection (1) must include a cultural connection plan, made in accordance with the regulations, that addresses how the child's connection with aboriginal culture, heritage, spirituality and traditions will be fostered and the child's cultural identity will be preserved.

(2) A director may, on behalf of an applicant, make an application under subsection (1) if

(a) the applicant consents in writing, and

(b) the director is satisfied that it is in the best interests of the child for the child to be placed under the guardianship of the applicant.

(3) to **(5)** Repealed 2003 c16 s55.

RSA 2000 cC-12 s52;2003 c16 s55;2008 c31 s19

Notice

53(1) The applicant shall serve notice of the nature, date, time and place of the hearing of the application under section 52, a copy of the report described in section 52(1.1) and a copy of the cultural connection plan described in section 52(1.3) if one was required under that section, not less than 30 days before the date of the hearing on

(a) the guardian of the child,

(b) the child, if the child is 12 years of age or older, and

(c) a director, if a director is not the guardian.

(2) The Court may, if it considers it appropriate to do so,

(a) order that service of the notice of the application, the copy of the report described in section 52(1.1) and the copy of the cultural connection plan described in section 52(1.3) if one was required under that section, be made substitutionally or ex juris,

(b) shorten the period of service required under subsection (1), or

(c) dispense with service on any person other than the director.

RSA 2000 cC-12 s53;2003 c16 s56;2008 c31 s20

54 Repealed 2003 c16 s57

Consent to guardianship

55(1) A private guardianship order shall not be made without the consent in the prescribed form of

(a) the guardian of the child,

(b) the child, if the child is 12 years of age or older, and

(c) a director, if a director is not the guardian of the child.

(2) Notwithstanding subsection (1), the Court may make an order dispensing with the consent of

(a) the guardian of the child, other than the director,

(b) the child, or

(c) a director, unless a director is the guardian of the child,

if the Court is satisfied that it is in the best interests of the child to do so.

(3) A consent to guardianship executed in any province or territory in a form prescribed for consents in that province or territory is as good and sufficient as if it had been executed in the form prescribed under this Act.

RSA 2000 cC-12 s55;2003 c16 s58;2008 c31 s21

Private guardianship order

56(1) If the Court is satisfied that

(a) the applicant is able and willing to assume the responsibility of a guardian toward the child,

(b) it is in the best interests of the child, and

(c) the child has been in the continuous care of the applicant for a period of at least 3 months immediately prior to the hearing,

the Court may make a private guardianship order appointing the applicant as a guardian of the child.

(1.01) If it is satisfied that it is in the best interests of the child to do so, the Court may waive the requirement in subsection (1)(c).

(1.1) On making an order under subsection (1), the Court may include terms respecting custody of and contact with the child.

(1.2) On making an order under subsection (1) appointing a guardian of an aboriginal child, the Court shall advise the guardian of the guardian's obligations under section 57.01.

(2) The clerk of the Court shall provide a certified copy of an order made under subsection (1) to

(a) the applicant,

(b) any person who was a guardian of the child immediately before the making of the order,

(c) the child, if the child is 12 years of age or older, and

(d) a director, if a director was not the guardian of the child immediately before the making of the order.

RSA 2000 cC-12 s56;2003 cF-4.5 s114;2003 c16 s59; 2008 c31 s22

Financial assistance

56.1(1) A director may provide financial assistance in accordance with the regulations to a person who is made a private guardian of a child who was, at the time of making the private guardianship order, the subject of a permanent guardianship agreement or order.

(2) The director may review the financial assistance from time to time and may vary or terminate the financial assistance in accordance with the regulations.

2003 c16 s60;2008 c31 s23

Review of contact terms in order

56.2(1) If an order made under section 56 includes terms respecting contact with a child, the following may apply to the Court in the prescribed form for a review of those terms:

(a) the child, if the child is 12 years of age or older;

(b) a person who has been granted contact with the child under the order;

(c) a guardian of the child;

(d) a person who has a significant relationship with the child.

(2) The applicant shall send a notice of the date, time and place of the hearing of the review by the Court by registered mail or by any other method approved by the Court to

(a) the child, if the child is 12 years of age or older,

(b) a person who has been granted contact with the child under the order, if that person is not the applicant, and

(c) a guardian of the child

not less than 15 days before the date fixed for the hearing.

(3) The Court may, if it considers it appropriate to do so,

(a) order that service of the notice of the application be made substitutionally or ex juris,

(b) shorten the period of notice required under subsection (2), or

(c) dispense with service on any person.

(4) On hearing an application under subsection (1), the Court may continue, vary or terminate the terms respecting contact contained in the order.

2008 c31 s24

Effect of order

57(1) Notwithstanding Part 2 of the *Family Law Act*, for all purposes when a private guardianship order is made the applicant is a guardian of the child.

(2) Notwithstanding Part 2 of the *Family Law Act*, if the Court makes a private guardianship order, it may make a further order terminating the guardianship of any other guardian of the child if

(a) the Court is satisfied that the other guardian of the child consents to the termination, or

(b) for reasons that appear to it to be sufficient, the Court considers it necessary or desirable to do so.

(3) to **(5)** Repealed 2003 c16 s61.

RSA 2000 cC-12 s57;2003 cF-4.5 s113;2003 c16 s61

Private guardianship of aboriginal child

57.01 If a private guardianship order is made under section 56 appointing a guardian of an aboriginal child, that guardian shall

(a) take reasonable steps to comply with the cultural connection plan included in the application in respect of that child under section 52(1.3), and

(b) if the aboriginal child is an Indian,

(i) take reasonable steps on behalf of the child necessary for the child to exercise any rights the child may have as an Indian, and

(ii) inform the child of the child's status as an Indian as soon as, in the opinion of that guardian, the child is capable of understanding the child's status as an Indian.

2008 c31 s25

Termination of order

57.1(1) If a private guardianship order is made under this Division, a guardian whose guardianship is not terminated under section 57 may apply to the Court in the prescribed form to terminate the private guardianship order and, if the Court is satisfied that

(a) the applicant is capable of fully resuming and willing to fully resume the responsibilities of guardianship of the child, and

(b) it is in the best interests of the child to do so,

the Court may, subject to subsection (3), terminate the private guardianship order.

(2) If the Court terminates a private guardianship order, the applicant and any other person whose guardianship was not terminated under section 57 are the guardians of the child.

(3) No order shall be made under subsection (1) relating to a child who is 12 years of age or older without the consent of the child.

(4) Sections 53 and 55 apply to an application under this section, and the applicant must include a report described in section 52(1.1) in the application.

2003 c16 s62

Division 6
Agreements with Youths

Family enhancement, custody agreements

57.2(1) A director may enter into an agreement in the prescribed form with a youth with respect to the provision of services to the youth if the director is

(a) satisfied that the youth is living independently of the youth's guardian, and

(b) of the opinion that

(i) the youth is in need of intervention, and

(ii) as a result of the provision of services, the youth's survival, security or development will be adequately protected while the youth continues to live independently of the youth's guardian.

(2) Subject to section 33, a director may enter into a custody agreement in the prescribed form for terms of not more than 6 months each with a youth under which custody is given to the director if the director is

(a) satisfied that the youth is living independently of the youth's guardian, and

(b) of the opinion that

(i) the youth is in need of intervention, and

(ii) the survival, security and development of the youth can be adequately protected through the agreement.

(3) The terms of an agreement under this section must include

(a) in the case of a custody agreement, the visits or other access to be provided between the youth and the youth's guardian or any other person, and

(b) a plan of care, in the prescribed form, that addresses the youth's need for preparation for the transition to independence and adulthood.

2003 c16 s62

Post-18 care and maintenance

57.3 When a youth who is the subject of a family enhancement agreement under section 57.2(1), a custody agreement under section 57.2(2), a temporary guardianship order or a permanent guardianship agreement or order attains the age of 18 years, a director may continue to provide the person with support and financial assistance

(a) for the periods and the purposes, and

(b) on the conditions

prescribed in the regulations.

2003 c16 s62

Division 7
Child Support Agreements and Orders

Child support agreement

57.4(1) If

(a) a child is in the custody of a director or the subject of a temporary guardianship order or a permanent guardianship agreement or order, or

(b) a director has entered into an agreement with a child under section 57.2,

a director may enter into an agreement in the prescribed form with the parent of the child whereby the parent agrees to provide child support.

(2) An agreement for child support entered into under subsection (1) does not prevent the director from applying to the Court for an order under section 57.5.

2003 c16 s62;2004 c16 c15;2008 c31 s27

Child support order

57.5(1) If a child is in the custody of a director or the subject of a temporary guardianship order or a permanent guardianship agreement or order or if a director has entered into an agreement with the child under section 57.2, a director may apply in the prescribed form to the Court for an order requiring any or all of the parents of the child to provide child support.

(2) The Court on hearing an application under subsection (1) may make an order requiring a parent to provide child support.

(3) An order of the Court under subsection (2) may be retroactive in effect to the commencement of the child's being

(a) in the custody of a director,

(b) the subject of a temporary guardianship order or a permanent guardianship agreement or order, or

(c) the subject of an agreement under section 57.2.

(4) In making an order requiring a parent to provide child support for a child under this section, the Court may consider

(a) the income, earning capacity and other financial resources or benefits of the parent, and

(b) the child support guidelines made or adopted under the *Family Law Act*.

(5) Notice of the nature, date, time and place of a hearing under this section must be served personally by the applicant on the parent of the child at least 5 days before the date fixed for the hearing.

(6) Section 23(5) and (6) apply to an application under this section.

2008 c31 s27

Review of child support order

57.6(1) If an order is made under section 57.5, the following may apply to the Court for a review of the order:

(a) a director;

(b) a parent who is required to provide child support under the order;

(c) a private guardian who is entitled under section 57.7 to receive child support in respect of the child who is the subject of the order.

(2) On reviewing an order made under section 57.5, the Court may vary, suspend or terminate the order or may reduce or cancel arrears if the Court is satisfied that there has been a substantial change in the ability of the parent to provide the child support.

(3) Notice of the nature, date, time and place of a hearing under this section must be served personally by the applicant

(a) on the parent, if the applicant is the director or a private guardian of the child referred to in subsection (1)(c), and

(b) on the director and on a private guardian of the child referred to in subsection (1)(c), if the applicant is the parent,

at least 5 days before the date fixed for the hearing.

(4) Section 23(5) and (6) apply to an application under this section.

2008 c31 s27

Transfer of child support

57.7(1) If the Court makes a private guardianship order with respect to a child who is the subject of an agreement under section 57.4 or an order under section 57.5, the Court may direct that child support provided pursuant to the agreement or order shall be provided to the private guardian, notwithstanding that the private

guardian was not a party to the agreement or the application for the order.

(2) Until the Director of Maintenance Enforcement receives a copy of the private guardianship order referred to in subsection (1), the Director of Maintenance Enforcement is not responsible for the repayment of any money disbursed by the Director of Maintenance Enforcement after the private guardianship order is made.

2008 c31 s27

Financial information

57.8(1) In order to assist a director in determining terms of an agreement under section 57.4 or to assist the Court in determining terms of an order under section 57.5, the director may request a parent to disclose financial information in accordance with the regulations.

(2) If the parent refuses to disclose the financial information requested by the director, the director may apply to the Court in the prescribed form for an order for financial disclosure.

(3) If a parent refuses to disclose financial information requested or ordered under this section, in making an order under section 57.5, the Court may draw an adverse inference against the parent and impute income to the parent in the amount that the Court considers appropriate.

2008 c31 s27

Part 2
Adoption

Interpretation

58(1) In this Part,

(a) "Court", notwithstanding section 1(1)(h), means the Court of Queen's Bench;

(b) "descendant", in respect of a deceased adopted person, means an adult child or adult grandchild of the adopted person;

(c) "licensed adoption agency" means an adoption agency that holds a licence issued under section 88.

(d), (e) repealed 2003 c16 s64.

(2) An appeal from an order of the Court under this Part may be made to the Court of Appeal not more than 30 days after the date on which the order is made.

RSA 2000 cC-12 s58;2003 c16 s64

Matters to be considered

58.1 A Court and all persons who exercise any authority or make any decision under this Act relating to the adoption of a child must do so in the best interests of the child, and must consider the following as well as any other relevant matter:

(a) the importance of a positive relationship with a parent, and a secure place as a member of a family, in the child's development;

(b) the benefits to the child of stability and continuity of care and relationships;

(c) the mental, emotional and physical needs of the child and the child's mental, emotional and physical stage of development;

(d) the benefits to the child of maintaining, wherever possible, the child's familial, cultural, social and religious heritage;

(e) the child's views and wishes, if they can be reasonably ascertained;

(f) the effects on the child of a delay in decision-making;

(g) in the case of an aboriginal child, the uniqueness of aboriginal culture, heritage, spirituality and traditions, and the importance of preserving the child's cultural identity.

2003 c16 s65

Division 1
Adoption Process

Consent to adoption

59(1) An adoption order in respect of a child must not be made without the consent in the prescribed form of

(a) all the guardians of the child other than a guardian who is applying to the Court under section 62 for the order, and

(b) the child, if the child is 12 years of age or older.

(2) If the person who is applying to the court under section 62 for an adoption order is the sole guardian of the child, an adoption order in respect of the child shall not be made without the consent in the prescribed form of the person who was the child's guardian before the applicant became the guardian.

(3) A consent to an adoption given in a jurisdiction outside Alberta in a form that is valid in that jurisdiction is deemed to be a consent under this Act.

RSA 2000 cC-12 s59;2009 c53 s35

Automatic joint guardianship status

60(1) A prospective adopting parent named in a consent required under section 59 is, on the giving of the consent, a joint guardian of the child with the guardian who gave the consent.

(2) The prospective adopting parent's status as a joint guardian under subsection (1) terminates

(a) if a consent given under section 59 is revoked in accordance with section 61(1),

(b) when the adoption order is made or the application for the adoption order is dismissed,

(b.1) when the child leaves the care and custody of the prospective adopting parent because of a breakdown in the adoption placement, or

(c) if the Court makes an order declaring the status of the joint guardian to be terminated.

RSA 2000 cC-12 s60;2003 c16 s67;2009 c53 s35

Revocation of consent

61(1) A person who has consented to the adoption of a child under section 59(1)(a) or (2) may, not later than 10 days after the date of the consent, revoke the consent by providing written notice of the revocation to a director.

(2) The director who receives a notice under subsection (1) shall ensure that the person in whose custody the child has been placed and any other person who has consented under section 59(1)(a) or (2) to the adoption of the child are notified forthwith of the revocation of consent.

(3) On receiving notification of a revocation of consent by the guardian who surrendered custody of the child, the person in whose custody the child has been placed shall forthwith return the child

(a) if the child was placed in the custody of that person directly by the guardian who surrendered custody of the child, to the custody of that guardian, or

(b) if the child was placed in the custody of that person by a licensed adoption agency, to the agency.

(4) A licensed adoption agency to which a child is returned under subsection (3)(b) shall forthwith return the child to the custody of the guardian who surrendered custody of the child.

1988 c15 s35;1994 c36 s6

Application for adoption order

62(1) Subject to this section, an adult who

(a) maintains the adult's usual residence in Alberta, or

(b) maintained the adult's usual residence in Alberta at the time the adult received custody of a child under this Division,

may apply to the Court in the prescribed form for an adoption order.

(2) Repealed 2003 c16 s68.

(3) No application for an adoption order shall be filed in respect of a child unless the child is a Canadian citizen or has been lawfully admitted to Canada for permanent residence and

(a) the period for revoking a consent to adoption under section 61(1) has expired,

(b) if the child is the subject of a permanent guardianship order, the period for appealing the order has expired or an appeal of the order has been disposed of, or

(c) if the child is the subject of a permanent guardianship agreement, the period for terminating the agreement has expired or an application for termination of the agreement has been disposed of.

RSA 2000 cC-12 s62;2003 c16 s68;2009 c53 s35

Documentation to accompany application

63(1) An application for an adoption order in respect of a child who is the subject of a permanent guardianship agreement or order or who is the subject of an equivalent order or agreement in another country and has been lawfully admitted to Canada for permanent residence shall be filed with the Court by a director and must be accompanied with the following documentation:

(a) the affidavit of the director setting out

(i) the name, date and place of birth, gender and parentage of the child, so far as is known,

(ii) a statement that the director is the guardian of the child pursuant to the agreement or order,

(iii) the terms of any agreement or order respecting access to the child,

(iv) a statement that the applicant, in the opinion of the director, is a fit and proper person to have the care and custody of the child, and

(v) if the child is an Indian, a statement that section 67 has been complied with;

(b) the affidavit of the applicant setting out the age, address, marital status and occupation of the applicant and the relationship, if any, of the applicant to the child;

(c) the consents required under section 59 or an affidavit indicating the reasons why the applicant is requesting that the Court dispense with one or more of the consents;

(d) a home study report in the form required in the regulations prepared by a qualified person on behalf of the director respecting

(i) the suitability of the applicant as an adoptive parent, and

(ii) the capability and willingness of the applicant to assume the responsibility of a parent toward the child;

(e) the affidavit of any person acceptable to the director respecting the fitness of the applicant to adopt the child, or any other material that the director may require;

(f) if the applicant has reason to believe that the child is an aboriginal child, a cultural connection plan, made in accordance with the regulations, that addresses how the child's connection with aboriginal culture, heritage, spirituality and traditions will be fostered and the child's cultural identity will be preserved.

(2) An application for an adoption order in respect of a child who is placed in the custody of the applicant by a licensed adoption agency shall be filed with the Court by an officer of the licensed adoption agency and must be accompanied with the following documentation:

(a) the affidavit of an officer of the licensed adoption agency setting out

(i) the name, date and place of birth, gender and parentage of the child, so far as is known,

(ii) a statement that the applicant, in the opinion of the officer, is a fit and proper person to have the care and custody of the child, and

(iii) if the child is an Indian, a statement that section 67 has been complied with;

(iv) repealed 2003 c16 s69;

(b) the affidavit of the applicant setting out

(i) the age, address, marital status and occupation of the applicant and the relationship, if any, of the applicant to the child,

(ii) the terms of any agreement and any document or writing relating to any agreement under which payment or other consideration passes from the applicant in respect of care, maintenance, medical treatment or other necessities to or for the benefit of the parent of the child, and

(iii) the terms of any agreement or order respecting time with the child or contact with the child;

(c) the consents required under section 59 or an affidavit indicating the reasons why the applicant is requesting that the Court dispense with one or more of the consents;

(d) a home study report in the form required in the regulations prepared by a qualified person on behalf of an officer of the licensed adoption agency respecting

(i) the suitability of the applicant as an adoptive parent, and

(ii) the capability and willingness of the applicant to assume the responsibility of a parent toward the child;

(e) the affidavit of any person acceptable to an officer of the licensed adoption agency respecting the fitness of the applicant to adopt the child, or any other material that the officer may require;

(f) if the applicant has reason to believe that the child is an aboriginal child, a cultural connection plan, made in accordance with the regulations, that addresses how the child's connection with aboriginal culture, heritage, spirituality and traditions will be fostered and the child's cultural identity will be preserved.

(3) An application for an adoption order in respect of a child whose step-parent is the applicant or a child who is placed by a parent directly in the custody of an applicant shall be filed with the Court and must be accompanied with the following documentation:

(a) the affidavit of the applicant setting out

(i) the name, date and place of birth, gender and parentage of the child, so far as is known,

(ii) the age, address, marital status and occupation of the applicant and the relationship of the applicant to the child,

(iii) where the applicant is the step-parent of the child, the name of the parent who has lawful custody of the child, and

(iv) the terms of any agreement or order respecting time with the child or contact with the child;

(b) the consents required under section 59 or an affidavit indicating the reasons why the applicant is requesting that the Court dispense with one or more of the consents;

(c) family and medical history of the child's biological parent as required by the regulations;

(d) the results of a criminal record check of the applicant;

(e) in the case of a applicant who is not a step-parent of the child, if the applicant has reason to believe that the child is an aboriginal child, a cultural connection plan, made in accordance with the regulations, that addresses how the child's connection with aboriginal culture, heritage, spirituality and traditions will be fostered and the child's cultural identity will be preserved.

RSA 2000 cC-12 s63;2003 c16 s69;2008 c31 s28; 2009 c53 s35

Service of notice of hearing

64(1) An applicant under section 62 shall serve, by personal service,

(a) a notice of the nature, date, time and place of the hearing of the application not less than 30 days before the date of the hearing, or

(b) a notice of objection in the prescribed form,

together with the documentation required under section 63, on

(c) the guardians of the child other than the applicant,

(d) if the applicant is the sole guardian of the child, the person who consented to the adoption under section 59(2),

(e) the child, if the child is 12 years of age or older,

(f) the Minister, if a person other than a director is filing the application, and

(g) in the case of the adoption of a child who is not the subject of a permanent guardianship agreement or order, the biological father of the child.

(2) Any guardian who has indicated a desire not to be notified of the hearing need not be served under subsection (1).

(3) A child referred to in subsection (1)(e) need not be served with the home study report under subsection (1) or the results of a criminal record check under section 63(3).

(4) A person who is served with a notice of objection form under subsection (1) may, within 10 days after being served, file a notice of objection with the clerk of the Court.

(5) If no notice of objection is filed within 10 days after service on all the persons required to be served under subsection (1), the Court may consider the application in the absence of the applicant and all the persons referred to in subsection (1).

(6) If a notice of objection is filed or if the Court considers that a hearing is necessary, the applicant must, at least 10 days before the date the application is to be heard, serve a notice of the nature, date, time and place of the hearing.

(7) No order for service ex juris is necessary for service of a copy of a notice on any of the persons referred to in subsection (1) in a province or territory of Canada other than Alberta or in the United States of America, but service must be effected at least

(a) 30 days before the date the application is to be heard in the case of a person in a province or territory other than Alberta, or

(b) 45 days before the date the application is to be heard in the case of a person in the United States of America.

(8) The Court may, if it considers it appropriate to do so,

(a) shorten the time for service on all or any of the persons referred to in subsection (1), and

(b) direct the manner of service, or approve the manner of service that has been effected, on all or any of the persons referred to in subsection (1).

RSA 2000 cC-12 s64;2003 c16 s70;2004 c16 s16;2008 c31 s29;2009 c53 s35

65 Repealed 2003 c16 s71.

Investigation by the Minister

66(1) On being served with a notice under section 64, the Minister may conduct an investigation with respect to the proposed adoption and may file a report of the investigation with the clerk of the Court.

(2) The Minister shall serve on the applicant forthwith a copy of any report filed by the Minister under subsection (1).

RSA 2000 cC-12 s66;2003 c16 s72;2009 c53 s35

Consultation with band of Indian child

67(1) If a director or an officer of a licensed adoption agency, as the case may be, has reason to believe that a child who is being placed for adoption is an Indian and a member of a band and that the guardian who is surrendering custody of the child is a resident of a reserve, the director or officer shall involve a person designated by the council of the band in decisions relating to the adoption of the child.

(2) If a director or an officer of a licensed adoption agency, as the case may be, has reason to believe that a child who is being placed for adoption is an Indian and a member of a band and that the guardian who is surrendering custody of the child is not a resident of a reserve, the director or officer shall

(a) request the guardian who is surrendering custody of the child to consent to the involvement of a person designated by the council of the band in decisions relating to the adoption of the child, and

(b) if the guardian consents to the involvement under clause (a), involve the person designated by the council of the band in decisions relating to the adoption of the child.

RSA 2000 cC-12 s67;2003 c16 s73

Court proceedings

68(1) If the Court considers, under section 64, that a hearing is necessary, the proceedings relating to the adoption of a child shall be heard in private unless the Court orders otherwise.

(2) The applicant and the child if the child is 12 years of age or older are entitled to be heard, in person or by counsel, at the hearing before the Court.

(3) The Court may adjourn the hearing of an application under this Division for not more than 30 days

(a) with the consent of the parties to the application, or

(b) if the Court is satisfied that the adjournment is necessary in order to obtain evidence to assist the Court in determining whether an adoption order should be made.

(4) Notwithstanding sections 59 and 63, on considering an application under this Division, the Court may make an order dispensing with the consent of

(a) a guardian of the child other than a director,

(b) a person who is required under section 59(2) to provide a consent, or

(c) the child

if the Court, for reasons that appear to it to be sufficient, considers it necessary or desirable to do so.

RSA 2000 cC-12 s68;2003 c16 ss74,115;2009 c53 s35

Direct placement adoption

69 The Court may, if it considers it appropriate to do so, require a person who has applied to the Court for an adoption order in respect of a child referred to in section 63(3) to submit to the Court a home study report in the form required in the regulations prepared by a qualified person respecting

(a) the suitability of the applicant as an adoptive parent, and

(b) the capability and willingness of the applicant to assume the responsibility of a parent toward the child.

RSA 2000 cC-12 s69;2008 c31 s30;2009 c53 s35

Adoption order

70(1) If the Court is satisfied that

(a) the applicant is capable of assuming and willing to assume the responsibility of a parent toward the child, and

(b) it is in the best interests of the child that the child be adopted by the applicant,

the Court may order the adoption of the child by the applicant.

(2) An adoption order shall be in the prescribed form and shall show the name of the child prior to the adoption.

(2.1) On making an adoption order in respect of a child who the Court has reason to believe is an aboriginal child, the Court shall advise the adopting parent of the adopting parent's obligations under section 71.1.

(3) If the adopting parent is a widow or widower whose deceased spouse was a party to the application for the adoption order, or if on and after the coming into force of the *Adult Interdependent Relationships Act* the adopting parent is an adult interdependent partner, as defined in that Act, whose deceased adult interdependent partner was a party to the application, the Court may, on the request of the adopting parent and with the consent of the child if the child is 12 years of age or older, name both the applicant and the deceased spouse as the adopting parents of the child.

(4) On the request of the adopting parent and with the consent of the child if the child is 12 years of age or older, the Court may change the given name of the child in the adoption order.

(5) When an adoption order is made, the surname of the adopting parent becomes the surname of the child unless the Court orders otherwise.

RSA 2000 cC-12 s70;2003 c16 s75;2008 c31 s31;2009 c53 s35

Subsequent application

71(1) If the Court dismisses an application for an adoption order, no further application for an adoption order under this Division shall be filed with the Court by or on behalf of that applicant until the expiration of a period of not less than 2 years after the date of the hearing of the application.

(2) Notwithstanding subsection (1), an application may be filed with the permission of the Court within the 2-year period set out in subsection (1) if the Court is satisfied that the reasons for dismissal of the previous application no longer exist.

RSA 2000 cC-12 s71;2003 c16 s115;2009 c53 s35;2014 c13 s16

Adoption of aboriginal child

71.1 If an adoption order is made in respect of an aboriginal child, the adopting parent shall

(a) take reasonable steps to comply with the cultural connection plan filed in respect of that child under section 63, and

(b) if the aboriginal child is an Indian,

(i) take reasonable steps on behalf of the child necessary for the child to exercise any rights the child may have as an Indian, and

(ii) inform the child of the child's status as an Indian as soon as, in the opinion of that adopting parent, the child is capable of understanding the child's status as an Indian.

2008 c31 s32

Effect of adoption order

72(1) For all purposes, when an adoption order is made, the adopted child is the child of the adopting parent and the adopting parent is the parent and guardian of the adopted child as if the child had been born to that parent.

(2) Subject to subsection (3), for all purposes, when an adoption order is made, the adopted child ceases to be the child of that child's previous parents, whether that child's biological mother and biological father or that child's adopting parents under a previous adoption order, and that child's previous parents cease to be that child's parents and guardians.

(3) If a child is adopted by the step-parent of the child, the child does not cease to be the child of the parent who has lawful custody and that parent does not cease to be the parent and guardian of the child.

(4) In any testamentary or other document, whether made before or after the coming into force of this section, unless the contrary is expressed, a reference to a person or a group or class of persons described in terms of their relationship by blood or marriage to another person is deemed to refer to or to include, as the case may be, a person who comes within the description as a result of the person's own adoption or the adoption of another person.

(5) For all purposes, when an adoption order is made, the relationship between the adopted child and any other person is the same as it would have been if the adopting parent were the biological mother or biological father of the adopted child.

(6) Subsections (2), (4) and (5) do not apply

(a) for the purposes of the laws relating to incest, and

(b) with respect to the prohibited degrees of marriage, to remove a person from a relationship in consanguinity that, but for this section, would have existed between them.

(7) A marriage between 2 persons is prohibited if, as a result of an adoption order, the relationship between them is such that their marriage would be prohibited by the law respecting those relationships that bars the lawful solemnization of marriage.

(8) This section

(a) applies and is deemed always to have applied to an adoption made under any enactment previously in force, and

(b) is binding on the Crown for the purpose of construing this Act and the rights of succession affecting adopted children,

but nothing in this section affects an interest in property that has vested in a person before the making of an adoption order.

(9) An adoption order in respect of a child terminates any agreement or order made under this Act relating to the child except a restraining order made under section 30.

RSA 2000 cC-12 s72;2010 c16 s1(42)

Adoption of non-resident of Canada

72.1 A resident of Alberta who wishes to adopt a child who is not lawfully admitted to reside in Canada must apply to a director, in accordance with the regulations, for approval to proceed with the placement of the child.

2003 c16 s76;2004 c16 s17

Effect of foreign order

73 An adoption effected according to the law of any jurisdiction outside Alberta has the effect in Alberta of an adoption order made under this Act, if the effect of the adoption order in the other jurisdiction is to create a permanent parent-child relationship.

RSA 2000 cC-12 s73;2003 c16 s77

Setting aside an adoption order

73.1(1) No application to set aside an adoption order shall be made after the expiration of one year from the date of the adoption order except on the ground that the order was procured by fraud, in which case it may be set aside only if it is in the best interests of the adopted child.

(2) Notice of the nature, date, time and place of the hearing of an application under subsection (1) must be served by the applicant on

(a) the Minister,

(b) the adopting parent, if the adopting parent is not the applicant,

(c) the adopted child, if the adopted child is 12 years of age or older and is not the applicant,

(d) the person who was the guardian of the child immediately before the adoption order was made, if the person is not the applicant,

(e) the Public Trustee, if a director was the guardian of the child immediately before the adoption order was made, and

(f) any other person who in the opinion of the Court should be served.

(3) If the adoption order is set aside, the applicant for the order setting it aside shall serve a copy of the order setting it aside on all those required to be served under subsection (2).

(4) The clerk of the Court shall send a certified copy of an order setting aside an adoption order to

(a) the Registrar of Vital Statistics, and

(b) the Registrar under the *Indian Act* (Canada) if the adopted child is an Indian.

(5) When an adoption order is set aside,

(a) the child ceases to be the child of the adopting parent,

(b) the adopting parent ceases to be the parent and guardian of the child,

(c) the relationships between the child and all persons as they were immediately before the adoption order was made are re-established,

(d) unless the Court orders otherwise, the person who was the guardian of the child immediately before the adoption order was made is the guardian of the child, and

(e) unless the Court orders otherwise,

(i) the child's given name is the given name the child had before the adoption order was made, if any, and

(ii) the child's surname is the surname the child had before the adoption order was made.

2003 c16 s78;2007 cV-4.1 s81

Distribution of adoption order

74(1) Not more than 35 days after an adoption order is made, the clerk of the Court shall send a certified copy of the adoption order to

(a) the adopting parent,

(b) the Minister,

(c) the Public Trustee, if

(i) a director was the guardian of the child immediately before the making of the order, and

(ii) the Public Trustee requests a copy of the order,

(d) the Registrar under the *Indian Act* (Canada), if the adopted child is an Indian, and

(e) the Registrar of Vital Statistics.

(2) The clerk of the Court shall provide to the Registrar of Vital Statistics

(a) any other information relating to an adoption order that the Registrar of Vital Statistics requires to enable that Registrar to carry out the requirements of the *Vital Statistics Act*, and

(b) if the adopted child was born outside Alberta, an additional certified copy of the adoption order.

(3) If a guardian other than a director has consented to the adoption of a child and an officer of a licensed adoption agency filed the application, an officer of the licensed adoption agency must, within 35 days after the making of the adoption order, notify the consenting guardian that the adoption order has been made, unless the consenting guardian has indicated a desire not to be notified.

(4) A person who has consented under section 59(2) to the adoption of a child must be notified in accordance with subsection (3) that the adoption order has been made, unless that person has indicated a desire not to be notified.

(5) to **(10)** Repealed 2003 c16 s79.

RSA 2000 cC-12 s74; 2003 c16 s79;2004 c16 s18; 2007 cV-4.1 s81;2009 c53 s35

Division 2
Adoption Information

Sealed information

74.1(1) The clerk of the Court must seal all documents possessed by the Court that relate to an adoption, and those documents are not available for inspection by any person except on order of the Court or with the consent in writing of the Minister.

(2) Despite the *Freedom of Information and Protection of Privacy Act*, the Minister must seal adoption orders, all documents required by section 63 of this Act to be filed in support of adoption applications, adopted children's original registrations of birth and other documents required to be sealed by the regulations that are in the possession of the Minister, and they are not available for inspection by any person except on order of the Court or pursuant to this Division.

2003 c16 s80;2004 c16 s19;2009 c53 s35

Right to disclosure, pre-2005 adoptions

74.2(1) In this section,

(a) "adopted person" means a person who is adopted under an adoption order made prior to January 1, 2005;

(b) "parent" means a biological parent and an adoptive parent under a previous adoption order.

(2) Subject to subsection (3), on receiving a written request from an adopted person who is 18 years of age or older, a descendant of a deceased adopted person or a parent of an adopted person, the Minister may release to the person making the request the information in the orders, registrations and documents sealed under section 74.1(2) other than personal information about an individual who is neither the adopted person nor a parent of the adopted person.

(3) The Minister shall not accept a request under subsection (2) from a parent of an adopted person unless the adopted person is 18 years and 6 months of age or older.

(4) Despite subsection (2), if an adopted person who is 18 years of age or older or a parent of the adopted person has, prior to the date of the request under subsection (2), registered with the Minister a veto in a form satisfactory to the Minister prohibiting the release of personal information in the orders, registrations and documents

sealed under section 74.1(2), the Minister shall not release the personal information unless the veto is revoked.

(5) A person who registers a veto under subsection (4) may revoke the veto by providing written notice of the revocation to the Minister.

(6) A veto registered under subsection (4) is revoked when the person who registered the veto is deceased.

(7) Repealed 2008 c31 s33.

(8) Despite subsection (2), if the Minister receives proof, satisfactory to the Minister, that all the parents of an adopted person are deceased, the Minister may release to the adopted person or a descendant of the adopted person all the personal information in the orders, registrations and documents sealed under section 74.1(2), including personal information about individuals who are neither the adopted person nor a parent.

(9) Despite subsection (2), if the Minister is satisfied, based on information provided to the Minister by the adoptive parents, that

(a) the adopted person who is 18 years of age or older is not aware of the adoption, and

(b) the release of the personal information would be extremely detrimental to the adopted person,

the Minister may deem that a veto has been registered under subsection (4) by that adopted person, in which case the Minister shall not release the personal information in the orders, registrations and documents sealed under section 74.1(2).

(10) A deemed veto under subsection (9) is revoked on the request of an adopted person who is 18 years of age or older.

2003 c16 s80;2004 c16 s19;2008 c31 s33

Adoptions on or after January 1, 2005

74.3(1) In this section,

(a) "adopted person" means a person who is adopted under an adoption order made on or after January 1, 2005;

(b) "parent" means a biological parent and an adoptive parent under a previous adoption order.

(2) Subject to subsection (3), on receiving a written request from an adopted person who is 18 years of age or older, a descendant of a deceased adopted person or a parent of an adopted person, the

Minister may release to the person making the request personal information in the orders, registrations and documents sealed under section 74.1(2).

(3) The Minister shall not accept a request under subsection (2) from a parent unless the adopted person is 18 years and 6 months of age or older.

(4) An adopted person, a parent or any person whose personal information may be in orders, registrations or documents sealed under section 74.1(2) may register a contact preference with the Minister that indicates the person's preferences concerning contact with a person who makes a request under subsection (2).

(5) The Minister shall advise a person making a request under subsection (2) of any contact preference registered with respect to the requested information.

2003 c16 s80;2004 c16 s19

General disclosure

74.4(1) If a child who is aboriginal is adopted under this Act or any predecessor to this Act, the Minister, on the request of the child, whether a minor or an adult, or the child's guardian, at any time, may provide a copy of the original registration of birth of the child, identifying information about the child's biological parents and any other information sealed under section 74.1 that the Minister considers relevant to the Registrar under the *Indian Act* (Canada), a settlement council of a Metis settlement or a federal or provincial official responsible for providing benefits to persons of Inuit ancestry, for the purpose of facilitating an application for the child's aboriginal status and for execution of the child's rights as a person with aboriginal status.

(2) Despite section 74.1, on request the Minister may provide a copy, and the clerk of the Court may provide a certified copy, of an adoption order to

(a) the adopted person, if that person is 18 years of age or older,

(b) a descendant of a deceased adopted person,

(c) a guardian who consented under section 59(1) and a person who consented under section 59(2) to the adoption of the child who is the subject of the adoption order, and

(d) any person named in section 74(1).

(3) The Minister may disclose the identity of a person referred to in a sealed order, registration or document if, in the opinion of the

Minister, there are compelling circumstances that support disclosure.

(4) The Minister may disclose personal information sealed under section 74.1

(a) to the Director of Maintenance Enforcement for the purposes of administering the *Maintenance Enforcement Act*, and

(b) for use in a proceeding before a Court to which the Government of Alberta is a party.

(5) The Minister, on request, may release to an adopted person or the adopted person's

(a) biological mother,

(b) biological father,

(c) sibling,

(d) adopting parent, or

(e) descendant, if the adopted person is deceased,

any information about one or more of those persons if the information does not disclose the identity of any of those persons.

(6) Only an adult sibling may make a request under subsection (5)(c).

(7) If an adopted child or a sibling of an adopted child is in need of intervention, the Minister may release personal information in orders, registrations and documents sealed under section 74.1(1) to a director for the purposes of providing intervention services to that adopted child or sibling.

2003 c16 s80;2004 c16 s19;2008 c31 s34

Matching applications for voluntary disclosure of identities

75(1) In this section,

(a) "adopted person" means a person who is the subject of an adoption order made under this Act or any predecessor to this Act;

(b) "adoptive applicant" means

(i) an adopted person who is 18 years of age or older,

(ii) an adopted child who is 16 years of age or older who is, in the opinion of the Minister, living independently from the child's guardian,

(iii) an adopted child, where the application is made on the child's behalf by the child's guardian, and

(iv) a descendant of a deceased adopted person;

(c) "family applicant", in respect of an adopted person, means any one or more of the following:

(i) a biological parent of the adopted person;

(i.1) a parent, by adoption, of an adopted person, if the adopted person is deceased;

(ii) an adult sibling of the adopted person;

(iii) an adult related by blood to the adopted person if the biological parents of the adopted person consent in writing to the application or if the Minister is satisfied that the biological parents of the adopted person

(A) are deceased,

(B) cannot be located, or

(C) are unable by reason of mental incapacity to consent to the application;

(iv) an adult member of any Indian band or Metis settlement of which the adopted person is a member, if the biological parents of the adopted person consent in writing to the application or if the Minister is satisfied that the biological parents of the adopted person

(A) are deceased,

(B) cannot be located, or

(C) are unable by reason of mental incapacity to consent to the application;

(v) a person who was a parent of the adopted person under a previous adoption order.

(2) An adoptive applicant or a family applicant who wishes to learn the other's identity may apply to the Minister in the form set

by the Minister and shall specify in the application the name of the adopted person to whom the application relates.

(3) The Minister

(a) shall maintain a registry of applications made under subsection (2),

(b) shall, on receiving an application made under subsection (2), examine the registry to determine if it contains another application concerning the same adopted person,

(c) shall, on receiving notice of withdrawal, immediately remove from the registry any application that is withdrawn by an adoptive applicant or a family applicant, and

(d) shall include in the registry

(i) all vetoes registered with the Minister under section 74.2, and

(ii) the name of an adopted person who has died, if the Minister has been advised of the death.

(4) Where the Minister determines from examining the registry that applications from an adoptive applicant and from a family applicant within the meaning of subsection (1)(c)(i) or (ii) concern the same adopted person, the Minister shall make reasonable efforts to locate the applicants and,

(a) if both applicants are located, shall disclose the applicants' identities to each other, or

(b) if one applicant only is located, shall disclose the other applicant's identity to the located applicant.

(5) Where the Minister determines from examining the registry that applications from an adoptive applicant and from a family applicant within the meaning of subsection (1)(c)(iii) to (v) concern the same adopted person, the Minister

(a) shall make reasonable efforts to locate the applicants,

(b) shall advise the adoptive applicant that an application from the family applicant has been entered in the registry,

(c) shall inquire whether the adoptive applicant wishes to disclose the applicant's identity to the family applicant, and

(d) shall disclose

(i) the applicants' identities to each other, if both applicants are located and if the adoptive applicant agrees to the disclosure, or

(ii) the family applicant's identity to the adoptive applicant, if the adoptive applicant only is located.

(6) Repealed 2003 c16 s81.

(7) The Minister shall advise an applicant if

(a) repealed 2003 c16 s81,

(b) the registry indicates that the adopted person is dead, or

(c) the other applicant cannot be located.

RSA 2000 cC-12 s75; 2003 c16 s81;2004 c16 s20

76 to **80** Repealed 2003 c16 s82.

Division 3
Financial Assistance

Financial assistance

81(1) A director may provide financial assistance in accordance with the regulations to a person who adopts a child if

(a) the child was the subject of a permanent guardianship agreement or order at the time of the adoption order, or

(b) the person was the private guardian of the child pursuant to an order made under section 56 at the time of the adoption order and the child was the subject of a permanent guardianship agreement or order at the time of the person's appointment as private guardian of the child under section 56.

(2) The director may review the financial assistance from time to time and may vary or terminate the financial assistance in accordance with the regulations.

RSA 2000 cC-12 s81;2008 c31 s35.

82 Repealed 2003 c16 s84.

Division 4
Offences

Prohibition on payment

83(1) No person shall give or receive or agree to give or receive any payment or reward, whether direct or indirect,

(a) to procure or assist in procuring, or

(b) to place or facilitate the placement of

a child for the purposes of an adoption in or outside Alberta.

(2) Subsection (1) does not apply to reasonable fees, expenses or disbursements paid to

(a) a qualified person in respect of the preparation of a home study report pursuant to this Part,

(b) a lawyer in respect of legal services provided in connection with an adoption,

(c) a physician in respect of medical services provided to a child who is the subject of an adoption, or

(d) a licensed adoption agency, if the fees, expenses or disbursements are prescribed in the regulations.

RSA 2000 cC-12 s83;2008 c31 s36

Prohibition on facilitation

84 No person other than the following shall place or facilitate the placement of a child for the purpose of an adoption:

(a) a parent of the child;

(b) a director;

(c) a licensed adoption agency;

(d) the Minister.

(e) repealed 2003 c16 s86.

RSA 2000 cC-12 s84;2003 c16 s86

Prohibition on advertising

85(1) No person shall publish in any form or by any means an advertisement dealing with the adoption of a child.

(2) Subsection (1) does not apply to

(a) the publication of a notice pursuant to an order of the Court,

(b) in accordance with section 126.2(2)(a), the publication of any advertisement authorized by the Minister or a director for the purpose of finding homes for children in the custody or under the guardianship of a director,

(c) the publication of an announcement by an applicant in respect of the application, or

(d) the publication of an advertisement by a licensed adoption agency advertising its services only, without making any reference to specific children.

(3) A person who contravenes this section is guilty of an offence and liable to a fine of not more than $2500 and in default of payment to imprisonment for a term not exceeding one month.

RSA 2000 cC-12 s85;2003 c16 s87;2009 c53 s35

Offence and penalty

86(1) Any person and any officer or employee of a corporation who contravenes section 83 or 84 is guilty of an offence and liable to a fine of not more than $10 000 and in default of payment to imprisonment for a term not exceeding 6 months.

(2) No prosecution shall be commenced under this section except on the written authority of the Minister.

1988 c15 s35;1994 c36 s17

Division 5
Licensing of Adoption Agencies

Application for licence

87(1) An application for a licence to operate an adoption agency or for a renewal of a licence, may be submitted to a director in accordance with this Division and the regulations by

(a) a body incorporated under the *Societies Act*,

(b) an extra-provincial corporation registered under Part 21 of the *Business Corporations Act* if, in the opinion of the director, the corporation does not carry on business for the purpose of gain,

(c) a body referred to in Part 9 of the *Companies Act*, or

(d) a body incorporated under Part II or III of the *Canada Corporations Act* (Canada).

(2) An application under subsection (1) must

(a) be in the prescribed form,

(b) be accompanied with any other information required under the regulations to enable the director to determine the capacity of the applicant to provide the services and carry out the responsibilities of a licensed adoption agency in accordance with this Act, and

(c) be accompanied with the prescribed fee.

RSA 2000 cC-12 s87;2003 c16 s89;2008 c31 s37

Licence

88(1) A director, after receiving an application under section 87, may

(a) issue or renew a licence,

(b) if the applicant does not meet the requirements under section 87(2), issue a conditional licence, subject to any terms and conditions that the director considers appropriate and for the period the director considers appropriate, to provide the applicant time to meet the requirements, or

(c) if the director is not satisfied that the applicant is capable of providing the services and carrying out the responsibilities of a licensed adoption agency, refuse to issue or renew a licence.

(2) A licence issued under this section shall

(a) identify the name of the corporate body to which it is issued, and

(b) in the case of a conditional licence, state the terms and conditions to which the licence is subject.

(3) A licence issued under this section, other than a conditional licence, is valid for 2 years from the date of its issue.

(4) A licence issued under this section is not transferable.

RSA 2000 cC-12 s88;2003 c16 s90;2008 c31 s38

Suspension, cancellation and refusal of licence

89(1) A director may suspend or cancel a licence issued under section 88 if

(a) the director is not satisfied that the licensee is capable of continuing to provide the services and to carry out the responsibilities of that licensee, or

(b) an officer or employee of the licensee has contravened this Act or the regulations or any other Act or has acquiesced in

a contravention of this Act or the regulations or any other Act.

(2) If a director imposes terms and conditions under section 88(1)(b), refuses to issue or renew a licence under section 88(1)(c) or suspends or cancels a licence under subsection (1) of this section, the director shall serve on the applicant or licensee, as the case may be, a notice in writing in the prescribed form

(a) setting out that decision and the reasons for the decision, and

(b) informing the applicant or licensee, as the case may be, of its right to an appeal under section 120.

(3) A decision under subsection (1) of this section or section 88(1)(b) or (c) takes effect 30 days after the date of service of the notice under subsection (2) and remains in force pending the outcome of an appeal.

(4) If a director is of the opinion that a licensed adoption agency is being operated in a manner that presents an imminent risk to the health or safety of children, the director may on 48 hours' notice in writing

(a) suspend the licence of the licensed adoption agency, and

(b) provide to the licensed adoption agency a direction as to what remedy is required to rectify the situation.

(5) A licensed adoption agency that is served with a notice under subsection (4) shall forthwith comply with the direction set out in the notice.

(6) A director may on 48 hours' notice in writing cancel the licence of a licensed adoption agency that does not comply forthwith with the direction set out in the notice.

(7) A director shall notify the clients of a licensed adoption agency of a decision under this section forthwith.

RSA 2000 cC-12 s89;2008 c31 s39

Surrender of licence, etc.

90 A licensee

(a) whose licence is cancelled, or

(b) that ceases to carry on the operation of a licensed adoption agency,

shall surrender to a director its licence and the books and records in its possession that relate to its clients or to the children that it has placed for adoption.

RSA 2000 cC-12 s90;2003 c16 s90;2008 c31 s40

Right to enter premises

91(1) A director, on reasonable notice, at a reasonable time and on communicating to an officer of a licensee the purpose and authority for an inspection, may

(a) enter on any land or premises of a licensed adoption agency, other than a private dwelling, and inspect the land or premises for the purpose of ascertaining if the agency is complying with this Part and the regulations,

(b) demand the production for examination of any books, records, accounts or other documents that are or may be relevant to the purpose of the inspection, and

(c) on giving a receipt for them, remove any of the things referred to in clause (b) for the purpose of making copies of them.

(2) A person who removes anything referred to in subsection (1)(b) may make copies of the things that were removed and shall return the things that were removed to the premises from which they were removed within a reasonable time after removing them.

(3) If a person refuses or fails

(a) to permit entry on any land or premises under subsection (1)(a), or after permitting entry obstructs a director in the exercise of the director's authority under this section,

(b) to comply with a demand under subsection (1)(b), or

(c) to permit the removal of a thing under subsection (1)(c),

the director may apply to a judge of the Court for an order under subsection (4).

(4) If on application under subsection (3) the judge is satisfied that there are reasonable and probable grounds to believe that access to land or premises or the production or removal of books, records, accounts or other documents is necessary for the purpose of ascertaining if a licensee is complying with this Part and the regulations, the judge may make any order that the judge considers necessary to enforce compliance with this section.

RSA 2000 cC-12 s91;2003 c16 s91;2008 c31 s41; 2009 c53 s35

Division 6
Intercountry Adoption with Respect to Designated States

Interpretation

92(1) In this Division,

(a) "competent authority for Alberta" means a competent authority designated in the regulations under this Division;

(b) "designated State" means a State recognized as a designated State under section 105;

(c) "licensed adoption agency" means an adoption agency that holds a licence under section 88;

(d) "State" means a country or a political subdivision of a country.

(2) The Central Authority for Alberta is the Central Authority as provided for in section 96.

RSA 2000 cC-12 s92;2003 c16 s115

Scope of Division 6

93(1) This Division applies if, for the purposes of adoption,

(a) a child habitually resident in a designated State has been, is being or is to be moved to Alberta

(i) after the child's adoption in the designated State, or

(ii) for the purposes of adoption in Alberta or in the designated State,

or

(b) a child habitually resident in Alberta has been, is being or is to be moved to a designated State

(i) after the child's adoption in Alberta, or

(ii) for the purposes of adoption in the designated State.

(2) This Division applies only to adoptions that create a permanent parent-child relationship.

(3) This Division ceases to apply to a child if the agreements described in section 100(1)(c) and (2)(c) have not been made before the child attains the age of 18 years.

RSA 2000 cC-12 s93;2003 c16 s115

Paramountcy

94 Division 1 applies to an adoption to which this Division applies, but if there is a conflict between Division 1 and this Division, this Division prevails.

RSA 2000 cC-12 s94;2003 c16 s93

Intercountry adoptions

95(1) If a child is habitually resident in a designated State, an adoption under this Division may take place only if the competent authority for Alberta

(a) has determined that the prospective adoptive parents are eligible and suited to adopt,

(b) has ensured that the prospective adoptive parents have received training, satisfactory to the Central Authority for Alberta, on preparation for international adoption, and

(c) is satisfied that the child is or will be authorized to enter and reside permanently in Canada.

(2) If a child is habitually resident in Alberta, an adoption under this Division may take place only if the competent authority for Alberta

(a) has established that the child is adoptable,

(b) has determined, after possibilities for placement of the child within Canada have been given due consideration, that an intercountry adoption is in the child's best interests,

(c) has ensured that those who are required to consent to the adoption have been informed of the effect of the consent and have given consent freely in writing in the required form, have not withdrawn their consent and have not been induced by payment or compensation to provide consent,

(d) has ensured that the consent of the guardians of the child has been given only after the birth of the child, and

(e) if the child is 12 years of age or older, has ensured that

(i) the child has been counselled and informed of the effects of the adoption,

(ii) consideration has been given to the child's wishes and opinions, and

(iii) the child's consent to the adoption has been given freely in writing in the required form and has not been induced by payment or compensation.

RSA 2000 cC-12 s95;2003 c16 ss93.1,115; 2004 c16 s21

Central Authority for Alberta

96(1) A director is the Central Authority for Alberta.

(2) Repealed 2003 c16 s93.2.

RSA 2000 cC-12 s96;2003 c16 s93.2;2004 c16 s21

Central Authority duties

97(1) The Central Authority for Alberta

(a) is to co-operate with Central Authorities in other designated States and promote co-operation with the competent authority for Alberta to protect children, and

(b) is to carry out its powers and duties under this Division.

(2) The Central Authority for Alberta must ensure that all appropriate measures are taken, in particular the collection, preservation and exchange of information about the situation of the child and the prospective adoptive parents, as necessary to complete the adoption.

RSA 2000 cC-12 s97;2003 c16 s115

Apply to adopt

98 Persons who are habitually resident in Alberta may apply to the Central Authority for Alberta in the required form to adopt a child who is habitually resident in a designated State.

1997 c6 s4

Report on applicants

99(1) If the Central Authority for Alberta determines that the applicants are eligible and suited to adopt, it must ensure that a report is made in accordance with the regulations.

(2) The Central Authority for Alberta must send the report referred to in subsection (1) to the Central Authority of the designated State where the child is habitually resident.

1997 c6 s4

Decision on adoption

100(1) If a decision is to be made in a designated State regarding the placement of a child habitually resident in that State with prospective adoptive parents habitually resident in Alberta, the Central Authority for Alberta may approve the placement if

(a) the requirements of section 95(1) have been met,

(b) the prospective adoptive parents have agreed to the adoption, and

(c) the Central Authority of the designated State and the Central Authority for Alberta have agreed that the adoption may proceed.

(2) The Central Authority for Alberta may make a decision regarding the placement of a child habitually resident in Alberta with prospective adoptive parents habitually resident in a designated State if

(a) the Central Authority of the designated State has approved the placement,

(b) the prospective adoptive parents have agreed to the adoption, and

(c) the Central Authority for Alberta and the Central Authority of the designated State have agreed that the adoption may proceed.

1997 c6 s4

Pre-existing relationship termination

101 If an adoption granted in a designated State does not have the effect of terminating a pre-existing parent-child relationship, the Court may, on application, convert it into an adoption having that effect only if the required consents are given for the purpose of such an adoption.

RSA 2000 cC-12 s101;2009 c53 s35

Recognition of the adoption

102(1) The Central Authority for Alberta may certify that an adoption granted in Alberta was made in accordance with this Division.

(2) A certification referred to in subsection (1) must specify when and by whom the Central Authority for Alberta and the Central Authority of the designated State have agreed that the adoption may proceed.

(3) An intercountry adoption certified by the competent authority of the designated State where the adoption was completed is recognizable as having the effect in Alberta of an adoption order under this Act and recognition may be refused only if the adoption is manifestly contrary to public policy, taking into account the best interests of the child.

RSA 2000 cC-12 s102;2003 c16 s115

Prohibition on contact

103 There must be no contact between the prospective adoptive parents habitually resident in a designated State and the parents of the child habitually resident in Alberta to be adopted under this Division or any other person who has care of that child until

(a) the requirements of section 95(2)(a) to (d) have been met, and

(b) the competent authority for Alberta is satisfied that the prospective adoptive parents are eligible and suited to adopt

unless the adoption takes place within a family or the contact is in compliance with the conditions established by the competent authority for Alberta.

RSA 2000 cC-12 s103;2003 c16 s115

Regulations

104(1) The Lieutenant Governor in Council may make regulations necessary to carry out the intent and purposes of this Division and, without limiting the generality of the foregoing, may make regulations

(a) making inapplicable or limiting or varying the application of any enactment of Alberta that applies to adoptions under this Division.

(b), (c) repealed 2003 c16 s93.3.

(2) A regulation made under subsection (1)(a) ceases to have any effect after the last day of the next session of the Legislature.

(3) The Minister may make regulations

(a) respecting the contents of and the approval of a report under this Division;

(b) designating one or more persons as a competent authority for Alberta with respect to any provision in this Division.

RSA 2000 cC-12 s104;2003 c16 ss93.3,115; 2004 c16 s21

Designated States

105 The Minister may, by order, recognize States as designated States for the purposes of this Division.

RSA 2000 cC-12 s105;2003 c16 s115

Part 3
Licensing of Residential Facilities

Definition

105.1 In this Part, "residential facility" means a facility that provides residential care to a child in the custody or under the guardianship of a director or an authority responsible for the administration of child protection legislation in another province or territory of Canada and includes a secure services facility, a foster home and a group home, but does not include a facility that primarily provides medical care, educational services or correctional services.

2003 c16 s94;2008 c31 s42

Licence required

105.2(1) No person shall operate a residential facility unless that person holds a subsisting residential facility licence issued by a director under this Act.

(2) and **(3)** Repealed 2008 c31 s43.

2003 c16 s94;2004 c16 s22;2008 c31 s43

Application for licence

105.3(1) An application for a residential facility licence or a renewal of a residential facility licence must

(a) be made to a director in a form satisfactory to the director, and

(b) state the maximum number of persons intended to be accommodated or cared for in the residential facility.

(2) On considering an application for or renewal of a residential facility licence, a director may issue a residential facility licence and impose terms and conditions in the licence.

(3) Unless otherwise specified in the licence, the term of a residential facility licence is one year from the date of its issue.

(4) A residential facility licence issued under this section must

(a) identify the residential facility that may be operated under the licence, and

(b) state

(i) who may operate the residential facility,

(ii) the maximum number of children, other than children of a foster parent, who may reside in the residential facility,

(iii) the term of the licence if the term is other than one year from the date of issue, and

(iv) any conditions to which the licence is subject.

2003 c16 s94;2004 c16 s22;2008 c31 s44

Varying a licence

105.31 A director may, on the application by a licensee in a form acceptable to the director, vary the terms or conditions to which the licence is subject.

2003 c16 s94;2004 c16 s22;2008 c31 s45

Standards

105.4 A holder of a residential facility licence must ensure that the residential facility meets the requirements of the regulations, and the residential facility licence holder may not charge more for residential facility services than the rates provided for by the regulations.

2003 c16 s94

Inspection

105.5(1) Subject to subsection (2), for the purposes of ensuring compliance with this Act, the regulations and any conditions to which a residential facility licence is subject, a director or a person authorized by a director may

(a) at any reasonable hour enter a residential facility other than a private dwelling place and inspect it,

(b) enter a residential facility that is a private dwelling place and inspect it with the consent of the owner or operator of the private dwelling place,

(c) require the production of any books, records or other documents and examine them, make copies of them or remove them temporarily for the purpose of making copies,

(d) inspect and take samples of any material, food, medication or equipment being used in a residential facility, and

(e) perform tests, take photographs or make recordings in respect of a residential facility.

(2) When a person removes any books, records or other documents under subsection (1)(c), the person must

(a) give to the person from whom those items were taken a receipt for those items, and

(b) forthwith make copies of, take photographs of or otherwise record those items and forthwith return those items to the person to whom the receipt was given.

(3) When a person takes samples of any material, food, medication or equipment under subsection (1)(d), the person must

(a) give to the person from whom those items were taken a receipt for those items, and

(b) on that person's request, return those items to that person when those items have served the purposes for which they were taken.

(4) If entry is refused or cannot be reasonably obtained under subsection (1) or a person interferes with a director or a person authorized by a director in exercising rights and performing duties under this section, an application may be made to the Court of Queen's Bench for an order that a director or a person authorized by a director may

(a) at any reasonable hour enter the residential facility and inspect it,

(b) require the production of any books, records or other documents and examine them, make copies of them or remove them temporarily for the purpose of making copies,

(c) inspect and take samples of any material, food, medication or equipment being used in the residential facility, and

(d) perform tests, take photographs or make recordings in respect of the residential facility,

and the Court may, on being satisfied that the order is necessary for the purpose of this section, make any order that it considers appropriate.

(5) An application under subsection (4) may be made ex parte, if the Court considers it proper.

2003 c16 s94;2008 c31 s46;2009 c53 s35

Order after inspection

105.6 If a residential facility has been inspected under section 105.5 and a director is of the opinion that

(a) this Act, the regulations or a condition of a residential facility licence is not being complied with, or

(b) the residential facility is not providing proper care,

the director may in writing order the person operating that residential facility to take measures as specified in the order within the time limits specified in the order.

2003 c16 s94;2008 c31 s47

Suspension or cancellation of licence

105.7(1) When a director is of the opinion that

(a) a residential facility licence holder is not providing proper care to a child who resides in the licence holder's residential facility,

(b) the premises described in the residential facility licence have become unfit or unsuitable for a residential facility,

(c) a residential facility licence holder has not complied with

(i) this Act, the regulations or a condition of the residential facility licence,

(ii) an order made under section 105.6, or

(iii) any other enactment that applies to a residential facility,

the director may, by notice in writing to the residential facility licence holder, vary, suspend or cancel the residential facility licence and terminate the licensee's contract with the Crown to provide residential facility services.

(2) Every contract between the Crown and the owner or operator of a residential facility is deemed to contain a provision that the Crown may terminate the contract without notice and without damages payable by the Crown to the owner or operator if the owner or operator fails to comply with an order issued under section 105.6 or if the residential facility licence is suspended, cancelled or expired.

2003 c16 s94;2004 c16 s22;2008 c31 s48

Part 3.1
Quality Assurance

Definitions

105.71 In this Part,

(a) "action" means action as defined in the *Alberta Evidence Act*;

(a.1) "committee" means a committee appointed under section 105.73(2)(b);

(b) "Council" means the Council established under section 105.72(1);

(c) repealed 2014 c7 s3;

(c.1) "designated individual" means an individual designated under section 105.771(1);

(d) "expert review panel" means an expert review panel appointed under section 105.73(2)(a);

(d.1) "quality assurance activity" means a planned or systematic activity the purpose of which is to study, assess or evaluate the provision of intervention services with a view to the continual improvement of

(i) the quality of intervention services, or

(ii) the level of skill, knowledge and competence of individuals providing intervention services;

(e) "serious injury", in respect of a child, means

(i) a life-threatening injury to the child, or

(ii) an injury that may cause significant impairment of the child's health.

2011 cC-11.5 s26;2014 c7 s3

Establishment of Council

105.72(1) The Minister may establish a Council for quality assurance purposes.

(2) The Minister may, with respect to the Council,

(a) appoint or provide for the manner of the appointment of its members,

(b) prescribe the term of office of any member,

(c) designate a chair, and

(d) authorize or provide for the payment of remuneration and expenses of its members.

(3) In appointing members to the Council, the Minister must ensure the Council includes persons with knowledge and expertise in the provision of services to children.

(4) The Child and Youth Advocate is, by virtue of that office, a member of the Council.

(5) Subject to this Part, the Council may determine its own procedures.

2011 cC-11.5 s26

Role of Council

105.73(1) The role of the Council is to promote and improve the quality of intervention services by

(a) identifying effective practices in respect of intervention services,

(b) collaborating with the director to monitor and evaluate the director's activities, strategies and standards for improving the quality of intervention services,

(c) developing a quality assurance framework for intervention services, and

(d) making recommendations to the Minister for the improvement of intervention services.

(2) For the purpose of carrying out its role, the Council may, from time to time, appoint

(a) expert review panels to review incidents giving rise to the serious injury to or death of a child as reported by a director under section 105.74, and

(b) committees to carry out one or more quality assurance activities as directed by the Council.

2011 cC-11.5 s26;2014 c7 s4

Director's duty

105.74 When a director becomes aware of an incident giving rise to a serious injury to or the death of a child who was receiving intervention services at the time of the injury or death, the director must, as soon as practicable, report the incident to the Council.

2011 cC-11.5 s26;2014 c7 s5

Expert review panels and committees

105.75(1) The Minister may

(a) on the recommendation of the Council, establish a roster of experts to serve on expert review panels and individuals to serve on committees, and

(b) authorize or provide for the payment of remuneration and expenses for experts who serve on expert review panels and individuals who serve on committees.

(2) Where the Council appoints an expert review panel or a committee, the chair of the Council must designate one of the members of the panel or committee to act as chair of the panel or committee.

(3) Subject to this Part, an expert review panel or a committee may determine its own procedures.

2011 cC-11.5 s26;2014 c7 s6

Reports of expert review panels and committees

105.76(1) The chair of an expert review panel or committee must make a written report of the panel's or committee's findings and recommendations and must submit the report to the Council.

(2) The findings of an expert review panel or committee shall not contain findings of legal responsibility or any conclusion of law.

(3) On receiving a report from an expert review panel under subsection (1),

(a) the Council

(i) must provide a copy of the report to

(A) the Minister,

(B) the Child and Youth Advocate, and

(C) the director who reported the incident that is the subject of the review,

and

(ii) may provide a copy of the report

(A) in the case of a review of a serious injury, to the child if he or she is 16 years of age or older,

(B) to the parent of the child, and

(C) to the guardian of the child if the parent is not the guardian of the child at the time of the incident;

(b) the Council must

(i) prepare a publicly releasable version of the report from which the name of, and any other identifying information about, the child or a parent or guardian of the child have been removed, and

(ii) provide a copy of the publicly releasable version of the report to the Minister.

(4) The Council must make the publicly releasable version of a report prepared under subsection (3)(b)(i) available to the public within 6 months after providing it to the Minister under subsection (3)(b)(ii), unless the Minister directs otherwise.

(5) On receiving a report from a committee under subsection (1), the Council must provide a copy of the report to the Minister and the director.

2011 cC-11.5 s26;2014 c7 s7

Right to information

105.77(1) An expert review panel is entitled to any information, including personal information and health information, that

(a) is in the custody or under the control of a public body or custodian, and

(b) is necessary to enable the expert review panel to exercise the panel's powers or perform the panel's functions or duties under this Part.

(2) A public body or a custodian that is a public body shall, on request, disclose to the expert review panel the information to which the panel is entitled under subsection (1).

(3) A custodian that is not a public body may, on request, disclose to the expert review panel the information to which the panel is entitled under subsection (1).

(4) Nothing in this section compels the disclosure of any information or records that are subject to any type of privilege, including solicitor-client privilege and parliamentary privilege.

2011 cC-11.5 s26

Review by designated individual

105.771(1) A director may, in writing, designate individuals to review

(a) incidents giving rise to the serious injury to or death of a child that occurred while the child was receiving intervention services, and

(b) any other incident that, in the opinion of the director, is a serious incident and that occurred in respect of a child while the child was receiving intervention services.

(2) A designated individual must be

(a) an individual employed in the public service of the Province, or

(b) an individual to whom the director has delegated authority under section 121(3).

(3) A designated individual must provide the director with a report of the designated individual's findings and recommendations, if any, arising from a review under subsection (1).

2014 c7 s8

Members not compellable as witnesses

105.78 A member of the Council, a member of an expert review panel, a member of a committee and a designated individual must not give or be compelled to give evidence in an action in respect of any matter coming to his or her knowledge in the exercise of powers and the performance of duties and functions under this Part, except in a prosecution for perjury.

2011 cC-11.5 s26;2014 c7 s9

Communications privileged

105.79 The following information, records and reports are privileged and not admissible in evidence in an action, except in a prosecution for perjury:

(a) anything said, any information supplied or any record produced during

(i) a review by an expert review panel,

(ii) a review under section 105.771(1) by a designated individual, or

(iii) a quality assurance activity carried out by a committee;

(b) any report referred to in section 105.76(1) or 105.771(3).

2011 cC-11.5 s26;2014 c7 s10

Protection of Council and others

105.791(1) Subject to subsection (2), no action lies or may be commenced or maintained against

(a) the Council,

(b) a member of the Council,

(c) a member of an expert review panel,

(d) a member of a committee, or

(e) a designated individual

in respect of anything done or omitted to be done in the exercise or intended exercise of any power under this Part or in the performance or intended performance of any duty or function under this Part.

(2) Subsection (1) does not apply to a person referred to in that subsection in relation to anything done or omitted to be done by that person in bad faith.

2011 cC-11.5 s26;2014 c7 s11

Annual report

105.792(1) The Council must submit annual reports to the Minister

(a) respecting the exercise of the powers and the performance of the duties and functions of the Council,

(b) respecting a director's achievement of standards referred to in section 105.73(1)(b), and

(c) containing an evaluation of activities and strategies undertaken by a director for the improvement of intervention services.

(2) On receiving a report under subsection (1), the Minister must lay a copy of the report before the Legislative Assembly if it is then sitting, and if it is not sitting, within 15 days after the commencement of the next sitting.

2011 cC-11.5 s26;2014 c7 s12

Annual public disclosure

105.793 Subject to sections 126 and 126.1, a director must make the following information available to the public annually in the manner the director considers appropriate:

(a) statistical data about children who are receiving or have received intervention services;

(b) statistical data about serious injuries to and deaths of children that occurred while the children were receiving intervention services;

(c) findings and recommendations, if any, reported to the director under section 105.771(3);

(d) the director's response to recommendations in a report made by the Child and Youth Advocate under section 15 of the *Child and Youth Advocate Act*, if the recommendations relate to this Act or the administration of it;

(e) the director's response to recommendations in a report made under section 53 of the *Fatality Inquiries Act*, if the recommendations relate to this Act or the administration of it;

(f) the director's response to recommendations made in any other report specified in the regulations made under section 131(2)(ss), if the recommendations relate to this Act or the administration of it.

2014 c7 s13

Part 4
General

Financial assistance for children

105.8 If the guardian of a child is unable or unwilling to care for the child and the child is, in the opinion of a director, being cared for by another adult person, financial assistance may be provided in accordance with the regulations to that adult person on behalf of the child.

2003 c16 s96

106 Repealed 2003 cF-5.3 s12.

Indian Child

Band involvement in planning for services

107(1) If a director has reason to believe that a child is an Indian and a member of a band, the director shall involve a person designated by the council of the band in planning for services to be provided to the child if the child

(a) is in need of intervention services and

(i) is a resident of a reserve, or

(ii) if the child is not a resident of a reserve, the guardian of the child has consented to the involvement of a person designated by the council of the band,

or

(b) is the subject of a temporary guardianship order, a permanent guardianship agreement or order or an application for a permanent guardianship order, regardless of whether the child is a resident of a reserve or not.

(2) If a child referred to in subsection (1)(a) is not a resident of a reserve, a director shall ask the child's guardian to consent to the involvement of a person designated by the council of the band.

(2.1) The consent of a child's guardian is not required to involve a person designated by the council of a band under subsection (1)(a)(i) or (b).

(3) If the Court makes a supervision order, a temporary guardianship order or a permanent guardianship order in respect of a child who is an Indian and a member of a band, the director must provide the person designated by the council of the band with a copy of the order not more than 20 days after the date of the order.

(4) Despite subsection (3), a director shall not provide a copy of a supervision order referred to in subsection (3) to a person designated by the council of a band if the guardian of a child described in subsection (2) has not consented to the involvement of that person.

(5) and **(6)** Repealed 2008 c31 s49.

(7) Subsections (1) to (4) do not apply if the child is receiving services pursuant to an agreement under section 122(2).

RSA 2000 cC-12 s107;2003 c16 s97;2004 c16 s23; 2008 c31 s49

Evidence

Witnesses

108(1) In a proceeding before the Court under this Act, the Court or a justice of the peace on the application of a party, or the Court on its own motion, may

(a) compel the attendance of any person and require the person to give evidence on oath,

(b) require the production by any person of any documents or things, and

(c) exercise the powers that are conferred for those purposes on a justice of the peace under Part XXII of the *Criminal Code* (Canada).

(2) The record of the evidence given at any other hearing, any documents and exhibits received in evidence at any other hearing and an order of the Court are admissible in evidence in a hearing under this Act.

(3) The evidence of each witness in a Court proceeding under this Act shall be taken under oath and forms part of the record.

(4) Notwithstanding subsection (3), the Court, if it considers it proper to do so and it is satisfied that no better form of evidence is readily available, may

(a) accept evidence by affidavit, or

(b) accept hearsay evidence.

1984 cC-8.1 s74;1985 c16 s25

Confidential evidence

109(1) Notwithstanding Part XXII of the *Criminal Code* (Canada), the Court may issue a subpoena requiring

(a) repealed 2008 cH-4.2 s11,

(b) a board under the *Hospitals Act* or the board's designate,

(c) a board under the *Mental Health Act* or the board's designate, or

(d) the Chief Medical Officer under the *Public Health Act* or the Chief Medical Officer's designate,

to produce any documents, records or other information the person has in the person's possession or under the person's control that may relate to the proceedings before the Court with respect to a child.

(2) The person named in a subpoena or the person's designate shall attend at the time and place stated in the subpoena with any documents, records or other information that may relate to the proceedings before the Court and shall remain in attendance throughout the proceedings unless the person is excused by the Court.

(3) If, as the result of the issuing of a subpoena under subsection (1), a person is required to produce any documents, records or other information that is otherwise confidential under the *Health Information Act* or the *Public Health Act*, as the case may be, the documents, records or other information shall be dealt with in accordance with this section.

(4) The person named in the subpoena or the person's designate shall permit the Minister, a director, a guardian of the child, the child, if the child is 12 years of age or older, or a lawyer representing any of them to examine the documents, records or other information before the time stated in the subpoena.

(5) The Minister, a director or a guardian of the child may apply to the Court at the time stated in the subpoena or at any other time during the proceedings before the Court to have all or part of the documents, records or other information admitted into evidence.

(6) Notwithstanding any other section of this Act, an application under subsection (5) and any part of the proceedings relating to the documents, records or other information shall be heard in camera.

(7) At the conclusion of the proceedings before the Court the documents, records or other information or part of them introduced in evidence shall be sealed by the clerk of the Court and that part of the record of the proceedings relating to the documents, records or other information shall not be made available to the public.

(8) If the Court makes an order at any time during the proceedings before it and that order is appealed to the Court of Queen's Bench, that part of the hearing before the Court of Queen's Bench that relates to the documents, records or other information shall be heard in camera.

RSA 2000 cC-12 s109;RSA 2000 cH-5 s112;2008 cH-4.3 s11

Age of child

110 In any proceedings under this Act,

(a) the testimony of a parent of the child as to the age of the child,

(b) a birth or baptismal certificate or a copy of it purporting to be certified by the Registrar of Vital Statistics, or

(c) in the absence of the testimony or the certificate or copy referred to in clauses (a) and (b), any other information relating to the age of the child that the Court considers reliable, including inferences the Court may draw from the

child's appearance or from statements made by the child in direct or cross-examination,

is sufficient evidence as to the age of the child.

RSA 2000 cC-12 s110;2007 cV-4.1 s81

Court Proceedings

Right to appear

111(1) In any proceedings before the Court under Part 1, Division 3 or 4,

(a) a foster parent or any other person who has had continuous care and custody of the child for not less than 6 months, and

(b) any other person, with the consent of the Court,

may appear and make representations to the Court.

(2) Notwithstanding subsection (1), the only parties to a proceeding under Part 1, Division 3 or 4 or an appeal from that proceeding are the child, the child's guardian, the director and the Minister.

(3) The Minister need not be served with notice of any proceeding under Part 1, Division 3 or 4.

(4) Notwithstanding subsection (2), a child may examine the Court record only with the consent of the Court.

RSA 2000 cC-12 s111;2003 c16 s98

Legal representative

112(1) If an application is made for a supervision order, a private guardianship order or a temporary or permanent guardianship order, or a child is the subject of a supervision order or a temporary or permanent guardianship order or a permanent guardianship agreement, and the child is not represented by a lawyer in a proceeding under Part 1, Division 3, 4 or 5, the Court may direct that the child be represented by a lawyer if

(a) the child, the guardian of the child or a director requests the Court to do so, and

(b) the Court is satisfied that the interests or views of the child would not be otherwise adequately represented.

(2) If the Court directs that a child be represented by a lawyer pursuant to subsection (1),

(a) it shall refer the child to the Child and Youth Advocate.

(b) repealed 2008 c31 s50.

(3) If a referral is made under subsection (2), the Child and Youth Advocate shall appoint or cause to be appointed a lawyer to represent the child.

(4) If a referral is made under subsection (2), the Court may make an order directing that the costs of the lawyer be paid by the child, the guardian of the child or a director or apportioned among all or any of them, having regard to the means of the child and the guardian.

RSA 2000 cC-12 s112;2003 c16 s99;2004 c16 s24;
2008 c31 s50

Maintenance

Enforcement of maintenance

113 An order of the Court under this Act directing a person to pay financial support toward the maintenance of a child or an agreement under this Act in which a person agrees to pay financial support toward the maintenance of a child may be enforced pursuant to the *Maintenance Enforcement Act*.

RSA 2000 cC-12 s113;2003 c16 s100

Appeals of Orders to Court of Queen's Bench

Appeal to Court of Queen's Bench

114(1) An order of the Court made under this Act may be appealed to the Court of Queen's Bench by

(a) a guardian of the child other than a director,

(b) a person who was a guardian of the child immediately before the order was made,

(c) the child,

(d) the child, if the child is the subject of a secure services order,

(e) a director, or

(f) the Minister.

(2) If the Court refuses to make an order under this Act, the applicant may appeal the refusal to the Court of Queen's Bench.

RSA 2000 cC-12 s114;2003 c16 s101;2008 c31 s52;
2013 cC-12.5 s9(51)

Stay of order

115 Any person who is entitled to appeal pursuant to section 114 may apply to the Court at the time an order is made by the Court for an order staying the execution of the order of the Court for a period of 5 days and, if a notice of appeal is filed during that period, pending the hearing of the appeal.

1984 cC-8.1 s81

Procedure on appeal

116(1) An appeal of an order of the Court to the Court of Queen's Bench under this Act shall be commenced and proceed in accordance with the regulations.

(2) If a notice of appeal is filed pursuant to this section, the appellant may apply to the Court of Queen's Bench for an order staying the execution of the order appealed pending the hearing of the appeal.

RSA 2000 cC-12 s116;2003 c16 s102;
2008 c31 s53

Decision of Court

117(1) Repealed 2008 c31 s54.

(2) On hearing an appeal made pursuant to section 116, the Court of Queen's Bench may

(a) confirm the order or refusal,

(b) revoke or vary the order made, or

(c) make any order the Court could have made in the hearing before it.

RSA 2000 cC-12 s117;2008 c31 s54

Administrative Decision

Administrative review

117.1(1) The following persons directly affected by a decision of a director under this Act may request, in the prescribed form within 30 days of the decision, that the director review the decision:

(a) a child;

(b) a guardian;

(c) a foster parent;

(d) an individual who has had continuous care of a child for more than 6 of the 12 months preceding the decision of the director;

(e) a person who is receiving or may be eligible to receive support and financial assistance pursuant to section 57.3;

(f) a person who is refused financial assistance under section 105.8;

(g) an applicant for a residential facility licence or a renewal of a residential facility licence.

(2) A request under subsection (1) must set out

(a) the decision in sufficient details for the director to be able to identify it, and

(b) the grounds for the review.

(3) In reviewing a decision, a director may receive oral or written submissions from the person who requested the review.

(4) On completing a review the director

(a) may confirm, vary or rescind the decision that has been reviewed, and

(b) must, within 15 days of receiving the request under subsection (1), provide the person who requested the review with a copy of the decision under clause (a) that includes the reasons.

(5) If a copy of the decision is not received under subsection (4)(b) within 15 days of the making of the request under subsection (1), the person who requested the review is deemed to have received a copy of the decision stating that the director has confirmed the decision that was reviewed.

2003 c16 s103;2004 c16 s25;2008 c31 s55

Appeal to an Appeal Panel

Appeal Panel

118(1) The Minister may establish one or more Appeal Panels each consisting of not fewer than 3 persons appointed by the Minister.

(2) A person may be appointed as a member of an Appeal Panel for a term prescribed by the Minister and may be reappointed, but may not be appointed for more than 7 consecutive years.

(3) The Minister shall

(a) designate the chair and vice-chair of an Appeal Panel,

(b) prescribe the number of members of an Appeal Panel that constitutes a quorum,

(c) repealed 2009 cA-31.5 s34.

(4) The members of an Appeal Panel shall receive

(a) remuneration, and

(b) payment for travelling, living and other expenses incurred in the course of their duties as members.

(5) Remuneration and expenses referred to in subsection (4) must be determined

(a) in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*, or

(b) by the Minister if no regulations under the *Alberta Public Agencies Governance Act* are applicable.

RSA 2000 cC-12 s118;2008 c31 s56;2009 cA-31.5 s34

Power of the Appeal Panel

119(1) Any Appeal Panel may hear an appeal made pursuant to section 120.

(1.1) An Appeal Panel may

(a) determine whether representations will be oral or by written submission, and

(b) consider any new evidence that is raised or presented in a hearing.

(2) If an appeal is made from a director's decision referred to in section 120(2)(a) to (a.4) or (f.3), the Appeal Panel may, subject to this Act and the regulations, confirm the decision or refer the matter back to the director for further consideration.

(2.1) If an appeal is made from a director's decision referred to in section 120(2)(b) to (f.2), (g) or (5), the Appeal Panel may, subject to this Act and the regulations, confirm, reverse or vary the decision.

(3) Subject to subsection (1.1), the *Administrative Procedures Act* applies to the proceedings of the Appeal Panel.

(4) An appellant or a child who is the subject of an appeal may be represented at the hearing of the appeal by a lawyer or by any other person.

(5) If no one is present at the hearing of an appeal to represent the interests of a child who is the subject of the appeal, the Appeal Panel may direct that the child be represented at the hearing.

(6) and **(7)** Repealed 2008 c31 s57.

RSA 2000 cC-12 s119;2003 c16 s104;2008 c31 s57

Appeal to the Appeal Panel

120(1) Any of the following persons who are affected by a decision of a director may appeal that decision in accordance with this section:

(a) a child;

(b) a guardian of a child;

(c) a person who has had the continuous care of the child for more than 6 of the 12 months immediately preceding a decision under subsection (2);

(d) a person who is receiving or may be eligible to receive support and financial assistance pursuant to section 57.3.

(1.1) In this section, "residential facility" means a residential facility as defined in Part 3 other than a secure services facility.

(2) An appeal may be made from a decision of a director that has been reviewed under section 117.1 respecting the following:

(a) the removal from or placement in a residential facility of a child who is the subject of a temporary guardianship order or a permanent guardianship agreement or order;

(a.1) terms and conditions imposed on a renewal of, but not on the original issuance of, a residential facility licence under section 105.3;

(a.2) a refusal to renew a residential facility licence under section 105.3;

(a.3) an order made under section 105.6;

(a.4) the variation, suspension or cancellation of a residential facility licence under section 105.7;

(b) the permitting or refusing to permit any person who has a significant relationship with the child to visit a child who is the subject of a permanent guardianship agreement;

(c), (d) repealed 2003 c16 s105;

(e) the refusal or failure of a director to enter into an agreement under Part 1, Division 2 or 6 or to apply to the Court under Part 1, Division 3 in respect of a child who, in the opinion of that director, is in need of intervention;

(f) repealed 2003 cF-5.3 s12;

(f.1) the refusal to provide financial assistance pursuant to section 56.1 or 81;

(f.2) the refusal to provide support or financial assistance pursuant to section 57.3;

(f.3) a matter prescribed in the regulations as being

(i) subject to an appeal to an Appeal Panel, and

(ii) a matter in respect of which the Appeal Panel may only make a decision referred to in section 119(2);

(g) any other matter prescribed in the regulations as being subject to an appeal to an Appeal Panel.

(2.1) Notwithstanding subsection (2)(a), a child who is receiving treatment in a residential facility may not appeal a decision of a director to place the child in that residential facility.

(3) A notice of appeal in the prescribed form

(a) must include, where applicable, a copy of the decision provided under section 117.1(4)(b) or a statement that the review is deemed to have confirmed the decision in accordance with section 117.1(5), and

(b) must be served on the director

(i) not more than 30 days after the copy of the decision was provided under section 117.1(4)(b) or the deemed confirmation occurred under section 117.1(5), or

(ii) in the case of an appeal of a decision or order described in subsection (5), not more than 30 days after the appellant has received notice of the director's decision or order.

(4) Repealed 2008 c31 s58.

(5) A person

(a) who is dissatisfied with the terms and conditions imposed by a director with respect to a conditional licence to operate an adoption agency issued under section 88(1)(b),

(b) whose application for a licence or renewal of a licence to operate an adoption agency is refused under section 88(1)(c), or

(c) whose licence to operate an adoption agency has been suspended or cancelled by a director under section 89,

may appeal the decision to an Appeal Panel in accordance with this section.

(5.1) Notwithstanding subsection (2), a decision of a director that was made after the matter was referred back to the director for further consideration under section 119(2) may not be appealed to the Appeal Panel under subsection (2).

(6) Repealed 2003 c16 s105.

RSA 2000 cC-12 s120;2003 cF-5.3 s12;
2003 c16 s105;2004 c16 s26;2008 c31 s58

Appeals of Appeal Panel Decisions to Court of Queen's Bench

Procedure on appeal

120.1(1) A decision of an Appeal Panel under section 119(2.1) may be appealed to the Court of Queen's Bench by a party to the appeal before the Appeal Panel or by the Minister.

(2) An appeal under this section shall be commenced and proceed in accordance with the regulations.

(3) If a notice of appeal is filed pursuant to this section, the appellant may apply to the Court of Queen's Bench for an order staying the decision of the Appeal Panel appealed from pending the hearing of the appeal.

2008 c31 s59

Decision of Court

120.2 On hearing an appeal made pursuant to section 120.1, the Court of Queen's Bench may confirm, reverse or vary the decision of the Appeal Panel.

2008 c31 s59

General

Delegation

121(1) The Minister may delegate any of the duties or powers conferred or imposed on the Minister under this Act, except the

power to delegate under subsection (2) and the power to make regulations under section 131, to any person or government for any purpose in connection with the administration of this Act.

(2) The Minister may delegate any of the duties or powers conferred or imposed on a director by a court or under any Act, including the power under this Act to form an opinion, to receive a report under section 4 or 5 or to delegate or subdelegate, to any person or government for any purpose in connection with the administration of this Act.

(3) A director may delegate any of the duties or powers conferred or imposed on the director by a court or under any Act, including the power under this Act, the *Drug-endangered Children Act* or the *Protection of Sexually Exploited Children Act* to form an opinion, to receive a report under section 4 or 5 or to delegate or subdelegate to

(a) a person employed or engaged in the administration of this Act,

(b) a foster parent in respect of a particular child,

(c) any other person who is providing care to a child in respect of that child, or

(d) any other person or any government.

(4) The Minister or a director is authorized to receive any authority delegated to the Minister or director by a government or child welfare authority relating to a child who is in the custody or under the guardianship of that government or authority.

RSA 2000 cC-12 s121;RSA 2000 c26(Supp) s11; 2006 cD-17 s8;2007 c8 s12;2013 cB-7.5 s9

Agreements

122(1) The Minister or a director may enter into an agreement with any person for the purpose of that person providing intervention services to a child under this Act.

(2) The Minister may enter into an agreement, in accordance with the regulations, for the purposes of providing services under this Act on a reserve.

RSA 2000 cC-12 s122;2003 c16 s106;2004 c16 s27

Engagement of consultants

123(1) The Minister may appoint experts or persons having special technical or other knowledge to advise an Appeal Panel under this Part.

(2) A person appointed under subsection (1) may be paid the remuneration and expenses that the Minister prescribes.

1984 cC-8.1 s89

Minor guardian

124 This Act is applicable to a parent or guardian even if that parent or guardian is under the age of 18 years notwithstanding that the parent or guardian does not have a litigation representative, but the Court may appoint the Public Trustee or any other person to safeguard the parent's or guardian's interest in any proceeding before the Court.

RSA 2000 cC-12 s124;2011 c14 s3

Reciprocal agreement

124.1(1) The Minister may enter into agreements with the appropriate authority in any jurisdiction within or outside Canada with respect to

(a) the transfer to the authority by a director of the guardianship of a child under a permanent guardianship agreement or order, and

(b) the transfer to a director by the authority, of the guardianship of any child under the guardianship of that authority.

(2) If a director assumes responsibility for the guardianship of a child pursuant to subsection (1), the child is deemed to be under the guardianship of the director pursuant to a permanent guardianship order under this Act.

(3) Any proceedings with respect to the guardianship of a child transferred to a director pursuant to this section must be taken in accordance with this Act.

2003 c16 s107

Foreign orders and agreements

125 An order made by a court or an agreement for care entered into pursuant to child welfare legislation in another jurisdiction that is certified as being valid and subsisting by the court or an appropriate authority in that jurisdiction has the same force and effect as if it had been made under this Act as far as is consistent with this Act.

1985 c16 s29

Confidentiality

126(1) The Minister and any person employed or assisting in the administration of this Act, including an agency providing services on behalf of a director, may disclose or communicate personal

information that comes to the Minister's or person's or agency's attention under this Act only in accordance with the *Freedom of Information and Protection of Privacy Act*, in proceedings under this Act, in accordance with Part 2, Division 2 or this Part or as follows:

(a) to any person or organization, including an agency providing services to a child, if the disclosure is necessary to plan services for or provide services to the child or the child's family or to plan or provide for the day-to-day care or education of the child;

(b) to the guardian of the child to whom the information relates or the guardian's lawyer;

(c) to the child to whom the information relates or the child's lawyer;

(d) to any person employed in the administration of child protection legislation in another province or territory of Canada;

(e) to any person with the written consent of the Minister.

(2) Notwithstanding subsection (1), no information shall be disclosed or communicated pursuant to this section without the consent in writing of the Minister of Justice and Solicitor General or that Minister's agent if that information was provided by an agent of the Minister of Justice and Solicitor General.

(3) A director or a person acting on behalf of a director, including an agency providing services on behalf of a director, may collect and use personal information, including health information, for the purposes of conducting an assessment or an investigation or providing services under this Act.

(4) A custodian may disclose health information to a director or a person acting on behalf of a director, including an agency providing services on behalf of a director, for the purposes set out in subsection (3).

(5) A public body may disclose personal information to a director or a person acting on behalf of a director, including an agency providing services on behalf of a director, for the purposes set out in subsection (3).

(6) No liability attaches to the Minister or any other person who discloses or communicates information in accordance with this

section if the disclosure or communication is made in the administration of this Act or for the protection of the child.

RSA 2000 cC-12 s126;RSA 2000 cH-7 s154;2003 c16 s108; 2008 c31 s60;2011 cC-11.5 s26;2013 c10 s34

126.01 Repealed 2011 cC-11.5 s26.

Privileged information

126.1(1) Despite section 126(1), the name of a person who makes a report to the director under section 4 or 5 and information that would identify that person is privileged information of the person making the report and is not admissible in evidence in any action or proceeding before any court or an Appeal Panel or before any inquiry without the consent of the person.

(2) Despite subsection (1), the Minister may direct the release of information under subsection (1) that would identify the person.

(3) If there is a conflict or inconsistency between subsection (1) and the *Freedom of Information and Protection of Privacy Act*, subsection (1) prevails.

2003 c16 s109

Applying for information

126.11(1) In this section, "court" means the Provincial Court, Court of Queen's Bench and Court of Appeal.

(2) Despite section 126 but subject to sections 126.01 and 126.1, a party to a civil matter under this Act or any other Act, including a matter where a director is a party, may apply to the court hearing the matter for disclosure of a record or part of a record that contains information held under this Act.

(3) Section 24 applies to the hearing of an application under this section.

(4) An application under subsection (2) must be in writing, include an affidavit and identify the record or the part of the record that contains the information, the person who has possession of the record and the grounds for disclosure.

(5) The application must be served on at least 5 days' notice, or longer if ordered by the court, on a director, the person who has control or possession of the record or the part of the record and any other person that the court directs.

(6) The court may adjourn the application.

(7) Any one or more of the following assertions are not sufficient on their own to establish that the record or part of the record is relevant, material and likely necessary to advance the position of the party seeking disclosure:

(a) that the record exists;

(b) that the record relates to intervention services the family has received or is receiving;

(c) that the record may relate to the credibility of any witness.

(8) The court, on considering

(a) whether the information contained in the record or the part of the record has or is likely to have probative value and has not been disclosed in another record or in another form,

(b) the potential prejudice to the dignity and right to privacy of any person to be affected by the disclosure of the record or the part of the record,

(c) the rights of the parties to a fair hearing,

(d) the public interest in facilitating and supporting the care of children under the guardianship of or in the custody of a director,

(e) the need to not unduly delay matters affecting a child,

(f) the potential danger to the physical, mental or emotional health of a child or another person,

(g) the size of the requested record or the requested part of the record, and

(h) any other factor that the court may consider relevant,

may order that the record or the part of the record be produced to the court, if the court is satisfied that it is relevant, material and likely necessary to advance the position of the applicant.

(9) On production of the record or the part of the record pursuant to subsection (8), the court must examine it in private and must

(a) reconsider the factors set out in subsection (8),

(b) reconsider whether the information contained in the record is relevant, material and likely necessary to advance the position of the applicant, and

(c) determine whether the record should be disclosed to the applicant.

(10) If the court orders disclosure of the record or the part of the record under subsection (9),

(a) the court may direct that the record or the part of the record be disclosed subject to conditions, including

(i) that it be disclosed to other parties in addition to the applicant,

(ii) that it be edited as directed by the court,

(iii) that it cannot be disclosed to any other person except with the approval of the court,

(iv) that it may be viewed only at a location specified by the court and that no copy be made of it,

(v) that only a restricted number of copies be made of it,

(vi) that personal information be severed from it, and

(vii) any other condition considered advisable by the court,

and

(b) the use of the record is limited to the proceedings unless the court orders otherwise.

(11) If the court does not order disclosure of the record or the part of the record under subsection (9), unless the court orders otherwise it must be kept in a sealed package by the court until the expiration of the time for any appeal or the completion of any appeal in the matter and then it must be returned to the person who produced it to the court.

2003 c16 s109;2004 c16 s28;2008 c31 s62

References to guardian

126.12 If a director is or has been a guardian of a child, a reference in section 126.2 or 126.3 to a guardian includes the person who was the guardian of the child immediately before a director became the guardian of the child.

2014 c7 s14

Ban on publication

126.2(1) No person shall publish the name or a photograph of a child or of the child's parent or guardian in a manner that reveals that the child is receiving or has received intervention services.

(2) Despite subsection (1),

(a) a director may publish or consent to the publication of the name or a photograph of a child or of the child's parent or guardian and any other information related to the child if, in the opinion of the director, the publication is in the child's best interest or necessary for the proper administration of justice;

(b) a child who is 16 years of age or older may publish, or consent to the publication of, the child's name or photograph in a manner that reveals that the child has received intervention services;

(c) a Court may, on the application of

(i) a child,

(ii) a parent or guardian of a child, or

(iii) any interested party, with the permission of the Court,

grant permission to the child, the parent or guardian or the interested party, as the case may be, to publish or consent to the publication of the name or photograph of the child or of the child's parent or guardian in a manner that reveals that the child is receiving or has received intervention services if the Court is satisfied that the publication is in the child's best interest or the public interest.

(3) A person who brings an application under subsection (2)(c) must provide notice of the application to a director.

(4) Any person who contravenes subsection (1) is guilty of an offence and liable to a fine of not more than $10 000 and in default of payment to imprisonment for a term of not more than 6 months.

(4.1) This section does not apply in respect of a deceased child.

(5) Repealed 2014 c7 s15.

2003 c16 s109;2004 c16 s28;2011 cC-11.5 s26;
2014 c7 s15;2014 c13 s16

Application for publication ban respecting deceased child

126.3(1) In this section, "family member", in respect of a deceased child, means an individual who

(a) is a parent, guardian, grandparent or sibling of the deceased child,

(b) stands in the place of a parent, within the meaning of section 48 of the *Family Law Act*, with respect to the child, or

(c) is a member of a prescribed class of individuals.

(2) Where a child who received intervention services has died,

(a) a director,

(b) a family member, or

(c) with the permission of the Court, any other person

may make an ex parte application in accordance with the regulations to the Court for an order that no person shall publish, in a manner that reveals that the deceased child received intervention services, the name or a photograph of the deceased child, of any parent or guardian of the deceased child or of any other individual identified in the order.

(3) The Court may grant an order applied for under subsection (2) if the Court is satisfied that the order would be appropriate, having regard to

(a) the best interests of any child receiving intervention services who is a sibling of the deceased child,

(b) the known wishes of the deceased child, and

(c) the public interest in the administration of justice.

(4) An order made under subsection (3) does not bind

(a) any family member, or

(b) any person who has not been served with a copy of the order unless the Court is satisfied that, in all of the circumstances, the person has knowledge of the order.

(5) Any person who is bound by an order made under subsection (3) may make an application to the Court to have the order set aside.

2014 c7 s16;2014 c13 s16

Records

127(1) In this section, "record" includes

(a) a document, record, report, return, memorandum or other information whether in writing or in electronic form or represented or reproduced by any other means, and

(b) the results of the recording of details of electronic data processing systems and programs to illustrate what the systems and programs do and how they operate.

(2) A person required to do so by the regulations shall keep records with respect to a child who is the subject of an investigation, agreement or order under this Act or any predecessor to this Act.

(3) The records shall be kept

(a) at the person's place of business in Alberta, or

(b) subject to any terms and conditions that the Minister may impose, at a place in Alberta or elsewhere approved by the Minister.

(4) The records shall be kept until 100 years after the year to which the information contained in the records relates.

(5) Notwithstanding subsection (4), the Minister may order the destruction or consent to the destruction of records required to be kept under this section.

(6) The records that are required to be kept by a person shall be made available by that person for inspection by the Minister or a person authorized by the Minister whether or not those records are in that person's possession.

(7) Any person who contravenes this section is guilty of an offence and liable to a fine of not more than $2000 and in default of payment to imprisonment for a term of not more than 6 months.

1984 cC-8.1 s92

Maintenance by the Minister

128(1) The Minister shall pay

(a) the costs incurred for the care and maintenance of a child who is in the custody of a director or under the guardianship of a director, and

(b) the costs of any assessment ordered to be made under section 31.

(2) Subsection (1) does not affect the liability of the parents of a child or of the child to provide care and maintenance for the child.

(3) The Minister may recover the costs the Minister incurs under this Act for the care and maintenance of a child.

1984 cC-8.1 s93;1988 c15 s45

Alberta Resource Rebate

128.1(1) In this section, "director" means the director designated by the Minister as the director for the purpose of this section.

(2) Where a child who is the subject of a temporary guardianship order or a permanent guardianship order or agreement, or a youth who is the subject of a custody agreement or a family enhancement agreement, is entitled to a refund of an amount deemed under section 35.2 of the *Alberta Personal Income Tax Act* to be an overpayment, the refund shall be held and administered by the director.

(3) Notwithstanding section 34(4), the director is a trustee for the purposes of section 7 of the *Minors' Property Act* and shall administer refunds referred to in subsection (2) in accordance with the regulations made under subsection (4).

(4) The Lieutenant Governor in Council may make regulations

(a) notwithstanding the *Trustee Act*, respecting the manner in which refunds under section 35.2 of the *Alberta Personal Income Tax Act* are to be administered by the director, including the circumstances and manner in which interest may be payable;

(b) respecting the disposition of refunds in the event that a child cannot be located after the child attains the age of 18 years.

2005 c37 s5

Appointments

129(1) The Minister shall designate one or more individuals as directors for the purposes of this Act and the *Protection of Sexually Exploited Children Act*.

(1.1) An individual designated under subsection (1) must have the qualifications required by the regulations.

(2) A director or a director's delegate when acting under section 19, 45, 46 or 48 has the powers of a peace officer.

(3) Repealed 2003 c16 s110.

RSA 2000 cC-12 s129;2003 c16 s110;2007 c8 s12

Offence

130 Any person who

(a) causes a child to be in need of intervention, or

(b) obstructs or interferes with, or attempts to obstruct or interfere with, a director, a director's delegate, a peace

officer or any other duly authorized person exercising any power or performing any duty under this Act

is guilty of an offence and liable to a fine of not more than $25 000 or to imprisonment for a period of not more than 24 months or to both a fine and imprisonment.

RSA 2000 cC-12 s130; 2003 c16 s111;2004 c16 s29; 2013 cC-12.5 s9(63)

Regulations

131(1) The Lieutenant Governor in Council may make regulations

(a) respecting procedures for the assessment and placement of children under this Act;

(b) prescribing the standards to be met in providing intervention services including the qualifications of persons to be employed in providing those services;

(c) respecting rules under which appeals under this Act are to be made and heard and dealing generally with all matters of procedure before Appeal Panels, the Court and the Court of Queen's Bench under this Act;

(d) prescribing the forms including notices to be used in any application made to Appeal Panels, the Court and the Court of Queen's Bench under this Act;

(d.1) respecting applications to the Court under section 126.3, including, without limitation, regulations

(i) prescribing classes of individuals for the purpose of section 126.3(1)(c);

(ii) respecting service of orders made under section 126.3;

(e) prescribing the professions or occupations to which section 4(5) applies;

(e.1) respecting any matter necessary or advisable to carry out effectively the intent and purpose of section 19.1.

(e.2) respecting the disclosure of financial information for the purpose of section 57.8;

(e.3) respecting the circumstances under which the Council may appoint an expert review panel;

(f) repealed 2003 c16 s131.

(2) The Minister may make regulations

(a) prescribing the forms to be used under this Act other than the forms prescribed under subsection (1);

(a.1) respecting or adopting the form to be used for a home study report under this Act;

(b) prescribing the amount, nature and conditions of services and financial assistance provided under this Act;

(c) respecting support services;

(d) prescribing the rates payable for the provision of any intervention services under this Act;

(e) prescribing the period for which, the purposes for which and the conditions on which a person may be provided with support and financial assistance under section 57.3;

(f) designating facilities as secure services facilities;

(g), (h) repealed 2003 c16 s112;

(i) repealed 2003 cF-5.3 s12;

(j) respecting the amount, nature, conditions and reviews of any financial assistance granted under section 81;

(k) prescribing a schedule of fees that will be paid to lawyers appointed under section 112;

(l) prescribing matters that may be the subject of an appeal to an Appeal Panel and prescribing matters in respect of which the Appeal Panel may only make a decision referred to in section 119(2);

(m) prescribing those persons required to keep records under this Act;

(n) prescribing any other matter required to be prescribed under this Act;

(o), (p) repealed 2011 cC-11.5 s26;

(q) respecting the establishment and operation of licensed adoption agencies for the placement of children for adoption;

(r) repealed 2003 c16 s112;

(s) respecting applications and fees for the licensing of licensed adoption agencies and respecting the issuance, renewal and expiry of licences;

(t) prescribing the books, records, accounts and other documents required to be maintained by licensed adoption agencies, and the inspection, maintenance and security of those books, records, accounts and other documents;

(u) prescribing the qualifications to be met by persons operating or employed by licensed adoption agencies and prescribing the duties of those persons;

(v) prescribing the services that may be provided by licensed adoption agencies and the fees and expenses that may be charged for those services and prescribing the standards of service that must be maintained by licensed adoption agencies;

(w) prescribing the information, documents and reports required to be submitted to the Minister by licensed adoption agencies;

(x) respecting the placement of children for adoption in or outside Alberta by licensed adoption agencies;

(y) prescribing the forms to be used by licensed adoption agencies and providing for their use;

(z) respecting the contents of advertisements and other promotional material that may be used by licensed adoption agencies ;

(aa) respecting applications under section 72.1;

(bb) respecting reports under section 34.1;

(cc) respecting documents required to be sealed under section 74.1(2);

(dd) respecting licensing and standards for the operation of residential facilities;

(ee) respecting rates that may be charged by residential facilities;

(ff) repealed 2004 c16 s30;

(gg) respecting agreements under section 122;

(hh) respecting financial assistance under sections 56.1 and 105.8 and support and financial assistance under section 57.3;

(ii) respecting procedures for review under section 117.1;

(jj) repealed 2008 c31 s63;

(kk) repealed 2004 c16 s30;

(ll) respecting plans of care under section 57.2;

(mm) respecting qualifications of directors;

(nn) defining alternative dispute resolution;

(oo) respecting alternative dispute resolution;

(pp) respecting the qualifications of persons conducting alternative dispute resolution;

(qq) prescribing qualified persons for the purposes of Part 1, Division 5 and Part 2;

(rr) respecting the contents of cultural connection plans for the purposes of sections 52 and 63;

(ss) specifying reports to which section 105.793(f) applies.

RSA 2000 cC-12 s131;2002 c9 s9;2003 cF-5.3 s12; 2003 c16 s112;2004 c6 s8; 2004 c16 s30;2008 c31 s63; 2011 cC-11.5 s26;2014 c7 s17

Restriction

131.1 For the purposes of section 131(1)(d.1), no regulation shall be made prior to being considered by an all party committee of the Legislative Assembly.

2014 c7 s18

Part 5
Transitional, Repeal and Coming into Force

Transitional

132 If a child is a permanent ward of the Crown under the *Child Welfare Act*, RSA 1980 cC-8, the child is deemed to be the subject of a permanent guardianship order under this Act.

Repeals s58(1)(a) and (2)

133(1) Section 58(1)(a) and (2) are repealed on Proclamation.

(2) An application for an adoption order commenced before the coming into force of this section is to be concluded as if this section had not come into force.

(3) On the repeal of section 58(1)(a) pursuant to subsection (1) of this section, a reference in Part 2, Division 1

(a), (b) repealed 2009 c53 s35,

(c) in section 91(3) to "Court" means "Court of Queen's Bench".

RSA 2000 cC-12 s133;2003 c16 s114;2009 c53 s35

Coming into force

134 Section 133(2) comes into force on Proclamation.

1988 c15 s48

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Province of Alberta

CHILD, YOUTH AND FAMILY ENHANCEMENT ACT

CHILD, YOUTH AND FAMILY ENHANCEMENT REGULATION

Alberta Regulation 160/2004

With amendments up to and including Alberta Regulation 147/2014

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

(Consolidated up to 147/2014)

ALBERTA REGULATION 160/2004

Child, Youth and Family Enhancement Act

CHILD, YOUTH AND FAMILY ENHANCEMENT REGULATION

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Definitions

1(1) In this Regulation, "Act" means the *Child, Youth and Family Enhancement Act*.

(2) For the purposes of Part 1, Division 5 and Part 2 of the Act, "qualified person" means

(a) an individual who is registered on the general register category of the regulated members register of the Alberta College of Social Workers, or

(b) a person who in the opinion of the Minister is qualified because of the person's education and experience.

(3) For the purposes of the Act, "alternative dispute resolution" means mediation.

Forms

2(1) The forms prescribed for the purposes of the Act related to this Regulation are the forms in Schedule 1.

(2) Where the Act requires that a cultural connection plan be made or filed, the plan is to be in Form 20 as set out in Schedule 1.

AR 160/2004 s2;277/2009

Secure services facilities

3 The facilities listed in Schedule 2 are secure services facilities for the purposes of the Act.

Director's qualifications

4 For the purposes of this Act, the qualifications required for a person to be appointed as a director are that the person

(a) holds a master degree in social work and has 10 years' direct experience in the delivery of intervention services, or

(b) has a combination of education and experience considered by the Minister to be equivalent to that described in clause (a).

Part 1
General Provisions

Mediation

5(1) A person who conducts alternative dispute resolution by mediation under section 3.1 of the Act must

(a) have qualifications or experience, or a combination of both, satisfactory to a director, and

(b) be agreed to by all parties to the mediation.

(2) A person who conducts alternative dispute resolution by mediation must use a process that facilitates the parties to the mediation to make their own decisions to resolve the dispute.

Post-18 support, financial assistance

6(1) A director may enter into an agreement in Form 12 of Schedule 1 with a person described in section 57.3 of the Act with respect to the provision of support and financial assistance required to assist or enable the person to establish or maintain an independent living arrangement if, in the opinion of the director,

the support and financial assistance are not reasonably available to the person from other sources.

(2) An agreement referred to in subsection (1) must include a plan for the person's transition to independence and adulthood in Form 9 of Schedule 1.

(3) An agreement referred to in subsection (1) may provide support and financial assistance that are required for the health, well-being and transition to independence and adulthood of the person referred to in section 57.3 of the Act, including

(a) living accommodation,

(b) financial assistance related to necessities of life,

(c) if the person is less than 20 years of age, financial assistance related to training and education,

(d) if the person is less than 20 years of age, health benefits, and

(e) any other services that may be required to enable the person to live independently or achieve independence.

(4) No agreement referred to in subsection (1) may be entered into or remains in force after the person's 24th birthday.

AR 160/2004 s6;147/2014

Duty to keep records

7 For the purposes of section 127 of the Act, a director must keep records with respect to a child who is the subject of an investigation, agreement or order under the Act or any predecessor to the Act.

Annual permanent placement plans report

8(1) A report referred to in section 34.1 of the Act must be made annually for the calendar year immediately preceding the preparation of the report, and must be provided to the Minister at the time required by the Minister.

(2) The report must not contain identifying information respecting any child but must indicate

(a) the total number of children who were the subject of permanent guardianship agreements or orders at any time during the year for which the report is made,

(b) the average length of time that the children referred to in clause (a) were the subjects of permanent guardianship agreements or orders, and

(c) the categories of permanent placement considered by the director for the children referred to in clause (a) and the number of children placed in each category during the year for which the report is made.

AR 160/2004 s8;277/2009

9 Repealed AR 277/2009 s4.

Supports for permanency

10(1) The maximum financial assistance that may be provided in agreements, pursuant to sections 56.1 and 81 of the Act, in Form 13 of Schedule 1 is

(a) the basic maintenance rate available for a child in foster care,

(b) if the child has behavioural or emotional problems,

(i) the cost of 10 counselling sessions annually,

(ii) the cost of treatment of the child in a residential facility, satisfactory to a director, if the director is of the opinion that the placement of the child is likely to break down without the treatment, and

(iii) $70 weekly to purchase any additional services required to address the child's behavioural or emotional problem,

(c) in the case of a child who is an Indian, the cost of transportation of the child to the child's band for the purpose of maintaining cultural ties, and

(d) the cost of parental respite services to a maximum of 576 hours annually per family.

(2) A director must review an agreement referred to in subsection (1)

(a) annually, and

(b) within 30 days after receiving a written request for a review from the other party to the agreement.

(3) If, after a review under subsection (2) or after a director receives information about changes in circumstances, the director is of the opinion that

(a) the needs of the child have changed, or

(b) the financial ability of the person described in section 56.1 or 81 of the Act to maintain the child or to provide the services required to meet the needs of the child has changed,

the director may require that the agreement be varied or may terminate the agreement immediately or on 30 days' written notice, in accordance with the terms of the agreement, to the other party to the agreement.

(4), (5) Repealed AR 277/2009 s5.

(6) Repealed AR 163/2006 s2.

AR 160/2004 s10;163/2006;277/2009

Part 2
Section 105.8 Financial Assistance

Definitions

11 In this Part,

(a) "basic monthly benefit" means the basic monthly benefit referred to in section 15;

(b) "caregiver" means the adult person who cares for a child within the meaning of section 105.8 of the Act.

Director may provide financial assistance

12 A director may, in accordance with this Part, provide benefits under this Part to a caregiver in respect of a child referred to in section 105.8 of the Act.

Application for financial assistance

13(1) An application by a caregiver for a basic monthly benefit must be in Form 14 of Schedule 1 and must be submitted to a director.

(2) If application is made in respect of more than one child under the caregiver's care, a separate application must be submitted in respect of each child.

Annual eligibility review form

14(1) A caregiver who receives a basic monthly benefit must provide an annual eligibility review form in Form 15 of Schedule 1 to a director on request.

(2) A separate annual eligibility review form must be submitted for each child under the caregiver's care in respect of whom a basic monthly benefit is being paid.

(3) If a caregiver fails to submit the annual eligibility review form as required under this section, the director may withhold any further benefits under this Part until the form is submitted.

Basic monthly benefit

15 The caregiver of a child who meets the eligibility requirements of section 105.8 of the Act and this Part is entitled to receive financial assistance in the form of a basic monthly benefit in respect of the child in an amount equal to,

(a) in the case of a child who is less than 12 years of age, the difference between $105 and the total monthly deductions calculated in accordance with section 17, and

(b) in the case of a child who is 12 years of age or older, the difference between $148 and the total monthly deductions calculated in accordance with section 17.

Eligibility requirements

16(1) A basic monthly benefit may be paid in respect of a child if the child is occupied full-time in one or more of the following:

(a) employment;

(b) an education program acceptable to a director;

(c) an employment training program acceptable to a director.

(2) A basic monthly benefit may not be paid in respect of a child if any of the following circumstances apply:

(a) if the child has a monthly gross employment income that exceeds $1000, unless the child is also attending a full-time educational program or training program described in subsection (1);

(b) if the child is married to the child's caregiver or is living with the caregiver in a relationship of interdependence as defined in the *Adult Interdependent Relationships Act*;

(c) if the child's caregiver is the child's biological or adoptive parent.

(3) Despite subsection (1), a director may pay a basic monthly benefit if the director is satisfied that, due to the child's age or for medical reasons, the child is unable to be fully occupied with employment or education or employment training programs described in subsection (1).

Deductions from basic monthly benefit

17(1) The following monthly income amounts are to be deducted for the purposes of calculating the amount of the basic monthly benefit:

(a) payments for the child's benefit from income earned by a trust account for the child's benefit;

(b) support or maintenance payments for the child's benefit from the child's parent or guardian;

(c) payments received by the child or for the child's benefit under any of the following:

(i) the *Canada Student Loans Act* (Canada);

(ii) the *Canada Student Financial Assistance Act* (Canada);

(iii) the *Student Financial Assistance Act*;

(d) any other grant or bursary received by the child or for the child's benefit for education or training purposes.

(2) If the total monthly amount referred to in subsection (1) varies from month to month, the director may calculate an average amount as the monthly deduction for the purpose of this section.

Supplementary benefits

18 If a caregiver is receiving or is eligible to receive a basic monthly benefit in respect of a child, a director may, in accordance with sections 19 to 23, provide supplementary benefits to the caregiver on behalf of the child.

Child care costs

19(1) If a child attends

(a) a child care program licensed under the *Child Care Licensing Act*, or

(b) a family day home approved by a director for the purposes of this section,

the director may pay to the child's caregiver child care costs in accordance with this section.

(2) A director may not pay child care costs under this section unless the caregiver establishes a demonstrated need for child care to the director's satisfaction.

(3) The amount of the child care costs to be paid under subsection (1) is determined as follows:

(a) if the caregiver is eligible for the maximum Provincial Child Care Subsidy in respect of the child, the child care costs to be paid are an amount that is equal to that part of the child care costs that is not covered by the Provincial Child Care Subsidy Program and that the caregiver is required to pay;

(b) if the caregiver is eligible for less than the maximum Provincial Child Care Subsidy in respect of the child, the child care costs to be paid are an amount that is equal to that part of the child care costs that is not covered by the Provincial Child Care Subsidy Program and that the caregiver is required to pay, but in no case shall the amount of child care costs paid under this section plus the amount of the Provincial Child Care Subsidy Program for which the caregiver is eligible exceed the maximum Provincial Child Care Subsidy offered in respect of the licensed day care centre or family day home in respect of a child of the same age;

(c) if the caregiver is not eligible for the Provincial Child Care Subsidy in respect of the child, the child care costs to be paid are an amount that is equal to the actual child care costs paid by the caregiver, up to the maximum Provincial Child Care Subsidy that is offered in respect of the licensed day care centre or family day home in respect of a child of the same age.

AR 160/2004 s19;277/2009

Out-of-school-care costs

20(1) If a child

(a) attends

(i) a school in any of grades one to 6, or

(ii) a school in any of grades 7 to 12 and the caregiver demonstrates to the director's satisfaction a medical or developmental need for out-of-school-care for the child,

and

(b) attends an out-of-school-care centre,

the director may pay to the caregiver in respect of the child's out-of-school-care costs an amount to be determined as follows:

(c) if the caregiver is eligible for an out-of-school-care subsidy from another source in respect of the caregiver's out-of-school-care costs, the out-of-school-care costs to be paid are an amount equal to the difference between the total out-of-school-care costs paid and the amount of the subsidy, to a maximum of $300 per month;

(d) if the caregiver is not eligible for an out-of-school-care subsidy from another source, or there is no such subsidy available in respect of the caregiver's out-of-school-care costs, the out-of-school-care costs to be paid are an amount equal to the total out-of-school-care costs paid, to a maximum of $300 per month.

(2) The director may refuse to pay an amount under subsection (1) if the director is not satisfied that the caregiver has applied for and received all other subsidies for out-of-school-care costs in respect of the child for which the caregiver or child is eligible.

School expenses

21 If a child is in full-time attendance at a school in an early childhood services program, as defined in the *School Act*, or any of grades one to 12, a director may pay to the child's caregiver an amount to cover

(a) lunchroom supervision fees, and

(b) the actual cost of school expenses, supplies and fees, to an annual maximum of

(i) $50 if the child is in an early childhood services program, as defined in the *School Act*,

(ii) $100 if the child is in grades one to 6, or

(iii) $228 if the child is in grades 7 to 12.

Health services and benefits

22 A director may provide health benefits in respect of a child pursuant to a Child Health Benefit Program card issued in accordance with an agreement between officials on behalf of the Department of Human Services, if the child is not covered in respect of such benefits under an insurance plan of the caregiver or the child's parent or guardian.

AR 160/2004 s22;35/2007;68/2008;31/2012

Annual supplementary enhancement benefit

23(1) If a director considers it appropriate to do so, the director may pay to a caregiver an annual supplementary enhancement benefit in the amount of not more than $200 for the benefit of a child under the caregiver's care.

(2) A director may pay the amount referred to in subsection (1) in a lump sum or on a periodic basis.

Changes in circumstances

24 A caregiver who is in receipt of a benefit under this Part must immediately report the following to a director in writing:

(a) if there is a change in the caregiver's address or contact information;

(b) if a child, in respect of whom a benefit is provided,

(i) ceases to live with the caregiver,

(ii) ceases to attend a full-time education program or an employment training program as required under section 16(1), or

(iii) commences or ceases employment;

(c) if there is a change in the income earned by the child;

(d) if there is a change in the income received by the caregiver on behalf of the child;

(e) if there is a change in the caregiver's ability to care for the child;

(f) if the child's parent moves into the caregiver's home;

(g) if there is any other change in circumstances that would affect entitlement to a benefit under this Part or the amount of it.

Recovery of unauthorized payments

25 If

(a) a benefit under this Part is provided to a caregiver who is not entitled to it, or

(b) an overpayment of a benefit under this Part is made to a caregiver,

the Government may recover in an action in debt the amount of the unauthorized payment or may make deductions from future benefits under this Part to the caregiver until the amount of the unauthorized payment is recovered.

Duty to keep documents and records

26 A caregiver must keep records and documents that are relevant for the purpose of determining eligibility for or the amount of a benefit under this Part and must make those records and documents available for inspection on the request of a director or a person designated by the director for that purpose.

Part 3
Repeal, Expiry and Coming into Force

Repeal

27 The *General Regulation* (AR 38/2002) and *Qualification Regulation* (AR 40/2002) are repealed.

Expiry

28 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on June 30, 2017.

AR 160/2004 s28;192/2013

Coming into force

29 This Regulation comes into force on November 1, 2004.

Schedule 1

Form 1
Family Enhancement Agreement with a Guardian or Custodian

1 Regarding the child(ren):

(Name) , born (date -yyyy/mm/dd) ,ID # _____
(Name) , born (date -yyyy/mm/dd) ,ID # _____
(Name) , born (date -yyyy/mm/dd) ,ID # _____

2 Agreement

This agreement is made according to section 8 of the *Child, Youth and Family Enhancement Act.*

This agreement is between a director and (name) of (address) who is this child's ☐ guardian ☐ custodian.

We agree that this agreement will be effective from (date -yyyy/mm/dd) to (date -yyyy/mm/dd) unless cancelled earlier.

We agree that to cancel this agreement, one of us may provide a letter to the other person that sets a date for the agreement to end.

We have read and agree to the Family Enhancement Plan dated (date -yyyy/mm/dd) that is attached to this agreement.

We understand that we may make changes to the Family Enhancement Plan if both of us agree.

3 Signatures

(Guardian/Custodian) (date -yyyy/mm/dd)
(Guardian/Custodian) (date -yyyy/mm/dd)
(Director's delegate) (date -yyyy/mm/dd)

Form 2
Custody Agreement with a Guardian

1 Regarding the child(ren):

(Name) , born (date -yyyy/mm/dd) , Personal Health # ____
(Name) , born (date -yyyy/mm/dd) , Personal Health # ____
(Name) , born (date -yyyy/mm/dd) , Personal Health # ____

2 Agreement

This agreement is made according to sections 9 and 10 of the *Child, Youth and Family Enhancement Act.*

This agreement is between a director and (name), of (address), who is the child's guardian.

We agree that this agreement will be effective from (date - yyyy/mm/dd) to (date -yyyy/mm/dd) unless cancelled earlier.

We agree that to cancel this agreement, one of us may provide a letter to the other person that sets a date for the agreement to end.

We agree to the terms set out below.

3 Terms

We agree that on signing this agreement the director assumes custody of the child during the period of this agreement.

The guardian agrees that the director may:

- decide about the child's daily routine,
- obtain ordinary medical or dental care,
- obtain emergency medical or dental treatment or emergency surgical procedures.

The guardian agrees that the director may:

☐ decide about recreational activities

☐ enroll the child in school or vocational activities

☐ decide about religious or cultural activities

☐ consent to employment

consent to obtaining recreational licences and permits (except a firearms permit or driver's licence)

☐ other _____

We agree that the guardian will have the following contact with the child: _____

We agree that (name) will have the following contact with the child: _____

We have seen and agree to the Concurrent Plan dated (date - yyyy/mm/dd) that is attached to this agreement.

We understand that we can make changes to the Concurrent Plan if both of us agree.

4 Signatures

(Guardian)	(date -yyyy/mm/dd)
(Director's delegate)	(date -yyyy/mm/dd)

Form 3
Permanent Guardianship Agreement

1 Regarding the (child's name), born (date -yyyy/mm/dd).

2 Introduction

The guardians of this child have asked the director to take guardianship of the child.

We understand that once we enter this agreement:

- anyone who is now a guardian of the child will no longer be a guardian;
- the director will become the child's only guardian;
- a guardian may end this agreement within 10 days after signing it. To end the agreement, the guardian must give the director a written request.

☐ I have received independent legal advice regarding this agreement.

☐ I have been advised of my right to seek independent legal advice regarding this agreement but have chosen not to.

3 Agreement

This agreement is made according to section 11 of the *Child, Youth and Family Enhancement Act.*

This agreement is between a director and (names) who are all of the guardians of the child.

We agree that the director will assume sole guardianship of the child.

4 Signatures

Note: all copies must have original signatures

(Witness)	(date -yyyy/mm/dd)	(Guardian)
(Witness)	(date -yyyy/mm/dd)	(Guardian)
(Witness)	(date -yyyy/mm/dd)	(Director's delegate)

Form 4
Access or Consultation Agreement

1 Regarding the (child's name), born (date -yyyy/mm/dd).

2 Agreement

This agreement is made according to:

☐ section 14 of the *Child, Youth and Family Enhancement Act* (temporary guardianship order)

☐ section 34 of the *Child, Youth and Family Enhancement Act* (permanent guardianship order)

This agreement is between a director and (name) of (address).

☐ This agreement replaces the agreement we entered on (date - yyyy/mm/dd).

We agree that this agreement will be effective from (date - yyyy/mm/dd) to (date -yyyy/mm/dd) . (NOTE: the expiry date may not be after the expiry date of the guardianship order.)

This agreement may be replaced only if both of us agree. To replace this agreement, we will enter a new agreement.

We agree that to cancel this agreement, one of us may provide a letter to the other person that sets a date for the agreement to end.

We agree to the terms set out below.

3 Terms

☐ Terms of Access

We agree that (name of guardian or former guardian or other person) may have the following access with this child:

_____ .

☐ Terms of Consultation (only if temporary guardianship)

The director agrees to consult on the following matters with the guardian: _____

☐ Other Terms (only if temporary guardianship) _____

4 Consent to Access by a Child 12 Years of Age or Over

(Complete if this agreement is with someone who is not a guardian)

My name is (name). I consent to the terms of access in this agreement.

(Child's signature) (date - yyyy/mm/dd)

5 Signatures

(Guardian or former Guardian or other person) (date - yyyy/mm/dd)

(Director's delegate) (date - yyyy/mm/dd)

Form 5 Repealed AR 277/2009 s7.

Form 6
Secure Services Certificate

1 Regarding the (child's name), born (date -yyyy/mm/dd).

2 Guardian's Consent

I (name) am a guardian of this child.

My child is a subject of a:

☐ supervision order.

☐ custody agreement between a director and me.

☐ family enhancement agreement between a director and me.

I consent to the issuing of a Secure Services Certificate for my child. I understand that for the duration of the Certificate, my child will be in the custody of a director and will be confined in a secure services facility.

(Guardian's signature) (Guardian's signature (if applicable))

3 Certificate

This certificate is issued by a director under section 43.1 of the *Child, Youth and Family Enhancement Act.*

This certificate is the authority for confining this child in a secure services facility.

The director authorizes any person to confine the child in a secure services facility from (date -yyyy/mm/dd) to (date -yyyy/mm/dd).

The secure services facility is (name) at (address).

4 Affidavit

My name is (name of director's delegate).

I have the authority to act for a director.
I have reasonable and probable grounds to believe that the child is in a condition presenting an immediate danger to the child or others, that it is necessary to confine the child in order to stabilize and assess the child and that less intrusive measures are not adequate to sufficiently reduce the danger because: _____

(Signature of Director's Delegate)

SWORN BEFORE ME at the _____ of)
_____, in the Province of Alberta, the)
____ day of _____, _____.)
_____) (witness signature)

(Commissioner for Oaths)
in and for the Province of Alberta))

Form 7
Secure Services Plan

Secure Services Admission Information

Child's name: (surname) (first) (middle)
Birthdate: (date -yyyy/mm/dd)
Child's ID #
Personal Health Number:
Secure Services Facility:
Admission Date : (date -yyyy/mm/dd)
Legal Authority:

Authorization for Secure Services via a Secure Services Certificate

☐ Secure Services Certificate (section 43.1(1)) dated (date -yyyy/mm/dd) .

☐ Secure Services Order (section 43.1(3)) for (maximum of 7 days) days granted on (date -yyyy/mm/dd) .

☐ Secure Services Renewal Order (section 44.1) for (maximum of 20 days) days granted on (date -yyyy/mm/dd) .

Authorization for Secure Services via a Secure Services Order

☐ Secure Services Order (section 44(2)) for (maximum of 5 days) days granted on (date -yyyy/mm/dd) .

☐ Secure Services Order (section 44(4)) for (maximum of 5 days) days granted on (date -yyyy/mm/dd) .

☐ Secure Services Renewal Order (section 44.1) for (maximum of 20 days) days granted on (date -yyyy/mm/dd) .

NOTE: In accordance with section 44.1(2) of the *Child, Youth and Family Enhancement Act*, the total period of confinement must not exceed 30 consecutive days.

State the reasons for maintaining the child in Secure Services and identify the less intrusive measures that were attempted prior to requesting confinement:

State any specific concerns (familial, medical, behavioural) respecting this child that the Secure Services Facility staff should be aware of:

Complete the following to develop a Secure Services Plan.

Description of Services and Interventions

Stabilization Interventions: Give a comprehensive description of the services and interventions that will be provided to the child while residing in a secure services facility to achieve stabilization of the child.

Goals: _____

Tasks: (include how the task will contribute toward progress in relation to goal)

Who will complete? _____

Progress: _____

Signs of Achievement: _____

Review date(s): (yyyy/mm/dd)

Safety Plan: Describe a plan to directly address the at-risk behaviour that brought the child into secure services and that identifies who will be responsible for delivering and ensuring each part of the plan is completed.

Goals: _____

Tasks: (include how the task will contribute toward progress in relation to goal)

Who will complete? _____

Progress: _____

Signs of Achievement: _____

Review date(s): (yyyy/mm/dd)

Transition Plan: Recommended services to be obtained and provided to assist the child in the successful transition to their parental home or other placement on discharge. The services may include, but are not limited to: ongoing treatment, behaviour management strategies, support services, educational and vocational supports, health services, social skills supports and cultural and spiritual supports.

Goals: _____

Tasks: (include how the task will contribute toward progress in relation to goal)

Who will complete? _____

Progress: _____

Signs of Achievement: _____

Review date(s): (yyyy/mm/dd)

Placement on discharge: State where the child will reside on discharge. Identify both long-term goals and interim residential settings, if applicable.

Goals: _____

Tasks: (include how the task will contribute toward progress in relation to goal)

Who will complete? _____

Progress: _____

Signs of Achievement: _____

Review date(s): (yyyy/mm/dd)

Signatures

(Name of Child) (Signature of Child)
(Date signed (yyyy/mm/dd)

(Name of Guardian (if applicable)) (Signature of Guardian)
(Date signed (yyyy/mm/dd)

(Name of Caseworker) (Signature of Caseworker)
(Date signed (yyyy/mm/dd)

(Name of Key Worker – Secure Services Facility)
(Signature of Key Worker – Secure Services Facility)
(Date signed (yyyy/mm/dd)

(Name of Manager or Clinician – Secure Services Facility)
(Signature of Manager or Clinician – Secure Services Facility)
(Date signed (yyyy/mm/dd)

(Name of Other Support Service (please specify))
(Signature of Other Support Service)
(Date signed (yyyy/mm/dd)

Form 8
Home Study Report
for Private Guardianship

To prepare the Home Study Report, provide information under each heading below.

Part 1: Applicant's Information

Provide information about EACH applicant.

- Name on birth certificate
- Other names, if any
- Address, street, city, province, postal code
- Mailing address if different from above
- Telephone, residence, business, cellular, e-mail
- Birthdate, year, month and day, birthplace
- Marital or Adult Interdependent Relationship status
- Racial origin
- Ethnic origin
- Registered Indian
- Band Name
- Metis
- Metis settlement name or community
- Health as supported by medical
- Education
- Employment
- Religion
- Languages spoken
- Brief family history: (include parenting style, familial relationships, significant childhood experiences, views of extended family on this application)
- Involvement with legal and child intervention systems: (include criminal record checks, including vulnerable sector searches, and intervention records checks within the last six months for applicants and everyone age 18 or over living in the home)

- Personality

Part 2: Family Dynamics

Describe the following:

- Family composition
- Previous marriage(s) or long term relationships
- Autonomy of individual family members
- Emotional interactions
- Philosophy on child rearing
- Interests and hobbies
- Relationship dynamics
- Communication patterns
- Ability to solve problems and handle crisis
- Family traditions
- Modes of behaviour control
- Social support network

Part 3: Home and Community

Describe the following:

- Physical space
- Availability of resources
- Contact with professional agencies
- Safe environment assessment (include safe storage of medications and weapons, if any)
- Community involvement

Part 4: Child Information

- Name of child(ren)
- Residence
- History of involvement and relationship between the applicants and the child
- Acceptability of siblings contact
- Relationship/contact with birth parents/biological/extended family
- Current functioning of the child (health/physical/emotional and academically)
- Date of birth (yyyy/mm/dd)
- Ethnic origin
- History of child protection involvement with child/family
- Functioning of the child's birth family
- Placement history of the child
- Current and anticipated needs and services for the child

Part 5: Income

Describe the following:

- The source and level of income and expenditures (include T4 slips)
- The effect of a placement on family's finances

Part 6: Understanding and Motivation for Proposed Placement

Describe the following:

- Applicants' understanding of the legal, social, inter-racial emotional aspects of proposed placement
- Applicants' plans to promote child's cultural/racial/religious heritage and identity

Part 7: References

● References (3 references regarding each of the applicants' suitability – include relationship to applicants if any, on what basis judgment is made about applicants' potential/actual parenting ability and a summary of the results of interview(s).)

Part 8: Overview of Home Study Process

● Date of personal visits (include amount of time spent at each interview and location of interviews)

● Persons interviewed (include confirmation that each person living in the home was interviewed separately and as a family)

● Applicants' activities in support of their application

Part 9: Summary of Outcome of Home Study

● Report prepared by:
  ● Position
  ● Date report prepared

● Report reviewed by:
  ● Position
  ● Date report reviewed

● Report reviewed by applicants: signature and date

Part 10: Placement Supports

● Needed supports and services
● Will the family be residing or moving out of province
● Arrangements for the provision of the identified supports/services
  ● If yes, is the other jurisdiction aware of and in agreement with the proposed order and will they oversee the provision of needed support and services? If no, explain why

Part 11: Recommendation/Approval of Assessor

● Assessor Recommendation
  ● Approved
  ● Not Approved (provide brief summary)
● Approved by Supervisor
● Opinion of the child in respect to the application (if applicable)
● Opinion of the child's birth parents in respect to the application (if applicable)

Form 9
Transition to Independence Plan

Use for a child involved in any one of the following: Custody Agreement with a Youth; Enhancement Agreement with a Youth; Support and Financial Assistance Agreement; Permanent Guardianship Order for a youth; Permanent Guardianship Agreement for a youth.

Identifying Information

(Name of Youth (includes a person between the ages of 18 and 24 years))
Date of Birth: (date -yyyy/mm/dd)
Personal I.D. Number:
Legal Authority:

Statement of Youth's Dreams, Goals and Ambitions

The statement below is a general description by the youth of his/her vision of their future as it relates to overall dreams, goals and ambitions, including related education, training needs and career options.

Statement

(If additional space is required, please attach a separate sheet).

Description of Goals, Tasks and Timeframe of Transition Plan for Independence

Life Skills Development

(If additional space is required, please attach a separate sheet).
Goals:
Tasks: (include how the task will contribute toward progress in relation to goal)
Who will complete?
Signs of Achievement:
Date to be completed: (date -yyyy/mm/dd)
Date to be reviewed: (date -yyyy/mm/dd)

Education and Employment Development

(If additional space is required, please attach a separate sheet).
Goals:
Tasks: (include how the task will contribute toward progress in relation to goal)
Who will complete?
Signs of Achievement:
Date to be completed: (date -yyyy/mm/dd)
Date to be reviewed: (date -yyyy/mm/dd)

Placement Objective

(If additional space is required, please attach a separate sheet).
Goals:
Tasks: (include how the task will contribute toward progress in relation to goal)
Who will complete?
Signs of Achievement:
Date to be completed: (date -yyyy/mm/dd)
Date to be reviewed: (date -yyyy/mm/dd)

Connections

(If additional space is required, please attach a separate sheet).
Goals:
Tasks: (include how the task will contribute toward progress in relation to goal)
Who will complete?

Signs of Achievement: _____
Date to be completed: (date -yyyy/mm/dd)
Date to be reviewed (date -yyyy/mm/dd)

Service Supports

(If additional space is required, please attach a separate sheet) .
Goals: _____
Tasks: (include how the task will contribute toward progress in relation to goal)
Who will complete? _____
Signs of Achievement: _____
Date to be completed: (date -yyyy/mm/dd)
Date to be reviewed: (date -yyyy/mm/dd)

Signatures

(Name of Youth) (Signature of Youth)
(Date signed (yyyy/mm/dd)

(Name of Caseworker) (Signature of Caseworker)
(Date signed (yyyy/mm/dd)

(Name of Other (if necessary)) (Signature of Other)
(Date signed (yyyy/mm/dd)
(Copy of Plan to Other(s) Specify) _____

(Caseworker and Youth's Quarterly Review (date and initials))

Form 10
Enhancement Agreement with a Youth

1 Regarding the youth:

(Name) , born (date -yyyy/mm/dd) ,ID # _____

2 Agreement

This agreement is made according to section 57.2 of the *Child, Youth and Family Enhancement Act.*

This agreement is between a director and (name) of (address) , who is the youth.

We agree that this agreement will be effective from (date - yyyy/mm/dd) to (date - yyyy/mm/dd) unless cancelled earlier.

We agree that to cancel this agreement one of us may provide a letter to the other person that sets a date for the agreement to end.

We have read and agree to the Transition to Independence Plan dated (date - yyyy/mm/dd) that is attached to this agreement.

We understand that we may make changes to the attached Transition to Independence Plan if both of us agree.

3 Signatures

(Youth) (date -yyyy/mm/dd)
(Director's delegate) (date -yyyy/mm/dd)

Form 11
Custody Agreement with a Youth

1 Regarding the youth:

(Name) , born (date -yyyy/mm/dd) ,
(Personal Health Number) (Youth ID Number)

2 Agreement

This agreement is made according to section 57.2 of the *Child, Youth and Family Enhancement Act.*

This agreement is between a director and (name) of (address) , who is the youth.

I am the youth, and I understand that on signing this agreement a director assumes custody of me during the period of this agreement.

We agree that this agreement will be effective from (date - yyyy/mm/dd) to (date - yyyy/mm/dd) unless cancelled earlier.

We agree that to cancel this agreement, one of us may provide a letter to the other person that sets a date for the agreement to end.

We have read and agree to the Transition to Independence Plan dated (date - yyyy/mm/dd) that is attached to this agreement.

We understand that we can make changes to the attached Transition to Independence Plan if both of us agree.

We agree that (name of guardian or other person) will have the following access with the youth: _____

3 Signatures

(Youth) (date -yyyy/mm/dd)
(Director's delegate) (date -yyyy/mm/dd)

Form 12
Support and Financial Assistance Agreement

1 Regarding the person:

(Name) , born (date -yyyy/mm/dd) ,ID # _____

2 Agreement

This agreement is made according to section 57.3 of the C*hild, Youth and Family Enhancement Act.*

This agreement is between a director and (name of person making this agreement) of (address) .

We agree that this agreement will be effective from (date - yyyy/mm/dd) to (date - yyyy/mm/dd) unless cancelled earlier.

(NOTE: the expiry date may not go beyond the person's 24th birthday.)

We agree that to cancel this agreement, one of us may provide a letter to the other person that sets a date for the agreement to end.

We have read and agree to the Transition to Independence Plan dated (date - yyyy/mm/dd) that is attached to this agreement.

We understand that we can make changes to the attached Transition to Independence Plan if both us of agree.

3 Signatures

(Person making this Agreement) (date - yyyy/mm/dd)
(Director's delegate) (date - yyyy/mm/dd)

Form 13
Supports for Permanency Agreement

1 Regarding the child:

(Name) , born (date -yyyy/mm/dd)

☐ An adoption order was granted respecting this child on (date - yyyy/mm/dd) .

☐ A private guardianship order was granted respecting this child on (date - yyyy/mm/dd) .

2 Agreement

This agreement is made according to sections 56.1 and 81 of the *Child, Youth and Family Enhancement Act.*

This agreement is between a director and (name of adoptive parents ("parents") or private guardians) of (address).

A director will review this agreement within 30 days of receiving a written request from the parents/private guardians.

We agree that to cancel this agreement, one of us may provide a letter to the other person 30 days before the date we want the agreement to end.

We agree to the terms set out below.

The parents/private guardians agree to access all other support programs prior to receiving services under the Supports for Permanency Program.

3 Terms: Maintenance

The parents/private guardians require financial support to assist them to maintain the child in their home.

A director agrees to provide the parents/private guardians with a daily maintenance rate to maintain the child. The maintenance rate will be:

☐ (# of days) at $ (daily rate) = $ (amount) per year.

☐ (# of days) at $ (daily rate) = $ (amount) per year.

Total = $ (amount) per year.

A director agrees to pay $ (total per year) ÷ 12 months = $ (amount) each month.

4 Terms: Financial Assistance for the Purchase of Services

☐ This child is the subject of an agreement under the *Family Support for Children with Disabilities Act.*

In recognition that ☐ adoption ☐ private guardianship of the child has placed an undue burden on the financial resources of the parents/private guardians, a director agrees to provide the following:

☐ the cost of respite for the parents/private guardians for (up to 567 hours) hours annually;

☐ in the case of a child who is an Indian, the cost of transportation of the child to and from the child's band for the purpose of maintaining cultural ties:

☐ to help address the child's emotional or behavioural problems.

☐ the cost (of up to 10) counselling sessions annually;

☐ the cost of treatment of the child in (name of residential facility) for a period of ___ weeks;

The parents/private guardians agree to make sure the child receives the services a director has agreed to provide.

A director agrees to reimburse the parents/private guardians for the services they have purchased to meet the child's needs on the submission of invoices.

The parents/private guardians understand and agree that, on 30 days written notice to the parents/private guardians, a director may vary or terminate the terms in section 4 of this Form if the director determines that a change in the child's needs has occurred or that the child no longer places an undue burden on the finances of the parents/private guardians.

5 Terms: Additional Needs Funds

☐ A director agrees to provide Additional Needs Funds of $70 per week to purchase services to address the child's emotional or behavioural problems.

The parents / private guardians understand and agree that the Additional Needs Funds may be spent only to purchase services to address the child's emotional or behavioural problems.

The parents/private guardians agree to keep and, on a director's request, provide proof of expenditure of the Additional Needs Funds.

The parents/private guardians understand and agree that a director may immediately terminate the Additional Needs Funds if the director determines that a change in the child's needs has occurred or that the child no longer places an undue burden on the finances of the parents/private guardians.

6 Terms: General

The parents/private guardians agree to inform the director about any change in the child's needs, and about any change in their financial ability to provide the services the director has agreed to provide described above.

The terms set out in this agreement may be changed if both of us agree. To change this agreement, we will sign a new agreement.

This agreement will be effective from (date - yyyy/mm/dd) to (date -yyyy/mm/dd) .

This agreement terminates without notice if the parents/private guardians cease to reside in Canada..

(NOTE: The agreement may not exceed one year or continue after the child's 18th birthday.)

7 Signatures

(adoptive parent's/private guardian's) (date - yyyy/mm/dd)
(adoptive parent's/private guardian's) (date - yyyy/mm/dd)
(Caseworker's signature) (date - yyyy/mm/dd) .
(Supervisor's signature) (date - yyyy/mm/dd) .

Form 14
Application for Child and Youth Support

Date of Application: (yyyy/mm/dd)

The information you provide on this form will be used to determine eligibility for Child and Youth Support Program benefits. The collection, use and disclosure of your personal information is done under the authority of the *Child, Youth and Family Enhancement Act* and is in compliance with the *Freedom of Information and Protection of Privacy Act.* If you have any questions about this information, please contact your caseworker.

1 Caregiver Information

Name of Caregiver (surname first name middle name)
(date of birth-yyyy/mm/dd) .

What is your relationship to this child? (e.g. grandparent, aunt/uncle, cousin, friend, etc.)

Name of Spouse (surname first name middle name)
(date of birth-yyyy/mm/dd) .

Name(s) of all persons living in the home where the child will reside
(surname first name middle name) (date of birth-yyyy/mm/dd)
(surname first name middle name) (date of birth-yyyy/mm/dd)

Mailing address (include street address, city/town, province and postal code) (home phone) (work phone) .

Legal Land Description (if different from above) .

Are you living on a Reserve? ☐ Yes ☐ No
Residing on a Metis settlement? ☐ Yes ☐ No

(Name of Metis settlement)

Are you a Canadian Citizen? ☐ Yes ☐ No
If no ☐ Landed Immigrant ☐ Refugee status
☐ Other (please specify)

Does the child reside with you seven days per week? ☐ Yes ☐ No
If no, how many days does this child reside with you? _____

Are you a Private Guardian of the child? ☐ Yes ☐ No
If yes, skip to section 3.

2 Information about Child's Parents/Private Guardian (when private guardian is not the caregiver)

Parent (Mother) (surname first name middle name)
(date of birth-yyyy/mm/dd)
Address (include street address, city/town, province and postal code) (phone)

Parent (Father) (surname first name middle name)
(date of birth-yyyy/mm/dd)
Address (if different from above)) (phone)

Private Guardian (surname first name middle name)
(date of birth-yyyy/mm/dd)
Address (if different from above)) (phone)

3 Child's Information

Name of Child (surname first name middle name)
(date of birth-yyyy/mm/dd) .
Other surnames used _____

☐ Male ☐ Female Alberta Personal Health Number (PHN) _____

Is the child aboriginal? ☐ Yes ☐ No
If yes, please specify: ☐ Status ☐ Non-status ☐ Inuit
☐ Metis ☐ Potential for registration

Indian Registration Number (band, family, position)
((band name)

Is the child receiving services under the:
☐ *Child, Youth and Family Enhancement Act*
☐ *Family Support for Children with Disabilities Act*

4 Income Information

Is child employed or in a job training program? ☐ Yes ☐ No
(If yes, request one month of recent pay stubs) If yes, obtain name of employer or job training program: _____

Net income from employment as per pay stub $ _____
Paid ☐ Weekly ☐ Bi-weekly ☐ Monthly

Income received on behalf of child (If yes, please attach supporting documentation)

	Yes	No	Monthly Amount
Income & Employment Support/Assured Support	☐	☐	$ _____
Maintenance / Child Support Payments	☐	☐	$ _____
Canada & Alberta Student Loans	☐	☐	$ _____
Personal Injury Award Settlements	☐	☐	$ _____
Training Allowance	☐	☐	$ _____
Trust Accounts	☐	☐	$ _____
Other income: _____	☐	☐	$ _____

5 Supplementary Benefit Information

Is this child currently attending school? ☐ Yes ☐ No
If yes, (grade)

Name of school the child is attending _____ City/Town _____

Does the child require child care? ☐ Yes ☐ No
Number of days a week _____

Type of care (private babysitting, daycare centre, approved family day home, before and after school care)
Reason for child care _____

Have you applied for child care subsidy? ☐ Yes ☐ No
If yes, are you eligible for subsidy? ☐ Yes ☐ No
If yes, what is your parental portion? $ _____

What type of medical coverage is available for this child?
☐ Dental _____ % of coverage
☐ Vision _____ % of coverage
☐ Prescription _____ % of coverage

Which plan is this medical coverage under?
☐ through caregiver's plan ☐ through parent's plan
☐ through Health Canada
☐ through out-of-province coverage –
out of province health care number_____

Name of insurance company is: _____

Are there any special concerns or considerations that we should be aware of (health, education, custody, child interventions, etc.)
(attach a separate sheet if required) .

6 Declaration

● I understand my responsibilities as a caregiver receiving benefits under the Child and Youth Support Program.

● I confirm the child, if age 12 or older, has been made aware that I am making this application.

● I am an adult who will provide care to this child.

● I understand I am responsible to immediately report changes in circumstances that affect my eligibility under the Child and Youth Support Program to the Child and Youth Support caseworker. Failure to report changes or providing false information may result in suspension of benefits or recovery of benefits or criminal charges.

● I understand that I am responsible to complete the Child and Youth Support Program Annual Eligibility Review Form at least once per year in order to remain eligible for Child Financial Support benefits.

● If I am not eligible for benefits, I understand I have the right to have that decision reviewed within 30 days of being told of the decision by completing an Administrative Review form.

● I understand I may be required to meet with a Child and Youth Support caseworker at any time.

● I consent to a Child and Youth Support caseworker completing an Intervention Record check.

● I have read and understand the above statements.

● I declare the information on this application is true and complete.

(Caregiver's signature) (date - yyyy/mm/dd)
(witness's signatures)
(Caregiver's name - please print) (witness's signatures)
(Child's signature - if 12 years or older) (date - yyyy/mm/dd)

Form 15
Annual Eligibility Review

Return your completed form to
(Child and Family Services) _____

(Return Address) _____
(Child's name) _____
(File number) _____
(Caregiver's name) _____
(File Number) _____

Please return the completed Annual Eligibility Review by (date - yyyy/mm/dd) to the above-noted address to avoid a delay disruption of the child's financial and medical benefits.

If any of the following information has been checked off, then it must be submitted together with this completed form:

☐ Private Guardianship Order
☐ Custody Order / Agreement
☐ School Fee Statement or receipts for school supplies/expenses
☐ Up-to-date attendance report/Report Card
☐ Pay stubs from child's employment or job training program.
☐ Documents to verify child's income other than child's employment
☐ Other: ____ ☐ Other: ____

If you have any questions, please contact me at the telephone number below.

Sincerely,

Caseworker's Name Caseworker's Telephone Number

Annual Eligibility Review

- **Please complete an Annual Eligibility Review for each child receiving Child and Youth Support benefits.** *The information you provide on this form will be used to determine eligibility for Child and Youth Support Program benefits. The collection, use and disclosure of your personal information is done under the authority of the Child, Youth and Family Enhancement Act and is in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection of this information, please contact your caseworker.*

- **Please complete all questions on this Annual Eligibility Review.**

Name and current address: _____
Home Address: (if different from mailing address, e.g. legal address)

Child's Name (surname first name middle name)
Child's Age ____

Is the child still residing with you 7 days / week? ☐ Yes ☐ No
If less then 7 days, state how many? _____days / week.

1 Education

Is the child currently attending school ☐ Yes ☐ No

- If yes, child's grade: _____.
- If yes, attach receipts verifying school supplies and expenses (if not previously submitted for the current school year).

Name of school: _____ City / Town: _____
Is the child attending school full time ☐ Yes ☐ No
Are there any special educational concerns or considerations that we should be aware of? _____

2 Employment

Is the child employed or attending a job-training program?
☐ Yes ☐ No

- If yes, please submit one month of recent pay stubs from employment or job training program.

If yes, Place of Employment _____ Telephone number _____
Average monthly income after deductions $ _____
☐ Job training program _____

3 Income

Has the child, or have you on the child's behalf, received any of the following income during the past year? If yes, please attach verification of income.

	Yes	No	Monthly Amount
Income & Employment Support/Assured Support	☐	☐	$ _____
Maintenance / Child Support Payments	☐	☐	$ _____
Canada & Alberta Student Loans	☐	☐	$ _____
Personal Injury Award Settlements	☐	☐	$ _____
Training Allowance	☐	☐	$ _____
Trust Accounts	☐	☐	$ _____
Other: _____	☐	☐	$ _____

4 Family Information

a) What is your relationship to the child (e.g. grandparent, aunt/ uncle, cousin, friend, etc.)? _____

b) Are you the child's private guardian? ☐ Yes ☐ No

c) How long have you cared for the child? _____

d) How long do you plan to care for the child? _____

e) Do the parents have any contact with the child? ☐ Yes ☐ No
Please provide details: _____

f) Has there been any change pertaining to guardianship and/or custody of this child in the last year? ☐ Yes ☐ No
Please provide details and submit any new court orders that have not previously been submitted: _____

g) Can the parents financially support the child?
☐ Yes ☐ No ☐ unknown

h) Provide the names, current addresses, and phone numbers for each of the child's parents. If parents are deceased, please indicate.

Mother's name: _____
Mother's address: _____
Mother's phone number: _____

Father's name _____
Father's address: _____
Father's phone number: _____

i) Is the child currently receiving services though any other government or community agency? ☐ Yes ☐ No
(e.g. *Family Support for Children with Disabilities Act* or Child Intervention, under the *Child, Youth and Family Enhancement Act*) If yes, please provide a brief description of the services the child is receiving. _____

If the child is 16 years of age or older, would the child like to discuss future plans with a caseworker? ☐ Yes ☐ No

5 Health Benefits

Does the child have additional health coverage (aside from the Alberta Child Health Benefit Program) through you or the parents?
☐ Yes ☐ No

If yes, specify insurance company and coverage provided (insurance company) (coverage) .

Are there any special health concerns or considerations that we should be aware of?
☐ Yes ☐ No. Please provide details: _____

6 Other Comments

_____

7 Declaration

- I am able and willing to continue providing care for this child.

- I am aware that I must keep receipts and provide supporting documents relating to Child and Youth Support supplementary benefits. (e.g. Child Care, school expenses and annual supplementary enhancement).

- I will immediately report any changes with respect to the child's situation to the caseworker.

- I understand that giving incomplete or false information or failing to report changes may result in suspension of benefits or recovery of benefits or criminal charges.

- I understand I may be required to meet with a Child and Youth Support caseworker at any time.

- I understand my responsibilities as a caregiver receiving benefits under the Child and Youth Support program.

- I have read and understand the above made statements.

- I declare the information on this Annual Eligibility Review is true and complete.

(Caregiver's signature) (date - yyyy/mm/dd) (phone no.)
(Child's signature - if 12 years or older) (date - yyyy/mm/dd) (Phone no.)

Form 16
Request for Administrative Review of a Director's Decision

1 Person Requesting Administrative Review

My name is: _____
My address is: _____
My telephone number is: _____

I am
☐ a child.
☐ a guardian of the child.
☐ a foster parent.
☐ a person who has had continuous care of the child for more than 6 months of the 12 months preceding the decision of the director.
☐ a person between the ages of 18 and 24 years and am receiving or have been refused support and financial assistance under section 57.3 of the Act.
☐ an adult person who has been refused financial assistance under the Financial Assistance Program administered under section 105.8 of the Act.
☐ an applicant for a residential facility licence.
☐ an applicant for a renewal of a residential facility licence.

2 Request for a Review

I have been directly affected by a decision of a director.

I was told about the decision of a director on (date).

(If applicable:) The decision was about the child or youth: (child's/youth's name), born (date).

The decision I want to have reviewed is: _____

I disagree with the director's decision because: _____

_____

I am requesting that the director's decision be replaced with a new decision as follows: _____

_____

_____ _____

Signature of person requesting review Date

Form 17
Notice of Appeal to the Appeal Panel

Part 1 — Appellant is a Child

I am a child, born (date).

My name is: _____
My address is: _____
My telephone number is: _____

I am appealing a decision of a director that has been administratively reviewed, and

☐ I received a copy of the administrative review decision on (date) and a copy is attached.

OR

☐ I did not receive a copy of the administrative review decision, but I made my request for an administrative review on (date).

The decision of a director that I am appealing is in relation to

☐ the removal from or placement in a residential facility, other than a secure services facility.
☐ permitting or refusing to permit a person who has a significant relationship with me to visit me.
☐ the refusal or failure of a director to enter into a family enhancement agreement with me.
☐ the refusal or failure of a director to enter into a custody agreement with me.
☐ the refusal or failure of a director to apply to the Court for a supervision order.

- ☐ the refusal or failure of a director to apply to the Court for a temporary guardianship order
- ☐ the refusal or failure of a director to apply to the Court for a permanent guardianship order.
- ☐ the refusal or failure of a director to apply to the Court for an apprehension order.
- ☐ the refusal or failure of a director to apply to the Court for an initial custody order.

Signature of person appealing _____ Date _____

Part 2 — Appellant is the Guardian of a Child

I am a guardian of the child (name), born (date).

My name is: _____
My address is: _____
My telephone number is: _____

I am appealing a decision of a director that has been administratively reviewed, and

- ☐ I received a copy of the administrative review decision on (date) and a copy is attached.

OR

- ☐ I did not receive a copy of the administrative review decision, but I made my request for an administrative review on (date).

The decision of a director that I am appealing is in relation to

- ☐ the removal from or placement in a residential facility, other than a secure services facility, of the child.
- ☐ the refusal or failure of a director to enter into a family enhancement agreement with me regarding the child.
- ☐ the refusal or failure of a director to enter into a custody agreement with me regarding the child.
- ☐ the refusal or failure of a director to enter into a permanent guardianship agreement with me regarding the child.
- ☐ the refusal or failure of a director to enter into an access agreement with me regarding the child.
- ☐ the refusal or failure of a director to apply to the Court for a supervision order regarding the child.
- ☐ the refusal or failure of a director to apply to the Court for a temporary guardianship order regarding the child.
- ☐ the refusal or failure of a director to apply to the Court for a permanent guardianship order regarding the child.

- ☐ the refusal or failure of a director to apply to the Court for an apprehension order regarding the child.
- ☐ the refusal or failure of a director to apply to the Court for an initial custody order regarding the child.
- ☐ the refusal or failure of a director to provide financial assistance to me pursuant to section 56.1 of the Act regarding the child who was made the subject of a private guardianship order on (date) .
- ☐ the refusal or failure of a director to provide financial assistance to me pursuant to section 81 of the Act regarding the child who was made the subject of an adoption order on (date) .

Signature of person appealing Date

Part 3 — Appellant is a Person Who Has Had Continuous Care of a Child for More Than 6 Months

I am a person who has had continuous care of the child (name) , born (date) , for more than 6 months of the 12 months preceding the decision of the director being appealed.

My name is: _____
My address is: _____
My telephone number is: _____

I am appealing a decision of a director that has been administratively reviewed, and

- ☐ I received a copy of the administrative review decision on (date) and a copy is attached.

OR

- ☐ I did not receive a copy of the administrative review decision, but I made my request for an administrative review on (date) .

The decision of a director that I am appealing is in relation to the removal of the child from, or the placement of the child in, a residential facility, other than a secure services facility.

Signature of person appealing Date

Part 4 — Appellant is a Person Between the Ages of 18 and 24

I am a person between the ages of 18 and 24 years and am receiving or have been refused support and financial assistance under section 57.3 of the Act.

I was born on (date)

My name is: _____
My address is: _____
My telephone number is: _____

I am appealing a decision of a director that has been administratively reviewed, and

☐ I received a copy of the administrative review decision on (date) and a copy is attached.

OR

☐ I did not receive a copy of the administrative review decision, but I made my request for an administrative review on (date) .

The decision of a director that I am appealing is in relation to the refusal or failure of a director to provide me with support and financial assistance under section 57.3 of the Act.

_____ _____
Signature of person appealing Date

Part 5 — Appellant is an Applicant for an International Adoption

I am an applicant for an international adoption.

My name is: _____
My address is: _____
My telephone number is: _____

The decision of a director that I am appealing is in relation to

☐ the refusal by a director to approve a home study report or an addendum to a home study report with respect to an international adoption.

☐ the refusal by a director to approve an adoption placement with respect to an international adoption that involves a child whose country of origin requires the director's approval of that adoption placement.

_____ _____
Signature of person appealing Date

Part 6 — Appellant is a Person who Holds a Residential Facility Licence

I am a residential facility licence holder.

My name is: _____
My address is: _____
My telephone number is: _____

I am appealing a decision of a director that has been administratively reviewed, and

☐ I received a copy of the administrative review decision on (date) and a copy is attached.

OR

☐ I did not receive a copy of the administrative review decision, but I made my request for an administrative review on (date) .

The decision of a director that I am appealing is in relation to

☐ terms and conditions imposed on a renewal of a licence for a residential facility.
☐ a refusal to renew a licence for a residential facility.
☐ an order after inspection with respect to a licence for a residential facility.
☐ the variation, suspension or cancellation of a licence for a residential facility.

_____ _____
Signature of person appealing Date

Part 7 — Appellant is an Applicant for a Licence to Operate an Adoption Agency

I am an applicant for a licence to operate an adoption agency.

My name is: _____
My address is: _____
My telephone number is: _____

The decision of a director that I am appealing is in relation to a refusal to issue a licence to operate an adoption agency.

_____ _____
Signature of person appealing Date

Part 8 — Appellant Holds a License to Operate an Adoption Agency

I am a person who operates an adoption agency.

My name is: _____
My address is: _____
My telephone number is: _____

The decision of a director that I am appealing is in relation to

☐ terms and conditions imposed on a conditional licence to operate an adoption agency.
☐ a refusal to renew a licence to operate an adoption agency.
☐ the suspension of a licence to operate an adoption agency.

☐ the cancellation of a licence to operate an adoption agency.

Signature of person appealing _____ Date _____

Form 18
Agreement to Pay Child Support to a Director

1 Regarding the child(ren):

(name) , born (date – yyyy/mm/dd) , ID # _____
(name) , born (date – yyyy/mm/dd) , ID # _____
(name) , born (date – yyyy/mm/dd) , ID # _____

2 Agreement

This agreement is made according to section 57.4 of the Act.

This agreement is between a director and (name) , of (address) , who is the child's parent.

☐ This agreement replaces the agreement we made on (date – yyyy/mm/dd) .

We agree that this agreement begins (date – yyyy/mm/dd) and will be effective until the child leaves the custody or guardianship of a director, or the child reaches the age of 18 years, whichever occurs first.

We agree to the terms set out below.

3 Terms

☐ Child Support Payments

- The parent's total gross annual income is $ (amount).
- The parent agrees to pay child support to a director as follows:
  - ☐ monthly payments of $ (amount), to be made on the ____ day of every month, starting (date – yyyy/mm/dd).
  - ☐ a one-time payment of $ (amount) to be paid by (date – yyyy/mm/dd).
    - The parent will make all child support payments to the Director of Maintenance Enforcement.
    - If monthly child support is to be paid, and if a child who is the subject of this agreement becomes ineligible for child support, the director shall advise the Director of Maintenance Enforcement and the parent in writing and the total monthly child support payment shall be adjusted as follows:

☐ if only one child is no longer eligible for child support, payments shall be reduced to $ (amount) per month.

☐ if (number of) children are no longer eligible for child support, payments shall be reduced to $ (amount) per month.

☐ Payments in Kind

The parent agrees to pay the following costs for the child(ren):

☐ dental
☐ orthodontics
☐ optical
☐ prescription drugs
☐ clothing
☐ transportation
☐ recreational
☐ counselling
☐ education
☐ other

4 Signatures

This agreement is made on (date – yyyy/mm/dd), at (city/town) , Alberta.

(parent's signature)	(date – yyyy/mm/dd)
(parent's signature)	(date – yyyy/mm/dd)
(director's signature)	(date – yyyy/mm/dd)

Form 19
Notice of Request For Financial Information

TO: (name of parent)

1 Regarding the child(ren):

(name) , born (date – yyyy/mm/dd) , ID # _____
(name) , born (date – yyyy/mm/dd) , ID # _____
(name) , born (date – yyyy/mm/dd) , ID # _____

2 Notice

This is a request made by a director under section 57.8 of the Act that you, (name of parent) , as a parent of the child(ren), disclose financial information.

You have 30 days from the date you are served with this notice to deliver the financial information described in section 3 to:

Child and Family Services Authority
(office address)
(office phone number)

If you fail to deliver the requested financial information within 30 days:

- the director may apply to the Court for an order requiring you to disclose the requested financial information, and
- where an application for child support is made, the Court may impute income to you and order you to pay child support in an amount based on the income imputed to you.

3 Financial Information Requested

The following documents are requested:

☐ a copy of every personal income tax return filed by you for each of the 3 most recent taxation years;

☐ a copy of every notice of assessment and reassessment issued to you for each of the 3 most recent taxation years;

☐ if you are an employee, the 3 most recent statements of earnings indicating the total earnings paid in the year to date, including overtime or, where such statements are not provided by the employer, a letter from your employer setting out that information, including your rate of annual salary or remuneration;

☐ if you are self-employed, the following for each of the 3 most recent taxation years:

- ☐ the financial statements of your business or professional practice, other than a partnership, and
- ☐ a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom you do not deal at arm's length;

☐ if you are a partner in a partnership, confirmation of your income and draw from, and capital in, the partnership for each of the 3 most recent taxation years;

☐ if you control a corporation or have an interest of 1% or more in a privately-held corporation, the following for each of the 3 most recent taxation years:

- ☐ the financial statements of the corporation and its subsidiaries, and
- ☐ a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom the corporation, or any related corporation, does not deal at arm's length;

☐ if you are a beneficiary under a trust, a copy of the trust settlement agreement and copies of the trust's 3 most recent financial statements;

☐ if you are a student, a statement indicating the total amount of student funding received during the current academic year,

including loans, grants, bursaries, scholarships and living allowances;

☐ in addition to the above, if you receive income from employment insurance, social assistance, a pension, workers' compensation, disability payments or any other source, the most recent statement of income indicating the total amount of income from the applicable source during the current year, or if such a statement is not provided, a letter from the appropriate authority stating the required information.

(director's signature) (date – yyyy/mm/dd)

Form 20
Cultural Connection Plan

Part 1 — Applicant's Information

Applicant's name
(first name) (middle name(s), if any) (surname)

Applicant's familial relationship, if any, with the child _____

Registered Indian (yes or no)

Band name, if applicable _____

Métis (yes or no)

Inuit (yes or no)

Métis settlement name or community, if applicable _____

Part 2 — Child's Information

Child's name
(first name) (middle name(s), if any) (surname)

Registered Indian (yes or no)

Band name, if applicable _____

Métis (yes or no)

Inuit (yes or no)

Métis settlement name or community, if applicable _____

Part 3 — Plan

How does the Applicant plan to foster the child's connection with aboriginal culture, heritage, spirituality and traditions? _____

_____

How does the Applicant plan to provide for the preservation of the child's cultural identity? _____ _____

_____

Part 4 — Signatures

Signature of Applicant	Date
Signature of Applicant	Date

AR 160/2004 Sched.1;277/2009;147/2014

Schedule 2

The following are secure services facilities:

(a) Youth Assessment Centre (High Prairie);

(b) Youth Assessment Centre (Lac La Biche);

(c) Youth Assessment Centre (Red Deer);

(d) Yellowhead Youth Centre (Edmonton);

(e) Hull Services (Calgary);

(f) Sifton Family and Youth Services (Lethbridge).

AR 160/2004 Sched.2;218/2004;194/2012

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Province of Alberta

PROTECTION OF SEXUALLY EXPLOITED CHILDREN ACT

Revised Statutes of Alberta 2000
Chapter P-30.3

Current as of December 17, 2014

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Amendments Not in Force

This consolidation incorporates only those amendments in force on the consolidation date shown on the cover. It does not include the following amendments:

2013 cC-12.5 s20 amends ss1(1), 2, 2.1, 3, 3.1(1)(a), 3.2(1) and (2), 3.3, 3.4(1)(a) and s4, repeals and substitutes s5, adds s5.1, amends ss6(1), 6.2(2), 6.3, 6.5, 7.1(1), adds s10

Regulations

The following is a list of the regulations made under the *Protection of Sexually Exploited Children Act* that are filed as Alberta Regulations under the Regulations Act

	Alta. Reg.	*Amendments*
Protection of Sexually Exploited Children Act		
Court Forms and Procedures	7/99	*30/2001, 251/2001, 27/2002, 354/2003, 8/2005, 193/2007, 110/2012, 198/2012*
Protection of Sexually Exploited Children	194/2007	*68/2008, 31/2012, 195/2012, 62/2013, 146/2014, 197/2014*

PROTECTION OF SEXUALLY EXPLOITED CHILDREN ACT

Chapter P-30.3

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Preamble

WHEREAS the safety, security and well being of children and families is a paramount concern of the Government of Alberta;

WHEREAS children engaged in prostitution are victims of sexual abuse and sexual exploitation and require protection;

WHEREAS the Legislature of Alberta recognizes the responsibility of families, communities and the Government of Alberta to provide that protection;

WHEREAS the Government of Alberta is committed to assisting families and communities in providing that protection;

WHEREAS the Government of Alberta is committed to ensuring the safety of all children; and

WHEREAS the Government of Alberta is committed to assisting children in ending their involvement with prostitution;

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Interpretation

1(1) In this Act,

(a) "child" means a person under the age of 18 years;

(a.1) "Child and Youth Advocate" means the person appointed as the Child and Youth Advocate pursuant to the *Child and Youth Advocate Act*;

(b) "Court" means the Provincial Court;

(c) "director" means a director under the *Child, Youth and Family Enhancement Act*;

(d) "guardian" means guardian as defined in the *Child, Youth and Family Enhancement Act*;

(e) "Minister" means the Minister designated with the responsibility for the *Child, Youth and Family Enhancement Act*;

(f) "police officer" means a police officer as defined in the *Police Act*;

(f.1) "program" means a program established under section 7;

(g) "protective safe house" means premises prescribed by the Minister as a protective safe house.

(2) For the purposes of this Act, a child is in need of protection if the child is sexually exploited because the child is engaging in prostitution or attempting to engage in prostitution.

RSA 2000 cP-28 s1;RSA 2000 c26(Supp) s2;2003 c16 s117; 2005 c31 s30;2007 c8 s4;2011 cC-11.5 s33

Apprehension order

2(1) If a police officer or director believes on reasonable and probable grounds that a person is a child and is in need of protection, the police officer or director may apply to a judge of the Court or to a justice of the peace for an order, and the Court may grant an order,

(a) authorizing the police officer or director to apprehend and convey the child to the child's guardian or to an adult who in the opinion of the police officer or director is a responsible adult who has care and control of the child, or

(b) authorizing the police officer or director to apprehend and convey the child to a protective safe house and authorizing a director to confine the child for up to 5 days to ensure the safety of the child and to assess the child,

and if the judge of the Court or justice of the peace is satisfied that the child may be found in a place or premises, the judge of the Court or justice of the peace may, by order, authorize the police officer or director to enter, by force if necessary, that place or premises to search for and apprehend the child.

(2) If, in the opinion of the police officer or director, it would be impracticable to appear personally before a judge of the Court or justice of the peace to apply for an order in accordance with subsection (1), the police officer or director may make the application by telephone or other means of telecommunication to a judge of the Court or justice of the peace.

(3) The information on which an application for an order by telephone or other means of telecommunication is based must be given on oath and must be recorded verbatim by the judge of the Court or justice of the peace who, as soon as practicable, must cause the record or a transcription of the record, certified by the judge of the Court or the justice of the peace as to time, date and contents, to be filed with the clerk of the Court.

(4) For the purposes of subsection (3), an oath may be administered by telephone or other means of telecommunication.

(5) The information submitted by telephone or other means of telecommunication must include the following:

(a) a statement of the circumstances that make it impracticable for the police officer or director to appear personally before a judge of the Court or a justice of the peace;

(b) the identity of the child, if known;

(c) a statement setting out the police officer's or director's grounds for believing that the person is a child and is in need of protection;

(d) a statement as to any prior application for an order under this section in respect of the same child of which the police officer or director has knowledge.

(6) A judge of the Court or justice of the peace referred to in subsection (2) who is satisfied that an application made by telephone or other means of telecommunication

(a) is based on information that conforms to the requirements of subsection (5), and

(b) discloses reasonable grounds for dispensing with personal appearance for the purpose of making an application under subsection (1)

may make an order conferring the same authority respecting apprehension, conveying, confinement and entry as may be conferred under subsection (1).

(7) If a judge of the Court or justice of the peace makes an order under subsection (6),

(a) the judge of the Court or justice of the peace must complete and sign an order in the prescribed form, noting on its face the time, date and place at which it was made,

(b) the police officer or director, on the direction of the judge of the Court or justice of the peace, must complete, in duplicate, a facsimile of the order in the prescribed form, noting on its face the name of the judge of the Court or justice of the peace making the order and the time, date and place at which it was made, and

(c) the judge of the Court or justice of the peace must, as soon as practicable after the order has been made, cause the order to be filed with the clerk of the Court, who must provide a copy to a director.

(8) An order made by telephone or other means of telecommunication is not subject to challenge by reason only that

the circumstances were not such as to make it reasonable to dispense with personal appearance for the purpose of making an application under subsection (1).

(9) Notwithstanding subsection (1), if a police officer or director has reasonable and probable grounds to believe that a person is a child and that the child's life or safety is seriously and imminently endangered because the child is engaging in prostitution or attempting to engage in prostitution, the police officer or director may apprehend and convey the child to a protective safe house without an order.

(10) Notwithstanding subsection (1)(b), a director may confine for up to 5 days a child conveyed to a protective safe house under subsection (9) if the director considers it necessary in order to ensure the safety of the child and to assess the child.

(11) If subsection (9) applies, a police officer or director who has reasonable and probable grounds to believe that the child may be found in a place or premises may, without an order and by force if necessary, enter that place or those premises and search for the child.

(12) If a director confines a child pursuant to subsection (10), the director must appear before the Court within 3 days after the commencement of the confinement to show cause why the confinement was necessary.

(13) A director must inform a child with respect to whom a show cause hearing is to be held under subsection (12), in writing, of

(a) the director's reasons for, and the time period of, the confinement,

(b) the time and place of the show cause hearing,

(c) the right to attend the show cause hearing,

(d) the right to contact a lawyer, and

(e) the telephone number of the office of the Child and Youth Advocate.

(14) A director or a child with respect to whom a show cause hearing is being held or is to be held, or both the director and child, may ask the Court to grant an adjournment of up to 2 days, or of more than 2 days if the director and the child agree.

(15) If the Court grants an adjournment under subsection (14), the Court may make an interim order to confine the child to a

protective safe house if the show cause hearing will not be completed within the time period of the confinement set by the director under subsection (10).

RSA 2000 cP-28 s2;RSA 2000 c26(Supp) s3;2007 c8 s5

Review of confinement decision

2.1(1) If a child is confined to a protective safe house under section 3(1)(b)(iii), the director must forthwith give the child a request for review form provided for in the regulations and inform the child in writing of

(a) the director's reasons for, and the time period of, the confinement,

(b) the right to ask the Court to review the director's decision to confine,

(c) the right to contact a lawyer, and

(d) the telephone number of the office of the Child and Youth Advocate.

(2) If a show cause hearing has not been held under section 2(12) with respect to the child, a child who is confined under section 3(1)(b)(iii) may ask the Court to review the director's decision to confine by completing a request for review form, filing it with the Court and serving it on a director as soon as practicable.

(3) A review must be held within one day of filing and serving on a director the request for review.

(4) Notwithstanding subsection (3), a director or a child with respect to whom a review is being held, or both the director and child, may ask the Court to grant an adjournment of up to 2 days, or of more than 2 days if the director and the child agree.

(5) If the Court grants an adjournment under subsection (4), the Court may make an interim order to confine the child to a protective safe house if the review will not be completed within the time period of the confinement set by the director under section 3(1)(b)(iii).

(6) After hearing a review under this section, the Court may make an order confirming, varying or terminating the director's decision to confine.

(7) The Court shall not under subsection (6) extend the time period of the confinement set by the director under section 3(1)(b)(iii).

RSA 2000 c26(Supp) s4;2007 c8 s6

Director's decision

3(1) If a child is apprehended under section 2,

(a) a police officer that apprehends the child must notify a director forthwith, and

(b) on the child's being conveyed to a protective safe house, a director must

(i) return the child to the custody of the child's guardian or to an adult who in the opinion of the director is a responsible adult who has care and control of the child,

(ii) release the child if the child has attained the age of 16 years and in the opinion of the director the child is capable of providing for the child's own needs and safety, or

(iii) confine the child, pursuant to section 2, in a protective safe house to ensure the safety of the child and to assess the child.

(2) If a child is confined under subsection (1)(b)(iii) and after assessing the child a director is of the opinion that the child would benefit from a further period of confinement, the director may apply to the Court for an order to confine the child for a further period of confinement in a protective safe house for up to 21 days by completing, filing and serving on the child an application to confine form provided for in the regulations while the child is still confined.

(3) If a director does not make an application under subsection (2) and the director does not release the child from a confinement made pursuant to

(a) subsection (1)(b)(iii), or

(b) an interim order to confine under section 2(15) or 2.1(5),

the child is deemed to have been apprehended under section 19 of the *Child, Youth and Family Enhancement Act*.

(4) If, on an application under subsection (2), the Court is satisfied that

(a) release of the child from a protective safe house presents a risk to the life or safety of the child because the child is unable or unwilling to stop engaging in or attempting to engage in prostitution,

(b) less intrusive measures are not adequate to reduce the risk, and

(c) it is in the best interests of the child to order a period of further confinement for the purposes of making programs or other services available to the child in a safe and secure environment,

the Court may make an order for further confinement of the child to a protective safe house for up to 21 days.

(5) A director may apply to the Court to renew an order to confine by completing, filing and serving on the child an application to renew an order to confine form provided for in the regulations, and if the Court is satisfied that the grounds in subsection (4) are met, the Court may renew the order one time to confine the child to a protective safe house for up to a further 21 days.

(6) If a child who is confined under subsection (1)(b)(iii) or who is subject to an order to confine leaves a protective safe house without the authorization of a director, a director or a peace officer may apprehend and convey the child, and detain the child while the child is being conveyed, to a protective safe house.

RSA 2000 cP-28 s3;RSA 2000 c26(Supp) s5;2003 c16 s117

Adjournment

3.1(1) The Court may adjourn the hearing of an application under section 3 for not more than 7 days

(a) with the consent of the child and a director, or

(b) if the Court is satisfied that the adjournment is necessary in order to obtain evidence to assist the Court in determining whether an order to confine should be made.

(2) Unless the Court is satisfied that it would be in the best interest of the child to order otherwise, the Court must in respect of a child who is confined under this Act extend the confinement pending the hearing of an application under section 3.

(3) The number of days that the hearing of an application under section 3 is adjourned must be included in a calculation of the duration of the order made at the hearing if the child is confined in a protective safe house during the adjournment.

RSA 2000 c26(Supp) s6

Review of confinement order

3.2(1) A child with respect to whom an order to confine has been made, or a director or a guardian of the child, may apply to the Court by completing and filing a notice for review form provided

for in the regulations for a review of the Court order to confine under section 3.

(2) An application under subsection (1) may be made

(a) by a director, at any time during the period of the order and the period of any renewal of the order, or

(b) by the child who is the subject of the order or the guardian of the child, once during the period of the order and once during the period of any renewal of the order.

(3) A review must be heard not more than 5 days after the notice of review is filed with the Court or within any further period the Court directs.

(4) After a review is heard under this section, the Court may make an order confirming, varying or terminating the order to confine.

(5) The Court shall not under subsection (4) extend the period of confinement in the order being reviewed.

RSA 2000 c26(Supp) s6;2001 c10 s6

Service

3.3(1) The applicant must, not less than 2 days before the date fixed for a hearing, serve a notice of the nature, date, time and place of the hearing under sections 3.2 and 3.5 by any method orally or in writing,

(a) if the applicant is the child, on the director,

(b) if the applicant is the director, on the child and on the guardian unless a director is the guardian, and

(c) if the applicant is the guardian of the child, on the child and director.

(2) The Court or Court of Queen's Bench may do any of the following at the time of hearing:

(a) approve service made in a manner it considers adequate in the circumstances;

(b) approve a shortened period as sufficient notice;

(c) dispense with service on any person other than the director.

RSA 2000 c26(Supp) s6

Appeal

3.4(1) An order of the Court made under section 3(4) or (5) may be appealed to the Court of Queen's Bench not more than 15 days after the date on which the order is made or renewed

(a) by a director,

(b) by a guardian on behalf of the child who is the subject of an order to confine, or

(c) by the child who is the subject of an order to confine.

(2) If the Court refuses to make an order to confine under section 3(4) or to renew an order to confine under section 3(5), the applicant may appeal the refusal to the Court of Queen's Bench not more than 15 days after the date of the refusal.

RSA 2000 c26(Supp) s6

Procedure on appeal

3.5(1) An appeal to the Court of Queen's Bench under this Act must be commenced by

(a) filing a notice of appeal setting out the grounds of the appeal with the clerk of the Court, and

(b) filing a copy of the notice of appeal in the Court of Queen's Bench.

(2) If a notice of appeal is filed pursuant to this section, the appellant may apply to the Court or the Court of Queen's Bench for an order staying the execution of the order appealed pending the hearing of the appeal.

(3) On a notice of appeal being filed with the clerk of the Court, the clerk must forward to the clerk of the Court of Queen's Bench the record of the evidence taken and all other material in the possession of the Court that pertains to the matter being appealed not more than 7 days from the day the notice of appeal is filed with the clerk of the Court.

(4) On the requirements of subsection (3) and section 3.3(1) having been met, the Court of Queen's Bench must set down the appeal for hearing.

(5) Unless the Court of Queen's Bench directs otherwise, the appeal must come on for a hearing at the first sitting of the Court of Queen's Bench to be held after the filing of the notice of appeal in the Court of Queen's Bench.

(6) Notwithstanding subsections (4) and (5), if an appeal is not heard within 90 days of the filing of the notice of appeal, unless the Court of Queen's Bench grants permission to extend the time within which the appeal must be heard, the clerk of the Court of Queen's Bench must fix the next available date as the date on which the appeal must be heard and must notify the parties of the time and place of the hearing.

RSA 2000 c26(Supp) s6;2014 c13 s38

Decision of Court

3.6(1) On hearing an appeal, the Court of Queen's Bench must determine the appeal on the material filed with or forwarded to the Court of Queen's Bench and any further evidence that the Court of Queen's Bench may require or permit to be given.

(2) The Court of Queen's Bench may

(a) confirm the order or refusal,

(b) revoke or vary the order made, or

(c) make any order the Court could have made in the hearing before it.

RSA 2000 c26(Supp) s6

Notice to guardian

4(1) If a child has been apprehended and conveyed to a protective safe house, a director must notify the guardian of the child forthwith

(a) that the child has been apprehended, and

(b) of the intention, if any, of the director to confine the child pursuant to section 3(1)(b)(iii).

(1.1) If a director makes an application for an order to confine or to renew an order to confine under section 3, the director must notify the guardian of the child forthwith of the nature, time and place of the application.

(2) Notice under this section may be by any method and may be oral or in writing.

(3) The validity of proceedings under this Act is not affected by the director's inability, after reasonable effort, to give notice in accordance with this section.

RSA 2000 cP-28 s4;RSA 2000 c26(Supp) s7

Director's responsibilities

5 If a child has been apprehended and conveyed to a protective safe house, a director has exclusive custody of the child and is responsible for the child's care, maintenance and well being while the child is confined in the protective safe house.

1998 cP-19.3 s5

Restraining order

6(1) If a child is confined under this Act and a director has reasonable and probable grounds to believe that a person

(a) has physically or emotionally injured or sexually abused or is likely to physically or emotionally injure or sexually abuse the child within the meaning of the *Child, Youth and Family Enhancement Act*, or

(b) has encouraged or is likely to encourage the child to engage in prostitution,

the director may apply to the Court of Queen's Bench for an order restraining that person from contacting the child or associating in any way with the child.

(2) If a child is participating voluntarily in a program to assist the child in ending involvement in prostitution and the child or the child's guardian has reasonable and probable grounds to believe that a person

(a) has physically or emotionally injured or sexually abused or is likely to physically or emotionally injure or sexually abuse the child within the meaning of the *Child, Youth and Family Enhancement Act*, or

(b) has encouraged or is likely to encourage the child to engage in prostitution,

the child or the child's guardian may apply to the Court of Queen's Bench for an order restraining that person from contacting the child or associating in any way with the child.

RSA 2000 cP-28 s6;2003 c16 s117;2009 c53 s145

Definition

6.1 In sections 6.2 to 6.5, "Court" means the Provincial Court and the Court of Queen's Bench.

RSA 2000 c26(Supp) s8

Exclusion from hearing

6.2(1) Subject to subsection (2), if the Court is satisfied that

(a) the evidence or information presented to the Court may be seriously injurious or seriously prejudicial to the child who is the subject of a hearing under this Act or to a child who is a witness at a hearing under this Act, or

(b) it would be in the interest of public morals, the maintenance of order or the proper administration of justice to exclude any or all members of the public from the courtroom,

the Court may exclude any person, including a guardian of the child or the child, from all or part of the proceedings if the Court considers that person's presence to be unnecessary to the conduct of the proceedings.

(2) The Court may not exclude a director or a lawyer representing a child.

RSA 2000 c26(Supp) s8;2008 cH-4.3 s23

Ban on publication

6.3(1) No person shall publish the name or a photograph of a child or of the child's parent or guardian in a manner that reveals that the child is receiving or has received services under this Act.

(2) Despite subsection (1),

(a) a director may publish or consent to the publication of the name or a photograph of a child or of the child's parent or guardian, and any other information related to the child, if, in the opinion of the director, the publication is in the child's best interest or necessary for the proper administration of justice;

(b) a child who is 16 years of age or older may publish, or consent to the publication of, the child's name or photograph in a manner that reveals that the child has received services under this Act;

(c) the Court may, on the application of

(i) a child,

(ii) a parent or guardian of a child, or

(iii) any interested party, with the permission of the Court,

grant permission to the child, the parent or guardian or the interested party, as the case may be, to publish or consent to the publication of the name or photograph of the child or of the child's parent or guardian in a manner that reveals that the child is receiving or has received services under this Act if the Court is

satisfied that the publication is in the child's best interest or the public interest.

(3) A person who brings an application under subsection (2)(c) must provide notice of the application to a director.

(4) Any person who contravenes this section is guilty of an offence and liable to a fine of not more than $10 000 and in default of payment to imprisonment for a term of not more than 6 months.

(5) In this section, if a director is or has been a guardian of the child, a reference to "guardian" includes the person who was the guardian of the child immediately before a director became the guardian of the child.

RSA 2000 c26(Supp) s8;2007 c8 s7;2011 cC-11.5 s33; 2014 c13 s38

Witnesses

6.4(1) In a proceeding before the Court under this Act, the Court or a justice of the peace on the application of a party, or the Court on its own motion, may

(a) compel the attendance of any person and require the person to give evidence on oath,

(b) require the production by any person of any documents or things, and

(c) exercise the powers that are conferred for those purposes on a justice of the peace under Part XXII of the *Criminal Code* (Canada).

(2) The record of the evidence given at any other hearing, any documents and exhibits received in evidence at any other hearing and an order of the Court are admissible in evidence in a hearing under this Act.

(3) The evidence of each witness in a Court proceeding under this Act must be taken under oath and forms part of the record.

(4) Notwithstanding subsection (3), if the Court considers it proper to do so and is satisfied that no better form of evidence is readily available, the Court may

(a) accept evidence by affidavit, or

(b) accept hearsay evidence.

RSA 2000 c26(Supp) s8

Confidential evidence

6.5(1) Notwithstanding Part XXII of the *Criminal Code* (Canada), the Court may issue a subpoena requiring a board under the *Hospitals Act* or the Chief Medical Officer under the *Public Health Act*, or the designate of either of them, to produce any documents, records or other information they possess or control that may relate to the proceedings before the Court with respect to a child.

(2) The person named in a subpoena or the person's designate must attend at the time and place stated in the subpoena with any documents, records or other information that may relate to the proceedings before the Court and must remain in attendance throughout the proceedings unless the person is excused by the Court.

(3) If as the result of the issuing of a subpoena under subsection (1) a person is required to produce any documents, records or other information that is otherwise confidential under the *Hospitals Act*, *Mental Health Act* or *Public Health Act*, the documents, records or other information must be dealt with in accordance with this section.

(4) The person named in the subpoena or the person's designate must permit a director, the child or a lawyer representing either of them to examine the documents, records or other information before the time stated in the subpoena.

(5) A director or a child may apply to the Court at the time stated in the subpoena or at any other time during the proceedings before the Court to have all or part of the documents, records or other information admitted into evidence.

RSA 2000 c26(Supp) s8;2008 cH-4.3 s23

Programs

7 The Minister may establish programs that in the opinion of the Minister are necessary to assist children and persons described in section 7.2 in ending their involvement in prostitution.

RSA 2000 cP-28 s7;2007 c8 s8

Voluntary agreements

7.1(1) If the director is of the opinion that a child is in need of protection, an agreement to make programs or other services available to the child may be entered into by

(a) the child, a director and the child's guardian if other than a director, or

(b) if the child is 16 years of age or older, the child and a director.

(2) The agreement must be in the form provided for in the regulations and must

(a) describe the programs or other services to be made available,

(b) state the contributions, financial or otherwise, to be made by the guardian with respect to the programs or other services to be made available to the child,

(c) state the duration of the agreement, and

(d) state how the agreement may be amended or terminated.

(3) The duration of an agreement under this section may not exceed 6 months but the agreement may be renewed.

RSA 2000 c26(Supp) s9;2007 c8 s9

Services for 18-year-olds

7.2(1) If a child is the subject of an agreement under section 7.1 immediately before attaining the age of 18 years, a director may continue to provide that person with services

(a) for the periods and the purposes, and

(b) on the conditions

provided for in the regulations.

(2) An agreement must be in the form provided for in the regulations and must

(a) describe the services to be made available,

(b) state the duration of the agreement, and

(c) state how the agreement may be amended or terminated.

(3) The duration of an agreement under this section may not exceed 6 months but an agreement may be renewed.

2007 c8 s10

Regulations

8(1) The Lieutenant Governor in Council may make regulations

(a) respecting the rules to be followed in a proceeding before the Court under this Act;

(b) respecting the forms, other than agreements under sections 7.1 and 7.2, and notices, to be used under this Act.

(2) The Minister may make regulations

(a) prescribing premises as protective safe houses;

(b) respecting assessment of children in need of protection;

(c) respecting services under section 7.2;

(d) respecting the form of agreements under sections 7.1 and 7.2.

RSA 2000 cP-28 s8; RSA 2000 c26(Supp) s10; 2007 c8 s11

Offence

9 Any person who

(a) causes a child to be a child in need of protection, or

(b) obstructs or interferes with, or attempts to obstruct or interfere with, a director or a police officer exercising any power or performing any duty under this Act

is guilty of an offence and liable to a fine of not more than $25 000 or to imprisonment for a period of not more than 24 months or to both a fine and imprisonment.

RSA 2000 cP-30.3 s9;2013 cC-12.5 s20

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Province of Alberta

PROTECTION OF SEXUALLY
EXPLOITED CHILDREN ACT

COURT FORMS AND PROCEDURES REGULATION

Alberta Regulation 7/1999

With amendments up to and including Alberta Regulation 198/2012

Office Consolidation

Alberta Queen's Printer
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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

(Consolidated up to 198/2012)

ALBERTA REGULATION 7/99

Protection of Sexually Exploited Children Act

COURT FORMS AND PROCEDURES REGULATION

Table of Contents

1 Practice, procedure
2 Non-compliance
3 Order format
4 Application form
5 Forms
6 Expiry

Schedule

Practice, procedure

1(1) In any matter not provided for in the Act or this Regulation, the practice and procedure in the Court, as far as may be, must be regulated by analogy to the Alberta Rules of Court and the procedures followed in the Court of Queen's Bench.

(2) The Court may give directions on practice and procedure.

(3) The Court on application may

(a) vary a rule of practice or procedure,

(b) refuse to apply a rule of practice or procedure, or

(c) direct that some other procedure be followed.

Non-compliance

2(1) Unless the Court so directs, non-compliance with this Regulation does not render any act or proceeding void, but the act or proceeding may be set aside either wholly or in part as irregular or amended, or may be otherwise dealt with.

(2) No proceeding shall be defeated on the ground of an alleged defect of form.

Order format

3(1) An order may be made in the relevant form set out in the Schedule.

(2) Unless the Court otherwise directs, an order under the Act may be signed by the clerk of the Court.

(3) Every order must be dated as of the day on which it is pronounced and the order takes effect from that date, unless the Court otherwise directs.

Application form

4(1) An application under the Act must be commenced by completing and filing the relevant form set out in the Schedule with the clerk of the Court before the Court hears the application.

(2) Notwithstanding subsection (1), the Court may hear an application before the relevant form is filed with the clerk of the Court.

Forms

5 The forms to be used in any application to the Court under the Act are the forms in the Schedule.

Expiry

6 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on November 30, 2020.

AR 7/99 s6;354/2003;198/2012

7 Repealed AR 110/2012 s12.

Schedule

Form 1

In The Provincial Court of Alberta

In the Matter of the Protection of
Sexually Exploited Children Act

Application for an Apprehension Order

1 **Regarding** the child, (name), born (year/month/day).

My name is _____ (name) _____.

☐ I am a police officer.

☐ I am a person delegated to act for a director pursuant to section 121(3) of the *Child, Youth and Family Enhancement Act*.

---

2 Application

I am applying for an order under section 2 of the *Protection of Sexually Exploited Children Act*:

☐ authorizing a police officer or director to apprehend and convey the child to the child's guardian or to an adult who in the opinion of the person apprehending the child is a responsible adult who has care and control of the child;

☐ authorizing a police officer or director to apprehend and convey the child to a protective safe house and authorizing a director to confine the child for up to 5 days to ensure the safety of the child and to assess the child;

☐ authorizing a police officer or director to enter, by force if necessary, the place or premises specified in my declaration below and to search for and apprehend the child.

---

3 Declaration

In support of my application, I solemnly declare:

☐ I have reasonable and probable grounds to believe that this child is sexually exploited because the child is engaging in prostitution or attempting to engage in prostitution as shown by

_____

_____

☐ I have reasonable and probable grounds to believe that this child may be found at:

(address)

because (state grounds)

(year/month/day)

Applicant's signature

Declared before me at
(city or town),
in the Province of Alberta on
(year/month/day)

Stamp of Commissioner for Oaths
or
Seal of Notary Public

Notary Public or Commissioner
for Oaths for Alberta

Form 2

In The Provincial Court of Alberta

In the Matter of (name)

Born on (year/month/day)

A Child Within the Meaning of the Protection
of Sexually Exploited Children Act

Heard Before The Honourable Judge/
Justice of the Peace (name of Judge)
/Justice of the Peace) at _____, Alberta.

on (day of week),
the (day) of (month),
(year)

Apprehension Order

WHEREAS (name), (police officer or director), has applied for an order authorizing the apprehension of the child;

AND WHEREAS I am satisfied that the applicant has reasonable and probable grounds to believe that the child is sexually exploited because the child is engaging in prostitution or attempting to engage in prostitution;

☐ IT IS ORDERED THAT a police officer or a director may apprehend the child and convey the child to (name), the child's guardian, or to (name), who in the opinion of the person apprehending the child is a responsible adult who has care and control of the child;

OR

☐ IT IS ORDERED THAT a police officer or a director may apprehend the child and convey the child to a protective safe house, where a director may confine the child for up to 5 days and may assess the child;

AND WHEREAS I am satisfied that the child may be found in a place or premises;

☐ IT IS FURTHER ORDERED THAT a police officer or a director may enter (place or premises), using force if necessary, in order to search for and apprehend the child.

_____
Judge or Justice of the Peace

Form 3

In The Provincial Court of Alberta

In the Matter of the Protection of
Sexually Exploited Children Act

Appearance to Show Cause for Confinement

1 **Regarding** the child, (name), born (year/month/day).

My name is (name).

☐ I am a person delegated to act for a director pursuant to section 121(3) of the *Child, Youth and Family Enhancement Act.*

---

2 **Appearance to Show Cause for Confinement**

I am appearing to show cause why the confinement of the child was necessary, because the child was confined under section 2(10) of the *Protection of Sexually Exploited Children Act* without an order.

The child was apprehended on (year/month/day).

The child was confined on (year/month/day) at (name of protective safe house).

---

3 **Declaration**

I solemnly declare that I have reasonable and probable grounds to believe it was necessary to confine this child to ensure the safety of this child and to assess the child because _____ and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

_____ (year/month/day)
(Applicant's signature)

Declared before me at
(city or town),
in the Province of Alberta on
(year/month/day)

Stamp of Commissioner for Oaths
or
Seal of Notary Public

_____
Notary Public or Commissioner
for Oaths for Alberta

---

4 **Notice to the Child**

This is your notice that I will be appearing in Court to show cause why you were confined by the director for a period of ___ days.

The court hearing will be at (address) on (year/month/day).

You may attend the hearing and may be represented by a lawyer at any appearance before the Court. The telephone number of the Child and Youth Advocate, Legal Representation for Children and Youth Office, is _____.

A judge will hear my information as soon as possible after (time). If you want to speak to the judge about my information, you must attend the hearing.

Form 4

In The Provincial Court of Alberta

In the Matter of the Protection of
Sexually Exploited Children Act

Application and Request for Review of Confinement

1 **Regarding** the child, (name), born (year/month/day).

My name is _____.

☐ I am the child.

☐ I am a guardian of the child.
My address and telephone number are: _____.

☐ I am a person delegated to act for a director pursuant to section 121(3) of the *Child, Youth and Family Enhancement Act*.

---

2 Application to the Court

I am applying for a review of

☐ the director's decision to confine me in a protective safe house for up to 5 days (only the child may apply)

☐ the Court's order to confine the child in a protective safe house for ___ days (the child, guardian or a director may apply)

made on (year/month/day) and terminating on (year/month/day).

I am applying for an order to:

☐ vary the existing order.

☐ terminate the existing order.

I am applying for this review because: _____.

---

3 Notice of Court Application

This is your notice that I am applying to the Court for a review under the *Protection of Sexually Exploited Children Act* of

☐ the director's decision to confine me in a protective safe house for up to 5 days.

☐ the Court's order to confine the child in a protective safe house for _____ days.

The court hearing will be at (address) on (year/month/day).

A judge will hear my application as soon as possible after (time). If you want to speak to the judge about my application, you must attend the hearing.

At the end of the hearing, the judge may make an order. The judge may make an order other than what I apply for.

If you do not attend the court hearing, the judge may still make an order.

_____ (year/month/day)

(Applicant's signature)

Form 5

In The Provincial Court of Alberta

In the Matter of the Protection of
Sexually Exploited Children Act

Notice and Application for a Confinement Order

1 **Regarding** the child, (name), born (year/month/day).

My name is _____.

I am a person delegated to act for a director pursuant to section 121(3) of the *Child, Youth and Family Enhancement Act*.

2 **Application to the Court**

This child is the subject of

- ☐ a director's authorization for confinement beginning on (year/month/day) and terminating on (year/month/day). I am applying for an order to confine this child for a period of ___ days.
- ☐ a Court order confining the child for ____ days granted (year/month/day) and terminating on (year/month/day). I am applying for a renewal of this confinement order for a further period of ___ days.

I am of the opinion that the child would benefit from a further period of confinement. There is evidence to show that

- release of this child from a protective safe house presents a risk to the life or safety of the child because the child is

unable or unwilling to stop engaging in or attempting to engage in prostitution,

- less intrusive measures are not adequate to reduce the risk, and

- it is in the best interests of the child to be further confined for the purposes of making programs and other services available to the child in a safe and secure environment.

The evidence is _____.

3 **Notice to the Child**

This is your notice that I am applying to the Court for an order to confine you under the *Protection of Sexually Exploited Children Act*. A confinement order authorizes the director to confine you in a protective safe house.

The court hearing will be at (address) on (year/month/day) .

A judge will hear my application as soon as possible after (time) . If you want to speak to the judge about my application, you must attend the hearing. At the end of the hearing, the judge may make an order to confine you.

If you do not attend the court hearing, the judge may still make an order.

_____ (year/month/day)

(Applicant's signature)

Form 6

In The Provincial Court of Alberta

In the Matter of (name)

Born on (year/month/day)

A Child Within the Meaning of the Protection of Sexually Exploited Children Act

Heard Before The Honourable Judge/ Justice of the Peace (name of Judge) /Justice of the Peace) at _____, Alberta. on (day of week) , the (day) of (month), (year)

Confinement Order

WHEREAS (name), delegated by a director, has applied for an order for confinement of (child's name);

AND WHEREAS I am satisfied that

- release of the child from a protective safe house presents a risk to the life or safety of the child because the child is unable or unwilling to stop engaging in or attempting to engage in prostitution,
- less intrusive measures are not adequate to reduce the risk, and
- it is in the best interests of the child to order a period of further confinement for the purposes of making programs and other services available to the child in a safe and secure environment;

IT IS ORDERED THAT the child be confined in a protective safe house specified by a director for ___ days commencing forthwith and terminating on the _____ day of _____, 20___.

_____
Judge or Justice of the Peace

TAKE NOTICE THAT:

1 This order may be reviewed on the application of the child, the child's guardian or a director.

2 A copy of the form to apply to the Court for a review may be obtained from a director or the person in charge of the protective safe house in which the child is confined.

3 The Court must hear the request for review not more than 5 days after the application is filed with the Court, unless the Court extends the time before the hearing.

4 The child may be represented by a lawyer on any application to the Court.

5 The telephone number of the nearest office of the Child and Youth Advocate, Legal Representation for Children and Youth Office, is _____.

To: Clerk of the Court
A director
The Child

AR 7/99 Sched.;30/2001;251/2001;27/2002;8/2005;
193/2007;110/2012

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Province of Alberta

DRUG-ENDANGERED CHILDREN ACT

Statutes of Alberta, 2006
Chapter D-17

Current as of November 1, 2013

Office Consolidation

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Amendments Not in Force

This consolidation incorporates only those amendments in force on the consolidation date shown on the cover. It does not include the following amendments:

2013 cC-12.5 s10 amends ss1(1), 2, 3(1) and (4), repeals and substitutes ss4 and 5, adds s4.1, amends s7, adds s7.1.

Regulations

The following is a list of the regulations made under the *Drug-endangered Children Act* that are filed as Alberta Regulations under the Regulations Act.

	Alta. Reg.	*Amendments*
Drug-endangered Children Act		
Drug-endangered Children	256/2006	*164/2010, 87/2016*

DRUG-ENDANGERED CHILDREN ACT

Chapter D-17

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1 Interpretation
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4 Director's responsibilities
5 Deemed apprehension
6 Regulations
7 Offence
8 Consequential amendment
9 Coming into force

Preamble

WHEREAS the safety, security and well-being of children is a paramount concern of the Government of Alberta;

WHEREAS children exposed to illegal manufacturing of drugs, indoor cannabis grow operations, trafficking and other forms of illegal drug activity are victims of abuse; and

WHEREAS the Government of Alberta is committed to protecting children from the dangers of exposure to illegal drug manufacturing, indoor cannabis grow operations, trafficking and other forms of illegal drug activity;

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Interpretation

1(1) In this Act,

(a) "child" means a person under the age of 18 years;

(b) "Court" means the Provincial Court;

(c) "director" means a director under the *Child, Youth and Family Enhancement Act*;

(d) "drug" means a controlled substance and an analogue as defined in the *Controlled Drugs and Substances Act* (Canada);

(e) "emotionally injured" means emotionally injured within the meaning of the *Child, Youth and Family Enhancement Act*;

(f) "guardian" means a guardian as defined in the *Child, Youth and Family Enhancement Act*;

(g) "indoor cannabis grow operation" means a place or premises where cannabis is grown either in soil or hydroponically;

(h) "Minister" means the Minister designated with the responsibility for the *Child, Youth and Family Enhancement Act*;

(i) "physically injured" means physically injured within the meaning of the *Child, Youth and Family Enhancement Act*;

(j) "police officer" means a police officer as defined in the *Police Act*;

(k) "sexually abused" means sexually abused within the meaning of the *Child, Youth and Family Enhancement Act*;

(l) "traffic" means traffic as defined in the *Controlled Drugs and Substances Act* (Canada).

(2) For the purposes of this Act, a child is a drug-endangered child if

(a) the guardian exposes the child or allows the child to be exposed to, or to ingest, inhale or have any contact with, a chemical or other substance that the guardian uses to illegally manufacture a drug;

(b) the guardian illegally manufactures a drug in the presence of the child, or causes or allows the child to enter or remain in any place or premises where a drug is illegally manufactured or stored;

(c) the guardian possesses a chemical or other substance with which the guardian intends to illegally manufacture a drug in a place or premises where a child resides;

(d) the guardian exposes the child or allows the child to be exposed to an indoor cannabis grow operation, or to the process of extracting oil or resins from cannabis plants;

(e) the guardian involves the child in or exposes the child to trafficking;

(f) the child has been or is being, or there is a substantial risk that the child will be, physically injured, emotionally injured or sexually abused because the guardian is exposing the child to other forms of illegal drug activity.

Apprehension order

2(1) If a director or police officer has reasonable and probable grounds to believe that a child is a drug-endangered child, the director or police officer may make an ex parte application to a judge of the Court or to a justice of the peace for an order

(a) authorizing the director or police officer to apprehend the child, and

(b) if the judge or justice is satisfied that the child may be found in a place or premises, authorizing the director, police officer or any person named in the order to enter, by force if necessary, that place or those premises to search for and apprehend the child.

(2) If, in the opinion of a director or police officer, it would be impracticable to appear personally before a judge or justice of the peace to apply for an order in accordance with subsection (1), the director or police officer may make the application by telephone or other means of telecommunication to a judge of the Court or a justice of the peace.

(3) The information on which an application for an order by telephone or other means of telecommunication is based must be given on oath and must be recorded verbatim by the judge or justice of the peace who, as soon as practicable, must cause the record or a transcription of the record, certified by the judge or justice of the peace as to time, date and contents, to be filed with the clerk of the Court.

(4) For the purposes of subsection (3), an oath may be administered by telephone or other means of telecommunication.

(5) The information submitted by telephone or other means of telecommunication must include the following:

(a) a statement of the circumstances that make it impracticable for the director or police officer to appear personally before a judge of the Court or a justice of the peace;

(b) the identity of the child, if known;

(c) a statement setting out the director's or police officer's grounds for believing that the child is a drug-endangered child;

(d) a statement of the director's or police officer's grounds for believing that the child will be found in the place or premises to be searched;

(e) a statement as to any prior application for an order under this section in respect of the same child of which the director or police officer has knowledge.

(6) A judge of the Court or a justice of the peace referred to in subsection (2) who is satisfied that an application made by telephone or other means of telecommunication

(a) conforms to the requirements of subsection (5), and

(b) discloses reasonable grounds for dispensing with personal appearance for the purpose of making an application under subsection (1)

may make an order conferring the same authority respecting search and apprehension as may be conferred under subsection (1).

(7) If a judge of the Court or a justice of the peace makes an order under subsection (6),

(a) the judge or justice of the peace must complete and sign an order in the prescribed form, noting on its face the time, date and place at which it was made,

(b) the director or police officer, on the direction of the judge or justice of the peace, must complete, in duplicate, a facsimile of the order in the prescribed form, noting on its face the name of the judge or justice of the peace making the order and the time, date and place at which it was made, and

(c) the judge or justice of the peace must, as soon as practicable after the order has been made, cause the order to be filed with the clerk of the Court.

(8) An order made by telephone or other means of telecommunication is not subject to challenge by reason only that

the circumstances were not such as to make it reasonable to dispense with personal appearance for the purpose of making an application under subsection (1).

(9) Notwithstanding subsection (1), a director or police officer may apprehend a child without an order if the director or police officer has reasonable and probable grounds to believe that the child's life, health or safety is seriously and imminently endangered because the child is a drug-endangered child.

(10) A person who is authorized to apprehend a child under subsection (9) and who has reasonable and probable grounds to believe that the child may be found in a place or premises may, without an order and by force if necessary, enter that place or those premises and search for the child.

Notice of apprehension

3(1) If a child has been apprehended, a director must notify the guardian of the child forthwith that the child has been apprehended.

(2) Notice under subsection (1) may be by any method and may be oral or in writing.

(3) Notice under subsection (1) must include a statement of the reasons for the apprehension and the telephone number of the nearest office of the Legal Aid Society of Alberta.

(4) The validity of proceedings under this Act is not affected by reason only that a director is unable, after reasonable effort, to give notice in accordance with this section.

Director's responsibilities

4 If a child has been apprehended under this Act, a director has exclusive custody of the child and is responsible for the care, maintenance and well-being of the child while the child is apprehended under this Act.

Deemed apprehension

5 If a director does not return the child to the child's guardian within 2 days from the date of the apprehension, the child is deemed to have been apprehended under section 19 of the *Child, Youth and Family Enhancement Act*.

Regulations

6 The Lieutenant Governor in Council may make regulations

(a) respecting the rules to be followed in a proceeding before the Court under this Act;

(b) respecting the forms, including notices, to be used under this Act.

Offence

7 Any person who

(a) causes a child to be a drug-endangered child, or

(b) obstructs or interferes with, or attempts to obstruct or interfere with, a director, a police officer or any other duly authorized person exercising any power or performing any duty under this Act

is guilty of an offence and liable to a fine of not more than $25 000 or to imprisonment for a term of not more than 24 months or to both a fine and imprisonment.

2006 cD-17 s7; 2013 cC-12.5 s10

8 *(This section amends the Child, Youth and Family Enhancement Act; the amendment has been incorporated into that Act.)*

Coming into force

9 This Act comes into force on Proclamation.

(NOTE: Proclaimed in force November 1, 2006.)

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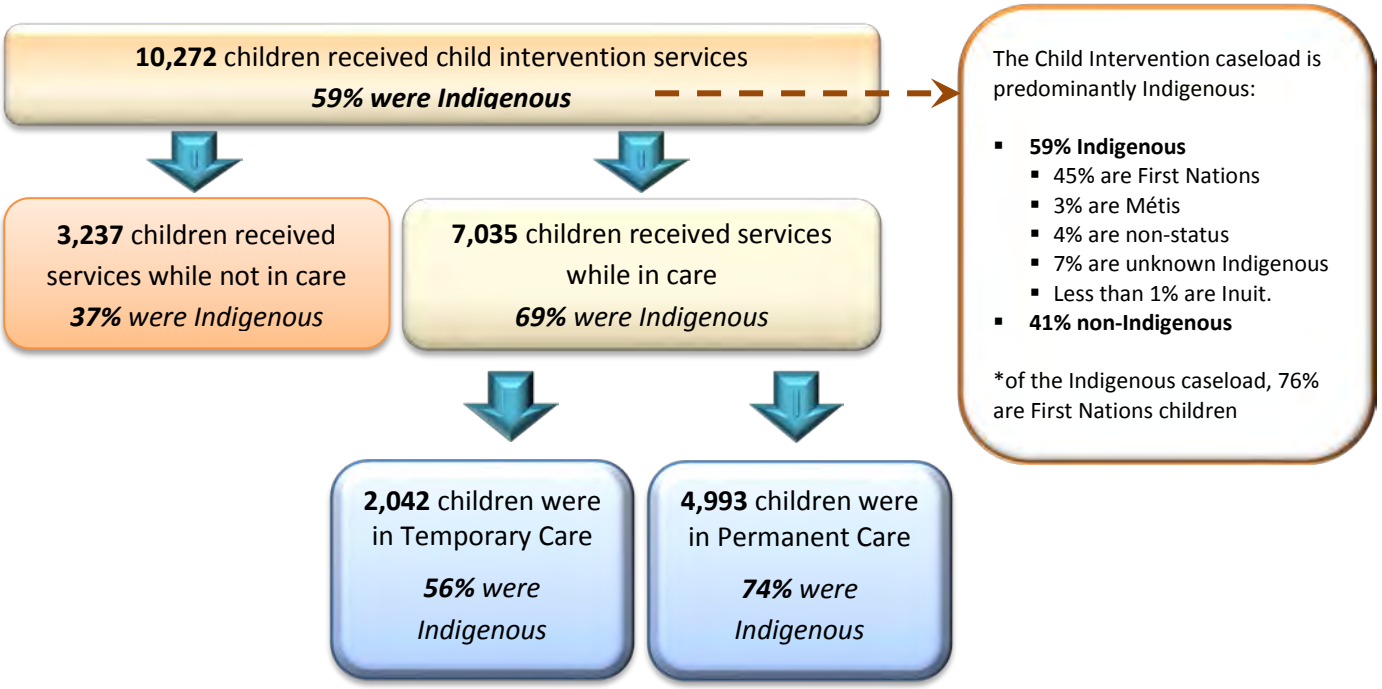
Over-Representation of First Nations Children Receiving Child Intervention Services

Indigenous Children are Over-Represented in Child Intervention

In Alberta, **10%** percent of the population (0-19) years is Indigenous while **59%** of children receiving Child Intervention services are Indigenous.

- Certain categories of the Indigenous population are represented more than others:
  - Métis children comprise **3%** of the Child Intervention caseload, compared with **4%** of the Alberta child population.
  - First Nations children comprise **45%** of the Child Intervention caseload, compared with **6%** of the Alberta child population.
- This breakdown reveals that the over-representation is primarily First Nations children (refer to Figure 1).

Figure 1: Profile of Indigenous Children Receiving Child Intervention Services

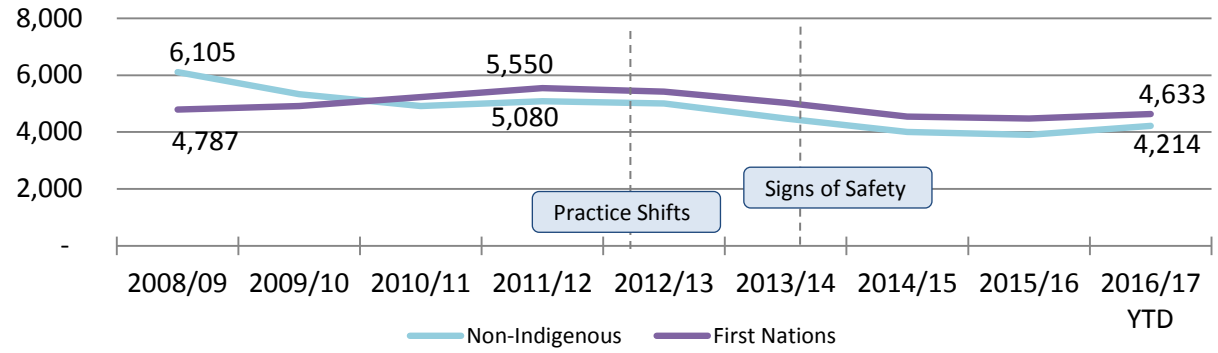


Over-Representation of First Nations Children Receiving Child Intervention Services

Caseload Trend Over Time

The implementation of several practice initiatives in 2012/13 and Signs of Safety in 2013/14 has contributed to the continued safe reduction of caseloads for First Nations and non-Indigenous children. We have started to see a small increase in caseloads for First Nations and non-Indigenous children so far in 2016/17 YTD.

Figure 2: Average Monthly Number of Children and Youth Receiving Child Intervention Services



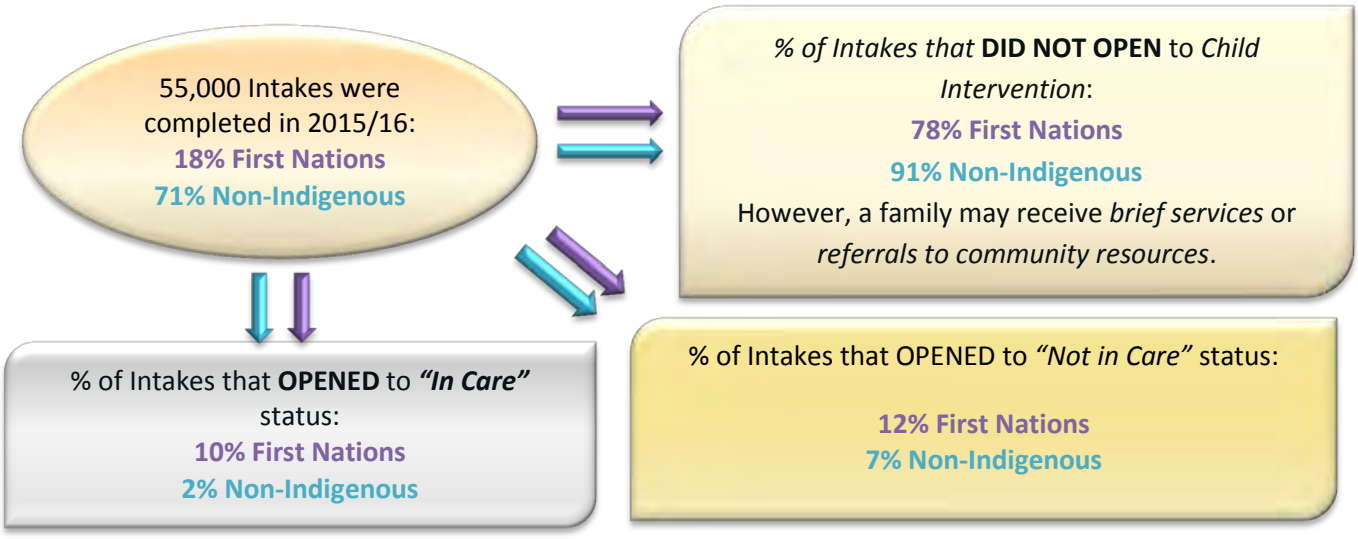
Points of Over-Representation for First Nations Children

Despite the overall caseload decline for First Nations children, they are over-represented across the entire continuum of Child Intervention.

Initial Assessment

At Initial Assessment, less than a fifth of intakes completed were for First Nations children; however they led to an open file more than twice as often than for non-Indigenous children; 22% of Intakes for First Nations children led to an open file, compared to 9% for non-Indigenous children (refer to Figure 3).

Figure 3: Over-Representation of First Nations Children at Initial Assessment

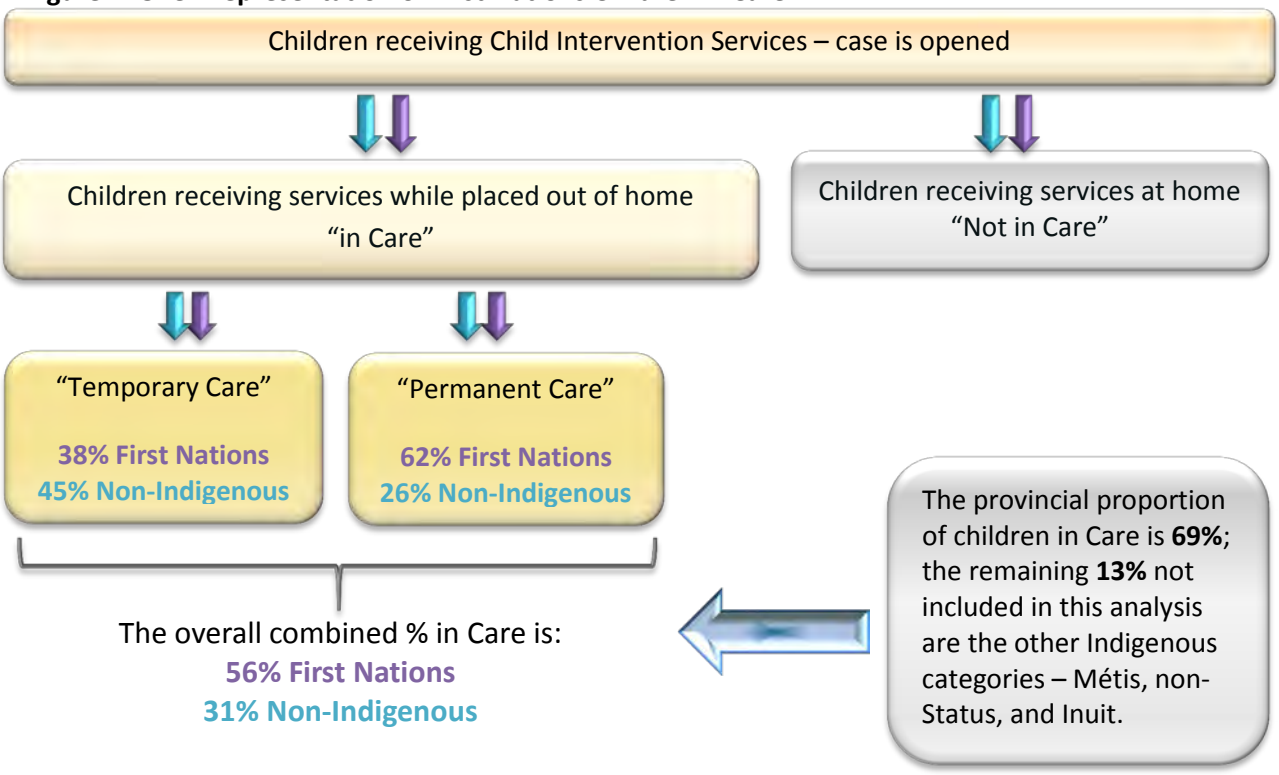


Over-Representation of First Nations Children Receiving Child Intervention Services

Not in Care and in Care

The over-representation continues once a Child Intervention file is opened, most notably for children who are brought into care (refer to Figure 4).

Figure 4: Over-Representation of First Nations Children in Care



Age and Time Spent In Care

Contributing to the over-representation of First Nations children is the difference in age and length of time First Nations children remain in care compared to non-Indigenous children. First Nations children tend to be younger than non-Indigenous children and spend longer in temporary and permanent care.

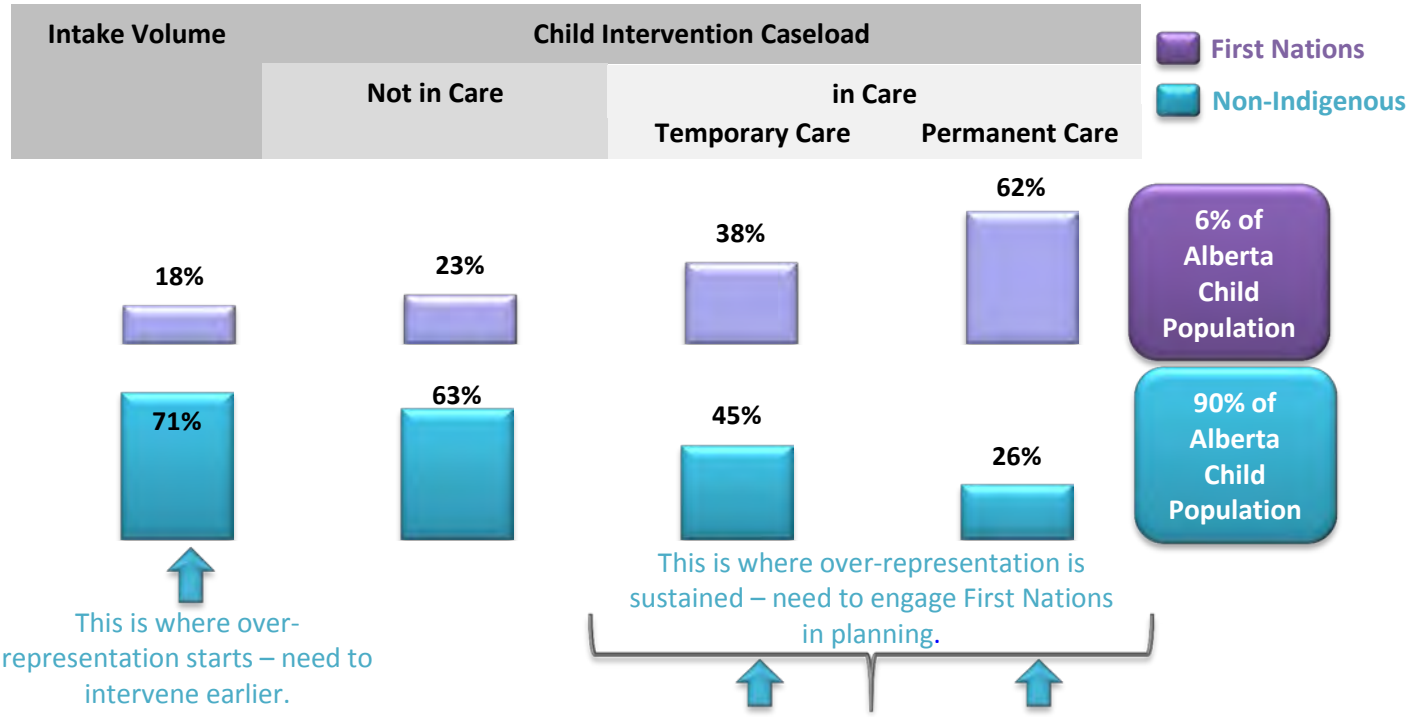
- The average age for children in temporary care was 6.8 years old for First Nations children, compared to 7.5 years old for non-Indigenous children.
    - First Nations children have spent an average of 1.1 years in temporary care, compared to 0.9 years for non-Indigenous children.
- The average age for children in permanent care was 10.6 years old for First Nations children, compared to 11.0 years for non-Indigenous children.
    - First Nations children have spent an average of 6.0 years in permanent care, compared to 3.5 years for non-Indigenous children.

Over-Representation of First Nations Children Receiving Child Intervention Services

Recap of Over-Representation of First Nations Children

Figure 5 below provides a recap of the over-representation of First Nations children receiving Child Intervention services, starting at Initial Assessment through permanent care.

Figure 5: Recap of Over-Representation of First Nations Children



On Reserve Service Delivery Agreements with Delegated First Nation Agencies

Delivery of Child Intervention Services on Reserves

- Child intervention services are delivered on the Reserves of 39 of the 48 First Nations in Alberta by one of 17 Delegated First Nation Agencies (DFNAs)[1].
- DFNAs are required to deliver Child Intervention services in accordance with the *Child, Youth and Family Enhancement Act* (CYFEA).

Structure and Governance

- DFNAs are either corporations incorporated under federal or Alberta legislation, or provincially incorporated societies that typically operate at arm's length from Chiefs and Councils.
- DFNA child intervention workers are usually DFNA employees, not Band employees.
- Board Governance matters (statutory powers, duties of accountabilities of the Board of Directors, officers and shareholders) are set out in the incorporating legislation and the DFNA's corporate articles and by-laws.
- The general management and operation of the DFNAs is an internal matter that rests with the Board and its Service Delivery Director. Financial management is subject to the terms of the annual bilateral funding agreement between the DFNA and Indigenous and Northern Affairs Canada (INAC).

Accountable to:

- Indigenous and Northern Affairs Canada (INAC) for fiscal management, financial reporting, and year-end reporting on its success in achieving business plan goals.
- Ministry of Children's Services for compliance with the responsibilities and obligations under the service delivery agreement, as described below.
- Communities served by the DFNA for providing the culturally appropriate and effective services needed by community members.

Authority to Delivery Statutory Services

- Because a DFNA is an independent legal entity, all aspects of its relationship with Human Services (service delivery responsibilities, exercise of delegated authority, accountabilities) are set out in formal on-reserve child intervention service delivery agreements with Alberta or with Alberta and Canada, and through a delegation of authority granted to the DFNA's service delivery Director.

1. Service delivery agreement with the Ministry
   - The exercise of the authority delegated to the Service Delivery Director is subject to terms of agreements, and geographically based. The Service Delivery Director cannot apprehend a child who is located off-reserve.

[1] Three Children's Services Regions (Central, Edmonton, North Central) deliver child intervention services directly on the Reserves of eight of the remaining nine First Nations in Alberta

2. Delegation of authority under the CYFEA
   - Statutory Director delegates certain powers and duties to the DFNA Service Delivery Director.
   - The DFNA Service Delivery Director, rather than the DFNA Board, is responsible and accountable for making decisions concerning a child in need of intervention.

Types of Agreements

Trilateral Agreements	Dual Bilateral Agreements
– Parties: Canada, Alberta, and DFNAs – 8 of the 17 Agreements are Trilateral – Must be approved and signed-off by Executive Council - Intergovernmental Relations	– Parties: Canada and the DFNA or Chief and Council /Tribal Council – 9 of the 17 Agreements are Dual Bilateral, consisting of a bilateral Child intervention service delivery agreement between Alberta and the DFNA, and a separate bilateral funding agreement between Canada and the DFNA

Funding

- The federal government is responsible for funding child intervention services provided to all persons, not just Status Indians, within the geographical boundaries of a Reserve in Alberta who are ordinarily resident on a Reserve; and to First Nations children and families situated off-reserve who are ordinarily resident on a Reserve.
- INAC funds the DFNAs directly through annual bilateral funding agreements between INAC and individual DFNAs.
- Three funding components: program funding (maintenance - child intervention expenditures on children in care who are in out of home placements); program funding (prevention/family enhancement to keep families together); and operations funding (agency core operations and expenditures on children in care in parental home placements).

Challenges with Federal Funding Methodology

- Maintenance
  - Only for expenditures on children in care who are placed out of parental home
  - Does not cover most medical expenses, or expenditures on children who remain in the parental home, and is not based on actual cost of services
- Operations
  - Formula driven: on-reserve child population, number of First Nations the DFNA serves, and caseloads
  - Only children who are Status Indians and Band members of a participating First Nation served by DFNA are included in on-reserve child population count
  - Expenditures on children in care who remain in their parental home must come out of Operations funding

Alberta Human Services

Truth and Reconciliation Commission Summary for the Ministerial Panel on Child Intervention

Background

Established in 2008, the TRC was under the terms of the Indian Residential Schools Settlement Agreement. The Commission was mandated to:

- Reveal to Canadians the complex truth about the history and the ongoing legacy of the residential schools, in a manner that fully documents the individual and collective harms perpetrated against Aboriginal peoples, and honours the resilience and courage of former students, their families, and communities, and;

- Guide and inspire a process of healing, leading towards reconciliation within Aboriginal families, and between Aboriginal peoples and non-Aboriginal communities and Canadians generally. The process was intended to renew relationships on the basis of inclusion, mutual understanding, and respect.

The commission made a commitment to offer everyone involved with the residential school system the opportunity to speak out about their experience. Over 6,750 statements were received from survivors, family members, and those who have been affected by the intergenerational trauma that has resulted from the residential schools system.

As part of the Commission's mandate to educate the public about the legacy of residential schools and to encourage public participation, the National Centre for Truth and Reconciliation (NCTR) was created. The NCTR ensures that survivors and their families, as well as educators and researchers have access to a comprehensive history of the residential schools.

In December 2015, the TRC released its entire six-volume Final Report. The report includes a comprehensive history of the schools, the Inuit and Northern experience, the Metis experience, Missing Children and Unmarked Burials, the Legacy, and Reconciliation.

Canada's Residential School System

Residential schools for Aboriginal people in Canada date back to the 1870s. Over 130 residential schools were located across the country, with Alberta having the highest number of schools at 25. Government-funded, church-run schools were set up to eliminate parental involvement in the intellectual, cultural, and spiritual development of Aboriginal children.

For over a century, the central goals of Canada's Indigenous policy were to eliminate Indigenous governments, limit Indigenous rights and, through a process of assimilation, cause Indigenous peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, and along with the reserve system, contributed to colonial legacy of Indigenous peoples in Canada.

As part of the residential school system, children were taken, often forcibly, away from their families and placed in church-run schools with the distinct intent to take away their culture, traditions and language. Many children experienced severe physical, sexual, and/or emotional abuse while in the schools, and many of the students did not survive.

Child Welfare and the TRC

According to the TRC, from the 1940's onward, residential schools increasingly served as child-welfare facilities. By the 1960's the federal government estimated that 50% of the children in residential schools were there for child-welfare reasons.

The dramatic increase of the apprehension of Indigenous children in the 1960's, often referred to as the "60's Scoop" is considered by Indigenous people to be comparable to a transfer of children from on form of institution, the residential school, to another, the child-welfare agency." As such. the transition from residential schools into the "60's Scoop" has a direct impact on the number of Indigenous children in child welfare today.

The Effects of Residential Schools Today

While the last residential school closed in 1996, the legacy of residential schools is still affecting Indigenous people in Canada today. Intergenerational trauma that came as a result of the schools has left many Indigenous people with a sense of loss, mental illness, drug and alcohol addictions, and issues in caring for children**.** The legacy of residential schools and other colonial policies has significantly contributed to the poverty experienced by Indigenous peoples and communities, both on reserve and off-reserve in urban centres. However, Indigenous peoples continue to be resilient and the Truth and Reconciliation Commission is one of the many steps toward healing.

Calls to Action

In June 2015, the TRC held its Closing Event in Ottawa, the last of 7 national events across the country, and presented the Executive Summary of the findings contained in its multi-volume Final Report, including 94 Calls to Action to further reconciliation between Canadians and Indigenous Peoples.

Of the 94 Calls to Action there are multiple actions directed towards child welfare and intervention:

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
    - Monitoring and assessing neglect investigations.
    - Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
    - Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.
    - Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.

2. We call upon the federal government, in collaboration with the provinces and territories, to prepare and publish annual reports on the number of Aboriginal children (First Nations, Inuit, and Métis) who are in care, compared to non-Aboriginal children, as well as the reasons for apprehension, the total spending on preventive and care services by child-welfare agencies, and the effectiveness of various interventions.

3. We call upon all levels of government to fully implement Jordan's Principle.

4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that:
    - Affirm the right of Aboriginal governments to establish and maintain their own child-welfare agencies.
    - Require all child-welfare agencies and courts to take the residential school legacy into account in their decision making
    - Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate.

5. We call upon the federal, provincial, territorial and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.

In answering to these Calls to Action governments would begin to better understand the root causes and factors that contribute to Indigenous family's involvement in the child intervention system and help to reduce the number of Indigenous children in care.

Current State

Following the TRC's National event held in Edmonton, Premier Notley spoke about the residential schools, saying: "The work of the commission and its members opened the door for thousands of survivors to speak the truth about their experiences in residential school and begin their healing journey. The commission's final report will be a great legacy to all Canadians. The report will have the power to repair and heal a profoundly damaging past and to create greater understanding and empathy towards Aboriginal people."

In regards to the Missing and Murdered Indigenous Women (MMIW) national inquiry Premier Notley said, "We want the First Nation, Metis and Inuit people of Alberta to know that we deeply regret the profound harm and damage that occurred to generations of children forced to attend residential schools. While the Province of Alberta did not establish the system, members of the government did not take a stand to stop it. For this silence we apologize."

In 2016, the Government of Alberta also committed to training teachers from Kindergarten to grade 12 on how to best teach Indigenous culture and history.

Summary of the United Nations Declaration on the Right of Indigenous Peoples

In 2016 Canada became a signatory to the United Nations Declaration of the Rights of Indigenous Peoples (UN Declaration). This document provides an overview of the UN Declaration and a summary of Alberta's response to the UN Deceleration.

The UN Declaration consists of 46 articles which speak to Indigenous people's; basic human rights, their right to control their own lives; language equality and the right to protect their land water (attachment one). It is the most comprehensive international human rights instrument to specifically address Indigenous people's economic, social, political, civil, spiritual and environmental rights. Articles 7.2, 14.3, 21.2, and 22, are most relevant to child intervention:

- 7.2: Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.
- 14.3: States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language.
- 21.2: States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.
- 22.1: Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.
- 22.2: States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

Alberta's Response to the UN Deceleration

The GoA has made a commitment to a renewed and improved relationship with Indigenous peoples. In the **Premier's Letter** to Cabinet of July 7, 2015 (Attachment 2) the Premier directed Ministers to "engage directly with Indigenous peoples to find a common and practical understanding of how the principles of the UN Declaration can be implemented in a way that is consistent with our Constitution and with Alberta law".

Government is currently working on engagement plans to discuss with Indigenous people 20 proposals that are aligned with the Premier's letter.

Attachments

1. United Nations Declaration on the Rights of Indigenous Peoples
2. July 7, 2015 Premier letter to Cabinet

What We Heard

Summary of the Community Conversations

December 2011 – May 2013

Alberta Government

Aboriginal Engagement and Strategy Division – Human Services

Introduction

The Aboriginal Engagement and Strategy (AES) division was formed in the fall of 2011. This division fulfilled a recommendation of the Alberta Child Intervention Review Panel to "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."[1] The goal of this recommendation is to ensure that there is a dedicated and committed focus on improving the capacity of the system to respond to the needs of Aboriginal children and families.[2]

It is well recognized that the over-representation of Aboriginal children and youth in child intervention is complex and linked to broader historic, social and economic issues.[2] Any process set up to address this over-representation required an approach that was proven to embrace this complexity. After researching a number of options, the AES division decided on the Community Conversation model to gather information as part of the process to meet this mandate. The Community Conversation model was based on the processes used by Tamarack—An Institute for Community Engagement[3] in their work on initiatives such as poverty reduction.

What are community conversations?

Community conversations bring together people with diverse perspectives to share their insights on a topic of common importance. Through creating a safe space to discuss open ended questions, community conversations:

1. Start with the premise that solutions to complex problems lie within the diversity of skills, perspectives and strengths that exist within the community;
2. Incorporate the views of people who play a variety of roles in the community;
3. Do not start out with a solution in mind;
4. Start with a sense of curiosity about the variety of perspectives on the topic; and
5. Are structured to build a common understanding of the issue and the roles of people connected to the issue.

Community conversations bring together people with diverse perspectives to share their insights on a topic of common importance.

[1] Closing the Gap between Vision and Reality: Strengthening the Accountability, Adaptability and Continuous Improvement of Alberta's Child Intervention System. Final Report of the Alberta Child Intervention Review Panel – June 30, 2010, Page 6.

[2] Government Response to the Child Intervention System Review – October 2010, Page 9.

[3] Tamarack – a charity that develops and supports learning communities that help people to collaborate, co-generate knowledge and achieve collective impact on complex community issues.

The success of the community conversations was dependent upon having people from a variety of sectors and with diverse perspectives all sharing their insights at the conversation.

More about the conversations

In the fall of 2011, the Aboriginal Engagement and Strategy Division contacted Child and Family Service Authorities and Delegated First Nation Agencies in Alberta to determine if a community conversation was appropriate for their area. In the areas that wanted a conversation, a steering committee was established to plan the logistics of the day, and identify the people to invite to the event. The involvement of local leaders at the planning stage of the conversations led to a gathering of people that provided rich and valuable insights that have formed a solid base for future action.

The success of the community conversations was dependent upon having people from a variety of sectors and with diverse perspectives all sharing their insights at the conversation. Participants at the conversations included:

- Youth;
- Elders;
- First Nation and Métis community members;
- Individuals with lived experience;
- Aboriginal and non-Aboriginal service providers including those from the areas of education, health, law enforcement, prevention and early intervention, family support, justice and municipal and band councils;
- Staff from Delegated First Nation Agencies and Child and Family Service Authorities.

The participants represented both government and non-government organizations in both urban and rural areas.

The presence and leadership of Elders was an essential component of each conversation. The ceremonies that preceded each of the conversations created an air of respect, humility and sacredness for the interactions that were about to take place. Throughout the conversations, the wisdom and teachings of the Elders kept the participants grounded in the importance of the work, and modeled the enriching power of indigenous worldviews, stories, language, traditions and ways of being.

Where did we go?

The following map shows the dates and locations of the community conversations, and identifies the surrounding areas from which people were invited to participate.

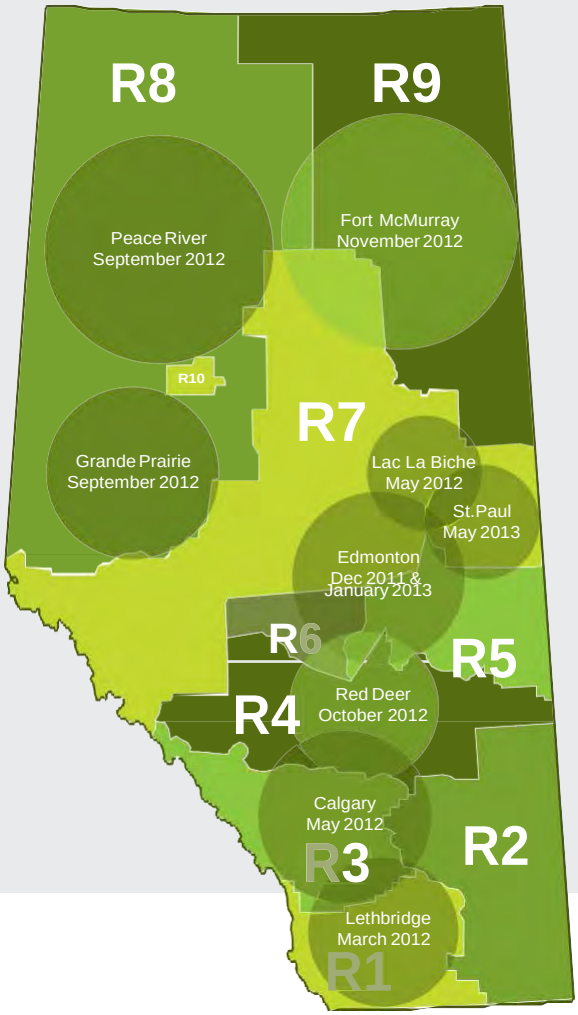
> 1,628 individuals from 126 communities were invited to conversations held throughout the province.

> Between December 2011 and May 2013, the Aboriginal Engagement and Strategy division met with 1,333 people throughout the province.

> 782 participated in community conversations.

> 551 participated in focused conversations on topics that emerged in community conversations, which required further discussion and information in order to better understand the complexity of that topic.

Chart 1 – Community Conversations



R1	Southwest Alberta CFSA
R2	Southeast Alberta CFSA
R3	Calgary and Area CFSA
R4	Central Alberta CFSA
R5	East Central Alberta CFSA
R6	Edmonton and Area CFSA
R7	North Central Alberta CFSA
R8	Northwest Alberta CFSA
R9	Northeast Alberta CFSA
R10	Métis Settlements CFSA

Chart 2 – Open and Focused Conversations

Location	Date	Number of People
Open conversations		
1. Edmonton	December 2011	88
2. Lethbridge	March 2012	113
3. Lac La Biche	May 2012	72
4. Calgary	May 2012	127
5. Peace River	September 2012	59
6. Grande Prairie	September 2012	60
7. Red Deer	October 2012	63
8. Fort McMurray	November 2012	50
9. Edmonton	January 2013	88
10. St. Paul	May 2013	62
Total participation in conversations		782

Conversations with a focused topic		
1. Lateral Violence	March 2012	128
2. An Overview of Complexity	May 2012	101
3. Indigenous Scholars	May 2012	80
4. Social Policy Framework	June 2012	80
5. The History and Impact of Colonization and Intergenerational Trauma with Dr. Mike DeGagné	October 2012	140
6. The Role of Men and Fathers – A Circle Conversation	January 2013	22
Total participants in focused conversations		551

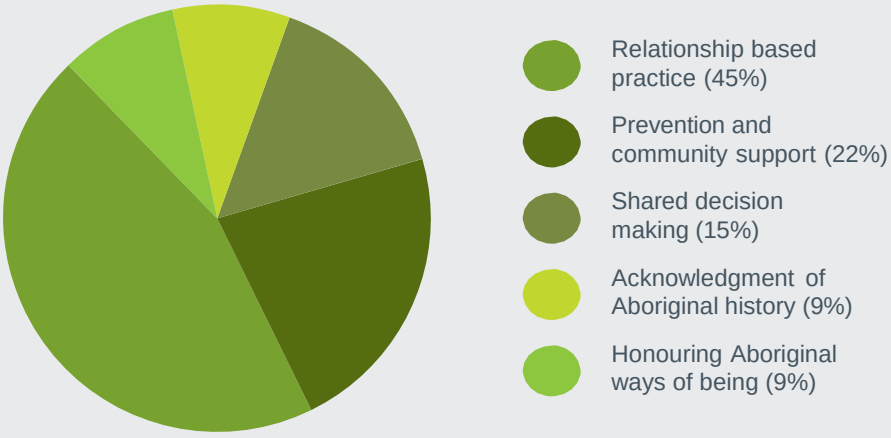
Total participants in all conversations	**1,333**

What we heard

The conversations started with open-ended questions about what was happening in the field of child intervention especially as it pertained to supporting Aboriginal children, youth, families and communities. The next questions invited people to talk about the type of changes they would like to see, and asked about steps we could all take to make those changes happen. The discussion at each conversation was captured by people at each table who wrote down the comments made by the participants. Each of the comments was then entered into a database and sorted into primary and secondary themes.

7,385 distinct comments were recorded throughout the conversations, and sorted into five primary themes. This chart depicts the percentage of the total comments that comprise each theme.

Chart 3 – Primary Theme by Percentage



The comments from the conversations created a base of information that will be used in a variety of ways throughout the division, ministry and Government of Alberta. This data however is only one of the valuable outcomes of the conversations. Many stories were shared, connections made, and hearts were moved in ways that cannot be captured through a summary of charts and themes. The following story is but one example of the unplanned benefits of the conversation process.

"In Alberta, everyone contributes to making our communities inclusive and welcoming. Everyone has opportunities to fulfill their potential and to benefit from our thriving social, economic and cultural life".

Come have tea

At one community conversation, a foster parent mentioned that she does not always feel comfortable going on to the First Nation community, as she does not know the protocols and the way around the community. An Elder responded by saying "Here's my phone number, the next time you come out, phone me, we'll have tea and I will show you around. By the way, when I come into town, I feel uncomfortable, because I don't know my way around." The foster parent responded "Here's my phone number. The next time you come into town, call me. We'll have tea, and I will show you around."

In February 2013, the Social Policy Framework was announced with the following vision—

"In Alberta, everyone contributes to making our communities inclusive and welcoming. Everyone has opportunities to fulfill their potential and to benefit from our thriving social, economic and cultural life".

The goals listed in the Social Policy Framework are to:

> Reduce inequality;

> Protect vulnerable people;

> Create a person-centered system of high-quality services; and

> Enable collaboration and partnerships.

By integrating the information gathered through the community conversations into the work of government and community practices and policies, the vision of the Social Policy Framework will be enhanced.

The Social Policy Framework includes a set of principles that articulate the fundamental beliefs of government and Albertans that were expressed during the engagement process. The following principles represent a set of equally important and mutually reinforcing statements about what Albertans want to be the basis of social policy decisions that affect them. **The principles of the Social Policy Framework are:** Dignity, People First, Healthy and Strong Relationships, Mutual Responsibility, Inclusion, Proactive, Accountability, Collaborative.[4]

[4] Alberta's Social Policy Framework – February 2013, Page 12

There are strong connections between the goals and principles of the Social Policy Framework, and the information derived from the community conversations. In order to show this alignment, the framework's goals and principles are identified under each of the following themes.

1. Relationship based practice

Participants stated that it is important to focus on the family as a whole, and not separate the needs of the child from the capacity of the parents. Several comments highlighted the need to be intentional about including fathers in plans, agreements and visits in a way that recognizes their important role in the lives of their children, and supports them to fulfill that caring role. Aboriginal children and youth need to know that they belong to a caring community that has a rich culture, language, history and tradition of which they can be proud.

Another strong secondary theme that came out of the conversations is the need for collaborative decision making. Parents and youth need to be involved in the decisions that affect them. This can include formal processes such as Family Group Conferencing as well as decisions that are made during each interaction between families and service providers.

Participants identified relationship based practice principles and activities more frequently than any other topic. The elements of relationship based practice as determined through the conversations include:

a. Developing strong relationships with families and community partners;

b. Treating people with respect and dignity in every interaction;

c. Truly understanding each person's and each family's unique strengths, needs and circumstances;

d. Building on existing strengths within the individual, family and community; and

e. Recognizing that the best place for a child is with a healthy, loving family – a family that may include more than biological parents and siblings. In extreme cases where a child must be removed from the family, relationship based practice would see this done with the least disruption to both the child and family.

"It is about humanness, the importance of relationships and preventing those relationships from breaking down or you can't build trust."

“I want to see people who work from their heart, you can’t go wrong; nothing bad can come from that.”

Some of the related ideas in this category include ensuring that a sense of caring is present in all interactions, and that the priorities of the family are given high regard. Participants emphasized that individuals need to feel that they have been heard and understood, and that their strengths, not their mistakes are focused upon.

Some quotes from the conversations that emphasized these themes were:

“Go into families with the intent of listening—with our hearts!”

“Build relationships with the family.”

“It is about humanness, the importance of relationships and preventing those relationships from breaking down or you can’t build trust.”

“I want to see people who work from their heart, you can’t go wrong; nothing bad can come from that.”

“To make a difference you have to start small.”

Social Policy Framework Goals:

> Create a person-centered system of high-quality services;

> Protect vulnerable people; and

> Reduce inequality.

Social Policy Framework Principles: Dignity, People First, Healthy and Strong Relationships, Mutual Responsibility.

2. Prevention and community support

Prevention and community support refers to the need identified by participants to increase the skills, knowledge and resources of communities to provide a wide variety of services at a local level.

Suggestions to achieve these tasks include building up informal supports within the community, such as mentors and positive role models. Participants told us that by providing preventive supports locally, early and in a flexible and timely fashion, it is less likely that families will fall into crisis.

Some related ideas discussed during the conversations included the need to connect a variety of formal and informal support services so that families have access to the help they need when they need it. This can include involving community resources as well as extended family and significant others in planning, mentoring, guidance and practical support. Participants mentioned that it is important to recognize that parents, youth and children have a variety of needs, and that it is most effective to support these needs in a holistic, rather than disjointed manner. We also heard from participants that professionals need to collaborate and coordinate support services so that families are not overwhelmed by the system, but benefit from the array of services that are available to them.

"It would be better if someone came and helped to teach the parents from the start."

"Communities have the solutions when you bring them together in decision making."

"Work with the community to find out who the key people are and support them to help the community."

Social Policy Framework Goals:

> Create a person-centered system of high-quality services; and

> Enable collaboration and partnerships.

Social Policy Framework Principles: Collaborative, Proactive, People First.

"Work with the community to find out who the key people are and support them to help the community."

“Child welfare system is set up based on values—independence, individual responsibility, do things quickly and according to the rules. Need to shift the values of the system.”

3. Shared decision making at all levels of systems

This theme represents a collection of comments that refer to the need to involve individuals in the decisions that affect them, in meaningful ways. The importance of including all stakeholders in the decision making processes in ways that balance power, accountability and responsibility was highlighted by the participants. Topics such as jurisdictional issues, inequality of services on and off reserve, and rules that are perceived to be arbitrary or inflexible were identified as crucial aspects to address in order to truly support Aboriginal children, youth, families and communities.

Also included in this theme was the idea of incorporating complexity into the process of change. Several comments focused on the fact that change needs to occur at all levels of government systems, and that meaningful change will take time. Participants shared their view that this change will involve government and community transforming not only the way things are done, but also the way long-standing and complex issues are thought about and addressed. It will require a process that involves personal reflection, continually assessing progress and adapting plans at all levels of government and community systems.

“Child welfare system is set up based on values—independence, individual responsibility, do things quickly and according to the rules. Need to shift the values of the system.”

“We need to have different conversations and different measures to understand the current situation.”

“The idea of complexity is different.”

“The system took a long time to make, will take time to change. Will not happen overnight.”

Social Policy Framework Goals:

> Create a person-centered system of high-quality services; and

> Enable collaboration and partnerships.

Social Policy Framework Principles: Collaborative, Dignity, People First, Inclusion, Mutual Responsibility, Accountable.

4. Acknowledgment of Aboriginal history

There were a number of comments that emphasized the need for greater acknowlegement, understanding and awareness among all members of society about the unique history of Aboriginal people in Canada, and how this history continues to affect today's generation. Comments focused on the need to educate all Canadians on the true history and impact of colonization, the *Indian Act* and Indian Residential Schools. Participants believed that this increased understanding would lead to stronger relationships, more effective personal healing, less prejudice and a more cohesive community and society.

Participants in the conversations identified the need to work closely with the ministry of Education and the ministry of Enterprise and Advanced Education in order to raise awareness and increase understanding of the impact of historical events on decisions made today. Many people recognized that excellent curriculum and resource material have already been developed and opportunities exist to increase the ways this material can get "off the shelf" and into the heads and hearts of educators and students.

"The past is always in the present. Whenever I want to move forward, my past is always with me."

"It all starts from residential school system; fear was instilled, love wasn't shown, weren't shown how to parent. It's a sad chapter, but it needs acknowledgment."

"True history of Canada will shape relationships to go forward—but MUST allow time for reflection and creation of space to contribute voices of all – answers are in all of us."

A number of comments heard throughout the conversations identified the importance of addressing the source of the issues, not just the symptoms. These comments aligned with research that agrees that intergenerational trauma, which can be traced to experiences in residential schools[5], is one of the root causes of many of the social conditions experienced by Aboriginal people today. This alignment between what was heard in the conversations and information gathered through reviewing the literature confirms the importance of focusing resources on the root issues that continue to affect the lives of Aboriginal people today. Many of the comments from the participants identified the need for healing using traditional wisdom and ceremony.

"The past is always in the present. Whenever I want to move forward, my past is always with me."

[5] Chansonneuve, D. (2005). Reclaiming Connections—Understanding Residential School Trauma among Aboriginal Peoples. Ottawa, ON: Aboriginal Healing Foundation.

"We need a family-based model that addresses some of the root cause issues, the source of the issue and options for healing."

"Over-representation of Aboriginal children in care a symptom—need to address root issues."

"We need a family-based model that addresses some of the root cause issues, the source of the issue and options for healing."

Social Policy Framework Goals:

> Reduce inequality; and

> Enable collaboration and partnerships.

Social Policy Framework Principles:
Dignity, Inclusion, Healthy and Strong Relationships.

5. Honouring Aboriginal ways of being

Participants spoke about the importance of Aboriginal culture, language, ceremony, spirituality and traditions to their overall wellbeing. We were reminded that there are distinct differences between western and Aboriginal worldviews. A lack of understanding of these unique perspectives can sometimes create conflict or diminish the effectiveness of programs and services delivered to Aboriginal people. The need for more intensive and effective cultural competency training for all staff throughout the Government of Alberta was raised by participants in the conversation.

Participants emphasized that there are many Aboriginal worldviews, depending on the history, language and traditions of each First Nation, Métis and Inuit community. Many stories were shared that identified the powerful healing that occurred when individuals were connected to their traditions, culture, language and ceremony through Elders. Participants acknowledged that without these connections, negative consequences resulted for Aboriginal children, families and communities. Additionally, participants said it was important for service providers to make room for indigenous traditions, wisdom and ceremony in the programs, policies and interventions that support Aboriginal people.

"Value of Aboriginal and traditional knowledge is meant to be shared. Sharing is part of the solution."

"Naming Ceremony- so engaging, attaining a sense of belonging- part of something. The baby is passed around the circle of elders, their message we are all responsible to raise this child."

"I need to practice my own traditional cultural way of healing. Use ceremony, talk to Elders."

Social Policy Framework Goals:

> Reduce inequality;

> Enable collaboration and partnerships; and

> Create a person-centered system of high-quality services.

Social Policy Framework Principles: Dignity, Inclusion, People First, Healthy and Strong Relationships.

The Way We Sleep

At one conversation, a discussion was taking place regarding the process of doing a home assessment for a kinship care placement. One participant stated that she was told that one of the standards that needed to be in place in her home was that each child was required to have his or her own room. The caregiver went on to say that in her family, children always shared rooms and they never considered it an advantage for each child to have his or her own room. In fact, her response to the requirement of one child per bedroom was—

"Who would do that to a child?"

"I need to practice my own traditional cultural way of healing. Use ceremony, talk to Elders."

These themes are currently being shared with a variety of people within the Government of Alberta to ensure that this valuable information is used as broadly as possible to benefit children, youth, families and communities throughout the province. Meetings have been held with the Child and Family Services Division, the Council for Quality Assurance and others who have found the information very valuable to their work. Government of Alberta staff have commented that this information both enhances and validates the development of current initiatives. This information is particularly helpful as it has emerged recently and directly from people who generously and eloquently shared their experiences, perspectives and wisdom.

Evaluating the conversations

Towards the end of each conversation, participants were asked to complete an evaluation to help the Aboriginal Engagement and Strategy division determine if the conversations were meaningful and provide any suggestions for improvement. Approximately 53 per cent of the participants (414/782) attending the community conversations completed the survey.

Of those who completed the survey, 97 per cent either agreed or strongly agreed that:

- They felt the conversation was meaningful;
- Their opinion was valued;
- They were given the opportunity to voice their opinion; and
- The environment in which the conversation took place was respectful.

When asked to indicate if the conversation contributed to the participant having a greater understanding of the issues, 94 per cent of the respondents agreed or strongly agreed with that statement.

In the evaluation form, participants were asked to respond to the following open-ended questions:

1. After today's conversation, what new questions emerge for you?
2. Was there anything in today's conversation that made you think or feel differently about something?
3. Looking forward, what actions will you personally undertake to create or influence the change you want to see?
4. The best part of the session was…
5. For future conversations, I would recommend…

30 per cent of the comments referred to the conversation process itself. A majority of participants said that the presence of Elders and the open-ended conversation format was respectful and allowed meaningful discussion to occur. One suggestion for improvement in the process was to expand the diversity of the people in attendance including Chiefs; more individuals who have been, or whose children have been in care; more youth; and more people who provide support and services in the community.

More than 10 per cent of the respondents stated that they wanted to know more about how we were going to move from “just talking” to taking action that makes a meaningful difference. This expectation was highly prevalent at every conversation.

In response to the question regarding the individual’s commitment to make change happen, many comments focused on enhancing relationships in their own personal and professional lives (15%). Other actions included taking a more active role in personal learning, refl and growth, listening, educating, advocating and becoming more engaged with individuals and issues within their community (20%).

Another common theme was the importance of continuing the open, respectful engagement process (25%). Participants recognized that the community conversation is one step in a long journey, and that government and community need to continue to work together to bring about change that will truly make a difference in the lives of Aboriginal children, youth and adults.

What’s going to happen now?

Participants expressed a strong desire to have their input used to make positive change. The next step will be to return to the communities who hosted the community conversations in order to:

1. Share this information and validate that the primary and secondary themes are an accurate representation of what was said;
2. Share information about the many projects and initiatives that are currently underway in Human Services, and ways in which the themes are being incorporated to strengthen programs and improve outcomes; and
3. Find out more about the initiatives that are underway in each community and identify ways in which government and community can work better together to improve the effectiveness of our mutual efforts.

A majority of participants said that the presence of Elders and the open-ended conversation format was respectful and allowed meaningful discussion to occur.

The importance of this work was eloquently captured by Elder Morris Little Wolf, who closed off the conversation in Lethbridge with these profound words.

We need to get ready.
We need to work together.
Our children are calling us.
They want to come home.

We recognize that there are no quick fixes to the complex issues that contribute to the over-representation of Aboriginal children and youth in care. As we heard throughout the conversations and in discussion with government colleagues, there is a high level of agreement that the solutions to these complex issues can only take place by having government and community work together.

The Aboriginal Engagement and Strategy division wishes to thank everyone who participated in the community conversations for generously sharing their insight and wisdom. We commit to keeping these themes alive and at the forefront of the ongoing work of the ministry including outcomes based service delivery, the child intervention practice framework, the review of the *Child, Youth and Family Enhancement Act* and the development of an action plan to address the over-representation of Aboriginal children and youth in care.

We look forward to continuing on this journey to make sure that your words are turned into actions that will result in everyone having the opportunity to fulfill their potential and benefit from a thriving social, economic and cultural life.

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Aboriginal Children in Care

Report to Canada's Premiers

July 2015

Prepared by:
Aboriginal Children in Care Working Group

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Executive Summary

Aboriginal children are over-represented in child welfare systems across Canada. In August 2014, Canada's Premiers directed provinces and territories (PTs) to work with Aboriginal communities in their respective jurisdictions to share information on local solutions; and acknowledged the need for governments and Aboriginal communities to work collectively to address this Canada-wide problem. Although Premiers also requested that the federal government be engaged in this work, neither the Minister of Aboriginal Affairs and Northern Development Canada, nor the Minister of Employment and Social Development Canada responded to invitations to participate.

Premiers also agreed to ask their appropriate Ministers to engage National Aboriginal Organizations in reviewing issues and best practices for reducing the number of Aboriginal children in care and improve the quality of care.

This report to Canada's Premiers provides examples of existing programs and services that have been shown to reduce the number of Aboriginal children in child welfare systems and/or improve outcomes for Aboriginal children in care. The report highlights a number of issues and challenges, and profiles some best and promising practices along three strategic child welfare themes: root causes of abuse and neglect; prevention and early intervention strategies for Aboriginal families; and better supporting the capacity of the child welfare workforce.

There are many programs and services in place to address issues related to Aboriginal child welfare. Those profiled in this report are only a small selection of existing efforts to support Aboriginal children and families. In spite of existing programming, Aboriginal children still vastly outnumber non-Aboriginal children in care on a proportional basis. These statistics underscore the need to continue to work together to support vulnerable Aboriginal families and children to change the outcomes for future generations.

This work has been accomplished within the context of a broader dialogue about Aboriginal issues in Canada. The significance of these broader issues is acknowledged and woven throughout the discussion. Many of the factors that lead to children being placed in child welfare systems are rooted in events that have a harmful and enduring impact on Aboriginal families, communities and individuals, including an ongoing cycle of poverty and social challenges for Aboriginal people.

Root Causes: Research demonstrates that addressing several key social determinants of health (the conditions in which people are born, grow, live and work) is fundamental and essential in promoting the health and well-being of Aboriginal children and families. Programs and services that strengthen broader social determinants assist in lessening family distress and support the building of healthy, empowered communities. Children who live in situations where families are vulnerable are at higher risk of being removed from their homes. As a result, by providing supports that address the social and economic factors (root causes) affecting Aboriginal peoples, it is expected that the number of Aboriginal children in care would be reduced over time and their overall outcomes would be improved.

Analysis of PT programs which target root causes at the family and community level highlight several common themes and areas of focus. These include poverty reduction strategies, measures to strengthen food security, stable and secure housing, improved mental health and addictions supports, and programs aimed at reducing family violence, supporting youth, and improving education and employment opportunities.

Prevention and Early Intervention: There is strong evidence indicating that access to a range of culturally relevant prevention and early intervention programs is highly effective in mitigating other factors that contribute to Aboriginal children coming into care. By facilitating family preservation, preventative programs promote children's safety and well-being while reducing or eliminating the need for further child welfare interventions. These preventative services can include home visiting, mental health and substance abuse treatment, early childhood education, family counseling and violence deterrence.

The initiatives profiled in this report range from sweeping policy and governance makeovers to provincial and territorial-wide programs, to smaller scale community efforts at organizational innovation and parental support programs. The successes of each case are consistently, attributed to the involvement of Aboriginal communities and organizations in their governance, design, delivery and/or evaluation.

Supporting the Systems: A supported, skilled and informed workforce is central to improving outcomes for Aboriginal children and families who are involved in child welfare systems. As child welfare systems are evolving across Canada, key components include the introduction of new planning, assessment and decision-making tools and processes that help child welfare workers make safe, appropriate and consistent decisions for the families and children they serve. These tools and processes range from Alberta's adoption of the Australian 'Signs of Safety' approach, to the Flexible Response Model being piloted in Saskatchewan, to beginning implementation in whole or in part of the Structured Decision Making System in British Columbia, Saskatchewan, Manitoba, New Brunswick, Newfoundland and Labrador and the Northwest Territories.

PT governments and Aboriginal partners share a collective goal to support healthy families who are connected to their own cultures and communities. In profiling some promising practices, some key themes have emerged. They include:

- An emphasis on meaningful Aboriginal engagement and sensitivity to cultural appropriateness.
- Many of the most successful initiatives have Aboriginal organization and/or community involvement in their governance, design, and delivery;
- Limitations in available outcome information which limits the ability to identify effective initiatives to support Aboriginal families and help to address the over-representation of Aboriginal children in child welfare systems;
- The preventative value in a focus on strengthening and preserving families; and
- The diversity, not only of Aboriginal communities and the needs of Aboriginal children across the country, but of the systems designed to provide child and family support.

This report suggests that the programs most successful at reducing the number of Aboriginal children in care are well coordinated, culturally responsive and prevention focused. Yet the programs profiled in all three thematic areas are diverse and address a number of different elements. No attempt has been made in this report to identify one-size-fits-all solutions to the problem of the over-representation of Aboriginal children in care. Given the complexity of existing child welfare systems and the many different communities and nations that make up the mosaic of Aboriginal cultures in Canada, there can be no 'one size fits all' response to the issue.

Creating permanent, meaningful change requires dialogue and commitment from governments, including the Government of Canada and Aboriginal partners, to address the multiple challenges faced by Aboriginal children and families in Canada today.

1.0 Introduction

Aboriginal[1] children are currently overrepresented in Canada's child welfare systems. This report has been developed for Canada's Premiers to share information on potential solutions to mitigate child protection concerns, reduce the number of Aboriginal children in child welfare systems across Canada, and improve outcomes for Aboriginal children in care[2].

While the wellbeing and success of all children starts within families and communities, governments along with Aboriginal leaders, Elders and communities play an essential role in ensuring that highly vulnerable children are protected.

1.1 - Background

According to the Assembly of First Nations (AFN), the overrepresentation of Aboriginal children within the child welfare systems is an extension of the historic pattern of removal of children from their homes. The residential school system removed and isolated children from the influence of their homes, families, traditions and cultures. Residential schools and the systemic adoption of Aboriginal children by non-Aboriginal families disrupted families and communities. The Government of Canada's apology for Residential Schools in 2008 stated "These objectives were based on the assumption that Aboriginal cultures and spiritual beliefs were inferior and unequal"[3]. While varied in their extent across provinces and territories, Residential schools, along with other policies which impacted Aboriginal culture and practices have had an enduring impact on perpetuating cycles of intergenerational social crises and poverty.[4]

In August 2014, Canada's Premiers discussed the disproportionate number of Aboriginal children in care across the country and the many complex social and economic factors that underlie this situation. During a meeting with National Aboriginal Leaders, Premiers also discussed the need for a more coordinated approach to address the high number of Aboriginal children who are in care across the country. Premiers reiterated their individual commitments to work with local Aboriginal communities in their respective jurisdictions on local solutions; and acknowledged the need for governments and Aboriginal communities to work collectively to address this Canada-wide problem.

Following this discussion, Premiers created a working group of provincial and territorial (PT) Ministers (Appendix A), co-led by Premier Robert McLeod of the Northwest Territories and Minister Kerri Irvin-Ross of Manitoba, and assisted by Premier Christy Clark of British Columbia, to report back at the 2015 Summer meeting of Canada's Premiers in St. John's, Newfoundland and Labrador.

The five National Aboriginal Organizations (NAOs) were invited to provide input into the report for Premiers and invitations to participate were also extended to the Ministers of Aboriginal Affairs and Northern Development Canada (AANDC) and Employment and Social Development Canada (ESDC). However, Federal ministers did not

[1] Section 35 of the *Constitution Act, 1982*, defines Aboriginal Peoples as the "Indian, Inuit and Métis Peoples of Canada". The term "First Nation" is often now used synonymously with "Indian", and the term "Aboriginal" is used to refer to each of these three peoples collectively.
[2] Canada's Premiers, August 29, 2014
http://www.canadaspremiers.ca/en/latest-news/74-2014/394-premiers-commit-to-improving-outcomes-for-aboriginal-children-in-care
[3] Prime Minister of Canada's Statement of apology to former students of Indian Residential Schools, June 2008
https://www.aadnc-aandc.gc.ca/eng/1100100015644/1100100015649
[4] Final written submission by the Assembly of First Nations to the Canadian Human Rights Tribunal, August 29, 2014

respond to invitations to participate in this work. In addition, some PTs reached out at the local and regional levels to involve their jurisdictions' service delivery agencies, community-based organizations and other Aboriginal stakeholders to help inform their contributions to this report.

The PT Ministers agreed the report would profile some promising practices along three strategic child welfare themes:

- **Root Causes** - Developing strategies to address the social and economic issues that are the root causes of abuse and neglect;

- **Prevention and Early Intervention** - Improving prevention and early intervention supports including early childhood education provided to Aboriginal children and families; and

- **Supporting the Systems** - Modernizing tools, training and standards to better support the child welfare workforce.

Ministers also agreed that the initiatives, programs, policies and tools be targeted specifically to Aboriginal people; have been shown or promising in practice to be effective as demonstrated by evidence such as administrative data, reviews, and studies; and have the potential to be transferable to other jurisdictions.

1.2 - Momentum for Change

This Report to Canada's Premiers on Aboriginal children in care is occurring at a time of a broader, pan-Canadian dialogue on a range of issues related to the wellbeing, inclusion, and historical treatment of Aboriginal peoples in Canada, many of which were first highlighted at the national level in the Report of the Royal Commission on Aboriginal Peoples in 1996, and in numerous federal, provincial and territorial reports since that time.

A number of recent and upcoming events are expected to contribute to this national discussion. They include:

- **The Truth and Reconciliation Commission Summary Final Report** - The Truth and Reconciliation Commission has completed its mandate and released its summary of the final report on June 2, 2015. The report speaks to the "policy of cultural genocide", that "in establishing residential schools, the Canadian government essentially declared Aboriginal people to be unfit parents."[5] The report links this history to a legacy that includes overrepresentation of Aboriginal children in care and calls on federal, provincial, territorial and Aboriginal governments to take action to reduce the number of children in care.

- **Canadian Human Rights Tribunal Ruling** - The First Nations Child and Family Caring Society and the AFN launched a complaint with the Canadian Human Rights Tribunal, alleging that the federal government is discriminating against First Nations by funding child welfare services on-reserve at a lower level than provincial and territorial governments fund services off-reserve.

[5] Honouring the Truth, Reconciling for the Future – Summary of the Final Report of the Truth and Reconciliation Commission of Canada, June 2015 http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_31_web_o.pdf

- **Ontario First Nations Lawsuit** - The Attorney General of Canada has been named in a class action lawsuit launched by several Ontario First Nations, who purport that the federal government is liable for the removal of children under the auspices of the Canada-Ontario Welfare Services Agreement.

- **National Roundtable on Missing and Murdered Aboriginal Women and Girls** - The first Roundtable was held in Ottawa on February 27, 2015. The participants agreed to further dialogue and to a follow-up meeting to be held in 2016 to discuss progress.

2.0 The Current Situation

Aboriginal children and their families in Canada are more likely to live in poverty, and their poverty is more likely to be entrenched and intergenerational in nature. While more than half of Aboriginal Canadians now live in urban areas[6], many live in rural and remote communities. Aboriginal families are more likely to live in sub-standard housing; struggle with addictions; experience food insecurity; be single parent led; experience a lack of family and other supports; and lack the skills, education and economic development opportunities required to become self-sufficient. Further detail is provided in Appendix B: Aboriginal People in Canada, Statistical Overview.

Aboriginal children in Canada are served by complex systems, driven by a mix of legislation, policy and standards developed and delivered by PT, federal, and Aboriginal governments. A number of these systems are in transition as PTs and Aboriginal governments move towards more culturally appropriate services for Aboriginal children and families. Despite progress to date, there have been tragic instances in recent years where child welfare systems have been unable to protect Aboriginal children in care.

Some of those tragedies have been documented in recent third party inquiries and reports, including the *Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair (*Hughes inquiry) in Manitoba, and *Out of Sight: How One Aboriginal Child's Best Interests Were Lost Between Two Provinces* (Turpel-Lafond inquiry) in British Columbia. There are also recent reports published by the Auditor General of Canada that highlighted shortcomings in the child welfare systems of Nunavut, the Northwest Territories and Yukon.

These reports contain disturbing, common themes: a need to provide more effective early intervention and prevention supports to Aboriginal families; systemic failures in practice, oversight and attention to children's needs; and the disproportionate number of Aboriginal children who end up in care.

Governments, to varying degrees, are responding to these reports by taking principled and inclusive approaches to address concerns. A focus on transformed relationships and new partnerships between PTs and Aboriginal partners is considered to be fundamental to preventing and addressing the reasons why Aboriginal children, youth, and their families disproportionately come into contact with child protection services. Extensive research demonstrates that improved outcomes are directly linked to the amount of community involvement and control in service governance, design and delivery, retention and the strengthening of culturally relevant programming. To help improve outcomes for Aboriginal children in Canada, a principle of co-development with Aboriginal partners is helping to shift child welfare systems to become more culturally appropriate.

While child welfare systems are changing and evolving in many positive ways across Canada, further action is required to address the circumstances that bring Aboriginal children in contact with child welfare systems in such disproportionate numbers.

[6] 2011 National Household Survey

2.1 – Overrepresentation[7]

The *National Household Survey (2011)* indicated that 48% of 30,000 children and youth in foster care across Canada are Aboriginal children, even though Aboriginal peoples account for only 4.3% of the Canadian population. PT statistics demonstrate similar findings.

Comparing the rates of Aboriginal children in care across the country is challenging because the composition and growth rate of the population, economic conditions, employment rates, family and community relations and supports, and definition of "children in care," vary by PT as do the child welfare standards, policies and legislation that are in place across PTs.

Furthermore, child welfare agencies across Canada do not follow a single definition of "child maltreatment" that would result in removing a child from the home. Instead, definitions of maltreatment vary. They include situations where severe physical or emotional harm was inflicted on a child, to situations where a significant risk of harm is deemed to exist but there is no allegation or suspicion that maltreatment actually occurred, to situations where living conditions make it very difficult to ensure a child's safety or basic physical, emotional or educational needs are met (i.e. "neglect" as opposed to "abuse", an issue that is discussed later in this report).

While there are differences in the types of information that is gathered, limited statistics from PTs nevertheless provide strong evidence that Aboriginal children are over-represented in Canada's child welfare systems. For example:

- In British Columbia, the Aboriginal child population makes up 8% of the total child population, yet more than 55% of children living out of their parental home in the province are Aboriginal. One in five Aboriginal children in the province will be involved with child welfare at some point during his or her childhood.
- In Alberta, 9% of the child population is Aboriginal, and 69% of children in care are Aboriginal.
- In Saskatchewan, 25% of the child population is Aboriginal, and about 65% of children in care are Aboriginal.
- In Manitoba, 23% of the child population is Aboriginal, and about 87% of the children in care are Aboriginal.
- In Ontario, 3% of the child population under age 15 is Aboriginal, and 21% of the children in care are Aboriginal children living off-reserve.
- In Québec, 2% of the child population is Aboriginal, and 10% of the children in care are Aboriginal.
- In New Brunswick, 3% of the child population is Aboriginal, and 23% of the children in care are Aboriginal.
- In Nova Scotia, 6% of the child population is Aboriginal, and 23% of the children in care are Aboriginal.
- PEI does not track nor report on ethnic origin of children in care. The provincial population is small, and the population of Aboriginal persons is low. Reporting on Aboriginal children in care could compromise confidentiality.
- In Newfoundland and Labrador, 11% of the population 19 years of age and younger were Aboriginal according to the 2011 National Household Survey, and 34% of the children and youth in care (17 and younger) were Aboriginal as of December 2014.
- In Yukon, 33% of the child population is Aboriginal, and 64% of the children in care are Aboriginal.
- In the Northwest Territories, 61% of the child population is Aboriginal, and about 95% of children in care are Aboriginal.
- In Nunavut, 85% of the child population are Inuit, and about 94% of the children in care are Inuit. [8]

[7] Definition of overrepresentation: The proportion of children within a child welfare system, or in out-of-home care, who come from a specific ethno-racial group, is higher than the proportion of children from that ethno-racial group in the overall child population.

Similarly, the *First Nations Canadian Incidence Study of Reported Child Abuse and Neglect (FNCIS-2008),* a national pilot study that analyzed reported child abuse and neglect in Canada, found that First Nation investigations involving informal kinship care during the three-month sampling period in 2008 was *11.4 times* the rate for non-Aboriginal investigations and the rate for investigations involving formal child welfare placement was *12.4 times* the rate for non-Aboriginal investigations.

2.2 - Child Welfare Systems in Canada

Child welfare falls under PT jurisdiction in Canada. Hence, each PT jurisdiction has developed systems to safeguard the welfare of children – practices, governance and legislation – that reflect and accommodate differing circumstances across the country. Child welfare has also become more complex as jurisdictions make efforts to provide more culturally appropriate services for their populations which lead to different systemic responses and varied service delivery models that attempt to better provide for the needs of vulnerable children and families, including Aboriginal children and their families. Further complicating the child welfare landscape is the fact that the Government of Canada has fiduciary responsibility[9] for the provision of a range of services and supports to Aboriginal Canadians.

The development and history of child welfare systems in Canada, and their interaction with different Aboriginal peoples, families and children has varied between jurisdictions. These interactions, factors relating to these interactions, and their outcomes also vary significantly across jurisdictions. Although PTs retain overall legislative responsibility for, and oversight of, the regulation and provision of child welfare within their respective jurisdictions, under the Constitution Act (1867) and subsequent Federal Court Rulings (1939, 2013/14), the federal government has an overarching responsibility for First Nations, Inuit and Métis peoples in Canada.

Federal responsibility, however, is not well-defined. Generally, there is an acknowledged principle that federal funding be provided for on-reserve programming and services to address child welfare, and to support all health and social services on reserves. However, federal responsibilities towards Inuit and Métis peoples are less well-defined and the general lack of clarity around roles and responsibilities has also had the unintended effect of resulting in a mix of funding models and reporting structures across PTs and in Aboriginal communities.

Aboriginal Service Delivery Models

A focus on partnership with Aboriginal peoples has resulted in an assortment of service models that fall into four basic combinations for service delivery, governance and legislation[10]:

1. PT Model: Services are delivered directly by jurisdictions or through funding/contracts with non-mandated, non-profit community-based agencies that may be Aboriginal. In these scenarios, PT Child Welfare Agencies or provincial or territorial governments are responsible for service provision, governance, legislation, and a portion of the funding for child welfare services.

2. Delegated Model: Services are delivered through delegated transfers of responsibilities to mandated Aboriginal child welfare agencies. Aboriginal service agencies assume governance under PT legislation.

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[8] Statistics are based on data provided by PTs, studies, and Statistics Canada information.
[9] The source of federal responsibility stems from s.91(24). It is not straightforward how the federal government discharges this responsibility
[10] As defined by Sinha, V., Kozlowski, A. (2013). The Structure of Aboriginal Child Welfare in Canada. The International Indigenous Policy Journal, 4(2), p6.

3. Integrated Model: Services are delivered through regional Aboriginal authorities that share responsibility with the PT. Under this model, Aboriginal authorities direct the child welfare agencies under their control, while the PT determines policies, objectives and standards, and monitors (or shares in the monitoring of) performance. Like delegated agencies, Aboriginal child welfare agencies provide service but governance is split between the PT and Aboriginal communities under PT legislation.

4. Individual agreements between individual First Nations, the PT and the federal government: British Columbia provides the few rare examples of this model, in the agreement with Spallumcheen First Nation to operate child welfare services under band bylaws, and the treaty with Nisga'a First Nation that recognizes its law-making authority respecting children and family services so long as they are comparable to provincial standards. Service delivery, governance and legislative responsibility lies with the Aboriginal party.

Funding Arrangements

Under every service delivery model above, PTs essentially fund services for Aboriginal children and families living off-reserve. The federal government generally funds child protection services on-reserve through individual agreements with First Nations child and family services agencies or with communities or provinces. Ontario is an exception. In Ontario, the province delivers child welfare services on reserve with costs shared by Canada. Despite the recent Daniels ruling (2013), and its appeal (2014), which upheld the rights of and extended federal responsibilities to Métis peoples, the Government of Canada currently has not acknowledged their financial or policy/programming role in the provision of child welfare for off-reserve, non-status, Métis, and Inuit children.[11]

Federal arrangements for funding on-reserve child welfare services vary considerably across the country. There are many specific cost-sharing and funding agreements[12], and three general federal funding models[13] in place to support service provision on-reserve. They include:

1. Directive 20-1, which is focused on the operational costs of the child welfare agency and the costs of maintaining children in care.
2. The Enhanced Prevention Focused Approach (EPFA), which is focused on funding early interventions and prevention as well as agency operational costs and the costs of maintaining children in care. EPFA funding has been incrementally implemented; as of October 2014, it was only in place in six provinces (Alberta, Manitoba, Saskatchewan, Québec, Nova Scotia, and Prince Edward Island).
3. In Ontario, child welfare services on reserve are cost-shared between the province and the federal government through the *1965 Memorandum of Agreement Respecting Welfare Programs for Indians.* Under the agreement, Ontario extends its welfare programs (including child welfare) to reserves and the federal government reimburses the province for approximately 93% of the eligible expenditures.

Not only do federal funding formulas and contributions differ, but there are significant concerns from some Aboriginal organizations that federal on-reserve funding is not providing services that are comparable to those provided by PTs in off-reserve communities. Directive 20-1 and the EPFA are both subject to the upcoming ruling of the Canadian Human Rights Tribunal regarding a lack of parity between on- and off-reserve funding. In addition,

[11] The Supreme Court will hear two appeals on this case in October 2015
[12] Refer to Appendix C for details of exceptional funding arrangements.
[13] These models are discussed in recent submissions to the Canadian Human Rights Tribunal

the Auditor General of Canada has repeatedly noted persistent federal underfunding of on-reserve child welfare services.

The availability of, and funding for, comprehensive health and social service programs also supports families and therefore impacts the welfare of children.

These complex funding arrangements can make navigating the programs and services that form the social safety net difficult for Aboriginal families and may result in unintended service gaps.

Some children are placed in care because of maltreatment resulting from willful child abuse or significant neglect. However, issues that often contribute and exacerbate child abuse and significant neglect (ex. poverty and substance abuse) could be addressed more effectively by comprehensive health and social service programs.

2.3 - Challenges

A number of specific challenges have been raised by the various third-party reports released on Canadian child welfare systems, and by those working within them; these challenges are:

Historical/Generational Impacts

Many of the factors that lead to children being placed in child welfare systems are rooted in events that have had a harmful and enduring impact on Aboriginal families, communities and individuals including an ongoing cycle of poverty and social challenges for Aboriginal people. Work to address the overrepresentation of Aboriginal children in child welfare systems needs to recognize that these past events are closely associated with today's family and child welfare problems. Child welfare systems need to acknowledge these issues in order to move forward and provide culturally appropriate programming that could address these historical and generational impacts.

For these reasons, the majority of programs profiled in this report are specifically targeted, or culturally sensitive, to Aboriginal families and those where Aboriginal partners are involved in the design and/or delivery of the program.

Effective Aboriginal child and family services should include proactive strategies to identify and address long standing systemic and structural barriers. Aboriginal child and family development policy, practice and approaches are most effective when they reflect and reinforce the intrinsic and distinct aspects of Aboriginal culture, knowledge, customs and languages.

Neglect

There is a growing body of evidence, drawn from both child welfare research and child protection practice, that the origins and impacts of child ***abuse*** are different than those of child ***neglect***. Child abuse is often a deliberate, harmful act that carries an immediate risk to the child's well-being. Child neglect, on the other hand, is often a failure to act in the child's best interest, and carries a risk of cumulative harm over time.

Reports have found that neglect is the predominant reason for Aboriginal children coming into care. For example, a report by the AFN (*Kiskisik Awasisak: Remember the Children*) noted that neglect is closely linked with factors

such as poverty, caregiver substance abuse, social isolation and domestic violence that can impede a caregiver's abilities to meet children's basic physical and psychosocial needs. The association between poverty and child neglect is particularly strong. Children from low income families are many times more likely than other children to experience neglect. Given that First Nations people on average have higher unemployment rates, lower incomes, and more pervasive poverty compared to non-Aboriginal people, First Nations children also have a much higher likelihood of being placed in care as a result of a substantiated neglect investigation. Addressing the 'root causes' of neglect (as evidenced by the above correlations) is critical to reducing the number of Aboriginal children involved with child welfare systems.

Inconsistent Funding and Jurisdictional Disputes

The combined responsibilities of both PT and federal governments towards the welfare of Aboriginal families and children imply the need to work together, and with Aboriginal people, to look for solutions to the current issues for Aboriginal child welfare. While there are many examples within this report of PT government and Aboriginal partnerships, it is concerning that the federal government did not provide an official response to the invitation to participate in this work. The lack of a federal commitment to meet its obligations for Aboriginal peoples who are not living on reserve, coupled with problems associated with the varied funding mechanisms for on-reserve services, is cause for concern. PTs urge the federal government to implement funding under the Enhanced Prevention Focused Approach across the country to better improve outcomes for Aboriginal children and youth.

The Auditor General of Canada (2011) determined that the heavy use of contribution agreements also leads to significant uncertainty around funding in several ways, but primarily by detaching funding allocations from actual needs to be met.[14] The Auditor General's report also observed that it was not clear whether the federal government is committed to providing services on reserves of the same range and quality as those provided to other communities.

PTs are working on *child-first* approaches for First Nation children, normally living on-reserve, that have multiple disabilities and thus, require services from multiple providers. Jordan's Principle is a *child-first* approach that was developed in a health services context, in response to the death of five-year-old Jordan River Anderson of Norway House Cree Nation. In 2007, a motion was unanimously supported in the House of Commons stating that, "the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children." However, there are different interpretations across the country as to the application of Jordan's Principle and the complex arrangements and a lack of clarity in and between some jurisdictions over roles contribute to disputes between federal and provincial governments over responsibilities for Aboriginal children.

Gaps in Complementary Programs and Services

Child welfare systems across the country place importance on supporting vulnerable families as much as possible. Removing children from their families is a serious step taken only when other alternatives to safeguard children are not seen to be viable. A narrow focus on the funding for and delivery of direct child welfare services is comparable to only paying attention to the tip of an iceberg.

[14] Compared to statutory programs like land claim agreements that are fully funded.

Considerable social programming is provided under PT jurisdiction and accessed by both Aboriginal and non-Aboriginal people. The Government of Canada also provides complementary programs for status First Nations children and families, such as tax benefits, income assistance, training and employment programs for lower-income families (including childcare supports); health and community programs (including prenatal care, early childhood development, mental wellness, prevention of chronic diseases such as diabetes); and the Non-Insured Health Benefits Program for prescription drugs and medical supplies, equipment and transportation for First Nations people and Inuit regardless of whether they are on- or off-reserve or are able to pay.

However, Aboriginal families can face difficulties in navigating and accessing appropriate programs, for example after moving on-reserve, which may result in program or service gaps. Federal, provincial and territorial governments have a responsibility to address these underlying issues. The federal government also has an overall obligation towards Aboriginal peoples to make the changes necessary to dramatically improve outcomes for Aboriginal children.

Coordination of the Systems

Third-party recommendations from various child welfare systems reviews in recent years have called for improved sharing of information, improved coordination between service providers (including between child welfare providers and other community agencies), and more targeted training for social workers, specifically as it relates to legislation and tools.

The Turpel-Lafond report cited the lack of accurate documentation and communication between British Columbia and Saskatchewan which resulted in gaps that failed to prevent the severe abuse of an Aboriginal child from British Columbia who came under the custody of her grandfather in Saskatchewan. A key recommendation by Turpel-Lafond was that the PT Directors of Child Welfare conduct a review of the PT *Protocol on Children and Families Moving Between Provinces and Territories* to ensure there is a commitment by all PT child welfare authorities that placement decisions fully support the needs of children and families, and a seamless transition of services. PT Directors of Child Welfare continue to work on this protocol.

There is a similar need to improve communication and coordination of child welfare systems within jurisdictions. For example, in Manitoba Commissioner Ted Hughes noted that better coordination, communication and funding between child welfare agencies and the community-based organizations that are involved with families can strengthen the capacity of agencies and organizations to provide services to families in need.

Supporting children and youth in care into Adulthood

A recent Conference Board of Canada report on outcomes for Aboriginal youth found that former foster children:

- Earn about $326,000 less income over their lifespan compared to the average Canadian. This disparity is largely due to less education - primarily lower levels of high-school graduation with most youth not having graduated from high school; and
- Are disproportionately affected by poorly treated mental health issues / mental illnesses.

In addition, the report found that over a 10-year period, the cost to the economy of not changing this situation could total an estimated $8 billion through lost productivity.

Key to improving the outcomes of Aboriginal youth is investing in early interventions and prevention services and supports that can help youth experience a healthy and successful transition into adulthood.

Recruiting and Supporting Staff in Aboriginal Communities

A 2008 pan-Canadian report found that the majority of child welfare workers in Canada are non-Aboriginal and identify English as their primary language. Training and recruitment efforts should target Aboriginal workers who have experience or familiarity with Aboriginal community life. In addition, recognizing that many of the Aboriginal families who receive services from child welfare systems live in rural or remote communities, it is particularly important that child welfare worker training for new and existing workers include a focus on cultural awareness and respect, the effects of historical factors on Aboriginal peoples, as well as an introduction to the issues and challenges facing rural and remote Aboriginal communities.

3.0 Root Causes

Aboriginal children and youth living in Canada face persistent developmental and achievement gaps in comparison to their non-Aboriginal peers. As the 1996 Report of the Royal Commission on Aboriginal Peoples noted:

> *Aboriginal people in Canada endure ill health, insufficient and unsafe housing, polluted water supplies, inadequate education, poverty and family breakdown at levels usually associated with impoverished developing countries. The persistence of such social conditions in this country — which is judged by many to be the best place in the world to live — constitutes an embarrassment to Canadians, an assault on the self-esteem of Aboriginal people and a challenge to policy makers.*[15]

To improve outcomes for Aboriginal families a broad range of social determinants of health must be considered. As explained by the National Collaborating Centre for Aboriginal Health, "social determinants influence a wide range of health vulnerabilities and capacities, health behaviours and health management. Individuals, communities and nations that experience inequalities in the social determinants of health not only carry an additional burden of health problems, but they are often restricted from access to resources that might ameliorate problems."[16]

While there is no definitive list of social determinants for Aboriginal peoples, there is consensus in the research community that the following promote the health and wellbeing of Aboriginal peoples and communities:

- food security,
- housing and community infrastructure,
- access to potable water,
- income distribution and employment,
- mental and physical wellness,
- early childhood development and education,
- prevention of family violence, and
- access to language and culture.

Research demonstrates that the factors listed above, and their manifestation as indicators of poverty, too often lead to the abuse and neglect of children, and that programs and services that address these broader social determinants assist in lessening family distress and support the building of healthy, empowered communities. Children who live in situations where families are vulnerable are at higher risk of being removed from their homes, communities, languages, and cultures. As a result, by providing supports that tackle the social and economic factors affecting Aboriginal peoples, over time, we can expect to lower the number of Aboriginal children in care and overall improve their social and economic outcomes.

Measuring populations' health via social determinants is an established best practice with metrics implemented to suit specific groups and settings. The United Nations, for instance, uses its Human Development Index to calculate the health of nations through longevity, educational achievement, and adult literacy. The Government of Canada, through AANDC, uses the Community Well Being index to determine the health of First Nations communities based on education, labour force participation, income and housing.

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[15] "New Directions in Social Policy." Report of the Royal Commission on Aboriginal Peoples. Volume 3, Chapter 1. Page 1.
[16] Charlotte Loppie Reading and Fred Wien. *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. National Collaborating Centre for Aboriginal Health, 2009. Page 2.

Along with social determinants that affect socio-economic status and physical and mental wellbeing, several seminal reports have argued that the ongoing impact of colonization is a key factor in the poorer health and wellbeing outcomes for Aboriginal peoples. In its extensive work on this topic, the World Health Organization (WHO) concluded that the "colonization of Indigenous peoples was seen as a fundamental underlying broader health determinant."[17] Aboriginal partners and organizations have consistently advocated for policies that target social determinants, including measures to combat the legacy of colonialism. Meaningful gains in Aboriginal child and youth outcomes will only be achieved by supporting the self-determination of First Nations, Métis and Inuit peoples which will enable them to realize their own social and economic goals.

All PTs are currently engaged in work to reduce poverty and associated/ underlying factors contributing to poverty, and most have poverty strategies, some of which are reinforced by legislation. However, for the purposes of this report, we have only included promising practices that have evidence to show that they support Aboriginal families and children.

Analysis of PT programs highlighted several common measures and areas of focus to combat and lower the number of Aboriginal children in care by addressing root causes at the family and community level. These include:

- measures to strengthen food security and access to nutritious, affordable food;
- stable and secure housing;
- improved mental health supports and treatments, and addictions programs;
- programs aimed at reducing and eliminating family violence;
- programs relating to youth, justice, and employment (ex: access to educational supports, and developmental programs for young children); and
- improving training and cross-cultural awareness for front line workers.

Listed below are a number of programs currently operating in PTs that address broader social determinants of health for Aboriginal peoples.

Healthy Baby Program

The Healthy Baby Program promotes healthy pregnancy, early childhood development, and mother-child attachment. Low-income pregnant women, including Aboriginal women and those who live in First Nations communities, receive a targeted financial supplement through the Manitoba Prenatal Benefit of up to $81.41 per month, based on income. Women who apply for the benefit must provide a medical note from a health care provider, confirming their pregnancy and expected due date. This requirement is designed to encourage expectant mothers to undertake early and regular prenatal care. Pregnant women, and new mothers with children up to one year of age, may also access Community Support Programs, with several sites using an Aboriginal focus to their programming, employing Aboriginal facilitators and outreach workers, and targeting supports to best meet the needs of the Aboriginal peoples in the community. While many PTs have healthy baby programs, it is of note that an independent evaluation in 2010 found that this program prevented low birth weight and preterm births, and increased breastfeeding initiation, which are outcomes that correlate with lower rates of child welfare involvement.

[17] World Health Organization. *Social Determinants and Indigenous Health: The International Experience and its Policy Implications*. 2007. Page 2.

Abecedarian Early Childhood Project

The Abecedarian pilot project is an early childhood development program in Winnipeg's Lord Selkirk Park community, an inner-city housing development. Using the Abecedarian approach, the pilot project incorporates learning into day-to-day adult-child interactions that are tailored to the needs of each child. Activities focus on social, emotional and cognitive areas of development but give particular emphasis to language. The majority of participating families are Aboriginal and provided input into program planning, including establishing a traditional Aboriginal parenting group led by an Elder. The Abecedarian approach is renowned internationally as a best practice for early childhood development programs. Early results from the Lord Selkirk Park project indicate that participating Aboriginal children made considerable gains in early language development.

Since research shows that poor early literacy and language development is associated with other risk factors (e.g. conduct problems) for child abuse, good outcomes from this project can reduce the risk of participating children being placed into the child welfare system.

PAX Good Behaviour Game (PAX GBG)

PAX GBG is a childhood mental health promotion strategy, delivered daily in first grade classrooms, that teaches students self-regulation and collaboration so that children learn they have control over themselves and their environment. About 40% of participating students are Aboriginal. Over 40 years of rigorous research and evaluation has shown that GBG results in less smoking, alcohol, and drug use; less violent crime; fewer suicidal thoughts and attempts; and more high school completion, post-secondary and labour force participation. Initial results for PAX GBG in Manitoba (including in First Nations) indicates it has positive effects in preventing early emotional, conduct, hyperactivity, and peer relationship problems, and promoting early pro-social behavior. New (unpublished) results suggest that PAX is up to two times as effective for participating Aboriginal children in improving early mental health outcomes. By lowering demands and stress on parents/caregivers, PAX may reduce the risk of children being placed into care, as well as contribute to the child's lifelong physical and mental health, and education and economic success.

Ontario Aboriginal Housing Services and Miziwe Biik Development Corporation

Ontario Aboriginal Housing Services (OAHS) is a not-for-profit housing corporation established in 1996 by the Ontario Federation of Indigenous Friendship Centres, the Métis Nation of Ontario, and the Ontario Native Women's Association. The OAHS provides culturally-appropriate housing support services to Aboriginal peoples living off-reserve in Ontario, outside of the Greater Toronto Area (GTA). This mandate is derived from extensive engagement with off-reserve Aboriginal populations.

Now supported by the Ontario Ministry of Municipal Affairs and Housing, OAHS gained administrative responsibility for a portion of the former Rural and Native Housing Program delivered by the Canadian Mortgage and Housing Corporation. With over 1600 homes in its portfolio, the OAHS is now the largest Aboriginal non-profit housing provider in the province.

The Miziwe Biik Development Corporation's Affordable Home Ownership (AHO) program works to provide housing to off-reserve Aboriginal peoples living within the GTA. The AHO program provides loans of up to $30,000 to qualifying Canadian Aboriginal people to assist with a down payment towards the purchase of a home. The AHO

program has resulted in 179 Aboriginal households receiving loans to purchase homes, 171 benefitting from the repair program, and the approval of funding for the building of 145 rental units.

Both of these programs being controlled and operated by Aboriginal organizations helps to ensure that children and families have access to culturally sensitive housing options, lessening the risk of children entering into care.

Children Who Witness Violence Program

Ontario's Children Who Witness Violence Program (CWWV) is designed to mitigate the impact of witnessing violence by providing Aboriginal children with tools to support positive development and life choices as they grow. Delivered by Indigenous Friendship Centres across Ontario, CWWV promotes healing and positive development through implementing culturally appropriate and holistic support services and activities to children and their families. The integration of a cultural framework into CWWV has been fundamental as it supports children and their families in returning to optimal functioning and thereby helps to reduce the number of Aboriginal children taken into care.

Evidence from the CWWV Program identified that families attending the program demonstrated increased implementation of traditional parenting styles, specifically demonstrating traditional roles and responsibilities as a result of their participation. It was further shown that families and school staff observed an enhancement in children's academic performance as a result of participation in the program, and decreases in unfavourable behaviours both at home and at school. An overall increase of cultural knowledge has also been identified through children's participation as a result of CWWV and Friendship Centre cultural events, and it is this ongoing exposure and connection to culture based group sessions is critical to the success of CWWV, for example through Elders, teachings, ceremonies, language and peer interactions to enhance children's self-esteem, leadership skills, trust and respect.

Ententes de collaboration en santé mentale et en dépendance (Mental Health and Addiction Cooperation Agreements)

Québec recognizes that it has a responsibility in terms of ensuring the continuity and complementarity of services with Aboriginal communities not covered by the agreements (see Appendix C for Québec's agreements). It does this mainly by ensuring that appropriate referral mechanisms are in place when the residents of these communities receive services in the institutions of the Québec network, and by facilitating the transfer of expertise and knowledge in order to meet the needs expressed by these communities.

Mental health and addiction cooperation agreements seek to promote the continuity and complementarity of mental health and addiction services between the community and the health and social services centre for all individuals.

Initiated by the Ministère de la Santé et des Services sociaux (MSSS - Québec department of health and social services), this project is currently being implemented in two pilot regions, Abitibi-Témiscamingue and the North Shore.

Partners in this initiative are the First Nations of Québec and Labrador Health and Social Services Commission and Health Canada. Health Canada provided funding via the Health Services Integration Fund.

In the long term, this work should result in decreases to the number of children in care by ensuring families have access to appropriate mental health services when they are needed.

Saqijuq Nunavik Québec (SNQ) project

In 2013, a Saqijuq Nunavik Québec (SNQ) coordinating group was set up under the joint responsibility of Québec's Minister for Rehabilitation, Youth Protection, and Public Health and the Chair of Nunavik's Regional Partnership Committee, together with key local, regional, and provincial stakeholders in order to implement the SNQ project. The goal of the project is to reduce substance abuse and the resulting physical and psychological impact and over-criminalization, which in turn should result in fewer children in the child welfare system.

Saqijuq (meaning *a change in wind direction* in Inuktitut) is a joint approach that focuses the participation of all partners in finding concrete solutions to problems identified by the region. The goal of the project is to reduce the use of alcohol and drugs, as well as the resulting physical and psychological impacts and over-criminalization, which in turn should result in fewer children in the child welfare system.

Enhanced First Nations Education Programs and Services Agreements

The New Brunswick Department of Education and Early Childhood Development has been mandated to negotiate Enhanced First Nations Education Programs and Services Agreements (Enhanced Agreements or EAs). In April 2008, a Tripartite MOU was signed between the province of New Brunswick, the First Nation Education Initiative Incorporated and Three Nation Education Group Incorporated and AANDC. The MOU committed the province of New Brunswick to a 50% targeted reinvestment in First Nations' education and stated that AANDC was to pursue contributing comparable tuition funding to First Nations in NB.

Through the EAs, many teachers have been hired and First Nations students are receiving educational resources required for academic success. The province, AANDC and First Nations education organizations are collaborating on the future of the EAs.

An independent report was completed by external consultants to review the impact of the agreements on the success of First Nations students in public schools. Preliminary analysis strongly indicated that the agreements and the reinvestment of tuition fees have had a significant positive impact on First Nations students.

Air Foodlift Subsidy

The Government Newfoundland and Labrador (GNL) delivers the Air Foodlift Subsidy (AFS) program through the Labrador and Aboriginal Affairs Office to help offset the cost of air freight on fresh milk and other perishable food items such as fruits and vegetables. Eligible communities include Nain, Natuashish, Hopedale, Makkovik, Postville, Rigolet and Black Tickle. The AFS provides access for Labrador residents of remote communities to nutritious, perishable items year round with a subsidy paid to retailers to offset the high cost of air freight to the communities.

The AFS has also been used to address special needs of the residents of remote communities in Labrador. For example, in 2013, through the AFS, the GNL provided a one-time $30,000 grant to the Nunatsiavut Government (NG) to help address food related concerns in Inuit communities. The funding was used by the NG to purchase meat for the community freezers in the Inuit communities to be made available to lower income and elderly people.

Funding was also used to address food insecurity in Nunatsiavut communities due to the hunting ban on the George River Caribou Herd, as well as fish consumption advisories relating to contamination in Hopedale Harbour.

Aboriginal Women's Violence Prevention Grants Program

A safe home, devoid of family violence, is an important consideration in child protection cases. Initiatives to decrease or mitigate the impacts of family violence have a positive impact on helping to ameliorate the social and economic conditions that disproportionately impact Aboriginal children and families and may lead to them coming into care. In Newfoundland and Labrador, the Women's Policy Office, through the Violence Prevention Initiative, offers an Aboriginal Women's Violence Prevention Grants program. Aboriginal organizations and governments within Newfoundland and Labrador are invited to submit applications for projects to a maximum of $30,000 to support the prevention of violence against Aboriginal women and children. Applications that include one or more of the following activities are considered for funding:

- Preparing and implementing a violence prevention plan of action;
- Implementing violence prevention programs aimed at men, women, children and youth, families, older adults, and other populations;
- Developing public awareness and education materials or activities such as posters, pamphlets or advertisements;
- Providing healing programs;
- Improving programs and delivery of services at shelters for Aboriginal women;
- Developing anti-violence training and materials;
- Providing violence prevention training for community members and service providers;
- Developing Aboriginal women's leadership capacity;
- Developing women's economic or educational capacities;
- Improving the cultural strength of Aboriginal communities;
- Supporting the transmission of cultural knowledge and language;
- Conducting research;
- Attending policy and program consultations on anti-violence work;
- Developing and delivering cultural and other wellness program, activities, and training that support violence prevention; and
- Developing mentoring programs.

Since the program began in 2006, approximately $1.5 million has been allocated to support 102 projects for the prevention of violence against Aboriginal women and children. Feedback from Aboriginal communities has been overwhelmingly positive and the grants provide capacity for education and awareness programs that these groups and organizations do not otherwise have. The program has also provided funding to women's shelters to help ensure that women have a safe space in crises situations, and to enhance the violence and child abuse programming that shelters provide.

Ilisaqsivik Society Community Programming

The Ilisaqsivik Society is a non-profit, community-initiated and community-based Inuit organization in Clyde River, Nunavut, dedicated to promoting community wellness. Ilisaqsivik provides space, resources, and programming that enable families and individuals to find healing and develop their strengths. The organization includes a variety

of community- and Inuit societal value-based programs, based on the premise that the people themselves know best. The programs include parents and tots programs, home visiting and pre-natal and parent support groups, counsellor training programs, men's and father-son groups, and land-based programming.

Programs are designed to help parents gain the skills and resources they need to facilitate healthy child development and deal with the challenges and stresses of parenthood. Programs for children help them gain skills in Inuktitut language, connect with elders in a positive way, learn Inuit cultural practices and traditional skills, and access healthy foods and develop healthy lifestyles. Programs are enhanced over time to meet the needs of parents and children identified by the community. All of Ilisaqsivik's children's programming is overseen by a Children's Programming Committee, and a Counseling Elder who works with the children's programs to help kids develop strong bond with Elders and to teach Inuktitut language and Inuit knowledge.

The society was a 2010 recipient of the Kaiser Foundation National Mental Health and Addictions Award for excellence in community programming, a 2012 recipient of the Prime Minister's Volunteer Award for Social Innovation.

The Residential School System in Canada: Understanding the Past – Seeking Reconciliation – Building Hope for Tomorrow

As part of efforts to develop culturally appropriate and engaging learning opportunities, and to begin to actually address some of the challenges facing northern communities today, The Governments of the Northwest Territories and Nunavut developed a unit on the history and legacy of residential schools in Canada. The residential schools unit comes with a full collection of teaching resources that help students and teachers explore the policies and historical context of colonialism that supported residential schools. Students learn about the positive and negative impacts that residential school experiences had on many people, and discuss the opportunities for reconciliation and healing that are needed today.

The curriculum resource includes a teacher's guide, a DVD with pictures, audio and video footage, a historical timeline of the residential school system in Canada, and a collection of books at various reading levels for students and the teacher's learning. The teaching materials cover topics ranging from the history and legacy of residential schools, traditional education and learning, colonialism, assimilation, the Indian Residential Schools Settlement Agreement, the federal apology, the Truth and Reconciliation Commission and suggestions for what reconciliation might look like. It is not exclusively tied to Aboriginal communities, because the intent is in increase all students' understanding of the Aboriginal experience. In both territories, it is a mandatory unit for all students to take in order to graduate.

Two studies of the curriculum have indicated that students and teachers reported increased empathy, critical thinking skills, ethical awareness, and decision-making strategies.

Aboriginal Cultural Awareness Training

The Government of the Northwest Territories (GNWT) launched Aboriginal Cultural Awareness Training for all employees in June 2013. This training is intended to enhance Aboriginal cultural understanding and reaffirm the fundamental interest the GNWT places on including Aboriginal values in program and service design and delivery.

Aboriginal Cultural Awareness Training provides GNWT employees with information and context for the communities and regions we live in and residents we serve. Diversity and inclusion are crucial aspects of a strong and stable public service. This training increases understanding about Aboriginal culture, enhances awareness, and promotes a spirit of inclusion. This training also reaffirms Aboriginal values and partnerships as a key foundation of the GNWT, based on respect, recognition and responsibility.

GNWT Employees, including those working in the social services sector and in front line social work positions now participate in mandatory training modules that include the importance of Culture and Cultural Awareness, Aboriginal Peoples of the Northwest Territories, The History of the Northwest Territories from an Aboriginal Perspective, and Present and Future Challenges for Aboriginal Peoples in the Northwest Territories. Employee satisfaction surveys show an increase in the number of employees reporting cross-cultural opportunities, particularly in departments where there has been a high uptake on the new training.

Increases in societal understanding and empathy and increased cross-cultural experiences including Aboriginal populations helps to reduce racism and misunderstanding, which should lead to improved outcomes for Aboriginal people as a whole.

Jackson Lake land-based addictions and mental health recovery program

The Jackson Lake land-based addictions and mental health recovery program held in a rural setting a half-hour's drive from Whitehorse, is based on First Nation cultural ways of healing but also includes clinical approaches.

In 2014, Kwanlin Dün First Nation (KDFN) increased its land-based healing programs at Jackson Lake Healing Centre thanks to a 3-year funding commitment from the Yukon government. The 4 week residential land-based healing program is supported by the Jackson Lake Wellness Team made possible by a multi-year funding from Health Canada. KDFN implements two gender specific 4 week land-based residential treatment programs open to citizens of all 14 Yukon First Nations. The Jackson Lake Wellness Team works with other First Nation and agency partners in program development, delivery and evaluation focused on:

- prevention of addictions and mental health problems;
- community based options for pre-treatment, support, outreach and treatment; and
- aftercare and recovery programming.

Since 2009 there have been one or two intakes per year for the 4 week land-based treatment programs with a maximum of 16 participants per intake. The community programming within KDFN attracts at least 20 participants per week. Outreach visits and calls to the other communities connects with former and future 4 week program participants and First Nation support staff. Results of program development is shared locally and with other mental wellness teams across the country.

This broad scope of services provided by KDFN will improve the long-term success of participants in the multi-week land-based programs. The prevention and short-term cultural and land-based options available also provide opportunities to people that want help but are not able to go out on the land for four weeks. The active preparation for treatment and aftercare offered post-treatment has increased the effectiveness of both land-based and community based treatment.

KDFN's Building a Path to Wellness model is founded on the First Nation's most recent twenty years of experience, particularly with three-to-five weeks programs offered to men and women from 2010 to 2012. The program, which was created specifically for First Nations people, involves four program streams:

1) First Nations therapy led by a FN therapist
2) Land-based and cultural healing
3) Clinical Therapy and
4) Complementary or Alternative Healing Approaches. The "healthy traditional family" is used as a model for developing relationships.

Evaluations of the program have shown positive results: Based on the 2010, 2011 and 2012 evaluation reports, more than 90% of participants complete the program and all participants show improvements in well-being. The patterns in the 2013 and 2014 programs are consistent with earlier findings.

Follow-up assessments done informally and formally for up to three months post program show lasting improvements in most cases, including improved quality of family relationships.

The 2010 report specifically highlighted that two participants were making strides towards negotiating the safe return of their children to their care and noted increased exposure to 'protective factors' which may help participants control drug / alcohol abuse; bounce back more quickly from difficult situations; etc.

Anecdotal evidence from KDFN Justice staff indicates that at least 2 or 3 participants in each program (which averages 14 participants) have children that have been apprehended or are at risk of being apprehended. In approximately half the cases, involvement with the Jackson Lake treatment program along with other programs and supports have provided the foundation for the return of the children. This pattern is more frequently found in the women's program.

In the recent men's programs, a significant number of the younger men are parents of young children and the program supports them in understanding parenthood from a traditional and contemporary perspective.

The program addresses the root causes of disruptions in traditional family life – loss of the healthy family experience and intergenerational trauma related to residential schools, loss of connection to identity, land, culture, extended family and community and the use of addictive substances to deal with the symptoms. Strengths and capacities are found and reinforced.

The program also helps to support young people aging out of the child welfare system and work with other KDFN team members to prepare parents to repatriate their children that have been in the care of child welfare authorities.

4.0 Prevention and Early Intervention

There is a body of evidence that suggests child welfare systems must evolve towards providing families with holistic, targeted, community-based programs and support systems that are culturally appropriate.

The most effective prevention programs that are known to improve child welfare outcomes encompass a constellation of services that encourage family preservation. These services can include mental health treatments, early childhood education, family counseling, and violence deterrence. In promoting the development of strong families, prevention services limit interactions with child protection authorities and quicken the return of apprehended children to the family home, thus reducing the numbers of children in care. It is for these reasons that prevention supports, including early intervention to families at risk, are seen as more effective than emergency intervention. Emphasizing early intervention and prevention services in child welfare is consistent with what Aboriginal communities have been espousing for decades, both in Canada and abroad.

In reviewing literature on international practices of Aboriginal child welfare, scholar Terri Libesman concluded that support for family preservation tactics is "unambiguous" in Aboriginal communities. Recommendations from a British Columbia legislative review, which engaged heavily with Aboriginal populations, support this finding. The review found that one of the most oft-repeated critiques of child welfare systems was "the lack of preventative services aimed at resolving family problems rather than at separating families."[18] Historical policies, such as residential schools and high rates of child apprehension beginning in the 1960s, have disregarded the rights of Aboriginal parents to care for their children.

The provision of culturally appropriate programming is acknowledged by Aboriginal partners and international research bodies as being imperative to child, family and community health, and cultural appropriateness is showing to be equally important to prevention services. Research has established a clear connection between Aboriginal culture and resilience/ self-esteem in Aboriginal children, youth and adults. There is extensive evidence that demonstrates how the use of Aboriginal languages and cultures has positive effects on health and wellness of individuals and also strengthens the family. Along with language, key themes that have been shown to provide protective measures against mental health issues, addictions, and youth suicides include access to the land, self-governance, traditional medicines, spirituality, and participation in traditional activities. For example, one peer-reviewed study concluded that the successes of the federally-funded National Youth Solvent Abuse Program are due to the program's holistic conception of resiliency that recognizes the intersecting roles of culture, spirituality, and community in supporting the health of Aboriginal youth who use solvents. Another study concluded that increased resilience through cultural attachment can improve outcomes in children and youth, including educational attainment.

To ensure that cultural supports are appropriate and responsive to the families accessing them, it is important that they are community-based and designed. Aboriginal communities and organizations, with sufficient capacity and resources, are best positioned to provide prevention and early intervention services to Aboriginal children and families because they are able to create programming that is culturally empowering to Aboriginal families in ways that other child welfare agencies may not be able. The Métis Nation of Ontario the Ontario Native Women's Association and the Ontario Federation of Indigenous Friendship Centres argue:

[18] First Nations Child and Family Task Force. *Children First, Our Responsibility: Report of the First Nations Child and Family Task Force*. Winnipeg: The Task Force, Mannes, 1993.

> *In our view it has been amply demonstrated that it is functionally impossible to provide effective prevention and "protection" services simultaneously. Based on years of experience, we know at-risk families are highly unlikely to access prevention supports from child protection agencies given that this is perceived as a fast track to irreversible state intrusion. Conversely, at-risk families are more inclined to reach out to Aboriginal service providers to receive supports in solutions-oriented, strengths-based and cultural environments, leading to more positive outcomes.*[19]

Yet experience in agencies where child welfare services are deeply rooted in cultural practice, values and beliefs show that prevention and protection can work simultaneously if done correctly.

In its submission to the WHO Commission on Social Determinants of Health, the AFN posited that the best way to prevent ill-health was to enable self-determination in Aboriginal communities. Studies show that increased Aboriginal control produces better socio-economic health outcomes. Healthy children and families, therefore, are sustained when First Nations, Métis and Inuit communities are able to exercise control over culturally appropriate services pertaining to children, youth and families.

Several PT jurisdictions in Canada have shifted their governance structures or are changing policies to encourage the expansion of culturally grounded early intervention and prevention supports with the aim of improving Aboriginal child and youth outcomes. In Ontario, the Ministry of Children and Youth Services is working with Aboriginal partners to co-develop an Aboriginal Children and Youth Strategy to transform the way services are designed and delivered, through nurturing more open and trusting relationships, and building in shifts in control over the governance, design and delivery of services. Similarly, in British Columbia, Delegated Aboriginal Agencies (DAAs) operate under a unique governance structure that is rooted in partnerships with First Nations and Métis peoples and guided by specific operational and practice standards. DAA responsibilities include the delivery of guardianship and child protection services and current work with Aboriginal partners in child and family service delivery is underway to further enhance prevention and early intervention initiatives. In Newfoundland and Labrador, in recognition of the need for Innu and Inuit involvement in the implementation of departmental programs and services in their communities, Memoranda of Understanding (MOUs) were signed with the Innu First Nations and the Nunatsiavut Government. These MOUs provided for the creation of "Planning Circles" whereby senior officials from the Department of Child, Youth and Family Services meet with senior officials from each of the Aboriginal governments/organizations to discuss how to improve planning and to enhance service coordination and delivery.Manitoba is also moving to improve its child and family services system by shifting from protection to prevention, offering more supports and services to families with the goal of keeping children at home and in their own communities rather than taking them into care.

Below is a presentation of early intervention and prevention services best practices for Aboriginal child welfare that have demonstrable evidence of enhanced outcomes and apprehension reduction, either directly or indirectly. The initiatives range from sweeping policy and governance makeovers, to province or territory-wide programs, to smaller scale community efforts at organizational innovation and in-home supports. Examples were chosen based on their adherence to established criteria for inclusion, which stress the importance of initiatives being specifically designed for or culturally sensitive to Aboriginal families rather than the mainstream population. The successes of each are directly related to the involvement of Aboriginal communities and organizations in the governance, design, delivery and/or evaluation of programs.

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[19] Métis Nation of Ontario, the Ontario Native Women's Association, and the Ontario Federation of Indigenous Friendship Centres. *A Collaborative Submission Regarding the Child and Family Services Act*. 2015.

Family Development Response Program

British Columbia's child welfare policy framework prescribes the use of Family Development Responses (FDRs), whenever safe and possible to do so. FDRs focus on ways to keep a child safe within their own family, build on their strengths and address their challenges.

FDRs offer a more collaborative and supportive approach with families when there is a child protection concern, rather than more intrusive investigations. They typically include discussions with the family on community resources and services available to address their family and parenting needs, and often include direct referrals to counselling, parenting programs and other supports to help families safely care for their child and stay together The use of FDRs has increased 20-fold since 2007; at the same time, the number of children in care has decreased by 10%. This decrease is believed to be related to the increased use of safe alternatives such as FDRs.

For Aboriginal families, when an FDR has been used, re-occurrence of child welfare issues has been lower than for those Aboriginal families where an investigation was used. However, re-occurrence remains higher for Aboriginal families than for their non-Aboriginal counterparts. Though the outcomes for Aboriginal children are promising, there are varying degrees of success amongst different bands in BC, suggesting that the uptake has been uneven across the province.

While many agencies deliver preventative programming in British Columbia, Hulitan Family and Community Services in Victoria is provided as one example of a fully incorporated and professionally accredited child and family service agency "committed to providing culturally sensitive and awareness programs and services to the Aboriginal community." They have an FDR program which is a short (3-6 months), intensive service to families identified by the Ministry of Children and Family Development (MCFD) as being in need of intervention. Families flagged for intervention are at high risk of having children removed from the home by the ministry due to issues impacting their safety and well-being. An FDR worker visits the home and works collaboratively with the family, using traditional learning and healing practices, to develop goals and activities to assist in reducing the risks identified by the ministry. Families taking part in the FDR program have experienced an early return of children to their homes. Of the 21 families that have successfully completed the program and have had their files closed, only one child was later taken into care.

This program's success would not have been possible had MCFD not revamped the intake process to ensure that it was more culturally respectful. The ministry granted the FDR program more autonomy to develop processes that best meet the needs of individual families. Additionally, guidelines were revised to support FDR workers being present at initial child protection investigations.

Intensive Parenting Program

Hulitan Family and Community Services in Victoria operates a second program that has demonstrable evidence of reducing the number of children in care. The *Kwen'an'latel Intensive Parenting Program* (KIP) is a three-stage parenting program for Aboriginal parents and caregivers, living either on- or off-reserve, who have already had their children removed by MCFD. KIP works to promote healing for families to strengthen and/or maintain their cultural identities and provides culturally appropriate holistic supports to heal from the intergenerational effects of colonization and residential schools, while enhancing parenting skills. Over 85% of clients met their goals, and the

program has a 55% return rate of children to their families. The project was designed by local Aboriginal community members through focus groups to provide a curriculum relevant to local cultural considerations.

Although the KIP program, like the FDR program at Hulitan, provides evidence of reducing the number of children in care, it is co-located with other programs that support the community more generally and this environment may be an important factor in its success. For example, families making use of either of these programs through Hulitan can also readily access an innovative cultural learning program for Aboriginal children, aged two to five, which fosters a strong sense of cultural identity. When programs such as infant development, early childhood support, speech and language, social assistance, family support, victim services, day care, recreation programs are co-located with programs identified to be "preventative", they allow the agencies to better know and support families.

Flexible Response Pilot Project

The *Flexible Response Pilot Project* (FR) in Saskatchewan seeks to strengthen the assessment of families' needs, and to provide more options to families coming into contact with the child welfare system. FR maintains a primary focus on child safety while promoting permanency for children within the family and community, and increasing the emphasis on engaging children and their families in services. The project aims to build on existing strengths to increase families' capacity to care for their children using culturally appropriate services. In a year-over-year comparison of the number of children entering care at the ministry's Saskatoon Office prior to the Flexible Response Pilot (November 1, 2012 through October 31, 2013), and during the pilot (November 1, 2013 through October 31, 2014), it was found that 49 fewer children had entered into the care of the ministry. Transfers to ongoing child protection have been reduced by over 50% in a year-over-year comparison.

Though not specifically directed towards Aboriginal families, FR was developed by the Ministry in collaboration with First Nations and Métis. The team responsible for reviewing child protection intake to determine the most appropriate FR pathway comprises members of Métis Community Family Justice, Mobile Crisis Services, Sturgeon Lake First Nation, and Saskatoon Tribal Council, along with the Ministry of Social Services. Indigenous research methodology also informs the project evaluation framework.

Intensive In Home Supports

Intensive In Home Supports (IHS) provides intensive in home family supports to ensure the personal safety of children while allowing them to remain within the family home instead of being taken into care. Operating out of multiple locations throughout Saskatchewan, the program is delivered collaboratively with Aboriginal partner organizations. Though only in operation for a short time, the program has already made a substantial impact on the lives of children and families in the province. Positive outcomes that participants have experienced include having more children safely supported at home and in their communities, as well as having more children accessing services to support healthy and positive development. From April 2014 to January 2015, approximately 335 families and 830 children have taken part in the IHS program.

Families First Program

Manitoba's Families First program promotes physical health and safety, supports parent-child attachment, and promotes healthy development through offering home visiting supports at no cost to families with children, from pregnancy to school entry. The program is delivered by paraprofessional home visitors supervised by community

public health nurses who work with families regularly, in a culturally-sensitive manner, for up to three years on what community resources might best meet the needs of the family. The program is targeted to vulnerable families with young children (prenatal to age five). Families First uses a partnership approach with the families, focusing on the parents' strengths, values, and hopes for their children. Nearly half of the participating mothers are Aboriginal. A culturally sensitive approach is key to the acceptance, participation, engagement and success of Aboriginal families in the program, and can include using Aboriginal home visitors and incorporating Aboriginal components in the programming. An evaluation covering the years 2002-2009 indicates that the Families First program reduces the rate of children being taken into care by 25% (by age 1) and reduces the rate of child maltreatment injury hospitalization by 41% (by age 3).

Isobel's Place Parent Support Program

Isobel's Place is an 11-bed adolescent parent support program providing pre- and post-natal care for young women of Aboriginal heritage who are three to six months pregnant and between the ages of 14 and 17. The initiative is offered by Ma Mawi Wi Chi Itata Centre Inc. (Ma Mawi), an Aboriginal human services organization providing child welfare and community-based programs and services to the Aboriginal community in Winnipeg and the surrounding area.

Clients participate in mandatory and non-mandatory education, health, nutritional, and parenting programming. Separate cultural programming is provided to clients, and cultural teachings are woven into all supports on offer through Isobel's Place. Young mothers and their children are assisted in relocating to independent living options, with outreach support services still available to them for a minimum of one year following relocation. In addition, young mothers are assisted in developing their own positive support network.

Isobel's Place's culturally responsive continuum of care has resulted in positive outcomes for participants. Although program participants are all wards of the Manitoba child and family services system, it is rare for their children to be taken into care. In fact, in the 2014/2015 fiscal year, only one of the mothers residing at Isobel's place, and only one of the mothers who had moved to independent living had their children taken into care.

Cooperative Planning Process for Child Welfare Services

Two related initiatives have seen a significant reduction in the numbers of First Nations children in care through increasing First Nations control over the design, delivery and governance of child and family services. The Cooperative Planning Process for Child Welfare Services (CPP), established under the Yukon's 2010 *Child and Family Services Act* (CFSA), mandates First Nations involvement in all aspects of planning and decision making for their children. Key features of CPP include:

- Valuing culture and community in all matters related to children and families, including a provision for custom adoption;
- Emphasizing support to families and extended families in caring for children; and
- Collaborative and inclusive decision making where extended family, informal support persons, service providers and professionals can come together to develop plans that respond to the needs of a child and their family.

First Nations governments played a significant role in developing Yukon's current child welfare legislation, including CPP.

The CFSA and CPP have enabled new relationship agreements between the territory and First Nations that afford greater First Nations control of child and family services. The 2012 Child Protection Memorandum of Agreement (MOA) between the Government of Yukon through the territory's Department of Health and Social Services (HSS) and Kwanlin Dün First Nation (KDFN) is one example. The MOA outlines principles and procedures to guide and direct child welfare services provided to KDFN families with the full inclusion of KDFN in the delivery and evaluation of child welfare services. In addition to procedures for service delivery, the MOA outlines processes for addressing systemic issues and resolving differing views. Yukon reports that relationships between the Department and KDFN have strengthened since signing the agreement.

There are indications that the practices and processes set out in CCP and the MOA are having a positive impact on First Nations populations throughout the territory. Yukon is exploring establishing more MOAs with other First Nations, modelled after KDFN. Moreover, there were 30% fewer Aboriginal children in care in the territory in 2013/2014 than there were in 2007/2008.

5.0 Supporting the Systems

A supported, skilled and informed workforce is central to improving outcomes for Aboriginal children and families in child welfare systems. In particular, to move systems toward a holistic approach, child welfare workers need training that supports prevention.

Provinces and territories have responsibility for the design of all aspects of their child welfare systems, including tools, training, standards and the workforce. PTs acknowledge the research that suggests the most successful outcomes for Aboriginal children and families are achieved when service models are based on policies and practice that promote and facilitate an individualized, strengths-based approach to child welfare.

The following definitions provide further clarification on the areas highlighted in this section.

> ***Tools*** – provinces/territories use a number of tools/instruments to support the child welfare workforce in assessing a child's intervention needs and to support the planning of intervention services.
>
> ***Training*** – includes training to obtain credentials from a post-secondary institutions as well as ongoing professional development.
>
> ***Standards*** – measurable definitions of minimum acceptable levels of required performance, focusing on safety and achieving positive outcomes for children.
>
> ***Child welfare workforce*** – could include provincial/territorial staff who work in front-line delivery offices, staff in delegated First Nation agencies, or staff who work for private mandated child welfare agencies. It could also include contracted non-profit agency staff delivering services that support the child welfare systems.

Child welfare systems are evolving in Canada, and a key component for many provincial and territorial systems is moving forward with new planning, assessment and decision-making tools that help child welfare workers make safe, appropriate and consistent decisions for the families and children they serve. These range from Alberta's adoption of the Australian 'Signs of Safety' approach, to the Flexible Response model that Saskatchewan is piloting, to the implementation in whole or in part of the Structured Decision Making® (SDM) system in British Columbia, Saskatchewan, Manitoba, New Brunswick, and the Northwest Territories. Newfoundland and Labrador is also in the process of implementing SDM.

The Child Intervention Practice Framework

The Alberta Child Intervention Practice Framework (CIPF), implemented in 2014, outlines a set of principles and core elements of leading practice that guide efforts in the child intervention system supporting an environment where family strengths are recognized and children and youth are respected and supported. The CIPF supports increased inclusion and collaboration with family and their supports, a renewed understanding of harm and danger to support assessment and understanding of risk, and provides tools and supports to facilitate critical thinking, shared decision making and reflective supervision.

Signs of Safety

Alberta's Signs of Safety (SOS) aligns with the CIPF as an evidence- and strengths-based approach to child safety in child protection work. SOS focuses on working collaboratively and in partnership with the family and their natural supports to increase safety for children, reduce risks and danger, identify complicating factors and support the development of meaningful safety plans. Alberta has formal agreements with 17 delegated First Nations Agencies (DFNAs). While several DFNAs are using SOS as part of their proactive, it is optional for DFNAs to use SOS.

Outcomes Based Service Delivery

Alberta's Outcomes Based Service Delivery (OBSD) also aligns with the CIPF and has shifted the focus of protection services to clearly identified expected outcomes of service provision, while providing for increased flexibility, creativity, collaboration and community-based services to address identified needs.

While the three initiatives outlined above are not specifically targeted to Aboriginal children, 69% of the children in care in Alberta are Aboriginal. Aboriginal OBSD sites in two large urban centers support urban Aboriginal peoples with services and supports that are culturally centered, community supported and family oriented.

All three initiatives have contributed to the safe reduction of all children in care and receiving intervention services in Alberta, including Aboriginal children. Despite the proportion of Aboriginal children in care in Alberta slightly increasing (from 68% in 2012/2013 to 69% in 2014/2015), the number of Aboriginal children in care has been safely reduced by 18%. Alberta attributes this reduction to the CIPF practice principles and strategies, SOS and OBSD initiatives which focus on principled practice, family and cultural connectivity and awareness, engagement of community and natural supports, shared decision-making and a focus on client-based outcomes.

Staff in Child and Family Services (CFS) Regions and Delegated First Nations Agencies (DFNAs), are being trained to practice according to the programmatic values and to focus specifically on positive outcomes for children and families. Specialized training is also being provided in the use of the Signs of Safety tools.

In 2013/2014, 19 engagement sessions were held across the province and over 700 individuals participated and provided feedback on the CIPF Working Principles. A working group comprised of department, CFS region and DFNA staff engaged in the development of the practice strategies tools and resources under the CIPF. A review of CIPF practice strategies tools, resources and implementation is ongoing.

Making Sense of Trauma Workshop

"Making Sense of Trauma" is a one-day training workshop offered to frontline service providers in Manitoba by New Directions for Children, Youth and Families. Its objectives are to help workers:

- Develop an understanding of the impact of trauma and trauma informed care;
- Explore current understanding of the nervous system and how trauma responses are triggered;
- Define what "working towards resilience" means;
- Identify specific tools that assist with freeze/flight/fight survival responses;
- Understand how anxiety and neglect impact our nervous system and how to modify their impact; and
- Identify a set of tools to utilize when working with clients.

Of the participants who completed questionnaires following the training workshop (Sept 2012 to June 2014), 39% identified as a Foster Parent, 21% identified as a Child and Family Services (CFS) Worker, 8% identified as a Therapist, 1% identified as a CFS Supervisor, and 28% classified their role as "other".[20] Approximately 87 per cent of children in care in Manitoba are Aboriginal (as at March 31, 2014).

Results of the post-training and 6-week follow-up evaluation questionnaires indicate that participants from various backgrounds affirmed the value and relevance of the Making Sense of Trauma Workshop to their work. Participants rated the value of the workshop highly – an average of 6.08 on a scale from 1 (not at all) to 7 (extremely). Six weeks following the workshop, 63 to 81 per cent of trainees used recovery trauma tools learned in the workshop with foster children.[21]

Importantly, participant data post-workshop and at the six week follow up demonstrate success in increased knowledge of trauma and use of workshop tools, as well as integrating a trauma informed perspective in their work in some capacity. Participants suggested a two day workshop would be beneficial as it would provide additional time to cover content and opportunities for participants to apply workshop materials through group discussion, case studies, and role-playing.

The workshop was developed and facilitated by staff of New Direction's *Families Affected by Sexual Assault Program*. The training was developed, delivered and evaluated in consultation with a joint training team that included representation from multiple social service agencies, health, education, the Child Protection Branch of Family Services, and the four Manitoba Child and Family Services Authorities, three of which are Aboriginal. This Training Team has met regularly to offer feedback. An Elder from the community provided consultation regarding Indigenous Family Practice in the design/development, evaluation and delivery of this training. The Assembly of Manitoba Chiefs requested the training and offered additional evaluative feedback which was integrated into the curriculum.

The Making Sense of Trauma Workshop continues to meet its goals and is effective in assisting service providers who care and support traumatized children, youth and their families within the child welfare system to be better able to do their work in a manner that promotes trauma resolution.

Aboriginal Alternative Dispute Resolution

Aboriginal Alternative Dispute Resolution (ADR) is a strategy used to resolve child protection disputes and prevent them from ending up in the court system. It is used to streamline court processes and encourage alternatives to court. Its strengths-based orientation is an inclusive and collaborative approach to resolving child protection disputes, by encouraging the involvement and support of the family, extended family and the community, in planning and decision-making for children. By regulation, Ontario Children's Aid Societies (CASs) are required to use one of the following prescribed methods of ADR:

- Child protection mediation;
- Family group conferencing;
- Aboriginal approaches; or

[20] "Other" includes Social Service Professionals from non-mandated community agencies: Knowles, MacDonald Youth Services, Marymound, New Directions and Ma Mawi Wi Chi Itata Centre; Interlake/Eastman Regional Health Authority; Assembly of Manitoba Chiefs and others. The remaining 3% of respondents did not identify their role. Percentages are based on 1,250 workshop participants.

[21] At the six week follow up, percentage of trainees that had used recovery trauma tools since workshop with foster children: a. Connecting to the Present – 65.9%; b. Understanding Developmental Stages – 77.9%; c. Managing Feelings – 64.8%; d. Imagining a Future – 80.8%; and e. Dealing with Memories – 62.6%.

- Other (i.e., where the above methods are not available or where another method is deemed more suitable).

Aboriginal approaches to ADR are defined as traditional methods of dispute resolution, including circle processes, which have been established by First Nations communities or Aboriginal organizations. These services are delivered by trained, impartial Aboriginal facilitators who assist the participants to develop plans that are supported by the participants and/or the Aboriginal community and address the protection concerns identified.

The use of ADR within the context of child protection has an impact on the length or number of times families are involved in the child welfare system, and has led to more positive results. The number of referrals in the last three years are 2011/2012 - 263; 2012/2013 - 440; 2013/2014 - 331. Aboriginal ADR is viewed by Aboriginal communities as an effective mechanism for providing them with more decision-making control over the care of their children.

Formal Customary Care

The Ontario *Child and Family Services Act* recognizes customary care as the care and supervision of an "Indian or native" child by a person who is not the child's parent, and according to the custom of the child's Band or Native community and that customary care practices may vary from Band to Band and change over time. All CASs, whether Aboriginal or non-Aboriginal, can work with families to enter into customary care placements. Formal customary care is a culturally appropriate placement option for First Nations children and youth in need of protection in which the child is placed with a person who is not the child's parent, according to the custom of the child's Band or First Nation community. There is a formal customary care declaration by the band, and the CAS supervises the home. The caregiver is entitled to the same reimbursements, training and support systems as foster parents.

CASs are reporting increases in the number of First Nations children and youth determined to be in need of protection moving to customary care placements, meaning that more children are able to remain living in appropriate community and cultural contexts. In 2013-2014, an average of 1,388 children and youth were placed in customary care arrangements (up from 1,212 in 2011-2012).

Conseil de personnes significatives (Council of Significant Individuals)

The overall objectives of a Council of Significant Individuals are to keep children in their immediate environment (with family, friends, school and culture) and to avoid placing a child in a non-Aboriginal family.
Specific objectives of the initiative set up by the Centres jeunesse de l'Outaouais (CJO) are to:

- Allow parents to bring together people who are significant to their child;
- Identify potential ways to help and support the child and the child's family;
- Work together with the child's needs in mind;
- Provide the child with stable and consistent care and relationships;
- Look for a living situation that is most similar to the child's home environment; and
- Promote collective responsibility for the child.

At CJO, a Council of Significant Individuals is used for both Aboriginal and non-Aboriginal children. However, it quickly became obvious that this approach was especially suited to First Nations communities served by the youth centres, namely the Algonquin communities of Barrière Lake and Kitigan Zibi, given that it addressed one of their

fundamental values: the importance of family and community involvement. The initiative was thus tailored to First Nations culture through the integration of symbols, practices and cultural objects such as the medicine wheel, talking stick, traditional medicinal herbs, smudge shell, and Eagle Feather to promote honesty and strength.

When a child is removed from his or her family environment, the caseworker (responsible for evaluation and orientation of the child or for applying protective measures) has two weeks following the removal to hold a Council of Significant Individuals with the parents (and the child, if needed). The goal is to provide the child with a stable and appropriate living environment as quickly as possible. The mandate of the Council of Significant Individuals is to:

- Help parents bring together people who are significant to their child to discuss and determine together what help these people can offer the child and the parents
- Identify the person or persons to be evaluated with a view to taking the child in.

For more information, see the *Meetings of Significant Individuals – Facilitator's Guide / Guide d'animation d'un conseil de personnes significatives* available in English and French.

Aboriginal partners were involved in adapting this initiative to the First Nations culture by working together with community workers. The Council of Significant Individuals includes:

- a community Elder,
- people from the child's extended family, and
- the Aboriginal caseworker responsible for evaluation /orientation or applying protective measures, as applicable.

If the significant person designated to receive the child does not live near the parents, the child continues to be in contact with the latter given that it is usually someone from his or her extended family.

The Council of Significant Individuals is a win-win approach for the children, their families, First Nations communities and Youth Protection services. The children are kept in their community and environment. Furthermore, this initiative can be easily adapted to other communities.

Since the implementation of the Council of Significant Individuals adapted to Aboriginal's culture two years ago, 18 councils were held for 48 Aboriginal children. All of the children were placed in an Aboriginal family instead of non-Aboriginal family. Before that, Aboriginal children were often placed in a non-Aboriginal family, since there was a lack of Aboriginal foster care families.

Système d'intervention d'autorité Atikamekw (Atikamekw Authority Intervention System)

The Système d'intervention d'autorité atikamekw (SIAA) is a Youth Protection system that operates differently from Québec's general system. It targets children and families from the Atikamekw de Manawan and Wemontaci communities under an agreement between the Atikamekw Nation Band Council and two youth centres: the Centre jeunesse de Lanaudière and the Centre jeunesse de la Mauricie et du Centre-du-Québec. It intervenes in situations where children's security or development is in danger and aims at contributing to the well-being of members of the Atikamekw Nation using an approach that is respectful of the Atikamekw values, culture and traditions. To achieve its objectives, the SIAA promotes the involvement of the immediate and extended family as well as other community members. The SIAA also works to promote the care of children whose security or

development is in danger by family or community members and therefore contributes to reducing children's placement in non-Aboriginal homes.

When a child's security or development is in danger, a Family Council is created. Decisions regarding the reasons for the authority's intervention and protective measures taken are made by members of the Family Council and the Social Protection Director, the person ultimately responsible for ensuring the security and development of Atikamekw children. If a Family Council cannot be put together or if there is disagreement about the measures to be taken to rectify the situation, the latter is referred to the Elder Council, comprising ten community Elders recognized for their wisdom. Once protective measures are determined by the Family Council or Elder Council, a Support Circle is formed to help apply the protection measures. The child's situation is reviewed by the Social Protection Director periodically, depending on the child's age or at any time if the circumstances so warrant.

The SIAA operations are described in greater detail in the *Règlement relatif au système d'intervention d'autorité atikamekw dans les situations d'enfants et de jeunes dont la sécurité ou le développement est ou peut être considéré comme compromis*. (Regulation regarding the Atikamekw Authority Intervention System in situations of children and youth whose security or development is or may be deemed in danger).

The creation of the SIAA is an Atikamekw initiative stemming from the *Politique sociale Atikamekw* (Atikamekw social policy) written by the Atikamekw to address social needs and ensure the well-being of members of their communities. Applying the Atikamekw Social Policy has contributed to reducing the number of situations turned over to the Youth Protection authorities by ensuring the delivery of current services to the people and families who need them. The SIAA is used as a last resort. Of the situations requiring the intervention of Youth Protection services, roughly 90% are dealt with by the SIAA; only 10% are submitted to the general Youth Protection system. Two major positive outcomes:

- The majority of the children are entrusted to an Aboriginal person or resource; and
- The court system (Court of Québec, Youth Division) rarely needs to be used.

As of March 31, 2014, 125 children have been taken into the care of the SIAA because their security or development was in danger. Of these children:

- 34 % were returned or maintained in their family;
- 42 % were placed with a family relative or in a Atikamekw foster care family;
- 18 % were placed in a non-Aboriginal foster care family; and
- 6 % were placed in a re-habilitation center.

The SIAA promotes greater involvement of the Atikamekw communities in the organization and delivery of Youth Protection services and a better fit of services with the values, culture and lifestyle of Atikamekw children and families.

Intervention and Risk Assessment Practice Improvement Project

The Minister of Community Services has delegated the provision of child welfare services on-reserve to Mi'kmaw Family and Children's Services of Nova Scotia (MFCS), a First Nations agency. A Tri-Partite working agreement defines the roles and responsibilities of the three parties: MFCS, the Department of Community Services (DCS) and AANDC. These three parties form a Steering Committee that oversee the implementation of the Tripartite working agreement which includes a requirement for a working group comprised of officials from all three parties

to monitor the work plans and financial arrangements of the agency, to share ideas, and to seek solutions for emerging and ongoing issues and challenges.

In 2012, a caseload/staffing evaluation, conducted by DCS, found significant deficits in resources, especially in terms of clerical support, frontline child welfare staff and service providers. DCS completed an evaluation which confirmed that the current agency staffing complement was not sufficient to allow for early intervention and risk assessment. As a result, AANDC increased operational funding and increased the staff complement by 40% across all positions. This allowed for the hiring of an additional family support worker, a family group conference worker and a move from generic caseloads to program specific caseloads. Program specific caseloads resulted in better clarity of mandate and lower caseloads provided the opportunity for comprehensive review of files, more time to build relationships with clients and improved information for risk assessment and case planning. In collaboration with MFCS and to support the move to program specific caseloads, DCS provided core training for social work staff and supervisors, with an emphasis on risk management and case planning. In collaboration with MFCS, DCS arranged for a senior staff to be present on site for 2-3 days per week for a 6 month period. The Tri-Partite Working Group contracted with an external consultant to assist MFCS to develop strategic goals, which included the development of a third site and the hiring of a First Nations Child Welfare Specialist.

Agency program managers are part of the Tri-Partite Working Group and were involved in the presentation of the evaluation outcomes to AANDC, supporting the request for additional funding for staffing. Program managers meet regularly with DCS senior staff members on site. They are now working to develop new programs and services and to increase community partnerships to ensure First Nations services are available on-reserve.

The numbers of Aboriginal children in temporary care and custody was reduced by 48%, from 61 on March 31, 2010 to 38 on March 31, 2014. An increased number of kinship foster care arrangements and improvements in permanency planning for children and youth (increase in adoption vs. permanent care until maturity) has also been noted.

A Collaborative Approach to the Delivery of Child Protection Services to PEI First Nation Children and Families

The province of Prince Edward Island is responsible for providing child protection services to Aboriginal children and families residing on- and off-reserve. A First Nations organization, the Mi'kmaq Confederacy of Prince Edward Island, delivers the Prevention Respect Intervention Development Education (PRIDE) program. The province collaborates with the PRIDE program concerning child protection services on reserve.

In Prince Edward Island, the *Child Protection Act* requires that Child Protection Services (CPS) consult and collaborate with Designated Band Representatives regarding delivery of child protection services. The Director of Child Protection meets regularly with the Designated Representative identified for the two PEI bands to ensure issues are brought forward and quickly addressed in a collaborative way.

In December 2013, a formalized protocol was developed between CPS and the Mi'kmaq Confederacy of Prince Edward Island. This protocol provides clarity on roles, responsibilities and procedures in the delivery of child protection services involving PEI First Nation children and families. The goal of the protocol is to ensure child protection services are provided to PEI First Nation children and families in a manner that preserves and promotes the Aboriginal cultural identity of children and families.

As a result of the new protocol:

- Child Protection Services are being delivered with enhanced cultural sensitivity to Aboriginal children and families;
- Joint training has been provided to CPS staff and PRIDE program staff; and
- Department staff report better relations with First Nations partners.

Community of Natuashish Service Enhancement Program

Newfoundland and Labrador (NL) has faced challenges in the recruitment and retention of social workers in the small isolated community of Natuashish. In an effort to stabilize staffing requirements in the community, the Department of Child, Youth and Family Services (CYFS) implemented the Community of Natuashish Service Enhancement Program (CONSEP) approach. This program is a fly-in, fly-out arrangement which includes two teams, each comprised of a Clinical Program Supervisor and two Social Workers who fly into the community on a two-week rotational basis to provide child protection services.

The work arrangements allow for extended hours of employment whereby four weeks of paid work is compressed into two weeks. These extra hours have allowed staff to be more engaged in community activities on evenings and weekends and, as a result, they are more available and visible in the community. The program, which has been in effect since December 2013, allows employees to sign up for the program in 6 month increments.

While the Mushuau Innu First Nation (MIFN) did not play a role in the establishment of the CONSEP model, CYFS did partner with MIFN to develop private accommodations for staff and, most recently, acquire additional office space in response to this program. MIFN has indicated that the CONSEP program is working well as there is an increased and consistent presence of frontline social workers providing more interaction with families in the community.

While no formal evaluations have been conducted on the program to date, the ability to recruit and retain Clinical Program Supervisors and Social Workers in the community has improved. NL is currently in the third 6-month cycle and all but one Social Worker has returned for an additional 6-month cycle at least once. Additionally, while NL was only able to recruit a single Social Worker to the community prior to the launch of CONSEP, there is now a staff complement of three social workers in the community as well as a clinical program supervisor at all times.

Finally, case load ratios, a ratio of the number of case files assigned to a social worker has dropped by approximately 43% since the implementation of the initiative. An increased and consistent presence of social workers in the community has facilitated improved service delivery by ensuring that each social worker can devote additional time to their clients.

Family Support Worker Transfer Agreements with First Nations

Yukon Health and Social Services (HSS) has entered into transfer agreements with Yukon First Nations that provide funding to the First Nations for Family Support Workers. This assists the First Nation to carry out requirements related to collaboration, joint planning and decision making required in the *Child and Family Services Act*.

The objectives of the Family Support Worker transfer agreements are to:

- Work collaboratively in the delivery of child welfare services to First Nations citizens;
- Assist and support families involved in child protection investigations;
- Liaise between families and HSS social workers to facilitate case planning;
- Assist in identifying extended family or other placement resources or other supports;
- Assist to ensure understanding of expectations and processes related to planning and decision-making and in the development and implementation of culturally appropriate plans for children in care;
- Assist and support families to access support programs and services related to case planning;
- Inform HSS policies and programming from a cultural and community perspective; Coordinate and facilitate community awareness forums to provide info on child welfare services in conjunction with HSS staff; and
- Ensure children, youth and families understand their individual rights and responsibilities.

Each agreement is collaboratively agreed to by the First Nation and Yukon HSS.

There has been an increase in the number of calls and numbers of families at risk documented by Yukon Family and Children's Services. Yukon HSS believes that this is a result of trust and confidence between First Nations and government partners.

Good working relationships with the First Nations Family Support Workers have strengthened HSS involvement and increased the number of extended family placements for children. It has decreased the number of Aboriginal children in care and the involvement of court activity in families' lives. It has also provided needed support to families (before child welfare involvement) in assisting and encouraging families to seek assistance and support when issues begin rather than waiting until there are protection concerns that require children move out of a home.

6.0 Conclusion

A collective goal shared by all PTs is to support healthy, empowered families. This report has been developed for Canada's Premiers to engage governments and Aboriginal partners across Canada to address the overrepresentation of Aboriginal children in child welfare systems.

The programs profiled in this report are promising or have been shown effective in reducing the numbers of Aboriginal children in care, in improving the outcomes of Aboriginal children in care, or in addressing socio-economic factors that place Aboriginal children at a higher risk of entering into care. The programs are diverse, set in varied child welfare systems and meet the needs of a wide range of Aboriginal communities with different community strengths and challenges. As appropriate, PTs may wish to study the programs and initiatives profiled in this report to find new and innovative ways to improve their child welfare systems and to address their unique child welfare challenges.

In developing this report, several key themes emerged. For example, PTs faced challenges in finding supporting evidence for programs and services, highlighting the need for more Aboriginal-specific outcome information. Outcome data specific to Aboriginal children and families is essential to determining the efficacy and quality of supports.

Research and on-the-ground practice has shown that culturally-appropriate, prevention-based services that have Aboriginal community involvement in program development, governance, and/or delivery are effective at diverting children and families from coming into contact with child welfare systems. In addition, a skilled workforce that understands the communities and cultures in which Aboriginal people live, and is knowledgeable of the issues facing Aboriginal populations, was shown to be important for providing families with effective programming.

Programming designed to enhance the social determinants of health and well-being for Aboriginal peoples is key to improving outcomes for children and families. By working to combat the detrimental impacts linked to poverty, family capacity can be strengthened, which in turn can lessen the likelihood of neglect and the number of children coming into care.

Meaningful engagement with First Nations, Métis and Inuit partners is essential to creating holistic supports that meet the needs of Aboriginal families. The involvement of Aboriginal partners is critical to designing outcome measures that are culturally relevant and effective for program assessment, and is necessary to support agencies and staff to better serve Aboriginal children and families. Many of the programs included in this report provide important examples of co-development between PT governments and Aboriginal communities leading to successful outcomes.

Finally, as PTs and Aboriginal partners focus on reducing Aboriginal children in care and improving outcomes for Aboriginal children – either separately or in collaboration with each other – the need for meaningful federal engagement remains a critical necessity for positive change.

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Appendix A: Aboriginal Children in Care Working Group Members

Premier Appointed Ministers

Name	Ministry	PT
Hon. Robert McLeod Co-chair	Premier, Minister of Aboriginal Affairs and Intergovernmental Relations Minister Responsible for Women	Northwest Territories
Hon. Kerri Irvin-Ross Co-chair	Minister of Family Services, Deputy Premier	Manitoba
Hon. Stephanie Cadieux	Minister of Children and Family Development	British Columbia
Hon. Irfan Sabir	Minister of Human Services	Alberta
Hon. Donna Harpauer	Minister of Social Services	Saskatchewan
Hon. Eric Robinson	Minister of Aboriginal Affairs	Manitoba
Hon. Tracy MacCharles	Minister of Children and Youth Services, Minister Responsible for Women's Issues	Ontario
Hon. Lucie Charlebois	Minister of Rehabilitation, Youth Protection & Public Health	Québec
Hon. Geoffrey Kelley	Minister of Aboriginal Affairs	Québec
Hon. Ed Doherty	Minister of Aboriginal Affairs	New Brunswick
Hon. Joanne Bernard	Minister of Community Services	Nova Scotia
Hon. Valerie E. Docherty Hon. Doug Currie	Minister of Community Services and Seniors Minister of Human and Family Services	Prince Edward Island
Hon. Sandy Collins	Minister of Child, Youth & Family Services	Newfoundland and Labrador
Hon. Jeannie Ugyuk	Minister of Family Services	Nunavut
Hon. Glen Abernethy	Minister of Health and Social Services	Northwest Territories
Hon. Doug Graham Hon. Mike Nixon	Minister of Health and Social Services	Yukon

Appendix B: Aboriginal People in Canada - Statistical Overview

Children in Care

- A child aging out of foster care today [April 2014] will earn about $326,000 less income over his or her lifespan, compared with the average Canadian. Estimating that approximately 2,291 children age out of foster care every year, the total economic gap between this cohort and the average Canadian cohort of a similar size is $747 million. For example, over a 10-year period, this represents a different of about $7.5 billion as each year a new cohort of children ages out of care. (Conference Board of Canada)

- On a per person basis, each former foster child over his or her lifetime will cost all levels of Canadian government an estimate of more than $126,000 in the form of higher social assistance payments and lower tax revenues. (Conference Board of Canada)

- Investing in the education and mental health of a single cohort of 2,291 youth aging out of care shows that government can save $65.5 million in social assistance payments, and raise an additional $169 and $55 million in income and consumption taxes, respectively, over the course of this cohort's lifespan. In aggregate, the overall total improvement to Canada's government finances is $289 million (in 2013 $ millions). (Conference Board of Canada)

- First Nations children are 12.4 times more likely to be placed via court order than other children. (Kiskisik Awasisak: Remember the children)

- The First Nations Canadian Incidence Study of Reported Child Abuse and Neglect (FNCIS-2008) found that First Nations children were eight times as likely to have a substantiated investigation of maltreatment, with an overall incidence rate of 59.8 per 1,000 in comparison to 11.8 per 1,000 for non-Aboriginal children. (NCCAH)

- FNCIS-2008 results found that 30.6 out of 1,000 First Nations children in child welfare systems were investigated due to neglect compared to 3.7 out of 1,000 non-Aboriginal children. Primary forms of neglect among First Nations children resulting in substantiated neglect investigations included: physical harm (45% or 13.7 out of every 1,000 First Nations children), physical neglect (35% nor 10.6 out of every 1,000 First Nations children) and educational neglect (7% or 2.1% out of every 1,000 First Nations children). Among non-Aboriginals, forms of neglect resulting in substantiated neglect investigations included: physical harm (43% or 1.6 out of every 1,000 non-Aboriginal children), physical neglect (34% or 1.3 out of every 1,000 non-Aboriginal children), and abandonment (7% or 0.3% out of every 1,000 non-Aboriginal children). (NCCAH)

- FNCIS-2008 results found that 0.6 out of every 1,000 First Nations children were investigated due to neglect because of sexual abuse (2% of all substantiated neglect investigations) compared to 0.1 of every 1,000 non-Aboriginal children (3% of all substantiated neglect investigations). (NCCAH)

- Most cases of substantiated abuse involved neglect (37% versus 24%) as opposed to physical abuse, which was commonly substantiated for non-Aboriginal investigations (5% of First Nations investigations compared to 17% of non-Aboriginal investigations). (NCCAH)

- For every 1,000 First Nations children there were 13.6 formal out-of-home children welfare placements compared to only 1.1 per 1,000 for non-Aboriginal children place out-of-home. (FNCIS-2008) (NCCAH)

- The most common type of out-of-home care for First Nations children is informal kinship care (42.0% or 10.3 investigations for every 1,000 First Nations children compared with 44.0% or 0.9 investigations for every 1,000 non-Aboriginal children) followed by family foster care at 37% or 8.9 investigations for every 1,000 First Nations children, compared with 37% or 0.8 investigations per 1,000 non-Aboriginal children. (FNCIS-2008) (NCCAH)

Sources: Bounajm, F., Beckman, K., Thériault, L., *Success for All: Investing in the Future of Canadian Children in Care.* The Conference Board of Canada. April 2014.

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http://cwrp.ca/publications/2280

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http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=11

Early Child Development and Child Care

- Less than a third of children living in First Nations communities receive child care (defined as care from someone other than a parent or guardian). Of those who do, only 39 per cent receive child care in a formal setting, such as a daycare centre or a private home daycare, and 78 per cent do not have access to licensed regulated child care services.

- Inuit Regions have not received First Nations and Inuit Child Care Initiative (FNICCI) funding for infrastructure maintenance or construction since 1998. The Kativik Regional Government in Nunavik has determined that the cost of building a new childcare centre in their Region is $5-6 million – four times the cost of building a new childcare centre in the south. (ITK Report)

Sources: First Nations Information Governance Centre (FNIGC). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNGIC. 2012. http://www.fnigc.ca/sites/default/files/First%20Nations%20Regional%20Health%20Survey%20%28RHS%29%202008-10%20-%20National%20Report.pdf

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Employment and Earnings

- In 2014, the employment rate for Aboriginal peoples was: 57.0% (61.5% for non-Aboriginal Canadians).

  - The employment rate among all Aboriginal males 15 years and older was 59.7% (65.5% for non-Aboriginal Canadians).

  - The employment rate among all Aboriginal females 15 years and older was 54.6% (57.7% for non-Aboriginal Canadians).

- In 2014, average weekly earnings of Aboriginal peoples were: $831.56 ($899.40 for non-Aboriginal Canadians)

- The gap in earnings between Aboriginal males and females 15 years and older was $275.68 (the gap was $251.52 among non-Aboriginals).

- The gap in earnings between Aboriginal males and females has been increasing over time.

Source: Manitoba Bureau of Statistics, *Labour Force Survey, annual*, custom tabulation.

- The median total income of persons of Aboriginal identity in 2010 was $20,701, compared to $30,195 among non-Aboriginals.

- Persons of Aboriginal identity received a higher percentage of income from government transfers and child benefits in 2010 than non-Aboriginals in 2010.

Source: Statistics Canada, 2011 National Household Survey, *Selected Demographic, Income and Sociocultural Characteristics, Income Statistics in 2010 and Income Sources for the Population Aged 15 Years and Over in Private Households of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, 2011 National Household Survey*. Ottawa, ON: Government of Canada, 2011.

Income

- In 2012, according to the Market Basket Measure (MBM), 154,000 Aboriginal persons lived in low income (compared to 4.4 million Canadians). Using the after-tax Low Income Cut-Offs, 108,000 Aboriginal persons lived in low-income (compared to 3.5 million Canadians).

- In 2012, 23.4% of Aboriginal peoples lived in low income according to the MBM or 16.5% using the LICO AT. By comparison, 12.9% of all Canadians lived in low income according to the Market Basket Measure or 9.9% using the LICO AT.

- Using the MBM, the average depth of low-income for Aboriginal peoples was 37.9% in 2012 (or 40.75% using the LICO AT). For all Canadians, the average depth of low income using the MBM was 34.5% (or 36.26% using the LICO AT).

- In 2011, the poverty rate for indigenous children was 40% which is twice the overall rate for children in Canada (CEDAW Report)

- An estimated 36.2% of women living on-reserve have a personal income of $15,000 or less, with an overall 10% of women having no income at all, and 42% reporting they struggle to meet 'food' as a basic need. Regional Health Survey (2008-2010)

- The employment rate is significantly lower across Inuit Nunangat than in the rest of Canada, and that Inuit earn less than the Canadian average in terms of median income. However, in three out of six Regions in 2010 (Nunavik, Qikiqtaaluk, and Kivalliq) median Inuit household income was higher than median household income in the rest of Canada. This is due in part to a higher number of Inuit households having more than 1-2 income earners. It is important to emphasize that the average Inuit household is larger than the size of the average non-Aboriginal household, and household earnings in Inuit homes often need to support more people than in a non-Aboriginal home. (ITK Report)

Sources: Statistics Canada, *Canadian Income Survey 2012*, custom tabulation.

First Nations Information Governance Centre (FNIGC). *First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities*. Ottawa: FNGIC. 2012.

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Education

- 35% of Aboriginal women aged 26 years and older have not graduated from high school. (NHS)
- Only 9% of Aboriginal women aged 25 years and older have a University degree compared with 20% of non-Aboriginal women. (NHS)
- In 2012, 72% of First Nations people living off-reserve, 42% of Inuit and 77% of Métis aged 18 to 44 had a high school diploma or equivalent ("completers"). The 2011 National Household Survey data showed that the figure for the non-Aboriginal population was 89%.
- According to the Aboriginal Peoples Survey 2012, while the majority of [high school] leavers dropped out once, 39% of off-reserve First Nations leavers, 34% of Inuit leavers and 32% of Métis leavers dropped out multiple times. Men commonly dropped out due to a desire to work, money problems, school problems, and lack of interest. "Pregnancy/childcare responsibilities" was reported by one-quarter of off-reserve First Nations and Métis women and 38% of Inuit women who did not complete high school.

Sources: Statistics Canada, 2011 National Household Survey

Bougie, E., Kelly-Scott, K., Arriagada, P. *The Education and Employment Experiences of First Nations People Living Off Reserve, Inuit, and Métis*: Selected findings from the 2012 Aboriginal Peoples Survey. Catalogue no. 89-653-X — No. 001 November 2013.
http://www.statcan.gc.ca/pub/89-653-x/89-653-x2013001-eng.pdf

Health

- **Tuberculosis** - For on-reserve First Nations, the committee heard that tuberculosis rates on-reserve were 31 times higher than non-Aboriginal Canadians and infant mortality rates were 1.5 times higher than the national average. The committee heard from witnesses that the tuberculosis rates among the Inuit were 127 times higher than the non-Aboriginal Canadian rates and life expectancy among the Inuit remained 12 years below the Canadian average.
- **Health of Aboriginal women** – The life expectancy of Aboriginal women was three years lower than that of non-Aboriginal women; their suicide rates were three times higher than the national average and they were three times more likely to contract HIV/AIDS than non-Aboriginal women.

The Standing Senate Committee on Social Affairs, Science and Technology, *"Proceedings from the Standing Senate Committee on Social Affairs, Science and Technology,"* Issue 7, Evidence, 17 November, 2011, 1st Session of the 41st Parliament, http://www.parl.gc.ca/Content/SEN/Committee/411/soci/07mn-49183-e.htm?Language=E&Parl=41&Ses=1&comm_id=47.

Food Bank Use and Food Insecurity

- In March 2014, 841,191 people received food from a food bank in Canada. 37% of those helped by food banks in Canada were children.

- One in seven individuals receiving food from a food bank self-identified as First Nations, Métis or Inuit (up from 11% in 2012 to 14% in 2014).

- Rural food bank users were more likely to self-identify as First Nations, Métis or Inuit (26% as compared to 14% overall)

- In 2012, nearly 4 million Canadians lived in food insecure households, of which approximately 800,000 lived in households that were severely food insecure. 70% of Canadian households that receive social assistance are food insecure, and 30% of these are severely food insecure.

- In 2012, 28.2% of Aboriginal households reported being food insecure. This is more than double the national average (12.6%).

- In 2012, an estimated 41,300 Aboriginal households (or 8.3%) reported being severely food insecure, compared to 2.6% of all Canadian households.

- Households in Yukon, the Northwest Territories and Nunavut experience extremely high levels of food insecurity, ranging from 17% of households in Yukon, to 45% of households in Nunavut.

- Seven in ten Inuit preschoolers live in food insecure households.

Sources: Tarasuk, V, Mitchell, A Dachner, N. *Household food insecurity in Canada 2011. Research to identify policy options to reduce food insecurity* (PROOF). http://nutritionalsciences.lamp.utoronto.ca/resources/proof-annual-reports/annual-report-2012/

Food Banks Canada, *HungerCount 2014*.
http://www.foodbankscanada.ca/FoodBanks/MediaLibrary/HungerCount/HungerCount2013.pdf

Housing

- In 2011, an estimated 96,000 off-reserve Aboriginal households[22] experienced core housing need (19.0%) compared to 1.4 million non-Aboriginal households (12.2%).

- Core housing need among Aboriginal lone-parent households was 40.4% compared to 25.2% for non-Aboriginal lone-parent households in 2011.

- In 2011, 34.7% of off-reserve Aboriginal renter households lived in core housing need, compared to 25.9% of non-Aboriginal renter households. Additionally, 26.6% of on-reserve Aboriginal renter households lived below core adequacy and/or suitability housing standards.

[22] An Aboriginal household is defined by the Canadian Mortgage and Housing Corporation as one of the following:
a) A non-family household in which at least 50% of household members self-identified as Aboriginal; or
b) A family household that meets at least one of two criteria:
-At least one spouse, common-law partner, or lone parent self-identified as an Aboriginal; or
-At least 50% of household members self-identified as Aboriginal.
A person self-identifies as being Aboriginal. Aboriginal identities include North American Indians (both status and non-status), Métis and Inuit.

- Core housing need for off-reserve Aboriginal households varied in 2011 by Aboriginal household identity; Inuit households had the highest incidence (33.6%), followed by Status Indian households (23.4%), Non-status Indian households (18.6%) and Métis households (15.3%).

- In 2011, among all Aboriginal households living on-reserve (note there is limited homeownership on-reserve), 20.9% lived below only the adequacy standard, 5.9% lived below only the suitability standard, and 6.7% lived below both standards[23]. These households also had insufficient income to access acceptable housing in their local market.

- By comparison, among all Canadian households (not including on-reserve households), 5.2% lived below only the adequacy standard, 4.4% lived below only the suitability standard, and 0.7% lived below both standards in 2011. These households also had insufficient income to access acceptable housing in their local market.

- Among all off-reserve Aboriginal households, 15.1% lived below only the affordability standard, 5.2% lived below only the adequacy standard, and 3.9% lived below only the suitability standard.

- In 2011, 33.4% of Aboriginal on-reserve households lived below one or both of the adequacy and suitability standards and had incomes that were insufficient to meet the costs of acceptable housing.

- In 2011, and estimated 40.0% of Aboriginal on-reserve households living in band housing lived below one or both of the adequacy and suitability standards.

- 44% of women and girls living on reserves live in homes that need repair and 31% of Inuit women/girls live in crowded houses compared with 3% of non-Aboriginal females. (CEDAW/C/OP.8/CAN/1 Report)

Source: Canadian Mortgage and Housing Corporation, *Canadian Housing Observer 2014*. http://www.cmhc-schl.gc.ca/en/

Water

- As of **January 31, 2015**, there were **136 Drinking Water Advisories** in effect in **93 First Nation communities** across Canada, excluding British Columbia. (Health Canada)

- First Nation communities receive their water through a variety of methods, with national figures showing 72 per cent of all homes being piped, 13.5 per cent on truck delivery, 13 per cent serviced by individual wells and 1.5 per cent having no water service. A similar national breakdown can be found for wastewater systems with 54 per cent of homes being piped, 8 per cent having their sewage hauled by truck, 36 per cent having septic and other individual wastewater systems and 2 per cent of the homes having no service. (AANDC)

- 1,880 homes are without in-house drinking water service, and 1,777 homes are without wastewater service (these are primarily located in Northern Manitoba and Ontario). (AANDC)

Sources: Health Canada. Drinking Water Advisories in First Nations Communities.
http://www.hc-sc.gc.ca/fniah-spnia/promotion/public-publique/water-dwa-eau-aqep-eng.php

[23] Information on shelter costs for on-reserve housing is not collected by the National Household Survey; however, adequacy and suitability of housing on-reserve can be examined. Using household incomes (collected on-reserve); the percentage of households living in housing below standard(s) and unable to meet the cost of acceptable housing can also be derived.

Aboriginal Affairs and Northern Development Canada. *Fact Sheet - The Results of the National Assessment of First Nations Water and Wastewater Systems (2009-2011).* 2011.
http://www.aadnc-aandc.gc.ca/eng/1313762701121/1313762778061

Violence Against Women

- Aboriginal women report rates of violence including domestic violence and sexual assault 3.5 times higher than non-Aboriginal women. (CEDAW Report)

- Young Aboriginal women are five times more likely than other Canadian women of the same age to die of violence. (CEDAW Report)

- More than 70 per cent of the 53 Inuit communities across the Canadian Arctic do not have a safe shelter for women, and often the homes of family and friends are overcrowded. (Pauktuutit Report)

- According to Police-Reported Victims of Violent Crime Data from 2011, the rate of violent crime against women in Nunavut (15,453 per 100,000 females) was nearly 13 times higher than the rate for Canada. (Pauktuutit Report)

Source: United Nations. *Committee on the Elimination of Discrimination against Women Report of the inquiry concerning Canada of the Committee of the Elimination of Discrimination against Women under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*. CEDAW/C/OP. 8/CAN/1. March 6, 2015. (Advance Unedited Version) http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CAN/CEDAW_C_OP-8_CAN_1_7643_E.pdf

Pauktuutit Inuit Women of Canada. *Inuit Vulnerabilities to Human Trafficking*. August 2013.

Justice

- While Aboriginal people account for just four per cent of the Canadian population, one in three females in the federal correctional system is Aboriginal (43%). In addition, over the last 10 years, the representation of Aboriginal women in the prison system has increased by nearly 90 per cent, making them the fastest-growing offender group (compared with 27% for men over the same period).

Source: Assembly of First Nations, *Submission in support of the 4th National Aboriginal Women's Summit –Promoting Empowerment, Equity and Leadership*. October 2014.

Demographics

- In 2011, there were 88,465 Aboriginal female lone parent households in Canada (80% of all Aboriginal lone parent households and 8% of all Aboriginal households in Canada). By comparison, there were 1,098,055 non-Aboriginal female lone parent households (79.1% of all Canadian lone parent households and 4.4% of all Canadian households).

- In 2011, in Canada, 34.4% of Aboriginal children aged 14 and under lived in a lone parent family (28.4% lived in female lone parent families and 6.0% lived in male lone parent families). By comparison, 17.4% of non-Aboriginal Canadian children lived in a lone parent family (14.4% female lone parent families and 2.9% male lone parent families).

- In 2011, there were 18,515 foster children with Aboriginal identity (9,890 males and 8,625 females) living in private households in Canada, representing 8% of the total number of persons not in census families[24]. By

[24] Persons not in census families may live with relatives (without forming a census family with them), or they may live with non-relatives only or they may live alone.

comparison, there were 28,865 non-Aboriginal foster children (15,660 males and 13, 205 females) living in private households in Canada, representing 0.5% of the total number of persons not in census families).

- In 2011, in Canada, 3.6% of all Aboriginal children aged 14 and under were foster children, compared to 0.3% of non-Aboriginal Canadians. Among families by Aboriginal identity, 4.5% were First Nation foster children, 1.7% were Métis foster children, and 2.8% were Inuit foster children.

- In 2011, 26 per cent of Inuit children in Inuit Nunangat lived in households headed by single parents. (NHS). (ITK Report)

- According to Statistics Canada, in 2011, the median age of the Inuit population was 23 years, compared to the 41 years for non-Aboriginal people, 26 years for the First Nations population and 31 for the Métis population. (NHS)

- Aboriginal people form a significant proportion of the general population in the territories. For example, 86.3% of Nunavut's population identifies as Aboriginal, as does 51.9% of the population in the NWT and 23.1% in Yukon. (NHS)

Sources: Statistics Canada. *NHS Aboriginal Population Profile, Canada, 2011*. 2011 National Household Survey.
http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/aprof/index.cfm?Lang=E

Statistics Canada. *Census Family Status (12), Aboriginal Identity (8), Registered or Treaty Indian Status (3), Area of Residence: On Reserve (3), Age Groups (8A) and Sex (3) for the Population in Private Households of Canada, Provinces and Territories,* 2011.
http://www12.statcan.gc.ca/nhs-enm/2011/rt-td/index-eng.cfm

Inuit Tapiriit Kanatami. *Assessing the Impact of the First Nations and Inuit Child Care Initiative (FNICCI) across Inuit Nunangat*. August 2014.

Statistics Canada. *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit. Catalogue no. 99-011-X2011001*. Ottawa, (ON): Government of Canada. 2013.

Appendix C: Details of Exceptional Funding Arrangements

Under certain circumstances, PTs also play a role in the provision of services on-reserve. Some PTs deliver child welfare services on-reserve by delegation to an Aboriginal service agency in situations where the community is not served by a First Nation Child and Family Service (FNCFS) agency or to supplement existing FNCFS programs. British Columbia and Alberta have funding agreements with the federal government involving delegated Aboriginal service agencies. In fact, the Delegated First Nation Agencies (DFNAs) operating in 39 of 48 First Nations in Alberta, are funded directly by the federal government, unlike DAAs in British Columbia, which are cost-shared between the federal and provincial governments.

In Ontario, child welfare services on reserve are cost-shared between the province and the federal government through the *1965 Memorandum of Agreement Respecting Welfare Programs for Indians.* Under the agreement, Ontario extends its welfare programs (including child welfare) to reserves and the federal government reimburses the province for approximately 93% of the eligible expenditures.

Québec assumes responsibility for the financing of health and social services offered in the Aboriginal communities covered by the James Bay and Northern Québec Agreement as well as the Northeastern Québec Agreement signed respectively with the Cree, Inuit, and Naskapi Nations. Pursuant to the Youth Protection Act (YPA), the Government of Québec assumes responsibility for the protection of all children in Québec, including Aboriginal children. The Québec Ministry of Health and Social Services and its network are responsible for applying the provisions of the YPA in Aboriginal communities. The financing of protection services is guaranteed by the federal government for Aboriginals living in communities not covered by agreements, and by the Government of Québec for Aboriginals living in communities covered by agreements.

Alberta has a delivery model similar to the BC model. Child intervention services are delivered on the Reserves of 39 of the 48 First Nations in Alberta, by Delegated First Nation Agencies (DFNAs) pursuant to delegations of authority from the statutory Director to the DFNA and formal service delivery agreements with the DFNA or the DFNA and Canada. However, in Alberta, the DFNAs are funded directly by the federal government, not the province.

Appendix D: Criteria for Consideration of Promising Practices

PTs agreed that while the data collection templates may need to vary slightly across the three groups given their different areas of focus, the identification of programs/strategies and initiatives to be profiled in the July 2015 report will be based on the following common principles and criteria for inclusion.

Each initiative, program, policy or tool profiled in the report will align with at least one of the three priority areas of focus as outlined above and must:

- Be considered a best practice or promising approach to reducing the number of Aboriginal children in care or improving the care provided to Aboriginal children and families in the child welfare systems, or ameliorate the social and economic challenges that are disproportionately faced by Aboriginal families and communities and are the root causes of abuse and neglect.
- Be targeted to support Aboriginal children, families and/or communities
- Be operational or have been implemented or tested (not just announced in concept). If the initiative is a new program/policy that builds on a previous program that had demonstrated success, the project description will include an explanation of the linkage.
- Be an initiative that is unique to a PT or NAO (rather than a cross-jurisdictional program that is routine or ongoing), or one that has the potential to be transferrable to other PT or NAOs.
- Be proven effective in achieving the goals of reducing the number of Aboriginal children in care or improving the services and supports provided to Aboriginal children in care, or ameliorating the social and economic challenges that are disproportionately faced by Aboriginal families and communities and are the root causes of abuse and neglect.[25]

[25] There must be evidence of positive impacts (evaluation results, administrative data, etc.) to demonstrate some measure of positive results. If no measure of positive results is available, the initiative will not be included in the inventory. Success measures must be more than anecdotal.

CANADA'S
PREMIERS

Council of the Federation Secretariat
Suite 630, 360 Albert Street, Ottawa, Ontario K1R 7X7
www.canadaspremiers.ca

First Nation Children and Families:

Action Plan for Success

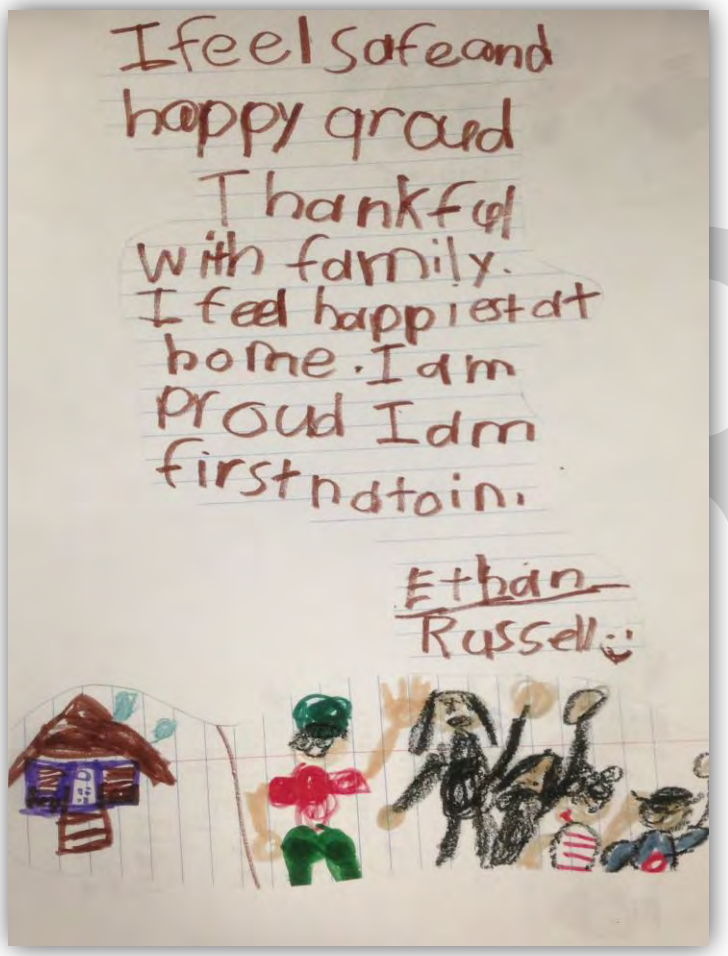
Children and Family Engagement Process

2014-2024

“Bringing Our Children Home”

Submitted by: Child & Family Services Tri-Lateral Working Group

Gifts from the Creator, hope for the future…



Culturally infused holistic upbringings, that include Physical, Emotional, Social and Spirituality, are key to nurturing our children in the most respective and honorable fashion. Our old teachings remind us to treat children with respect and honor as they are most connected to the spiritual world. Children are gifts from the creator and by ensuring that our language and spiritual practices are instilled in their upbringing we guarantee a sense of identity in future generations.

Prior to colonization our children were raised with love and support through a community effort; grandparents helping parents, cousins and siblings providing guidance, friends and adopted relatives offering support. This is a way of life for First Nations and creates a safe and sustainable environment for children to carry on their cultural ways without prejudice.

A strong holistic upbringing helps children develop respectful behaviors and respect for all living things. Through rites of passages and ceremonies; milestones are validated, growth and achievements are recognized, and cultural beliefs become a part of maturity. Prayer and spirituality connects children with the Creator, and this is the foundation for strong, proud First Nation children.

The diagram and definition is the interpretation received from a 7 year old First Nation Child asked: “What makes you feel happy and safe?”

“I feel safe and happy, proud, thankful with family. I feel happiest at home. I am proud I am First Nation” – Akohkitopi (Ethan Russell)

Child and Family Services (CFS) Engagement Process

PREAMBLE

The over representation of First Nations children in care in Alberta are complex and multi-layered. There is a continued need to carefully identify and address the root causes in order to reduce the overrepresentation of First Nations children in care, to help bring First Nations children home to their families and connect them to their culture and community, and to encourage a sense of identity and well-being. Many factors contribute to the over-representation of First Nation children in care. These include, but are not limited to, some of the following:

- A majority of First Nations child intervention caseloads are due to 'neglect'. This 'neglect' is often a result of poor socioeconomic conditions including poor housing and poverty.
- Historical injustices, such as the residential school era and the subsequent intergenerational effects on family wellness and cultural continuity.
- Policy directions which neglect to take into consideration the cultural realities of First Nations and their family compositions.
- Jurisdictional issues that prevent a holistic and streamlined service delivery approach with First Nations children and families.

The above factors affect the health and well-being of First Nations children and families in Alberta, and contribute to the removal of children from their communities. This can lead to a subsequent lack of contact with family and community, which are essential for a child's sense of identity and health. This environment requires a comprehensive and strategic approach when looking for solutions.

MANDATE

In March 2010, the Assembly of Treaty Chiefs (AoTC) passed a resolution giving the Grand Chiefs the mandate to "establish a specific process and/or sub-agreement on Child and Family Services with the Minister of Alberta Children and Youth Services" under the Protocol Agreement for Government to Government Relations (2008) with the Government of Alberta. The Government of Canada accepted an invitation to join the process in July, 2011.

First Nations, Canada, and Alberta governments are committed to develop a process which requires significant, culturally based, equitable and meaningful involvement of First Nations for success. Partners in this process include the Confederacy of Treaty Six First Nations, Treaty 7 Management Corporation, Treaty 8 First Nations of Alberta, the Government of Canada and the Government of Alberta. The above partners have agreed and committed to the Child and Family Services (CFS) Engagement Process.

VISION

"All First Nation children, youth and families live in safe, supportive, healthy, nurturing environments based on a holistic approach to their physical, spiritual, emotional and psychological health and wellbeing by all involved."

GOVERNANCE

1. Elected Officials – Grand Chiefs of Treaty No. 6, Treaty No. 7 and Treaty No.8, Minister of Aboriginal Affairs and Northern Development Canada (AANDC), Minister of Alberta Human Services, and Minister of Alberta Aboriginal Relations.

2. Senior Officials Steering Committee (SOSC) – the Executive Director of Treaty No. 6 , Chief Executive Officer of Treaty No.7 and Chief Operating Officer of Treaty No. 8 organizations, Regional Director General of AANDC, Regional Executive Officer of Health Canada, Assistant Deputy Ministers from Alberta Human Services and Alberta Aboriginal Relations.

3. Tri-Lateral Working Group (TWG) – Child and Family Service Coordinators and Intergovernmental officials from the Treaty No. 6, Treaty No. 7 and Treaty No. 8 organizations, officials from AANDC regional office, official from Health Canada, and officials from Alberta Human Services and Alberta Aboriginal Relations.

It is important to note that Elders from Treaty No. 6, Treaty No. 7 and Treaty No. 8 bring a wealth of experience and wisdom in all aspects of First Nations child and family services, particularly on the impacts of residential schools, in addition to providing a First Nations' perspective on the overrepresentation of First Nation children in care. Elders have provided ongoing guidance throughout the Child and Family Engagement Process.

OBJECTIVES

The primary focus of the Child and Family Services Engagement Process is to address the high number of First Nations children in care and inform the development of this Action Plan for Success.

The TWG was mandated to engage with First Nation communities, agencies and other relevant stakeholders, such as the Office of the Child & Youth Advocate, in order to identify issues and barriers in the realm of First Nations child and family services. Once the issues were identified by stakeholders, they were organized into the following themes: *Legislation and Regulation; Program and Service Delivery; Capacity and Resourcing; and, Communication, Collaboration and Information Sharing*. The need for culturally appropriate training, standards and practices permeates all four themes.

"We recognize the need for early intervention and prevention services before a crisis occurs..."

"We recognize in particular the right of First Nation families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children..."

Legislation and Regulation

- Develop options for an engagement structure that ensures early and meaningful First Nations' involvement.
- Initiate a comparative analysis of federal and provincial legislation and policies related to reducing the number of First Nation children in care.
- Explore options that enable First Nations to assert jurisdiction and control over CFS.

Program and Service Delivery

- Identify leading practices for working with First Nation children, youth and families.
- Develop a strategy to register all eligible First Nations children in care for Indian status.
- Increase access to services for First Nation children and/or families with disabilities.
- Support a clear, long term plan that integrates the First Nation Designate into the Child Intervention system.
- Initiate a gap analysis for programs and services related to reducing the number of First Nation children in care.
- Explore options for off reserve provision of CFS by First Nations.

Communication, Collaboration and Information Sharing

- Link CFS Engagement to emerging initiatives.
- Establish a process that automatically notifies Designates and/or representatives of Chief and Council when a child is placed in care.
- Foster strategic partnerships that can improve outcomes for First Nations children, youth and families.
- Establish appropriate data sharing protocols and practices.

Capacity / Resourcing

- Provide advice to Human Services on cultural competency training and collaborate on post-secondary curriculum and professional development training for individuals who practice within the realm of child and family services.
- Complete a comparative analysis on funding methodologies and mechanisms.
- Secure long-term funding for First Nation designates.
- Explore possibility of establishing an Aboriginal Foster Parents Association in Alberta and a centre of expertise to develop promising practices and training to support CFS.

"We believe in the importance of preserving, supporting and revitalizing the culture and identity of First Nation peoples..."

"We believe transparent decision making and engagement processes with all CFS stakeholders are necessary to improve outcomes..."

Ten Year Strategy for Change

The following outcomes and actions have been identified as the major initial tasks to realize the Action Plan for Success and have been embodied as the Ten Year Strategy for Change. The Ten Year Strategy for Change is meant to be understood as a living document and is likely to change in the same way that people and the environment change. The following themes are all very important and are not listed in any order of priority. Every year priority actions will be determined from this list and previous year priority actions will be evaluated so as to continually guide this strategy as a living endeavor subject to change. The TWG will develop an evaluation process that will determine if the strategy is on the right path and determine future work that needs to be done.

Legislation and Regulations

Outcomes:

- First Nations have a strong government-to-government true partnership that is honoured and respected
- A First Nations led service delivery stream will provide holistic and culturally appropriate services to First Nation children and families
- First Nations are respectfully engaged and have meaningful involvement in all legislative and regulatory matters
- Understanding of the gaps that exist in Federal and Provincial legislation and policies

Actions:

- Develop options for an engagement structure that ensures early and meaningful First Nations' involvement in all legislation, regulation, and policy review and development to reduce the number of children in care.
- Develop a plan to complete a comparative (gap) analysis of Federal and Provincial legislation and policies related to reducing the number of children in care in the following ways:
    - Identify jurisdictional barriers impacting better outcomes for First Nation children and families
    - Identify where existing policies and legislation can be improved to better meet needs
    - Influence policies relating to socioeconomic supports required by on-reserve First Nations children and families; for example, enable families to meet foster home standards
    - Examination of standards and policies of short and long term placement options (ie. Group homes)
- Look at having the role of First Nation Designates defined more clearly in legislation
- Explore options that enable First Nations to assert jurisdiction and control over Child and Family Services utilizing existing processes and learnings

Programs and Service Delivery

Outcomes:

- Children will retain their identities and be connected to their families, culture, nations, and communities
- Improved access to services for First Nations children with disabilities and their families
- Transitional supports for children who are aging out of the system
- First Nation children and youth are placed with extended families rather than entering the child intervention system
- First Nations are always notified when First Nation children enter the child intervention system
- Registration of Indian status for all eligible children will be completed before the child's first birthday
- First Nation children and families will have access to comparable programs and services both on and off reserve
- More effective relationships between Designates and Service Providers (e.g. case workers, foster parents, courts, children's advocates, etc.)
- Children and families will be reunified (i.e. This includes extended family)

Actions:

- Identify leading practices that are solution focused and strengths based when working with First Nations' children, youth and families
- Develop a strategy to register, for Indian status, all eligible First Nations children in care
- Develop a plan to complete an environmental scan and gap analysis of all programs and services available and needed including but not limited to: Early childhood, special needs, child care, suicide prevention, mental health, addictions, cultural knowledge, health and wellness programs, Foster Parents' Association, etc.
- Explore options to inform a strategy for First Nations' provision of child and family services to First Nations families living off reserve
- Build a collaborative strategy to increase access to services for First Nations children and/or families with disabilities (on and off reserve)
- Support a clear, coordinated, long term, and sustainable plan that integrates the roles and responsibilities of the First Nation Designate throughout the child intervention system; including education and training for all people involved in the child intervention system

Communication, Collaboration and Information Sharing

Outcomes:

- Improved working relationships between the First Nation Designate and Child and family services agencies.
- Gaps in the provision of services will be eliminated
- Increased collaboration will generate policy alignment across program areas
- Working relationships will be strengthened through transparency and full disclosure

- All relevant stakeholder groups are fully informed on children in care, based on accurate and timely data

Actions:

- Link the CFS Engagement Process to emerging initiatives such as the Child Intervention Implementation Oversight Committee
- Establish a process for example, through ISIS, that automatically notifies Designates and/or representatives of Chief and Council when a child is placed in care
- Build and/or enhance strategic partnerships that can improve outcomes for First Nations children, youth and families
    - Develop a process for all levels of government focused on increased collaboration and coordination of programs and policies for services delivered to families (e.g. semi-annual or annual forums for health, justice, social programs, skills development, education; participate at forums)
    - Explore innovative solutions to bring First Nations foster homes up to existing standards to increase the number of First Nation foster homes (potential partners include CMHC, Band Housing, Habitat for Humanity, RRAP, Mike Holmes, ATCO, industry, etc.)
- Establish data sharing protocols and practices (which consider privacy legislation and OCAP™) with Alberta First Nations Information Governance Centre
    - Develop a mechanism to collect, track, and share accurate data within Alberta and with other provinces and other countries regarding First Nations children in care

Capacity and Resourcing

Outcomes:

- Case workers will be trained to effectively work with First Nations children and families
- Equitable resources and funding, on and off reserve, to meet the needs of First Nations children and families
- Delegated First Nation Agencies are funded to a level that adequately supports early intervention and prevention services to families
- Improved economies of scale
- All stakeholders will have a shared awareness and understanding of the history of the First Peoples in Canada. This will promote social cohesion and eliminate racism and the isolation felt by many First Nation families

Actions:

Education and Training

- Provide advice to Human Services on the development and implementation of a cultural competency training strategy, including the impacts of Residential Schools; The role of poverty; poor housing; substance abuse and other social and economic factors in assessments of child neglect
- Collaborate with post-secondary education providers on curriculum to incorporate First Nations culture and history, including the history of colonization and the impact of residential schools, within relevant post-secondary curriculum (e.g. BSW, SW Diploma, MSW, etc.)

- Collaborate with First Nation Designates in the development of training for First Nation Designates including: knowledge on applicable legislation; policies and practices; rights of the child; privacy; how the system works, etc.
- Strengthen training for boards and administrators of DFNAs on strategic planning and the terms, conditions of their service delivery agreements and funding agreements

Funding

- Develop a plan to complete a comparative funding analysis of the methodologies and mechanisms in order to maximize existing resources and pursue additional funding as required with respect to:
    - On and off reserve children (Foster care, kinship care, etc.)
    - On and off reserve agencies (DFNAs, non-delegated)communities, other non-profits providing on-reserve services
- Secure long term, ongoing and equitable funding for Designate positions in Treaty 6, Treaty 7 and Treaty 8 First Nations as deemed appropriate

Supports and Expertise

- Explore the development of a centre of expertise to act as a support network to assist in developing promising practices and training; disseminate information electronically; track and report on all recommendations relating to First Nations children in care; explore the feasibility of establishing an Aboriginal Foster Parents' Association in Alberta to increase First Nations input and influence supports, rates, benefits, and policies; and to increase the number of First Nations foster homes

By partnering and collaborating we accept the sacred responsibility to provide a better life for our children and to show we value the children as gifts from the Creator. We recognize that the care and wellbeing of children includes the parents, the extended family and their First Nation. We will incorporate individual First Nation beliefs as a way to culturally affirm this process.

Current Child Death Review Mechanisms

Child Intervention (CI) Division

- Notify Ministry leadership, OCME, CQA and OCYA of deaths of children
- Conduct initial examination
- Provide public response to all OCYA investigative reports and fatality inquiry recommendations

[Discretionary]

- Conduct legislated review, publicly report findings and recommendations, if any
- Revise policy/strengthen practice, if needed
- Knowledge mobilization to service delivery staff and contracted agencies

Council for Quality Assurance (CQA)

- Receive reports of death for children receiving intervention services
- Identify effective practices and recommend system improvements

[Discretionary]

- Appoint panel of experts or committee to review death of a child who received intervention services; publicly release report

Family Violence Death Review Committee

- Internal body to review incidents of family violence resulting in deaths for the purpose of making recommendations and providing advice to the Minister

Government Organization Act Review

- Act enables Minister to appoint a committee to review matters that have a connection to a program the Minister oversees, including a death

Public Reporting

Public Fatality Inquiry

OCME

- Notified when a child is receiving intervention services and dies unexpectedly; as a result of violence, accident or suicide; or while in custody (e.g. secure services)
- Investigates the death (identity of deceased, date/time/place, circumstances, cause and manner of death). After investigation, OCME notifies the Fatality Review Board.

Fatality Review Board

[Discretionary]

- May recommend public fatality inquiry (called by Minister of Justice, overseen by a judge)
- Judge may make recommendations to prevent similar occurrences
- Must provide a public report

Office of the Child and Youth Advocate (OCYA)

- Receive reports of death for children receiving intervention services (or a youth criminal justice service)

[Discretionary]

- Conduct investigation, if warranted
- Compel any person to provide information related to investigation
- Publicly release report related to investigation

Public Inquires Act Review

- Act allows for Lieutenant Governor in Council to appoint a commission to conduct an inquiry, which may include a death

Police Agencies/ Criminal Matters

Conduct investigation to determine if criminal offence committed and if charges will be laid

Other Reviews

Municipal reviews, Occupational Health and Safety reviews, etc. which may result in public report

Internal to CS (GOA) Quality Assurance

External to CS (GOA) Public Accountability

External to GOA

Limited to children in receipt of intervention and/or youth criminal justice services

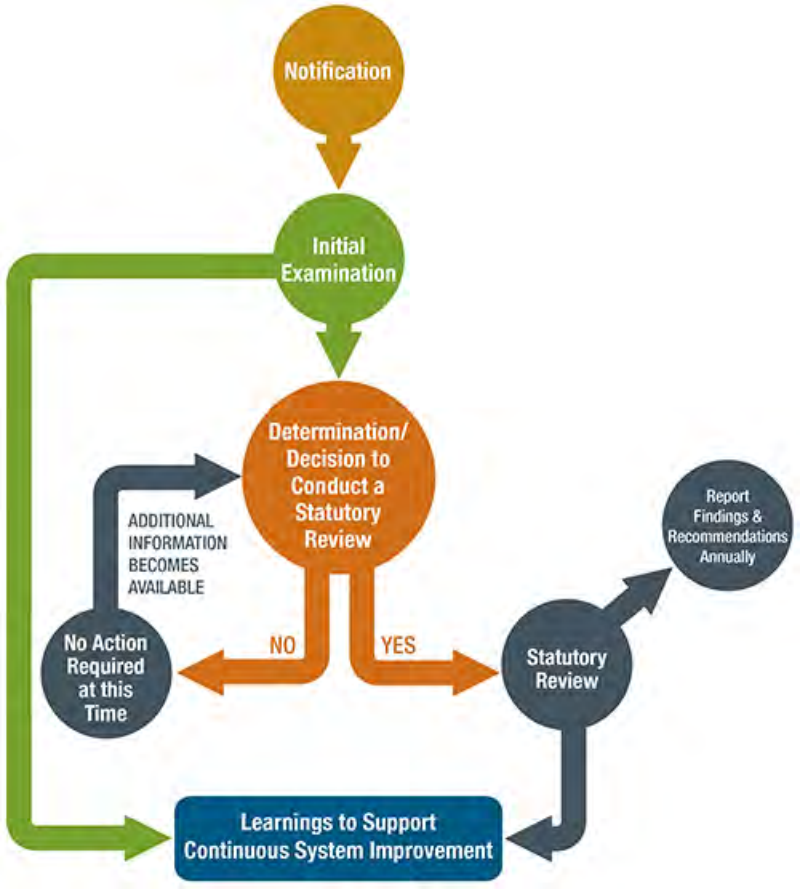
Not exclusive to children

Internal Child Death and Serious Incident Review Process

The Internal Child Death and Serious Incident Review Process (Internal Review Process) is a consistent and comprehensive approach following a death or serious incident involving a child receiving child intervention services. It supports the Government of Alberta's commitment to accountability, transparency and continuously improving the child intervention system.

This improved quality assurance process helps provide answers on what is working in the child intervention system and what can be improved, and makes that information available publicly.

Internal Review Process



The Statutory Director will decide when a review is needed. The Statutory Director:

- is responsible for ensuring that delegations of authority under the *Child, Youth and Family Enhancement Act* and other related legislation are properly exercised in accordance with policies and standards;
- receives reports of serious injury and death and ensures all appropriate bodies are notified, including the Office of the Chief Medical Examiner, the Child and Youth Advocate and the Child and Family Services Council for Quality Assurance;
- examines all serious injuries and deaths of children receiving intervention services; and
- must report annually to the public on findings and recommendations arising from statutory reviews.

Notification

- Service delivery staff will notify the Child Intervention Division when a death or serious incident occurs.
- The Child Intervention Division will ensure there is appropriate support for anyone who is affected by the incident (e.g., family members, caregivers and frontline workers).
- The Statutory Director notifies relevant parties, which may include the Office of the Child and Youth Advocate, the Child and Family Services Council for Quality Assurance and the Office of the Chief Medical Examiner.

Initial Examination

- Details of the death or incident are gathered and reviewed.
- A summary of this information is prepared for the Statutory Director's review.
- The Child Intervention Division will also follow-up with service delivery staff to ensure family, caregivers and frontline workers are being supported.

Determination/Decision to Conduct a Statutory Review

The Statutory Director works closely with a support team to carefully review the initial summary to determine whether a statutory review is needed.

The Statutory Director considers a number of factors, including:

- **Prevention:** Information gathered during a review may contribute to improving policies and practices with the goal of improving the health and safety of children receiving child intervention services.
- **Type and manner of event:** The unique circumstances surrounding the child’s death or serious incident may shed light on learnings to be gained from a review.
- **Degree of involvement with the child and family:** This considers the services provided, including type, frequency and intensity.
- **Reviews by other external and internal bodies:** If other review processes take place at the same time, consideration will be given to opportunities to avoid duplication or allow for collaboration.

The Statutory Director may revisit an earlier decision not to review an incident if additional information becomes available.

Statutory Review

The statutory review will evaluate case information and context to make recommendations for quality improvements to child intervention services and professional practice.

If a review is determined to be necessary:

- The Statutory Director will identify a team to lead and develop a detailed plan for a review.
- Child Intervention Division staff will follow-up with service delivery staff again to ensure the proper supports are in place for family, caregivers and frontline workers.
- The review team will gather detailed information using a structured, consistent approach to develop a report with recommendations and identification of key learnings for internal policy and practice. After the Statutory Director receives and accepts the report, service delivery staff will follow-up with the family, caregivers and frontline staff to bring closure.
- Any findings and recommendations from the Statutory Director's reviews will be released publicly every year.
- Where appropriate, new information gathered during a Statutory Review will be shared with service delivery staff and may be incorporated into changes in practice, legislation and policy.

Family Violence Death Review Committee (FVDRC)

Mandate: Review all family violence related deaths and provide advice and recommendations to the Minister of Human Services that support the prevention and reduction of family violence.

Scope: All homicides and homicides/suicides in which the victim was a current or former intimate partner of the person responsible for the homicide AND homicides of people other than the intimate partner that occur in the context of intimate partner violence, or in the midst of a perpetrator's attempt to kill an intimate partner.

Notification of Death Received

Human Services will obtain identifying information on family violence deaths from Police Services

Synopsis of Incident

A synopsis will be created

Database will be updated using consistent quantitative data.

Case Synopsis

Provides a summary of the case to assist the FVDRC is assigning cases.

Human Services will collect identifying information from within for this summary, for example:

- Child Intervention;
- Alberta Works; and
- Family Supports for Children with Disabilities.

Present all Synopsis of Cases to the FVDRC

The FVDRC reviews and determines which cases will be examined in-depth

Completing an in-depth review will be considered when all legal and investigative processes have been completed.

Legal and investigative processes include:

- police investigation; and
- criminal/civil matters before the courts

In-depth Review

Cases will be selected that have extensive multi-system involvement, cultural diversity, geographical variance, and urban and rural diversity.

FVDRC will direct compilation the completion of an in-depth review including:

- circumstances of the case;
- history of both the victim and offender; and
- government system and community responses.

FVDRC completes the in-depth review and formulates recommendations.

Reporting to Minister

In Depth Review:

- qualitative and quantitative information and analysis
- recommendations for system changes;

Publically releasable Report

Annual Report

Recommendations Implemented and Monitored

As approved by the Minister:

- Recommendations to be forwarded to the Chair of the Interdepartmental Committee on Family Violence (ICFV), for implementation and monitoring.

Case Review Process and Key Decision Points

Notification
Of
Death Received

Synopsis of Incident
Created, Eligibility
Determined and Monitored,
Preliminary Case Summary
Drafted

Decision Point
Committee Determines
Which Eligible Cases Will Be
Reviewed In-Depth
(Eligible Case = Criminal and Police
Investigative Processes are Complete)

Decision Point
Sub-Committees are
Assigned
Approved Cases for
In-Depth Analysis

Death Review Analysts
Complete In-Depth
Review, Evaluating
Multi-System Involvement,
Detailed Case Summary
Drafted for Sub-Committee
Review.

Recommendations
are Drafted by
Sub-Committee

Decision Point
Committee Reviews/Approves Draft
Case Summary and Recommendations
(Feedback to Sub-Committee if Required)
Approval to Advance to
Minister

Chair Provides Report to the Minister
Detailed Case Report
And Publicly
Releasable Report Provided

Options for Minister's Consideration

Minister meets
with Chair of
Committee to
Discuss Report

Minister
Determines the
Form, Manner
and Timing of
Release of Public
Report

Minister Provides
Publicly Releasable
Report to
Colleagues in
Advance of Release

Minister Directs
FVPHS Division to
Complete Analysis of
Report's
Recommendations
with Key Ministry
Partners and Report
Options for
Acceptance

Approved
Recommendations
Implemented and
Monitored

Family Violence Death Review Committee

What is the Family Violence Death Review Committee?

- The Family Violence Death Review Committee is a multi-disciplinary, expert body, composed of a committee of individuals who have extensive knowledge or experience in the area of family violence established in the *Protection Against Family Violence Act.*
- The committee includes membership representing legal; enforcement; mental health; victim advocates; and research/academia.
- Members were selected and are appointed through a Ministerial Order for a term of three years, this term expired October 31, 2016 and recruitment for a new Committee is underway.

Why do we need a Family Violence Death Review Committee?

- By conducting reviews of family violence deaths we can:
  - establish a systematic analysis of homicides and suicides related to intimate partner violence;
  - identify factors and trends that might contribute to preventing future deaths;
  - and make recommendations for effective intervention and prevention strategies.

What types of incidents will fall under the responsibility of this committee?

- The Family Violence Death Review Committee will look at incidents of family violence that resulted in deaths. These incidents may or may not involve children.
- “Family violence deaths” are defined as:
  - all homicides and homicides/suicides in which the victim was a current or former intimate partner of the person responsible for the homicide
  - homicides of people other than the intimate partner that occur in the context of intimate partner violence, or in the midst of a perpetrator’s attempt to kill an intimate partner

What responsibilities will the committee members have?

- Conduct reviews of family violence deaths
- Identify the presence or absence of systemic issues, gaps, or shortcomings of each case
- Identify trends, risk factors, and patterns from the cases reviewed and make recommendations for effective intervention and prevention strategies

How is this Committee accountable to Albertans?

- Report annually to the Minister of Community and Social Services the trends, risk factors, and patterns identified and make appropriate recommendations based on the aggregate data collected from family death reviews.
- Individual reviews will be provided to the Minister and a public report will be provided as well, and will ensure great care is taken to protect the privacy of the persons involved in the review.

How will we monitor implementation of the recommendations?

- Community Services and Supports Division (CSSD) of Community and Social Services will disseminate the recommendations through the Chair of the Interdepartmental Committee on Family Violence.
- CCSD will monitor the implementation of the recommendations, and report back as part of the strategic reporting identified in the Family Violence Hurt Everyone: A Framework to End Family Violence in Alberta.

Will the Committee have legal authority to lay charges?

- No, the Committee would not begin its work until all legal proceedings are completed.
- The findings of the Committee must not include any findings of legal responsibility or any conclusions of law.

How does this help children and why was it a part of the Children First Legislation?

- Children who witness violence in the home or the loss of a parent due to family violence can be profoundly affected. Preventing and reducing family violence is a vital part of protecting children and giving them the best possible start in life.

Who was on the First Committee?

- The Committee will consist of individuals with expertise in the area of family violence from the Alberta government and community service providers. Core members include:
    - Dr. Allen Benson: Native Counselling Services of Alberta
    - Mr. Gary Gibbens: YWCA Sheriff King Home in Calgary
    - Mr. William Hogle, QC: Family Law Lawyer
    - Ms. Sylvia Kasper, QC: former prosecutor and manager of the Calgary Domestic Violence Unit
    - Inspector Donnan McKenna: RCMP

- A/Inspector Trent Forsberg: Edmonton Police Service
- Inspector Cliff O'Brien: Calgary Police Service
- Ms. Karen Pease: Alberta Council of Women’s Shelters
- Ms. Debra Tomlinson: Association of Alberta Sexual Assault Services
- Ms Lana Wells: the Brenda Strafford Chair in the Prevention of Domestic Violence, Faculty of Social Work, University of Calgary
- Ms. Kim Sanderson: Acting Executive Director of Community Corrections, with the Community Corrections and Release Programs, Justice and Solicitor General

Internal Child Death And Serious Incident Review Process Report

Working Group

September 30, 2014

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1. Introduction

1.1 Rationale and drivers

The child intervention system has a shared responsibility, along with families and communities, to support the safety, security and well-being of Alberta's children. It has evolved over time to meet the changing needs and expectations of families and communities, and in response to leading practice, research, and cultural perspectives, especially those of First Nations and Metis people. This progression is based on ongoing input from a variety of sources including external reviews, research into promising practices, Aboriginal input, staff experience and analysis of outcomes for children, youth and families receiving child intervention services.

Human Services' senior leaders and staff are committed to continuously improving our system to support the safety and well-being of children receiving child intervention services. We have learned that new tools, guidelines and policies, while important, are only part of the solution to improving outcomes for children and families. Effective and substantive changes to the child intervention system will arise from continued investment in supporting the work of staff through strengthened practice and policies. Improved quality assurance mechanisms, such as Internal Reviews that are rigorous and inclusive, will help identify what works in the child intervention system, what is needed to be successful and what can be improved.

One step toward improving quality assurance within the child intervention system is the Internal Child Death and Serious Incident Review Process (the Internal Review Process) that will help create a culture of transparency and accountability. By creating an Internal Review Process and by sharing information on what is happening within the child intervention system, the system itself will benefit and Albertans can have confidence that the system is working as it should. To improve transparency, there is a commitment to give Albertans an opportunity to look at the new process once it is published and to read about findings and recommendations from Internal Reviews on an annual basis. There is, within the system, a commitment to quality, continuous improvement and creating a system that is transparent and accountable.

1.2 Policy context

One of the key activities identified in Human Services' Five Point Plan, announced in January 2014 by then Minister Manmeet S. Bhullar, was to bring together experts, policy makers and stakeholders at a Child Intervention Roundtable to discuss best practices in reviewing all child deaths in Alberta, and striking a balance between transparency and privacy. This Roundtable, held January 28-29, 2014, was part of a broad commitment to engage Albertans in conversations on how we ensure that children and their families are valued and treated with respect and dignity. The Roundtable also assisted in aligning our system with the principles of the Social Policy Framework[1] and the wishes of Albertans for a more inclusive, responsible, and accountable system focused on client outcomes.

[1] The Social Policy Frameworks directs the future of Alberta's social policy, programs and services.

Another key activity was to appoint a team of professionals to accelerate actions on the Five Point Plan and outcomes from the Child Intervention Roundtable. Human Services' then Minister Bhullar accepted the Child Intervention Implementation Oversight Committee's (IOC) recommendation that the department work with the Council for Quality Assurance (CQA) and the Office of the Child and Youth Advocate (OCYA) to develop an internal child death and serious incident review process with oversight by CQA.

The enactment of Bill 11 (Bill 11: *The Child, Youth and Family Enhancement Amendment Act*) provides legislative authority to the Statutory Director to call a review in the event of a death, serious injury or experience of a serious incident involving a child receiving intervention services. The new Internal Review Process design, described in this report, has been developed within the parameters outlined in Bill 11 and provides a mechanism for the Statutory Director to exercise the new authority (see Appendix 9.1 and 9.2).

1.3 The System of Child Death Review Processes in Alberta

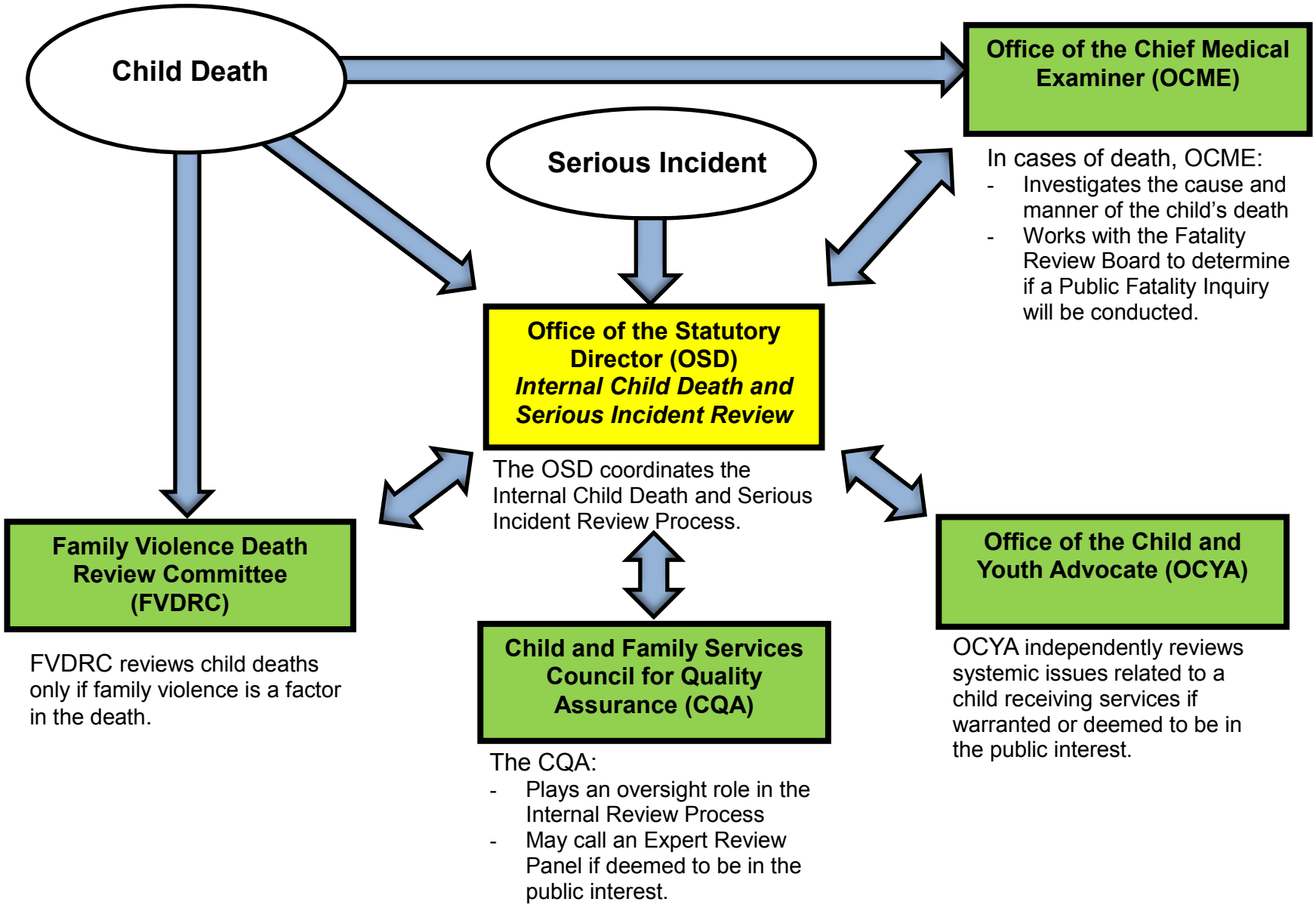
In Alberta, events resulting in a child's death or experience of a serious incident are examined by several external and internal bodies, including:

- Office of the Chief Medical Examiner
- Fatality Review Board
- Office of the Child and Youth Advocate (OCYA)
- Council for Quality Assurance (CQA)
- Office of the Statutory Director (OSD), Child and Family Services, Human Services

Each review process examines a particular event from a different perspective that is grounded and accountable to the mandate and goals of these different bodies (see Appendix 9.3). The Internal Review Process focuses on looking at Child and Family Services actions and processes considering the care and services provided. This perspective of looking at the care the child received over time is intended to build a story of what may have led to the adverse outcome. As shown in Figure 1, information flow and sharing ensures that this foundation and perspective from the Internal Review Process contribute to the broader system of child death review processes.

The Internal Review Process falls under the authority of the Statutory Director as set in the *Child, Youth and Family Enhancement Act* (CYFEA). It provides a unique, inward-facing perspective on learnings around child intervention policies and practices currently guiding the work of the Child and Family Services Division. The CQA, a multidisciplinary body of experts who works with the Ministry to identify effective practices for strengthening child intervention services, has a quality assurance role in the evaluation of how internal review processes are conducted.

Figure 1. Summary of the Child Death Review System in Alberta



*This figure presents a high-level depiction of the internal and external bodies that comprise the review system. Note that changes to the scope of the Office of the Chief Medical Examiner are in progress and may impact the accuracy of this figure. See Appendix A for additional information on review body mandates.

The following sections in this report describe the purpose and principles, scope, approach and key steps of the Internal Review Process. The design of this process has taken into account the need to avoid unnecessary duplication with other review processes. Some degree of overlap, however, cannot always be avoided. This is due to the fact that when abuse or neglect is known or suspected to be a key factor in a child's death or experience of a serious incident, a thorough examination of the event by multiple review bodies may be warranted

2. Purpose and Principles

2.1 Purpose

In alignment with the shifts in Alberta's child intervention system, the Internal Review Process is oriented towards understanding and learning in order to prevent similar, future events. The process is also for understanding what happened, so the family and staff have answers and information, and so Albertans can see that the system is accountable and focused on providing quality services. This is clearly reflected by its purpose:

> Internal child death and serious incident reviews are done to improve the health and safety of our children by reducing the probability of similar future events. We consider and learn from the context and factors contributing to an event involving a child receiving intervention services to understand how and why the resulting death or serious incident occurred. We come together in a learning-oriented and prevention-focused way to identify policy and practice insights for continuous quality assurance.
>
> Our inclusive process is sensitive and transparent, creating a safe, trusting environment for all, and strives to enhance the knowledge and understanding of those touched by these traumatic experiences.

2.2 Guiding Principles

As noted in the Social Policy Framework, principles are criteria that guide decisions, behaviours and actions. The following principles build on the principles of the Social Policy Framework and the Child Intervention Practice Framework. They reflect the expectations of Albertans about, and the commitment of the Government of Alberta to, the Internal Review Process.

The guiding principles for the Internal Review Process are:

- ***People First:*** Compassion, respect and dignity will be preserved for families, caregivers, and staff involved in the review process, including cultural perspectives and needs.

- ***Aboriginal Experience:*** We honour Aboriginal ways of ensuring that vulnerable members, including children, are safe, protected and nurtured by recognizing their expertise in matters concerning their children, youth and families.

- ***Inclusiveness:*** The process supports the meaningful engagement of practitioners, caregivers, families and communities, and is attentive to those impacted by the event. Clear and regular conveyance of information is available throughout the process.

- ***Transparency:*** Albertans have a clear understanding of the approach, roles and responsibilities for the Internal Review Process and have access to findings and recommendations of reviews completed under section 105.771(3) of the *Child, Youth and Family Enhancement Act.*

- ***Accountability and Rigor:*** The Internal Review Process is carried out with integrity, based on objective, consistent data/information collection and reporting, including rigorous, established methodology.

- ***Quality Assurance:*** The Internal Review Process will be outcome-oriented and evidence-based to support existing and innovative practice, and evaluate performance from a strength base to consider continuous improvement and performance.

- ***Continuous Improvement:*** Learnings and recommendations are used to build on strengths, inform changes and, when needed, develop new policies, processes, and/or professional practice.

- ***Effectiveness and Flexibility:*** Effective and flexible use of resources is necessary for each Internal Review Process to result in the most impact for learnings while intruding as little as possible on those involved.

- ***Coordination:*** The Internal Review Process achieves the intended purpose in alignment with leading practice and in coordination with all reviews of child death and serious incident.

Since these principles are the foundation of the Internal Review Process, they will also inform the different stages of implementation of the Internal Review Process. For example, considerations about *Inclusiveness*, *People First*, and *Aboriginal Experience* will be critical to set the stage for the involvement of families, caregivers, practitioners and communities throughout the process. This will ensure that different sources of expertise and perspectives, including those of Aboriginal partners, are taken into account for a more holistic Internal Review Process that provides appropriate linkages among the different aspects surrounding a tragic event, including grieving and healing.

3. Scope of the Internal Review Process

The scope of the Internal Review Process is set by section 105.771(1) of CYFEA. This section defines the type of incidents that will be examined by the Statutory Director in order to determine if a statutory review is required, and specifies them as:

a) incidents giving rise to the serious injury to or death of a child that occurred while the child was receiving intervention services, and
b) any other incident that, in the opinion of the director, is a serious incident and that occurred in respect of a child while the child was receiving intervention services.

The scope is further defined based on the following dimensions:

- **Age:** Child refers to children and youth aged 0 to 24 years.

- **Type of Intervention Services:** Intervention services refer to any services, including protective services, provided to a child or family under CYFEA (including in-care and out-of-care services such as Family Enhancement Services) except for services provided under Part 2 or Part 3 of the Act (e.g., financially based programs such as Post - Adoption Supports & Child and Youth Support Services).

- **Type of Event**: Events to be included in the Internal Review Process include those resulting in death or experience of a serious incident. A formal definition of serious incident will be determined through ongoing work. Examples of serious incidents are those that result in serious injury, instances of sexual abuse, and engagement in high risk behavior, among others.
  For the purposes of the Internal Review Process, "serious injury" refers to
  i. a life-threatening injury to the child, or
  ii. an injury that may cause significant impairment of the child's health.

Leading practice indicates that inclusion of serious incidents resulting in serious injury is key for a more robust evidence base that can better support learnings related to prevention.

4. Approach to the Internal Review Process

The design and implementation of Alberta's Internal Review Process is grounded on the robust foundation provided by the systems approach. This approach shifts the focus of a review beyond the behaviour of case workers to the complex set of factors and interrelationships that are at the heart of an event being reviewed (Table 1). This is because the strategic intent of the Internal Review Process is not to assign blame but to understand "how" and "why" an event occurred in order to identify key learnings for policy and practice. Within a systems approach, this is achieved by gaining a deeper understanding of both context and factors contributing to the event resulting in a child's death or experience of a serious incident. It also looks at the care and services provided, what worked well, and whether there were any gaps.

Table 1. Review Shifts under the Systems Approach

From:	To:
A focus on the behaviour of case workers	A focus on complex system factors and interrelationships
Fault-finding	Understanding the how and why to identify learnings
Identification of human error is seen as adequate explanation for the incident	Identification of human error is the starting point
Culture of fear and blame	Culture of trust, respect for expertise and knowledge
Emphasis on what policies and practices specify	Emphasis on the relevance and effectiveness of policies and practices
Most harm results from poor professional practice	Most harm is not deliberate, negligent or the result of serious incompetence
Eliminate possibility of human error by creating strict protocols that restrict discretionary decision making	Allow human judgment and flexibility to create safety

A systems approach applied to the Internal Review Process helps identify which policies and practices worked well, and which ones could and should be improved. This is a key difference from other reviews that may also apply a systems approach but that focus on learning about the broader system of child intervention beyond policy and practice. For example, the role of OCYA is to investigate systemic issues arising from a serious injury to or the death of a child or youth who was receiving a designated service at the time of the occurrence if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

In the Internal Review Process, policies and practices are examined within the broader context of the child intervention system and the system of government supports at large, in order to gain a better understanding of:

- why a certain course of action/decision seemed reasonable to those involved at the time
- what information the case worker/s had at the time
- what the competing demands were at the time
- any system barriers to protection or safety of the child
- communication among those involved and their understanding
- whether relationships of power and influence were a factor and, if so, how
- what resources were available
- factors that contributed to positive action
- what got in the way of good practice – are there barriers that can be removed so staff can follow policy and meet practice expectations and standards

5. Review Process

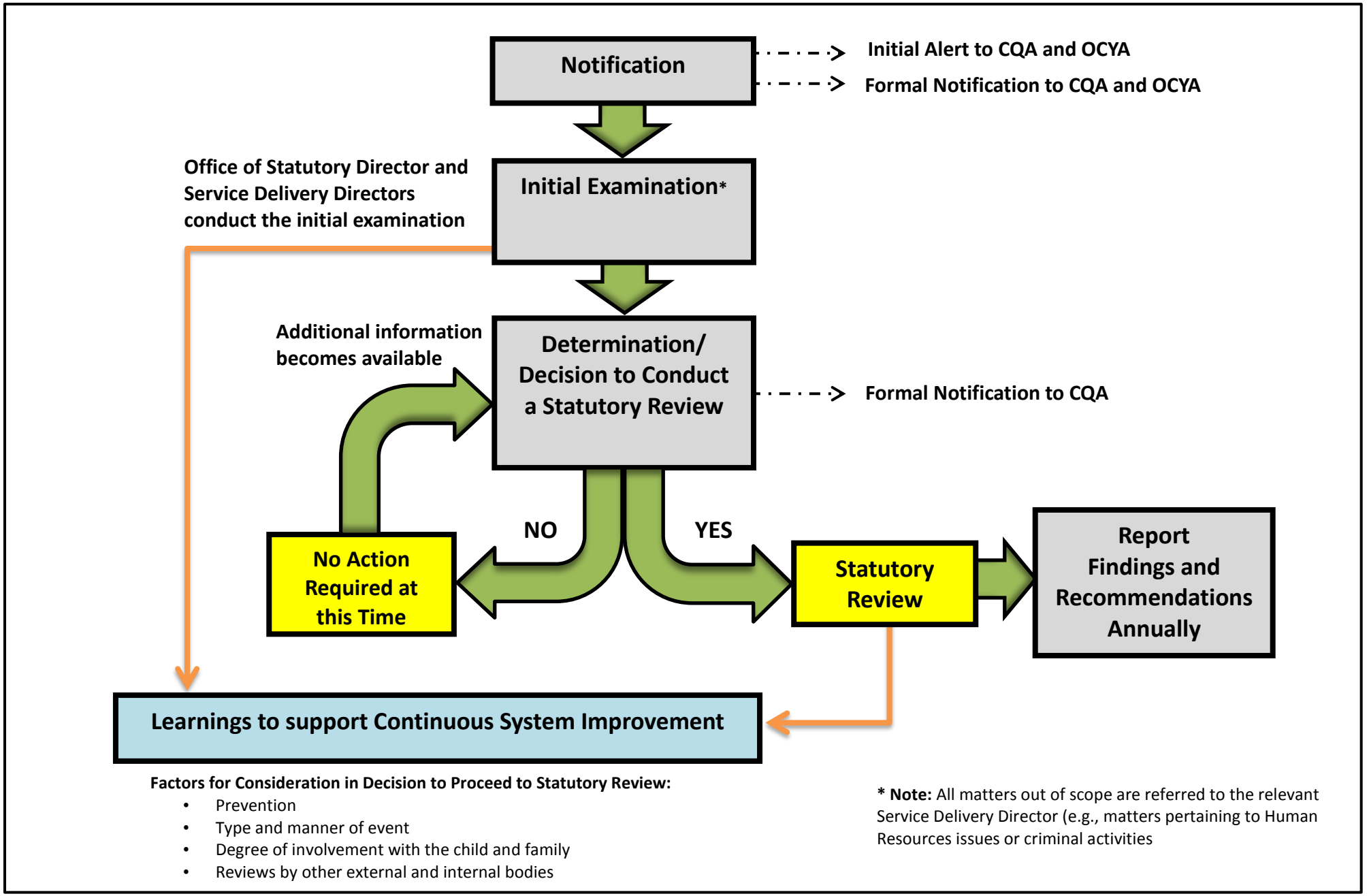
The main steps in Alberta's new Internal Review Process are presented in Figure 2. They reflect the broad range of inputs, activities and key decisions within the overall process that will be carried out after the Statutory Director is notified of an event resulting in a child's death or experience of a serious incident.

The Internal Review Process design described in this report proposes a more consistent and robust approach for internal child death and serious incident reviews within the Ministry. The process design was informed by leading practices gathered from the research literature and information from other jurisdictions (Canadian and international), taking into account the Alberta context. Aboriginal partners and other reference groups with specific insights based on experience with the child intervention system offered additional input to the design and future thinking for implementation.

Key highlights of the new Internal Review Process, which reflect the Ministry's commitment to transparency, quality assurance, accountability and rigor, are:

- making the process design publicly available
- all child deaths and serious incidents will be examined
- creating a set of factors to be considered when making a determination/decision to conduct a review under section 105.771(1) of CYFEA (named a Statutory Review in the Internal Review Process)

Figure 2. Process Map for the Internal Child Death and Serious Incident Review Process



- identifying roles and responsibilities clearly at each step in the process
- the Statutory Director considers input from a support team (including service delivery directors) when making a decision to conduct a Statutory Review
- making findings and recommendations publicly available in an Annual Report
- sharing key policy and practice learnings and recommendations within the Ministry and with CQA to support continuous system improvement.
- Recommendations will be logged into the Tracking system, and the status and action is reviewed regularly

The human dimension of the Internal Review Process, reflected by the principles of *People First, Aboriginal Experience* and *Inclusiveness*, is also highlighted throughout the design. Consideration of the human dimension will be critical in guiding the implementation of the Internal Review Process.

One important aspect to advance the human dimension is the involvement of families, caregivers and communities throughout the review process. This aspect of the Internal Review Process will be a priority focus during implementation and will be developed through collaborative involvement of Aboriginal partners and other relevant groups or bodies such as OCYA. Thorough dialogue with Aboriginal partners is required to better understand how cultural perspectives and traditions can be meaningfully connected to the Internal Review Process.

In the following section of this report, each step is described, including key activities and decisions to be made, sources of information and expected outputs. A general description of key roles and responsibilities is also included. Key terms used in the description of the different steps in the Internal Review Process are defined in the Glossary.

Specific timelines for the process' steps are not included, as they will be determined during implementation. A discussion of timelines for the process is in the "Looking Ahead to Implementation" section of this report and is intended to find a balance among the guiding principles of the Internal Review Process and the need to complete a timely and meaningful review. Although a rigorous review process is needed to ensure quality assurance, continuous improvement and accountability, thoughtful consideration of the need for closure by those affected by a tragic event is essential. Not only does the process need to be mindful of peoples' grieving by minimizing the intrusions into their lives, but it should also reflect the need to apply findings and recommendations to inform policy and practice as quickly as possible.

5.1 Notification of the Event

This step in the Internal Review Process encompasses all the activities required to ensure formal notification of an event resulting in a child's death or experience of a serious incident.

Most of the activities and outputs in this step of the process are intended to ensure accountability and rigor in the recording of the event, as well as coordination with other review bodies. The human dimension is also a priority during this step, as there is a need to ensure that family members, caregivers and frontline workers affected by the event have the supports they need.

Service Delivery staff are in the best position to contact the family, caregivers and frontline staff to ensure that appropriate supports are being provided and take action if needed. OSD works together with service delivery offices to ensure that appropriate supports are in place according to the principles outlined in this report. Of particular importance is the consideration of, and respect for, the cultural perspectives and needs of those affected by an event. Being culturally responsive to the experiences of Aboriginal partners, immigrants and ethnic communities, among others, is a key aspect of the human dimension of the Internal Review Process.

Key Activities, Roles and Responsibilities:

- Service delivery staff directly notifies the Child and Family Services Division of the child's death or experience of a serious incident.
- Service delivery staff secures records relating to the case.
- Statutory Director provides an initial alert of the event to OCYA and CQA.
- OSD confirms with service delivery staff that adequate supports are in place for those impacted by the event (i.e. family, caregivers, frontline workers).
- Service delivery staff prepares the Draft Report of Death or Report of Serious Injury and sends it to OSD (note that Report of Serious Injury may need to be revised to encompass serious incidents).
- OSD receives the Draft Report of Death or Report of Serious Injury, and verifies its accuracy and completeness. Information is corrected or supplemented as needed.
- Statutory Director approves the Draft Report of Death or Report of Serious Injury.
- Approved Report of Death or Report of Serious Injury is sent to relevant parties, including Minister's Office, OCYA and CQA.

Key Inputs:

- Basic information from the field and files including event-specific information about the child, circumstances of death or serious incident, the family, the placement.
- Summary of notifications made post-event.
- Summary of most recent intervention involvement of child and family.
- Inclusion of any other relevant factors.

Key Outputs:

- Initial alert to OCYA and CQA.
- Approved Report of Death or Report of Serious Incident.
- Formal notification to OCYA and CQA.

5.2 Initial Examination of the Event

The tragic events resulting in a child's death or experience of a serious incident deserve careful examination. As part of the Internal Review Process, *all* events will undergo an Initial Examination. This step is carried out in a collaborative way by OSD and designated service delivery staff. This collaboration allows for the development of a more robust Initial Examination Summary to support a determination and decision on the need for a Statutory Review, as well as the identification of local practice strengths and areas for improvement.

Information reviewed during the Initial Examination is intended to be relevant to the factors for consideration in the decision making process, which will be described in the next section of the report. All matters found during the Initial Examination that are out of scope for the Internal Review Process are referred to the relevant Service Delivery Director (e.g., matters pertaining to Human Resource issues or criminal activities).

As in the Notification step, most activities and outputs during the Initial Examination step are intended to ensure the rigor and quality assurance of the process. Relevant information from the case file, available reports from other sources and considerations regarding the human dimension of the event are all part of the Initial Examination. Cases are differentiated by important aspects of the death or incident (e.g., medically fragile child, suicide, injury related to abuse or neglect, injury through accident, etc.). Working backwards from the event, the review considers a broad context of factors that are current (proximal) and event-relevant to understand how and why the event occurred. Since the focus is on factors related to the event, the emphasis is to learn from current practice and policies and does not, unless it is professionally judged to be important, seek learnings from far back in the case file. This leads to findings and recommendations that have relevance for current practice and policy.

Key Activities, Roles and Responsibilities:

- OSD confirms with service delivery staff that adequate supports are in place for those impacted by the event (i.e. family, caregivers, frontline workers).
- OSD and the relevant Service Delivery Key Contact staff collaborate to collect and examine case information relevant to the event.
- OSD determines whether the event will also be reviewed by other review bodies, such as OCYA and the Office of the Chief Medical Examiner, and includes relevant information from their reports, when available.
- OSD and Service Delivery Key Contact staff collaborate to develop an Initial Examination Summary, which includes:
    - A list of relevant intervention involvement with the child and family up to one year prior to event and in the chronological order in which it occurred.
    - A brief summary of historical intervention involvement.
    - Information from other concurrent reports and reviews (if available).

The Initial Examination Summary may incorporate information on intervention involvement prior to the one year preceding the event if warranted by the specific case circumstances.

Key Inputs:

- Approved Report of Death or Report of Serious Injury.
- Relevant information from Case Management System, (i.e., CYIM & ISIS).
- Hard copy files (when warranted).
- Available reports from other sources.
- Information about potential concurrent reviews by other bodies.

Key Outputs:

- Initial Examination Summary.

Service Delivery Directors will use discretion in deciding whether their own examination of the event, Service Delivery Examination, will also be conducted. Service Delivery Examinations contribute to the Ministry's continuous system improvement by offering a local perspective to provide useful learnings about policies and practices at the regional level or Delegated First Nation Agency (DFNA) level. The resulting local learnings can be applied to local practice quickly, but also shared more broadly through the Ministry's knowledge mobilization mechanisms and contribute to the overall learnings.

When conducted, Service Delivery Examinations will be led by designated regional or DFNA staff in a parallel process to the Initial Examination step. The Service Delivery Examination of an event does not impact the decision to proceed with a Statutory Review – that is, the Statutory Director retains the decision to pursue a Statutory Review or not. A consistent approach and process for carrying out a Service Delivery Examination is currently being developed collaboratively by Service Delivery Directors and OSD.

5.3 Determination/Decision to Conduct a Statutory Review

This step in the Internal Review Process encompasses all the activities related to the decision making process that will result in one of the following courses of action:

- Conduct a statutory review of the event
- No action required at this time

The Statutory Director, in collaboration with a support team and based on the factors for consideration, carries out the determination that will support the Statutory Director's decision to conduct a statutory review. The support team could include the relevant Service Delivery Director, and others based on the specific circumstances of the event (e.g., case manager, other Service Delivery Directors, external or internal experts, members of other review bodies).

If the decision regarding a particular event is that no action is required at the time, this does not imply that the file is permanently closed. Instead the Internal Review Process allows for the decision to be revisited at any time in the future, when additional information about the event becomes available. In such a case, the additional information would be added to the Initial Examination Summary for the determination/decision step. Based on the additional information, the case could potentially be sent on for a Statutory Review.

Key Activities, Roles and Responsibilities:

- Statutory Director, assisted by a support team, determines what the information provided by the Initial Summary Examination reveals in regards to each of the factors for consideration.
- Statutory Director makes a decision to conduct a statutory review or not.
- Statutory Director formally communicates the decision to CQA.

Key Inputs:

- Initial Examination Summary of the event.
- Factors for consideration in determination/decision.

Key Outputs:

- Decision as to whether a statutory review is undertaken or no action required at this time.
- Formal notification of the decision to CQA.

Factors to be considered by Statutory Director when making a decision as to whether a Statutory Review is required are as follows:

- Prevention: Learnings from a review of the event could contribute to identifying policy and practice learnings that would improve the health and safety of children.
- Type and manner of event: The unique circumstances surrounding the child's death or serious incident may shed light on learnings to be gained from a review.
- Degree of involvement with the child and family: This includes considering whether the child was in-care or not, the frequency and intensity of services provided, as well as whether the event took place at the initial stage of involvement.
- Reviews by other external and internal bodies: If other review processes take place at the same time, consideration will be given to opportunities to avoid duplication or allow for collaboration.

These factors for consideration are provided as a starting point. They will be refined through implementation work and insights emerging from experience implementing the new process.

5.4 Statutory Review of the Event

This step in the Internal Review Process includes all the activities that are encompassed by a statutory review of an event resulting in a child's death or experience of a serious incident. Statutory reviews will be comprehensive and consider the Child Intervention Practice Framework principles, practice standards, relevant protocols, policies and legislation during the review process.

Statutory reviews include two new key aspects that ensure transparency and quality assurance:

- Findings and recommendations emerging from each individual review will be made publicly available on an annual basis.
- Policy and practice learnings will be shared among Ministry staff through appropriate knowledge mobilization mechanisms (e.g., established forums and tables for Service Delivery Directors, policy developers, senior leaders who have authority for performance and improvement of policies and practices).

During a Statutory Review, there is a commitment to ensure that the human dimension of the process is a priority as much as it is to ensure rigor and quality assurance. This is reflected by activities that confirm that adequate supports are in place for those affected by the event, as well as a mitigation plan to reduce potential negative impacts resulting from the review activities. Furthermore, one of the critical activities once the review is completed is the follow-up with

family, caregivers and frontline staff in order to share information, discuss recommendations and to bring closure. Cultural perspectives and needs, including those of Aboriginal partners, will be taken into account throughout the Statutory Review so that the process is conducted in a compassionate and respectful manner.

A balance between rigor, quality assurance, and effectiveness and flexibility is achieved by designating a Review Lead who has appropriate qualifications, competencies and experience. Development of case-specific terms of reference will allow the Review Lead, in collaboration with a team, to design and conduct a review process that is rigorous, inclusive and evidence based, with as little impact as possible on those involved or unnecessary overlapping with other external review processes.

The summary of findings and recommendations, prepared as part of the review process to be disseminated within the Ministry and shared with CQA, will support and enhance continuous improvement, informing change, innovation and quality in policies and practices. The Statutory Director will make all review findings and recommendations publicly available on an annual basis, ensuring the transparency and accountability of the Internal Review Process.

Key Activities, Roles and Responsibilities:

- OSD confirms with service delivery staff that adequate supports are in place for those impacted by the event (i.e. family, caregivers, frontline workers).
- Statutory Director designates an individual or team to lead the statutory review. The Designated Review Lead will be at a manager level, with appropriate qualifications, competencies and experience to lead the Statutory Review process.
- Designated Review Lead/team develops a Terms of Reference (ToR), workplan and critical path to carry out the statutory review with careful consideration to the specific circumstances of the case and event. A mitigation plan is also developed to reduce negative impacts of the review process on family, staff, caregivers and community.
- Designated Review Lead/team contacts individuals (e.g., frontline staff) identified as review contributors to walk through the purpose and process for the review, share ToR, and discuss their role.
- Designated Review Lead/team gathers relevant information from individuals and agencies involved (including those outside the child intervention system when appropriate), as identified in the ToR, using a structured, consistent approach.
- Designated Review Lead/team analyze all information collected to identify findings and recommendations and produce a draft report that is focused on identifying key learnings for internal policy and practice.
- If deemed necessary as per the ToR, the Designated Review Lead/team will hold a multi-professional review meeting involving the professionals who had direct involvement with the child/family and were involved in case planning and case management.
- Statutory Director receives a final report including findings and recommendations.
- Statutory Director accepts the final report.
- Service Delivery Key Contact staff to follow-up with family, caregivers, frontline workers involved in the event to bring closure.

- Statutory Director sends the final report to Minister.
- Statutory Director shares findings and recommendations with CQA for each Statutory Review.
- OSD prepares a summary of key internal learnings for policy and practice and shares with CQA and the Ministry for appropriate dissemination.
- OSD reports to the public on findings and recommendations based on statutory reviews completed through the previous year.

Key Inputs:

- Initial Examination Summary, supplemented with additional information gathered from interviews and other relevant sources.
- Case and event information.
- Available related external reports.

Key Outputs:

- ToR for the statutory review of the event.
- Workplan and critical path.
- Mitigation plan for key risks.
- Final report of the statutory review of the event.
- Summary of key internal learnings for policy and practice to share within Ministry.
- Annual public reporting of findings and recommendations.

6. Looking Ahead to Implementation

The new Internal Review Process brings with it a number of implications for the Child and Family Services Division and the Office of the Statutory Director to be able to implement the process to understand how and why events occurred and to learn from them. Then, as part of quality assurance and continuous improvement, the learnings can shape improvements to policies and practices as part of the child intervention system.

This report is focused primarily on the design of the Internal Review Process. As part of the design, the working group sketched out each process step in general terms. In order to become fully operational, detail will need to be added to each step to ensure clarity on roles and responsibilities, information and inputs required, and activities to take place within each step.

Considerations:

- Child and Family Services Division establish an implementation team to develop an implementation plan for the Internal Review Process.
- An implementation team would include applying an operational lens on each step to add appropriate detail (including formal definitions for serious injury and serious incident once those definitions are approved), understand potential risks and identify contingency strategies.

- Alignment of the Internal Review Process implementation to other child intervention initiatives currently underway in the division will be important to ensure that these initiatives support one another.
- Development of an internal evaluation plan will be critical to understand how well the implementation is proceeding, and where improvements may be required.
- Aboriginal partners, through participation in the Aboriginal reference group, expressed a great interest in being actively engaged in the development of the implementation plan. This interest was also supported by members of the Expert reference group.

6.1 Resources

The implementation of the Internal Review Process may have different impacts across the different regional offices and DFNAs. There may also be resource implications for the Office of the Statutory Director.

Considerations:

- Implementation could proceed in phases, starting with child death reviews first then followed by serious injury and serious incident events.
- As part of implementation planning, offices will need to think about how staff can be allocated to review teams to deal with volume of reviews, particularly in the first year (along with associated backfill arrangements and secondment opportunities).

6.2 Staff Awareness and Training

In order for implementation to proceed effectively, staff will need to become familiar with the Internal Review Process, understanding their roles and responsibilities. Best practice evidence indicates that a “one-off” course is insufficient to lead a robust examination and review. Specialized training to develop new competencies or to enhance existing ones may need to be developed.

Considerations:

- Develop and execute a communications plan to ensure staff are aware of and understand the Internal Review Process in general terms. This plan can build on communication mechanisms already in place.
- Service delivery staff input through a reference group reinforced the need for a detailed “walk through” of the process when staff are affected by a statutory review or service delivery examination. This reduces anxiety and ensures that staff have opportunities to have questions answered.
- Staff who are designated by the Statutory Director to be the Designated Review Lead or part of a review team should be trained to enhance their skills and competencies in fulfilling this role, as required.
- Seconding individuals from a frontline child intervention position for a designated period of time could address the need for reviewers to have a solid understanding of the current context as it relates to programs, practices and policies in child intervention.

6.3 Partner and Stakeholder Engagement

Part of the Internal Review Process transparency is that it be shared with those affected, including families, caregivers, stakeholders and communities, especially Aboriginal partners. These individuals may want assurance that reviewers are mindful of the impact of an internal review process, such as having to recount the traumatic event.

Effective communications throughout the child death review system includes the interactions that the Internal Review Process will have with other internal and external review bodies. Recognition of the interdependencies that exist among review bodies includes the need for information sharing and coordination when there is a mutual need to access the same information (e.g., case files). Collaboration with other review bodies will assist in avoiding redundancies where possible and will enable the Internal Review Process to be aware and responsive when changes occur within other review bodies that may have an impact on it.

Considerations:

- Develop and execute a communications plan to ensure that Aboriginal partners and stakeholders are aware of the Internal Review Process. Examples of stakeholders include the Alberta Association of Services for Children and Families and the Alberta Foster Parents Association. Foster parents who are not associated with the foster parents association can be engaged through their respective service delivery area or DFNA.
- An implementation team could explore suitable mechanisms to formalize collaboration and coordination with other review bodies, as appropriate.
- An implementation team may want to explore the potential of working with OCYA to look at how to enhance families' and caregivers' involvement in the Internal Review Process.
- An implementation team could consider the merits of an escalation process to address concerns raised by the public. A starting point could be reviewing existing mechanisms in Child and Family Services Division and/or Ministry of Human Services to decide whether they can be used in the Internal Review Process, or if additional steps may need to be developed.

6.4 Timelines

The implementation of the Internal Review Process will be dependent on the specific context and factors related to each particular event. Acknowledging the need for flexibility to accommodate a range of contextual circumstances for each event, there is a need to ensure that the Internal Review Process proceeds in a timely manner so that that findings and recommendations are applied as quickly as possible. Timelines also influence the opportunity for families, caregivers and communities to receive information in a timely manner that can support achieving closure and healing.

Considerations:

- Once the process has been implemented and solidified, those directly involved in the process will be in a better position to establish timeline ranges for each step.

- Validation and refinement of the timelines could be a key component of the evaluation of the overall process.
- Suggested time ranges for consideration are up to six months to complete the Initial Examination and the Service Delivery Examination, and up to an additional six months for the Statutory Review to be completed (up to 12 months in total).

6.5 Knowledge Mobilization System

The Internal Review Process aims at developing an understanding of how and why an event occurred in order to identify key learnings for policy and practice. Two important aspects of quality assurance and continuous improvement relate to how those learnings are shared across the Ministry and regional/DFNA offices and how they influence enhancements of policy and practice. Best practices from learning organizations and input from the Expert reference group indicate that use of a knowledge mobilization system to capture, share and action learnings is a worthwhile investment.

Considerations:

- During implementation, there will be immediate opportunities for learning. Adjustments to the process operational aspects of the process can be made quickly, based on experience with process and the collaboration among OSD and Service Delivery Directors. It will be important for these adjustments to be captured, evaluated and shared to ensure the process is appropriately updated and transparency is maintained.
- An implementation team could look in the longer term at how communication of findings and recommendations produced through the Internal Review Process can be incorporated into existing Ministry knowledge mobilization systems to align with and support CQA's role in quality assurance.

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8. Glossary

Ban on Publication: A ban which prevents any person from publishing the name or photograph of the child or the child's parents or guardian in a manner that would identify that the child is receiving intervention services. The ban has recently been lifted for deceased children. It is legislated in Section 126.2 and 126.3 of the Child, Youth and Family Enhancement Act (CYFEA). *(Source: drafted by Working Group Secretariat with assistance from HS legal services)*

Cause of Death: The medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization. *(Source: Fatality Inquiries Act)*

Child: A person under the age of 18 years and includes a youth (a child who is 16 years of age or older) unless specifically stated otherwise. *(Source: CYFEA)*

Chronology: A written document outlining the sequential order in which past events occurred. In the child intervention system, a chronology is used to "tell the story" of the child's involvement in the intervention system. *(Source: drafted by Working Group Secretariat)*

Completed Review: A review is considered complete when the Statutory Director has accepted the findings and recommendations resulting from the review. *(Source: drafted by Working Group Secretariat)*

Designated Individual: An individual designated under section 105.771(1) of the CYFEA, which states that a designated individual must be

(a) An individual employed in the public service, or

(b) An individual to whom the director has delegated authority under Section 121(3).

Evaluation: The act of considering or examining something in order to judge its value, quality, importance, extent, or condition. *(Source: Results Based Budgeting glossary of terms)*

Family Member: In respect of a deceased child, means an individual who

(a) Is a parent, guardian, grandparent or sibling of the deceased child,

(b) stands in the place of a parent, within the meaning of section 48 of the Family Law Act (i.e., is the spouse of a parent of the child or is or was in a relationship of interdependence of some permanence with a parent of the child, and has demonstrated a settled intention to treat the child as the person's own child) with respect to the child, or

(c) Is a member of a prescribed class of individuals. *(Source: CYFEA)*

File: A child's full file comprises electronic and non-electronic records which includes third party reports, court records, case notes and any other record that was collected and used for the purpose of case management and decision making. A full file review would include the lifespan of all intervention involvement. *(Source: drafted by Working Group Secretariat)*

Foster Parent: A person approved as a foster parent by a director. *(Source: CYFEA)*

Guardian:

> (i) A person who is or is appointed a guardian of the child under Part 2 of the Family Law Act, or
>
> (ii) A person who is a guardian of the child under an agreement or order made pursuant to this Act. *(Source: CYFEA)*

Internal Review: Refers to a process which is initiated internal to the Ministry of Human Services, with a focus on change to ministry policy, processes and practice. The child intervention system takes ownership of its own Quality Assurance process while recognizing that all deaths, serious injuries and incidents take place within a larger context. A Statutory Review is a component of some internal reviews. *(Source: drafted by Working Group Secretariat)*

Intervention Services: Any services, including protective services (i.e., any service provided to a child who either is in the custody of a director, or is the subject of a supervision order, temporary guardianship order or permanent guardianship agreement or order), provided to a child or family under the CYFEA except for services provided under Part 2 (Adoption) or Part 3 (Licensing of Residential Facilities). *(Source: CYFEA)*

Investigation: A detailed and careful examination of facts to identify causal factors pertaining to an event. In the context of the child intervention system, the term, investigation, is used by external review bodies in order to fulfill their mandates (for example, an investigation completed by the Office of the Chief Medical Examiner or an investigation under the Criminal Code of Canada). Investigations can impact the Office of the Statutory Director by providing additional information to be considered in the determination to carry out a statutory review for a specific event. *(Source: drafted by Working Group Secretariat)*

Manner of Death: The mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable. *(Source: Fatality Inquiries Act)* The manners of death used by the Office of the Chief Medical Examiner (OCME) in Alberta are as follows:

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

Accidental

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

Suicide

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

Homicide

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

Unclassified

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

Undetermined

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

Quality Assurance Activity: A planned or systematic activity the purpose of which is to study, assess or evaluate the provision of intervention services with a view to the continual improvement of

(i) The quality of intervention services, or

(ii) The level of skill, knowledge and competence of individuals providing intervention services.

(Source: CYFEA)

Serious Incident: For the purpose of the Internal Child Death and Serious Incident Review process, a working definition of serious incident includes events that result in serious injuries. A formal definition will be determined through ongoing work.

Serious Injury: In respect of a child, means

- A life-threatening injury to the child, or
- An injury that may cause significant impairment of the child's health.

(Source: CYFEA)

Statutory Review: A review conducted under section 105.771 of CYFEA of a serious injury or death, or other serious incident involving a child receiving intervention services. The review is conducted by a designated individual and is a component of the Internal Review Process. (Source: drafted by Working Group Secretariat)

Statutory Shield: Legislative provisions that ensure information provided to a designated individual appointed under section 105.771 of the CYFEA in relation to a review under section 105.771 cannot be used in any other proceedings, except a prosecution for perjury. This includes designating the information provided to the designated individual for a review under section 105.771 as privileged, providing that the designated individual cannot be compelled to give evidence on matters that came to their knowledge as a result of a review under section 105.771 and providing protection the designated individual for all acts done in good faith. (Source: drafted by Human Services Legal Services)

9. Appendices

9.1 How the Internal Review Process was Developed

A working group was established to design the Internal Child Death and Serious Incident Review Process for Human Services. The working group was composed of participants who were able to bring expertise in and experience with the child intervention system. The general approach taken was to examine leading practices from the research literature as a starting point for review process elements and modify them based on the Alberta context. On a regular basis, Sponsor and Executive Sponsor representatives briefed the Council for Quality Assurance on the progress of the working group and sought comment and advice on key components of the review process design. Reference groups were involved in the design process as subject matter experts to provide input to the working group's direction and products as development progressed.

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- Bryce Stewart, Assistant Deputy Minister, Child Intervention Five Point Plan Supports
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Sponsors:

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Advisory Body:

- Council for Quality Assurance

Reference Groups:

- Other child death review bodies
- Service delivery representatives
- Aboriginal partners
- Quality assurance experts

9.2 Reference Group Engagement Summary Table

The following table provides a summary of involvement with identified reference groups and their input. The primary objectives for engaging the reference groups were to make them aware of the new Internal Review Process and to ask for input on the design and implementation, in accordance with their areas of knowledge and experience.

Groups	Who	Contact Format	Highlights of Input Received
1: Aboriginal Partners	**Confederacy of Treaty Six First Nations, Treaty Seven Management Corporation, Treaty Eight First Nations of Alberta** • Tripartite Technical Working Group **Metis Settlements General Council** • Alden Armstrong, Executive Director **Metis Nation of Alberta** • Sara Parker, Director of Intergovernmental Affairs ***Quality Assurance Experts with an Aboriginal perspective (see Group 2)**	Face to face meetings	• Involvement of Aboriginal Partners in the development and execution of the implementation plan • Aboriginal representation when a child of their community is the subject of review • Increased resources devoted to prevention • Ongoing communications with Aboriginal Partners • Supports provided to staff, caregivers and families involved in a review
2: Quality Assurance Experts	• *Betty Bastien, Associate Professor, Faculty of Social Work, University of Calgary, specializing in Aboriginal Issues • Peter Choate, Mount Royal University, Assistant Professor of Social Work • Eileen Munro (Munro, Turnell & Murphy Child Protection Consulting) • *Billie Schibler, Chief Executive Officer for Manitoba's Metis Child and Family Services Authority	Written responses to materials	• An approach which includes the structural nature of serious injury and deaths among Aboriginal children must be recognized if their vulnerability is to be reduced. (Bastien) • Only information that is relevant to the decision being reviewed should be gathered. In cases where there appears to be broader errors, a full scale review would be appropriate (Choate) • Focus on developing a less prescriptive approach to allow for professional judgment and discretion (Munro) • Honouring the Spirits of those children by telling their stories with as much accuracy as possible and with as much purpose as can be given to these tragic losses (Schibler)

Groups	Who	Contact Format	Highlights of Input Received
3: Service Delivery	**Regional and Delegated First Nation Authority Directors** whose staff experienced a review in the last two to three years **Alberta Union of Provincial Employees** (purpose of this engagement was for building awareness)	Written responses to questionnaire Face to face meetings	• Operational insights to be considered for implementation: - reducing impacts on staff by consolidating reviews - detailed review process "walk throughs" with staff; - continued communications and timely updates by senior management and Executive - supports offered through the review process - conducting the review process in a timely manner; - opportunity to provide comments to validate the review report contents • Statutory reviews need to be tailored to the unique circumstances of each case; • Support for team approach to making a determination to support Statutory Director's decision on the need for a Statutory Review • Understanding and tracking previous recommendations and responses are critical to help determine if further reviews are required • Service Delivery Examination needs to be collaborative and consistent; a Service Delivery Examination is not required for every event, judgement and discretion is needed

Groups	Who	Contact Format	Highlights of Input Received
4: Other Review Bodies	**Office of the Child and Youth Advocate** • Terri Davies, Director **Family Violence Death Review Committee** • Lonni Melvyn, Manager, Prevention of Family Violence and Bullying **Office of the Chief Medical Examiner** • Anny Sauvageau, Chief Medical Examiner	Face to face meeting	• Avoid duplication of effort amongst reviews • Clarity on the role of the Council for Quality Assurance (CQA)

9.3 Reviews and Investigations of Deaths of a Child in Care

The following descriptions provide context and mandate information for the other internal and external review bodies. Information presented in this appendix was drawn from the Human Services website at the time of report's completion: http://humanservices.alberta.ca/abuse-bullying/17189.html.

The Office of the Chief Medical Examiner

- The Office of the Chief Medical Examiner must be notified whenever there is a death of a child who was involved with the ministry.
- The Office of the Chief Medical Examiner conducts an investigation whenever a child's death occurs suddenly or cannot be explained, or when the child is in the care or custody of Human Services.
- The investigation is held to determine general circumstances around the child's death.
- Over the last 10 years, causes of death for children in care as determined by the Chief Medical Examiner are:
    - medical (includes congenital anomalies, health conditions and disease) – 49%
    - accidental – 16%
    - undetermined (may include Sudden Infant Death Syndrome) – 13%
    - suicide – 10%
    - homicide – 10%
    - pending – 2%

Fatality Review Board

All deaths of children in care must also be reviewed by the Fatality Review Board for consideration for a public fatality inquiry unless the board is satisfied that the death was due to natural causes.

- The Fatality Review Board may recommend a public fatality inquiry if there is a possibility of preventing similar deaths in the future or if there is a need for public protection or clarification of circumstances surrounding a case.
- The Minister of Justice and Solicitor General calls the fatality inquiry, which is a public process overseen by a judge. The inquiry establishes cause, manner, time, place and circumstances of death, as well as the identity of the deceased.
- Judges may make recommendations to prevent similar occurrences, but are prohibited from making findings of legal responsibility.
- The Fatality Inquiries Act requires that a written report is made available to the public. The ministry provides a written public response to each report.

Child and Youth Advocate (CYA)

- The Statutory Director notifies the Child and Youth Advocate whenever there is a serious injury or death involving a child receiving services.

- The CYA may conduct their own investigation if they believe it will be in the best interest of the public.
- A report must be provided to the Legislature. The ministry provides a written public response to each report.

Council for Quality Assurance (CQA)

- The Statutory Director notifies the CQA of all serious injuries and deaths of children in care. Legislative changes in Bill 11 extend the scope of the Internal Review Process to children receiving intervention services.
- CQA is mandated by CYFEA with providing recommendations to the Minister to improve the quality assurance of the child intervention system.
- The CQA may recommend that the Minister appoint a panel of experts to review the circumstances surrounding the incident to assist in identifying potential improvements to the child intervention system.

Deaths of Children Known to Human Services

January 1, 1999 to September 30, 2013

275,000 unique children were served by the Ministry between January 1, 1999 and September 30, 2013

Type of Involvement	Children with No Prior Involvement	Children with No Open File at the Time of Death				Children with an Open File at the Time of Death	
		File Closed at Time of Death - child had prior involvement	Over 18 At Time of Death	Investigation - began because of illness or injury that led to death	Investigation - in progress	Open File - child with parents	In Care
Description	Children in this category never had any involvement with child intervention. *Examples:* *- a sibling of children with active or previous involvement* *- a child of a parent who themselves had involvement as a child.*	Children in this category did not have active involvement with child intervention, but at some point in their lifetime had an open file or investigation. *Example: The Ministry was notified about the death of a child whose file was closed five years prior.*	Young people in this category had prior involvement with child intervention. *Examples:* *- were with child intervention prior to their 18th birthday through an open file or investigation* *- had an active Support and Financial Assistance agreement (supports available for children previously in care aged 18 to 22).*	Children in this category had an investigation initiated in direct response to the injury/illness that led to their death. *Example: Call received from hospital that child arrived with a fatal injury.*	Children in this category had an investigation ongoing at the time of their death. *Example: A report about concerns for a child was received, work was underway to assess the needs of the child and the child died during this time.*	Children in this category were receiving supports and services while living at home. *Example: The child's safety and well-being were being addressed through services such as counselling, parent aid and addiction support. The child passed away while the family was receiving these services.*	Children in this category were legally in the care of the province at the time of their death. Children in care are generally placed with foster parents, extended family or in group care.
Total	**66**	**291**	**50**	**60**	**41**	**84**	**149***

* Records about the deaths of **145** children in care between January 1, 1999 and June 7, 2013 were previously provided to the media. **Four** children died in care between June 7, 2013 and September 30, 2013.

January 2014

Deaths of Children, Youth or Young Adults Receiving Child Intervention Services
April 1, 2008 to November 30, 2016

The Ministry of Human Services is committed to publicly report deaths of children that occurred while the children were receiving Child Intervention services.

By Type of Intervention

Type of Intervention (see note below)	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	April 1, 2016 to November 30, 2016
In Care	6	11	13	11	10	8	10	6	5
Not In Care	11	9	9	7	7	13	20	13	10
Over 18 and Receiving Support and Financial Assistance (SFA)	8	1	1	1	1	3	3	3	1
Total	**25**	**21**	**23**	**19**	**18**	**24**	**33**	**22**	**16**

• **In Care** refers to children who have been placed outside of their home on a temporary or permanent basis. These children may be placed in: kinship homes, foster homes, group homes or treatment facilities.
• **Not In Care** refers to children who remain at home while the family receives services to resolve matters of concern.
• **Support and Financial Assistance (SFA)** agreements are available to young adults between the ages of 18 and 24 who were previously involved in Child Intervention, to help support them in fully reaching their independence.

By Manner of Death

Manner of Death	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	April 1, 2016 to November 30, 2016
Accidental	6	3	4	1	3	2	4	2	0
Homicide	5	3	4	2	1	1	0	3	0
Medical	5	8	9	9	5	6	4	1	0
Pending	0	0	0	0	0	0	4	7	12
Suicide	4	2	1	0	4	4	7	4	1
Unclassified	0	0	0	0	1	0	2	0	0
Undetermined	5	4	5	7	3	7	5	2	0
OCME death review not required	0	1	0	0	1	4	7	3	3
Total	**25**	**21**	**23**	**19**	**18**	**24**	**33**	**22**	**16**

"The **Manner of Death (MOD)** is determined by the Office of the Chief Medical Examiner (OCME) in most circumstances. In some cases, such as when a child dies in hospital while under the care of medical professionals, an attending physician may determine the manner of death as natural, and no further review is required by the OCME. In these cases, the death is classified as "OCME death review not required ".

By Racial Status

Racial Status	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	April 1, 2016 to November 30, 2016
Aboriginal	19	15	14	10	12	15	20	12	9
Non-Aboriginal	6	6	9	9	6	9	13	10	7
Total	**25**	**21**	**23**	**19**	**18**	**24**	**33**	**22**	**16**

By Gender

Gender	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	April 1, 2016 to November 30, 2016
Female	11	6	13	12	5	14	17	9	7
Male	14	15	10	7	13	10	16	13	9
Total	**25**	**21**	**23**	**19**	**18**	**24**	**33**	**22**	**16**

By Age Group

Age Group	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	April 1, 2016 to November 30, 2016
0-5	11	12	16	13	9	13	17	8	9
6-12	0	2	1	3	2	4	1	0	1
13-15	4	3	4	1	3	2	7	7	1
16-17	2	3	1	1	3	2	5	4	4
18+	8	1	1	1	1	3	3	3	1
Total	**25**	**21**	**23**	**19**	**18**	**24**	**33**	**22**	**16**

A preliminary analysis of mortalities in the child intervention system in Alberta

Alberta Centre for Child, Family and Community Research

Prepared for the Child Intervention Roundtable
Edmonton, AB, January 28---29, 2014

The Alberta Centre for Child, Family and Community Research (ACCFCR) was asked to provide an analysis of Alberta Human Services' child mortality data.

The ACCFCR analyzed the data for children who died while receiving intervention services between 1999 and 2012. This document provides the results of those analyses.

Context	Alberta	Interpretation	Next steps
Background, characteristics of maltreated children.	The Alberta child intervention system, deaths in the system.	What do these data tell us?	Where to go from here, data linkage.
Page 2	Page 6	Page 25	Page 27

ACCFCR

The Alberta Centre for Child, Family and Community Research (ACCFCR) is a not---for---profit charitable corporation. The Centre was established to support and disseminate research knowledge and evidence on policy issues related to improving the well---being of children.

The Centre is involved in a number of initiatives focused on the well---being of children and youth in Alberta. For example, the Centre is currently supporting the Ministry of Human Services in the development of a *Child Intervention Services Quality Framework* for the Child and Family Services Council for Quality Assurance.

The Child and Youth Data Laboratory (CYDL) is managed by the Centre. The CYDL studies issues, policies and practices affecting Alberta's children, by linking and analyzing cross---ministry administrative data.

Why does this document exist?

Alberta Human Services has developed a five---point plan for improving Alberta's child intervention system. The Child Intervention Roundtable is being held as part of that plan. The Roundtable will consider issues surrounding investigations and data on deaths of Albertan children.

Human Services has expressed the goal of establishing a more transparent and accountable reporting system. Such a system will help ensure better outcomes for the children and youth of Alberta. This is a goal that is shared by the ACCFCR.

As a leader in supporting, conducting, and disseminating research on child well---being, the ACCFCR was asked by Alberta Human Services Minister Bhullar to participate in the roundtable. In particular, the ACCFCR was asked to examine the Ministry's data on deaths of children who were known to intervention services.

This document presents the results of ACCFCR's analysis and interpretation of the mortality data for the child intervention system. Advice is provided on appropriate next steps for research, data collection, and reporting practices.

What is in this document?

Characteristics of children in families receiving intervention services are reviewed briefly. This is followed by a description of child intervention system in Alberta, and a profile of the children it serves. Mortality data are then described. There is a discussion of what the data tell us, and suggestions for next steps are made.

What do we know about children whose families are receiving intervention services?

Children whose families are receiving child intervention services differ from other children in ways other than receipt of the services. Issues across a wide range of challenging domains are known to be present in these children's lives.

The Alberta Incidence Study of Reported Child Abuse and Neglect (AIS---2008) (McLaurin et al., 2013) described the characteristics of Albertan children, caregivers, and homes in substantiated cases of abuse and neglect in 2008. At the time of entry into the intervention system, 52% of children had at least one concern in the areas of physical, emotional, or cognitive health or behaviour.

The most common concerns were academic difficulties (27% of cases), depression/anxiety/withdrawal (21%), intellectual/developmental disability (20%), aggression (18%), attachment issues (16%), ADD/ADHD (13%), and fetal alcohol syndrome/fetal alcohol effects (10%). Alcohol abuse or drug/solvent abuse were each found in 6% of cases. The rate of substantiated maltreatment was more than five times higher for Aboriginal children than for non---Aboriginal children.

Other studies showed similar characteristics for maltreated children. Poor physical health at entry into care has been documented in numerous studies (see review by Kufeldt, Simard, Vachon, Baker, and Andrews, 2000). Lange, Shielf, Rehm, and Popova (2013) completed a systematic review documenting the high prevalence of fetal alcohol syndrome and fetal alcohol spectrum disorder in child welfare systems. Fuchs, Burnside, Marchenski, and Mudry (2010) found high rates of intellectual and mental health disabilities among children in child protection in Manitoba in 2004. Smith et al. (2011) noted that maltreated children in British Columbia were more likely to identify as lesbian, gay, or bisexual than other children.

Primary caregivers of maltreated children also share some common characteristics. In the Alberta Incidence Study (McLaurin et al., 2013), primary caregivers were often victims of domestic violence (52% of cases), had few social supports (46%), had mental health issues (36%), abused alcohol (33%), or abused drugs/solvents (25%). One in eight (12%) of the primary caregivers had themselves lived in foster care or a group home at some point.

The households in which maltreated children live in at the time of entry into intervention services have elevated rates of dependence on social assistance or other income benefits, low socio---economic status, and presence of household hazards (such as drug paraphernalia, accessible weapons, or unhealthy/unsafe conditions); frequent moves are also common (Leschied, Chiodo, Whitehead, and Hurley, 2006; McLaurin et al., 2013).

Aboriginal families in the child welfare system face many challenges. Aboriginal families have less stable housing, greater dependence on social assistance, parents who are younger, more parents who were maltreated themselves as children, and higher rates of substance abuse than Caucasian families (Trocmé, Knoke, and Blackstock, 2004).

A British Columbia report on mortality of children in care (British Columbia Office of the Provincial Health Officer, 2001) reminds us that the life circumstances of children in child welfare systems are such that they are at increased risk of death before they enter child welfare: "All children have the right to survive, grow, and develop to their full potential. Yet, most children who come into care are already economically disadvantaged, are medically fragile or severely disabled, or have been injured psychologically or emotionally – factors that put them at increased risk of dying at a young age." (British Columbia Office of the Provincial Health Officer, 2001, p. 2).

A 2006 update of the same report (British Columbia Office of the Provincial Health Officer & Ministry of Health, 2006) notes that children in care who die are most often 0 to 4 years of age, are more likely to be male than female, and have higher rates of death from both natural and external causes than the general population. Excess deaths (death rates higher than the general population) were most often caused by congenital anomalies, sudden infant death syndrome (SIDS), suicide, and diseases of the nervous system.

American data indicate that children who die while in child welfare systems are more likely to suffer from neglect or physical abuse than other types of abuse; they are often young children (under 4 years of age). Parents are the most common perpetrators of deaths of children in child welfare systems; often, the perpetrators are young, have a low level of education, are low socio---economic status, suffer from depression, and have trouble coping with stressful situations (Child Welfare Information Gateway, 2013).
There have been some studies that look at the experiences of Alberta's maltreated children once they are in the intervention system. Alberta Education and Human Services are collaborating on an initiative called Success in School for Children and Youth In Care—Provincial Protocol Framework (PPF). Compared to those in the general population, children and youth in care are more likely to drop out of school and do poorly on achievement tests, and are less likely to complete high school. This initiative supports children and youth in care, toward the goal of improved school outcomes and higher high school completion rates. Details can be found on Alberta Education's web site (Alberta Education, 2014).

"All children have the right to survive, grow, and develop to their full potential. Yet, most children who come into care are already economically disadvantaged, are medically fragile or severely disabled, or have been injured psychologically or emotionally – factors that put them at increased risk of dying at a young age." (British Columbia Office of the Provincial Health Officer, 2001, p. 2).

ACCFCR's Child and Youth Data Laboratory (CYDL) studied 12 to 17 year old youth receiving intervention services in 2008/09 (CYDL, 2012). Key social and demographic indicators for these youth, as well as their use of other Alberta government services (education, health, social supports, justice system involvement) were examined with cross---ministry linkage of administrative data (administrative data is data collected by ministries as part of provision of services, such as demographic information and details of services provided).

Compared to Albertan youth not receiving intervention services, youth who received intervention services were more likely to live in the lowest socio---economic status neighbourhoods, to perform below educational expectations, to have a mental health condition, to have five or more physician visits, to visit emergency rooms or be hospitalized, to receive services from Family Support for Children with Disabilities, or to be in the justice and correctional systems, and were slightly more likely to be registered in the K---12 education system. Almost half of youth receiving intervention services were Aboriginal.

Upcoming data from the current CYDL project will include Child Intervention Services clients from 0 to 22 years of age over a six---year time span. Data will be linked over a wide range of service usage. This will create a more complete description of interactions with different systems of care, including timing and intensity of service use.

Data sources

Data analyses in this document were based on data from Child Intervention Services. Data from Alberta Health was also used to provide context in the form of population---level data.

Child Intervention Services provided number of children receiving services by year, age, gender, Aboriginal status, and type of service received (Not In Care or In Care; see following section). Child Intervention Services also provided numbers of deaths by year, age, gender, Aboriginal status, type of service received, and manner of death.

The Surveillance and Assessment Branch of Alberta Health provided number of people living in Alberta by year, age, and gender, from the Alberta Health Care Insurance Plan Population Registry. The Surveillance and Assessment Branch also provided number of deaths in Alberta by year, age, and gender, from the Service Alberta Vital Statistics Deaths Database. These data sources were used to provide context on pages 8 and 10 of this document.

Alberta's child intervention system

Child intervention services in Alberta are governed by the *Child, Youth and Family Enhancement Act* (2000). Generally, children 0 to 17 years of age are assisted under the Act, but limited services are provided to young adults as well. Human Services' Child Intervention Services carries out an investigation when there is information that a parent or guardian is unwilling or unable to ensure the well---being of a child (when maltreatment by someone other than a parent or guardian is suspected, investigation is carried out by the police).

Child abuse is considered to be any maltreatment that results in injury or harm, and includes neglect, emotional injury, physical abuse, or sexual abuse. Most of the cases that are referred directly to Human Services, or through persons such as school staff, medical personnel, or child care providers, are dealt with by providing Early Intervention services, such as support on issues in parenting, healthy lifestyles, family violence, etc.

When there is reason to believe that a child's well---being is at risk, however, a file is "opened" and families receive services either through the Family Enhancement Program or Child Protective Services. In this document, "child intervention services" or "intervention services" refer to both the Family Enhancement Program and Child Protective Services.

Family Enhancement services allow lower---risk families to avoid Child Protective Services. Children remain in their parents or guardians' care and parents or guardians enter into an enhancement agreement. Child Intervention Services staff work closely with the family to supervise and monitor them.

Child Protective Services are required when families will not voluntarily enter into an enhancement agreement, and when greater supervision in the home is required or a child needs to be removed from the home to ensure his or her safety and well---being. If the child remains in the home, there is close supervision by a caseworker, and there may be requirements by the court for the parents or guardians to seek counseling or treatment or attend parenting classes.

When this type of arrangement fails to ensure the safety and well---being of a child, he or she is removed from the home (with the support of the courts only) and placed "in care"—foster care, kinship care (with relatives), or group care. This can be done on a temporary basis (maximum 15 to 18 months), or permanently (adoption or private guardianship) as a last resort. A small number of children come into care because their parents are deceased and no one else is available to care for them.

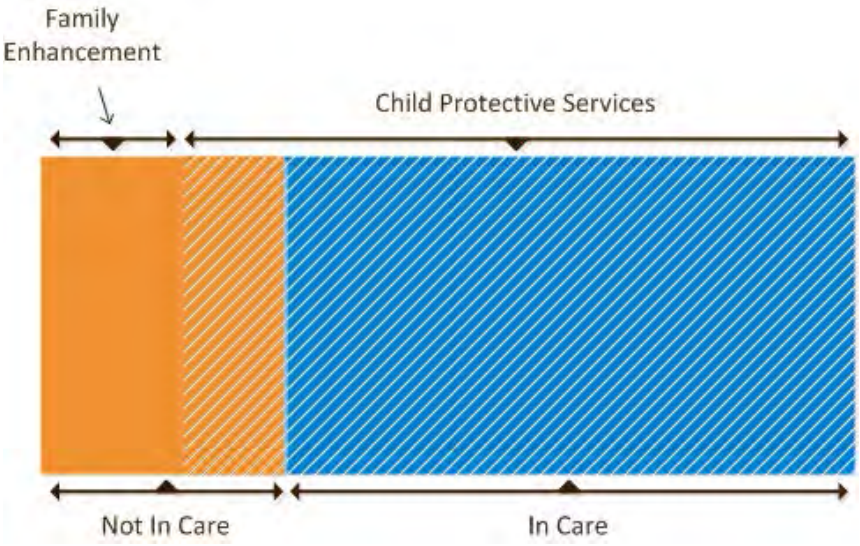
Files are "closed" when families are successfully reunified, or when children are placed into adoption or private guardianship.

Youth who are 16 years of age or older and live independently can also access assistance from Child Intervention Services, such as placements, health care, financial support, life skill development, and access to health, education and employment support.

The analyses contained in this document focus on those children who had "open files" because their safety or well---being were at risk; Early Intervention services clients are not included. This means that the analyses included only children in the Family Enhancement Program and Child Protective Services.

The children from these two programs are categorized as either "In Care" (those who are in the care of the government, in foster care, kinship care, or group care, whether permanently or temporarily; all of these children are Child Protective Services clients) or "Not In Care" (those who remain in their parents' home, whether under the Family Enhancement Program or Child Protective Services).

The diagram below shows how In Care/Not In Care status is related to the Family Enhancement and Child Protective Services programs. The analyses of child death data in Alberta that appear later in this document use the In Care/Not In Care distinction.



What do we know about the children in Alberta's child intervention system?

Child Intervention Services primarily serves 0 to 17 year olds, and the analyses that follow are limited to this age group.

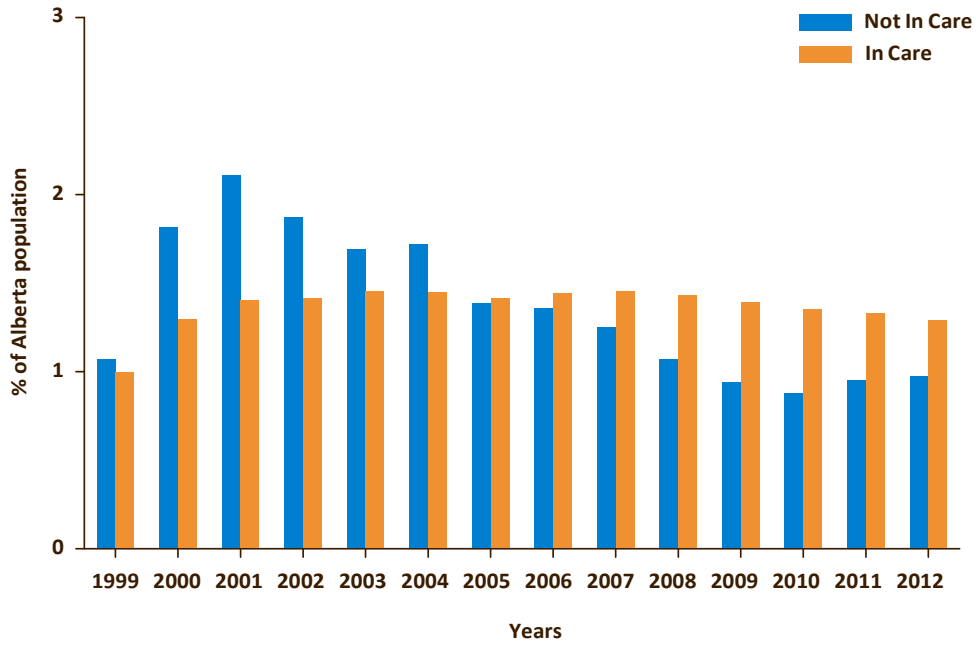
Children were only counted once per year *within* each type of program (even if they received that type of service more than once in the year), but they were counted once each in both Not In Care and In Care if they appeared in both in the same year. This means that the number of children Not In Care cannot be added to the number of children In Care to get the total number of children, because those children who were both Not In Care and In Care in the same year would be counted twice in that total.

Children were counted in each year that they received services, so the total counts of children summed over the years do include some children who were counted more than once.

Between 1999 and 2012, there were between 7,217 and 16,100 children 0 to 17 years of age receiving Not In Care services, and between 7,590 and 11,630 receiving In Care services each year (see Table 1).

Figure 1 shows these numbers as percentages of the total Alberta population. Between one and two percent of Albertan children were receiving Not In Care or In Care services in each calendar year.

Figure 1. Percentage of Albertan children (0 to 17 years) who received child intervention services by year, 1999---2012



Many of these children received services more than once in a given year, or continued receiving services across years (data on re---entry or duration in the system was not available for this document).

The size of the population served varied over time, with decreases in the Not In Care population from 2001 to 2010. There have been many policy and legislative changes during the study period, affecting investigations, interventions, and reporting systems. Alberta has also seen substantial demographic changes during those years.

The combined effect of all of these factors is a variable number of children receiving services from year to year. A complete understanding of these time trends, considering all of the relevant factors, is beyond the scope of this document. Nevertheless, changes to policy and practice over time, as well as demographic shifts, are critical factors. A thorough documentation of these changes is necessary to contextualize mortality rates over time.

Children were assigned to age groups for the analyses in this document. Because Child Intervention Services primarily serves 0 to 17 year olds, the five---year age groups ending at 19 years of age, commonly used by Statistics Canada and other agencies, are not appropriate for the current analyses.

Infants (under one year of age) were grouped alone (these children are also called “0 years old” in tables and figures).

The other children were grouped as follows: 1 to 5 year olds (preschool children), 6 to 12 year olds (elementary school children), and 13 to 17 year olds (teenagers).

As shown in Table 2, for 1999 to 2012 combined the percentage of the child intervention population that was female varied between 46% and 50% for all age groups, for both Not In Care and In Care children, with the exception of 13 to 17 year olds Not In Care. In that case, 56% of the children were female.

Also shown in Table 2, between 1999 and 2012, about 6% of the child intervention population consisted of infants. The percentage of 1 to 5 and 6 to 12 year olds in the Not In Care population was higher than in the In Care population. Conversely, a greater percentage of In Care than Not In Care children were teenagers. In other words, the Not In Care population was generally younger than the In Care population.

Aboriginal children are over---represented in the child intervention system. While Aboriginal children made up about 9% of the Alberta population of children aged 0 to 19 years in 2006 (Statistics Canada, 2008), they comprised 34% of the Not In Care children and 58% of the In Care children 0 to 17 years of age for 1999 to 2012 combined (see Table 7).

Child mortality in Canada and in Alberta

Statistics Canada data (Statistics Canada, 2013) show that between 1999 and 2011 in Canada, child mortality rates were consistently highest for infants (ranging between 479 and 545 per 100,000 population during that time period), followed by 15 to 19 year olds (36 to 51 per 100,000), 1 to 4 year olds (17 to 26 per 100,000), 10 to 14 year olds (11 to 16 per 100,000), and 5 to 9 year olds (8 to 14 per 100,000). The Statistics Canada data for Alberta show similar patterns, with somewhat higher rates for infants and 15 to 19 year olds in Alberta than in Canada during that time period.

Available data from Alberta Health (see page 5 for data source details) enabled calculation of mortality rates for the age groups used in this document (which are slightly different from the ones used by Statistics Canada). For 1999 to 2012 combined, the infant mortality rate using this data source was 585 per 100,000 infants. The rate for 13 to 17 year olds was the second highest rate, at 53 per 100,000. The rate for 1 to 5 year olds was 23 per 100,000, and the rate for 6 to 12 year olds was 11 per 100,000. The pattern is similar to that for the Statistics Canada data with slightly different age groups.

Statistics Canada data for 1999 to 2011 (Statistics Canada, 2013) show that for 0 to 19 year olds, males had higher mortality rates than females overall. The same pattern is found with Alberta Health data. There was an overall mortality rate of 58.2 per 100,000 for males 0 to 17 between 1999 and 2012, and 46.7 for females 0 to 17 during that time period. The differences between males and females were primarily among infants and 13 to 17 year olds (data not shown).

In Canada, leading causes of death for infants are medical (congenital malformations/ deformations/chromosomal anomalies, disorders related to short gestation and low birth weight, and maternal complications of pregnancy) (Statistics Canada, 2012).

For children one to nine years of age, accidents (unintentional injuries), and medical conditions (cancer and congenital conditions) are the leading causes. Unintentional injuries are also the leading cause for 10 to 14 year olds and 15 to 19 year olds. Cancer and suicide are second and third most common causes for 10 to 14 year olds, while suicide and then cancer are second and third for 15 to 19 year olds (Statistics Canada, 2012).

Aboriginal populations are known to have higher rates of infant mortality than the rest of the population, as well as higher rates of injury death throughout childhood (Health Co---Management Secretariat, 2010).

Child intervention mortality in Alberta

When there is a death of a child whose case is in the investigation stage (a file has not yet been opened) or who is receiving intervention services (that is, a child with an open file), information about the death is available to Child Intervention Services.

For deaths of children who had a closed file (i.e., they were reunified with their families or were under permanent guardianship), or who had prior or current involvement with Child Intervention Services but were over 18 years of age at the time of death, information about the death is not automatically available to Child Intervention Services.

There is no legal requirement to report to Child Intervention Services the deaths of persons who are not receiving services from Child Intervention Services. Nevertheless, Child Intervention Services may learn about the death, for example when a caseworker has dealings with other family members, through inter---agency contact, or when a media report appears. Child Intervention Services captures that information when it is available; in some cases, Child Intervention Services even has information about deaths of children who had no prior involvement with them, but may have had family members who were involved.

It is not appropriate to make any generalizations about these types of deaths, as so many of the deaths in these categories are in fact unknown to Child Intervention Services. Systematic (and therefore complete) collection of data on these categories of deaths by Child Intervention Services is not currently possible.

Table 3 lists the number of deaths in each of the categories of involvement with Child Intervention Services. There were 741 deaths between 1999 and September 2013 of children that were in some way known to Child Intervention Services. There was no prior involvement with Child Intervention Services for 66 of these children. Files had been closed for 291 children, and 50 children were over 18 years of age at the time of their death.

Table 3. Categories of child deaths known to child intervention services, 1999 to 2012 and 1999 to 2013

Category	Number of deaths up to Dec 31, 2012	Number of deaths up to Sept 30, 2013
File closed at time of death > child had prior involvement	291	291
In Care	143	149
Intake & Investigation (Involvement)	40	41
Intake & Investigation (No involvement)	58	60
No prior involvement	66	66
Not In Care > child with parents	80	84
Over 18 at time of death	48	50
Total	726	741

There were 101 deaths among children who were in the investigation stage in the system (i.e., in the intake and assessment process). 60 of these deaths were as a result of the illness or injury that caused Child Intervention Services to begin investigating, and 41 deaths among investigated children occurred as the result of an incident or illness that happened after the investigation was initiated. Importantly, whether the children involved in these investigations had actually been maltreated had not yet been established at the time of their deaths. That means that the deaths for this group include both maltreated and non---maltreated children; it is inappropriate to refer to the entire group as maltreated, or to calculate a mortality rate for this group and refer to it as a mortality rate for maltreated children.

The following analyses include deaths from 1999 to 2012; data for 2013 were not finalized for the full year at the time of the preparation of this report. Analyses were limited to the 223 deaths in the Not In Care and In Care groups of children. This is because data for other categories of children were incomplete (including the *no prior involvement*, *closed file*, or *youth over 18* categories) or contained children whose maltreatment status was not established (*no prior involvement*, *intake and assessment*).

The analyses in this document are preliminary. Analyses include year of death, age, gender, Aboriginal status (Aboriginal or non---Aboriginal), and manner of death. Manner of death is categorized as medical (natural), accidental, suicidal, homicidal, undetermined (when it is unclear which of the other categories should be used), and pending (when a report on manner of death has not yet been received).

These manners of death are defined by the Office of the Chief Medical Examiner (OCME; Office of the Chief Medical Examiner, Alberta Justice, 2009). See Appendix A for full descriptions of manners of death. Note that the OCME categories include "Unclassified" deaths; no deaths in the child intervention system between 1999 and 2012 were Unclassified, so that category does not appear in the analyses.

Manner of death is different from cause of death. For example, in a suicide by hanging, the manner of death is suicide but the cause of death is asphyxiation. Comparisons of manners and causes of death are not straightforward. Causes of death are more commonly reported in statistical data on deaths than are manners of death.

All rates are per 100,000 children. For example, in 2010, there were 7,217 children who were Not in Care at least once during the year, and 4 of those children died that year: (4/7,217) x 100,000 = 55.4; the Not In Care rate was 55.4 per 100,000 children. Similarly, there were 11,083 children In Care at least once in 2010; 13 of them died, for a rate of (13/11,083) x 100,000 = 117.3 deaths per 100,000 children In Care.

The reader is cautioned that, in many cases, extremely small numbers of cases are being presented. Rates per 100,00 children are provided in each case. However, *with small numbers, rates are subject to wide fluctuation*. For example, if a rate is based on only 2 cases in a year, then just 2 more cases in that year would double the rate. If a rate is based on 100 cases, 2 more cases in the year would have a small effect on the rate.

Comparisons between rates should be interpreted with caution.

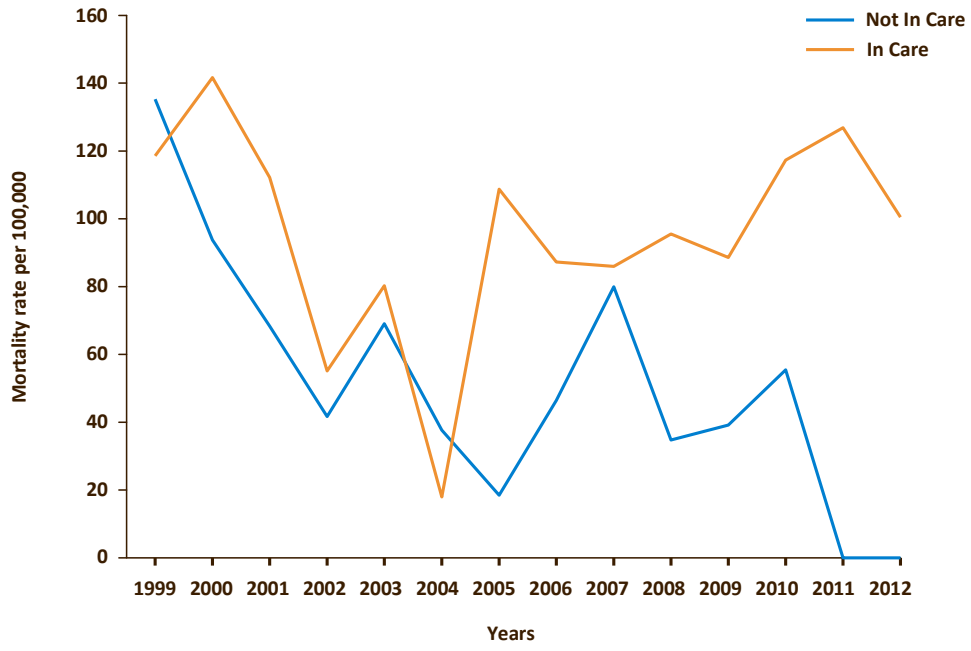
Mortality rates by year

Figure 2 (see Table 4 for details) shows the overall mortality rates for children Not In Care and In Care.

As can be seen in Figure 2, rates fluctuated from year to year, as is expected with rare events like death. A change of only a few deaths can affect the rate substantially. Overall, however, rates did not show a consistent increasing or decreasing trend over time. Mortality rates for both Not In Care and In Care were higher for 1999 and 2000 compared with subsequent years. There were no Not In Care deaths in either of 2011 or 2012; data from a few more years are required to determine whether this is in fact a decreasing trend.

In almost every year, death rates were higher for In Care than Not In Care. The In Care death rate for 2004 was lower than for other years. This is likely due to random variation; there is no known reason for this one---year decrease.

Figure 2. Alberta Child Intervention mortality rate by year and type of intervention service, children aged 0 to 17 years, 1999---2012



Mortality rates by age group

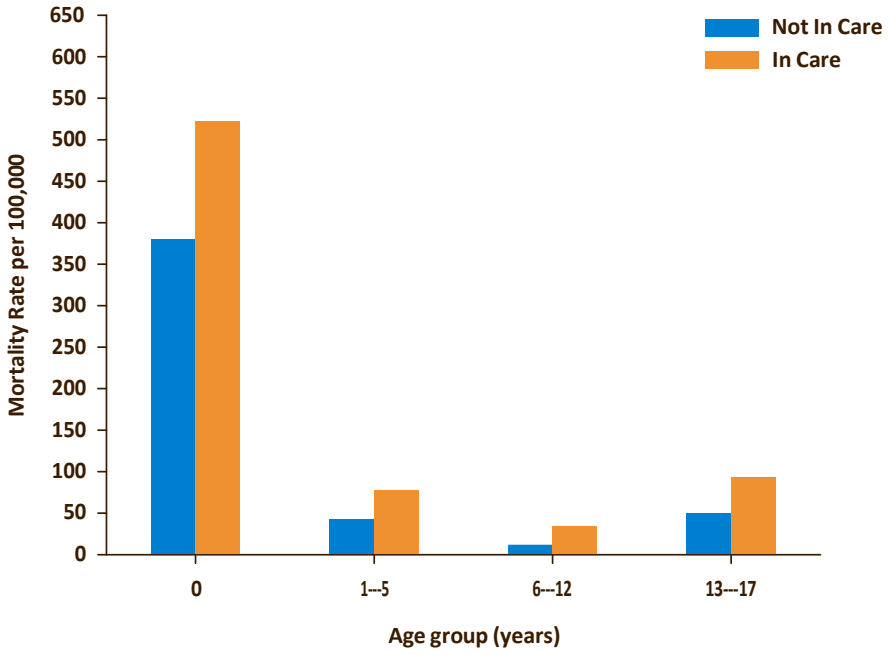
Figure 3 (see Table 5 for details) shows the mortality rates for different age groups of children. These rates, and all of the rates appearing in tables and figures from this point on, include the deaths for all years from 1999 to 2012 added together. The reader is reminded that children who received services in multiple years were counted in each year that they appeared.

Infants (under one year of age) were grouped alone. The other years were grouped as follows: 1 to 5 year olds (preschool children), 6 to 12 year olds (elementary school children), and 13 to 17 year olds (teenagers).

Consistent with Canadian and Albertan data from other sources (see page 10), the highest mortality rates were for infants, followed by teenagers, then 1 to 5 year olds and 6 to 12 year olds.

In each age group, the mortality rates were higher for children In Care than Not In Care, which is not surprising given the higher levels of risk experienced by children receiving In Care services.

Figure 3. Alberta Child Intervention mortality rate by age group and type of intervention services, 1999---2012



Mortality rates by age group and gender

Figures 4a and 4b (details in Table 6) show mortality rates by age group as well as Not In Care/In Care status, for male children (Figure 4a) and female children (Figure 4b).

Both males and females show the same pattern as found in Figure 3: mortality rates were highest for infants, and second highest for teenagers, followed by 1 to 5 year olds and then 6 to 12 year olds.

There is a general pattern of higher rates for males, as was found in other data sources for Canada and Alberta (see page 10). There are two exceptions to this pattern; for 1 to 5 and 6 to 12 year olds In Care, the rates for males were not higher than for females.

Mortality rates by age group and gender (figures)

Figure 4a. Alberta Child Intervention mortality rate by age group and gender, for children Not In Care, 1999---2012

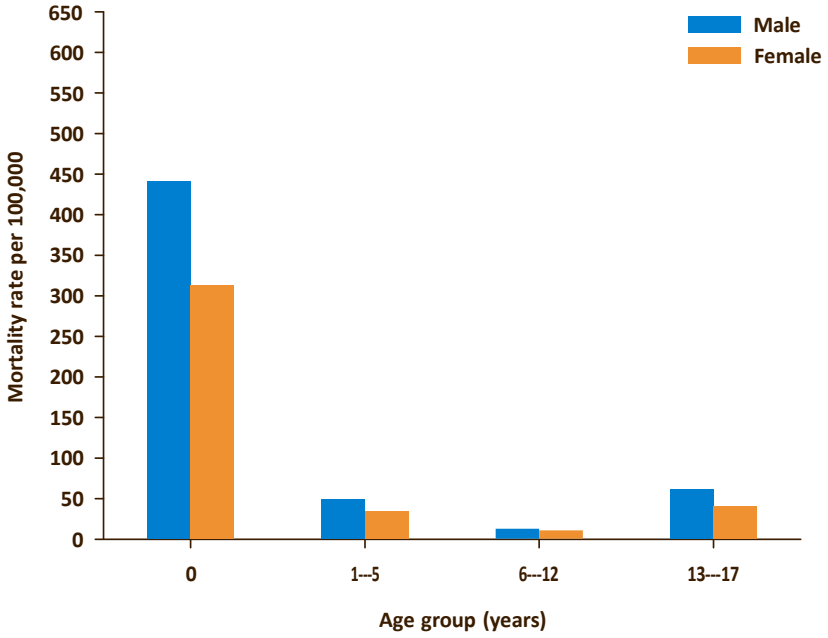
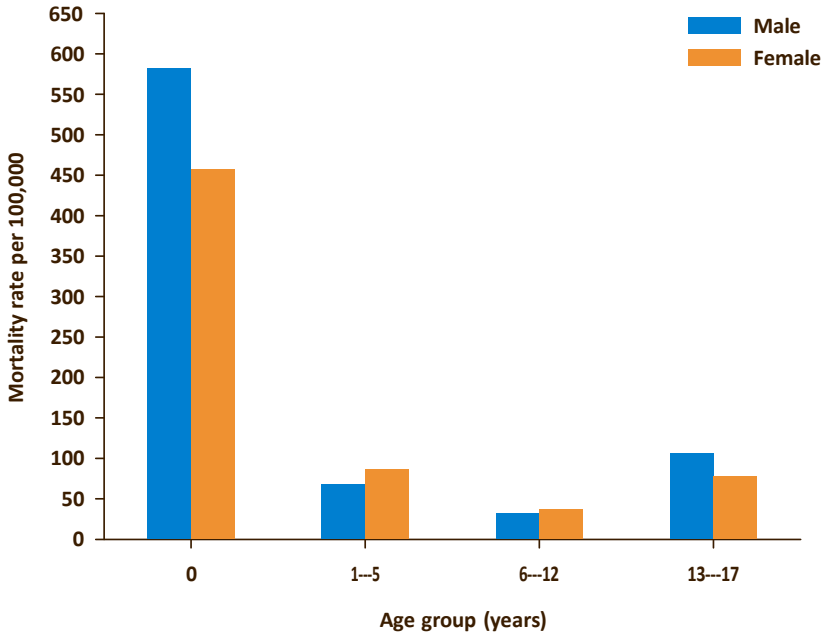


Figure 4b. Alberta Child Intervention mortality rate by age group and gender, for children In Care, 1999---2012



Mortality rates by age group and Aboriginal status

Figures 5a and 5b (details in Table 7) provide mortality rates by age group and Aboriginal status; Figure 5a shows Not In Care rates and Figure 5b shows In Care rates. Mortality rates were notably highest for Aboriginal children In Care; 98 out of the total 223 child deaths being studied in this document were among Aboriginal children In Care. For children either Not in Care or In Care, mortality rates were higher in almost every age group for Aboriginal children than for non---Aboriginal children.

While the rates for the Aboriginal children Not In Care and In Care followed the expected age group pattern (highest for infants, then teenagers, then 1 to 5 year olds, then 6 to 12 year olds), the rates for the non---Aboriginal children in both Not In Care and In Care were *not* elevated for teenagers compared with the 1 to 12 year olds. This unexpected finding may be anomalous, given the low overall numbers of deaths, but this pattern warrants further study.

Mortality rates by age group and Aboriginal status (figures)

Figure 5a. Alberta Child Intervention mortality rate by age group and Aboriginal status, for children Not In Care, 1999---2012

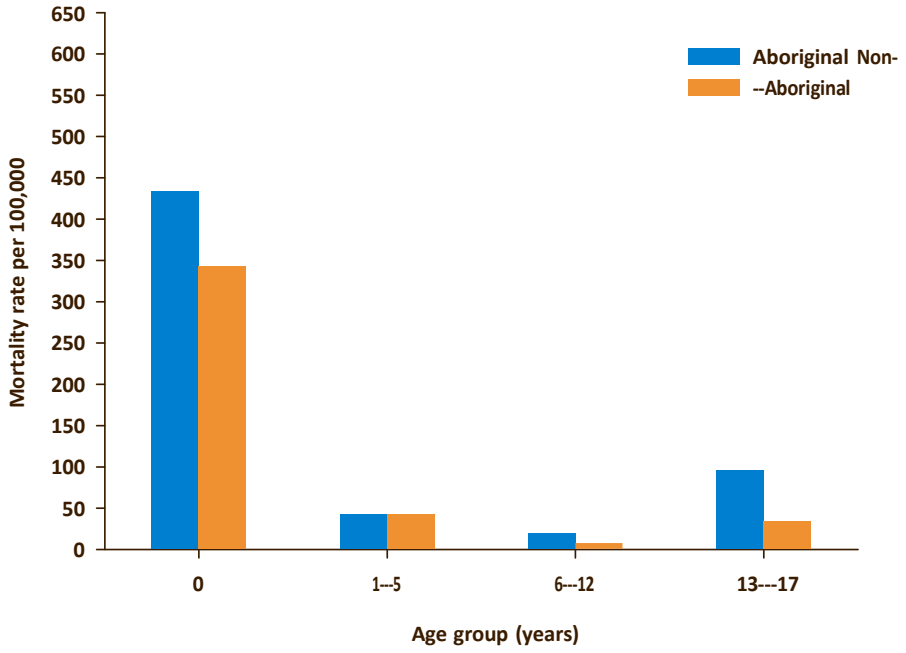
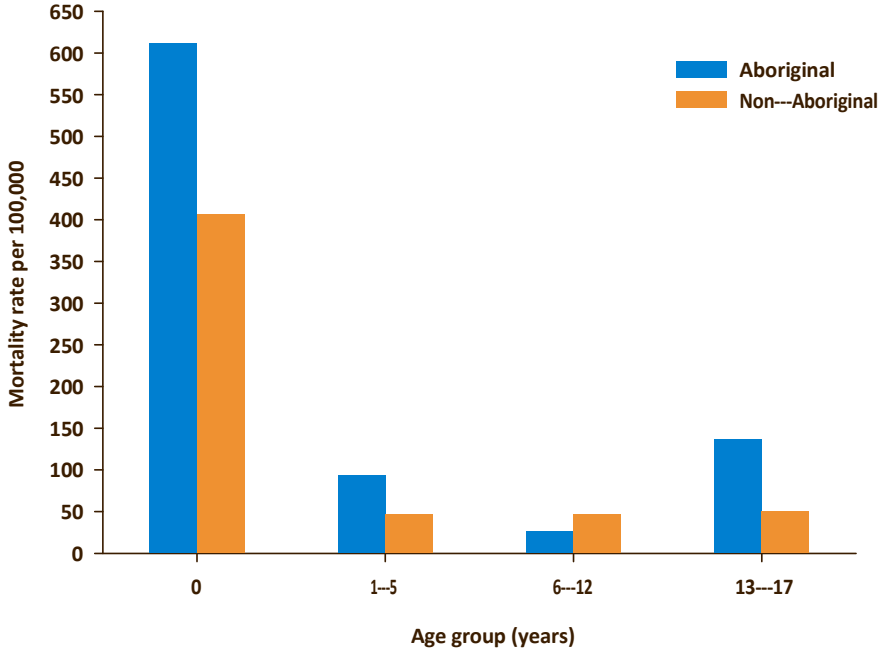


Figure 5b. Alberta Child Intervention mortality rate by age group and Aboriginal Status, for children In Care, 1999---2012



Mortality rates by age group and manner of death

Figures 6a and 6b (see Table 8 for details) show data on mortality rates by age group and manner of death; Figure 6a provides rates for Not In Care and Figure 6b contains In Care data. Medical and undetermined deaths dominated the infant deaths; medical deaths were particularly dominant in the In Care infant deaths. Unlike the general population (see summary of leading causes of death by age group in Canada on page 10), medical deaths were the most common in every age group in the In Care population, and in every age group in Not In Care except 13 to 17 year olds. In the general population, accidents are the leading cause for all age groups except for infants (Statistics Canada, 2012).

Prior to 2010, the undetermined category included deaths from sudden infant death syndrome (SIDS); in other years, those deaths were generally classified as medical. A possible focus for further research would be to clarify changes in SIDS diagnosis and reporting policies across years. SIDS deaths could then be examined across the years to see more clearly how those rates varied and influenced the rates for medical and undetermined infant deaths.

Mortality rates by age group and manner of death (figures)

Figure 6a. Alberta Child Intervention mortality rate by manner of death and age group, for children Not In Care aged 0 to 17 years, 1999---2012

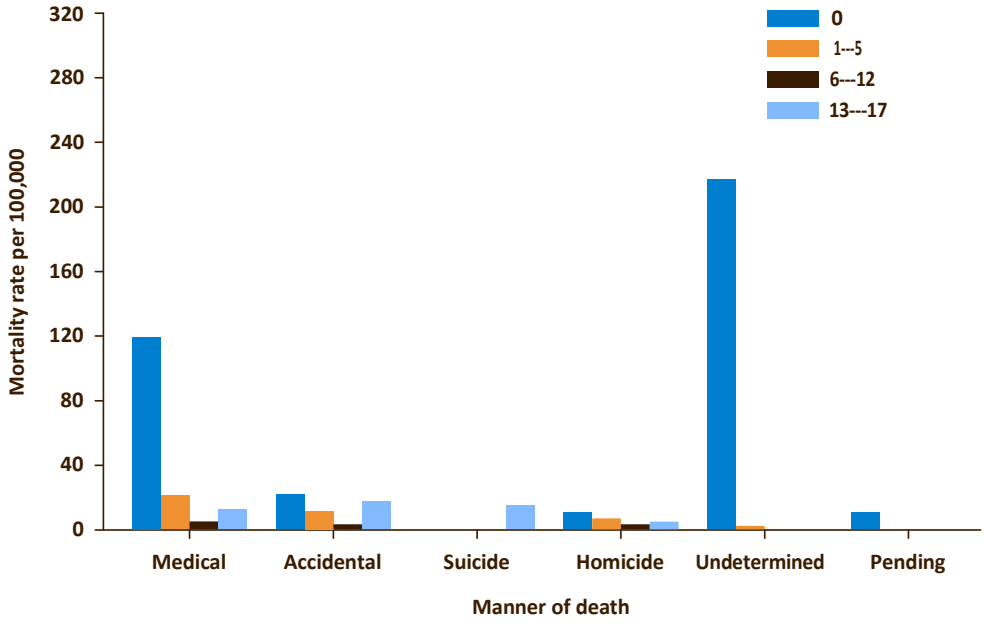
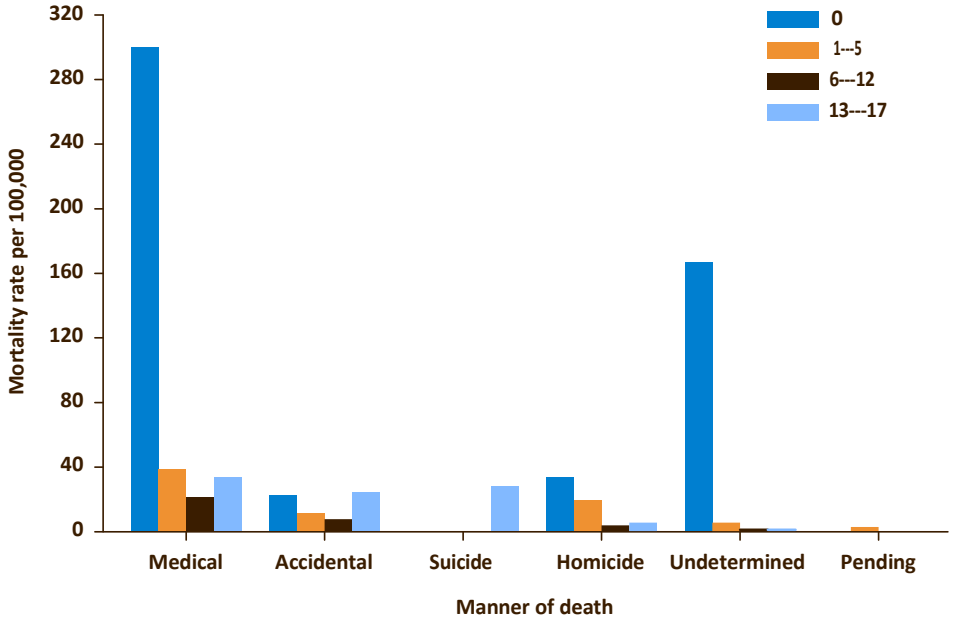


Figure 6b. Alberta Child Intervention mortality rate by manner of death and age group, for children In Care aged 0 to 17 years, 1999---2012



Mortality rates by gender and manner of death

Figures 7a and 7b (see Table 9 for details) provide data on mortality rates by gender and manner of death; Appendix A contains descriptions of manners of death categories. Figure 7a provides rates for children Not In Care and Figure 7b contains rates for children In Care. In most cases, mortality rates were higher for males than for females. The two exceptions were In Care medical mortalities and In Care homicides, with higher rates for females.

Medical deaths were the most common in both groups, and the medical mortality rates were elevated In Care. Suicide rates were higher In Care compared with Not In Care, as were accidental deaths for males only. For a substantial number of deaths, the manner of death was undetermined. Further data on causes of death in these cases would be desired in understanding determinants of death for children receiving intervention services.

Mortality rates by gender and manner of death (figures)

Figure 7a. Alberta Child Intervention mortality rate by manner of death and gender, for children Not In Care aged 0 to 17 years, 1999---2012

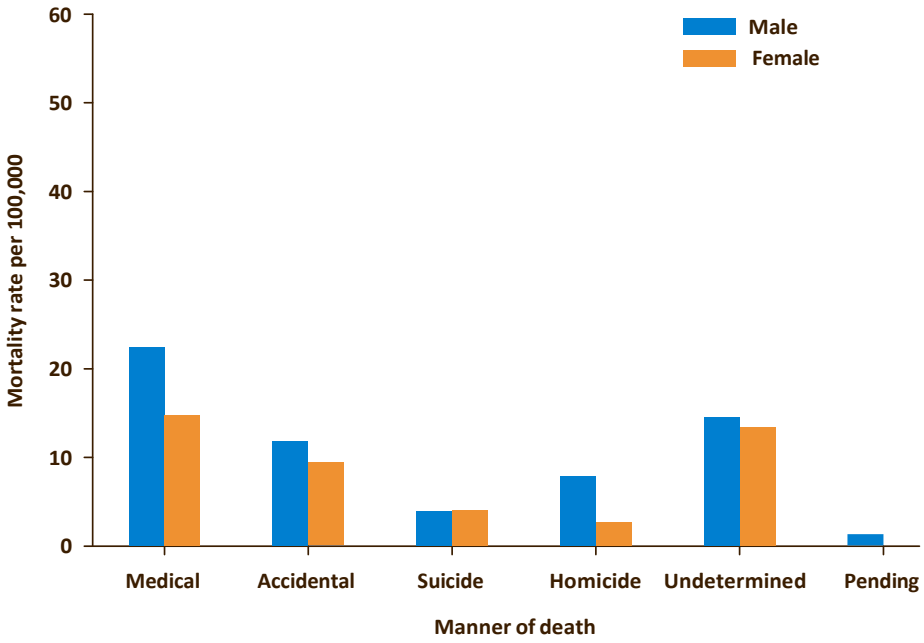
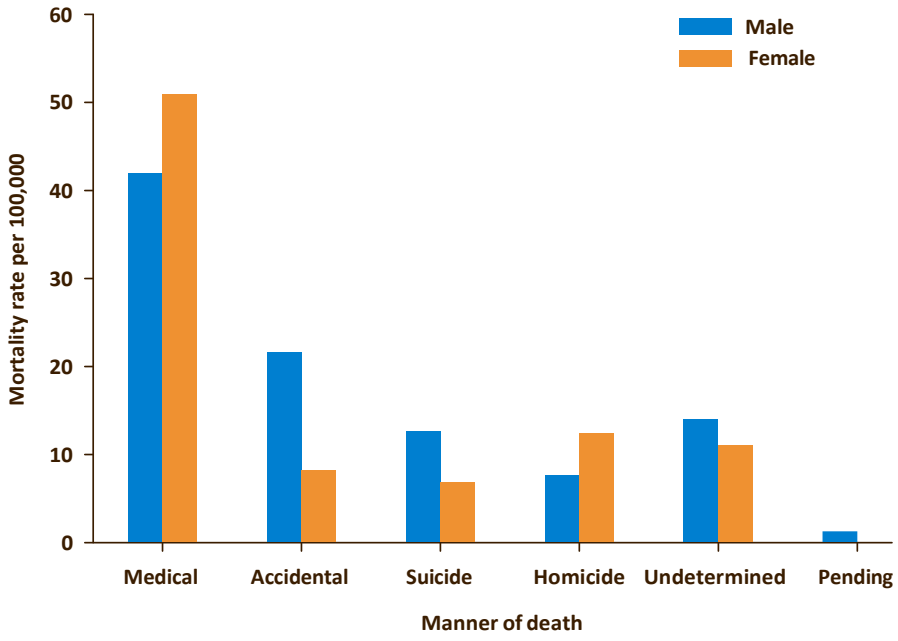


Figure 7b. Alberta Child Intervention mortality rate by manner of death and gender, for children In Care aged 0 to 17 years, 1999---2012



Mortality rates by Aboriginal status and manner of death

Figures 8a and 8b (see Table 10 for details) show mortality rates by Aboriginal status and manner of death for Not in Care (Figure 8a) and In Care (Figure 8b) children. While patterns in manner of death are similar for Aboriginal and non---Aboriginal children, mortality rates for Aboriginal children are higher in almost every case than for non---Aboriginal children (Not In Care homicide rates were not higher for Aboriginal children).

Mortality rates by Aboriginal status and manner of death (figures)

Figure 8a. Alberta Child Intervention mortality rate by manner of death and Aboriginal status, for children Not In Care aged 0 to 17 years, 1999---2012

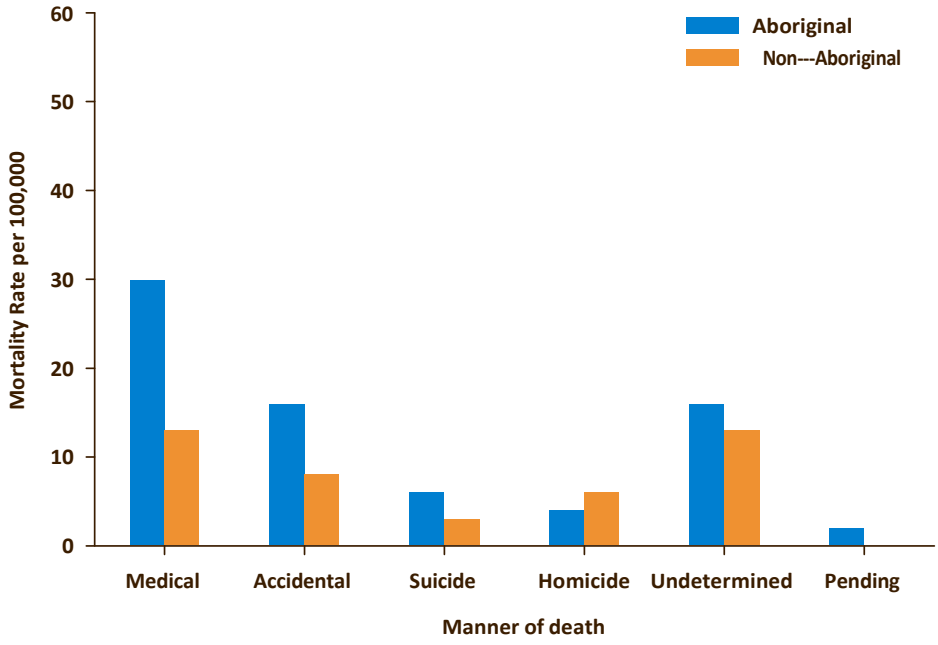
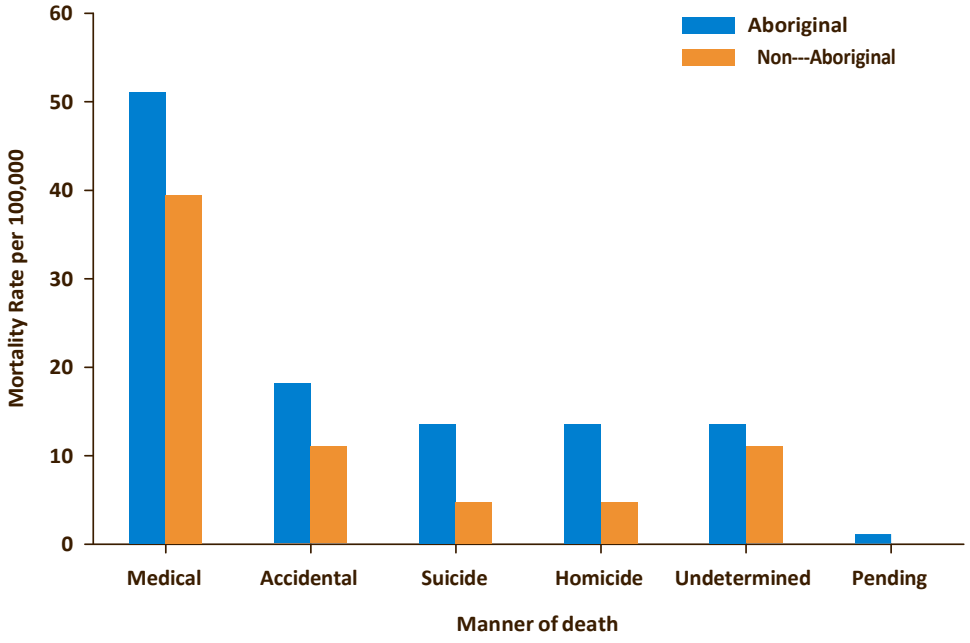


Figure 8b. Alberta Child Intervention mortality rate by manner of death and Aboriginal status, for children In Care aged 0 to 17 years, 1999---2012



What do all of those numbers tell us?

The reader is reminded that these analyses are preliminary. More detailed data and further analyses are needed before greater depth of understanding can be reached.

The population of children receiving intervention services between 1999 and 2012 had similar patterns of mortality to the overall population of Canadian and Albertan children (as found in other data sources, summarized on page 10):

- Mortality rates were highest in infants and second highest in teenagers.
- Males had higher rates of mortality than females across most comparisons.

These similarities in patterns indicate that Child Intervention Services clients and the general population aged 0 to 17 years shared some similar underlying risks of death, though obviously risks of some types were elevated for children who required intervention services.

Manners of death for all Albertan or all Canadian children were not available for comparison to child intervention data. Consequently, it is not possible to compare children receiving intervention services to the general population in terms of manners of death.

Given leading causes of death data for Canada, however, it appears that medical death rates were elevated in children receiving intervention services who were one year of age and older.

While not directly comparable to manner of death, causes of death in Statistics Canada data do include accidental deaths, suicides, and homicides (Statistics Canada, 2012a). A survey of the rates in these categories for children in Canada is suggestive of higher rates than the Canadian population for children receiving intervention services. Further research using more comparable indicators is required, however.

Aboriginal children were much more likely than non---Aboriginal children to enter the intervention system, and had higher rates of mortality than non---Aboriginal children once they were in the system. This is a known concern in child intervention systems in many jurisdictions, and speaks to the many challenges faced by Aboriginal populations in Alberta and the rest of Canada.

Interpretation of these and other mortality rate patterns for children in Child Intervention is not straightforward. A number of cautions are in order. Many of the rates reported here are based on small numbers of cases, and are subject to more variation than rates based on larger numbers. Service provision varied over time, according to policy and legislative changes. Reporting practices also varied over time, including policies on collecting mortality data for children who were no longer in the system, or who had never received services from the system.

Child---specific factors should also be considered. Children receiving intervention services are at increased risk of mortality due to the circumstances of their lives, yet the interventions may provide support and stability and therefore a reduction in risk. The risk at entry to intervention, and the potential reduction in risk afforded by interventions, varies from case to case. It is difficult to make generalizations about a population of children that is so diverse, with so many factors contributing to outcomes. A child---centered approach to data collection would include the experiences of their lives within the system, such as duration of stay and number of placements.

With the above caveats in mind, a few effects in the data are clear. Males have higher rates of mortality than females. Aboriginal children have elevated mortality rates. Teenagers in the intervention system, like those in the general population, are vulnerable to accidental deaths and suicide. Infants (and children in other age groups) have high rates of medical causes of death.

These are the groups of children for which particular efforts must be made to better understand determinants of mortality. Many of the factors associated with maltreatment and mortality in these groups of children are potentially modifiable, such as substance use, parental age, parental education, domestic violence, unsafe living conditions, and low socio---economic status. Modifications to intervention practices should be considered as well.

A critical part of understanding and preventing child mortalities is to improve reporting and monitoring practices, and to support research into key factors. This kind of approach will allow optimal knowledge mobilization of all available information.

Where do we go from here?

The present review and analyses are far from comprehensive. They were undertaken in a short period of time, and should be seen as a way to add context and broader perspective to an evolving story and to a commitment to improvement. A more comprehensive review of the data is in order, as is further research on the factors associated with child mortality in the Child Intervention system in Alberta. Data collection, linkage, reporting, and collaboration amongst a variety of stakeholders are key components for moving forward.

There are some specific analyses that could be undertaken in the short term to enhance data---informed decisions. These are outlined below:

- Understanding of the mortality rates presented in this document would benefit from the addition of further data, which is available within the Child Intervention system but could not be included, given time constraints:
    - Many children receive multiple child intervention services, for varying amounts of time. Patterns of service use over time, as well as duration of those services, are valuable data for understanding mortality rates.
    - Children were counted more than once if they received services in the same program in different years. Analyses in which children are only counted once should also be undertaken, to understand patterns of mortality when only unique children are counted.
    - Further study of causes of death would be beneficial in understanding mortalities with undetermined manners of death.
    - Changes over time in sudden infant death syndrome (SIDS) diagnosis and reporting policies should be documented. The contribution of SIDS deaths to the rates of medical and undetermined infant deaths could then be better understood.
- There were a few unexpected findings in the data that should be investigated further:
    - Mortality rates for Not In Care and In Care children were elevated for 1999 and 2000; this is likely due to policy and practice variations, but the associated factors should be clarified. In fact, time trends in policies, legislation, and reporting practices should be documented across the system, as contextual background to mortality data.
    - The In Care mortality rate for 2004 was lower than for surrounding years. Further investigation as to any known cause for this should be carried out.
    - The mortality rates for non---Aboriginal children in both Not In Care and In Care were *not* elevated for teenagers compared to other age groups. This effect was not expected, and should be studied to determine why it is the case.

In the longer view, maltreated children are best served by an intervention system that understands the family and kinship support system as well as possible, including both the determinants of behaviours and the outcomes that result. Comprehensive longitudinal data collection with consistent and standardized reporting is essential; so too are routine monitoring practices that identify trends and issues. Data linkage should be employed wherever feasible, to enrich available information and reduce duplication and inconsistency. These approaches work best within a collaborative framework with a strong connection to the research community, enabling innovation and best practices to inform policy and practice.

The best possible information must be collected in the most helpful manner. Data collection principles include:

- Collection of a standardized minimum dataset for each child and family in the system
    - Given the complexities of child intervention cases and the urgent need for action, data collection can vary from case to case. Specification of a standard set of indicators for each case is an important step in ensuring that data gaps do not occur. The content of this dataset should be informed by a comprehensive review of the literature on child maltreatment and mortality.
- Collection of population---wide and appropriate comparison data wherever possible
- Routine collection of indicators in a digital format so that timely analysis is possible
- Database design based on data needs, rather than data being fit to existing structure
- Dedication of adequate resources to data collection processes

Reporting is another critical aspect for child maltreatment and mortality data. Reporting principles include:

- Regular public reporting as part of the business plan
- Annual reports with standardized indicators that are updated each year
- Online, manipulable versions of databases that provide information on key aspects of the intervention system as well as mortality
- Special reports on arising issues, produced in a timely manner
- Routine, ongoing surveillance and monitoring, so that trends are noticed and issues are identified and can be acted upon in a timely manner
- Quality assurance from an independent body, for practice as well as reporting
- Contextualization, to minimize the likelihood of misinterpretation

Collaboration at a number of levels is essential:

- A strong system for creating and mobilizing knowledge into policy and practice should be in place. This involves collaboration at all levels within the intervention system, and between the intervention system and its many partners, including families, researchers, policy analysts, practitioners, specialists, and advocacy organizations, to name a few.
- Collaboration with other ministries and agencies, including linkage of data, could significantly enhance knowledge about children and their experiences intervention systems and other systems (such as health, education, and justice).
- Steps should be taken to standardize reporting of child intervention mortalities across jurisdictions within Canada.

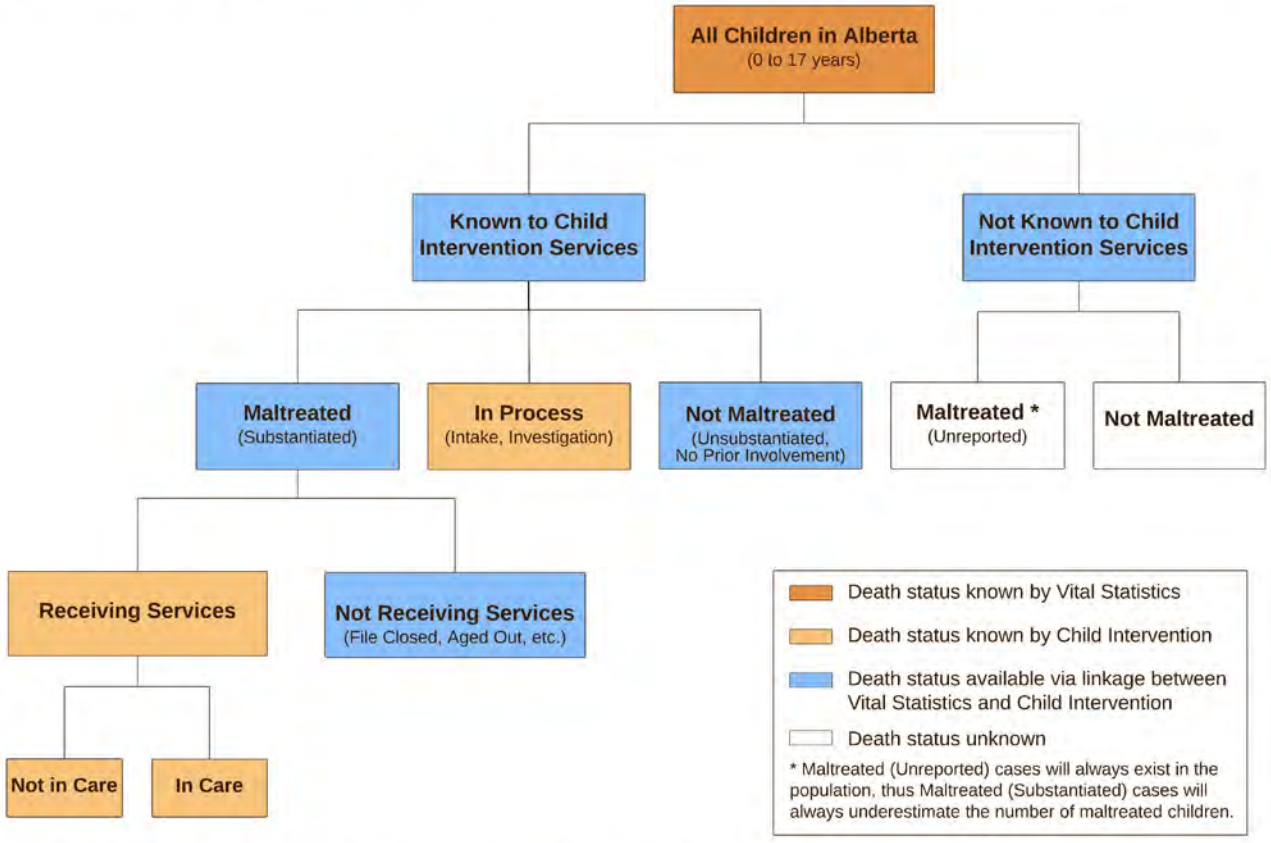
Collaboration via data linkage

Below is a more detailed example of one possible way to improve our understanding of mortalities in the Child Intervention system without having to collect new data. Rather, better use of existing data sets can be enabled by collaboration.

There is a legal requirement that every death in Alberta must be registered; a Medical Certificate of Death is filled out by a physician or the medical examiner and is added to the Vital Statistics deaths database. Vital Statistics data, maintained by Service Alberta, contain demographic information on all deaths, such as age and gender, as well as details such as time and cause of death.

If data linkage between Child Intervention data and Vital Statistics data was enabled, a much more complete picture of deaths of children known to the intervention system would be possible. This is illustrated in the following diagram.

Improving Child Death Data Capture and Monitoring: For what groups of children *do* we have death data, and for what groups of children *could* we have death data if data were linked?



Note. Each box represents a group of children, categorized by whether they are known to Child Intervention Services, maltreated or not, and receiving services or not. In any group, a child can be known to be alive, known to be deceased or have his/her death status be unknown.

The diagram categorizes all children living in Alberta. Each box represents a group of children, categorized according to whether they are known to Child Intervention Services, whether they were maltreated, and what kinds of services they are receiving. For each of the categories, a child may be living, deceased, or his or her status may be unknown.

Notably, complete data on who is living or deceased is only available to Child Intervention Services for those children to whom they are currently providing services (orange boxes). Vital Statistics data, on the other hand, provide death status for every child (dark orange box), although whether these children are known to Child Intervention Services is not specified in Vital Statistics data.

Data linkage between Child Intervention Services data and Vital Statistics death data would provide information on deaths in all of the categories in the blue boxes (deaths for everyone are available from Vital Statistics, and Child Intervention Services data provides information on child intervention involvement). Such linkage would provide the follow---up over time that is not possible for Child Intervention Services, but occurs as a result of death registrations in Vital Statistics (essentially, all residents of Alberta are "followed---up" by Vital Statistics until death). The death status for all children known to Child Intervention Services would be available.

It is important to remember that children not known to Child Intervention Services represent the vast majority of Albertan children. For these children, death status could be known via linkage between Vital Statistics and Child Intervention Services (if they are not in Child Intervention Service's database, they are "not known"). However, by definition, the maltreatment status of those children is not known (any maltreated children in this group have not been reported as maltreated). This is reflected in the white boxes in the diagram. Thus, there are some maltreated children whose deaths would not be captured by Child Intervention Services because their maltreatment was not reported.

If linkage between Vital Statistics and Child Intervention Services data were implemented, comparisons not currently possible would be enabled. For example, mortality rates for children currently receiving intervention services and those not currently receiving services could be compared, as could those between children known to intervention services who were maltreated and those who were not maltreated. Mortality rates comparing children known to intervention services and those not known to intervention services could also be compared. It is even theoretically possible to estimate maltreatment status in the population of children who are not known to intervention services. This could be accomplished with linkage to health service use data. Visits to physicians or emergency rooms, or hospitalizations, could be examined to look for diagnoses of maltreatment.

The increased knowledge gained from data linkage would be a clear improvement over the current situation and would undoubtedly increase our understanding of critical factors in mortality rates for children known to Intervention Services. This is a further example of the increased understanding of children's lives that is possible if all available sources of data are utilized.

Appendix A. Manner of death.

From Office of the Chief Medical Examiner, Alberta Justice (2009). Annual Review, 2009.

The manner of death is a statistical classification of deaths that takes into account the circumstances under which the death occurred. In its broadest terms, deaths are divided into those caused by a natural disease (natural manner of death) versus those caused by injury or drugs (unnatural manner of death). The unnatural deaths are further subdivided into accidental, suicidal, homicidal, and undetermined manners of death used in all Canadian provinces and territories. The OCME in the province of Alberta also uses an unclassified manner of death. The majority of natural deaths do not require any involvement of a medical examiner, and the Medical Certificate of Death can be signed by the decedent's attending doctor in these cases. In contrast to this, all unnatural deaths occurring in Alberta must be investigated by a medical examiner and the Medical Certificate of Death can only be completed by a medical examiner.

The manner of death is determined after the cause of death has been established and takes into account the medical examiner's investigation into the medical history of the decedent, the circumstances surrounding the death, the scene findings, and the examination of the body (often supplemented with other tests such as a drug screen). Any ruling on the manner of death can be amended if and when further factual information becomes available to indicate that the manner of death should be changed.

The manners of death used by the OCME in Alberta are as follows:

Natural

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

Accident

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

Suicide

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

Homicide

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

Unclassified

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

Undetermined

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

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Tables

Table 1. Number and percentage of children receiving child intervention services by year and child intervention service type, Abertan children aged 0 to 17 years, 1999?2012

	Year	Alberta Population*	Not In Care	% of Alberta population	In Care	% of Alberta population
Number of Cases	1999	762,296	8,134	1.1	7,590	1.0
	2000	763,390	13,866	1.8	9,883	1.3
	2001	763,501	16,100	2.1	10,698	1.4
	2002	768,902	14,405	1.9	10,892	1.4
	2003	770,609	13,036	1.7	11,214	1.5
	2004	772,389	13,288	1.7	11,159	1.4
	2005	781,068	10,837	1.4	11,038	1.4
	2006	793,983	10,775	1.4	11,460	1.4
	2007	800,107	10,011	1.3	11,630	1.5
	2008	805,779	8,626	1.1	11,515	1.4
	2009	813,462	7,660	0.9	11,293	1.4
	2010	820,536	7,217	0.9	11,083	1.4
	2011	830,648	7,885	0.9	11,039	1.3
	2012	847,251	8,252	1.0	10,949	1.3

* Source: Alberta Health Care Insurance Plan, Population Registry (Received from Surveillance and Assessment Branch, Alberta Health)

Table 2a. Number and percentage of children by age group and gender, children Not In Care aged 0 to 17 years, 1999@2012

	Gender	Not In Care									
		Number					Percentage				
		0	1-5	6-12	13-17	Total	0	1-5	6-12	13-17	Total
Number of children	Male	4,752	22,135	31,152	17,649	75,688	6.3	29.2	41.2	23.3	100.0
	Female	4,462	20,383	27,484	22,075	74,404	6.0	27.4	36.9	29.7	100.0
	Total	9,214	42,518	58,636	39,724	150,092	6.1	28.3	39.1	26.5	100.0
Percent of children	Male	51.6	52.1	53.1	44.4	50.4	-	-	-	-	-
	Female	48.4	47.9	46.9	55.6	49.6	-	-	-	-	-
	Total	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-

Table 2b. Number and percentage of children by age group and gender, children In Care aged 0 to 17 years, 1999@2012

	Gender	In Care									
		Number					Percentage				
		0	1-5	6-12	13-17	Total	0	1-5	6-12	13-17	Total
Number of children	Male	4,636	18,861	28,065	27,198	78,760	5.9	23.9	35.6	34.5	100.0
	Female	4,366	17,359	24,239	26,719	72,683	6.0	23.9	33.3	36.8	100.0
	Total	9,002	36,220	52,304	53,917	151,443	5.9	23.9	34.5	35.6	100.0
Percent of children	Male	51.5	52.1	53.7	50.4	52.0	-	-	-	-	-
	Female	48.5	47.9	46.3	49.6	48.0	-	-	-	-	-
	Total	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-

Table 3. Categories of child deaths known to child intervention services, 1999 to 2012 and 1999 to 2013

Category	Number of deaths up to Dec 31, 2012	Number of deaths up to Sept 30, 2013
File closed at time of death > child had prior involvement	291	291
In Care	143	149
Intake & Investigation (Involvement)	40	41
Intake & Investigation (No involvement)	58	60
No prior involvement	66	66
Not In Care > child with parents	80	84
Over 18 at time of death	48	50
Total	726	741

Table 4. Number of deaths and mortality rates by year, children receiving intervention services aged 0 to 17 years, 1999?2012

	Year	Child Intervention	
		Not In Care	In Care
Number of deaths	1999	11	9
	2000	13	14
	2001	11	12
	2002	6	6
	2003	9	9
	2004	5	2
	2005	2	12
	2006	5	10
	2007	8	10
	2008	3	11
	2009	3	10
	2010	4	13
	2011	0	14
	2012	0	11
Population	1999	8,134	7,590
	2000	13,866	9,883
	2001	16,100	10,698
	2002	14,405	10,892
	2003	13,036	11,214
	2004	13,288	11,159
	2005	10,837	11,038
	2006	10,775	11,460
	2007	10,011	11,630
	2008	8,626	11,515
	2009	7,660	11,293
	2010	7,217	11,083
	2011	7,885	11,039
	2012	8,252	10,949
Mortality Rate (100,000)	1999	135.2	118.6
	2000	93.8	141.7
	2001	68.3	112.2
	2002	41.7	55.1
	2003	69.0	80.3
	2004	37.6	17.9
	2005	18.5	108.7
	2006	46.4	87.3
	2007	79.9	86.0
	2008	34.8	95.5
	2009	39.2	88.6
	2010	55.4	117.3
	2011	0.0	126.8
	2012	0.0	100.5

Table 5. Number of deaths and mortality rates by age group, children receiving intervention services, 1999>2012

	Age group	Child Intervention	
		Not in Care	In Care
Number of deaths	0	35	47
	195	18	28
	6912	7	18
	13917	20	50
	Total	80	143
Population	0	9,214	9,002
	195	42,518	36,220
	6912	58,636	52,304
	13917	39,724	53,917
	Total	150,092	151,443
Mortality Rate (100,000)	0	379.9	522.1
	195	42.3	77.3
	6912	11.9	34.4
	13917	50.3	92.7
	Total	53.3	94.4

Table 6a. Number of deaths and mortality rates by age group and gender, children Not In Care, 1999?2012

	Gender	Not In Care				
		0	1#5	6#12	13#17	Total
Deaths	Female	14	7	3	9	33
	Male	21	11	4	11	47
	Total	35	18	7	20	80
Population	Female	4,462	20,383	27,484	22,075	74,404
	Male	4,752	22,135	31,152	17,649	75,688
	Total	9,214	42,518	58,636	39,724	150,092
Mortality Rate	Female	313.8	34.3	10.9	40.8	44.4
	Male	441.9	49.7	12.8	62.3	62.1
	Total	379.9	42.3	11.9	50.4	53.3

Table 6b. Number of deaths and mortality rates by age group and gender, children In Care, 1999?2012

	Gender	In Care				
		0	1#5	6#12	13#17	Total
Deaths	Female	20	15	9	21	65
	Male	27	13	9	29	78
	Total	47	28	18	50	143
Population	Female	4,366	17,359	24,239	26,719	72,683
	Male	4,636	18,861	28,065	27,198	78,760
	Total	9,002	36,220	52,304	53,917	151,443
Mortality Rate	Female	458.1	86.4	37.1	78.6	89.4
	Male	582.4	68.9	32.1	106.6	99.0
	Total	522.1	77.3	34.4	92.7	94.4

Table 7a. Number of deaths and mortality rates by age group and Aboriginal status for children Not in Care, aged 0 to 17 years, 1999?2012

	Age group	Not in Care					
		Number			Percentage		
		Aboriginal	Non/Aboriginal	Total	Aboriginal	Non/ Aboriginal	Total
Number of deaths	0	16	19	35	/	/	/
	1/5	7	11	18	/	/	/
	6/12	4	3	7	/	/	/
	13/17	10	10	20	/	/	/
	Total	37	43	80	/	/	/
Population	0	3,684	5,530	9,214	40.0	60.0	100.0
	1/5	16,563	25,955	42,518	39.0	61.0	100.0
	6/12	19,564	39,072	58,636	33.4	66.6	100.0
	13/17	10,411	29,313	39,724	26.2	73.8	100.0
	Total	50,222	99,870	150,092	33.5	66.5	100.0
Mortality Rate	0	434.3	343.6	379.9	/	/	/
	1/5	42.3	42.4	42.3	/	/	/
	6/12	20.4	7.7	11.9	/	/	/
	13/17	96.1	34.1	50.3	/	/	/
	Total	73.7	43.1	53.3	/	/	/

Table 7b. Number of deaths and mortality rates by age group and Aboriginal status for children In Care, aged 0 to 17 years, 1999?2012

	Age group	In Care					
		Number			Percentage		
		Aboriginal	Non/Aboriginal	Total	Aboriginal	Non/ Aboriginal	Total
Number of deaths	0	31	16	47	/	/	/
	1/5	22	6	28	/	/	/
	6/12	9	9	18	/	/	/
	13/17	36	14	50	/	/	/
	Total	98	45	143	/	/	/
Population	0	5,069	3,933	9,002	56.3	43.7	100.0
	1/5	23,401	12,819	36,220	64.6	35.4	100.0
	6/12	33,301	19,003	52,304	63.7	36.3	100.0
	13/17	26,343	27,574	53,917	48.9	51.1	100.0
	Total	88,114	63,329	151,443	58.2	41.8	100.0
Mortality Rate	0	611.6	406.8	522.1	/	/	/
	1/5	94.0	46.8	77.3	/	/	/
	6/12	27.0	47.4	34.4	/	/	/
	13/17	136.7	50.8	92.7	/	/	/
	Total	111.2	71.1	94.4	/	/	/

Table 8a. Number of deaths and mortality rates by manner of death and age group for children Not In Care, aged 0 to 17 years, 1999@2012

	Manner of Death	Not In Care				
		0	1.5	6.12	13.17	Total
Number of deaths	Medical	11	9	3	5	28
	Accidental	2	5	2	7	16
	Suicide	0	0	0	6	6
	Homicide	1	3	2	2	8
	Undetermined	20	1	0	0	21
	Pending	1	0	0	0	1
	Total	35	18	7	20	80
Population	Medical	9,214	42,518	58,636	39,724	150,092
	Accidental	9,214	42,518	58,636	39,724	150,092
	Suicide	9,214	42,518	58,636	39,724	150,092
	Homicide	9,214	42,518	58,636	39,724	150,092
	Undetermined	9,214	42,518	58,636	39,724	150,092
	Pending	9,214	42,518	58,636	39,724	150,092
	Total	9,214	42,518	58,636	39,724	150,092
Mortality Rate (100,000)	Medical	119.4	21.2	5.1	12.6	18.7
	Accidental	21.7	11.8	3.4	17.6	10.7
	Suicide	0.0	0.0	0.0	15.1	4.0
	Homicide	10.9	7.1	3.4	5.0	5.3
	Undetermined	217.1	2.4	0.0	0.0	14.0
	Pending	10.9	0.0	0.0	0.0	0.7
	Total	379.9	42.3	11.9	50.3	53.3

Table 8b. Number of deaths and mortality rates by manner of death and age group for children In Care, aged 0 to 17 years, 1999@2012

	Manner of Death	In Care				
		0	1.5	6.12	13.17	Total
Number of deaths	Medical	27	14	11	18	70
	Accidental	2	4	4	13	23
	Suicide	0	0	0	15	15
	Homicide	3	7	2	3	15
	Undetermined	15	2	1	1	19
	Pending	0	1	0	0	1
	Total	47	28	18	50	143
Population	Medical	9,002	36,220	52,304	53,917	151,443
	Accidental	9,002	36,220	52,304	53,917	151,443
	Suicide	9,002	36,220	52,304	53,917	151,443
	Homicide	9,002	36,220	52,304	53,917	151,443
	Undetermined	9,002	36,220	52,304	53,917	151,443
	Pending	9,002	36,220	52,304	53,917	151,443
	Total	9,002	36,220	52,304	53,917	151,443
Mortality Rate (100,000)	Medical	299.9	38.7	21.0	33.4	46.2
	Accidental	22.2	11.0	7.6	24.1	15.2
	Suicide	0.0	0.0	0.0	27.8	9.9
	Homicide	33.3	19.3	3.8	5.6	9.9
	Undetermined	166.6	5.5	1.9	1.9	12.5
	Pending	0.0	2.8	0.0	0.0	0.7
	Total	522.1	77.3	34.4	92.7	94.4

Table 9. Number of deaths and mortality rates by manner of death and gender for children receiving child intervention services, aged 0 to 17 years, 1999=2012

	Manner of Death	Not In Care		In Care	
		Female	Male	Female	Male
Number of deaths	Medical	11	17	37	33
	Accidental	7	9	6	17
	Suicide	3	3	5	10
	Homicide	2	6	9	6
	Undetermined	10	11	8	11
	Pending	0	1	0	1
	Total	33	47	65	78
Population	Medical	74,404	75,688	72,683	78,760
	Accidental	74,404	75,688	72,683	78,760
	Suicide	74,404	75,688	72,683	78,760
	Homicide	74,404	75,688	72,683	78,760
	Undetermined	74,404	75,688	72,683	78,760
	Pending	74,404	75,688	72,683	78,760
	Total	74,404	75,688	72,683	78,760
Mortality Rate (100,000)	Medical	14.8	22.5	50.9	41.9
	Accidental	9.4	11.9	8.3	21.6
	Suicide	4.0	4.0	6.9	12.7
	Homicide	2.7	7.9	12.4	7.6
	Undetermined	13.4	14.5	11.0	14.0
	Pending	0.0	1.3	0.0	1.3
	Total	44.4	62.1	89.4	99.0

Table 10. Number of deaths and mortality rate by manner of death and Aboriginal status for children receiving intervention services, aged 0 to 17 years, 1999>2012

	Manner of Death	Not In Care			In Care		
		Aboriginal	Non2 Aboriginal	Total	Aboriginal	Non2 Aboriginal	Total
Number of deaths	Medical	15	13	28	45	25	70
	Accidental	8	8	16	16	7	23
	Suicide	3	3	6	12	3	15
	Homicide	2	6	8	12	3	15
	Undetermined	8	13	21	12	7	19
	Pending	1	0	1	1	0	1
	Total	37	43	80	98	45	143
Population	Medical	50,222	99,870	150,092	88,114	63,329	151,443
	Accidental	50,222	99,870	150,092	88,114	63,329	151,443
	Suicide	50,222	99,870	150,092	88,114	63,329	151,443
	Homicide	50,222	99,870	150,092	88,114	63,329	151,443
	Undetermined	50,222	99,870	150,092	88,114	63,329	151,443
	Pending	50,222	99,870	150,092	88,114	63,329	151,443
	Total	50,222	99,870	150,092	88,114	63,329	151,443
Mortality Rate (100,000)	Medical	29.9	13.0	18.7	51.1	39.5	46.2
	Accidental	15.9	8.0	10.7	18.2	11.1	15.2
	Suicide	6.0	3.0	4.0	13.6	4.7	9.9
	Homicide	4.0	6.0	5.3	13.6	4.7	9.9
	Undetermined	15.9	13.0	14.0	13.6	11.1	12.5
	Pending	2.0	0.0	0.7	1.1	0.0	0.7
	Total	73.7	43.1	43.1	111.2	71.1	71.1

Where can you get more information?

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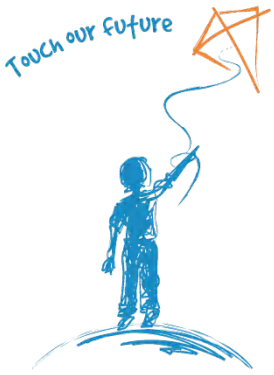

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Soft is Hardest: Leading for Learning in Child Protection Services Following a Child Fatality

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The way in which a child protection agency responds to a child fatality always has a strong influence on subsequent practice. Very often, organizational responses and child death reviews are punitive and escalate an already anxious and defensive organizational culture. This paper outlines an alternative approach that not only helps staff to manage their emotional responses but also encourages and prioritizes a learning culture within the organization throughout the crisis and in the longer term.

In this special issue on preventing severe child maltreatment injuries and fatalities, we focus our paper on how child protection leaders can respond constructively to a serious child injury or death so the responses themselves do not generate adverse effects but rather assist the organization to become focused on learning how to improve protective services. The traditional reaction to a troubling death usually involves public declarations by politicians and child protection leaders that "lessons will be learned." Much effort then goes into child death reviews to find those lessons and to develop recommendations on how to avoid mistakes or practice deficiencies in the future. Such reviews have been major drivers of change in child protection services in many countries (Brandon et. al., 2009; Kuijvenhoven & Kortleven, 2010; Munro, 2004, 2005, 2010; Parton, 2008), but we contend that these types of reviews have also often been counterproductive.

Societies increasingly hold the view, fed by sensationalist media coverage, that a child death is proof that some professional did something wrong. Public criticism and the political salience of these events biases the change agenda towards "top down," rapidly implementable, set-piece solutions such as increasing practice monitoring and compliance measures. Such changes tend to be instigated in an atmosphere of distress and blame, encouraging greater defensiveness in an already anxious workforce. This narrow approach to creating change ignores the complex reality of what it means to make predictions and take action in conditions of uncertainty that operate in and around every child protection case.

The heart of a child protection system's capacity to improve children's safety lies in the quality of service that front line workers offer to families. Procedures and monitoring are important, but they have little value unless agency practitioners have the skills to:

- Think through family strengths and dangers, enabling explicit risk assessments,
- Lead explicit decisionmaking about the best course of action for children, and
- Engage with families to help them to change

There is a saying in management that "the hard is easy and the soft is hard."[1] Deliverables such as legislative change, a policy rewrite, a new computer system, an organizational restructure, a child death review, compliance measures, or adopting a particular practice model, while challenging to implement, are the more brick-like components of an effective child protection organization. They are necessary but not sufficient. The harder work almost always lies in the soft stuff, the mortar that holds these tangible elements together. The "soft" stuff resides in the skillfulness of the professionals, which is determined by the human attitudes and responses to the uncertainty and anxiety of child protection work that either elicit or diminish intelligence and practice depth.

Transforming child protection practice depends on professional leadership focused on the actual interactions frontline practitioners have with parents and children, paying attention to the emotional as well as the cognitive dimensions of the work, and continually learning about the impact of the work on children and families. The defensive compliance culture that has become dominant in many jurisdictions prioritizes deliverables that can be counted, and constantly undermines the capacity to pay attention to what counts most, namely the skills: (a) to determine how safe children are, (b) provide effective help, and (c) find out whether children are being helped, or possibly even harmed, by their contact with child protection services.

In our view, the most critical "soft" issue within and around child protection is the pervasive and debilitating problem of anxiety. Western culture in general, and child protection agencies in particular, has been increasingly co-opted into the myth that every risk is calculable, every problem solvable and every death chargeable to some professional's account. This sensibility escalates blame and defensiveness (Ferguson 2004, 2011; Munro, 2010; Parton 1998; Reder, Duncan, & Gray, 1993).

1 The authors thank Dan McCormick from Connected Families for bringing it to our attention. For more information see: http://www.tutor2u.net/business/people/hrm_hard_soft.asp and http://www.strategy-business.com/article/ac00034?gko=f5243; Covery, S. R. (2011). *The 3rd alternative: solving life's most difficult problems*. New York: Free Press.

The anxiety engendered by child protection in turn feeds anxiety's boon companion, the impulse to "get it right." Whether it's the politician, the CEO, the head of the child death inquiry team, the policy writer, the supervisor or the practitioner, all may go along with the idea that they can come up with the right *something* that will prevent future tragedies—whether that right *something* be legislation, policy, theory, practice model, training program, assessment method, decisionmaking tool or compliance measure.

In these conditions human beings become more defensive and display their worst dysfunction in the face of anxiety and fear. Child protection leaders who want to grow an understanding of practice (Chapman and Field, 2007) and create a culture of continual learning must constantly challenge the corrosive effects of anxiety and the compulsion to pursue unattainable certainty. There is no more critical point at which leadership for learning must be demonstrated than when a child protection organization faces the crisis of a child death.

Just as reactions to children's deaths have been so influential in creating defensive, overly bureaucratized systems, so a more constructive reaction can be pivotal in developing a system in which workers feel supported in coping with the anxiety and uncertainty inherent in the work. To illustrate our thinking about constructively and proactively leading a child protection agency through the aftermath of a challenging fatality, we use a case study from Terry Murphy's experience as Director General of the Western Australian Department for Child Protection. In the text that follows, the italicized sections are Murphy's first record of the scenario and how it was managed.

> The case involved a toddler who had been removed from her birth parents and placed with a couple in the extended family who themselves had a past history of alcohol abuse and domestic violence. Nine months after placement, the child suffered a major head trauma and died a few days later. A member of the kinship family was the prime suspect. This situation was of course a massive crisis for the birth and caring families, and this

was made significantly worse by the fact that on admission to hospital, the case drew extensive media and political attention. This continued up to and well beyond the child's death.

Leadership Principles

The next section of the article presents five key leadership principles to address this situation.

1. Avoiding hindsight error and being rushed into blaming someone.

"Whatever the initiative, policy or program, in the end you are only as good as how you deal with the next child death" (Tony Morrison to the New Zealand Children Youth and Family Services Senior Management).

Handling well the crisis of a child death involves:

- Intellectual work, finding out and appraising the facts of the situation.
- Emotional work, managing the widespread anxiety, distress, and anger to create time for a measured judgment of practice.
- Engagement with a range of different groups: politicians, the media and public, the birth and caregiver families, and the workforce.

With hindsight, it may seem that in this case, it was obviously risky to place a child with kin who had a history of alcohol abuse and violence. With hindsight, judging by the outcome, it seems clearly to have been a faulty decision; and the media and the public had a predictably clear disposition to blame child protection services for this decision. However, for workers operating with only foresight, and weighing up both the risks and the benefits to the child of this placement compared with other options, the risk calculus looked quite different. A first task is *not* to jump to conclusions but to seek to understand the professional reasoning behind the actions.

> The first few days were dominated by a scramble to assemble the facts, and at this time it was vital for the CEO to help everyone maintain a calm head and to synthesize the inevitable complexity of the facts to determine the key issues, looking both at what was done well and what was not, determining whether culpability was likely, and the extent and nature of the organizational vulnerabilities. This synthesis informed clear and measured advice to staff, the Minister, and the public channels.
>
> The facts, in essence, were that there were clear indications that there had been risks in the placement, but that these had been identified and assessed as low given there had been a lengthy period of sobriety and non-violence. It was also found that while the placement was monitored regularly initially, when the file was transferred to a new office there was a delay in case assignment, and the quality of the contact with the family diminished.

While the certainty afforded by hindsight is often compelling, it is vital to lead with a sophisticated and compassionate understanding of managing risk, in order to avoid the knee-jerk reaction of blaming workers for tolerating some degree of risk. All child protection interventions and placements involve risk—requiring professionals to weigh the different risks and benefits of possible courses of action and choosing the one that looks most likely to be best for the child. The fact that, on this occasion, something considered to be of low probability occurred is in and of itself not evidence of a poor decision since, by definition, low probability events do occur, albeit infrequently.

2. Managing political and public reactions

A good working relationship between the CEO and the Minister (or the political leadership relevant to the particular jurisdiction is essential as major crises demand the involvement of the responsible political leader. So crisis management involves close cooperation of the CEO and the Minister if it is to be effective. While the gathering

and assessment of the facts needs time, the CEO in concert with the Minister must respond promptly to external demands for information. The immediate media and political response, in this case as in general, needed to communicate two things clearly:

- Acknowledge the seriousness of the tragedy and that the thoughts and prayers of the Minister, the agency and the workers are with the family.
- Explain that police and departmental investigations are being expedited and that a detailed public statement will be provided at the earliest opportunity. Holding this line requires discipline in the face of the inevitable intense pressure from the media and political opponents to appear in public and respond to statements that rush to judgment.

Enough facts were assembled in the three days following hospitalization that the CEO and the Minister were in a position to hold a press conference to report initial findings. After this, the CEO conducted several live radio interviews—a good opportunity for clear messaging since there was no risk of subsequent editing distorting the message. The media conference was packed and aggressive. The Minister made a general statement of concern for the family and said that investigations were continuing, and that the CEO would provide the details that were now known.

The media conference was long and exhaustive, with close questioning on the placement assessment process and the monitoring of the child, with the CEO emphasizing that no culpability by a member of staff was evident. It was also stated clearly again that those inquiries were necessarily ongoing. Perhaps most importantly, the CEO indicated that, if shortfalls in the Department's performance were identified, then these would be faced and he would accept responsibility.

Media messaging and political management continued in this vein, through the child's death and beyond for around two weeks. Calls for immediate and independent public inquiries

were made by the media and opposition politicians, and were met with a commitment to expedite departmental inquiries and take any necessary action; and pointing out those standard procedural inquiries by the Ombudsman and the Coroner would occur in due course. During this period, the CEO continually talked to the many professional stakeholders to prevent and address the potential for their anxieties to lead to destructive public statements.

3. Supporting the families

In the maelstrom of crisis management, it is essential not to lose sight of the core work of the child protection agency, which is to keep children safe, as well as support families and assist them to do so. In this case, practical and emotional support had to be extended to both the birth and foster families, and the risk of conflict between these families mitigated. Transport and accommodation were provided as necessary for attendance at the hospital, and staff were permanently stationed there, as well as accompanying families for various purposes at different times.

In a case of a child death in a family, the provision of emotional support is complicated by the necessary investigations, both by police regarding the circumstances of the death and child protection authorities regarding the safety of other children in the family, that need to occur concurrently. Establishing a working relationship with the families, demonstrating that there will be no rush to judgment even when precautionary actions with respect to the placement of other children may need to be taken, and clear and constant communication are all fundamental.

4. Supporting staff

Creating the space for risk-sensible learning rather than entrenching risk aversion while the ramifications of a child fatality unfold depends on two key factors. First, proactive management of the external political environment in which the agency operates, and, secondly, the extent to which the agency has already built resilience

in the face of inherent anxiety. This second factor requires persistence and consistency on the part of senior management. Two key messages communicated to all new staff directly by the CEO, and to all staff in the organization frequently and whenever there was an opportunity are indicative of how chipping away at defensiveness and building resilience needs to occur over time. In this agency, these messages have been:

- First, "our work is anxious work; as a child protection worker, never carry anxiety alone; always share it with your supervisors so it is carried together, including with all other levels of management, as necessary."
- Second, "given the nature of our work, tragedies can occur. If a tragedy occurs on your watch, and you have done your best and have been open and frank about what has occurred, your bosses will stand with you, including the CEO, who will be explaining the situation in front of the TV cameras, if necessary."

As much as a CEO and a child protection organization hope not to be tested by these commitments, tragedies do occur, and CEOs and organizations are tested. With every test handled well, trust and resilience increases. Any failed test has an exponentially greater negative impact. Progress is incremental because deep in the history of every child protection organization will be the large or small stories of where blame usurped responsibility and learning.

In this case example, visible support and sensible management by the CEO and senior staff were essential:

> The CEO maintained a highly visible dialogue about the case across the organization. Emails to all staff ensured that they knew of the tragedy prior to its appearing in the media, and showed recognition of the anxiety that this causes for all staff, about their own cases and about how they will or will not be supported. The emails thanked staff for their tireless efforts in the face of the tragedy, and provided assurance that the organization would support the staff, and asked staff to support each other. Calls to the responsible managers and visits

to the districts directly involved by the executive directors occurred quickly. All organizational messaging to the staff was consistent.

Some quotes from CEO emails to all staff are indicative:

This is a tragedy, and our hearts go out to the child and her family. My thoughts and gratitude also go to all the staff who have been involved with this child and her family, to those who have worked tirelessly . . .

The Minister has asked me to investigate this case, and that is underway now and will take at least a few weeks. As I explained on radio, this is to look at how we have followed our procedures, and identify any gaps or missed opportunities in order to improve how we work. This is not, as some have advocated, in order for 'heads to roll'. If there are issues with our practice, we will take responsibility and I will take that responsibility.

Every one of us feels this event and the intense scrutiny it brings. As well as turning your thoughts to the family, I ask you to do what we also do best, to support each other through this difficult and testing time.

And later:

In the field, anxieties have been raised for all the children in our care and the child protection risks that we manage every day. The scrutiny has been intense. It also seems that wherever there are issues that highlight the difficult and uncertain environment in which our work occurs, and there always are, someone has been ready to comment in the media.

It is incredibly important that we all pull together at this time. If you have particular worries and need support, please raise it with your manager, and I will be involved with issues that come to my attention.

> As well as doing it tough, I have been very proud of how we have managed ourselves and the support that we have shown each other, and I have greatly appreciated the support I have received. Most importantly, we continue to do fine work with families and children.

The success of this strategy is evidenced by the feedback received by the CEO; some representative examples are:

> . . . a very brief message to thank you on behalf of the management team and all the staff here . . . for your support during what has been a very difficult time. Your backing and reassurance has been very important to all involved.
>
> Staff were particularly grateful and reassured by your statement that you would take the responsibility for any shortcomings identified in this case.
>
> Just wanted to say how much I appreciated receiving this email last night. It has been a baptism of fire . . . and most days have been pretty tough, especially the last few . . . I am confident though that we will get through this time and I am especially grateful for the support.

And in retrospect, from the local manager:

> I experienced the entire process within a trusted and safe environment free from fear, where I was able to lead my district whilst you led the department around the wider responses to media and the Minister - I felt secure in knowing you 'had my back' and trusted my leadership.
>
> I felt enabled and empowered, understanding that you were ensuring support that went beyond platitudes and resulted in resources being made available expediently, and knew that the corporate family cared from the top down.

While we have so far addressed the need to manage the distress and anxiety around a child's death, it is also necessary to examine practice and consider what can be learned from it. Sometimes, it becomes clear that practice was sound and defensible, and the child's death arose from factors that were not predictable or preventable. In a study of forty-five child death reviews in the United Kingdom, the inquiry team concluded in 25% of cases that no professional lapse or error had contributed to the fatality (Munro, 1996).

When flaws in practice are identified, they need close scrutiny. Often, people want to rush to blame the individual at the centre of the action, and think they can solve the problem by getting rid of this "bad apple." This has been a common pattern in child death reviews in many jurisdictions, but its limitations are evidenced in how the same problems keep coming up: "Little new ever comes out of inquiries into child abuse tragedies" (Duncan, Reader, & Grey, 1993b, p. 89). However, as other disciplines such as health and engineering have found, a poor outcome is rarely due to malicious or incompetent individuals, but usually arises from a complex interplay of factors in the work context and the individual that come together to produce an adverse result (Munro, 2005; Fish, Munro, et al., 2008). Adopting a more systems view of the complex causation of problems has arisen because:

> The more safety researchers have looked at the sharp end, the more they have realized that the real story behind accidents depends on the way that resources, constraints, incentives, and demands produced by the blunt end shape the environment and influence the behaviour of the people at the sharp end (Reason, 1997, p.126).

An inquiry and examination of a fatality therefore must not stop when it finds human error, but needs to delve into *why* people acted as they did. This may involve organizational processes, culture, or resources, as well as factors in the individual such as their learning—including the training they may have undertaken, level of expertise,

etc. Even when there is no evidence of professional culpability, close scrutiny of practice may show up areas of organizational weakness—what Reason (1997) calls the "latent conditions for error" that, left unchanged, make future error more likely.

5. Developing expertise

Managing the distress and anxiety that emerges throughout an agency following a child's death is necessary, not just as a feature of compassionate management, but also because organizational competence in managing anxiety and uncertainty is essential to enable staff to put their primary focus on helping children, not on covering their backs in case of trouble. Above everything, child protection is a human undertaking, and good outcomes depend on the caliber and capacity of the human beings who are doing the work. If this is true, then those of us who are child protection leaders need to control our obsession with models, policies and compliance, and distil a clear vision of the sort of people we believe can best carry out the work.

We would suggest that at every level we are seeking people of imagination, compassion and intelligence who can think themselves into and through the complexity and the wicked nature of child protection problems. These are people who can apply an acute intelligence to complexity that arises not just from the families themselves but is also generated by the organization and the political milieu that surrounds the child protection undertaking Rather than being defensive and risk averse, child protection organizations that wish to function well and with high reliability (Bigley & Roberts, 2001; Roe & Schulman, 2008) must recruit, develop and sustain professionals who have the courage to embrace the reality that child protection work at every level is always uncertain.

For a child protection service to be able to learn about how well it is doing, it needs good feedback about both the processes and the outcomes of the services provided to families. In many jurisdictions, managerial oversight focuses primarily on service inputs and outputs. Have workers followed procedures? Did they meet

prescribed timelines? How many children have been removed from their families? Over time, the importance of compliance with these indicators has come to dominate practice so that attention is distracted from questioning the *quality* of work, and the *impact on child and family* (Munro, 2010; Tilbury, 2004). Easily measured aspects of practice fail to provide a good enough picture of quality, so agencies need to create more sensitive ways of examining the quality of practice.

The foundation for developing a strong workforce expertise lies in creating an organizational culture that sustains and deepens critical reflection and continual learning. This requires time for "slow thinking," and needs to rest on an understanding of how the work draws on people's intuitive and analytic reasoning skills, as well as their emotions (Kahneman, 2011).

To achieve this requires staff feeling supported and able to be open about their work, having the courage to examine it critically, and being willing to explore with the whole agency what is going well and badly. This is essential if an agency is to have any chance of managing the real work of child protection that occurs in the relationships between professionals and service recipients. The key leadership task here is to set up strategies and structures to elicit and grow practice wisdom built from workers and supervisors being willing to expose, explore and think through their practice, and make their views vulnerable to the experience of children and parents, foster caregivers and other stakeholders. These processes have been described as creating a culture of appreciative inquiry around frontline practice (Turnell, 2004, 2006, 2012). This is fragile work, and one of the hardest of "soft" tasks in leading a child protection agency. Since child protection practice is so pressurized, it is always possible to find problems and practitioners always feel vulnerable about their work.

Conclusion

cour·age [kur-ij, kuhr-]: The mental or moral strength to venture, persevere, and withstand danger, fear, or difficulty.
—Webster's Dictionary

Our capacity to prevent severe child maltreatment depends above everything on building and sustaining intelligent, compassionate and imaginative staff who have the courage to engage with the complex circumstances our societies' most vulnerable children live in. What makes the task harder is that these practitioners must do this work within risky environments and (often) fearful organizations.

The child protection field, which must daily face and respond to wickedly complex social and organizational problems, has generated a perverse intellectual culture, hungry for set-piece linear causes and answers whether in policy, practice guidance or casework. What has come to count most in child protection are things that can be easily counted and what counts most, the actual interactions between families and professionals, is often overlooked.

Sadly, these bad habits of thinking seem only to escalate when a child protection system is faced with a child fatality. Child death inquiries repeatedly manufacture the notion that the cause of the fatality can be isolated, those culpable identified, and then new procedures can be put in place to make sure the tragedy will never happen again. We would suggest that over 40 years of refining this linear approach to fatalities has led to little improvement and in fact made our systems significantly more defensive and anxious.

Determining culpability for a fatality, to the extent it can be determined within a child protection system is complex and imprecise. Approaching such crises as if an exact truth can be ascertained and blame allocated to particular workers or practices overlooks the complexity of the systemic issues and the organizational context for failure. As Reason states:

> Rather than being the main instigators of an accident, operators tend to be the inheritors of system defects created by poor design, incorrect installations, faulty maintenance, and bad management decisions. Their part is usually that of adding the final garnish to a lethal brew whose ingredients have already been long in the cooking (Reason, 1990, p. 173).

We are not seeking here to erase individual responsibility rather we are seeking to recontextualize it. The issue of responsibility needs considerable rethinking if a truly systemic approach is to be applied to child fatalities. Recognizing human error and dealing with that with the individuals involved remains essential. At the same time explicit consideration of the balance that needs to be struck between addressing individual and organizational issues and the consequent organizational messages from leadership needs much more discussion. Moreover, to the extent that individual error must be remediated, it is vital to avoid the simplistic trap of "hanging an individual out to dry."

It is often said that the Chinese word for crisis is opportunity, but the Chinese word for crisis is actually formed by two characters representing danger and opportunity. The opportunity available to child protection professionals within the crisis of a child fatality can only be won through courageous and purposeful leadership across the organization and we have endeavored here to articulate some of our thinking about what such leadership looks like in practice.

Competence is often defined more in its absence than in its presence. The nuances and particularities of leadership that is generative rather than defensive in the face of crisis are hard to capture. Since the impact of child fatalities is such a defining moment for any agency and there is so little written about how to constructively lead in this context, we are convinced that this is a discussion that needs considerably more attention in the child protection field.

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Improving practice : child protection as a systems approach

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Title:

Improving practice: child protection as a systems problem

Abstract:

This paper argues for treating the task of improving the child protection services as a systems problem, and for adopting the system-focused approach to investigating errors that has been developed in areas of medicine and engineering where safety is a high priority. It outlines how this approach differs from the traditional way of examining errors and how it leads to different types of solutions. Traditional inquiries tend to stop once human error has been found whereas a systems approach treats human error as the starting point and examines the whole context in which the operator was working to see how this impacted on their ability to perform well. The article outlines some factors that seem particularly problematic and worthy of closer analysis in current child protection services. A better understanding of the factors that are adversely effecting practitioners' level of performance offers the potential for identifying more effective solutions. These typically take the form of modifying the tasks so that they make more realistic and feasible demands on human cognitive and emotional abilities.

Text:

This paper argues for treating the task of improving the child protection services as a systems problem, and for adopting the system-focused approach to investigating errors

that has been developed in areas of medicine and engineering where safety is a high priority. At first glance, the engineering problems of nuclear power plants and aviation might seem remote from concerns about children's safety and well being but anyone from child protective services would find their discussions and worries surprisingly familiar. They too are concerned with avoiding disasters that result in death or injury to humans. They too have experienced a series of well-publicised inquiries into their mistakes. And the resemblance to child protection work continues into the findings of those inquiries: disasters are more often judged to be caused by people than being due to faulty equipment or organizational factors. Human error was identified as the culprit in 70-75% of accidents in anasaethesia (Cooper, Newbower et al. 1984; Wright, Mackenzie et al. 1991), and in over 70% of plane crashes (Organization 1993). This is remarkably similar to my own finding from studying inquiries into child abuse deaths in the UK: 75% concluded that professional errors made a significant contribution to the failure to see the risk to the child and to take steps to protect him or her (Munro 1999).

Child protection also resembles an engineering problem because efforts to improve practice have increasingly taken the form of providing tools for front line workers. Assessment frameworks, procedure manuals, decision making instruments are all, like power drills and computers, designed to enhance workers' performance, by augmenting or replacing the skills and knowledge in their heads. The proliferation of such tools has transformed the work experience for practitioners (and for families) but, as many disciplines have found to their cost, tools do not always have the intended effect. How they are used in practice and how they interact with other factors cannot be predicted in advance but needs to be studied.

The systems approach was developed in engineering because traditional solutions were not working as well as expected. Mistakes still kept being made, sometimes with disastrous consequences. Power plants got close to meltdown and planes crashed into mountains. The standard solutions of providing more tools, more detailed manuals, and closer management scrutiny were not eradicating human error. Indeed, in some cases, it seemed that they were increasing the scope for error. To deal with this puzzling outcome, engineers radically reframed the way they were looking at the problem. Instead of regarding human error as a satisfactory explanation of an accident and therefore concluding the investigation at that point, they treated it as the *start* of inquiry: why did the front line worker misread the dial, omit crucial steps in the procedures, or overlook signs of trouble? This led them to investigate the total system within which the person was operating so that they could better understand why the faulty action had looked the sensible thing to do at the time or why it might have been difficult for humans to perform well.

The systems approach led to new types of solution. Basically, they take the form of redesigning the tasks expected of workers so that they are better tailored to the skills of human beings. Mobile phones provide a simple example of faulty design. People often have trouble remembering their mobile phone number and make mistakes when asked to quote it; human errors are common. But mobile phone numbers provide a good example of a predictable error because their design is poorly suited for use by human beings. They are typically a list of eleven random numbers and are presented in one block on

caller display. However, the human short term memory can handle 7 items (plus or minus two) (Simon 1990). It is therefore not surprising that people have difficulty in dealing with eleven digits. People who master the art of remembering their own number generally do so by dividing it into three sub-groups (each less than 7 numbers long) and remembering each sub-group individually.

This article will illustrate how child protection services have followed the traditional approach of engineering in investigating errors and looking for ways to improve practice. It will also argue that, like engineering, the improvements are not working as well as hoped. The case for switching to a systems approach will be made, offering a sketch of how such an investigation would differ from the traditional and the new areas of questioning to which it draws attention.

My experience is of the UK child protection system and so this provides most of the examples I use, but it presents similar problems to the American system (indeed, it draws extensively on the US system for ideas so its similarity is not surprising).

Traditional investigations

The history of child welfare is littered with tragic stories of children suffering prolonged abuse and then being killed by a parent. The stories are all the more shocking because these children were known to professionals whose duty it was to help and protect them. In some cases, as in the New Jersey foster care scandal, the children had been 'rescued' from their families only to be abused by their foster carers without their social workers recognising the danger they were in (DePanfilis 2003). The public, quite understandably,

demand an explanation of how the services failed these children and an assurance that steps will be taken to prevent further cases. The standard response is to hold an inquiry, looking in detail at the case and trying to get a picture of the causal sequence of events that ended in the child's death or serious injury. Unlike the police investigation, which focuses on the perpetrators of the homicide, these inquiries focus primarily on how the professionals acted, judging them against the formal procedures for working with families and principles of good practice.

In exploring why an incident happened, there is no objective point at which we can say 'this is *the* cause'. We are tracing a chain of events back in time to understand how it happened. Numerous factors are involved and, with any factor we see as causally important, it is possible to ask why it occurred and so continue tracing events further and further back in time. In practice, some 'stop rules' are needed for deciding when an explanation is sufficient and ending the investigation.

Rasmussen studied many different types of investigations and identified three main reasons for stopping (Rasmussen 1990). Firstly, there are times when the search helps to devise a solution that will prevent a recurrence, and so further inquiry is unnecessary. Secondly, there are practical constraints that make it unfeasible to dig any deeper; time, cost and the cooperativeness of the people involved place limits on how detailed a study can be made. With inquiries into child abuse deaths, the terms of reference for the inquiry team put some boundaries on the type of search they are expected to make.

Thirdly, and most commonly, the questioning stops when a familiar, abnormal event is found that provides a satisfactory explanation

In child protection inquiries, as in the inquiries held in medical and engineering disasters, these familiar events that bring the investigation to a halt usually take the form of human error. Practitioners did not comply with procedures, or lapsed from accepted standards of good practice. There is a brief exception to this in child protection in that the inquiries in the early 1970s tended to identify systemic as well as individual failings. At this period, child abuse had become more widely acknowledged and condemned. The increased public concern for victims of abuse then had to be translated into changes in professional priorities and organisation. So, for instance, the Maria Colwell inquiry in the UK (Security 1974) identified faults in the whole system which, at that time, was not designed with child abuse as a prominent concern. As a consequence of these early inquiries, formal procedures for investigations of allegations and professional collaboration have been established in the UK and USA. Later inquiries have increasingly become focused on professional performance, with at least as much attention being given to whether procedures were followed as to assessing the quality of professional judgement and decision-making.

Why should professional error be so often seen as a sufficient explanation rather than just another puzzling factor that needs understanding? One reason is undoubtedly that it identifies someone to blame. When society is shocked and outraged by a child's terrible tale of suffering, there seems a basic human desire to find a culprit, someone to bear the

guilt for the disaster and to be the target of feelings of rage and frustration. Of course, with these child deaths, it is a parent or carer who is primarily responsible for the homicide but this does not seem to satisfy the urge to blame. When Liam Johnson died in London in 1989, his Member of Parliament demanded a public inquiry, asserting that his death proved that 'something went very wrong' (London Borough of Islington, 1989). Perhaps because public money funds a complex set of services to care for children and protect them from precisely these sorts of tragedies, the public feel entitled to expect professionals to bear the responsibility for failure. In Liam Johnson's case, however, the public inquiry firmly concluded that the death was unpredictable and no professional deserved blame.

Whatever the dynamics at play, the public's emotional responses to child abuse deaths are complex and powerful, and seem to include a deep need to find a scapegoat. The traditional inquiry meets that need by focusing primarily on whether any professional was at fault.

Traditional solutions

The resemblance between child protection problems and other areas of work is clearly apparent when we look at the solutions that are proposed to prevent errors. Humans are seen as the prime source of unreliability and so solutions focus on ways of minimising and controlling their erratic behaviour. The three main mechanisms have been intertwined in recent developments in child protection services:

- Punish the culprits and so encourage the others to be more diligent;

- Reduce the role of individual human reasoning as much as possible, formalising where possible with increasingly precise instructions to the human operators;
- Increase the monitoring of practice to ensure compliance with the instructions.

If we look at these in turn, blame is a major feature of professional life these days. Front line workers are in no doubt of the fate awaiting them if they are caught up in a child death. To some extent, doctors and social workers must accept responsibility for malpractice but many of the mistakes identified in investigations are individually fairly trivial and it is only because they coincided with other small errors that the disastrous sequence of events occurred. In a recent UK inquiry, for instance, a social worker was criticised for failing to get a new copy of a faxed medical report that was smudged and difficult to read. (Health 2003).

The 'blame' culture is not peculiar to child protection but seems to be a part of society in general (Hood and Jones 1996). However, its manifestation in this context has significantly increased the risks of punishment to individual workers. If the threat of punishment is an effective way to modify human behaviour, then it should be operating at the maximum level within the child protection service.

The second major mechanism for reducing human error is to limit the scope for fallible, individual actions by replacing humans with tools as far as possible and giving them

detailed instruction manuals for the tasks they still have to do. This has happened on a large scale in child protection.

At the time of Maria Colwell's death in 1973, social workers in the UK operated with a surprising degree of privacy and autonomy. There were few standard forms to complete except in relation to legal proceedings. Recording was intended mainly to assist workers and supervisors in reviewing the casework process rather than to provide information for managers on how time was being spent. Social Services Departments were run as professional bureaucracies that, respecting professional expertise, allowed social workers a high degree of discretion (Adams 1998). Practice was therefore highly individualised and variable. A detailed and large-scale study of practice in the 1970s concluded:

> A feature of all the studies was the wide-ranging freedom which social workers had to choose the style and content of their direct work with clients (Parsloe and Stevenson, 1978, p.134).

The degree of change in the past two decades is, therefore, substantial. Practice has been transformed by several innovations. The autonomy of the individual has been steadily eroded by the introduction of increasingly detailed protocols, procedural manuals and assessment frameworks. Risk assessment and decision-making instruments are increasingly being introduced to standardise practice and minimise the scope for individual professional judgement.

The third mechanism for reducing human error is to monitor practice more stringently and this is a clear feature of recent developments in child protection. Again, the changes here are not just peculiar to child protection but part of a much broader phenomenon. What (Power 1997) terms 'the audit society' has transformed all branches of the public sector. For a range of reasons – social, economic and political – there is now a demand for greater transparency and accountability in all public services (Munro 2004). Public confidence and trust in professional expertise has weakened and the political shift to neo-liberalism has led to more concern to ensure taxpayers' money is being wisely spent. Similar developments in the USA led to the Government Performance and Results Act 1993 that mandated that federal agencies establish standards for measuring their performance and effectiveness.

Professional autonomy has been further reduced by the 'new public management', which assumes that public bureaucracies are inherently inefficient and seeks to introduce market mechanisms to counter this. Consequently, British social work departments now operate under tight managerial surveillance, with performance targets set by government, and a complex set of information-processing tools to record what work is being done. This audit system is not just a neutral mechanism monitoring that professionals are doing what they say they will do. It is increasingly dictating what professionals should do and how they should do it. The web page of the Audit Commission asserts that audit is designed 'to be a driving force in improving services' (www.Audit-Commission.gov.uk). These developments mean that the responsibility for developing professional knowledge and

skills is being merged with managerial and political goals of improving efficiency and effectiveness.

Have the solutions worked?

What has been the effect of such pervasive changes? There has certainly been no dramatic improvement in children's safety or well-being. A global judgement about whether children's welfare has improved in the UK is difficult to make and many of the most important influences on their well-being have been independent of children's services. Child poverty, for instance, has increased from 10% in 1979 (when a conservative government was elected) to 30% now (despite an explicit aim of eradicating child poverty, the current Labour government has only taken about half a million children out of poverty, leaving 3-4 million behind). Measures of child protection social work provide a mixed picture and it is not always easy to know their significance. Child deaths have not reduced; reported child abuse has increased (but for all the familiar reasons may not indicate an increase in incidence); the number of children taken into public care has increased – but, again, it is hard to know whether to interpret this as a positive or negative finding. There are, however, some major causes for concern.

First, services in both the UK and USA have become increasingly concerned with providing a crisis, reactive response to allegations of abuse, with a reduction in provision of preventive, supportive work with families (Health 1995; Waldfogel 1998). Despite repeated government exhortations to re-focus and put more emphasis on early intervention, social services departments in the UK are finding it hard to comply because the public pressure to avoid any child deaths keeps serious child abuse at the top of the

agenda. Moreover, each investigation of an allegation of abuse now takes more time and effort as the procedures to follow have become more and more detailed. Consequently, the time and resources available for other areas of child welfare have been reduced.

Secondly, staff morale has slumped leading to serious problems in recruiting and keeping experienced personnel. As recently as the early 1990s, child protection workers were seen as the elite branch of social work but, nowadays, some London boroughs have vacancy rates of 40% and those in post are often agency staff on short term contracts, many recruited from overseas. The London Borough of Brent, for example, one of the most deprived parts of the city, has no social worker in their duty teams who has trained in the UK. Social work as a career has also lost favour. Applications to training courses plummeted by 59% between 1996 and 2001. Despite an expensive government advertising campaign in the past couple of years, applications have only risen by 8% from their low base.

Thirdly, a picture of current practice in the UK was provided by a recent public inquiry into the death of Victoria Climbie (Department of Health, 2003). While a single case cannot be assumed to be representative, it involved several different agencies in London and gives a vivid account of how professionals responded to information about this child. Like the New Jersey foster care inquiry, it does not reveal a complex case requiring exceptional talent but an apparently straightforward case in which numerous professionals failed to follow basic principles of practice.

Victoria spent her early years with her parents in the Ivory Coast but, when she was seven, they gave her to a great-aunt living in France, hoping this would increase her life opportunities. Five months later, after coming to the attention of the French child welfare services, the great-aunt moved to London, leaving her own children in France but bringing Victoria with her. In less than a year, Victoria was dead, having suffered months of serious physical and emotional abuse, spending her last days, tied up in a black rubbish bag in a bath, malnourished and being frequently beaten. Her sufferings were horrific but what astounded the country was the realisation that her sufferings had not been hidden. She had been known to four social services departments, two specialist police child protection teams, two housing departments, and was twice admitted to hospital because of suspected abuse. I have read every inquiry report since 1973 and this one stands out for describing a level of practice – in all the professions and all the agencies – that is outstandingly worse than any other. It was not that the mistakes were of a different kind but that they were so numerous; poor practice seems to have been the norm rather than the exception. The report into her care concluded:

> Victoria died because those responsible for her care adopted poor practice standards (Dept. of Health, 2003, para. 6.94).

This overview of developments in child protection suggests that are causes for concern about the traditional approach to improving practice, making a fresh approach worth considering.

Systems investigations

The cornerstone of the paradigm shift from a traditional to a systems investigation is to take human error as a starting point for inquiry, not as a satisfactory explanation in itself. *Why* did so many professionals in Victoria's case adopt poor practice standards? Lord Lamming, who chaired the inquiry, concluded his report with the comment:

> Even after listening to all the evidence, I remain amazed that nobody in any of the key agencies had the presence of mind to follow what are relatively straightforward procedures on how to respond to a child about whom there is a concern of deliberate harm (Dept. of Health, 2003, para. 1.19).

His puzzlement, however, is stated as a conclusion instead of a question triggering further investigation. His inquiry reiterates the traditional solutions of *more* blame, *more* procedures, and *more* monitoring, without asking why previous, similar, solutions have not been working. Yet, finding an explanation of why people were operating at such a low level seems essential if we are to find ways of making significant improvements.

A systems approach treats human error as a starting point because it has a complex view of causality and the role the individual front line worker has in the sequence of events. When the traditional investigation identifies professional error, it is assumed that the professional 'could have done differently' and so can be held responsible and merits censure. In the case of Victoria Climbie, for instance, the inquiry acknowledged that the key social worker was working under adverse circumstances: she had never dealt with an

investigation into an allegation of abuse before; she received only thirty minutes of supervision over a period of 211 days, from a senior who was developing a major psychotic illness and gave her little sensible advice; and she had a caseload of nineteen families, seven more than the maximum set down in the staff handbook. Nonetheless, the inquiry held her responsible for her incompetence. She was not only sacked from her job but put on the official list of people considered unsuitable for working with children.

In contrast, in a systems investigation, the operator is seen as only one factor; the final outcome is a product of the interaction of organisational culture, technical support, and human performance factors. The ideal image of human rationality – captured in classical decision theory– is of an individual rapt in thought, contemplating all the evidence before reaching a conclusion. Research of rationality 'in the wild' reveals a different picture (Hutchins 1995). Judgement and decision making in child protection are best seen not as discrete acts performed by individuals in isolation but as part of a constant stream of activity, often spread across groups, and located within an organizational culture that limits their activities, sets up rewards and punishments, provides resources, and defines goals that are sometimes inconsistent (Woods, Johannesen et al. 1994). Human errors are, in general, not random and individual but follow predictable patterns that can be understood by seeing them in their context.

Systems investigations have highlighted how the traditional solutions to human error can, themselves, be the source of further errors. In 1979 there was a serious nuclear accident at the Three Mile Island power station. The reactor core melted partially, and some

radioactivity was released into the atmosphere. The Kemeny Commission, the presidential board that investigated the disaster, concluded that faults with equipment played a small part but the major causes lay in the poor performance of the operators (Kemeny 1979). Not only did they not take the correct steps to solve the problem, their actions made it worse. As with children's deaths from abuse, their failure seemed all the more surprising because such efforts had gone into improving their practice. Engineers had thought carefully about all possible accident scenarios and developed warning systems to alert the operators to any fault or abnormal reading. Indeed, they had been so diligent that, at the time of the disaster, the control room had more than 600 alarm lights. A later review of the event showed more compassion for the operators (Wildavsky 1988). Yes, they had misread the signals, but when such a major accident occurred, so many red lights started flashing that the human brain would have difficulty in accurately interpreting their significance. Efforts to improve safety had inadvertently introduced new dangers. Each alarm system, on its own, added to safety because it showed when something was going wrong and, if it started flashing on its own, operators would have no difficulty in understanding its significance and taking the appropriate action. But, in a serious accident, the effect of such a precautionary system was to be bewildering because so many alarms went off simultaneously.

The two reports – by Kemeny and Wildavsky – illustrate two opposing approaches to error investigation. Kemeny followed the traditional style, looking first of all for evidence of technical failing and then for failings in the human performance. When human error was detected, this was seen as providing a satisfactory explanation.

Wildavsky, on the other hand, adopting a system's approach, took the human error as a starting point for investigation, not as a conclusion, and saw how changes to the system intended to improve it had had the unintended effect of making the task for the operator more difficult.

A framework for systemic inquiry

As the phrase suggests, a systemic inquiry looks at the whole context and so the potential areas to cover are numerous. Within the limits of this article, I want to, first, outline a framework for analysis and, then, within that framework, focus on three issues that seem to me to be particularly significant in child protection at present.

(Woods, Johannesen et al. 1994) provide the following diagram to illustrate the layers of analysis that need to be undertaken.

Diagram 1 around here.

At the 'sharp end' of the system are the practitioners interacting with children and families. Whether or not they are able to provide effective help will be a result of the interaction between the difficulties and strengths of the family (what they bring to the contact) and the expertise and resources the practitioners bring. Influences on the actual level of professional performance achieved can be grouped into three layers:

1. factors in the individual
2. resources and constraints

3. organizational context.

Factors in the individual: this includes the knowledge and skills they can draw on in solving problems, the attentional dynamics - factors that govern the control of attention and the management of caseload as situations evolve over time, and strategic factors – the tradeoffs between different goals that conflict.

An investigation into how the front line workers were operating seeks to understand their 'local rationality' (Reason 1990) –how the circumstances appeared to them and how their choice of actions made sense to them at the time. In Victoria Climbie's case, for example, with the social worker who was criticised for picking up a smudged fax and failing to contact the hospital for a clean copy, why did she act this way? Her reasons did not come out in the official inquiry but, since then, she has defended her decision by pointing out that the fax consisted of nineteen badly smudged pages; she did decipher the first page - the covering letter – and this said, inaccurately, that the doctors had no child protection concerns about the child. Therefore, the time and energy required to read the fax or to request a hard copy did not seem justified given the other demands on her time. How much this explanation exonerates her is debateable but it illustrates that she was not acting from malice or indifference. She clearly did not think that the fax might contain crucial information that would dramatically alter her assessment of Victoria's safety but she could not be bothered to find out what it said.

The critical recruitment problem in UK social work at present, and the dearth of experienced workers, is likely to be having a major impact on the quality of front line work.

The factor I want to discuss in more depth in this category is that of emotional wisdom. The engineering literature tends to address the cognitive elements of performance with little attention to emotions. I doubt whether they can be ignored in any work context but child protection certainly makes psychological demands on the worker. A child in distress arouses a response in most people – hence the strength of the public reaction when a child dies. But working with families carries many emotional pressures. Workers can get caught up in the dynamics of the family as well as bringing their own experiences, sometimes constructively and sometimes not, to their work. In the days when psychosocial casework was dominant, attention to the emotional impact of work was a major component of supervision. In the UK however, supervision has now become less available and when it does take place the major purpose is a managerial monitoring of whether the procedures have been properly followed rather than a professional review of the casework process and the judgements and decisions made (Rushton and Nathan 1996). This undervaluing of the emotional dimension may have significant adverse effects on both families and the workers themselves.

In the report on Victoria Climbie, one feature that stands out is the apparent lack of concern and compassion shown towards her. No one engaged her in any substantial conversation during the eleven months she was in contact with various agencies. No-one

appears to have reflected on what her life was like: whether or not she was being physically abused, it was known that she had been taken from her birth family in the Ivory Coast and was living in a country whose language she did not speak, in a hostel for the homeless where many of her co-residents were drug addicts or had mental illnesses. She was not attending school. She clearly needed help irrespective of the issue of abuse.

The failure to empathise undoubtedly contributed to the defective assessment of her needs but it also raises disturbing questions about the staff who came into contact with her. People who choose to join a helping profession do not begin as callous and uncaring so, if this is how they treated Victoria, what had happened to them? One possibility is that there is a high degree of burnout in frontline workers nowadays (this would also partly explain the high number leaving the job). Burnout has three dimensions: emotional exhaustion, depersonalisation (or cynicism), and reduced personal accomplishment (Maslach, Schaufeli et al. 2001). The main symptom is exhaustion and it leads people to distance themselves emotionally and cognitively from their work, with predictable consequences for the children and parents who come into contact with them.

The public inquiry into Victoria's care made no comment on the psychological health of the workers it criticised except to report that the senior social worker responsible for supervising the key social worker had become psychotically ill by the time of the inquiry and was probably becoming ill at the time Victoria was being seen.

Overall, the rise of a managerial approach to social work tends to have downplayed feelings and framed the tasks as essentially cognitive. This seems to me to be a serous error since any system designed on such an inaccurate assumption about the workforce is going to have a fundamental flaw. It is well established that emotions influence cognitive performance (Baron 1994) and we should also be concerned for the emotional well being of both families and staff.

Resources and constraints: this second category includes the obvious issues about what services are available to help practitioners assess or work with families. How easy is it to arrange an expert psychological assessment or offer help with coming off drugs? For UK social workers, the reality of recent years has been that there are fewer and fewer support services available so that for most families caught up in the child protection system they experience a distressing investigation of an allegation of abuse followed by no help, even though most of them, whether or not abusive, are in adverse social and financial circumstances and struggling to cope (Farmer and Owen, 1995).

Within this category, the issue I want to focus on is the impact of the tools that front line workers are now expected to use. Procedural manuals, information-processing tools, and instruments to help risk assessment and decision-making are now widespread and have transformed the nature of child welfare work. They have all been introduced with the good intention of improving front line performance but are they doing so? Do they improve reasoning skills and outcomes for children or are they, in fact, a hindrance to workers?

Again, the engineering literature provides some valuable lessons. Design has usually been tool-centred rather than user-centred (Norman 1993). In deciding what tools to design or what parts to formalise, engineers have tended to select those that it is technically easy to do. This has permeated the approach to developing tools and to automating or formalising aspects of any process. It seems to be assumed that tools or formalisation are intrinsically good and so the more the better. Little attention is paid to whether these are the aspects that humans do badly and where technical assistance is most needed. Nor is much attention given to how use of the tools impacts on the bits of the task that are left over for humans to handle.

This approach led to serious problems in, for example, aviation (LaPorte and Consolini 1991; Pool 1997). The pilot's job was radically altered through automation. Previously they had been flying a plane with some assistance from equipment but with a constant awareness of what was going on and what each dial was reading. Automation led to a cockpit in which the plane was essentially flown by a computer; the human pilot only had to step in if something went wrong. Unfortunately, this meant that, when they did have to step in, they were thrust straight into the middle of the problem with limited knowledge of what had preceded it. They were, therefore, poorly equipped to diagnose the problem and deal with it. When they misinterpreted the evidence and the plane crashed, the disaster was blamed on human error but blame should also go to those who designed a cockpit that created such challenging cognitive tasks for the pilots. Fortunately for passengers, this systemic analysis has led to modifications being made to the cockpit

instrumentation to increase pilots' awareness of what is going on at all times so that they are better prepared in the event of a crisis.

Are developments in child welfare vulnerable to similar criticisms? Have academics tended to offer the assessment instruments or decision-making tools that they know how to design? Or have they been user-centred and started by looking at the task, the human cognitive and emotional abilities of practitioners, and considered what help is needed, and at what stage in the process?

Given the extent of innovation in terms of tools, there seems a surprising dearth of research about how they are actually used and whether they are contributing to a better service. The studies that have been done provide evidence that the various tools are not being used as the designers intended. English and Pecora described workers completing a decision making instrument *after* they had made their decision, to justify and document it rather than to guide them in making the decision (English and Pecora 1994). Lyle and Graham found workers deliberately inflating their rating of risk items on a risk assessment instrument to ensure that families were classified as at high enough risk to be given the services the worker wanted them to have (Lyle and Graham 2000). Research on risk assessment instruments in other disciplines has found worker scepticism about their accuracy, preferring to trust their own clinical judgement instead (Harris, Rice et al. 1993; Krysik and LeCroy 2002).

There is an emerging literature in child protection questioning whether tools are being designed and implemented with a realistic picture of the practice world in which they will be used (Schwalbe 2004). There has also been a tendency to give little attention to the worker's contribution to the effective use of a tool. A risk assessment instrument, for instance, can list what information is needed but it is the level of the worker's skill and knowledge that determines how accurate and complete the information collected is, and this, in turn, will determine the accuracy of the instrument's prediction. Rycus and Hughes complain:

> Much risk assessment training has been likened to teaching airline pilots how to complete a pre-flight checklist before taking off, without ever having taught them navigation, meteorology, or even the essentials of flying the plane. Yet, many jurisdictions continue to expect two or three days of training on a risk assessment model to fully prepare staff to implement it consistently and accurately (Rycus and Hughes 2003).

A systems approach not only highlights the importance of finding out how tools are actually being used but also makes us aware of rival ways of interpreting those findings. The traditional approach, echoing the approach of inquiries into child deaths, tends to classify any usage that differs from what was intended by the designer as 'human error'; the fault is only seen to be on one side. This then leads to the usual solutions, described earlier, of chastising workers, increasing training with more detailed manuals, and increasing managerial oversight of compliance with instructions.

Alternative interpretations of the findings can be found by taking the workers' point of view seriously. What is their 'local rationality' that makes it seem sensible to them to modify or ignore tools that should be making their work easier? It may be that they have an irrational resistance to formal methods of reasoning but there are more respectable possibilities. Two factors that I want to speculate about here are (a) conflicting views on the nature of human reasoning, and (b) the dual character of many tools.

In trying to theorize about human reasoning, there have classically been two models: the analytic and the intuitive. Analytic reasoning is formal, explicit, and logical. Ideally, every step of the reasoning process is spelt out, as in a proof in formal logic. Intuitive reasoning, in contrast, is seen as inarticulate, swiftly reaching a conclusion on the basis of largely unconscious processes. The designers of tools tend to take analytic reasoning as their model and develop instruments based on probability theory and formal decision theory. Front line workers have historically, shown a preference for intuitive reasoning. From this starting point, it is hardly surprising that there should be a clash between the two groups. The question is how to resolve the conflict.

One avenue to a resolution is offered by Hammond's "Cognitive Continuum Theory" (Hammond 1996). He argues that, rather than being two opposing modes of thought, it is more realistic to see analysis and intuition as on a continuum, with people choosing a more analytic or intuitive approach depending on the circumstances. When, for example, speed or background knowledge of culture and psychology are crucial (as in interviewing

a family) intuitive reasoning is more functional. When there is time, a need for public accountability, or the consequences of the cognitive task are serious (as in deciding on removing a child) then a more deliberative approach is preferred. I have argued in more detail elsewhere about how this continuum approach can be developed in child protection work (Munro 2002). However, in this context, the point to make is that it opens up the possibility that front line workers' resistance to using tools as the designer intended may have some rational justification and it is worth studying it in more detail.

The second factor I wish to draw attention to is the dual character of many tools now routinely used in child protection: improving workers' performance and supplying information for management. As I mentioned earlier, there have been radical changes in the way child protection services are managed and the new public management requires detailed information about what work is being done.

Managers have to rely on front line staff to supply much of the data and so many of the forms workers are expected to complete are designed to meet the needs of management as much as the users. The repercussions of these fundamental changes needs to be studied in more detail (Munro 2004) but the UK provides one stark illustration of how significant they have been. Recent research on workers' activities found that, due to the increased administrative demands, the amount of time spent in direct contact with families has dropped from 30% to 11%. The increase in paperwork is also a significant factor in the current recruitment problems. In the Audit Commission's large scale study of why

workers were leaving, it was identified as the main factor driving people away (Commission 2002).

To sum up, I am not arguing against the use of tools. Indeed, in view of the limitations of human cognition and the biases in reasoning that intuition is prone to, there is a strong case for arguing that some type of tools could help practitioners. However, there also seems a strong case for arguing that current efforts are not well designed and need to become better tailored to the real practice context in which they will be used.

Organizational context: this third category influences the amount of knowledge and skills brought to bear on the front line work through investments in training and provision of support. It has a particularly important influence on the strategic dilemmas practitioners face in that it conveys overt and covert messages about what is valued or disparaged. These can increase the complexity of the tradeoffs they have to make, especially when they are conflicting, and place workers in a 'double bind' where they are liable to be criticised whatever they do.

In child protection work, there is a persistent and unavoidable dilemma between supporting families and protecting children, balancing the rights and needs of children and parents. The history of the past few decades shows fluctuations in society's view of where the balance lies. When family support has priority, the threshold for removing children rises and more children will be left in a dangerous setting. A death then triggers a swing towards prioritising protecting children. The threshold for removal falls, more

children come into care and then there is a backlash when the general public fear that professionals are getting too powerful and invading the privacy of the family too readily (Myers 1994; Munro 1999).

This classic dilemma is easier for the individual practitioner to handle when he or she is working within an organization that acknowledges the problem and gives a clear and consistent message about where the balance currently lies. However, in the UK, senior management seem to have a problem with this at present because they, in turn, are getting an inconsistent message from central government. Official policy clearly states that more attention must be given to supporting families and less time spent on expensive investigations of allegations, most of which do not reveal serious abuse. There is no acknowledgement, however, that reducing the number of detailed investigations done will lead, in some cases, to decisions about the seriousness of abuse being based on less information and hence being more fallible. There is no official acceptance of the increased risk of child deaths. Indeed, the response to the recent death of Victoria Climbie reinforced the message that the first and overriding concern must be the safety of children. Perhaps official policy can, somewhat cynically, be summed up as 'you must work in partnership with parents and support them in all cases except those that hindsight reveals to have been dangerous'. Unfortunately, front line workers have to make decisions without the benefit of hindsight.

Current government policy is creating another, new, conflict for practitioners. The welfare of the child must be the prime concern. At the same time, they have introduced a

complex system of targets and performance indicators, and an accompanying pile of paperwork, and told social services that they will be evaluated and judged in the light of this system. This creates dilemmas about which matters most – the child or the performance indicator. On a daily basis, this shows up in decisions about how to spend your time, talking to a child, reflecting thoroughly on a case in supervision, or completing forms. Since future budgets depend on current scores on performance indicators, senior management are understandably concerned that paperwork gets done.

The Audit Commission provides a neat example of how the battle between therapeutic and managerial goals is played out. In evidence to the Climbie inquiry, the chairman of the Audit Commission complained that social workers were sticking too rigidly to the timetable for completing an investigation so that case conferences were being held before all the relevant information had been gathered, damaging the quality of the assessment and decision making. In the same year, the Audit Commission published the league tables on how local authorities were performing which rated how successfully they had met the timetable for investigations – with no concession that failure to hold a conference in the specified time could indicate good practice as well as bad.

The greater intrusion of government into the lives of senior management and of both government and senior management into the lives of front line workers is proving very problematic, creating conflicting demands and double bind situations. With the best of intentions, central government is having a pervasive and, I would argue, detrimental

impact on the experience of the children and parents who come into contact with social workers.

Conclusion

Children's safety and well-being are of vital importance in any society so there is heavy public pressure to improve child protection services. The professions involved have put considerable effort, thought, and resources into raising standards. However, social workers learned from the controlled trials evaluating practice in the 1960s and 70s that good intentions do not guarantee good outcomes for service users and that lesson is just as relevant today. It is crucial to evaluate the numerous changes that have been introduced in recent years. Are the tools designed to help practitioners achieve a higher standard of work actually having the desired effects or are they absorbing time and money with little benefit? Could they even be having a positively detrimental effect on workers' performance?

A systems focus radically changes the traditional perspective. Instead of the front line workers dominating the picture, the limits of their autonomy are recognised and they are placed in their wider context. Investigations to understand why they lapse from the desired standards of practice consider the full range of factors operating on them: do they have the necessary knowledge and skills, are the right resources available to support them, does the organisation set feasible and consistent goals?

The fallible human operator is not then seen as the central problem with solutions trying to find various ways of eliminating or reducing their role. Instead, the investigation starts

by looking at what is needed to do the job well and then considering what aspects humans are good at and where they need help. The inquiry then works outwards to find out whether the organisation is providing the context in which high quality work can be done. Solutions tend to take the form of redesigning the task so that it makes feasible demands on practitioners, taking a realistic view of human cognitive and emotional skills.

Evaluating the changes that have occurred in child protection practice is particularly necessary because they reflect both professional and political needs that, while having a surface similarity, have significantly different priorities. All public sector services have been exposed to demands for greater transparency and accountability by social pressures and the needs of the new style of public management. This has led to new ways of describing and recording what work is being done, and placed heavy demands on front line workers to complete the information processing tools that provide the basic data for management. The professional goal of improving practice has also encouraged a more transparent and testable way of working, encouraging practitioners to articulate their reasoning more clearly and to use empirical evidence where available to inform their decisions. However, the aspects of practice that get recorded for management purposes cannot be assumed to coincide with the aspects needed for professional development. In the UK, the audit system that has been developed places more emphasis on recording the easily measured elements of work and so has given more attention to measures of quantity than of quality. This inadvertently undervalues the more nebulous, but often more difficult, aspects such as relationship skills in working with angry or frightened

people, or making sense of human behaviour by placing it in its social and psychological context.

The individual case with a tragic outcome attracts public attention and, quite reasonably, there is a demand to look into what happened. The public want to know if anyone other than the perpetrator is to blame and whether lessons can be learnt to prevent similar cases happening again. However, a focus on the individual case where a child dies has limited scope for teaching us what is working well or badly. The systems approach offers new ways of framing the problems and holds out the promise of more effective solutions.

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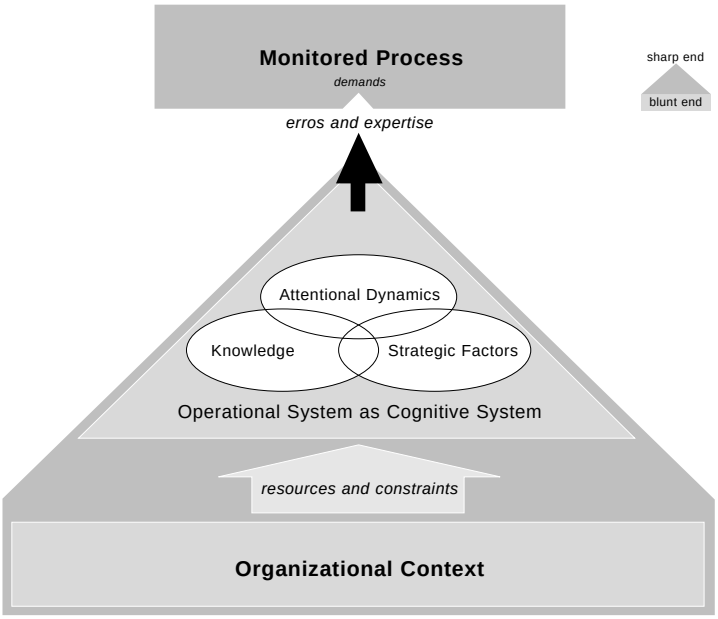

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INTRODUCTION

The Options Paper has been developed as a resource to help guide discussions for the January 28 - 29, 2014, Alberta Child Intervention Roundtable. The Roundtable was announced by Minister of Human Services Manmeet S. Bhullar on January 8, 2014, at the Child Intervention Improvements Media Conference as one of the key milestones in the five point plan for accelerating improvements to Alberta's Child Intervention system.

THE FIVE POINT PLAN

The five point plan includes:

- Releasing data on deaths of children known to the ministry, and creation of a robust system to publicly share information on the child intervention system
- Convening experts, policy makers and stakeholders together at the above mentioned Roundtable, to discuss best practices in reviewing child deaths, and striking the right balance between transparency and privacy
- Reconvening representatives from the 2010 Child Intervention System Review panel to work with the Child and Family Services Council for Quality Assurance to review progress to date on previous recommendations
- Increasing the focus on using evidence to improve practice by creating a research consortium to help examine and analyze performance and outcomes data and trends and provide advice on improvements over time
- Addressing the root causes of many of the issues that affect the safety and well-being of children, such as poverty, addictions, mental health concerns and family violence

Evidence suggests that up to half of all deaths of children and young people result from non-natural causes. A major proportion of these deaths, which are the result of child abuse and neglect, accidents, suicide, and sudden unexpected deaths in infants are preventable. The background research undertaken in support of the development of the Options Paper documents that the systems and mechanisms used in Child and Family Services in Canada for reviewing and reporting on child deaths vary within and across provinces and territories. Some provincial and territorial jurisdictions publicly report only those child deaths which result from child abuse and neglect, or deaths of children known to child welfare agencies; others focus on a broader public health approach, which entails reports on all child deaths. The two options recommended for consideration in this Paper would address the deaths of all children by all causes.

Approach & Limitations

A questionnaire survey approach was used that focused on the deaths of children that have been involved with Child and Family Services. The survey was conducted by means of a telephone interview.

APPROACH

Publicly accessible documents pertaining to child death investigation, review and reporting were examined.

A questionnaire was developed and sent to the provincial and territorial Directors of Child Welfare (DCW) and follow up live interviews were conducted. The questionnaire in its entirety is included (see Appendix 1).

Telephone interviews were conducted from January 10th to 15th, 2014 with follow-up interviews conducted in March 2014.

An international scan of promising practices of child death review and reporting was conducted and thus informed the selection and development of the three case studies. Documentation on child death investigation, review, reporting and data classification was reviewed.

LIMITATIONS

The survey was focused on the child welfare sector. Surveys were not conducted with coroners, medical examiners or child advocates.

Non-public information was not provided therefore the research is only based on what exists in the public domain.

Variability in reporting, review and data collection exists from one jurisdiction to another.

The questionnaire targeted the collection of quantitative information; this was supplemented by qualitative material captured during the live interviews and narrative documentation furnished by the jurisdictions.

JURISDICTIONAL SCAN OF CHILD AND FAMILY SERVICES CHILD DEATH DATA COLLECTION AND REPORTING: NARRATIVE DESCRIPTIONS

The following narratives describe the Child and Family Service child death review and reporting processes in each province and territory. The narratives have been provided by, or are summaries of the telephone interviews with, the respective provincial or territorial government representatives.

British Columbia

Children are eligible for services up to the age of 19.

The Coroner reports on all child deaths. Data are shared with the public through a dedicated website (Ministry) and through the Coroner's annual report.

The Coroners Service is in charge of public reporting on all deaths as part of their mandate. The Child Advocate reports every six months on critical injuries and fatalities. The Ministry of Children and Family Development reports on children under the care of Ministry.

The Coroners Service, Ministry of Children and Family Development and the Child Advocate are responsible for collecting child death information. The coroner collects data on all child deaths, the Child Advocate gets information from data generated by the Ministry of Children and Family Development. Some definitions vary from one service organization to the next: for example, an open file does not have the same meaning.

A formal procedure has to be followed every six months. A report is completed, the relevant database is updated, briefing documentation is developed, and the Ministry Communications Section posts the communication on the Ministry website.

Alberta

Under Review.

Saskatchewan

In Saskatchewan child protection services are provided to a child up to 16 years of age. Services and supports may extend to age 18 and in some cases up to age 21.

Currently the Ministry does not report Child Death numbers publicly, rather, this information is provided to the Advocate for Children and Youth who reports them in their Annual Report. Recently and at the request of media outlets, these numbers have been released publicly. Data are updated on an ongoing basis.

The Ministry of Social Services is currently reexamining the Child Death Review process. Vital Statistics reports on provincial numbers of child deaths.

Manitoba

Children are eligible for services up to the age of 18, up to age of 21 for the children who are permanent wards. In Manitoba, there is balance between public transparency and confidentiality. Data shared with the public is aggregated and is non-specific. The data are shared in the annual report of the Office of the Chief Medical Examiner, Department of Justice. In 2007, a piece of legislation was written that empowers the Children's Advocate to review the death of a child who was in the care of, or received services from, an agency under this Act within one year before the death, or whose parent or guardian received services from an agency under this Act within one year before the death.

The Chief Medical Examiner and the Children's Advocate are in charge of public reporting. The Chief Medical Examiner is responsible for collecting child death information, the reports child deaths to the Child Advocate.

Québec

Children are eligible for services up to the age of 18.

Public reporting and data collection are both under the responsibility of the Coroner. Data are updated once a year. There is no formal protocol respecting public reporting on child deaths: it is done on a case by case basis in each region. One region out of 18 regions and territories has a child death review committee; it reports to the Chief Coroner's office.

New Brunswick

Children are eligible for services up to the age of 19.

The Coroner's office is in charge of public reporting as well as collecting child death data information. Data are reported by means of investigation reports. The information is also available online, on the Government of New Brunswick website. Data are updated on a per incident base. Those incidents are reported through the Coroner's office as required by a

formal reporting protocol. The Coroner and the Department of Social Development track different elements: the Department of Social Development has a provincial data system that focuses on children receiving services whereas the Coroner looks at all child deaths.

Ontario

Children are eligible for services up to the age of 16 in Ontario.

The Ministry of Children and Youth Services does not directly public report child death data. An annual report is published by the Office of the Chief Coroner and the Pediatric Death Review Committee is annual report tracks all child deaths. Those documents are made available to the public. The Pediatric Death Review Committee looks at children in care or those who were in care up to 12 months ago. Information is aggregated and individuals cannot be identified. The Office of the Chief Coroner is responsible for public reporting of child deaths.

The Office of the Chief Coroner and the Ministry of Children and Youth Services are responsible for collecting child death information.

Prince Edward Island

In Prince Edward Island, the Child Protection Act applies to children up to the age of 18 years. The Department of Community Services & Seniors is responsible for the delivery of Child Protection Services. The Director of Child Protection does not report to the public in regards to the deaths of children receiving Child Protection Services or children in the legal custody and guardianship of the Director of Child Protection. What, if any, investigation takes place will depend upon the circumstances of the death. If, for example, the death is from known, natural causes, it is unlikely that any investigation will take place. If the cause of death or the circumstances surrounding the death are suspect or unusual, then the Coroner's office and/or the Police will be notified for purposes of investigation, as mandated by the Coroners Act and/or the Criminal Code.

The public is made aware of a child death through a

coroner's inquest, if applicable. There is no identification of whether or not the child was a child in care. The Prince Edward Island Child Protection Act does not provide statutory authority for the public release of the identification of a child in the legal custody and guardianship of the Director of Child Protection.

The Director of Child Protection collects data on children in the legal custody and guardianship of the Director. The Child Protection Services policy entitled Death of a Child in the Legal Custody and Guardianship of the Director of Child Protection provides procedures to be followed in the event of the death of a child in care.

Prince Edward Island does not have a Child Advocate.

There has been no reported death of a child in the legal custody and guardianship of the Director of Child Protection in recent years.

Nova Scotia

Children are eligible for services up to age of 16 in general, up to age of 19 if the children are in care and can be extended to age of 21 and 24 for educational support.

In Nova Scotia, the Child and Family Services public reporting process is not yet implemented; a preliminary report has been created. Some of it will be made public.

The Office of the Ombudsman is in charge of public reporting. The Department of Community Services is responsible for collecting child death information.

Newfoundland and Labrador

Customarily children are eligible for services up to 17. It may be longer depending on the services they receive: 19 if the youth is in an educational program; 21 if in continuous custody.

The Office of the Chief Medical Examiner and the Department of Child, Youth and Family Services are responsible for collecting child death information. The Department notifies the Coroner if a child in care dies.

Child death data are not tracked in a dedicated database, rather information is collected and captured in individual files. Newfoundland does not have a child death data collection system.

The Department of Child, Youth and Family Services is not permitted to reveal identifying information about the death of a child in care. According to Section 52 of the Child and Youth Care and Protection Act, a person shall not publish or make public information that may identify a child, member of the child's family or the foster parents involved in a child protection proceeding.

No children have died in care since the Department was created in 2009.

Confidentiality and Best Interests of the Child

- Due to confidentially reasons, the Department of Child, Youth and Family Services cannot speak about the specifics of any case. Officials can speak to policy and program directions that the government has undertaken but cannot comment on individual cases.

- The deparmental position is that it is not in the best interests of any child or youth currently or previously on a Child, Youth and Family Services caseload to have specific identifying information in the public domain.

- Even when some information becomes public it is not in the best interest of any child that is living or deceased to release their personal and sensitive information over which they have no control or ability to give consent.

- While the public may be interested in various issues affecting children in care, it does not have a right to identifying information about a particular child. Therefore, the Department does not confirm whether or not it is involved in a case.

Yukon

In the Yukon children are eligible for services up to the age of 19 and this may be extended to the age of 24 for children in care. There is no formal process respecting public reporting of child deaths. The Health and Social Services Department is in charge of public reporting; decisions are made at the Ministerial level regarding child death reporting. The process for collecting and reporting child death information is currently being reviewed. A critical incidence policy is at the draft stage (as of January 14th, 2014). This policy will advise on how to address child deaths on a case by case basis.

The Coroner's service is responsible for collecting information on all child deaths, whereas the Health and Social Services Department is responsible for children who received services from the Department.

There is no formal child death data collection system. There is a critical incident system that applies to all child deaths. The critical incidence reviews are not made public unless the coroner makes them public.

Nunavut

Children are eligible for services up to the age of 16, but services can be provided to children and young adults to the age of 26 (as of April, 2014).

The Department of Family Services is responsible for collecting child death information. The Department reports the information to the public on a case by case basis.

Currently, there is no child advocate in Nunavut. The Coroner's service works with Nunavut Vital Statistics to collect child death information.

There is no formal process for child death data collection and public reporting. A formal policy and procedure manual has been developed. Section 812 of the manual details an internal departmental procedure that must be followed in the event of the death of a child in care. The procedure defines the reporting timelines and the steps to be taken by each member of the case management team (case manager, supervisor, director, etc). The Director must be immediately notified of any child death and a formal investigation must begin within 10 days. A formal report must be provided to the Director of Child Welfare within 30 days of the death.

	The Department of Family Services does not proactively share information with the public regarding child deaths, unless there is a specific inquiry from the media.
Northwest Territories	N/A

Jurisdictional Scan of Child and Family Services Child Death Data Collection and Reporting: Jurisdictional Table

The questionnaire, legend, acronyms and endnotes pertaining to the following tables are found in the appendices 1, 2, 3 and 4

Questionnaire Items	BC	AB	SK	MB	ON	QC
PUBLIC REPORTING PROCESS						
How is the data reported to/shared with the public?	Dedicated website (Minister/ Coroner)	Annual Report.[1]	Data not reported publicly by Child & Family Services	Chief Medical Examiner[2]	Dedicated website	Coroner
How often are the data updated?	6 months	Annual Report. Fatality Inquiry reports posted on Justice & Sol. Gen. website	Ongoing, Internal database	Annual	Annual[3]	Annual
When did the public reporting begin in your jurisdiction?	1996	Public tracking system – under develop-ment.	No public reporting; Tracking death reports since 1992	2000s	1996	Unknown
Who is in charge of public reporting?	Coroner, Child Advocate	Ministry of Human Servicesfor statistics[4]. Justice & Solicitor General for Fatality Inquiries.	Coroner, Advocate for Children and Youth	Chief Medical Examiner, Child Advocate	Coroner	Coroner

Questionnaire Items	BC	AB	SK	MB	ON	QC
DATA COLLECTION						
Until what age are children eligible for services?	Up to 19	Up to 18[5]	Up to 16[6]	Up to 18[7]	Up to 16	Up to 18
Which services are responsible for collecting child death information?	Coroner; Dept. of Child and Family Services; Child Advocate	Chief Medical Examiner, Child Advocate, Dept. of Child and Family Services, Other[8]	Coroner; Ministry of Social Services; Advocate for Children and Youth	Chief Medical Examiner; Child Advocate	Coroner; Dept. of Child and Family Services	Coroner
How common is the language used by the various entities in charge of data collection?	Moderate	High level[9]	High level	Moderate	High level	N/A
Do you use NASHU as a standard of child death classification?	Yes	NASHU +[10]	Yes	NASHU+	Yes	NASHU +[11]

Questionnaire Items	BC	AB	SK	MB	ON	QC
What elements are you tracking?	All, child & parent's names and biography[12]	All +[13]	All, + location, agency, If child was in care[14].	All	Few[15]	N/A[16]
Are these elements made public?	No	No.	No, unless asked	Only aggregate information	No	N/A
Who are the children being tracked in your Child Death Data Collection System (Indirect involvement)?	All, within previous 12 months[17]	Children receiving services, and children in care[18]	All within previous 12 months[19]	All	All, within previous 12 months[20]	None
Who are the children being tracked in your Child Death Data Collection System (Direct involvement?)	All	All[21]	ALL[22]	All	All	None
Is there a formal protocol for public reporting on child deaths?	Formal procedure	Yes [23]	No	Yes	PDRC	No[24]

Questionnaire Items	NB	PEI	NS	NL	YK	NWT	NU
PUBLIC REPORTING PROCESS							
How is the data reported to/shared with the public?	Investig-ation reports	Only at Coroner's request	No public reporting [25]	No public reporting	No public reporting	None	No public reporting [26]
How often are the data updated?	Ongoing	N/A	N/A	N/A	Case by case[27]	Quaterly	N/A
When did public reporting begin in your jursidiction?	Early 2000s	N/A	In process	N/A	N/A	N/A	N/A
Who is in charge of public reporting?	Coroner	Coroner	Ombuds	N/A	Dept. of Child and Family Services[28]	Coroner; Dept. of Child and Family Services[29]	Coroner; Dept. of Child and Family Services

Questionnaire Items	NB	PEI	NS	NL	YK	NWT	NU
DATA COLLECTION							
Until what age are children eligible for services?	Up to 19	Up to 18	Up to 16[30]	Up to 17[31]	Up to 19[32]	Up to 19	Up to 19[33]
Which services are responsible for collecting child death information?	Coroner	N/A	Dept. of Comm. Services	Coroner; Dept. of Child and Family Services	Coroner; Dept. of Child and Family Serv.; Police[34]	Coroner, Dept. Of Child and Family Services, RCMP	Dept. of Child and Family Services
How common is the language used by the various entities in charge of data collection?	High level	N/A	N/A	N/A	N/A	Moderate	High level
Do you use NASHU as a standard of child death classification?	NASHU+[35]	No	No	No	No	Yes	No

Questionnaire Items	NB	PEI	NS	NL	YK	NWT	NU
What elements are you tracking?	All	None[36]	All	Few[37]	All[38]	Few[39]	All[40]
Are these elements made public?	No	N/A	No	No	No	N/a	No
Who are the children being tracking in your Child Death Data Collection System (Indirect Involvement)	All, within previous 12 months[41]	N/A	See note[42]	See note[43]	None	Yes, All children from age 8 days to 18 years	See note[44]
Who are the children being tracked in your Child Death Data Collection System (Direct Involvement)	All	N/A	All[45]	All	None	Yes, All children from age 8 days to 18 years	All
Is there a formal protocol for public reporting on child deaths?	Yes	No	No	No	No	No	No

Two Options

The Options Paper addresses two proposed Options to improve Alberta's review and reporting on child death. Option 1 is focused on possible enhancements to the Child Death Review System as a whole. Option 2 is directed primarily to improvements to the Child Intervention System's response to child deaths.

It is intended to offer policy and operational guidance at a systems level. It does not attempt to furnish a detailed costing of the options or to demonstrate the specific steps involved in addressing specific implementation issues.

The Options are based on the recognition that the rigour, breadth and prevention utility of child death review and reporting systems vary significantly based on:

- whether they are legislation-based
- where the Child Death Review function is located
- level of resourcing
- whether the data collection and reporting is local, regional or provincial in scope, and
- the scope of the child death reporting (age range, all deaths versus child abuse deaths)

Option 1

Provincial Child Death Review Centre

This option envisages the design, development, and establishment of a provincial centre on child death review. The scope of the Centre would encompass all deaths of children from all causes ages 0- 25. With this scenario, Alberta would be the first jurisdiction in Canada to establish and support a provincial child death review centre. The Centre itself would be constituted as separate and independent from the Government of Alberta. The Review Centre would be legally constituted as a not-for-profit, charitable corporation.

Being constituted as an independent Review Centre would reinforce the Government of Alberta's commitment to child death review system that is characterized by transparency, accountability and high standards of professionalism. The legal status of the Centre as a stand-alone, independent, not-for-profit

corporation would contribute to strengthening public and professional confidence in the processes surrounding child death review and reporting.
Child death reviews are inherently a local process. Typically review processes are informed by understanding local contexts and resources. These processes characteristically utilize the expertise and experience of local professionals. Child death reviews are, for the most part, focused on individual child deaths and the case-specific variables that may have contributed to or prevented the death. Effective population-wide recommendations for prevention, and accompanying implementation strategies, are best grounded in evidence derived from multiple sources covering a much larger sample of cases. A significant aspect of the proposed Child Death Review Centre would be to examine individual child deaths in the context of a larger sample of other similar deaths.

Legislative Mandate

To establish its mandate the Centre would require dedicated legal authority. There are a range of complex issues that would need to be taken into account in moving toward the establishment of a child death review centre. They include legal, ethical, privacy and logistical concerns pertaining to the acquisition, retention, expungement, analysis, synthesis and reporting of child death data. The challenges involved would necessitate that the Centre be grounded in specific enabling legislation.

A legislative mandate is an essential feature to be considered in the establishment of a review centre. As part of the background research for this Paper key informant interviews were conducted with international subject experts who have extensive experience in the development and operations of a child death review centre. The key informants uniformly emphasized the need for a strong legislative framework to provide the authority needed to govern all of the key aspects pertaining to collection and use of child death data.

To ensure that the legislation achieves its desire outcomes it is recommended that it be subject to a legislative review within five years of its passage. A legislative review would allow the opportunity to thoroughly examine the efficacy of the legislation while also ensuring that interested parties are consulted regarding its usefulness.

Enabling legislation would provide the legal scaffolding upon which the Review Centre's capacity could be developed. Providing a legislative base would help to ensure that the key functions of the Review Centre are constituted in a coordinated and integrated manner. The notion of "enabling legislation", as referenced here, denotes the legal authority which would provide the authority for subsequent infrastructure and program development. This recognizes that the opportunity to move forward on this important file on the public policy agenda should be seized while conditions are favorable. It also recognizes that complex, multi-disciplinary, cross-sectoral infrastructure development requires significant time, effort, and coordination to realize its full promise.

Multi-Dimensional Focus

The Centre would be multi-dimensional in its reach. The mandate of the Review Centre would be distinguished by the following key functional domains: child death data collection and cross-ministry data linkage; data analysis and ongoing surveillance; child death review training and skills transfer; development and support for child death prevention initiatives; regular public reporting; and, monitoring and evaluation of child death review recommendations and findings. The dynamic interrelationships of the six functions of the proposed Review Centre are presented graphically on Diagram I Child Death Review Centre: Virtuous Cycle and Diagram II Child Death Review Centre: Functional Relationships.

The multi-dimensional focus of the Centre would provide the evidence base, functionality, multi-source data linkages and specialized expertise that a rigorous population-based approach to child death review requires. Importantly, the resources represented in the Centre would, when fully deployed, provide a foundation for evidence-informed prevention work targeted toward multiple sectors and a variety of audiences.

Through the aggregation of relevant information and data, coupled with its analysis and synthesis, trends and patterns in the incidence, etiology and distribution of child death would be more easily identified and interpreted. This in turn can serve to inform relevant policy and program responses and guide and direct coordinated interventions.

DIAGRAM 1: CHILD DEATH REVIEW CENTRE: VIRTUOUS CYCLE

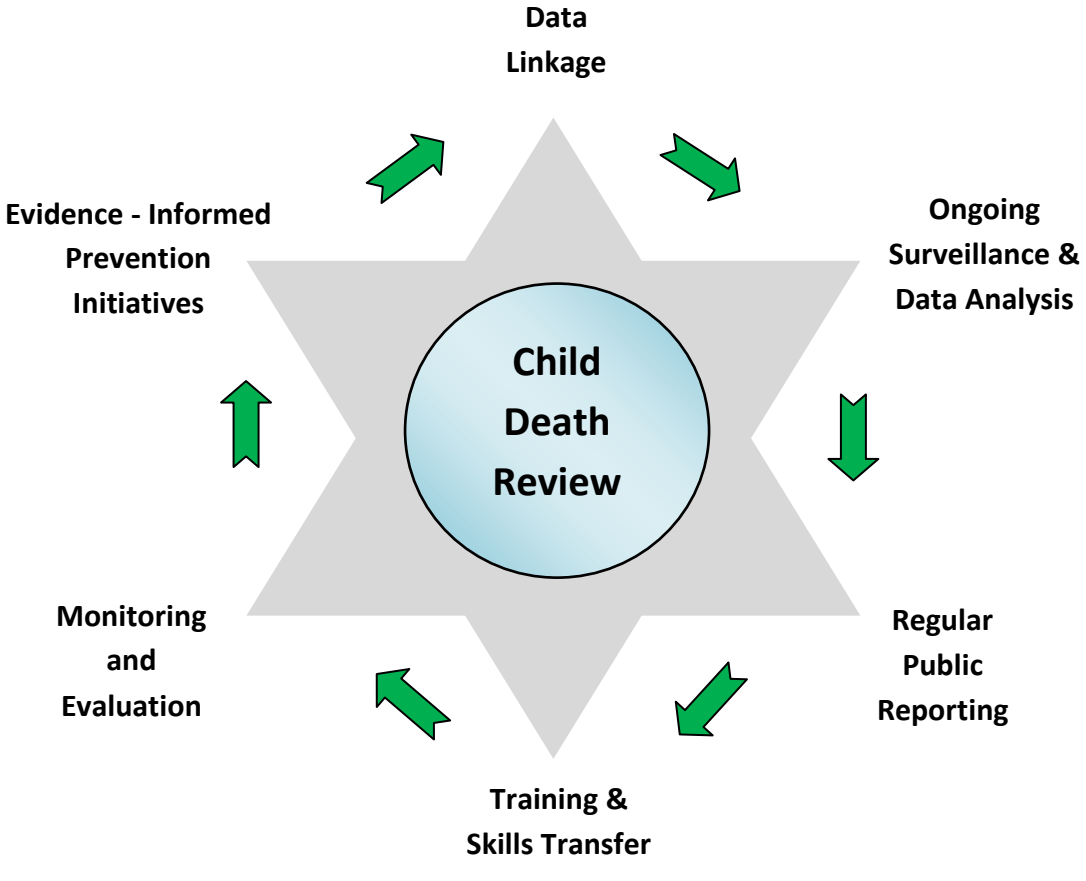
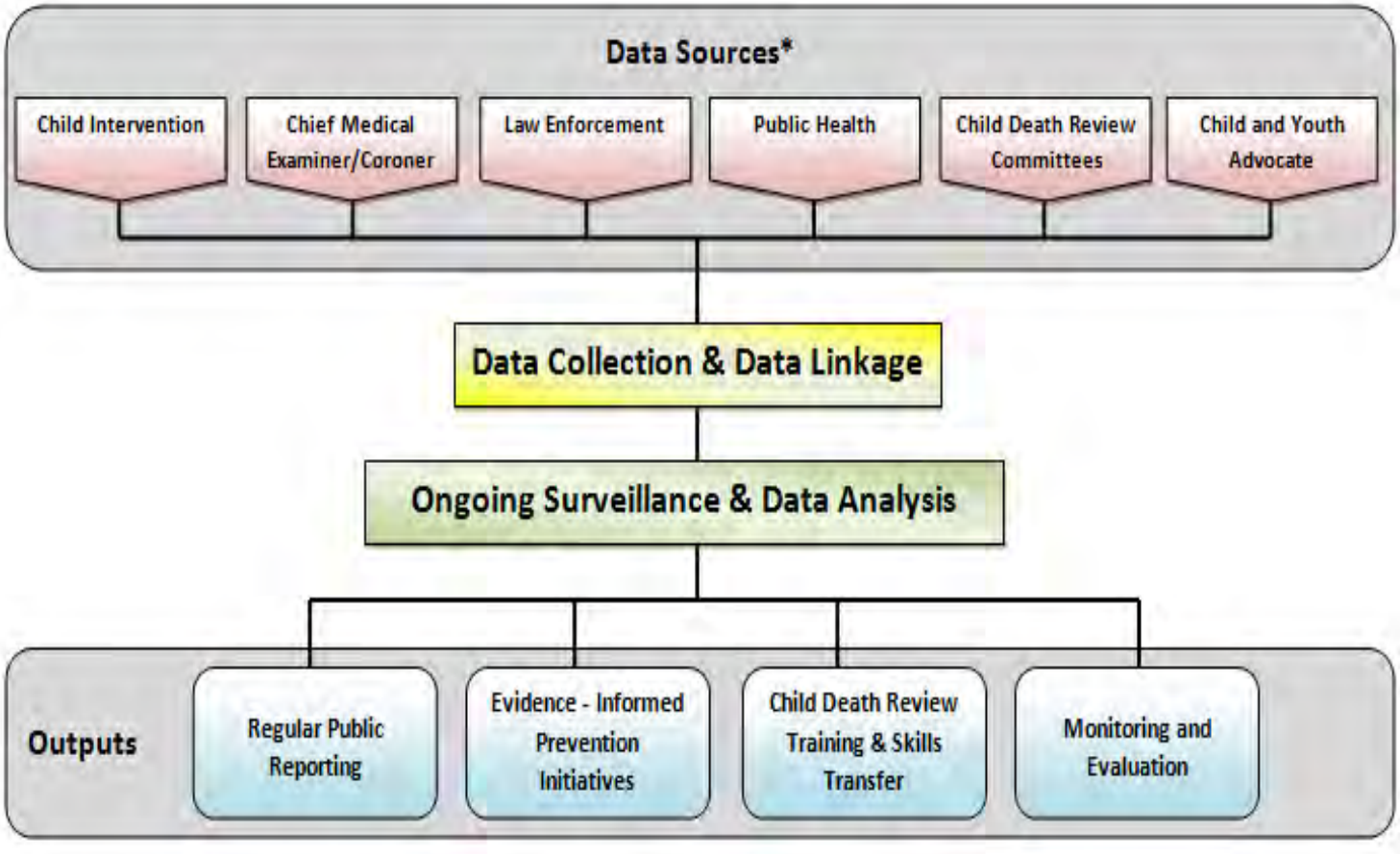


DIAGRAM 2: CHILD DEATH REVIEW CENTRE:

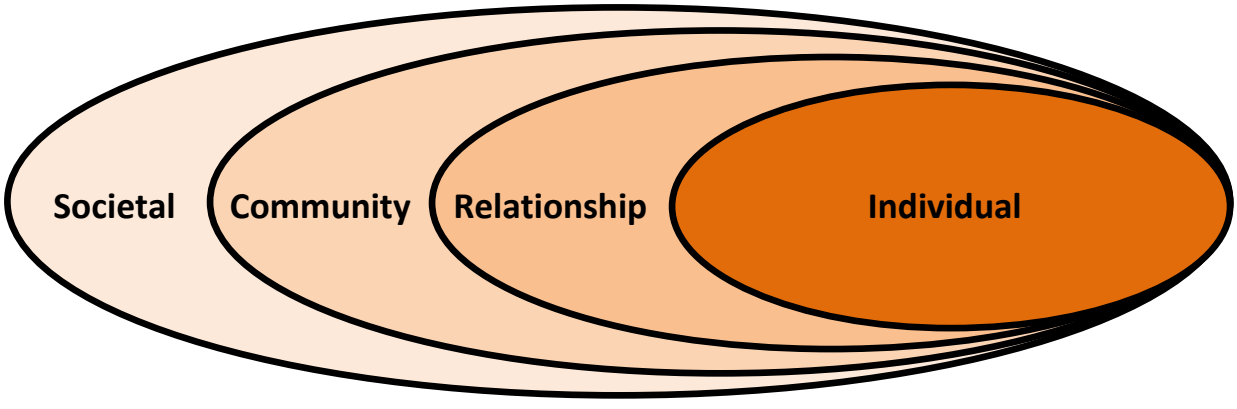
FUNCTIONAL RELATIONSHIPS



*There may be other data sources.

This capacity coupled with an ecological approach which builds on a rigorous examination of individual, relationship, community and societal variables associated with adverse occurrences will provide a vital resource for improving prevention, case management and intervention responses to child death. The graphic below illustrates the ecological framework, which is adapted from the World Health Organization, can serve to illustrate the relationship between multi-level surveillance of risk and protective factors.

DIAGRAM 3: THE ECOLOGICAL FRAMEWORK



Source: WHO | The Violence Prevention Alliance (VPA). (2014). *The Ecological Framework*. Available at: http://www.who.int/violenceprevention/approach/ecology/en/

Currently, child death review systems, in all jurisdictions in Canada are hampered, to varying degrees, by a limited capacity to identify trends and patterns in the incidence and contributing factors leading to child death.

Governance Model

The governance model for the Centre would be strengthened with multi-sectoral representation, including representation from the government, academic, and not-for-profit sectors.

Multidisciplinary representation in the composition of the Governance Board is important to informing the breadth of vision and mission that the Center should pursue. As a result, multiple perspectives are required in the governance model and should include law enforcement, child welfare, First Nations and Métis representatives, public health, mental health, forensic pathology, and the judiciary. The perspective and understanding that a judicial representative can provide, although often overlooked, is an important adjunct to the multidisciplinarity of the review team.

Scope

It is recommended that all child deaths (ages 0-25) from all causes be considered within the purview of the Centre.

1. Data Collection and Cross-Source Data Linkage

Individual child death reviews require accurate, reliable, timely, multi-source data to conduct effective investigations and arrive at helpful findings. The same requirement is true for accurate assessment of the incidence, dimensions, distribution and dynamics of child death at the population-level. The larger task of understanding, documenting and addressing the modifiable risk factors that can lead to child death across the population in general require jurisdiction-wide data collection on all aspects of child mortality. Data linkage across government ministries involved in child deaths is required to effectively advance that goal.

While many governments have graduated to cross-ministry data linkage in response to public security threats it is still an incipient practice in the area of child death review and data collection. The severity of the issue of preventable child deaths warrants bold initiatives that can effectively address information, data, and knowledge exchange imperatives.

The operational core of the Centre would involve sharing information through multi-system data linkages. Statistical, demographic and epidemiologic data would be derived from the relevant government information systems. Which might include, but would not necessarily be limited to, those housed with: Alberta Human Services (Child and Family Services and Delegated First Nations Agencies), Office of the Child and Youth Advocate, Office of the Chief Medical Examiner, Vital Statistics Office (Service Alberta), public health and criminal justice.

The Child and Youth Data Laboratory (CYDL) situated at the Alberta Centre for Child, Family and Community Research (ACCFCR) is a compelling example of the potential and feasibility for cross-ministry data linkages on children's issues. The data analysis and synthesis work conducted through the ACCFCR bears testament to the power of cross-source aggregation of data on child and youth issues.

The conventional view in many areas of children's services has been that sensitive data pertaining to vulnerable children and youth cannot be, except on an exceptional basis, shared across government ministries or across sectors. That view warrants a reexamination in light of the acknowledged need to share information in a timely manner to better protect children.

Cross-source data linkage affords the opportunity for child mortality data to be contextualized with other epidemiologic reporting on child health and well-being. This can provide a more robust understanding of the opportunities for intervening with at-risk families.

Data linkage across government ministries will enhance the ability to use what is learned in child death research to guide policy, program and practice responses in an evidence-informed manner.

2. Data Analysis and Ongoing Surveillance

Surveillance is commonly understood to include systematic collection, analysis and synthesis, and content evaluation of outcome specific data for the purposes of policy, program development and evaluation. In the context of the surveillance of child death a multiplicity of data sources must be considered: including, public health, law enforcement, child fatality review boards, medical examiner, child advocate, and child intervention.

Comprehensive, cross-system surveillance of child death is needed to strengthen the overall response to these tragedies. Long-term effective prevention strategies on child death require systematic ongoing monitoring of risk and protective factors. In order to inform and guide the adaptation of response systems, a more comprehensive understanding of the contributing factors is required.

A review centre with surveillance and data analysis as a core competence would provide the empirical foundation for a more robust understanding and response to child death. By collecting data from multiple sources (medical examiner, child advocate, police, public health, child intervention, other community services, etc.) a fuller understanding of the dimensions of the various forms of child death, and the specifics pertaining to individual death reviews would be strengthened.

Aggregating child death data can generate many benefits. For example *The National Child Death Review Case Reporting System* in the United States has served to assist organizations in accessing member Review Teams resources for the development and enhancement of local child death review teams. The aggregation of child death data, derived from multiple sources, analyzed over time identifies problems in a way that makes them more amenable to response and remediation. Data aggregation and analysis can serve to identify trends and patterns which can illuminate underlying concerns and risk factors

The adoption of a comprehensive, cross-system approach to child death data collection and reporting can serve to strengthen the case for public investments in this vital area.

There are currently a number of valuable and important public services addressing child deaths in Alberta. However, critics have alleged that the child death review system is fragmented and piecemeal. What is clear is that there is a need for improved child death data collection, aggregation, classification, analysis and reporting. Improvements in those areas would facilitates improvements in intervention, investigation and assessment.

It should be recognized, for example, that the rates of child fatalities due to maltreatment vary considerably depending upon the definitions, classifications, methodologies and data sources used. Those variations lead to different rates as reported by different response systems. This in turn can create confusion and impede a shared cross-disciplinary understanding of the issues under consideration. Common definitions, classification schemes, taxonomies, and reporting protocols are required to ensure data completeness, coherence and cross-disciplinary analysis. In absence of those
common understandings and practices mismatches and disconnects between service providers are likely.

The challenge of classification across disciplines and across systems is profound and far-reaching. Child deaths from maltreatment can be underreported due to misclassified or inadequate information exchange between professionals tasked with investigation.

Historically, the Vital Statistics section of government in jurisdictions across Canada have often failed to adequately document the full significance of

maltreatment in child deaths. A provincial child death review centre could provide the mechanism to address these challenges through its mandate on data collection and analysis, training and skills transfer, and monitoring and evaluation.

By focusing on modifiable risk factors the Centre could inform prevention programs at the local, regional and provincial levels. The availability of local data coupled with provincial data on child deaths can provide the foundation for community engagement, public awareness and local/regional prevention activities.

Community engagement involving elders, professionals, volunteers and other concerned citizens is a tremendous resource for advancing the prevention agenda. The availability of the resources resident in a provincial child death review centre should serve to strengthen the engagement of local decision makers and municipal authorities by furnishing them with the evidence and tools to adapt to their prevention needs.

3. Child Death Review Training and Skills Transfer

This Option envisions a training function situated within the Review Centre. This training function would draw on the expertise, experience and insights of professionals and partners. Its focus could include, but not necessarily be limited to; law enforcement, public health, pathology, medicine, social work, and include child advocates, crown attorneys, medical examiners and coroners, elders, and community leaders.

Child death review training is required so that the various professionals, para-professionals, community members, and others involved in child death review can understand each other and communicate effectively. The development and implementation of a cross- disciplinary child death review curriculum would strengthen knowledge sharing and fuel a common vision.

The training curriculum would be made available to all key stakeholders and would serve to create a common frame of reference for understanding child death response and investigation. The curriculum should include child abuse and neglect nomenclature, policies, protocols and practice information, relevant legislation, medical frameworks, investigative techniques, multidisciplinary team strategies, privacy and cultural

considerations, documentation and communication requirements, and necessary technical, software and information technology training.

The cross-disciplinary training model would serve to meld the existing knowledge base and support the transfer of essential knowledge and skills. It would provide a coordinated approach that would help minimize negative impacts on families, communities and care workers that can arise from multiple and un-coordinated reviews. The synergy that is created by having different mandates represented in the Review Centre will allow the child death review community to collaborate in a more meaningful way that serves to keep the best interests of the child in mind.

4. Initiate Child Death Prevention Activities

It is not enough to learn from the deaths of children - as a society we must act on that knowledge to prevent future tragedies. That is the essence of the evidence-informed support function for the proposed Review Centre.

Once the Review Centre is fully deployed it would provide ready access to a vast repository of evidence, knowledge and instrumentation. Fortified with analytic capacity, the mandate for surveillance, and tasked with child death review training and skills transfer the Review Centre would be ideally situated to support prevention initiatives. Typically this sort of action research at the national-level is undertaken collaboratively by universities, non-government organizations and advocacy centres. Currently there is limited capacity at the provincial/territorial level which fosters evidence-informed support for child death prevention.

It is recognized that most child death review teams do not have the resources to develop and conduct prevention campaigns. The Review Centre would be the first facility in the country to provide targeted outreach to communities across the jurisdiction in an effort to support regional and local prevention initiatives.

By understanding the risks which contribute to child mortality, we can be guided in determining the most significant opportunities for prevention. Evidence-based knowledge can galvanize public education campaigns (e.g. safe sleeping, shaken baby, suicide

prevention, safe storage of firearms etc.). This information can also strengthen early detection and intervention efforts with high risk families.

This important work must be undertaken in partnership with communities, local governments, universities and non-government organizations.

Key aspects of the prevention initiative function across Alberta would be to:

1. coordinate improvement processes (e.g. continuous quality improvement) for partners;

2. nurture collaborations with violence and injury prevention, community safety and Aboriginal partners;

3. strengthen prevention strategies across the Province; and,

4. identify, coordinate, monitor and report on the strategies implemented by multi-sector partners.

5. Public Reporting

Recent media attention in Alberta on the issue of child death reporting has highlighted concerns about the transparency and completeness of the reporting processes. In addition to those concerns criticism has been leveled regarding the quality of the information and data which has been shared. The view has been expressed that child death data is difficult to access, insufficient, incomplete and fragmented. This commentary has generated debate about the adequacy of the current reporting structures and the need for a reappraisal of current practices. The status quo carries the risk of inadvertently undermining confidence in the child intervention system.

It should to be recognized that governments, across Canada, are being asked to provide a higher level of transparency and accountability in the provision of all public services. There is an emerging tension between the public's appetite for greater transparency and government's responsibility to provide services with due regard to privacy, confidentiality and procedural fairness. In the area of child death reporting, in particular, public institutions must learn to reconcile the competing demands between the call for enhanced transparency and the imperative to observe procedural

fairness and maintain the integrity of the investigative processes.

Public reporting is best linked directly to the data analysis and surveillance function. In that regard there are clear synergies to be realized by situating the various functions outlined in this Paper in a single organization like a child death review centre.

Regular, fulsome, accessible public reporting on all child deaths, by all causes, ages 0-25 would be a sensible, achievable and appropriate improvement. It is noteworthy that this approach reflects the spirit and orientation of Alberta's Social Policy Framework. Regular public reporting on all child deaths by all causes will provide added transparency to a complex subject. It will also demonstrate a commitment to giving the public, the media, and professional audiences the information they require to help prevent future incidents.

There is merit in situating the public reporting function in an not-for-profit, independent entity like the proposed Child Death Review Centre. The need for transparency and system accountability can be addressed through improved child death reporting. Being separate from the public services involved in child death review contributes to the reality and perception of transparency, independence and objectivity.

Key elements to consider including in an annual child death review report are:

- Executive Summary capturing overall child mortality data, findings and recommendations
- Annual child mortality data by volumes and rates for all child deaths
- Review Team findings for all deaths by key indicators collected with the case report tool(s)
- Child mortality data with volumes and rates by manner and cause of death
- Annual data within a ten-year trend where available
- Description of cause of death
- Proven preventative interventions and identification of available prevention resources
- Breakdowns by age, race, ethnicity and gender
- Key risk factors identified through the review process

- Actions taken as a result of local and jurisdiction-wide reviews
- Recommendations directed to senior and local level government officials
- Recommendations from parents and caregivers

(adapted from: Michigan Public Health Institute, National Center for Child Death Review, Fall 2013 Newsletter. Keeping Kids Alive. www.childdeathreview.org/aboutus.htm)

Regular aggregate reports should be made accessible in multiple formats (web-based, hardcopy reports, media summaries etc.) and targeted toward multiple audiences. Simplicity is paramount so that the reports are accessible and easily understood.

6. Monitoring and Evaluation of Child Death Review Findings and Recommendations

Effective prevention strategies and approaches must take account of the errors, omissions, oversights, system failures and other problems identified and documented in child death reviews.

It is important to build on the findings, recommendations and conclusions contained in individual child death reviews. Similarly, the recommendations and findings originating from other child death review systems (Chief Medical Examiner, Child and Youth Advocate, Child and Family Services Council on Quality Assurance, Child and Family Services Council on Quality Assurance: Expert Review Panel, Fatality Review Board, and Child Intervention) must be tracked, monitored and evaluated with respect to their implementation.

Monitoring and follow-up of recommendations will contribute to public and professional confidence in the responsiveness of the child death review system.

It is important that every reasonable effort be made to track the recommendations and findings that emerge from the different aspects of the overall child death review system. A core aspect of the monitoring and evaluation function should be to track the frequency with which certain recommendations emerge. Associated with this function is tracking whether or not recommendations have been considered and moved

into action. In essence, the monitoring and evaluation function is intended to ensure that child death review recommendations do not "fall between the cracks".

Communities affected by the tragedy of a preventable child death expect that the recommendations that emerge will be considered and, where practicable, translated into action. An effective monitoring and evaluation mechanism will contribute to the development of a more responsive, preventative child death review system. The key attributes of this function would be to:

1. collect, aggregate, and synthesize all recommendations derived from the various review sources.

2. develop and maintain a tracking system that addresses the status of the recommendations and findings.

3. identify avenues of inquiry and research regarding recommendations requiring further elucidation to translate them into action.

4. establish and operate a knowledge transfer mechanism that proactively disseminates the monitoring and evaluation results to the appropriate authorities, services, and other interested parties.

5. develop system-based indicators to document, measure and evaluate progress towards identified positive outcomes.

The monitoring and evaluation function is critically important to the process of benefiting from child death reviews.

STRENGTHS

- Promotes prevention focus through pro-active data usage, knowledge mobilization and development of evidence-informed prevention initiatives.

- Public reporting mandate that emphasizes consistency, completeness, and accessibility of the data.

- Child mortality data contextualized with other epidemiologic reporting on child health and well-being.

- Evidence-informed child death research to guide policy, program and practice responses.

- Addresses the need to examine the individual child death in the context of population-based research.

- Supports the development, through data linkage and analysis, of a more robust capacity to assess and understand the risk factors which contribute to child death.

- Provides cutting edge data linkages across government ministries and agencies.

- Could generate mission critical information and data to key actors in a timely manner to strengthen the responsiveness of the child death system.

- Provides a comprehensive approach that builds on existing capacities.

- This approach is consistent with the governmental responsibility to ensure that child mortality data and reporting is done in a manner that respects the demands of confidentiality, privacy and promotes responsible data usage.

LIMITATIONS

- Like all significant enhancements to public services the Review Centre would require time to develop.

- To optimize its potential the Review Centre would require a legislative mandate.

CONSIDERATIONS

- Given the significant child death infrastructure which already exists in Alberta it would be particularly important to incorporate and build upon existing capacities to augment the systems response and avoid duplication.

- It is important to identify that a child death review centre constituted along the lines of what is proposed could be established with a reasonable level of resourcing.

- There is a need to reconcile the tension between the public's demand for increased transparency in child death reporting while respecting the confidentiality issues pertaining to children receiving child intervention services.

Option 2

Consortium of Government Ministries, Academic and Not-for-profit Partners

Option two is directed primarily toward the Child Intervention System rather than the overall Child Death Review System.

Option two is based on the formation of a cross-sectoral Consortium comprised of key government ministries, academic, and not-for-profit organizations who share a common focus to assist in strengthening the child intervention response to the deaths of children ages 0 to 22 from all causes.

The unifying vision would be for a consortium constituted to advance knowledge exchange, provide training and skills transfer, provide information for prevention activities, and provide monitoring and evaluation focused on the child intervention (child and family services) system .

The overarching goal of this Option is to preserve the structures that exist and strengthen the areas where a high impact can be made through additional system improvements. The effort to enhance the child intervention response to child deaths should complement the engagement strategy articulated in Alberta's Social Policy Framework.

1. Training and Skills Transfer

It is recognized that substantive enhancements to the Child Intervention response to child death entails equipping those professionals working on the front-line with the best intervention training, knowledge, access to prevention resources and programming. A defining

focus of the Consortium would be training and skills transfer across the Child Intervention System, including relevant partner organizations with a clear objective of supporting and informing professionals who intervene with high-risk families.

This emphasis on training and skills transfer would be intended to complement the significant positive work that has been done, and is currently being done, on quality assurance initiatives.

Child death response training is needed to ensure that child intervention specialists have the skills, knowledge, and preparation to deal with these cases. Related to this is the need to ensure that the training is ongoing and widely available so there is always a cadre of professionals trained up and skilled in addressing child death. The creation and use of a cross-disciplinary child death response and review curriculum would advance knowledge sharing and support common standard of practice.

All key stakeholders should enjoy access to the specialized training curriculum. Aside from the expected instructional benefits this approach would help to nurture a shared frame of reference for understanding child death response and investigation. Topics to be addressed would include : identification of child maltreatment; policies, protocols and practice information; relevant legislative, medical, and investigative concepts; cultural considerations; and case management and case recording techniques.

2. Information for Prevention Activities

Central to the design of the Consortium would be the development and strengthening of partnerships among key prevention stakeholders. Partnerships across sectors can provide the basis for effective information sharing to promote child safety campaigns and other types of prevention activities.

The Consortium would provide the evidence that could be used by community-based organizations and other interested parties to undertake prevention work. The Consortium's role would be to supply the information, evidence and knowledge in an effort to support prevention work by others. This approach recognizes the principle that meaningful change in attitudes, public awareness and changes in behaviour require support and promotion at the community level.

The partners represented in the Consortium model would be well located to exercise a leadership role in developing the prevention information and knowledge for use by other actors in public education campaigns. There are many lessons to be learned from the progress that has been made in child injury prevention. Those lessons need to be adapted for a host of initiatives on child death prevention. To that end the Consortium could play a significant role as a leading source of evidence and knowledge and as knowledge mobilization platform to support prevention efforts.

3. Documenting and Tracking Child Death Review Recommendations

There is a need to ensure that the lessons learned through child death reviews are documented, aggregated and tracked. The documentary and tracking function is important to ensure that the findings, recommendations, problems and errors uncovered in the course of child death reviews are not overlooked or forgotten. Importantly, when recurrent risk factors are identified in the course of child death reviews it is essential to document and address those concerns. This function would provide a basis for promoting changes to better protect children and youth.

A consistent effort to strengthen public and professional confidence in the Child Intervention System's response to child deaths must include a rigorous commitment to documenting, aggregating and tracking this information. The Consortium working across the government, academic and not-for-profit sectors could enhance this function in a way that would serve the dual imperatives of transparency and accountability.

The development and youth of a tracking mechanism would assist in determining the implementation status of child death review recommendations focused on child intervention services.

STRENGTHS

- These changes could be implemented in a reasonable time frame.

- These proposals would not require major new expenditures.

- A key attribute of this approach is that the key actors are already well situated to put these recommendations into effect. The recommendations if fully implemented would be compatible with existing mandates and operational frameworks.

- The Consortium, comprised of academic, not-for-profit and government partners, would be well-situated to address the child intervention need for inter-disciplinary child death training, and to document the implementation of recommendations pertaining to the Child Intervention System.

- Bridges the gulf between government and non-government sectors through meaningful collaboration focused on training, prevention and recommendation tracking.

- Involvement of non-government and academic partners could strengthen confidence in the Child Intervention System's response to child death.

- Skills transfer and training initiatives developed and delivered across sectors and across disciplines will enhance a common understanding of the child intervention challenge.

- The documenting and tracking function will underpin child intervention improvements in child death review while helping to identify pressure points in the child intervention system that require further enhancements.

LIMITATIONS

- These proposed improvements require a change management strategy that takes into account system behaviour, the need for a skills transfer strategy, and a practical implementation framework.

- It should be noted that these proposals, even if fully implemented, might have only marginal visibility and may not satisfy the appetite for immediate positive change.

- The proposals represent significant improvements but they may not be sufficient to answer the demands for fundamental change.

- These proposals represent an incremental approach to change and are not intended to constitute a fundamental restructuring of the Child Intervention System.

CONSIDERATIONS

- The Consortium could be governed by a Board of Directors representing the three sectors at the core of the model, the public, academic and the not-for-profit sectors.

- The multi-disciplinary nature of child death review should be reflected in the composition of the Board of Directors. First Nations and Métis representatives, public health, mental health, social work, forensic pathology, paediatrics are some of the important perspectives that should be considered for representation on the Board.

Two Options: Comparative Table

Options	**Option #1**	**Option #2**
Structure	Legally constituted, not-for-profit provincial child death review centre	Consortium of not-for-profit, academic and government partners
Governance	Governed by a Board of Directors with multi-sectoral representation	Governed by a Board of Directors with multi-disciplinary representation
Scope of coverage	0-25 deaths of all children by all causes	0-22 deaths of all children by all causes
Legislation	Legislation based	Not legislation based
Focus	Overall Child Death Review System	Child Intervention System primarily
Functions	1. **Data Collection and Data Linkage** (data sharing, protocol development, data interface) 2. **Data Analysis and Ongoing Surveillance** (trend and pattern identification, multi-source data analysis and synthesis) 3. **Training and Skills Transfer** (cross-discipline training, curriculum development) 4. **Initiate Evidence-Informed Prevention Initiatives** (initiate and co-lead public education campaigns, knowledge to practice initiatives) 5. **Regular Public Reporting** 6. **Quality Improvement Monitoring and Evaluation** (focused on the overall child death review system, cross-system compliance measures, efficacy and efficiency studies, development of outcome measures, evaluative process indicators, tasked with evaluating improvements in practice)	1. **Training and Skills Transfer** (skills development) 2. **Information for Prevention Activities** (information and knowledge development) 3. **Documenting and Tracking Child Death Recommendations** (focused on Child and Family Services)

Case Studies

Case Study 1: New Zealand

NAME OF ORGANIZATION

Child and Youth Mortality Review Committee

MANDATE

Established committee to review deaths of children and young people aged 28 days to 25 years to advise on how to reduce the number of preventable deaths in the future by:

1. Monitoring the number and types of deaths that occur among New Zealand children and young people over time

2. Providing education about how mortality reviews are useful

3. Interacting with community and organizational networks

4. Collecting information from all relevant sources that will identify ways to prevent deaths both locally and nationally

5. Conducting investigations into particular types of child and youth deaths

6. Producing an annual report outlining data and making recommendations for actions that will reduce child and youth deaths in New Zealand

7. Advocating for any improvement of health and social services for children and young people that will reduce deaths.

STRENGTHS

A key strength of the New Zealand model is that the National Committee makes policy recommendatitions. The system is further enhanced by the following features:

- Strong legislation that mandates information sharing
- Collecting a standard set of information
- Information is made available to local review meetings and is provided in varying formats

- Data includes ethnicity
- Reviews are designed to identify national trends and patterns of illness, incidents and accidents leading to death which may indicate where health, education, social or environmental systems are not functioning to protect children and young people

LIMITATIONS

- Some local review committees have more members from health than other disciplines which may result in an overly focus on public health
- Maintaining the system is time consuming
- Information shared is non-specific

Recommendations made from the Committee to the Government of New Zealand:

- There is a need for leadership in these matters. Governments and those working with children and youth must actively identify and address barrier to inter-agency communication and working together.

CASE STUDY 2: UNITED KINGDOM

NAME OF ORGANIZATION

Child Death Overview Panels of Local Safeguarding Children Boards

MANDATE

Through a comprehensive and multidisciplinary review of child deaths, the Child Death Overview Panel aims to improve the understanding of how and why children die and use the findings to take action to prevent future child deaths and more generally to improve the health and safety of the children.

The United Kingdom has been doing child death reviews for many years. Legislation was introduced following a critical report in 2003 authored by The House of Commons Health Committee regarding the high profile case of Victoria Climbie. Lord Laming noted in this report that *The Children Act of 1989* was good legislation but poorly followed and enforced.

Some of the sweeping changes related to the Victoria Climbie Inquiry Report include new procedures and further application of *the Children Act* 2004. According to the Community Care website on assessment of child protection, one of these changes arising from the Climbie case includes the integrated children's computer system where information is tracked and collected.

Death review processes follow a national framework approach.
It is mandated that all child deaths, up to 18 years, are reviewed. In the case where a child is under 28 days, deaths are reviewed to gain insight into prevention measures unless the child was stillborn or the pregnancy ended in legal termination.

Child Death Overview Panels are in place to conduct reviews. There are centralized national guidelines and regulations that have standardized the approach to conducting child death reviews. Training and knowledge exchange is also in place. Training includes best practices, responding to child deaths, investigations of child deaths and prevention. The review process is in place to promote transparency and prevention. Data are centralized through the oversight of the Department of Education. Once a year, the data are reported on to the public through the Government of the United Kingdom website.

STRENGTHS

- There are national markers for good practice even though this is a local review process
- Collaboration is built into the process with expert representation
- All child deaths, except for still-born children are reviewed
- Parental/caregiver education and support is a part of the process
- Multi-sectoral – medical, child protection, public health, community health and justice – representation is built in
- Data collection and data sharing is mandated

- Process is legislation based and has been reviewed and is updated periodically
- Data from child death reviews are drawn upon to improve Public Health

LIMITATIONS

- There is a directive on how to collect, analyze and report data by means of a template through the Department of Education, but usage of the template is not mandatory.
- The child death review data are collected at a national level, or a local level; but there is a need to also collect data on a regional level.

CASE STUDY 3: UNITED STATES

NAME OF ORGANIZATION

National Center for Child Death Review

MANDATE

The National Center for Child Death Review is a resource center for state and local child death review programs, funded by the US Department of Health and Human Sciences. It promotes, supports, and enhances child death review methodology and activities at the community, state, and national levels.

HISTORY

The deaths of all children up to age 17, which are due to external causes, are reviewed by a Child Fatality Review Team (CFRT).

- Members include representatives from:
  - Criminal Justice
  - Child Protection
  - Medical system
  - Medical examiners
  - Public health
- Team acts as a peer review function
- Sharing of information and expertise
- Prevention campaigns are generated by teams
- Promotes data linkages for example

California has set up a data linkage system of matching health, vital statistics, criminal justice data and fatal child abuse and neglect reports"

- Data for each state is made publicly available at a central location
- 39 states release annual reports to the public about child deaths, 18 states do not have legislation making this a requirement

STRENGTHS

- National in scope
- Collaborative
- Rich source of data
- Information sharing
- Transparent
- Prevention focus
- Multidisciplinary expertise
- Multi-source linkage seen in some states

LIMITATIONS

- Preparing the report on child death review findings can be difficult and time consuming
- Not all states have legislation to release public reports (39 do, 18 do not)

CONSIDERATIONS

The case review of a child's death can often catalyze local and state action to prevent other deaths. It is important to systematically collect data and report on the findings from reviews over time. It is also important to compare review findings with child mortality data from vital statistics and other official records.

When data from a series or cluster of case reviews are analyzed over time, significant risk factors or patterns in child injury and safety can be identified. The collection of findings from case reviews and the dissemination of findings can help:

- Local teams gain support for local interventions
- Child Death Review teams review local

findings to identify trends, major risk factors and to develop recommendations and action plans for state policy and practice improvements

- Child Death Review teams match review findings with vital records and other sources of mortality data to identify gaps in the reporting of deaths
- Child Death Review teams use the findings as a quality assurance tool for their review processes
- Child Death Review teams and states use the reports to demonstrate the effectiveness of their reviews and advocate for funding and support for their child death review program
- National groups use state and local child death review findings are used to push for national policy and practice changes

Appendix 1: Jurisdictional and Family Services Child Death Data Collection and Public Reporting: Questionnaire

PUBLIC REPORTING PROCESS

1. How is the data reported to/shared with the public?

a. Through a dedicated website
b. Through case studies
c. Through investigation reports
d. None of the above
e. All of the above
f. Other please specify _____

2. How often are the data updated?

a. Annually
b. Quarterly
c. Every 6 months
d. Other please specify_____

3. When did public reporting begin in your jurisdiction?

a. 1980s
b. 1990s
c. 2000s
d. 2010s

4. Who is in charge of public reporting?

a. Coroner/Medical Examiner
b. Department of Children and Family Services (Child Welfare)
c. Child Advocate
d. Police/Law enforcement
e. Other please specify _____

5. Is there anything else you would like to share with us about the public reporting process in your jurisdiction?

DATA COLLECTION

6. Until what age are children eligible for services?

a. Up to 16
b. Up to 18
c. Up to 19
d. Other please specify _____

7. Which services are responsible for collecting child death information?

a. Coroner/Medical examiner
b. Department of Children and Family Services (Child Welfare)
c. Child Advocate
d. Police/Law enforcement
e. Other please specify _____

8. How common is the language used by the various entities in charge of data collection?

- No common language
- Very little common language
- Few common language
- Moderate level of common language
- High level of common language

9. Do you use NASHU as a standard of child death classification? NASHU stands for: Natural, Accidental, Suicide, Homicide, Undetermined.

- Yes
- No

If not, what are the death classifications you use?

10. What elements are you tracking?

	Yes	No	Made public? (yes or no)
Name of Child			
Date of Birth of child			
Gender			
Ethnicity			
Children served by the agency			
Cause of death			
Age of child at death			
Name of alleged perpetrator			
Relationship with alleged perpetrator			
Deceased child's siblings - **Does the child have siblings?** - **Do you track Name, Date of Birth, etc?**			
Other 1: _____			
Other 2: _____			
Other 3: _____			
Other 4: _____			
Other 5: _____			
Other 6: _____			
Other 7: _____			

11. Who are the children being tracked in your Child Death data collection system?

INDIRECT INVOLVEMENT

	Yes	No
No prior involvement with Child & Family Services		
Child over 18 at time of death		
Closed Files		
Child who received services in the past but had a closed file at the time of death		
Child who was in care and returned home and had a closed file at the time of death		
Child whose family member(s) received support services in the past whose file was closed at the time of death		

DIRECT INVOLVEMENT

	Yes	No
Open Files		
Child in Care		
Child receiving services at home		
Child whose family member(s) were receiving support services at the time of death		
Child whose need for protection was investigated at the time of death		

12. Is there a formal protocol for public reporting on child deaths?

- Yes
- No

CONCLUSION

13. Is there anything else you would like to share with us today?

Appendix 2: Jurisdictional Scan of Child and Family Services Child Death Data Collection and Reporting: Legend and Acronyms

LEGEND

A. The elements tracked include the following:

- Name of child
- Date of birth of the child
- Gender
- Ethnicity
- Children served by the agency
- Cause of death
- Age of child at death
- Name of alleged perpetrator
- Deceased Child's siblings

B. Indirect Involvement refers to the following:

- No prior involvement with Child and Family Services
- Child over 18 at time of death
- Child who received services in the past but had a closed file at the time of death
- Child who was in care and returned home and had a closed file at the time of death
- Child whose family member(s) received support services in the past at the time of death

C. Direct Involvement refers to the following:

- Child in care
- Child receiving services at home
- Child whose family member(s) were receiving support services at the time of death
- Child whose need for protection was investigated at the time of death

ACRONYMS

NASHU	**N**atural is any death that is not the result of an external injury. **A**ccidental is any death resulting from an external injury that is considered unintentional. **S**uicide is any death due to self induced external injury. **H**omicide is any death due to an external injury intentionally caused by someone else other than the deceased. **U**ndetermined is any death for which the cause is unknown.
OCME	Office of the Chief Medical Examiner

Appendix 3: Child and Family Services Publication Practices Pertaining to the Death of a Child in Care

Publication bans against revealing the identity or identifying information regarding the death of a child receiving child welfare services are intended to protect the privacy of the child and family.

Information on publication bans was not obtained relating to Yukon, Northwest Territories and Nunavut.

Province	Does Child and Family Services make identifying information on a child death's public? (Q10)
British Columbia	No
Alberta	No
Saskatchewan	No
Manitoba	Only aggregated information
Ontario	No
Quebec	No
New Brunswick	No
Nova Scotia	No
Prince Edward Island	No
Newfoundland and Labrador	No

Publication Ban on Releasing Identifying Information on the Death of a Child

The publication ban is a contentious issue that has generated passionate debate. It is a complex issue which must be addressed carefully. Amendments to or repeal of the ban could have unfortunate ramifications for the families directly affected by it. Children and families involved with the child intervention system could be adversely impacted by changes to the current practice.

The debate regarding whether to preserve, amend or repeal the publication ban usually references one or more of the following issues: lack of transparency; lack of accountability; the public's right to know; preserving confidentiality; and, the best interests of the child. It is important to recognize that these issues due not necessarily warrant equal weight or apply in the same way to all cases. The right to know, for example, may apply to non-identifying aspects of a child intervention case and the right to confidentiality might apply to identifying aspects of the same case.

Concerns have been expressed that the publication ban, as it is currently stands, contributes to the perception of a lack of transparency. A related concern is that the ban has, over time, undermined efforts to ensure the accountability of the child intervention system. There is also a perception by some commentators that the publication ban has been misused as a "shield", in effect protecting the child Intervention system from critical review and examination.

When a child involved with the child intervention system dies there is a need for accountability. However, there is a need to reconcile the demand for accountability with the longstanding requirement to treat with confidentiality identifying information about children receiving intervention services.

Children and families who receive child intervention services have a right to have their matters treated with confidentiality. The principle of confidentiality, with respect to identifying information about the recipients of child intervention services, is longstanding, well-established, internationally observed and foundational to the professional ethics of child welfare. To depart from this principle would invite risks that should be carefully weighed. If identifying information, like the name and

photograph of a deceased child, is no longer treated confidentially this may deter some people from availing themselves of vital services that are needed to ensure the protection of children.
This is analogous to the confidentiality frame that characterizes the health care system. Publicly sharing confidential medical information about children is inconceivable except in the most exceptional circumstances.

Revealing the identity of a deceased child, who was in care, could generate adverse attention to the surviving family members including siblings who might also be in care. The concern has been expressed that repealing the publication ban could stigmatize surviving siblings and other family members.

Those concerns notwithstanding there may be instances when the publication ban should be lifted or relaxed. Currently, the Office of the Statutory Director for the Child, Youth and Family Enhancement Act is empowered to make the decision to uphold, relax or lift the ban. The concerns noted above regarding transparency and accountability suggest that the decision making authority may be best situated outside the Ministry.

The authority to make decisions on the release of identifying information about a deceased child could reside with an independent, impartial third party, such as the Office of the Information and Privacy Commissioner of Alberta.

Appendix 4: Endnotes

[1] Non-identifying written response available on Alberta Human Services Website if there has been an external review (OCYA, CQA, Expert Panel, and Fatality Inquiry). The Fatality Inquiries Act requires that a written report is made available to the public. The ministry provides a written public response to each report (see: http://humanservices.alberta.ca/abuse-bullying/17189.html)

[2] The OCME is submitted to the Minister of Justice in which the annual report has a specific chart for children based on calendar year and another chart based on fiscal year.

[3] Not through the Ministry

[4] The Fatality Inquiries Act requires that a written report is made available to the public. The ministry provides a written public response to each report (see: http://humanservices.alberta.ca/abuse-bullying/17189.html)

[5] Additional supports may be provided between 18 and 22.

[6] Age protection is up to 16 but able to provide support services up to 18 and extended services up to 21

[7] Up to 21 for voluntary support services which can be offered to children who are/were Permanent Wards

[8] The Office of the Chief Medical Examiner (OCME), Fatality Review Board, Child and Youth Advocate (OCYA), Council for Quality Assurance (CQA), Ministry staff (Statutory Director, department staff, regional delivery staff (see: http://humanservices.alberta.ca/abuse-bullying/17189.html)

[9] The Ministry utilizes the same language / classifications as the OCME

[10] Uses the OCME classifications – Natural, Accident, Suicide, Homicide, Unclassified, Undetermined and Pending. **M**edical (includes congenital anomalies, health conditions and disease); **A**ccidental; **U**ndetermined (may include Sudden Infant Death Syndrome); **S**uicide; **H**omicide; and **P**ending (see: http://humanservices.alberta.ca/abuse-bullying/17189.html)

[11] International Statistical Classification of Diseases and Related Health Problems (ICD-10-CA)

[12] Except name of alleged perpetrator and relationship with alleged perpetrator.

[13] Worksite, name, child ID#, DOB, DOD, agency notification to Ministry, manner of death, cause of death, OCME confirmation (y/n), racial origin, band affiliation, legal status, placement type, family violence history, family violence in the incident, reported to the OCYA, OCYA status, reported to CQA, Expert Panel (y/n/members),fatality inquiry called (y/n), chronology / report status.

[14] Name of alleged perpetrator, relationship of alleged perpetrator and the child's siblings are in the reviews.

[15] Only gender, cause of death (made public if necessary), Age of child at death

[16] Coroner does the tracking

[17] Does not track prior involvement at all with Child and Family Services

[18] Children receiving services: screening, safety phase assessment, family enhancement, supervision order, Support and Financial Assistance Agreement (18-22)
[19] Does not track prior involvement at all with Child and Family Services
[20] Does not track prior involvement at all with Child and Family Services
[21] http://humanservices.alberta.ca/abuse-bullying/17189.html
[22] Death is tracked and an Initial Review is completed in cases where an in-depth review is not completed. Policy does not depend on the manner/cause of death.
[23] Annual Report.
[24] Case by case approach in each region
[25] Preliminary report is being created.
[26] Unless inquired by Media
[27] It is on a case by case basis. Each case would be determined if it will be reported publicly.
[28] Per Deputy Minister's request
[29] Although there is no public reporting requirement, the Minister of Health and Social Services may authorize a report. The NWT Coroner Service may order a public inquest or issue a Report of Coroner, with recommendations.
[30] Up to 19 if in care, extended to 21 if needed be, and up to 24 for educational support
[31] Could extend services: 19 if in educational program, 21 if in custody
[32] Post care until the age of 24 as long as they were in case before the age of 19
[33] Provide services to children and young adults up to age of 26 as of April 2014
[34] The Department only tracks the children in care, whereas the Coroner and Police are responsible for tracking all children's deaths
[35] Tracks deaths details by the following categories: Natural, Accidental, Intentional by self, Intentional by others, Medical, Unknown
[36] There have been very few deaths in PEI. The tracking is for all children in care. Policy is created in case it happens.
[37] Name of child, Date of birth, Gender, Children served by the Agency, cause of death, family composition, background information on incident. Note that these items are tracked in individual files, not in databases.
[38] In the Critical Incident Review Policy
[39] Element vary from case to case, but all cases include name, sex, ethnicity, date of birth and cause of death.
[40] Does not track name of alleged perpetrator
[41] Does not track prior involvement at all with Child and Family Services
[42] Only for children who received services in the past but had a closed file at the time of death
[43] Only to child who was in care and returned home and had a closed file at the time of death
[44] Only if a child whose family member(s) received support services in the past whose file was closed at the time of death and child who was in care
[45] Only for the ones under protection—policy 78 only applies to children who are currently receiving child protective services and die as the result of child abuse.

Objectives of Child Death Review

- **Accurate identification and uniform, consistent reporting of the cause and manner of child death**
- **Improved communication and linkages among local and provincial/territorial agencies**
- **Improved agency responses to investigation of child deaths**
- **Strengthening agency responses in protecting siblings and others in homes where a child has died**
- **Improved investigation and prosecution of child homicide**
- **Enhanced provision of services to children, families, care providers, and community members**
- **Identification of blockages and systematic issues contributing to the death of children**
- **Identification of risk factors and trends in child deaths**
- **Advocacy for prevention-focused improvements in legislation, policy and practices and expanding preventive health and safety efforts**
- **Increase public awareness of and advocacy for societal issues affecting the health and safety of children**

Source: Covington, T. M., Foster, V., & Rich, S. K (eds.). (2005). *A Program Manual for Child Death Review*. Michigan: National Center for Child Death Review. Available at: http://www.childdeathreview.org/finalversionprotocolmanual.pdf

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Child Death Review in Canada: A National Scan

Report prepared by the

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1. Introduction

In 2013, the Canadian Paediatric Society (CPS) released a position statement highlighting the importance of legislated, structured child death review (CDR)[2] across Canada (Ornstein, Bowes, Shouldice, Yanchar, & Canadian Paediatric Society, 2013). According to the CPS, formal CDR processes are designed "to advance understanding of how and why children die, to improve child health and safety, and to prevent injuries and death in the future" (p. 1). Effective CDR processes bring people from multiple disciplines together in order to comprehensively discuss the circumstances around the death of a child through a broad, ecological perspective (Covington, Foster, & Rich, 2005; Fraser, Sidebotham, Frederick, Covington, & Mitchell, 2014). Importantly, such CDR processes also produce recommendations aimed at the development of preventive measures and/or the improvement of systems and policies.

Currently, Saskatchewan does not have a formal, provincial CDR process. Instead, multiple agencies and organizations conduct child death reviews and investigations as specified in their individual mandates (e.g., Office of the Chief Coroner, Advocate for Children and Youth, Ministry of Social Services, Ministry of Justice). In contrast to Saskatchewan's current situation, the CPS recommends that "a comprehensive, structured and effective CDR program be initiated for every region in Canada, with systematic reporting and analysis of all child and youth deaths and the ability to evaluate the impact of case-specific recommendations" (Ornstein et al., 2013; p. 4). It is expected that such a system would lead to better recognition of trends and highlight risks or systemic issues that may be modified to reduce the number of child deaths. Although the current arrangement in Saskatchewan allows for the review of specific subsets of child deaths, a coordinated provincial process would facilitate the development of prevention efforts for all Saskatchewan children.

Coordinated CDR processes can lead to the identification of small but important trends and allow for the possibility of aggregate reviews, both of which can have a significant impact on prevention efforts (Vincent, 2014). A number of positive outcomes from coordinated, multidisciplinary CDR processes have been reported in other countries: improved information collection and reporting in relation to child deaths; the identification of modifiable factors contributing to deaths; increased public awareness of these factors; local actions at the level of organizations and communities (e.g., prevention initiatives and changes in practice); and changes in legislation (Fraser et al., 2014). A coordinated provincial process would likely provide similar benefits in Saskatchewan, and increase the ability of multiple stakeholders to work toward reducing the number of child deaths in Saskatchewan.

There has been interest in creating a provincial CDR process for many years in Saskatchewan, and exploratory work in this area has occurred in the past. The work completed in the past had not progressed past this exploratory phase. In recognition of the continued importance of CDR in Saskatchewan, a provincial advisory committee was created to discuss the potential for a provincial

[2] This acronym is used to represent death reviews of children and youth aged 19 and younger.

CDR process. This committee includes representation from the Office of the Chief Coroner, the Ministry of Justice, the Ministry of Social Services, the Advocate for Children and Youth, Department of Pediatrics, the Saskatchewan Association of Chiefs of Police, the Regina and Saskatoon Police Services, Saskatchewan Government Insurance (SGI), and the Saskatchewan Prevention Institute, along with several Medical Health Officers from around Saskatchewan. At the introductory meeting held in September 2015, it was decided that one of the initial steps should be to learn about CDR processes in the rest of Canada. The following report completed by the Saskatchewan Prevention Institute summarizes the information that was gathered from each of the provinces and territories.

2. Method

In January and February 2016, the Saskatchewan Prevention Institute conducted a brief Internet search to gather initial information about CDR processes across Canada and to identify potential contacts for telephone interviews. Telephone interviews were then conducted with people involved in CDR in each of the provinces and territories in Canada. The purpose of these interviews was to gather information about their current CDR processes to inform the Saskatchewan CDR Advisory Committee and their discussions around instituting a universal CDR process in Saskatchewan. Therefore, particular attention was paid to provinces and territories that identified a multidisciplinary provincial CDR process. The initial list of contacts included Chief Coroners and Chief Medical Examiners, Chairs and Executive Leads of provincial CDR committees, staff from Children's Advocates' Offices, and staff from Child and Family Services. When additional people were identified through the initial phase of interviews, they were contacted as well. Although efforts were made to interview key contacts involved in CDR in each province and territory, it is important to acknowledge that there may be others involved in CDR who were not interviewed.

Participants were asked to describe the nature and extent of their CDR process, along with their mandate, who is involved, resource requirements, who they share information with, and the benefits and challenges experienced in their process. Importantly, many of the participants also shared recommendations and advice for others initiating a CDR process. The full interview schedule can be found in Appendix A.

3. National Findings

The following tables summarize the results of these interviews. Table 1 provides information about the types of deaths reviewed or investigated[3] in each province and territory and whether a coordinated provincial process is in place. As this table shows, six provinces currently have provincial CDR processes, while three additional provinces/territories are currently exploring the possibility of instituting such a process. Table 2 provides more specific information for the provinces that identified a provincial multidisciplinary CDR process.

[3] It is important to note that there is a distinction between a "review" and an "investigation", particularly for coroners and medical examiners. Coroners and medical examiners investigate deaths covered under their provincial and territorial Acts, with the goal of determining the cause and manner of death. Reviews often examine the larger picture, including organizations, systems, policies, and processes. Although different agencies may use the terms "review" and "investigate" differently, coroners and medical examiners conduct investigations, with the aforementioned goal.

Table 1. Child death review across Canada by province/territory

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Alberta	1) Deaths that fall under their *Fatality Inquiries Act*[4]. 2) All deaths of children currently receiving designated services from the Ministry of Human Services or within 2 years of file closure are examined. Also examine all deaths of children receiving services in the youth justice system (open or closed custody). An investigation is conducted if a systemic issue is identified or if the Advocate decides one is warranted.[5] 3) Deaths of children who die in hospital, were transferred to another hospital, or were recently associated with a hospital.	1) Office of the Chief Medical Examiner. There is also a Fatality Review Board, who recommends cases for a public fatality inquiry (all deaths of children in care must be considered for inquiry unless the Board is satisfied that the death was due to natural causes). 2) Office of the Child and Youth Advocate, Ministry of Human Services, and the Council for Quality Assurance (also within the Ministry of Human Services). These three processes are distinct from one another. 3) Hospitals do their own internal mortality reviews.	**No** There was an informal universal CDR committee that was temporarily suspended in 2013. A universal process has not yet been reinstated.	CDR working group based within the Ministry of Health is working towards establishing a universal process. Discussions have begun with other relevant ministries.

[4] See Appendix B for a complete list of deaths that are covered under the provincial and territorial Acts.
[5] See Appendix C for a complete list of processes for child deaths as stipulated by the provincial and territorial Child and Youth Advocate Acts.

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Alberta continued	4) All perinatal deaths.	4) Separate perinatal death review process.		
British Columbia	1) All deaths of children under 19 are reported to the BC Coroners Service. The Child Death Review Unit (CDRU) is mandated under the *Coroners Act*. 2) All deaths of children who were receiving, or whose family was receiving, a reviewable service at the time of their death or in the year prior to their death as stipulated in the *Representative for Children and Youth Act*[6].	1) CDRU and standing review panel. 2) Representative for Children and Youth.	**Yes** Since 2003. CDR process was changed in 2012, and the Standing Death Review Panel was established in 2013. Panels review aggregate data from a number of years focused on a particular topic.	1) May reduce the number of panels from 3 to 2 per year due to the number of topics already covered. Data collection protocols are currently being revised. Plan to do more work around monitoring compliance with their recommendations.

[6] See Appendix C.

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Manitoba	1) All deaths of children born alive after 20 weeks of gestation and before their 18th birthday are reportable to the Office of the Chief Medical Examiner (CME), irrespective of cause and manner of death (stipulated by their *Fatality Inquiries Act*). All unnatural deaths must be investigated. 2) All deaths of children between the ages of 1 day and 18 years. 3) All children who have received reviewable services from the Ministry of Family Services within a year of death, as stipulated by the *Child and Family Services Act*[7]. Reviewable services include child welfare, mental health, addictions, youth justice, and young adults who are under an extension of care.	1) Office of the Chief Medical Examiner prepares a monthly summary of all child deaths. All unnatural and preventable natural deaths are forwarded to the Children's Inquest Review Committee (CIRC). 2) College of Physicians and Surgeons of Manitoba has two separate committees (Maternal and Perinatal Health Standards Committee and Child Health Standards Committee), consisting solely of College physicians. 3) Office of the Children's Advocate. Also have an interdisciplinary Advisory Committee that includes people from medical, social work, legal, and mental health fields.	**Yes**	3) Currently tabled legislation would result in a number of changes (e.g., would become responsible for monitoring compliance with recommendations and would begin to investigate serious injuries as well as deaths).

[7] Manitoba, Child and Family Services Act: https://web2.gov.mb.ca/laws/statutes/ccsm/c080e.php

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
New Brunswick	Deaths that fall under their *Coroners Act*.	Coroner Services. The Child Death Review Committee reviews sudden and unexpected deaths of children under the age of 19 that are reported to the coroner.	**Yes** Since 2009. Previously only reviewed the deaths of children receiving services from the Ministry of Social Development.	Plan to do a 10 year retrospective review to look at statistics and trends, as well as previous recommendations. Will be updated annually. Currently exploring whether to review natural deaths that are not reported to Coroner Services.
Newfoundland and Labrador	Deaths of children under the age of 19 that fall under their *Fatalities Investigations Act*.	Office of the Chief Medical Examiner. Child Death Review Committee. The Advocate for Children and Youth can also do a separate review of any case.	**Yes** Since 2014.	Plan to assess their process regularly, and make changes as needed.

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Northwest Territories	Deaths that fall under their *Coroners Act*. Additional information is collected for deaths of children under 2 (Infant Death Investigation Form), including re-enactments within 2 days.	Coroner's Service of the Northwest Territories	**No**	Interest and discussions around establishing a formal, standardized review and reporting system. Updating their legislation so that Child and Family Services have to report any child death to the Coroner's Service.
Nova Scotia	1) Deaths that fall under their *Fatality Investigations Act*. 2) Children receiving child welfare services. 3) Death of a child receiving government services. A complaint can be initiated by an individual or under the Ombudsman's own motion, if deemed to be in the public's interest.	1) Medical Examiner Service. 2) Department of Community Services (internal review). 3) Office of the Ombudsman.	**No**	1) According to the Chief Medical Examiner, no current plans to institute a CDR process, despite interest from pediatricians and others. 3) Recommended the establishment of a provincial inter-agency CDR team in their 2014 Child Death Review report.

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Nunavut	Deaths that fall under their *Coroners Act*.	Office of the Chief Coroner.	**No**	Planning on instituting a CDR process in the near future. In the process of gathering information from other jurisdictions.
Ontario	Deaths that fall under their *Coroners Act*, including all deaths of children under 5 years of age, as well as all deaths of children under 19 years of age with involvement of a Children's Aid Society within 12 months of their death.	Office of the Chief Coroner with the Deaths Under 5 Committee, the Paediatric Death Review Committee – Medical, and the Paediatric Death Review Committee – Child Welfare.	**Yes** Reviews are two-tiered: Executive Team Review and/or Full Committee Review.	Reworking their system from one focused on a subset of individual cases to one that is able to utilize aggregate data of all child deaths for prevention-focused work.
Prince Edward Island	Deaths that fall under their *Coroners Act*.	Coroners Service.	**No**	Not at this time.
Quebec	Deaths that fall under their *Coroners Act*.	Office of the Chief Coroner. All child deaths that are not deemed to be of natural causes are eventually reviewed by a CDR committee.	**Yes** This is currently not a formal committee.	A formal written mandate is being developed as well as a formal structure (which does not currently exist).

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Saskatchewan	1) Deaths that fall under their *Coroners Act* including all sudden, unexpected and unnatural deaths (any age); all deaths in a custody facility as defined by *The Youth Justice Administration Act*[8]; deaths of any resident of a foster home, group home, or place of safety within the meaning of *The Child and Family Services Act*[9]; or any minor while under the care, custody, or supervision of the Ministry of Social Services. 2) Deaths of children receiving services from the Ministry of Social Services at the time of their death or within 12 months prior to their death, including children from any of the 17 First Nations agencies in the province who provide equitable child and family services under the *Child and Family Services Act*.	1) Office of the Chief Coroner. 2) Ministry of Social Services (internal process, but reports are provided to the Advocate for Children and Youth). Two tiered process, where deaths that may have been impacted by their services undergo a comprehensive review rather than a cursory review.	**No**	2) Currently working on establishing a more collaborative information sharing agreement with the Ministry of Health. Currently working on an improved system for tracking recommendations.

[8] Saskatchewan, Youth Justice Administration Act: http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/Y2.pdf
[9] Saskatchewan, Child and Family Services Act: http://www.qp.gov.sk.ca/documents/english/statutes/statutes/C7-2.PDF

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Saskatchewan continued	3) Deaths of children receiving services from the Ministry of Social Services at the time of their death or within 12 months prior to their death, as well as deaths of children receiving services from the Ministry of Justice, Corrections and Policing Division at the time of their death or within 30 days prior to their death.	3) Advocate for Children and Youth (includes the Advocate, the Program Manager of Investigations, investigators, and administrative support).		
	4) Deaths of children where there is a suspicion or evidence of a Category 1 or 2 Communicable Disease[10] in the Saskatchewan Disease Control Regulations.	4) Medical Health Officers, with subsequent reporting to the Chief Medical Health Officer, the Northern Inter-Tribal Health Authority, and the First Nations and Inuit Health Branch (FNIHB). FNIHB may review such deaths if they are of First Nations children who live on reserve.		
	5) Deaths of inpatient children under the care of a pediatrician. Child deaths that occur in the community are not reviewed unless requested by a pediatrician involved in the outpatient management of the child.	5) Pediatric Mortality and Morbidity Meeting Committee, Regina Qu'Appelle Health Region.		5) Plan to expand committee to a multidisciplinary team in Spring 2016.

[10] A list of Category 1 and 2 reportable diseases can be found at http://www.ehealthsask.ca/services/manuals/Documents/AppendixA.pdf

Province/Territory	Types of child deaths reviewed	Responsibility for review	Universal multidisciplinary process	Plans for changing death review process
Saskatchewan continued[11]	6) Deaths of children that occur at Royal University Hospital. May review the deaths of children from other jurisdictions, if invited.	6) Royal University Hospital Department of Pediatrics.		
Yukon	Deaths that fall under their *Coroners Act*. Inquests can be ordered for children who die in care.	Coroner's Service. Ontario's CDR committees may assist with cases that require further review.	**No**	Not at this time because the number of child deaths is very small.

[11] Deaths of children that that occur while the child is receiving services from Ministry of Justice, Corrections and Policing Division are subject to an internal review. Deaths of children that occur during a domestic violence situation will be reviewed by Saskatchewan's domestic violence death review panel. This panel will begin operating in June 2016. At the time of this report, no further information could be obtained about either of these review processes.

Table 2. Structure and features of provincial child death review committees in Canada

Province/ Territory	Core team members	Process	Age range and # of cases reviewed annually	Sources of data	Resources	Outputs
British Columbia	Housed by the Coroners Service, under the Ministry of Public Safety and Solicitor General. Child death review unit (CDRU) consists of the Chair, a CDR coroner, a child death coroner, and a .5 researcher. The standing panel is comprised of government, academic, and topic experts (Public Health, medicine, psychiatry, child welfare, child advocacy, law enforcement, medicine, Aboriginal health, injury prevention).	There are three types of reviews: 1) new deaths are reviewed daily to look for trends and anything that may require immediate attention; 2) an annual aggregate review; and 3) panel reviews convened around a specific topic (e.g., drowning), where aggregate data from a number of years is reviewed. Panels are typically convened 3 times a year.	All deaths of children under the age of 19 years. Approximately 765 cases are reviewed annually. Of these, 300 are reviewed for statistical information (e.g., age, sex, geographic location, cause of death); 300 are reviewed for quality assurance purposes; 165 undergo panel review.	Information recorded by the coroner. For panel review, the CDRU will aggregate between 5 and 10 years of individual case files related to the topic. The academic and research literature, provincial data sources, and national and international data are also examined. Panel members and topic experts also share their knowledge and expertise.	Annual budget of approximately $300,000. CDRU provides all of the support to the panels. Participation is voluntary, and members are not paid for their time. Travel expenses can be paid if not covered by their own agency.	Recommendations from the panels are brought forward to the Chief Coroner, who forwards the recommendations to the identified agencies and then releases these recommendations publicly in a report. Annual aggregate reports are also released publicly.

Province/ Territory	Core team members	Process	Age range and # of cases reviewed annually	Sources of data	Resources	Outputs
Manitoba	Housed by the Office of the Chief Medical Examiner (CME), under the Ministry of Justice. Children's Inquest Review Committee (CIRC) members include the Chair (CME), a crown attorney, Child and Family Services, pediatricians (including one from Child Protection Services), a pediatric pathologist, police and RCMP, the Children's Advocate, and a representative of the Association of Manitoba Chiefs.	The CME prepares a summary of all child deaths on a monthly basis and provides it to the Child Health Standards Committee for their deliberations. All unnatural and preventable natural deaths are forwarded to the CIRC. This committee meets the first Friday of the third month after the child dies.	All deaths of children born alive after 20 weeks of gestation and before their 18th birthday. Approximately 175 cases are reviewed annually.	Usual sources include medical charts, Child and Family Services records, school records, prison records, and any other records that pertain to the deceased child. The Office of the CME can access any information pertinent to the death of the child.	No separate budget for CDR. All costs are covered under the global budget. Members of the CIRC are not paid and their expenses are not covered. Members' organizations cover the costs.	The CIRC advises the CME to take appropriate action to prevent similar deaths either by calling an inquest or making recommendations to the appropriate departments and/or agencies. Annual reports are prepared and are available to the public.

Province/ Territory	Core team members	Process	Age range and # of cases reviewed annually	Sources of data	Resources	Outputs
New Brunswick	Housed in the Coroner Services Branch, under the Department of Public Safety. Core members include a police officer, a pediatrician, a university social work professor, a First Nations representative, a lawyer, and a representative from the Coroner Services Branch. It is mandated that their Chair is a coroner - the Deputy Chief Coroner takes this role. May soon include a forensic pathologist. Ad hoc participants as needed.	Chief Coroner identifies cases of child death. Files are uploaded to a secure system and the CDR Chair decides whether cases will be reviewed (natural deaths are not typically reviewed). Case information goes to committee members, and they meet once a month to review any active files. The Chair assigns cases to group members to take the lead on presenting. They review the case (can take multiple sessions) and come up with findings and recommendations.	All deaths of children under the age of 19. Approximately 7 or 8 cases are reviewed annually. Over the past 5 years, they have reviewed a low of 5 and a high of 9 cases annually.	Coroner's file (all post-mortem analyses, police report, school and health records, etc.) If the child is in care, the Ministry of Social Development provides their internal report within 30 days. The Committee does not have investigative ability other than to call witnesses. The coroner gets all relevant information for them.	Costs are minimal and are covered by the operating costs of the Coroner Services Branch, including administrative support. Members may be paid as part of their job or volunteer. Meal/travel costs to get to meetings are covered.	Reports on findings and recommendations are prepared. The Chair forwards these to the Chief Coroner, who forwards them to any relevant agencies or government departments. Recommendations are made public. This must occur within 15 days of review if the child is in care, and the Ministry of Social Development has 45 days to respond.

Province/ Territory	Core team members	Process	Age range and # of cases reviewed annually	Sources of data	Resources	Outputs
Newfoundland and Labrador	Housed in the Office of the Chief Medical Examiner (CME), under the Department of Justice and Public Safety. Eight core members: 3 physicians (one of whom is the CME), a police officer, a nurse, a lawyer, the Executive Director of the Status of Women in Labrador City, and a social worker (committee Chair). Can include ad hoc consultants as necessary.	The CME forwards child death cases to the CDR Chair. The Chair assigns the case to a committee member, who takes the lead in reviewing the case, preparing a case report, and presenting the case at the meeting. The committee meets to review the case and work on the final report. Meetings are held approximately once a month, and they review up to 2 - 3 deaths.	All deaths of children under the age of 19.[12] From fall 2014 to January 2016, they have reviewed about 15 cases.	Information from the medical examiner (autopsy information, police report, scene reports, medical reports, etc.). Do not have legislative power to investigate, so all information is obtained from the Office of the CME.	Members from non-governmental agencies receive a small stipend. There are no paid support staff. Costs and administrative support comes from the Office of the CME. Their first year's budget was under $4000.	Brief report on each case is prepared with findings, conclusions, and recommendations. Report is forwarded to the Minister of Justice, who has to release recommendations to the public and appropriate departments within 60 days (the rest is internal).

[12] This committee is also mandated to review maternal deaths (any mother who dies as a result of complications related to childbirth).

Province/ Territory	Core team members	Process	Age range and # of cases reviewed annually	Sources of data	Resources	Outputs
Ontario	Deaths Under 5 Committee (DU5C) includes forensic pathologists, coroners, police detectives, child maltreatment and child welfare experts, crown attorneys, a Health Canada product safety specialist, and executive staff from the Office of the Chief Coroner. The two Paediatric Death Review Committees (PDRCs) include pathologists, coroners, medical directors, paediatricians, members from Children's Aid Societies, police detectives, and executive staff from the Office of the Chief Coroner.	DU5C: all deaths of children under 5 that are investigated by coroners. PDRC - Child Welfare: all deaths of children when the child or their family received services from a Children's Aid Society within 12 months of the death. All other reviews are done on a discretionary basis and are referred to the PDRC – Medical by the Regional Supervising Coroner or DU5C. Reviews are two-tiered, involving an Executive Team Review and/or Full Committee Review. All identified cases are reviewed at the Executive level. Those that are deemed to require further analysis are then forwarded for a Full Committee Review.	All deaths that fall under their *Coroners Act*, including all deaths of children under 5 years of age and all deaths of children under 19 with involvement of a Children's Aid Society within 12 months of their death. In 2014, DU5C did ~ 80 Executive and 60 Full reviews; PDRC – Medical did 12 reviews; PDRC – Child Welfare did 100 Executive and 30 Full reviews.	Reports from the Children's Aid Society, police reports, forensic pathology reports (post-mortem), and toxicology reports. Committee can request and review medical charts and other records as needed (e.g., school records, records of mental health service providers).	Approximately $200K - $250K to support the 3 committees annually (covers ~ 100 Full reviews annually, plus 100 - 120 Executive level reviews). Multiple other "soft" costs (space, supplies, coroner's involvement). Some members are paid ($300 per meeting; $750 per report). One part-time administrative assistant and 2 full-time coordinators.	Reports about individual cases are not released publically. These reports are shared with the reporting Children's Aid Society and any other body to whom a recommendation is made. These reports are also shared with families upon request. Annual reports from the DU5C and PDRC are released publicly by the Office of the Chief Coroner.

Province/ Territory	Core team members	Process	Age range and # of cases reviewed annually	Sources of data	Resources	Outputs
Quebec	Housed in the Office of the Chief Coroner; Crown Prosecutors share the logistics. Members include the police officers, crown prosecutors, the judicial system, the Ministry of Health and Social Services, and a full time investigative coroner.	Review meetings are held once to twice a year. The process is undergoing change as it currently does not have a formal mandate or structure.	All child deaths that are not deemed to be of natural causes are "eventually reviewed". Approximately 8 to 12 cases are reviewed every year.	Coroner's files, including police reports, medical charts, interview reports, and administrative investigation reports from partner agencies.	Expenses are covered by members' own agencies.	No formal recommendations are made, but members bring informal recommendations back to their respective agencies.

As table 2 highlights, there is a significant degree of inter-provincial variation in how the review processes are structured and in the outputs that are generated. Despite the differences between these provinces, the goals of their CDR processes are generally similar and include the identification of trends or patterns in child death and the identification of preventable risk factors and systemic issues that may contribute to child deaths. These goals and the generation of recommendations to address the identified trends and risk factors are ultimately focused on improving child well-being and preventing similar child deaths in the future.

4. Benefits of Provincial CDR Processes

Although formal evaluation does not appear to be built into many of the existing provincial CDR processes, several participants described informal, ongoing monitoring and evaluation of their processes. This ongoing monitoring allows them to make improvements as needed and has also allowed them to identify a number of benefits of having a provincial CDR process. Both anticipated benefits and unexpected benefits were shared by the participants, including the following:

- Allows for the systematic collection of information about who the children are who are dying, when, where, and especially, why children die.
- Can identify trends that require further investigation and research. Identification of trends can also help guide prevention efforts.
- Ensures that no individual death goes unnoticed or "is swept under the rug".
- Helps to ensure that children are receiving the services they are entitled to.
- Focuses attention on the issues associated with child deaths, including public health and safety issues and those that could affect immediate family members (e.g., child safety or genetic factors).
- Recommendations can lead to changes in practice and policy with the goal of protecting children and preventing future deaths.
- Members of a multidisciplinary committee can bring additional expertise and information to the review table that can supplement that which is provided by the coroner/medical examiner.
- Having a multidisciplinary committee with involvement from a variety of agencies often leads to improved collaboration and communication between these agencies.
- Members informally take lessons from reviews back to their own agencies, which can also lead to the creation of new protocols and processes.

4.1 National, Harmonized CDR Process

When asked about harmonizing the CDR process across Canada, a number of participants identified potential benefits of doing so. Several participants suggested that standardized data collection would allow for the determination of national trends and provincial/territorial comparisons. Such information could help guide national conversations on prevention, although one participant noted that standardized data collection could be difficult given jurisdictional differences in mandate and legislation. Another stated benefit was the identification of successful prevention efforts that could be adapted by others (i.e., if one province/territory

shows decreasing child death rates). Similarly, recommendations constructed by one province may be applicable to and useful for other provinces/territories.

Even if the process does not officially become harmonized across Canada, several participants highlighted the importance of using common language and definitions across the country. Currently, different language and definitions are being used, making comparisons difficult. One participant noted that although interprovincial comparisons can be useful, it is most important to focus on the needs of your own province/territory before focusing on national data collection. This participant stated that what works in one province may not work in another province (e.g., may not meet the needs, may not fit the budget). Therefore, it is important to be clear about the goals and the best way to accomplish these with the resources that are available.

5. Recommendations and Considerations

Participants involved in a provincial CDR process were asked to share any recommendations or advice they had for the Saskatchewan CDR Advisory Committee to inform their discussions around creating a provincial CDR process. Additional recommendations were spontaneously shared by participants in provinces that do not have a CDR process. The following are key recommendations and considerations that were received from participants.

Alberta

- Important to streamline the process as much as possible and enable the sharing of information among interested agencies. This reduces overlap increases efficiency, and ensures that the same people are not interviewed repeatedly.
- Access to information is key; Alberta has strong legislation in this regard, which allows investigators at the Office of the Child and Youth Advocate to access the information they need to do their investigations.
- Need to have buy-in from those who will be involved in CDR in the province as well as a shared vision, clear committee structure, and memoranda of understanding between stakeholders.
- CDR process has to be comprehensive across the province and look at the deaths of all children. The process should focus on establishing context, circumstances, and cause/manner of death, in order to direct prevention activities.
- It is critical that the information from reviews be made public (e.g., annual report). This is very important for the process to have value and for credibility.
- Need to look closely at privacy legislation to make sure the committee has necessary access to different types of information.
- Be opportunistic in efforts to establish a committee (e.g., make the most of political opportunities by tailoring advocacy efforts to government priorities).

British Columbia

- Before getting too far into the process, it is important to operationalize the process and the different pieces (e.g., what do you mean by CDR? what will the parameters be? what is the purpose of the CDR? what is a file review versus an annual report review versus a death panel review?).
- Volume can be a barrier, so it is important to ensure the goals and procedure of the CDR committee fit within the provided budget.
- Access to information is important. British Columbia's work is covered under the Coroners Act, which allows them to access any information they need to complete their reviews (e.g., can seize data).
- Aggregate reviews are important as they allow for the identification of trends or patterns that can form the basis for recommendations; can be a better use of resources and can provide better recommendations ("rare events make bad policy" – aggregate data allows you to identify if there is something occurring across a number of deaths, rather than a one-off).
- Important that those who will be tasked with implementing recommendations following a review (senior administration people) are also there when recommendations are being drafted; increases the likelihood that recommendations will be implemented.
- Recommendations should be limited to 2-3 to make them actionable; focus on the few important changes that can actually be completed to prevent similar deaths in the future.

Manitoba

- Important to ensure that recommendations are practical and directed at the right entities (those who have the capacity to implement them).
- Accessing file information in a timely manner can be a large barrier, slowing down the process and creating backlog.
- Reports need to be timely to ensure that the recommendations are relevant; having a multidisciplinary committee do a full review of every death may create a lot of backlog.
- CDR can only accomplish certain goals; many child deaths are due to deep-seated issues.

New Brunswick

- Put careful thought into the age range selected; consider being consistent with other departments or agencies that report deaths. In New Brunswick, the department of Vital Statistics reports on child deaths using three age groupings, the last of which goes up to age 24. It is, therefore, hard to compare their reviewed deaths with provincial numbers (which is desirable since not all deaths are reported to a coroner) without obtaining raw data.
- Do not make the process too strenuous. They hold day-long monthly meetings, and do not want to meet more frequently.
- Put careful thought into who is going to house the committee and how independent it will be from government (independence gives it credibility).
- Look at evidence informed/best practices as the basis for the creation of the committee.

- Good reporting is difficult if the number of child deaths is so small that confidentiality becomes an issue. Protecting people's identities is an important consideration.

Newfoundland and Labrador

- Would recommend using a private information repository (theirs is on a provincial government website) for the storage of case information. Such a repository makes information easily accessible to all committee members.
- Think through logistical issues carefully, up front (e.g., information collection and storage, tracking recommendations and having them easily accessible at a later date, what resources are available and who has them).
- Identify a committee leader and where the committee will be housed.
- Important to create a committee that includes those who are essential to have around the table, keeping in mind what potential members can offer. Medical professionals (e.g., pediatricians), lawyers, and police can be extremely important. The capacity to include ad hoc members as needed is very helpful, although it can be difficult to arrange. Aboriginal representation is also important to ensure the appropriate cultural knowledge about cases (Newfoundland and Labrador's Aboriginal representation is ad hoc).
- In small communities, protecting identity can be difficult. Confidentiality is often a concern, although they try to present public recommendations in a way that is general and sanitized.
- Recommendations need to be specific, useful, and appropriate. This can be a challenge if you do not know what protocols, programs, and practices are already happening. It would be ideal to have someone from the appropriate agency involved to have this input.
- Would recommend building into the committee the authority to follow up on implementation of recommendations.
- It is easier to make changes if the committee has the authority to modify or expand the review process without legislative amendment.

Northwest Territories

- Careful consideration should be given when bringing the experts together to be involved in this process. It is important for those involved to have a shared vision, clear committee structure, and a memorandum of understanding between stakeholders.
- It is crucial for all stakeholders to have access and to work together in collaboration for the process to be successful.
- It is important that the report/recommendations are brought forward to the Chief Coroner/Chief Medical Examiner to be made public for value and credibility.

Ontario

- A good starting place would be to start collecting information about all child deaths in Saskatchewan.
- Useful to use a multi-level approach that undertakes analysis at the case level and at the systemic level.

- Effective CDR requires broad availability and collection of data across sectors, used to inform analysis and identify trends.
- Ensure reviews are multi-sectoral, representative of the service spectrum, and include organizations that have influence over public health analysis, policy development, and research and prevention strategies.
- Open information-sharing and collaboration is critical, and can be enabled by protocols and/or legislation across multiple disciplines (e.g., health, education, child welfare, etc.).
- Target high-impact opportunities for prevention that can make a real difference.

5.1 Common Themes

There were several common themes in the recommendations listed above. Participants from several provinces noted the importance of creating a shared vision and clarity regarding the process, members' roles, and available resources as the committee is developed. These comments referred to conceptual clarity at the broader level as well as the finer, pragmatic details (e.g., the availability of scanners for uploading documents). These comments are consistent with best practice and CDR committee development recommendations from the National Center for Child Death Review in the United States. This Center has developed a program manual[13] (Covington et al., 2005), which details the process of setting up a CDR committee and important points for discussion in this process. This resource could help to ensure that clarity on all of the important aspects is achieved.

In relation to the structure and functioning of provincial CDR processes, participants highlighted the importance of the committee's access to information. Access to information is achieved by CDR committees through agreements and legislation around information sharing. In British Columbia, for example, the work of the Child Death Review Unit is covered under the *Coroners Act*, which allows them to seize all relevant data if it is not voluntarily provided. Conversely, in Newfoundland and Labrador, lack of investigative power was identified as a barrier (i.e., all of the committee's information is obtained by the medical examiner and must be specifically related to the cause of death). New Brunswick has an intermediate model of information acquisition, whereby case information comes from the coroner (who has a broad range of search and seizure power), but the committee also has the ability to call witnesses to appear before them. Access to a secure file-sharing system that allows all case information to be uploaded and easily accessed by committee members was noted to facilitate the review process.

Multiple respondents noted that CDR committee membership needs to be carefully considered. Having a multidisciplinary committee allows for a more comprehensive and meaningful review process, as members (when chosen carefully) bring unique perspectives and professional expertise to the table. Covington et al. (2005) recommend the inclusion of the following members: law enforcement, child and protective services, prosecutor/district attorney, medical

[13] https://www.childdeathreview.org/wp-content/uploads/NCRPCD-Docs/ProgramManual.pdf

examiner/coroner, public health, pediatrician or other family healthcare provider, and emergency medical services. The specific members on each provincial committee in Canada are listed in Table 2, but generally consist of individuals who bring medical, justice, academic, social, First Nations, and coroner expertise to the review process. Including a First Nations perspective was identified by several participants as important, as it provides the committee with an appropriate cultural perspective during reviews that involve First Nations children. Such inclusion can be done through invitation of ad hoc members or by having regular First Nations membership on the committee. Several respondents identified the ability to invite ad hoc members (e.g., topic experts) to reviews as very important in the establishment of a CDR committee.

Finally, participants provided considerations and advice related to the recommendations put forward by CDR committees. The development of appropriate, achievable recommendations that would be implemented was considered very important, yet challenging, to many of the individuals interviewed. Barriers to effective recommendations included a lack of knowledge regarding what processes and protocols were already in place within human service organizations. This lack of knowledge makes it difficult to create recommendations that are applicable and appropriate (e.g., the recommendations created may target an already existing aspect of practice). Another barrier identified by the participants was the lack of committee authority to follow up on recommendations.

In light of these barriers, respondents had the following advice regarding the recommendations process:

- Include people tasked with implementing recommendations when recommendations are being drafted (i.e., include members of the agency involved and senior administration people).
- Limit recommendations to 2-3 practical, implementable points that are high-impact from a prevention standpoint.
- Ensure that reports are timely so that recommendations remain valid.
- Monitor the implementation of the recommendations.

These suggestions are consistent with best practices for CDR committee recommendations and with existing guidelines for writing effective recommendations (see Covington et al., 2005 for more information). Another possibility, in terms of ensuring successful follow-through with recommendations, is the creation of a two-tiered CDR committee. One tier could be focused primarily on review, and the other focused on the development of recommendations and plans for their implementation. There is some evidence to suggest that when the review process is two-tiered, recommendations are more likely to be implemented (Misra et al., 2004).

6. Moving Forward

The information shared in this report reflects the varied landscape of CDR across Canada. Knowledgeable respondents shared the details of CDR processes within their province/territory, as well as the perceived benefits generated by provincial CDR processes. The information summarized in Table 2 provides the key structural and procedural details of provincial CDR processes in Canada. This information is an important reference point for discussions about the potential structure and process of a Saskatchewan CDR committee. The existing models can be considered for their utility given Saskatchewan's current circumstances (existing CDR processes, capacity for and interest in housing a provincial process, available resources for implementing such a process, and annual number of child deaths). These models can also be considered in relation to recommendations from the Canadian Pediatric Society that child death review be legislatively mandated and have broad representation from relevant disciplines; structured processes regarding data collection, reporting, and policy/prevention efforts; systematic data collection, surveillance, and data-sharing; evaluation to determine the effectiveness of processes and recommendations; and appropriate financial support from government bodies (Ornstein et al., 2013).

Importantly, based on their experiences with their own CDR processes, participants described a number of considerations and recommendations for Saskatchewan's CDR Advisory Committee. These considerations and recommendations are described earlier in this report, but were most commonly related to the following: clarity of vision, roles, and process in committee development; having appropriate membership on the committee; ensuring the committee can easily access the information necessary to do a thorough review; and the importance of developing a strong process for recommendations that will achieve the goals of the CDR process. All of these points are structural or procedural and should be considered during the development of a Saskatchewan CDR committee.

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Appendix A. National Scan Interview Schedule

Hello, my name is _____, and I work at the Saskatchewan Prevention Institute. We are currently completing an environmental scan of how child death reviews are conducted across Canada. The information we gather will be shared with the Saskatchewan Child Death Review Advisory Committee to inform their discussions around instituting a universal child death review in our province. The information will also be compiled into a summary report that may be shared on our website (www.skprevention.ca) or with others who express an interest in receiving a copy.

Could you start by describing what is currently happening in terms of child death review in your province?

> ***If they do not identify a provincial child death review process in this description*** (e.g., fragmented with separate agencies reviewing certain deaths – CFS for children who die in care and hospital reviews for children who die there), record this information but do not ask questions past this section.
>
> > Is there a process by which the findings of the different child death reviews are combined? For example, are the findings from the various agencies shared in a cumulative report every few years?
> >
> > ***If not a provincial process,*** thank them for their time and end the call.

If a provincial process is identified, *tell the person being interviewed that we have a number of additional questions to ask. Confirm that they have time to continue the interview.*

Do you have a written mandate that guides your process?

> ***If yes,*** would we be able to access a copy of that mandate?

What are the goals of your child death review process? (e.g., child advocacy, child protection, prevention of future deaths)

What does your child death review process entail?

Ask the follow-up question as needed

> What types of child deaths are reviewed in your province? (What types of child deaths are not reviewed? What ages are reviewed?)
>
> > How is the decision made regarding which deaths are reviewed?
> > Are all deaths given the same level of review?
> > Who completes these reviews?
>
> What is the structure of your child death review committee? (multidisciplinary?)
>
> > What agency hosts the universal child death review?
> >
> > > ***If it is the coroner,*** Are they in Health or in Justice?
> >
> > What types of professionals participate in the reviews? (# of committee members? Any ad hoc participants?)

Could you tell me a bit about the structure of the review meetings?
- How often are review meetings held?

What information is collected during a child death review?
- What are the sources of data that feed into your review process? (medical charts, interviews, databases, etc.)
- Do you review individual child death cases or is data collected in aggregate form? (Do you report child death data in aggregate form?)
- Are there systematic (standardized) data collection protocols?
- Who performs the data analysis?
- What is the information that is collected used for?
- Who is the information shared with? (Are reports made publically available?)
- Where is this information stored/by whom?

Does the child death review committee have the authority to make recommendations based on the information collected?
- ***If yes,*** Does the committee have the ability to monitor compliance with the recommendations? (How are any resulting prevention and intervention efforts tracked and evaluated?)

We are also interested in the resources and costs associated with a provincial child death review process.

Could you tell me about the resource requirements of your child death review process?

Do you know an estimate of the cost of your child death review? (annual budget)
- Are the expenses and/or time of any committee members paid by the child death review committee?
- Is there paid support staff in addition to committee members?
- What is the information sharing arrangement? (How do they get the data? Do they have to pay for data?)
- How is the child death review funded? (What are your funding sources?)

Do you know the approximate number of cases reviewed annually?

The last few questions are focused on the benefits and barriers associated with a child death review process.

Have you experienced any barriers to the child death review process? (e.g., privacy acts)

What are some of the benefits of having a provincial child death review process? (can be documented benefits or anecdotal)

Have you experienced any unintended consequences from the child death review process?

Has your child death review process been evaluated?
- ***If yes,*** Are copies of this evaluation available?

Do you know if there are any plans for changing your current child death review process?

If yes, Why do you think these changes are being (will be) implemented?

Do you have any recommendations or advice for our committee and our discussions around creating a provincial child death review process in Saskatchewan?

Do you see benefits of harmonizing the child death review process or standardizing the information that is collected through child death reviews across Canada? (This would allow for combining information, comparison, etc.)

Is there anyone else who you think would be important for us to talk to about child death review in your province?

If yes, *record names and contact information (if available).*

Thank them for their time. Provide them with your contact information in case they think of something they would like to add later. Could also email them the list of questions in case there is anything else they would like to add with a bit more time to think about it.

Appendix B. Deaths Covered under Provincial and Territorial Acts

Related to Table 1 of the full report, the following is the complete list of deaths that are covered under each provincial and territorial Act.

Alberta, Fatality Inquiries Act (http://www.qp.alberta.ca/documents/Acts/F09.pdf)

Deaths that require notification

10(1) Any person having knowledge or reason to believe that a person has died under any of the circumstances referred to in subsection (2) or section 11, 12 or 13 shall immediately notify a medical examiner or an investigator.

(2) Deaths that occur under any of the following circumstances require notification under subsection (1):

(a) deaths that occur unexplainedly;
(b) deaths that occur unexpectedly when the deceased was in apparent good health;
(c) deaths that occur as the result of violence, accident or suicide;
(d) maternal deaths that occur during or following pregnancy and that might reasonably be related to pregnancy;
(e) deaths that may have occurred as the result of improper or negligent treatment by any person;
(f) deaths that occur
  (i) during an operative procedure,
  (ii) within 10 days after an operative procedure,
  (iii) while under anesthesia, or
  (iv) any time after anesthesia and that may reasonably be attributed to that anesthesia;
(g) deaths that are the result of poisoning;
(h) deaths that occur while the deceased person was not under the care of a physician;
(i) deaths that occur while the deceased person was in the custody of a peace officer or as a result of the use of force by a peace officer while on duty;
(j) deaths that are due to
  (i) any disease or ill-health contracted or incurred by the deceased,
  (ii) any injury sustained by the deceased, or
  (iii) any toxic substance introduced into the deceased,
  as a direct result of the deceased's employment or occupation or in the course of one or more of the deceased's former employments or occupations.

Notification of death of prisoner

11 If a person dies while

(a) detained in a correctional institution as defined in the *Corrections Act* or a jail, including a military guard room, remand centre, penitentiary, secure services facility as defined in the *Child, Youth and Family Enhancement Act*, facility or place designated as a place of open or secure custody pursuant to the *Youth Criminal Justice Act* (Canada), detention centre or a place where a person is held under a warrant of a judge,

(b) a formal patient in any facility as defined by the *Mental Health Act*, or

(c) an inmate or patient in any institution specified in the regulations,

the person in charge of that institution, jail, facility or other place shall immediately notify a medical examiner.

Notification of death of prisoner not in custody

12 If a person dies while

(a) committed to a correctional institution as defined in the *Corrections Act* or a jail, including a military guard room, remand centre, penitentiary, secure services facility as defined in the *Child, Youth and Family Enhancement Act*, facility or place designated as a place of open or secure custody pursuant to the *Youth Criminal Justice Act* (Canada), detention centre or a place where a person is held under a warrant of a judge,

(b) a formal patient in any facility as defined by the *Mental Health Act*, or

(c) an inmate or patient in any institution specified in the regulations,

but while not on the premises or in actual custody of that facility or institution, jail or other place, the person in charge of that facility or institution, jail or other place, shall, immediately on receiving notice of the death, notify a medical examiner.

Notification of death of child

13 A director under the *Child, Youth and Family Enhancement Act* shall immediately notify a medical examiner of the death of any child under the director's guardianship or in the director's custody.

British Columbia, Coroners Act

(http://www.bclaws.ca/civix/document/id/complete/statreg/07015_01)

Deaths that must be reported by anyone

2(1) A person must immediately report to a coroner or peace officer the facts and circumstances relating to the death of an adult or child who the person has reason to believe has died

(a) as a result of violence, accident, negligence, misconduct or malpractice,

(b) as a result of a self-inflicted illness or injury,

(c) suddenly and unexpectedly, when the person was apparently in good health and not under the care of a medical practitioner or nurse practitioner,

(d) from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner or nurse practitioner,

(e) during pregnancy, or following pregnancy in circumstances that might reasonably be attributable to pregnancy,

(f) if the chief coroner reasonably believes it is in the public interest that a class of deaths be reported and issues a notice in accordance with the regulations, in the circumstances set out in the notice, or
(g) in any prescribed circumstances.

(2) If a child died in circumstances other than those described in subsection (1), a person who, by regulation, must report child deaths, must immediately report to the chief coroner, in the form required by the chief coroner,
(a) the facts and circumstances relating to the child's death, and
(b) any other information required by the chief coroner.

Child death review unit

47(1) The chief coroner must establish a child death review unit to review the facts and circumstances of child deaths in British Columbia for the purposes of
(a) discovering and monitoring trends in child deaths, and
(b) determining whether further evaluation of the death of a child is necessary or desirable in the public interest.

(2) The chief coroner may appoint, in accordance with the *Public Service Act*, one or more persons to the child death review unit to exercise the powers and perform the duties of the child death review unit.

(3) The chief coroner must appoint one member of the child death review unit to act as chair of the child death review unit.

Powers of child death review unit

48(1) A member of the child death review unit may review one or more deaths during a review.

(2) A member of the child death review unit must not begin a review until a coroner has completed,
(a) if no inquest is held, the coroner's investigation, or
(b) if an inquest is held, the inquest
and the conditions of section 44 (1) [when investigative powers end] have been met.

(3) For the purposes of conducting a review, a member of the child death review unit may
(a) use any information acquired through an investigation or inquest conducted under this Act, whether or not the investigation or inquest was completed, and
(b) exercise the powers of investigation set out in section 11 as if the member were a coroner conducting an investigation.

Death review panels

49(1) The chief coroner may, and at the direction of the minister must, establish panels to review the facts and circumstances of deaths, including child deaths, in British Columbia for the purposes of providing advice to the chief coroner respecting

(a) medical, legal, social welfare and other matters that may impact public health and safety, and

(b) the prevention of deaths.

(2) If the chief coroner establishes a death review panel, the chief coroner may

(a) appoint a person to act as chair of the death review panel,

(b) appoint one or more persons to the death review panel and set the terms of the appointment, including remuneration, if any, and

(c) set the terms of reference for the death review panel.

Powers of death review panels

50(1) A member of a death review panel may review one or more deaths during a review.

(2) A member of a death review panel may begin a review

(a) before, during or after an investigation or inquest, or a review conducted by the child death review unit, and

(b) regardless of any decision made by a coroner or a member of the child death review unit.

(3) For the purposes of conducting a review, a member of a death review panel may use any information disclosed to the member by the chief coroner.

Report of review

51(1) Following each review by the child death review unit or a death review panel, a member of the child death review unit or the death review panel, as applicable, must

(a) report to the chief coroner

(i) any findings respecting the circumstances surrounding deaths that were the subject of a review, and

(ii) any recommendations respecting the prevention of similar deaths, and

(b) submit to the chief coroner all records relevant to the review.

(2) A member of the child death review unit or a death review panel may base his or her report on an aggregate and multidisciplinary analysis of the deaths reviewed.

(3) A member of the child death review unit may make recommendations to the chief coroner respecting the protection of the health, safety and well-being of children generally.

(4) A member of the child death review unit or a death review panel must not, in his or her report, make any finding of legal responsibility or express any conclusion of law.

Manitoba, Fatality Inquiries Act (https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=f52)

Inquiry as to deaths

7(5) Where a medical examiner or investigator learns of a death to which clause (9)(a), (b), (c) or (d) applies and the body is in the province, the medical examiner or investigator shall immediately take charge of the body, inform the police of the death and make prompt inquiry with respect to

(a) the cause of death;

(b) the manner of death;

(c) the identity and age of the deceased;

(d) the date, time and place of death;

(e) the circumstances under which the death occurred; and

(f) subject to subsection 9(2), whether the death warrants an investigation;

and shall submit an inquiry report on the above matters to the chief medical examiner and where the medical examiner or investigator decides that the death warrants an investigation, the medical examiner or investigator shall provide the reasons for the decision.

Deaths to which subsection (5) applies

7(9) Subsection (5) applies to a death where

(a) the deceased person died

(i) as a result of an accident,

(ii) by an act of suicide, negligence or homicide,

(iii) in an unexpected or unexplained manner,

(iv) as a result of poisoning,

(v) as a result of contracting a contagious disease that is a threat to public health,

(vi) suddenly of unknown cause,

(vii) during a pregnancy or during recovery from a pregnancy,

(viii) while under anesthesia or while recovering from an anesthesia or within 10 days of a surgical operation performed upon the person,

(ix) while in the custody of a peace officer,

(x) as a result of

(A) contracting a disease or condition,

(B) sustaining an injury, or

(C) ingesting a toxic substance,

at the place of employment or former employment of the person,

(xi) within 24 hours of admission of the person to a hospital,

(xii) in a place, institution or facility that is prescribed or is of a class of place, institution or facility that is prescribed, or

(xiii) in circumstances that are prescribed;

(b) at the time of death, the deceased person

(i) was not under the care of a duly qualified medical practitioner for the condition that brought on the death, or

(ii) was a resident of an institution or care facility that is licensed, or is required by an Act of the Legislature to be licensed, to operate as a residential institution or care facility;

(c) the deceased person died while a resident in a correctional institution, jail, prison or military guardroom, in a psychriatic facility as defined in *The Mental Health Act* or in a developmental centre as defined in *The Vulnerable Persons Living with a Mental Disability Act*; or

(d) the deceased person is a child.

Mandatory investigation on death of child

9(2) In the case of a death of a child that might be the result of an accident, suicide, homicide or other unnatural cause, an investigation is warranted and must be commenced in accordance with clause (1)(a) or (b).

Child's death to be reported to children's advocate

10(1) Upon learning that a child has died in Manitoba, the chief medical examiner must notify the children's advocate under *The Child and Family Services Act* of that death.

Reports to be given to children's advocate

10(2) If the children's advocate has jurisdiction to conduct a review under section 8.2.3 of *The Child and Family Services Act* in relation to the death of a child in Manitoba, the chief medical examiner must provide to the children's advocate, upon request,

(a) a copy of the medical examiner's report on the manner and cause of death; and

(b) a copy of the final autopsy report, if one has been ordered by the medical examiner and the children's advocate requires it for the review.

Reports are confidential

10(3) The information provided to the children's advocate under subsection (2) must not be used except for the purpose of a review and report under section 8.2.3 of *The Child and Family Services Act*, and must not be disclosed in that report except as necessary to support the findings and recommendations made in that report.

New Brunswick, Coroners Act (http://canlii.ca/t/88px)

4 Every person who has reason to believe that a person died

(a)as a result of

(i)violence,

(ii)misadventure,

(iii)negligence,

(iv)misconduct, or

(v)malpractice;

(a.1)during pregnancy or following pregnancy in circumstances that might reasonably be attributable to the pregnancy;

(a.2)suddenly and unexpectedly;

(a.3)from disease or sickness for which there was no treatment given by a medical practitioner;
(b)from any cause other than disease or natural causes; or
(c)under such circumstances as may require investigation;
shall, unless he knows that a coroner has already been notified, immediately notify a coroner of the facts and circumstances relating to the death.

6(1) Where a person dies while a prisoner in a penitentiary, jail, correctional institution, place of secure custody or place of temporary detention, the person in charge of the penitentiary, jail, correctional institution, place of secure custody or place of temporary detention shall immediately give notice of the death to the Chief Coroner.

6(2) Where a person dies while in custody pursuant to the *Family Services Act, Intoxicated Persons Detention Act*, *Mental Health Act* or while under arrest for an offence or an alleged offence against any statute of Canada or New Brunswick, the person having actual custody of such person shall immediately give notice of the death to the Chief Coroner.

6.1 An employer shall immediately give notice to a coroner of the death of a worker who died as a result of an accident occurring in the course of his or her employment at or in a woodland operation, sawmill, lumber processing plant, food processing plant, fish processing plant, construction project site, mining plant or mine, including a pit or quarry.

Newfoundland and Labrador, Fatalities Investigations Act

(http://www.assembly.nl.ca/Legislation/sr/statutes/f06-1.htm#5)

Notice of death

5. A person having knowledge of or reason to believe that a person has died under one of the following circumstances shall immediately notify a medical examiner or an investigator:
(a) as a result of violence, accident or suicide;
(b) unexpectedly when the person was in good health;
(c) where the person was not under the care of a physician;
(d) where the cause of death is undetermined; or
(e) as the result of improper or suspected negligent treatment by a person.

Deaths that occur in a facility

6.(1) Where a person dies while in a health care facility, or another place where patients are received for treatment or care and there is reason to believe that
(a) the death occurred as the result of violence, attempted suicide or accident, no matter how long the patient had been hospitalized;
(b) the death occurred as a result of suspected misadventure, negligence or accident on the part of the attending physician or staff;
(c) the cause of death is undetermined;
(d) the death occurred during or following pregnancy in circumstances that might reasonably be related to pregnancy;

(e) a stillbirth or a neonatal death has occurred where maternal injury has occurred or is suspected, either prior to admission or during delivery; or

(f) the death occurred within 10 days of an operative procedure or the patient is under initial induction, under anaesthesia or during the recovery from anaesthesia,

the person responsible for that facility shall immediately notify a medical examiner or an investigator.

(2) Where a person is declared dead on arrival or dies in the emergency department of a health care facility as a result of a condition referred to in section 5, the person responsible for that facility shall immediately notify a medical examiner or an investigator.

Institutional deaths

7. Where a person dies

(a) while detained in a correctional institution, such as a jail, penitentiary, guard room, remand centre, detention centre, youth facility, lock-up or any other place where a person is in custody;

(b) while an inmate or patient in treatment facilities or parts, or psychiatric divisions of treatment facilities or parts, or classes of treatment facilities designated under the *Mental Health Care and Treatment Act* ;

(c) while in the custody of a manager under the *Children and Youth Care and Protection Act* ; or

(d) while in the custody of a peace officer,

the person in charge of that institution or the person having the custody of that person shall immediately notify a medical examiner or an investigator.

Employment related deaths

8. Where a person dies as the result of

(a) a disease or ill-health;

(b) an injury sustained by the person; or

(c) a toxic substance introduced into the person,

probably caused by the person's employment or occupation or in the course of one or more of his or her former employments or occupations, the person attending the person shall immediately notify a medical examiner or an investigator.

Child Death Review Committee

13.1 (1) The Lieutenant-Governor in Council shall establish a Child Death Review Committee to review the facts and circumstances of deaths referred to in subsection 13.2(1) for the purpose of

(a) discovering and monitoring trends in those deaths; and

(b) determining whether further evaluation of those deaths is necessary or desirable in the public interest.

(2) The membership of the committee shall be determined by the Lieutenant-Governor in Council.

(3) The Lieutenant-Governor in Council shall appoint one member as chairperson and one member as vice-chairperson who shall act as chairperson where the chairperson is absent or unable to act.

(4) The chief medical examiner shall, by virtue of his or her office, be a member of the committee.

(5) A committee member shall be appointed for the term prescribed by the Lieutenant-Governor in Council, and notwithstanding the expiration of a committee member's term, that person shall continue to serve on the committee until reappointed or replaced.

(6) In the discretion of the chairperson of the committee, some or all of the members of the committee may perform a review.

(7) Notwithstanding subsection (6), where a committee member wishes to participate in a review he or she shall not be prohibited from doing so except where, in the opinion of the chairperson, that committee member is in a position of conflict or potential conflict with respect to the review.

(8) Notwithstanding subsection (6), all of the members of the committee shall meet at least annually.

(9) The committee may, with the prior approval of the minister, obtain assistance or retain expert services in the course of a review, and a person providing that assistance or whose services are retained shall be considered to be a member of the committee for the purpose of that review.

Review by committee

13.2 (1) The committee shall review the facts and circumstances of

(a) child deaths; and

(b) deaths referred to in paragraphs 6(1)(d) and (e)

where those deaths are required to be investigated by the medical examiner under subsection 10(1).

(2) The committee may review one or more deaths during a review.

(3) A review shall only begin after a medical examiner has completed his or her duties under section 10.

(4) For the purpose of conducting a review, the committee may use any information acquired by a medical examiner or investigator in the course of an investigation under this Act.

Report of committee

13.3 (1) After each review, the committee shall report to the minister

(a) its findings with respect to the facts and circumstances surrounding deaths that were the subject of the review; and

(b) the recommendations it may have respecting the prevention of similar deaths.

(2) The committee may base its report on an aggregate and multidisciplinary analysis of the deaths reviewed.

(3) In its report, the committee may

(a) identify systemic problems;

(b) promote prevention of deaths reviewed by it through education, protocol development and dissemination of information; and

(c) make recommendations to the minister respecting the protection of the health, safety and well-being of children and pregnant women generally.

(4) The committee shall not, in its report, make a finding of legal responsibility or express a conclusion of law.

(5) After a report has been submitted to the minister under this section, the committee shall submit all records relevant to the review to the Chief Medical Examiner.

Minister to provide copy

13.4 The minister shall as soon as practicable provide a copy of the report of the committee to the Child and Youth Advocate.

Recommendations to be made public

13.5 Within 60 days after the minister has received a report under section 13.3, the minister shall make public those recommendations of the report relating to

(a) relevant protocols, policies and procedures;

(b) standards and legislation;

(c) linkages and coordination of services; and

(d) improvements to services affecting children and pregnant women.

Northwest Territories, Coroners Act

(https://www.justice.gov.nt.ca/en/files/legislation/coroners/coroners.a.pdf)

Reporting of deaths, Duty to notify

8. (1) Every person shall immediately notify a coroner or a police officer of any death of which he or she has knowledge that occurs in the Northwest Territories, or as a result of events that occur in the Territories, where the death

(a) occurs as a result of apparent violence, accident, suicide or other apparent cause other than disease, sickness or old age;

(b) occurs as a result of apparent negligence, misconduct or malpractice;

(c) occurs suddenly and unexpectedly when the deceased was in apparent good health;

(d) occurs within 10 days after a medical procedure or while the deceased is under or recovering from anesthesia;

(e) occurs as a result of

(i) a disease or sickness incurred or contracted by the deceased,

(ii) an injury sustained by the deceased, or

(iii) an exposure of the deceased to a toxic substance, as result or in the course of any employment or occupation of the deceased;

(f) is a stillbirth that occurs without the presence of a medical practitioner;

(g) occurs while the deceased is detained or in custody involuntarily pursuant to law in a jail, lock-up, correctional facility, medical facility or other institution; or

(h) occurs while the deceased is detained by or in the custody of a police officer.

Nova Scotia, Fatality Investigations Act

(http://nslegislature.ca/legc/statutes/fatality%20investigations.pdf)

Duty to notify of death

9 A person having knowledge of or reason to believe that a person has died under one of the following circumstances shall immediately notify a medical examiner or an investigator:

(a) as a result of violence, accident or suicide;

(b) unexpectedly when the person was in good health;

(c) where the person was not under the care of a physician;

(d) where the cause of death is undetermined; or

(e) as the result of improper or suspected negligent treatment by a person. 2001, c. 31, s. 9.

Death in health-care facility

10(1) Where a person dies while in a health-care facility and there is reason to believe that

(a) the death occurred as the result of violence, suspected suicide or accident;

(b) the death occurred as a result of suspected misadven- ture, negligence or accident on the part of the attending physician or staff;

(c) the cause of death is undetermined;

(d) a stillbirth or a neonatal death has occurred where maternal injury has occurred or is suspected either before admission or during delivery; or

(e) the death occurred within ten days of an operative pro- cedure or under initial induction, anaesthesia or the recovery from anaesthesia from that operative procedure,

the person responsible for that facility shall immediately notify a medical examiner or an investigator.

(2) Where a person is declared dead on arrival or dies in the emer- gency department of a health-care facility as a result of a circumstance referred to in subsection (1), the person responsible for that facility shall immediately notify a medical examiner or an investigator.

Death in custody or detention

11(1) Where a person dies

(a) while detained or in custody in a correctional institu- tion such as a jail, penitentiary, guard room, remand centre, detention centre, youth facility, lock-up or any other place where a person is in custody or detention;

(b) while an inmate who is in a hospital or a facility as defined in the *Hospitals Act*;

(c) in an institution designated in the regulations;
(d) while in the custody of the Minister of Community Services pursuant to the *Children and Family Services Act*; or
(e) while detained by or in the custody of a peace officer or as a result of the use of force by a peace officer while on duty,
the person in charge of that institution or the person detaining or having the custody of the deceased person shall immediately notify a medical examiner or an investiga- tor.

(2) Where a person dies while committed to a facility or institu- tion set out in subsection (1) but while not on the premises or in actual custody, the person in charge of that facility or institution, jail or other place shall, immediately on receiving notice of the death, notify a medical examiner.

Death probably related to employment or occupation

12 Where a person dies as the result of
(a) a disease or ill health;
(b) an injury sustained by the person; or
(c) a toxic substance introduced into the person,
probably caused by or connected with the person's employment or occupation, the physician attending the deceased person at the time of that person's death shall immediately notify a medical examiner or an investigator.

Nunavut, Coroners Act (http://www.gov.nu.ca/coroners-act)

Reporting of deaths, Duty to notify

8. (1) Every person shall immediately notify a coroner or a police officer of any death of which he or she has knowledge that occurs in the Territories, or as a result of events that occur in the Territories, where the death
(a) occurs as a result of apparent violence, accident, suicide or other apparent cause other than disease, sickness or old age;
(b) occurs as a result of apparent negligence, misconduct or malpractice;
(c) occurs suddenly and unexpectedly when the deceased was in apparent good health;
(d) occurs within 10 days after a medical procedure or while the deceased is under or recovering from anesthesia;
(e) occurs as a result of
(i) a disease or sickness incurred or contracted by the deceased,
(ii) an injury sustained by the deceased, or
(iii) an exposure of the deceased to a toxic substance, as result or in the course of any employment or occupation of the deceased;
(f) is a stillbirth that occurs without the presence of a medical practitioner;
(g) occurs while the deceased is detained or in custody involuntarily pursuant to law in a jail, lock-up, correctional facility, medical facility or other institution; or
(h) occurs while the deceased is detained by or in the custody of a police officer.

Ontario, Coroners Act (https://www.ontario.ca/laws/statute/90c37)

Duty to give information

10. (1) Every person who has reason to believe that a deceased person died,

(a) as a result of,

(i) violence,

(ii) misadventure,

(iii) negligence,

(iv) misconduct, or

(v) malpractice;

(b) by unfair means;

(c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable thereto;

(d) suddenly and unexpectedly;

(e) from disease or sickness for which he or she was not treated by a legally qualified medical practitioner;

(f) from any cause other than disease; or

(g) under such circumstances as may require investigation,

shall immediately notify a coroner or a police officer of the facts and circumstances relating to the death, and where a police officer is notified he or she shall in turn immediately notify the coroner of such facts and circumstances.

Deaths to be reported

(2) Where a person dies while resident or an in-patient in,

(a) REPEALED: 2007, c. 8, s. 201 (1).

(b) a children's residence under Part IX (Licensing) of the Child and Family Services Act or premises approved under subsection 9 (1) of Part I (Flexible Services) of that Act;

(c) REPEALED: 1994, c. 27, s. 136 (1).

(d) a supported group living residence or an intensive support residence under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008;

(e) a psychiatric facility designated under the Mental Health Act;

(f) REPEALED: 2009, c. 33, Sched. 18, s. 6.

(g) REPEALED: 1994, c. 27, s. 136 (1).

(h) a public or private hospital to which the person was transferred from a facility, institution or home referred to in clauses (a) to (g),

the person in charge of the hospital, facility, institution, residence or home shall immediately give notice of the death to a coroner, and the coroner shall investigate the circumstances of the death and, if as a result of the investigation he or she is of the opinion that an inquest ought to be held, the coroner shall hold an inquest upon the body.

Deaths in long-term care homes

(2.1) Where a person dies while resident in a long-term care home to which the Long-Term Care Homes Act, 2007 applies, the person in charge of the home shall immediately give notice of the

death to a coroner and, if the coroner is of the opinion that the death ought to be investigated, he or she shall investigate the circumstances of the death and if, as a result of the investigation, he or she is of the opinion that an inquest ought to be held, the coroner shall hold an inquest upon the body.

Deaths off premises of psychiatric facilities, correctional institutions, youth custody facilities

(3) Where a person dies while,

(a) a patient of a psychiatric facility;

(b) committed to a correctional institution;

(c) committed to a place of temporary detention under the *Youth Criminal Justice Act* (Canada); or

(d) committed to secure or open custody under section 24.1 of the *Young Offenders Act* (Canada), whether in accordance with section 88 of the *Youth Criminal Justice Act* (Canada) or otherwise,

but while not on the premises or in actual custody of the facility, institution or place, as the case may be, subsection (2) applies as if the person were a resident of an institution named in subsection (2).

Death on premises of detention facility or lock-up

(4) Where a person dies while detained in and on the premises of a detention facility established under section 16.1 of the *Police Services Act* or a lock-up, the officer in charge of the facility or lock-up shall immediately give notice of the death to a coroner and the coroner shall hold an inquest upon the body.

Death on premises of place of temporary detention

(4.1) Where a person dies while committed to and on the premises of a place of temporary detention under the *Youth Criminal Justice Act* (Canada), the officer in charge of the place shall immediately give notice of the death to a coroner and the coroner shall hold an inquest upon the body.

Death on premises of place of secure custody

(4.2) Where a person dies while committed to and on the premises of a place or facility designated as a place of secure custody under section 24.1 of the *Young Offenders Act* (Canada), whether in accordance with section 88 of the *Youth Criminal Justice Act* (Canada) or otherwise, the officer in charge of the place or facility shall immediately give notice of the death to a coroner and the coroner shall hold an inquest upon the body.

Death on premises of correctional institution

(4.3) Where a person dies while committed to and on the premises of a correctional institution, the officer in charge of the institution shall immediately give notice of the death to a coroner and the coroner shall investigate the circumstances of the death and shall hold an inquest upon the body if

as a result of the investigation he or she is of the opinion that the person may not have died of natural causes.

Death in custody off premises of correctional institution

(4.5) Where a person dies while committed to a correctional institution, while off the premises of the institution and while in the actual custody of a person employed at the institution, the officer in charge of the institution shall immediately give notice of the death to a coroner and the coroner shall investigate the circumstances of the death and shall hold an inquest upon the body if as a result of the investigation he or she is of the opinion that the person may not have died of natural causes.

Other deaths in custody

(4.6) If a person dies while detained by or in the actual custody of a peace officer and subsections (4), (4.1), (4.2), (4.3) and (4.5) do not apply, the peace officer shall immediately give notice of the death to a coroner and the coroner shall hold an inquest upon the body.

Death while restrained on premises of psychiatric facility, etc.

(4.7) Where a person dies while being restrained and while detained in and on the premises of a psychiatric facility within the meaning of the *Mental Health Act* or a hospital within the meaning of Part XX.1 (Mental Disorder) of the Criminal Code (Canada), the officer in charge of the psychiatric facility or the person in charge of the hospital, as the case may be, shall immediately give notice of the death to a coroner and the coroner shall hold an inquest upon the body.

Death while restrained in secure treatment program

(4.8) Where a person dies while being restrained and while committed or admitted to a secure treatment program within the meaning of Part VI of the Child and Family Services Act, the person in charge of the program shall immediately give notice of the death to a coroner and the coroner shall hold an inquest upon the body.

Notice of death resulting from accident at or in construction project, mining plant or mine

(5) Where a worker dies as a result of an accident occurring in the course of the worker's employment at or in a construction project, mining plant or mine, including a pit or quarry, the person in charge of such project, mining plant or mine shall immediately give notice of the death to a coroner and the coroner shall hold an inquest upon the body.

Inquest mandatory

22.1 A coroner shall hold an inquest under this Act into the death of a child upon learning that the child died in the circumstances described in clauses 72.2 (a), (b) and (c) of the *Child and Family Services Act*.

Prince Edward Island, Coroners Act (http://www.gov.pe.ca/law/statutes/pdf/c-25_1.pdf)

Duty to report death to coroner

5.(1) Where a death has occurred in the province, or as a result of events that occurred in the province, every person shall immediately report the death to a coroner or a police officer, if the person has reason to believe that the death

(a) occurred as a result of violence, accident, suicide or other cause other than disease, sickness or old age;

(b) occurred as a result of negligence, misconduct or malpractice;

(c) occurred suddenly and unexpectedly when the deceased had been in apparent good health;

(d) occurred under circumstances in which the body is not available because the body or part of the body

(i) has been destroyed,

(ii) is in a place from which it cannot be recovered, or

(iii) cannot be located;

(e) occurred within 10 days after a surgical procedure or while the deceased was under or recovering from anaesthesia;

(f) occurred as a direct or immediate consequence of the deceased being engaged in employment, an occupation or a business;

(g) was a stillbirth that occurred without the presence of a duly qualified medical practitioner;

(h) occurred while the deceased was detained or in custody involuntarily pursuant to law in a jail, lock-up, correctional facility, medical facility or other institution;

(i) occurred while the deceased was detained by or in the custody of a police officer;

(j) occurred while the deceased was under the care, custody or supervision of the Director of Child Protection; or

(k) occurred in circumstances that require investigation.

Quebec, Coroners Act

(http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/C_68/C68_A.html)

Information to Coroner

9. Whosoever knows or learns that a person died suddenly or violently or from negligent or culpable conduct of some other person, or from causes unknown or of a suspicious nature or which do not appear to be natural, shall forthwith so inform the coroner of the district where the body was found.

10. When a person dies while confined in a penitentiary, house of detention, or in an institution for the mentally ill, it shall be the duty of the warden, gaoler, superintendent or person in charge of such institution, to notify the coroner immediately, detailing the circumstances connected with such death.

Saskatchewan, Coroners Act (http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/C38-01.pdf)

Duty to Notify Coroner of a Death, General duty to notify coroner

7(1) Every person shall immediately notify a coroner or a peace officer of any death that the person knows or has reason to believe:

(a) occurred as a result of an accident or violence or was self-inflicted;
(b) occurred from a cause other than disease or sickness;
(c) occurred as a result of negligence, misconduct or malpractice on the part of others;
(d) occurred suddenly and unexpectedly when the deceased appeared to be in good health;
(e) occurred in Saskatchewan under circumstances in which the body is not available because:
(i) the body or part of the body has been destroyed;
(ii) the body is in a place from which it cannot be recovered; or
(iii) the body cannot be located;
(f) was a stillbirth that occurred without the presence of a duly qualified medical practitioner;
(g) occurred as a direct or immediate consequence of the deceased being engaged in employment, an occupation or a business; or
(h) occurred under circumstances that require investigation.

(2) Every peace officer who is notified of a death pursuant to subsection (1) shall immediately notify a coroner of the death.

Duty of institutions to notify coroner

8(1) Where an inmate of a jail, military guardroom, remand centre, penitentiary, lock-up or place where the person is held under a warrant of a judge or a correctional facility as defined in *The Correctional Services Act*, 2012 dies, the person in charge of that place shall immediately notify a coroner of the death.

(2) Where a person dies while in a custody facility as defined in *The Youth Justice Administration Act*, the person in charge of that facility shall immediately notify a coroner of the death.

(3) Where a minor dies while a resident of a foster home, group home or place of safety within the meaning of *The Child and Family Services Act*, the person in charge of that place shall immediately notify a coroner of the death.

(4) Where an involuntary patient admitted pursuant to section 23 or 24, or detained pursuant to section 24.1, of *The Mental Health Services Act* to an inpatient facility within the meaning of that Act dies, the person in charge of that facility shall immediately notify a coroner of the death.

(5) The duty mentioned in this section applies whether or not:

(a) the person died on the premises or in actual custody; or
(b) the person was an inmate, resident or patient at the time of death if the death was caused at that place.

(6) Where a person dies while in a hospital to which the person was transferred from a place mentioned in this section, the person in charge of the hospital shall immediately notify the coroner of the death.

Duty of police to notify coroner

9 Where a person dies as a result of an act or omission of a peace officer in the course of duty or while detained by or in the custody of a peace officer, the peace officer shall immediately notify a coroner of the death.

Duty of social workers to notify coroner

10 Where a minor dies while under the care, custody or supervision of the Minister of Community Resources and Employment, officers or employees of the Department of Community Resources and Employment or its designates or an agency that has entered into an agreement with the Minister of Community Resources and Employment pursuant to section 61 of *The Child and Family Services Act*, an officer or employee of the Department of Community Resources and Employment, its designate or the agency who has knowledge of the death shall immediately notify a coroner of the death.

Yukon, Coroners Act (http://www.gov.yk.ca/legislation/acts/coroners.pdf)

Duty to notify coroner of death

5 A medical practitioner, undertaker, embalmer, peace officer or any person residing in the house in which the deceased resided immediately before death or any other person who has reason to believe that a deceased person died as a result of violence, misadventure or unfair means, from any cause other than disease or sickness, as a result of negligence, misconduct or malpractice on the part of others or under any other circumstances that require investigation shall immediately notify the coroner who ordinarily has jurisdiction in the locality in which the body of the deceased person is found, of the circumstances relating to the death.

Appendix C. Process for Child Deaths as Stipulated by Provincial and Territorial Child and Youth Advocate Acts

Alberta, Child and Youth Advocate Act (http://www.qp.alberta.ca/documents/Acts/c11p5.pdf)

Definitions

(1) In this Act,

(e) "designated service" means

(i) a service under the Child, Youth and Family Enhancement Act, other than an adoption service under Part 2 of that Act,

(ii) a service under the Protection of Sexually Exploited Children Act, or

(iii) a service provided to children in the youth criminal justice system;

Role and functions of Advocate

9(2) In carrying out the role of the Advocate under subsection (1), the Advocate may

(d) if, in the opinion of the Advocate, the investigation is warranted or in the public interest, investigate systemic issues arising from

(ii) a serious injury to or the death of a child who at the time of the injury or death was receiving a designated service referred to in section 1(e)(ii) or (iii),

(iii) the death of a child who at the time of the death was receiving a designated service referred to in section 1(e)(i), or

(iv) the death of a child who at any time during the 2-year period immediately preceding the death received a designated service referred to in section 1(e)(i)

Duty to report

12(1) When a child is seriously injured or dies while receiving a designated service, the public body responsible for the provision of the designated service shall report the incident to the Advocate as soon as practicable.

Powers relating to investigations

14 In conducting an investigation under section 9(2)(d), the Advocate has all the powers, privileges and immunities of a commissioner under the Public Inquiries Act.

Report after investigation

15(1) Where the Advocate conducts an investigation under section 9(2)(d), the Advocate must, after completing the investigation, make a report

(a) containing recommendations for any public body or other person as the Advocate considers appropriate, and

(b) addressing any other matters the Advocate considers appropriate.

(2) The findings of the Advocate shall not contain any findings of legal responsibility or any conclusions of law.

(3) A report made under subsection (1) must not disclose the name of, or any identifying information about, the child to whom the investigation relates or a parent or guardian of the child.

(4) The Advocate must provide a copy of a report made under subsection (1) to a public body that is directly or indirectly a subject of the investigation.

(5) The Advocate must make a report made under subsection (1) available to the public at a time and in a form and manner that the Advocate considers appropriate.

British Columbia, Representative for Children and Youth Act

(http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_06029_01#section11)

Definitions

1 In this Act:

"designated services" means any of the following services or programs for children and their families provided under an enactment or provided or funded by the government:

(a) services or programs under the Adoption Act, the Child Care BC Act, the Child Care Subsidy Act, the Child, Family and Community Service Act, the Community Living Authority Act and the Youth Justice Act;

(b) early childhood development and child care services;

(c) mental health services for children;

(d) addiction services for children;

(e) services for youth and young adults during their transition to adulthood;

(f) additional services or programs that are prescribed under section 29 (2) (a);

"reviewable services" means any of the following designated services:

(a) services or programs under the Child, Family and Community Service Act and the Youth Justice Act;

(b) mental health services for children;

(b.1) addiction services for children;

(c) additional designated services that are prescribed under section 29 (2) (b)

Functions of representative

6 (1) The representative is responsible for performing the following functions in accordance with this Act:

(c) review, investigate and report on the critical injuries and deaths of children as set out in Part 4;

Part 4 — Reviews and Investigations of Critical Injuries and Deaths
Reviews of critical injuries and deaths

11 (1) After a public body responsible for the provision of a reviewable service becomes aware of a critical injury or death of a child who was receiving, or whose family was receiving, the reviewable service at the time of, or in the year previous to, the critical injury or death, the public body must provide information respecting the critical injury or death to the representative for a review under subsection (3).

(2) For the purposes of subsection (1), the public body may compile the information relating to one or more critical injuries or deaths and provide that information to the representative in time intervals agreed to between the public body and the representative.

(3) The representative may conduct a review for the following purposes:

(a) to determine whether to investigate a critical injury or death under section 12;

(b) to identify and analyze recurring circumstances or trends

(i) to improve the effectiveness and responsiveness of a reviewable service, or

(ii) to inform improvements to broader public policy initiatives.

(4) If, after completion of a review under subsection (3), the representative decides not to conduct an investigation under section 12, the representative may disclose the results of the review to the public body, or the director, responsible for the provision of the reviewable service that is the subject of the review.

Investigations of critical injuries and deaths

12 (1) The representative may investigate the critical injury or death of a child if, after the completion of a review of the critical injury or death of the child under section 11, the representative determines that

(a) a reviewable service, or the policies or practices of a public body or director, may have contributed to the critical injury or death, and

(b) the critical injury or death

(i) was, or may have been, due to one or more of the circumstances set out in section 13 (1) of the Child, Family and Community Service Act,

(ii) occurred, in the opinion of the representative, in unusual or suspicious circumstances, or

(iii) was, or may have been, self-inflicted or inflicted by another person.

(2) The standing committee may refer to the representative for investigation the critical injury or death of a child.

(3) After receiving a referral under subsection (2), the representative

(a) may investigate the critical injury or death of the child, and

(b) if the representative decides not to investigate, must provide to the standing committee a report of the reasons the representative did not investigate.

(4) If the representative decides to investigate the critical injury or death of a child under this section, the representative must notify

(a) the public body, or the director, responsible for the provision of the reviewable service, or for the policies or practices, that may have contributed to the critical injury or death, and

(b) any other person the representative considers appropriate to notify in the circumstances.

Jurisdiction of representative in investigations

13 Despite section 12, this Act does not authorize the representative to investigate the critical injury or death of a child

(a) until the completion of a criminal investigation and criminal court proceedings respecting the critical injury or death of the child,

(b) if a coroner investigates the death of the child, until the earlier of

(i) the date on which a coroner has

(A) reported to the chief coroner under section 15 or 16 of the Coroners Act, and

(B) the chief coroner indicates to the coroner, under section 44 (1) (b) of the Coroners Act, that the chief coroner has no further directions in respect of the death,

(ii) the date on which a coroner sends, under section 22 (2) of the Coroners Act, notice of an inquest to a sheriff, directing the sheriff to summon a jury for that purpose, and

(iii) one year after the death, and

(c) if a public body, or a director, responsible for the provision of a reviewable service has, at the time of the critical injury or death of the child, written procedures in place for investigating critical injuries or deaths and the public body or director investigates the critical injury or death of the child, until the earliest of

(i) the completion of the investigation,

(ii) one year after the critical injury or death of the child, and

(iii) the date the public body or director provides the representative with a written consent to investigate the critical injury or death of the child.

Power to compel persons to answer questions and order disclosure

14 (1) For the purposes of an investigation under this Part, the representative may make an order requiring a person to do either or both of the following:

(a) attend, in person or by electronic means, before the representative to answer questions on oath or affirmation, or in any other manner;

(b) produce for the representative a record or thing in the person's possession or control.

(2) The representative may apply to the Supreme Court for an order

(a) directing a person to comply with an order made under subsection (1), or

(b) directing any officers and governing members of a person to cause the person to comply with an order made under subsection (1).

Contempt proceeding for uncooperative person

14.1 The failure or refusal of a person subject to an order under section 14 to do any of the following makes the person, on application to the Supreme Court by the representative, liable to be committed for contempt as if in breach of an order or judgment of the Supreme Court:

(a) attend before the representative;

(b) take an oath or make an affirmation;

(c) answer questions;

(d) produce records or things in the person's possession or control.

Multidisciplinary team

15 In accordance with the regulations, the representative may establish and appoint the members of a multidisciplinary team to provide advice and guidance to the representative respecting the reviews and investigations of critical injuries and deaths of children conducted under this Part.

Consultation, disclosure and recommendations

15.1 (1) At any time during or after an investigation under section 12, the representative may consult with a public body, director or person the representative considers appropriate in relation to the critical injury or death of the child.

(2) If during an investigation under section 12 the representative receives a request for consultation from a public body or director, the representative must consult with the public body or director in relation to the critical injury or death of the child.

(3) If consulting with a public body, director or person under this section, the representative may

(a) disclose to the public body, director or person the personal information the representative considers necessary and appropriate, and

(b) make recommendations to the public body or director, or to another public body or director, to improve the effectiveness and responsiveness of a reviewable service.

Reports after reviews and investigations

16 (1) The representative may aggregate and analyze the information received from the reviews and investigations conducted under sections 11 and 12 and produce a report of the aggregated and analyzed information that does not contain information in individually identifiable form.

(2) The representative must provide a report made under subsection (1) to the following:

(a) the standing committee;

(b) the public body, or the director, responsible for the provision of a reviewable service that is a subject of the report;

(c) any other public body, director or person that the representative considers appropriate.

(3) After an investigation of the critical injury or death of a child under section 12, the representative must make a report on the individual critical injury or death of the child.

(4) A report made under subsection (3) must contain the representative's reasons for undertaking the investigation and may contain the following:

(a) recommendations for

(i) the public body, or the director, responsible for the provision of a reviewable service that is a subject of the report, or

(ii) any other public body, director or person that the representative considers appropriate;

(b) personal information, if, in the opinion of the representative,

(i) the disclosure is necessary to support the findings and recommendations contained in the report, and

(ii) the public interest in the disclosure outweighs the privacy interests of the individual whose personal information is disclosed in the report;

(c) any other matters the representative considers relevant.

(5) A report made under subsection (3) may be provided to any person that the representative considers appropriate and must be provided to

(a) the standing committee,

(b) the public body, or the director, responsible for the provision of a reviewable service that is a subject of the report, and

(c) the public body, or the director, that is a subject of recommendations in the report, if not already provided the report under paragraph (b).

Manitoba, The Children's Advocate Act (https://web2.gov.mb.ca/bills/40-4/b025e.php)

Review of services after death of child

22(1) After the death of a child who was in the care of, or received services from, an agency within one year before the death, or whose parent or guardian received services from an agency within one year before the death, the children's advocate

(a) must review the standards and quality of care and services provided under The Child and Family Services Act to the child or to the child's parent or guardian and any circumstances surrounding the death that relate to the standards or quality of the care and services;

(b) may review the standards and quality of any other publicly funded social services that were provided to the child or, in the opinion of the children's advocate, should have been provided;

(c) may review the standards and quality of any publicly funded mental health or addiction treatment services that were provided to the child or, in the opinion of the children's advocate, should have been provided; and

(d) may recommend changes to the standards, policies or practices relating to the services mentioned in clauses (a) to (c) if, in the opinion of the children's advocate, those changes are designed to enhance the safety and well-being of children and reduce the likelihood of a death occurring in similar circumstances.

Purpose of review

22(2) The purpose of the review is to identify ways in which the services under review may be improved to enhance the safety and well-being of children and to prevent deaths in similar circumstances.

Pending criminal investigation into child's death

22(3) If a criminal investigation is pending into a child's death, the children's advocate must, before proceeding with the review, contact the law enforcement agency in charge of the investigation to determine whether the review may jeopardize the criminal investigation.

Information from chief medical examiner

22(4) The information provided to the children's advocate by the chief medical examiner under subsection 10(2) of The Fatality Inquiries Act may be used for the purpose of the review and report under this section, but the information must not be disclosed except as necessary to support the findings and recommendations made by the children's advocate in that report, or in accordance with subsection (7).

Report of findings and recommendations

22(5) Upon completing the review, the children's advocate must prepare a written report of his or her findings and recommendations and provide a copy to the following:

(a) the minister;

(b) the Ombudsman;

(c) the chief medical examiner under The Fatality Inquiries Act;

(d) the director;

(e) an agency referred to in subsection (1);

(f) the mandating authority of an agency referred to in clause (e).

Children's advocate not to determine culpability

22(6) The report must not express an opinion on, or make a determination with respect to, culpability in such a manner that a person is or could be identified as a culpable party in relation to the death of the child.

Report is confidential

22(7) The report is confidential and must not be disclosed except as required by subsection (5). But the children's advocate may disclose information from the report in a special report or annual report, in accordance with section 35.

Independent review in case of conflict

22(8) If services provided by the children's advocate come within the scope of a review under this section, the children's advocate must arrange for that part of the review to be conducted and reported on by an independent person qualified to conduct that review. Subsections (5) to (7) and section 16.1 of The Ombudsman Act apply with necessary changes to that report.

No effect on Fatality Inquiries Act

22(9) Nothing in this section limits the power or responsibility of any person under The Fatality Inquiries Act.

New Brunswick, Child and Youth Advocate Act (http://www.gnb.ca/legis/bill/file/56/1/bill-74-e.htm)

*No mention is made of child deaths, but the following are the listed powers and duties of the Advocate.

Powers and duties of the Advocate

13(1) In carrying out the functions and duties of the office of Advocate, the Advocate may do any of the following on petition to the Advocate or on his or her own initiative:

(a) receive and review a matter relating to a child, youth or group of children or youths;

(b) advocate, mediate or use another dispute resolution process on behalf of a child, youth or group of children or youths;

(c) if advocacy, mediation or other dispute resolution process has not resulted in an outcome the Advocate considers satisfactory, conduct an investigation on behalf of the child, youth or group of children or youths;

(d) initiate and participate in, or assist a child or youth to initiate and participate in, a case conference, administrative review, mediation or other process in which decisions are made about the provision of services;

(e) inform the public about the needs and rights of children and youths, including information about the Office of the Child and Youth Advocate; and

(f) make recommendations to the government or an authority about legislation, policies and practices respecting services to or the rights of children and youths.

Newfoundland, Child and Youth Advocate Act

(http://www.assembly.nl.ca/legislation/sr/statutes/c12-01.htm)

Powers and duties of the advocate

15. (1) In carrying out the duties of his or her office, the advocate may

(a) receive, review and investigate a matter relating to a child or youth or a group of them, whether or not a request or complaint is made to the advocate;

(b) advocate or mediate or use another dispute resolution process on behalf of a child, youth or a group of them, whether or not a request or complaint is made to the advocate;

(c) where advocacy or mediation or another dispute resolution process has not resulted in an outcome the advocate believes is satisfactory, conduct an investigation on behalf of the child or youth or a group of them, whether or not a request or complaint is made to the advocate;

(d) initiate and participate in, or assist children and youth to initiate and participate in, case conferences, administrative reviews, mediations, or other processes in which decisions are made about the provision of services;

(e) meet with and interview children and youth;

(f) inform the public about the needs and rights of children and youth including about the office of the advocate; and

(g) make recommendations to the government, an agency of the government or communities about legislation, policies and practices respecting services to or the rights of children and youth.

Restriction on jurisdiction

15.1 Nothing in this Act authorizes the advocate to investigate

(d) a matter which is the subject of a review by the Child Death Review Committee under the authority of section 13.2 of the Fatalities Investigations Act; or

(e) a matter which is the subject of a public inquiry under the authority of section 26 of the Fatalities Investigations Act until that public inquiry has been completed.

Northwest Territories

The Northwest Territories does not have Child and Youth Advocate.

Nova Scotia, Child and Youth Advocate Act

(http://nslegislature.ca/legc/bills/61st_4th/1st_read/b080.htm)

*No mention is made of child deaths, but the Act does state:

11 The Child and Youth Advocate shall exercise both advocacy and investigative functions.

Nunavut, Representative for Children and Youth Act

(http://rcynu.ca/sites/rcynu.ca/files/RCY%20Act%20English.pdf)

Powers

4. (1) In addition to any other powers under this or any other Act, the Representative for the purpose of performing his or her duties may

(b) review any matter related to the death or critical injury of any child or youth;

Death or Critical Injury of a Child or Youth

Duty of Director of Child and Family Services to report death or critical injury

19. (1) The Director of Child and Family Services appointed under the Child and Family Services Act shall report to the Representative the death or critical injury of a child or youth if, at the time of the death or injury or within one year before the death or injury,

(a) the child or youth was in the temporary or permanent custody of, or was receiving services from, the Director;

(b) a parent having care of the child or youth was receiving services from the Director; or

(c) an individual having care of the child or youth was receiving services from the Director.

Time of report

(2) The Director shall make a report required by subsection (1) as soon as is reasonably possible after learning of the death or injury of the child or youth and of the existence of a circumstance set out in paragraph (1)(a), (b) or (c).

Duty of coroner to report death

20. A coroner shall report the death of a child or youth to the Representative as soon as is reasonably possible after learning of the death if it is reportable under section 8 of the Coroners Act.

Duty of coroner to provide information

21. A coroner who conducts an investigation of the death of a child or youth under the Coroners Act shall, as soon as is reasonably possible, inform a parent of the child or youth, or a person having care of the child or youth at the time of the death, of the existence and role of the Representative and how the Representative may be contacted.

Annual report

35. (1) The Representative shall, within six months after the end of each fiscal year, prepare and submit to the Speaker of the Legislative Assembly an annual report on the conduct of the office and the discharge of the duties of the Representative during the preceding year, including

(c) summaries or descriptions of any reviews related to a child or youth or a group of children or youth, or to the death or critical injury of a child or youth, and any advice or recommendations resulting from the reviews;

Ontario, Provincial Advocate for Children and Youth Act

(https://www.ontario.ca/laws/statute/07p09)

Matters excluded from investigation

16.4 (1) The Advocate is prohibited from investigating any of the following matters:

1. Subject to subsection (2), child deaths that fall within the jurisdiction of the Office of the Chief Coroner or of any committees that report to the Office of Chief Coroner.

Note: On June 10, 2016, the Act is amended by adding the following section:

Death or serious bodily harm

18.1 (1) An agency or service provider, as the case may be, shall inform the Advocate in writing and without unreasonable delay after it becomes aware of the death of or serious bodily harm incurred by a child or youth, where the child or youth, or the child or youth's family, has sought or received a children's aid society service within 12 months of the death or incurrence of harm.

Provision of information to the Advocate

(2) Information provided to the Advocate under subsection (1) shall include a summary of the circumstances surrounding the death or serious bodily harm.

Duty to report under the Child and Family Services Act

(3) Nothing in this section affects the duty to report a suspicion under section 72 of the Child and Family Services Act.

Provision of information to parents

(4) An agency or service provider, as the case may be, shall inform the parents of a child that has died or suffered serious bodily harm in the circumstances described in subsection (1) about the Advocate and shall provide the parents with contact information for the Advocate.

Provision of information to a child

(5) An agency or service provider, as the case may be, shall inform a child that has suffered serious bodily harm in the circumstances described in subsection (1) about the Advocate and shall provide the child with contact information for the Advocate.

Prince Edward Island

Prince Edward Island does not currently have a Child and Youth Advocate. The Opposition Government has been calling for one in recent months.

Saskatchewan, The Advocate for Children and Youth Act

(http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/a5-4.pdf)

*No mention is made of child deaths, but the following are the listed powers and duties of the Advocate.

Powers and duties of Advocate

14(1) The Advocate has the power to do all things necessary to perform the duties given to the Advocate pursuant to this Act.

(2) The Advocate shall:

(a) become involved in public education and advocacy respecting the interests and well-being of children and youths;

(b) receive and investigate any matter that comes to his or her attention from any source concerning:

(i) a child or youth who receives services from any ministry, agency of the government or publicly-funded health entity;

(ii) a group of children or youths who receive services from any ministry, agency of the government or publicly-funded health entity; and

(iii) services to a child, group of children, youth or group of youths by any ministry, agency of the government or publicly-funded health entity;

(c) if appropriate, try to resolve those matters mentioned in clause (b) through the use of negotiation, conciliation, mediation or other non-adversarial approaches; and

(d) if appropriate, make recommendations on any matter mentioned in clause (b).

(3) The Advocate may:

(a) conduct or contract for research to improve the rights, interests and well-being of children or youths;

(b) advise or make recommendations to any minister responsible for services to children or youths on any matter relating to the interests and well-being of children or youths who receive services from any ministry, agency of the government or publicly-funded health entity.

Yukon, Child and Youth Advocate Act (http://www.gov.yk.ca/legislation/acts/chyoad_c.pdf)

Definitions

1 In this Act

"designated services" means programs or services for children or youth provided

(a) directly by a department, including schools under the jurisdiction of the Minister of Education,

(b) as part of a school by a school board established under the Education Act, and

(c) by a First Nation service authority designated under section 169 [designation of First Nation service authority] of the Child and Family Services Act following the coming into force of that section

Referral by Legislative Assembly or Minister

15(1) The Legislative Assembly or a Minister may refer to the Advocate for review and report any matter relating to the provision of designated services that involves the interests and well-being of children and youth, which may include a review of critical injuries, a death or other specific incident concerning a child or youth in the care or custody of the government or a First Nation service authority.

(2) The Advocate must conduct a review and make a report under subsection (1) in accordance with the terms of reference established for the review by the Legislative Assembly or the Minister.

Province of Alberta

PROTECTION AGAINST FAMILY VIOLENCE ACT

Revised Statutes of Alberta 2000
Chapter P-27

Current as of November 1, 2013

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Amendments Not in Force

This consolidation incorporates only those amendments in force on the consolidation date shown on the cover. It does not include the following amendments:

2013 cC-12.5 s19 adds heading after s1, amends ss12(a) and (b), 13 and 14, adds ss17 to 23.

Regulations

The following is a list of the regulations made under the *Protection Against Family Violence Act* that are filed as Alberta Regulations under the Regulations Act

	Alta. Reg.	*Amendments*
Protection Against Family Violence Act		
Protection Against Family Violence	80/99	*206/2001, 354/2003, 192/2006, 68/2008, 55/2009, 134/2011, 31/2012, 14/2016*

PROTECTION AGAINST FAMILY VIOLENCE ACT

Chapter P-27

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Preamble

WHEREAS the Government of Alberta recognizes and values the family as the basic unit of society;

WHEREAS the Government of Alberta is committed to the prevention of family violence;

WHEREAS the Government of Alberta is committed to protecting victims of family violence from further violence;

WHEREAS an effective response to family violence provides an immediate period of safety to victims of family violence;

WHEREAS the Government of Alberta is committed to holding family members who are violent towards other family members accountable for their actions and the consequences of their actions; and

WHEREAS the Government of Alberta is committed to breaking the cycle of family violence by preventing and deterring further violence;

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1(1) In this Act,

(a) "claimant" means a family member for whom a protection order is sought or granted;

(a.1) "Committee" means the Family Violence Death Review Committee established under section 15;

(a.2) "custodian" means a custodian as defined in the *Health Information Act*;

(a.3) "Department" means the department of the Government of Alberta that is administered by the Minister;

(b) repealed 2011 c4 s2;

(c) "emergency protection order" means an order granted under section 2;

(d) "family members" means

(i) persons who are or have been married to one another, who are or have been adult interdependent partners of one another or who are residing or have resided together in an intimate relationship,

(ii) persons who are the parents of one or more children, regardless of their marital status or whether they have lived together at any time,

(iii) persons who are related to each other by blood, marriage or adoption or by virtue of an adult interdependent relationship,

(iv) any children in the care and custody of a person referred to in subclauses (i) to (iii), or

(v) persons who reside together where one of the persons has care and custody over the other pursuant to an order of the court;

(e) "family violence" includes

(i) any intentional or reckless act or omission that causes injury or property damage and that intimidates or harms a family member,

(ii) any act or threatened act that intimidates a family member by creating a reasonable fear of property damage or injury to a family member,

(iii) forced confinement,

(iv) sexual abuse, and

(v) stalking,

but is not to be construed so as to limit a parent or a person standing in the place of a parent from using force by way of correction toward a child who is under the care of the parent or person if the force does not exceed what is reasonable under the circumstances;

(f) "judge" means a justice of the Court of Queen's Bench, a judge of the Provincial Court or a justice of the peace;

(f.1) "health information" means health information as defined in the *Health Information Act*;

(f.2) "Minister" means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;

(f.3) "personal information" means personal information as defined in the *Freedom of Information and Protection of Privacy Act*;

(g) "protection order" means an emergency protection order and a Queen's Bench protection order;

(g.1) "public body" means a public body as defined in the *Freedom of Information and Protection of Privacy Act*;

(h) "Queen's Bench protection order" means an order granted under section 4;

(h.1) "record" means

(i) a record as defined in the *Freedom of Information and Protection of Privacy Act*, and

(ii) a record as defined in the *Health Information Act*;

(i) "residence" means a place where a claimant normally or temporarily resides, and includes a place that a claimant has vacated due to family violence;

(j) "respondent" means a family member against whom a protection order is sought or granted;

(j.1) "review" means a review under section 16(a);

(k) "sexual abuse" means sexual contact of any kind that is coerced by force or threat of force;

(k.1) "stalking" means repeated conduct by a person, without lawful excuse or authority, that the person knows or reasonably ought to know constitutes harassment of a family member and causes a family member to fear for a family member's personal safety;

(l) "weapon" means a weapon as defined in the *Criminal Code* (Canada).

(2) For the purposes of subsection (1)(k.1), "conduct" includes

(a) following a family member or anyone known to the family member from place to place,

(b) communicating directly or indirectly with or contacting a family member or anyone known to the family member,

(c) being present at or watching any place where a family member, or anyone known to the family member, resides, works, carries on business or is present or likely to be present,

(d) engaging in threatening conduct directed at a family member or anyone known to the family member, and

(e) any other behaviour that a judge considers to be stalking.

RSA 2000 cP-27 s1;2002 cA-4.5 s65;2006 c8 s4;2011 c4 s2;2013 cC-12.5 s19

Emergency protection order

2(1) An order under this section may be granted by a judge of the Provincial Court or a justice of the peace, on application without notice to the respondent, if the judge or justice of the peace determines

(a) that family violence has occurred,

(a.1) that the claimant has reason to believe that the respondent will continue or resume carrying out family violence, and

(b) that, by reason of seriousness or urgency, the order should be granted to provide for the immediate protection of the claimant and other family members who reside with the claimant.

(2) In determining whether an order should be granted, the judge of the Provincial Court or justice of the peace must consider, but is not limited to considering, the following:

(a) repealed 2006 c8 s5;

(b) the history of family violence by the respondent toward the claimant and other family members;

(b.1) whether there is or has been controlling behaviour by the respondent towards the claimant or other family members;

(b.2) whether the family violence is repetitive or escalating;

(c) the existence of any immediate danger to persons or property;

(c.1) the vulnerability of elderly claimants;

(c.2) the effect of exposure to family violence on any child of the claimant or on any child who is in the care and custody of the claimant;

(d) the best interests of the claimant and any child of the claimant or any child who is in the care and custody of the claimant;

(e) the claimant's need for a safe environment to arrange for longer-term protection from family violence.

(2.1) Without excluding any other circumstance, in determining whether an order under this section should be granted, by a judge of the Provincial Court or a justice of the peace, the following circumstances should not preclude the granting of an order:

(a) that an emergency protection order, Queen's Bench protection order, restraining order or order of any Court ordering the respondent not to contact or communicate with the claimant has been granted previously;

(b) that the respondent has previously complied with an emergency protection order, Queen's Bench protection order, restraining order or order of any Court ordering the respondent not to contact or communicate with the claimant;

(c) that the respondent is temporarily absent from the residence at the time of application for an order;

(d) that the claimant is temporarily residing in an emergency shelter or other safe place;

(e) that criminal charges have been or may be laid against the respondent;

(f) that the claimant has a history of returning to the residence and of residing with the respondent after occurrences of family violence.

(3) An order under this section may include any or all of the following:

(a) a provision restraining the respondent from attending at or near or entering any specified place that is attended regularly by the claimant or other family members, including the residence, property, business, school or place of employment of the claimant or family members;

(b) a provision restraining the respondent from communicating with or contacting the claimant and other specified persons;

(c) a provision granting the claimant and other family members exclusive occupation of the residence for a specified period, regardless of whether the residence is jointly owned or leased by the parties or solely owned or leased by one of the parties;

(d) a provision directing a peace officer to remove the respondent from the residence immediately or within a specified time;

(e) a provision directing a peace officer to accompany a specified person to the residence within a specified time to supervise the removal of personal belongings in order to ensure the protection of the claimant;

(f) a provision directing the seizure and storage of weapons where the weapons have been used or have been threatened to be used to commit family violence;

(g) any other provision that the judge of the Provincial Court or justice of the peace considers necessary to provide for the immediate protection of the claimant.

(3.1) A provision of an order referred to in subsection (3)(b) is to be interpreted as prohibiting communication and contact by any means, including through a third party, unless the order expressly provides otherwise.

(4) An order under this section may be subject to any terms and conditions that the judge of the Provincial Court or justice of the peace considers appropriate.

(5) Subject to section 5(1), an order under this section takes effect immediately on the granting of the order.

(6) An order under this section must indicate the date, time and place at which the order is scheduled for review at a hearing by a justice of the Court of Queen's Bench, which may not be later than 9 working days after the granting of the order.

RSA 2000 cP-27 s2;2006 c8 s5;2008 c 32 s24; 2011 c4 s3

Confirmation of emergency protection order

3(1) If a judge of the Provincial Court or a justice of the peace grants an emergency protection order, the judge or justice of the peace must, immediately after granting the order, forward to the Court of Queen's Bench a copy of the order and all supporting documentation, including any notes.

(2) Repealed 2011 c4 s4.

(3) At a hearing referred to in section 2(6), the justice of the Court of Queen's Bench

(a) must consider all the evidence that was before the judge of the Provincial Court or justice of the peace who made the order under section 2, and

(b) may allow additional evidence to be presented.

(4) At the hearing, the justice of the Court of Queen's Bench may, whether or not the claimant or the respondent is in attendance,

(a) revoke the order,

(b) direct that an oral hearing be held,

(c) confirm the order, in which case the order becomes an order of the Court of Queen's Bench, or

(d) revoke the order and grant an order under section 4.

RSA 2000 cP-27 s3;2008 c 32 s24;2011 c4 s4

Queen's Bench protection order

4(1) An order under this section may be granted by a justice of the Court of Queen's Bench on application if the justice determines that the claimant has been the subject of family violence.

(2) An order under this section may include any or all of the following:

(a) a provision restraining the respondent from attending at or near or entering any specified place that is attended regularly by the claimant or other family members, including the residence, property, business, school or place of employment of the claimant or family members;

(b) a provision restraining the respondent from contacting the claimant or associating in any way with the claimant and from subjecting the claimant to family violence;

(c) a provision granting the claimant and other family members exclusive occupation of the residence for a specified period, regardless of whether the residence is jointly owned or leased by the parties or solely owned or leased by one of the parties;

(d) a provision requiring the respondent to reimburse the claimant for monetary losses suffered by the claimant and any child of the claimant or any child who is in the care and custody of the claimant as a direct result of the family violence, including loss of earnings or support, medical and dental expenses, out-of-pocket losses for injuries sustained,

moving and accommodation expenses, legal expenses and costs of an application under this Act;

(e) a provision granting either party temporary possession of specified personal property, including a vehicle, cheque-book, bank cards, children's clothing, medical insurance cards, identification documents, keys or other necessary personal effects;

(f) a provision restraining either party from taking, converting, damaging or otherwise dealing with property that the other party may have an interest in;

(g) a provision restraining the respondent from making any communication likely to cause annoyance or alarm to the claimant, including personal, written or telephone contact or contact by any other communication device directly or through the agency of another person, with the claimant and other family members or their employers, employees, co-workers or other specified persons;

(h) a provision directing a peace officer to remove the respondent from the residence within a specified time;

(i) a provision directing a peace officer to accompany a specified person to the residence within a specified time to supervise the removal of personal belongings in order to ensure the protection of the claimant;

(j) a provision requiring the respondent to post any bond that the Court considers appropriate for securing the respondent's compliance with the terms of the order;

(k) a provision requiring the respondent to receive counselling;

(k.1) a provision authorizing counselling for a child referred to in section 1(1)(d)(iv) without the consent of the respondent;

(l) a provision directing the seizure and storage of weapons where the weapons have been used or have been threatened to be used to commit family violence;

(m) any other provision that the Court considers appropriate.

(3) A provision of an order referred to in subsection (2)(b) is to be interpreted as prohibiting contact by any means, including through a third party, unless the order expressly provides otherwise.

RSA 2000 cP-27 s4;2006 c8 s6;2011 c4 s5

Notice of order

5(1) A provision of a protection order is not effective in relation to a person unless the person has actual notice of the provision.

(2) Notice of the provisions

(a) of an emergency protection order must be given in accordance with the regulations, and

(b) of a Queen's Bench protection order must be given in accordance with the *Alberta Rules of Court.*

(3) A copy of an order, or of any variation of an order, must be served,

(a) in the case of an emergency protection order, in accordance with the regulations, and

(b) in the case of a Queen's Bench protection order, in accordance with the *Alberta Rules of Court*.

1998 cP-19.2 s5

Application for order

6(1) An application for a protection order may be made

(a) by a person who claims to have been the subject of family violence by a family member,

(b) on behalf of a person referred to in clause (a), with that person's consent, by a person or a member of a category of persons designated in the regulations, or

(c) by any person on behalf of a person referred to in clause (a), with leave of the judge.

(2) An application for an emergency protection order must be made in accordance with the regulations, and may be made by telecommunication.

(3) Unless this Act otherwise provides, notice of an application under this Act must be given to the respondent or claimant, as the case may be.

(4) An application to the Court of Queen's Bench under this Act must be made in accordance with the *Alberta Rules of Court*.

RSA 2000 cP-27 s6;2006 c8 s7;2009 c53 s143

Duration of order

7(1) Subject to subsection (2), a protection order must be granted for such specified duration as the judge considers appropriate in the circumstances.

(2) A protection order under this Act may not exceed one year unless it is extended by a further order under subsection (3).

(3) The Court of Queen's Bench may, on application, extend the term of a protection order for periods not exceeding one year each.

1998 cP-19.2 s7

Confidentiality

8(1) The clerks of the Court of Queen's Bench and of the Provincial Court must keep confidential any information relating to the location of a claimant unless the claimant or a person acting on the claimant's behalf consents to the giving of the information.

(1.1) Despite subsection (1), if a judge orders that the respondent be restrained from attending at or entering the residence of the claimant or another family member, the address of the residence may be disclosed by the clerk of the court as part of the order or in the transcript of the proceedings that resulted in the order being granted.

(2) The judge may order that all or any member of the public, other than the parties, may be excluded from any hearing under this Act.

(3) On the request of the claimant or the respondent or on the initiative of the judge, the judge may make an order prohibiting the publication of a report of a hearing or any part of a hearing if the judge believes that the publication of the report would have an adverse effect on or cause undue hardship to the claimant or respondent or any child of the claimant or respondent or any child who is in the care or custody of the claimant or respondent.

RSA 2000 cP-27 s8;2006 c8 s8

Effect of order on property and leasehold interest

9(1) A protection order does not in any manner affect the title to or an ownership interest in any real or personal property held jointly by the parties or held solely by one of the parties.

(2) Where a residence is leased by a respondent under an oral, written or implied agreement and a claimant who is not a party to the lease is granted exclusive occupation of that residence, no landlord may evict the claimant solely on the basis that the claimant is not a party to the lease.

(3) On the request of a claimant mentioned in subsection (2), the landlord must advise the claimant of the status of the lease and serve the claimant with notice of any claim against the respondent arising from the lease, and the claimant, at the claimant's option, may assume the responsibilities of the respondent under the lease.

1998 cP-19.2 s9

Warrant permitting entry

10(1) A judge may issue a warrant, on application by a person designated in the regulations and without notice to the respondent, if the judge is satisfied by information on oath that there are reasonable and probable grounds to believe that

(a) the person who provided the information on oath has been refused access to a family member, and

(b) the family member may have been the subject of family violence and will be found at the place to be searched.

(2) A warrant issued by a judge authorizes the person named in the warrant

(a) to enter the place named in the warrant and any other structure or building used in connection with the place,

(b) to search for, assist or examine the family member, and

(c) with the family member's consent, to remove the family member from the premises for the purpose of assisting or examining the family member.

1998 cP-19.2 s10

Rights not diminished by Act

11 An application for a protection order is in addition to and does not diminish any existing right of action of a person who has been the subject of family violence by a family member.

1998 cP-19.2 s11

Immunity

12 No action lies against a peace officer, a clerk of a court or any other person by reason of anything done, caused, permitted or authorized to be done, attempted to be done or omitted to be done by any of them in good faith

(a) pursuant to or in the exercise or purported exercise of any power conferred by this Act or the regulations, or

(b) in the carrying out or purported carrying out of any decision or order made under this Act or the regulations or any duty imposed by this Act or the regulations.

1998 cP-19.2 s12

Prohibition

13 No person shall, with malicious intent, make a frivolous or vexatious complaint under this Act.

1998 cP-19.2 s13

Offences and penalties

13.1(1) A person who

(a) contravenes or fails to comply with a provision of a protection order, other than a provision referred to in section 4(2)(d), or

(b) obstructs or interferes with any person who is exercising a right or power or carrying out a duty or function under a provision of a protection order,

and who has actual notice of the provision under section 5, is guilty of an offence.

(2) A person who is guilty of an offence under subsection (1)(a) or (b) is liable

(a) for a first offence, to a fine of not more than $5000 or to imprisonment for a term of not more than 90 days, or both,

(b) for a 2nd offence, to imprisonment for a term of not less than 14 days and not more than 18 months, and

(c) for a 3rd or subsequent offence, to imprisonment for a term of not less than 30 days and not more than 24 months.

2011 c4 s6

Arrest without a warrant

13.2 A peace officer may arrest without warrant a person the peace officer believes on reasonable grounds has committed an offence under section 13.1(1).

2011 cC-11.5 s32

Regulations

14 The Lieutenant Governor in Council may make regulations

(a) defining any word or phrase used in this Act but not defined in this Act;

(b) respecting the procedures to be followed for applications and other proceedings under this Act;

(c) designating persons or categories of persons who may apply for protection orders on behalf of persons referred to in section 6(1)(a);

(d) designating persons or categories of persons who may apply for a warrant under section 10;

(e) respecting the giving of notices and the service of documents under this Act in respect of emergency protection orders;

(f) respecting the retention, disposition or sealing of records resulting from court proceedings under this Act;

(g) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary to carry out the intent of this Act.

1998 cP-19.2 s14

Part 2
Family Violence Death Reviews

Family Violence Death Review Committee

15(1) The Minister may establish a Family Violence Death Review Committee.

(2) The Minister may, with respect to the Committee,

(a) appoint or provide for the manner of the appointment of its members,

(b) prescribe the term of office of any member,

(c) designate a chair, and

(d) authorize or provide for the payment of remuneration and expenses of its members.

(3) In appointing members to the Committee the Minister shall ensure the Committee includes persons with knowledge and expertise in the area of family violence.

(4) A member of the Committee continues to hold office after the expiry of that member's term of office until the member is reappointed, a successor is appointed or a period of 3 months has expired, whichever occurs first.

(5) Subject to this Part, the Committee may determine its own procedures.

2013 cC-12.5 s19

Role of Committee

16 The role of the Committee is

(a) to review incidents of family violence resulting in deaths;

(b) to provide advice and recommendations to the Minister respecting the prevention and reduction of family violence.

2013 cC-12.5 s19

Right to information

17(1) The Committee is entitled to any information, including personal information and health information, that

(a) is in the custody or under the control of a public body or custodian, and

(b) is necessary to enable the Committee to carry out a review.

(2) A public body or a custodian that is a public body shall, on request of the Committee, disclose to the Committee the information to which the Committee is entitled under subsection (1).

(3) A custodian that is not a public body may, on request of the Committee, disclose to the Committee the information to which the Committee is entitled under subsection (1).

(4) Nothing in this section compels the disclosure of any information or records that are subject to any type of privilege, including solicitor-client privilege and parliamentary privilege.

2013 cC-12.5 s19

Report respecting a review

18(1) On completing a review, the Committee shall prepare a written report containing

(a) its findings respecting the incident that is the subject of the review, and

(b) its advice and recommendations to the Minister.

(2) The findings of the Committee must not include any findings of legal responsibility or any conclusion of law.

(3) The Committee shall

(a) provide the report prepared under subsection (1) to the Minister but shall not disclose it to any other person or body, and

(b) prepare and provide to the Minister a publicly releasable version of the report.

(4) For the purposes of subsection (3)(b), a publicly releasable version of a report must not disclose the name of, or any identifying information about, the individual whose death is the subject of the review or any other individual involved in the death.

(5) The Minister shall make the publicly releasable version of the report public at a time and in a form and manner the Minister considers appropriate.

2013 cC-12.5 s19

Annual report

19(1) As soon as possible after the end of each year, the Committee shall prepare and provide to the Minister a report summarizing the activities of the Committee in that year.

(2) On receiving a report under subsection (1), the Minister shall table the report in the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the commencement of the next sitting.

2013 cC-12.5 s19

Members not compellable as witnesses

20 A member of the Committee shall not give or be compelled to give evidence in an action in respect of any matter coming to his or her knowledge in the course of a review, except in a prosecution for perjury.

2013 cC-12.5 s19

Communications privileged

21 The following information, records and reports are privileged and not admissible in evidence in an action, except in a prosecution for perjury:

(a) anything said, any information supplied and any record produced during a review;

(b) a report prepared under section 18(1) and provided to the Minister under section 18(3)(a).

2013 cC-12.5 s19

Protection of Committee and its members

22(1) Subject to subsection (2), no action lies or may be commenced or maintained against

(a) the Committee, or

(b) a member of the Committee

in respect of anything done or omitted to be done in the exercise or intended exercise of any power under this Part or in the performance or intended performance of any duty or function under this Part.

(2) Subsection (1) does not apply in respect of anything done, or omitted to be done, in bad faith.

2013 cC-12.5 s19

Regulations

23 The Lieutenant Governor in Council may make regulations

(a) defining any word or expression used in this Part but not defined in this Part;

(b) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary to carry out the intent of this Part.

2013 cC-12.5 s19

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Province of Alberta

CHILD AND YOUTH ADVOCATE ACT

Statutes of Alberta, 2011
Chapter C-11.5

Current as of December 11, 2015

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Regulations

The following is a list of the regulations made under the *Child and Youth Advocate Act* that are filed as Alberta Regulations under the Regulations Act

	Alta. Reg.	*Amendments*
Child and Youth Advocate Act		
Child and Youth Advocate	53/2012	

CHILD AND YOUTH ADVOCATE ACT

Chapter C-11.5

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Preamble

WHEREAS the Government of Alberta recognizes that children and youth are our greatest resource;

WHEREAS the Government of Alberta is committed to ensuring that the rights, interests and viewpoints of the most vulnerable children and youth in provincial government systems are considered in matters affecting those children and youth; and

WHEREAS the Government of Alberta recognizes the importance of continual improvement in the provision of services to vulnerable children and youth;

THEREFORE HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) "action" means action as defined in the *Alberta Evidence Act*;

(b) "Advocate" means the Child and Youth Advocate appointed under section 2(1);

(c) "child" means

(i) a person under the age of 18 years, including a youth, who is receiving or is seeking to receive a designated service, or

(ii) a person under the age of 22 years who is receiving support and financial assistance under section 57.3 of the *Child, Youth and Family Enhancement Act*;

(d) "custodian" means a custodian as defined in the *Health Information Act*;

(e) "designated service" means

(i) a service under the *Child, Youth and Family Enhancement Act*, other than an adoption service under Part 2 of that Act,

(ii) a service under the *Protection of Sexually Exploited Children Act*, or

(iii) a service provided to children in the youth criminal justice system;

(f) "health information" means health information as defined in the *Health Information Act*;

(g) "personal information" means personal information as defined in the *Freedom of Information and Protection of Privacy Act*;

(h) "public body" means a public body as defined in the *Freedom of Information and Protection of Privacy Act*;

(i) "serious injury", in respect of a child, means

(i) a life-threatening injury to the child, or

(ii) an injury that may cause significant impairment of the child's health;

(j) "Standing Committee" means the Standing Committee on Legislative Offices;

(k) "youth" means a child who is 16 years of age or older.

Part 1
Office of the Child and Youth Advocate

Appointment of Child and Youth Advocate

2(1) The Lieutenant Governor in Council, on the recommendation of the Legislative Assembly, must appoint a Child and Youth Advocate to carry out the duties and functions set out in this Act.

(2) The Advocate is an officer of the Legislature.

(3) The Advocate may not be a member of the Legislative Assembly.

Term of office

3(1) Except as provided for in section 4, the Advocate holds office for a term not exceeding 5 years.

(2) A person holding office as Advocate continues to hold office after the expiry of that person's term of office until that person is reappointed, a successor is appointed or a period of 6 months has expired, whichever occurs first.

(3) A person is eligible for reappointment as Advocate.

Resignation, removal or suspension of Advocate

4(1) The Advocate may resign at any time by notifying the Speaker of the Legislative Assembly or, if there is no Speaker or the Speaker is absent from Alberta, by notifying the Clerk of the Legislative Assembly.

(2) The Lieutenant Governor in Council must remove the Advocate from office or suspend the Advocate for cause or incapacity on the recommendation of the Legislative Assembly.

(3) If the Legislative Assembly is not sitting, the Lieutenant Governor in Council may suspend the Advocate for cause or incapacity on the recommendation of the Standing Committee.

Acting Advocate

5(1) The Lieutenant Governor in Council, on the recommendation of the Standing Committee, may appoint an acting Advocate if

(a) the office of Advocate is or becomes vacant when the Legislative Assembly is not sitting,

(b) the Advocate is suspended when the Legislative Assembly is not sitting, or

(c) the Advocate is removed or suspended or the office of the Advocate becomes vacant when the Legislative Assembly is sitting, but no recommendation is made by the Assembly under section 2 before the end of the sitting.

(2) The Lieutenant Governor in Council may appoint an acting Advocate if the Advocate is temporarily absent because of illness or for another reason.

(3) An acting Advocate holds office until

(a) a person is appointed as Advocate under section 2(1),

(b) the suspension of the Advocate ends, or

(c) the Advocate returns to office after a temporary absence.

Remuneration

6 The Advocate must be remunerated as determined by the Standing Committee, and it must review that remuneration at least once a year.

Oath

7(1) Before beginning the duties and functions of office, the Advocate must take an oath to faithfully and impartially perform the duties and functions of the office and not to disclose any information received by the Office of the Child and Youth Advocate under this Act except as provided in this Act.

(2) The oath must be administered by the Speaker of the Legislative Assembly or the Clerk of the Legislative Assembly.

Office of the Child and Youth Advocate

8(1) There may be a part of the public service of Alberta called the Office of the Child and Youth Advocate consisting of the Advocate and those persons employed pursuant to the *Public Service Act* that are necessary to assist the Advocate in carrying out the Advocate's duties and functions under this or any other enactment.

(2) The Advocate may engage the services of any persons necessary to assist the Advocate in carrying out the Advocate's duties and functions.

(3) On the recommendation of the Advocate, the Standing Committee may order that

(a) any regulation, order or directive made under the *Financial Administration Act*,

(b) any regulation, order, directive, rule, procedure, direction, allocation, designation or other decision under the *Public Service Act*, or

(c) any regulation, order, determination, direction or other decision under the *Public Sector Compensation Transparency Act*,

does not apply to, or is varied in respect of, the Office of the Child and Youth Advocate or any particular employee or class of employees in that Office.

(4) An order made under subsection (3)(a) operates despite section 2 of the *Financial Administration Act*.

(4.1) An order made under subsection (3)(c) in relation to a regulation, order, determination, direction or other decision under the *Public Sector Compensation Transparency Act* operates notwithstanding that Act.

(5) The *Regulations Act* does not apply to orders made under subsection (3).

(6) The chair of the Standing Committee must lay a copy of each order made under subsection (3) before the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the start of the next sitting.

(7) Every person employed or engaged under subsection (1) or (2) must, before beginning to perform duties under this Act, take an oath, to be administered by the Advocate, not to disclose any information received by that person under this Act except as provided in this Act.

2011 cC-11.5 s8;2015 cP-40.5 s17

Part 2
Advocate's Role, Functions and General Powers

Role and functions of Advocate

9(1) The role of the Advocate is to represent the rights, interests and viewpoints of children.

(2) In carrying out the role of the Advocate under subsection (1), the Advocate may

(a) communicate and visit with a child, or with a guardian or other person who represents a child;

(b) on the Advocate's own initiative, or at the request of a child, assist in appealing or reviewing a decision relating to a designated service;

(c) appoint, or cause to be appointed, lawyers to represent children with respect to any matter or proceeding under the *Child, Youth and Family Enhancement Act* or the *Protection of Sexually Exploited Children Act* or any matter or proceeding prescribed by regulation;

(d) if, in the opinion of the Advocate, the investigation is warranted or in the public interest, investigate systemic issues arising from

(i) a serious injury to a child who at the time of the injury was receiving a designated service referred to in section 1(e)(i),

(ii) a serious injury to or the death of a child who at the time of the injury or death was receiving a designated service referred to in section 1(e)(ii) or (iii),

(iii) the death of a child who at the time of the death was receiving a designated service referred to in section 1(e)(i), or

(iv) the death of a child who at any time during the 2-year period immediately preceding the death received a designated service referred to in section 1(e)(i);

(e) participate in processes in which decisions are made about children;

(f) promote the rights, interests and well-being of children through public education;

(g) undertake or collaborate in research related to improving designated services or addressing the needs of children receiving those services;

(h) provide information and advice to the Government with respect to any matter relating to the rights, interests and well-being of children;

(i) perform any other function prescribed in the regulations.

(3) Subsection (2)(b) does not apply in respect of a designated service referred to in section 1(e)(iii).

(4) Subsection (2)(c) does not apply in respect of a child referred to in section 1(c)(ii).

(5) Subsection (2)(d)(ii) does not apply in respect of a designated service referred to in section 1(e)(iii) unless, at the time of the serious injury to or death of the child, the child was in open or secure custody.

2011 cC-11.5 s9;2013 cC-12.5 s8;2014 c7 s19

Delegation by Advocate

10(1) The Advocate may delegate to any person any power, duty or function of the Advocate under this Act except the power

(a) to delegate under this section, and

(b) to make a report under this Act.

(2) A delegation under subsection (1) must be in writing and may contain any conditions or restrictions the Advocate considers appropriate.

No power to act as legal counsel

11 The Advocate may not act as legal counsel in person or by agent.

Duty to report

12(1) When a child is seriously injured or dies while receiving a designated service, the public body responsible for the provision of the designated service shall report the incident to the Advocate as soon as practicable.

(2) Subsection (1) does not apply in respect of a designated service referred to in section 1(e)(iii), unless at the time of the serious injury to or death of the child, the child was in open or secure custody.

Right to information

13(1) The Advocate is entitled to any information, including personal information and health information, that

(a) is in the custody or under the control of a public body or custodian, and

(b) is necessary to enable the Advocate to exercise the Advocate's powers or perform the Advocate's duties or functions under this Act.

(2) A public body or a custodian that is a public body shall, on request, disclose to the Advocate the information to which the Advocate is entitled under subsection (1).

(3) A custodian that is not a public body may, on request, disclose to the Advocate the information to which the Advocate is entitled under subsection (1).

(4) Nothing in this section compels the disclosure of any information or records that are subject to any type of legal privilege, including solicitor-client privilege and parliamentary privilege.

Powers relating to investigations

14 In conducting an investigation under section 9(2)(d), the Advocate has all the powers, privileges and immunities of a commissioner under the *Public Inquiries Act*.

Report after investigation

15(1) Where the Advocate conducts an investigation under section 9(2)(d), the Advocate must, after completing the investigation, make a report

(a) containing recommendations for any public body or other person as the Advocate considers appropriate, and

(b) addressing any other matters the Advocate considers appropriate.

(2) The findings of the Advocate shall not contain any findings of legal responsibility or any conclusions of law.

(3) A report made under subsection (1) must not disclose the name of, or any identifying information about, the child to whom the investigation relates or a parent or guardian of the child.

(4) The Advocate must provide a copy of a report made under subsection (1) to a public body that is directly or indirectly a subject of the investigation.

(5) The Advocate must make a report made under subsection (1) available to the public at a time and in a form and manner that the Advocate considers appropriate.

Part 3
Administrative and General Provisions

Financing of operations

16(1) The Advocate must submit to the Standing Committee in respect of each fiscal year an estimate of the public money that will be required to be provided by the Legislature to defray the several charges and expenses of the Office of the Child and Youth Advocate in that fiscal year.

(2) The Standing Committee must review each estimate submitted pursuant to subsection (1) and, on the completion of the review, the chair of the Committee must transmit the estimate to the President of Treasury Board and Minister of Finance for presentation to the Legislative Assembly.

(3) If at any time that the Legislative Assembly is not in session the Standing Committee, or if there is no Standing Committee, the President of Treasury Board and Minister of Finance,

(a) reports that the Advocate has certified that, in the public interest, an expenditure of public money is urgently required in respect of any matter pertaining to the Office of the Child and Youth Advocate, and

(b) reports that either

(i) there is no supply vote under which an expenditure with respect to that matter may be made, or

(ii) there is a supply vote under which an expenditure with respect to that matter may be made but the authority available under the supply vote is insufficient,

the Lieutenant Governor in Council may order a special warrant to be prepared to be signed by the Lieutenant Governor authorizing the expenditure of the amount estimated to be required.

(4) When the Legislative Assembly is adjourned for a period of more than 14 days, for the purposes of subsection (3), the Assembly is deemed not to be in session during the period of the adjournment.

(5) When a special warrant is prepared and signed under subsection (3) on the basis of a report referred to in subsection (3)(b)(i), the authority to spend the amount of money specified in the special warrant for the purpose specified in the special warrant is deemed to be a supply vote for the purposes of the *Financial Administration Act* for the fiscal year in which the special warrant is signed.

(6) When a special warrant is prepared and signed under subsection (3) on the basis of a report referred to in subsection (3)(b)(ii), the authority to spend the amount of money specified in the special warrant is, for the purposes of the *Financial Administration Act*, added to and deemed to be part of the supply vote to which the report relates.

(7) When a special warrant has been prepared and signed pursuant to this section, the amounts authorized by it are deemed to be included in, and not to be in addition to, the amounts authorized by the Act, not being an Act for interim supply, enacted next after it for granting to Her Majesty sums of money to defray certain expenditures of the Public Service of Alberta.

2011 cC-11.5 s16;2013 c10 s32

Advocate not compellable as witness

17(1) The Advocate and a person employed or engaged under section 8(1) or (2) must not give or be compelled to give evidence in an action in respect of any matter coming to their knowledge in the exercise of powers and the performance of duties and functions under this Act, except

(a) to enforce the Advocate's powers of investigation,

(b) to enforce compliance with this Act, or

(c) in a prosecution for perjury.

(2) Notwithstanding subsection (1), the Advocate and a person employed or engaged under section 8(1) or (2) may give, but must not be compelled to give, evidence in an appeal under section 120 of the *Child, Youth and Family Enhancement Act* or any further appeal.

2011 cC-11.5 s17;2013 cC-12.5 s8

Communications privileged

18 The following information, records and reports are privileged and not admissible in evidence in an action, except in a prosecution for perjury:

(a) anything said, any information supplied or any record produced during an investigation under section 9(2)(d);

(b) any report made under section 15(1).

Protection of Advocate and others

19(1) Subject to subsection (2), no action lies or may be commenced or maintained against

(a) the Advocate, or

(b) a person employed or engaged under section 8(1) or (2)

in respect of anything done or omitted to be done in the exercise or intended exercise of any power under this Act or in the performance or intended performance of any duty or function under this Act.

(2) Subsection (1) does not apply to a person referred to in that subsection in relation to anything done or omitted to be done by that person in bad faith.

Communications by child

20(1) All information provided by a child to the Advocate in confidence and all documents and records created as a result of confidential communications between a child and the Advocate are the privileged information, documents and records of the child and are not admissible in evidence in any action without the consent of the child.

(2) Despite subsection (1), the information, documents and records described in subsection (1) must be disclosed if disclosure is required by section 4 of the *Child, Youth and Family Enhancement Act*.

Annual report

21(1) The Advocate must report annually to the Speaker of the Legislative Assembly on the work of the Office of the Child and Youth Advocate.

(2) The Speaker must lay each annual report before the Legislative Assembly as soon as possible.

Regulations

22 The Lieutenant Governor in Council may make regulations

(a) prescribing other functions of the Advocate;

(b) prescribing matters or proceedings for the purposes of section 9(2)(c);

(c) defining any word or expression used but not defined in this Act;

(d) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary for carrying out the intent of this Act.

Review of Act

23 A committee of the Legislative Assembly must begin a comprehensive review of this Act by July 1, 2016 and must submit to the Legislative Assembly, within one year after beginning the review, a report that includes any amendments recommended by the committee.

Part 4
Transitional Provisions, Consequential and Related Amendments and Coming into Force

Transitional provision

24 The person who, immediately before the coming into force of this Act, held the office of Child and Youth Advocate under the *Child, Youth and Family Enhancement Act* is deemed to be the Advocate under this Act until a successor is appointed under section 2(1).

25 to **36** *(These sections make amendments to other Acts; the amendments have been incorporated into those Acts.)*

Coming into force

37 This Act comes into force on Proclamation.

(NOTE: Section 32 proclaimed in force December 15, 2011. The remainder of this Act proclaimed in force April 1, 2012.)

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Province of Alberta

FATALITY INQUIRIES ACT

Revised Statutes of Alberta 2000
Chapter F-9

Current as of December 17, 2014

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Amendments Not in Force

This consolidation incorporates only those amendments in force on the consolidation date shown on the cover. It does not include the following amendments:

2013 cC-12.5 s13 repeals and substitutes s13.

Regulations

The following is a list of the regulations made under the *Fatality Inquiries Act* that are filed as Alberta Regulations under the Regulations Act

	Alta. Reg.	*Amendments*
Fatality Inquiries Act		
Fatality Inquiries	65/2000	*246/2000, 251/2001, 354/2003, 221/2004, 211/2005, 192/2007, 122/2008, 53/2009, 191/2009, 288/2009, 170/2012*

FATALITY INQUIRIES ACT

Chapter F-9

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HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act

(a) "autopsy" means the dissection of a body for the purpose of examining organs and tissues to determine the cause of death or manner of death or the identity of the deceased and may include chemical, histological, microbiological or serological tests and other laboratory investigations;

(b) "Board" means the Fatality Review Board established under this Act;

(c) "body" means a dead human body or the remains of a dead human body;

(d) "cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization;

(e) repealed 2002 cA-4.5 s37;

(f) "examination" means the examination of an unclothed body with or without the removal of body tissue or fluids for the purpose of toxicological examinations;

(g) "investigator" means a medical examiners' investigator appointed pursuant to section 6 or a person who is a medical examiners' investigator by virtue of section 9;

(h) "manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable;

(i) "medical examiner" means a medical examiner appointed pursuant to section 7;

(j) "Minister" means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;

(k) "next of kin" means the parents, children, brothers, sisters, spouse and adult interdependent partner of a deceased person, or any of them;

(l) "pathologist" means a regulated member of the College of Physicians and Surgeons of Alberta who is authorized to use the title "pathologist";

(m) "public fatality inquiry" means a public fatality inquiry under Part 4.

RSA 2000 cF-9 s1;RSA 2000 cH-7 s146;2002 cA-4.5 s37; 2005 c13 s4(4);2008 c34 s18;2014 c8 s12

Part 1
Administration

The Fatality Review Board

Fatality Review Board

2(1) There is hereby established a Board called the "Fatality Review Board" that shall consist of 3 members appointed by the Lieutenant Governor in Council.

(2) Repealed 2009 c48 s5.

(3) One member of the Board appointed by the Lieutenant Governor in Council must be a physician.

(4) One member of the Board appointed by the Lieutenant Governor in Council must be a member of The Law Society of Alberta.

(5) The Lieutenant Governor in Council may designate

(a) one member of the Board as chair of the Board, and

(b) one member of the Board as vice-chair of the Board.

(6) The members of the Board shall receive the remuneration for their services that may be prescribed by the Lieutenant Governor in Council.

(6.1) If regulations under the *Alberta Public Agencies Governance Act* apply in respect of the remuneration for the members of the Board, those regulations prevail, to the extent of any conflict or

inconsistency, over any regulations prescribing remuneration under subsection (6).

(7) The members of the Board shall be paid, in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*, for travelling and living expenses incurred while absent from their places of residence and in the course of their duties as members.

RSA 2000 cF-9 s2;2009 cA-31.5 s42;
2009 c48 s5;2011 c20 s7

Quorum

3 Two members constitute a quorum at a meeting of the Board.

RSA 2000 cF-9 s3;2011 c20 s7

Duties of Board

4 The Board shall

(a) review investigations under this Act in order to determine the need for holding a public fatality inquiry;

(b) review complaints respecting misbehaviour or incompetence or neglect of duty by medical examiners or the inability of medical examiners to perform their duties under this Act and, in relation to the review of a complaint, make recommendations to the Minister, including recommendations concerning the suspension or termination of a medical examiner.

RSA 1980 cF-6 s4;1991 c21 s9;1994 cG-8.5 s89;
1998 c23 s7

Officials

Chief Medical Examiner

5(1) The Lieutenant Governor in Council shall appoint a Chief Medical Examiner who must be a pathologist.

(2) The Chief Medical Examiner shall receive the remuneration that may be prescribed by the Lieutenant Governor in Council.

(3) The Chief Medical Examiner may exercise and perform the powers and duties of a medical examiner.

(4) The Chief Medical Examiner is responsible to the Minister for

(a) the operation of this Act in relation to the reporting, investigating and recording of deaths,

(b) the supervision of medical examiners in the performance of their duties,

(c) the development and maintenance of facilities that may be required,

(d) the education of persons required to perform functions under this Act, and

(e) the inspection of medical certificates of death in all cases where burial permits are issued pursuant to the *Vital Statistics Act*.

RSA 1980 cF-6 s5;1994 cG-8.5 s89

Staff

6 In accordance with the *Public Service Act*, there may be appointed

(a) Deputy Chief Medical Examiners and Assistant Chief Medical Examiners,

(b) medical examiners' investigators on a full-time or part-time basis, and

(c) any other employees required for the purpose of administering this Act.

RSA 1980 cF-6 s6

Medical examiners

7 The Minister may appoint physicians as medical examiners.

RSA 1980 cF-6 s7;1994 cG-8.5 s89

Ceasing to hold office

8(1) A medical examiner ceases to hold office

(a) on ceasing to be a member of the College of Physicians and Surgeons of Alberta,

(b) on submitting the medical examiner's resignation to the Minister in writing,

(c) on ceasing to be ordinarily resident in Alberta, or

(d) on termination of the medical examiner's appointment by order of the Minister.

(2) A medical examiner is suspended during any period that the medical examiner's registration is suspended under the *Health Professions Act*.

(3) The Minister may suspend the appointment of a medical examiner during any period that a complaint regarding the medical examiner is under review by the Board pursuant to section 4(b).

RSA 2000 cF-9 s8;RSA 2000 cH-7 s146;2005 c13 s4(4)

Investigators by virtue of their office

9(1) Every member of the Royal Canadian Mounted Police or a police service or peace officer responsible for the policing of any part of Alberta pursuant to an arrangement or agreement under section 5(1)(b) of the *Police Act* is, by virtue of that office, a medical examiners' investigator and has the same powers and duties as are conferred or imposed on a medical examiners' investigator by this Act.

(2) An investigator, when authorized to do so by a medical examiner,

(a) shall assist the medical examiner in carrying out the medical examiner's duties under this Act, and

(b) may exercise the powers enumerated in section 21.

RSA 2000 cF-9 s9;2005 c31 s27

Part 2
Reporting and Investigation of Deaths

Deaths that require notification

10(1) Any person having knowledge or reason to believe that a person has died under any of the circumstances referred to in subsection (2) or section 11, 12 or 13 shall immediately notify a medical examiner or an investigator.

(2) Deaths that occur under any of the following circumstances require notification under subsection (1):

(a) deaths that occur unexplainedly;

(b) deaths that occur unexpectedly when the deceased was in apparent good health;

(c) deaths that occur as the result of violence, accident or suicide;

(d) maternal deaths that occur during or following pregnancy and that might reasonably be related to pregnancy;

(e) deaths that may have occurred as the result of improper or negligent treatment by any person;

(f) deaths that occur

(i) during an operative procedure,

(ii) within 10 days after an operative procedure,

(iii) while under anesthesia, or

(iv) any time after anesthesia and that may reasonably be attributed to that anesthesia;

(g) deaths that are the result of poisoning;

(h) deaths that occur while the deceased person was not under the care of a physician;

(i) deaths that occur while the deceased person was in the custody of a peace officer or as a result of the use of force by a peace officer while on duty;

(j) deaths that are due to

(i) any disease or ill-health contracted or incurred by the deceased,

(ii) any injury sustained by the deceased, or

(iii) any toxic substance introduced into the deceased,

as a direct result of the deceased's employment or occupation or in the course of one or more of the deceased's former employments or occupations.

RSA 1980 cF-6 s10;1984 c9 s1;1991 c21 s9;1999 c26 s9

Notification of death of prisoner

11 If a person dies while

(a) detained in a correctional institution as defined in the *Corrections Act* or a jail, including a military guard room, remand centre, penitentiary, secure services facility as defined in the *Child, Youth and Family Enhancement Act*, facility or place designated as a place of open or secure custody pursuant to the *Youth Criminal Justice Act* (Canada), detention centre or a place where a person is held under a warrant of a judge,

(b) a formal patient in any facility as defined by the *Mental Health Act*, or

(c) an inmate or patient in any institution specified in the regulations,

the person in charge of that institution, jail, facility or other place shall immediately notify a medical examiner.

RSA 2000 cF-9 s11;2003 c16 s117;2003 c41 s4(32)

Notification of death of prisoner not in custody

12 If a person dies while

(a) committed to a correctional institution as defined in the *Corrections Act* or a jail, including a military guard room, remand centre, penitentiary, secure services facility as defined in the *Child, Youth and Family Enhancement Act*, facility or place designated as a place of open or secure custody pursuant to the *Youth Criminal Justice Act* (Canada), detention centre or a place where a person is held under a warrant of a judge,

(b) a formal patient in any facility as defined by the *Mental Health Act*, or

(c) an inmate or patient in any institution specified in the regulations,

but while not on the premises or in actual custody of that facility or institution, jail or other place, the person in charge of that facility or institution, jail or other place, shall, immediately on receiving notice of the death, notify a medical examiner.

RSA 2000 cF-9 s12;2003 c16 s117;2003 c41 s4(32)

Notification of death of child

13 A director under the *Child, Youth and Family Enhancement Act* shall immediately notify a medical examiner of the death of any child under the director's guardianship or in the director's custody.

RSA 2000 cF-9 s13;2003 c16 s117

Notification of dead body brought into Alberta for disposal

14(1) When a body is brought into Alberta for ultimate disposal, a funeral director, undertaker, embalmer, mortuary attendant or other person who intends to dispose of the body shall, before disposing of the body, notify a medical examiner.

(2) After being notified under subsection (1), a medical examiner or an investigator authorized by the medical examiner may, if the medical examiner believes it is necessary to do so, make any investigation that may be necessary to establish or confirm the cause of death or to establish the identity of the deceased person.

RSA 1980 cF-6 s15;1991 c21 s9;1994 c23 s18

Special investigation

14.1(1) Notwithstanding section 14, when an Alberta resident dies outside Alberta and the Minister considers that it would be advisable to investigate the death, the Minister may, whether or not the body is brought into Alberta for ultimate disposal, order the Chief Medical Examiner to investigate the death under this Part.

(2) For the purposes of an investigation under subsection (1), the Chief Medical Examiner may collect from persons in the other jurisdiction available records that may be relevant to the death.

(3) On completion of an investigation ordered under this section the Chief Medical Examiner shall provide a report to the Board, which must be in writing and be accompanied with all of the records that were collected by the Chief Medical Examiner and may be relevant to the death.

2005 c11 s2

Examination of bodies to be cremated or shipped out of Province

15(1) No person shall

(a) cremate a body,

(b) ship or take a body from a place in Alberta to a place outside Alberta, or

(c) dissect a body or otherwise subject a body to study or research under section 37 of the *Post-secondary Learning Act*,

until a medical examiner or an investigator authorized by a medical examiner issues a certificate stating that the medical examiner or investigator has examined the medical certificate of death.

(2) A certificate issued under subsection (1) shall be in the form prescribed by the Chief Medical Examiner.

(3) Notwithstanding subsection (1), in the case of the death in a hospital of a fetus or of a newborn infant as defined in the regulations under the *Cemeteries Act*, the hospital may dispose of the body in the manner specified by the regulations under the *Cemeteries Act*.

RSA 2000 cF-9 s15;2003 cP-19.5 s137

Interference with body prohibited

16(1) Subject to subsection (2), a person who has reason to believe that a person died under any of the circumstances referred to in section 10, 11, 12 or 13 shall not, except pursuant to a direction of

a medical examiner or a general directive of the Chief Medical Examiner,

(a) clean or make alterations to the body or clothing on the body or objects attached to the body, or

(b) apply a chemical or other substance to the body, internally or externally.

(2) Subsection (1) does not apply to a police officer acting in the course of the police officer's duties or to a person who makes alterations or applies a chemical or other substance to a body for the purpose of resuscitation.

RSA 1980 cF-6 s17

Notification of death where body not located

17 If a person knows or believes that a death has occurred in Alberta but no body has been located because

(a) the body or part of the body has been destroyed,

(b) the body is lying in a place from which it cannot be recovered, or

(c) the body has been removed from Alberta,

that person shall immediately notify a medical examiner or a member of the Royal Canadian Mounted Police or a member of a police service.

RSA 2000 cF-9 s17;2005 c31 s27

Disposal of unidentified body

18(1) If a body is unidentified and an investigation indicates that the body is likely to remain unidentified, the Chief Medical Examiner shall arrange for the storage of the body for a period of 7 days from the completion of the investigation.

(2) If on the expiry of the 7-day period referred to in subsection (1) the body remains unidentified, the Chief Medical Examiner shall notify the nearest university and, if a demand is made under the *Post-secondary Learning Act*, deliver the body to a university, or, if no demand is made, arrange for the burial of the body.

RSA 2000 cF-9 s18;2003 cP-19.5 s137

Duties of medical examiner

19(1) If a medical examiner receives notification of a death and is satisfied that the death occurred under any of the circumstances referred to in section 10, 11, 12, 13 or 17, the medical examiner shall investigate the death and establish where possible

(a) the identity of the deceased,

(b) the date, time and place of death,

(c) the circumstances under which the death occurred,

(d) the cause of death, and

(e) the manner of death.

(1.1) Where the Minister makes an order under section 14.1, the Chief Medical Examiner shall, in investigating the death, establish, where possible, the matters set out in subsection (1).

(2) Notwithstanding subsection (1), when a medical examiner is unable to investigate a death of which the medical examiner receives notification, the medical examiner shall

(a) notify another medical examiner if the death occurred under any of the circumstances referred to in section 10, 11, 12, 13 or 17, and

(b) keep a record of the death including the reasons why the death was not investigated by the medical examiner.

(3) A medical examiner shall keep a record of all deaths of which the medical examiner is notified pursuant to this Act or the *Vital Statistics Act* and shall immediately report to the Chief Medical Examiner all investigations that the medical examiner or an investigator under the medical examiner's supervision make into a death.

(4) When a medical examiner has investigated a death and has determined the manner of death and the cause of death, the medical examiner shall immediately, in addition to making a report under subsection (3), complete a medical certificate of death in accordance with the *Vital Statistics Act*.

(5) Notwithstanding subsection (1), a medical examiner is not required to investigate a death that occurred through natural causes or in the circumstances described in section 10(2)(f)(i) or (ii) if

(a) a physician is able to certify the information in subsection (6)(a) to (e), and

(b) the medical examiner is satisfied that an investigation is not required.

(6) A medical examiner who does not investigate a death under subsection (5) shall, based on information provided by the physician, record

(a) the identity of the deceased;

(b) the date, time and place of death;

(c) the circumstances under which the death occurred;

(d) the cause of death;

(e) the manner of death;

(f) the name of the physician who provided the information.

(7) If a medical examiner does not conduct an investigation under subsection (5), the physician is authorized to complete and sign the medical certificate of death referred to in section 33 of the *Vital Statistics Act*.

RSA 2000 cF-9 s19;2005 c11 s3;2007 cV-4.1 s83

Investigation or autopsy

20 The Chief Medical Examiner may at any time

(a) direct a medical examiner to make an investigation into any death at any place in Alberta, or

(b) authorize an autopsy of the body of any person who died under the circumstances described in section 10, 11, 12 or 13.

RSA 1980 cF-6 s21

Powers of medical examiner or investigator

21(1) A medical examiner or an investigator acting under the medical examiner's authorization may, in performing the medical examiner's or investigator's duties under this Act,

(a) without a warrant, enter any place where the medical examiner or investigator believes, on reasonable and probable grounds, a body that is the subject of an investigation is located or has been located;

(b) without a warrant, take possession of anything that may be directly related to the death and may place anything seized into the custody of a peace officer;

(c) cordon off or secure the scene or area in which the death under investigation occurred for a period not exceeding 48

hours or any extended period that the Chief Medical Examiner may authorize;

(d) with the approval of the Chief Medical Examiner, obtain services or retain expert assistance for any part of the medical examiner's or investigator's investigation.

(2) When a medical examiner or an investigator seizes anything under subsection (1)(b), the medical examiner or investigator or the peace officer who has custody of it shall retain it until the conclusion of any investigation or public fatality inquiry into the death or until the thing seized is no longer required and then shall return it to the person from whom it was seized or, if that person is deceased, to the personal representative of that person.

(3) Notwithstanding any other Act, regulation or other law, a medical examiner is entitled to inspect and make copies of any diagnosis, record or information relating to

(a) a person receiving diagnostic and treatment services in a diagnostic and treatment centre under the *Mental Health Act*, or

(b) a patient under the *Hospitals Act*.

RSA 2000 cF-9 s21;RSA 2000 cH-5 s113

Possession and release of body

22(1) When a medical examiner conducts an investigation into a death pursuant to this Act, the medical examiner is deemed to take possession of the body at the time the medical examiner receives the notification.

(2) As soon as possible after taking possession of the body, the medical examiner shall sign a notice in the form prescribed by the Chief Medical Examiner and cause it to be affixed to the body or the shroud, garment or container holding the body.

(3) Failure to sign or affix the notice under subsection (2) does not affect the right of the medical examiner to take possession of the body.

(4) A medical examiner may carry out examinations of the body.

(5) The medical examiner may release the body for burial or other disposition when possession of the body is no longer required for the purposes of this Act.

RSA 1980 cF-6 s23

Destruction of soiled clothing

23 The medical examiner may destroy any soiled or damaged clothing that was taken into possession with a body and that is not required for the purposes of this Act or an investigation or proceeding conducted under any other statute in force in Alberta.

RSA 1980 cF-6 s24

Offence

24 A person who hinders, obstructs, intimidates or in any way interferes with a medical examiner or an investigator in the performance of the medical examiner's or investigator's duties is guilty of an offence.

RSA 1980 cF-6 s25

Conduct of autopsy

25(1) A medical examiner may authorize the autopsy of the body of any person who died under the circumstances described in section 10, 11, 12 or 13.

(2) Where a medical examiner authorizes an autopsy

(a) the autopsy shall only be carried out by a pathologist;

(b) the person who performs the autopsy may excise, remove and retain any part of the body or any object found in the body for the purpose of establishing the cause of death and the manner of death.

RSA 1980 cF-6 s26

Removal of tissue

26 Notwithstanding section 25(2)(b), a medical examiner may remove or allow the removal of tissue or organs in accordance with the *Human Tissue and Organ Donation Act*, if the removal of the tissue or organs does not interfere with any investigation or proceeding under any law in force in Alberta.

RSA 2000 cF-9 s26;2006 cH-14.5 s15

Autopsy report

27 A person who performs an autopsy shall provide the medical examiner who ordered the autopsy with any autopsy reports that may be prescribed by the regulations.

RSA 1980 cF-6 s28

Disinterment

28(1) Notwithstanding section 17 of the *Cemeteries Act*, the Chief Medical Examiner may order a body to be disinterred for the purposes of an investigation under this Act or the *Criminal Code* (Canada).

(2) Copies of an order under subsection (1) shall be sent by registered mail at least 48 hours before the disinterment to

(a) the spouse, adult interdependent partner or, if there is no spouse or adult interdependent partner, any other of the adult next of kin of the deceased who is resident in Alberta,

(b) the Registrar of Vital Statistics, and

(c) the owner or the person in charge of the cemetery or mausoleum where the body is buried or stored.

(3) Subsection (2)(a) does not apply when the Chief Medical Examiner has ordered a body to be disinterred for the purposes of an investigation under the *Criminal Code* (Canada).

RSA 2000 cF-9 s28;2002 cA-4.5 s37;2007 cV-4.1 s83

Records

29 A medical examiner shall, immediately after completing an investigation under this Act, provide the Chief Medical Examiner with a record of the investigation and the reports, certificates and other documents that are prescribed by the regulations.

RSA 1980 cF-6 s30;1991 c21 s9

Release of information

30(1) Except for reports, certificates and other records made in the course of a public fatality inquiry, all reports, certificates and other records made by any person under this Act are the property of the Government and shall not be released without the permission of the Chief Medical Examiner.

(2) On the completion of

(a) the investigation, and

(b) the public fatality inquiry, if one is held,

and on the receipt of a request from any of the adult next of kin or the personal representative of the deceased, the Chief Medical Examiner shall complete and send a report to the person making the request.

RSA 1980 cF-6 s31;1998 c23 s7

Notification of possible offence

31 If, at any time during the course of a medical examiner's investigation, the medical examiner is of the opinion that an offence under the *Criminal Code* (Canada) that is related to the death being investigated may have been committed, the medical examiner shall immediately notify the Chief Medical Examiner and

the chief constable or officer in charge of the nearest police detachment or station.

RSA 1980 cF-6 s32

Part 3
Review of Investigations

Notice to Board

32(1) The Chief Medical Examiner shall notify the Board of any death that has been the subject of an investigation if

(a) the cause of death has not been established;

(b) the manner of death has not been established;

(c) the body is unidentified or has not been located;

(d) a medical examiner, any of the next of kin of the deceased or anyone that the Chief Medical Examiner considers to be an interested party requests in writing that the Board review the investigation and provides reasonable grounds for the review;

(e) the death is one referred to in section 10(2)(i), 11 or 12;

(f) the Chief Medical Examiner considers a review of the investigation to be necessary or desirable;

(g) the death is one referred to in section 13 and the manner of death is unnatural or undetermined or the death has occurred under suspicious circumstances.

(2) Notification by the Chief Medical Examiner under subsection (1) must be in writing and be accompanied with all reports and certificates that may be relevant to the death.

RSA 1980 cF-6 s33;1991 c21 s9

Recommendation for public inquiry

33(1) When the Board receives a notification pursuant to section 32 or a report pursuant to section 14.1(3), it shall review the notification or report and the material submitted to it with the notification or report, together with any other material it considers relevant, and may recommend any further investigation that may be necessary.

(2) After reviewing the matters set out in subsection (1), the Board shall

(a) recommend to the Minister that a public fatality inquiry be held, or

(b) recommend to the Minister that no public fatality inquiry be held.

(3) When the Board conducts a review under this section with respect to a death referred to in section 10(2)(i), 11, 12 or 13, the Board shall recommend that a public fatality inquiry be held unless it is satisfied

(a) that the death was due entirely to natural causes and was not preventable and that the public interest would not be served by a public fatality inquiry, or

(b) that there was no meaningful connection between the death and the nature or quality of care or supervision being provided to the deceased person by reason of the deceased person's status as described in section 10(2)(i), 11, 12 or 13.

(4) Notwithstanding subsection (2), where, pursuant to a report from the Chief Medical Examiner under section 14.1, the Board makes a recommendation that a public fatality inquiry be held in respect of a death that occurred outside Alberta, the recommendation must be limited to inquiring into matters that are related to the death and have a direct connection to Alberta.

RSA 2000 cF-9 s33;2005 c11 s4

Counsel's right to information

33.1 The Board shall, on the request of counsel appointed under section 35.1, make available to counsel for inspection

(a) all material referred to in section 33(1) that is in its possession, and

(b) all recommendations made by it under section 33(2).

2005 c11 s5

Part 4
Public Fatality Inquiries

Definitions

34 In this Part,

(a) "Chief Judge" means the Chief Judge of The Provincial Court of Alberta;

(b) "clerk" means a clerk of The Provincial Court of Alberta;

(c) "judge" means a judge of The Provincial Court of Alberta.

RSA 2000 cF-9 s34;2008 c32 s13

Public fatality inquiry

35(1) The Minister

(a) shall on the recommendation of the Board, and

(b) may in any other case,

order that a judge conduct a public fatality inquiry into a death or 2 or more deaths that arose out of the same or similar circumstances.

(2) Where, pursuant to a recommendation of the Board referred to in section 33(4), the Minister makes an order under subsection (1) in respect of a death that occurred outside Alberta, the order must limit the scope of the public fatality inquiry to matters that are related to the death and have a direct connection to Alberta.

(3) On an order being made under subsection (1), the Chief Judge shall designate a judge to hold a public fatality inquiry into the death in respect of which the order was made.

RSA 2000 cF-9 s35;2005 c11 s6;2008 c32 s13

Appointment of counsel

35.1(1) When the Minister makes an order under section 35, the Minister shall appoint a member of The Law Society of Alberta as counsel for the purposes of the inquiry.

(2) Counsel appointed under subsection (1)

(a) shall, with direction from the inquiry judge, determine the witness list for the inquiry,

(b) is responsible for overseeing the presentation of evidence at the inquiry, and

(c) may present arguments and submissions and examine and cross-examine witnesses at the inquiry.

2005 c11 s7

Collection of records

35.2(1) For the purposes of carrying out his or her duties under this Act in respect of a public fatality inquiry, counsel appointed under section 35.1 may collect any records that are or may be relevant for the purposes of the public fatality inquiry.

(2) A person who receives a request for a record from counsel appointed under section 35.1 shall disclose the record in accordance with the request.

(3) Where a person fails to comply with a request under this section, counsel appointed under section 35.1 may, on at least 2

days' notice to that person, apply to the judge conducting the public fatality inquiry for an order directing the person to comply with the request, and the judge may make the order accordingly, subject to any terms and conditions the judge considers appropriate.

2005 c11 s7

Reopening of or new inquiry

36 At any time after the conclusion of a public fatality inquiry the Minister may

(a) order that the judge who conducted the public fatality inquiry reopen the public fatality inquiry, or

(b) make an order under section 35 directing that a judge conduct another public fatality inquiry into the death or deaths that were the subject-matter of the concluded public fatality inquiry.

RSA 2000 cF-9 s36;2005 c11 s8

37 Repealed 2005 c11 s9.

Conferences

37.1(1) A judge who conducts a public fatality inquiry

(a) shall, before receiving any evidence at the inquiry, and

(b) may, at any time during the inquiry

hold a conference under this section.

(2) At a conference referred to in subsection (1) the judge may give directions respecting

(a) the issues that will be or are under consideration at the public fatality inquiry,

(b) procedural matters and matters of fairness related to the public fatality inquiry, and

(c) any other issues that the judge considers have arisen or will arise in connection with the public fatality inquiry.

(3) After holding a conference referred to in subsection (1), the judge may

(a) limit the issues that will be under consideration at the public fatality inquiry, or

(b) stay the public fatality inquiry if the judge is of the opinion that all of the matters referred to in section 53(1) have already been examined and determined in another forum.

2005 c11 s10

Disclosure of records

37.2(1) Counsel appointed under section 35.1 may disclose to any of the persons referred to in section 49(2)

(a) records that have been provided to counsel under section 33.1, and

(b) any other records collected by counsel that he or she considers relevant for the purposes of the public fatality inquiry.

(2) A person referred to in subsection (1) may use records disclosed under subsection (1) only for the purposes of preparing for or participating in the public fatality inquiry.

(3) When a record is disclosed to a person under this section, that person must return the record, together with any copies of it that have been made, to counsel appointed under section 35.1 within 30 days after the completion of any judicial review arising out of the findings of the judge or, if no application for judicial review is made, within 30 days after the expiry of the time allowed for doing so.

2005 c11 s10

Powers of judge

38(1) A judge who conducts a public fatality inquiry may engage the services of clerks, reporters and assistants to assist him or her in the inquiry.

(2) The judge has the power of summoning any persons as witnesses and of requiring them to give evidence on oath, orally or in writing, and to produce any documents, papers and things that the judge considers to be required for the purposes of the inquiry.

(3) Repealed 2005 c11 s11.

(4) A judge has the same powers

(a) to compel the attendance of witnesses, and

(b) to punish a witness for

(i) disobeying a summons to appear,

(ii) refusing to be sworn, or

(iii) refusing to give evidence,

as are conferred on a judge of the Provincial Court by the *Criminal Code* (Canada).

(5) If the judge considers it advisable because of the distance a person resides from where the person's attendance is required or for any other reason, the judge may appoint a person to take evidence of that person and to report it to the judge.

(6) A person appointed to take evidence under subsection (5) must, before doing so, be sworn before the judge or a justice of the peace to faithfully execute that duty.

RSA 2000 cF-9 s38;2005 c11 s11;2008 c32 s13

Reports as evidence

39(1) A report that purports to be made by the medical examiner pursuant to section 19(3) or by the Chief Medical Examiner pursuant to section 14.1(3) shall be admitted in evidence without proof of the signature or appointment of the medical examiner or Chief Medical Examiner.

(2) Notwithstanding subsection (1), the judge may issue a summons to a medical examiner or to the Chief Medical Examiner to attend and give evidence at a public fatality inquiry, and the medical examiner or Chief Medical Examiner is entitled to receive a fee for attendance as prescribed by the regulations if that person is not a full-time employee of the Government.

RSA 2000 cF-9 s39;2005 c11 s12

Evidence at public fatality inquiry

40(1) Subject to subsection (3), a judge may admit in evidence at a public fatality inquiry, whether or not it is admissible as evidence in a judicial proceeding,

(a) any oral testimony, or

(b) any document or other thing,

that is relevant to the purposes of the public fatality inquiry but shall refuse to admit in evidence all or part of any oral testimony or any document or other thing if the judge is satisfied that the oral testimony, document or other thing or part of it is vexatious, unimportant or unnecessary for the purposes of the public fatality inquiry.

(2) Notwithstanding any other Act, regulation or other law, a judge may admit in evidence all or any relevant part of a diagnosis, record or information referred to in section 21(3) to enable the

judge to make findings and recommendations and to report in respect of any or all of the matters set out in section 53.

(3) Nothing is admissible in evidence at a public fatality inquiry that would be inadmissible in a judicial proceeding by reason of any privilege under the law of evidence.

(4) If the judge is satisfied as to its authenticity, a copy of a document or other thing may be admitted in evidence at a public fatality inquiry.

(5) When a document has been admitted in evidence at a public fatality inquiry, the judge may, or the person producing it or entitled to it may, with the permission of the judge, cause the document to be photocopied and the judge may

(a) authorize the photocopy to be admitted in evidence in the place of the document admitted and release the document admitted, or

(b) furnish to the person producing it or the person entitled to it a photocopy of the document admitted that has been certified by the judge.

RSA 2000 cF-9 s40;RSA 2000 cH-5 s113;2014 c13 s49

Examination of evidence

40.1(1) Subject to subsection (2), no person other than the judge, counsel appointed under section 35.1 and the persons referred to in section 49(2) have a right to examine evidence at a public fatality inquiry.

(2) The judge may permit a person other than a person referred to in subsection (1) to examine evidence at a public fatality inquiry if the judge is satisfied that doing so would be consistent with the purposes of the inquiry and that there is no significant private or public interest reason why the person should not examine the evidence.

2005 c11 s13

Disposition of evidence

40.2 Within a reasonable time after the written report in respect of a public fatality inquiry is made to the Minister under section 53, exhibits must

(a) be returned to the persons to whom they belong or who entered them in evidence, or

(b) where the persons referred to in clause (a) cannot be located or refuse to accept the exhibits, be delivered to the Chief

Medical Examiner for storage or disposal as the Chief Medical Examiner considers appropriate.

2005 c11 s13

Private hearings

41 Subject to section 42, all hearings at a public fatality inquiry under this Act shall be open to the public except where the judge is of the opinion that

(a) matters involving public security may be disclosed, or

(b) intimate or personal matters or other matters may be disclosed at the hearing that are of such a nature, having regard to the circumstances, that the desirability of avoiding disclosure of the matters in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that hearings be open to the public,

in which case the judge may hold the hearing or any part of it concerning any such matters in camera.

1985 c26 s5;1998 c23 s7

Considerations re private hearing

42 Without restricting the generality of section 41(b), the judge shall weigh and consider the following matters, as applicable, before holding the hearing or any part of it in camera:

(a) the private interests of a patient or person or, where the patient or person is deceased, of the patient's or person's next of kin;

(b) the private interests of third parties;

(c) the private interests of the attending physician or any other person providing diagnostic or treatment services to a patient or a person;

(d) whether disclosure of all or part of the diagnosis, medical records or information of a patient or person is likely to result in harm to the patient or person or to the treatment or recovery of the patient or person or is likely to result in injury or harm to the mental or physical condition of a third person;

(e) whether disclosure of all or part of the diagnosis, medical records or information of a deceased patient or person is likely to result in injury or harm to the mental or physical condition of a third person;

(f) whether the disclosure would be prejudicial to the interests of persons not concerned in the inquiry;

(g) whether the holding of the hearing in camera is essential in the interests of justice or would be injurious to the public interest;

(h) whether the holding of the hearing in camera is necessary in the interest of morals or public order;

(i) whether a patient or person or, if the patient or person is deceased, the patient's or person's legal representative has consented to having the diagnosis, record or information disclosed in a hearing open to the public.

1985 c26 s5

Application for private hearing

43 An application that the public fatality inquiry or any part of it be held in camera may be made by any person referred to in section 49, and the application must be heard in camera.

1985 c26 s5;1998 c23 s7

Decision of judge final

44 No decision of the presiding judge that a hearing or any part of it be held in camera or in public shall be questioned or reviewed in any court, and no order shall be made or process entered or proceedings taken in any court, whether by way of certiorari, mandamus, injunction, declaratory judgment, prohibition, quo warranto or otherwise, to question, review, prohibit or restrain that decision.

1985 c26 s5

Refusal to disclose information

45 No person who is required to furnish information or to produce any document, paper or thing or is summoned to give evidence at a public fatality inquiry under this Act shall refuse to disclose the information, produce the document, paper or thing or give the evidence on the ground that an Act or regulation requires the person to maintain secrecy or not to disclose any matter.

1985 c26 s5;1998 c23 s7

Alberta Evidence Act paramount

45.1 For greater certainty, sections 38, 40 and 45 are subject to section 9 of the *Alberta Evidence Act*.

2005 c11 s14

Disclosure of evidence from a private hearing

46(1) No person shall knowingly and wilfully release, publish or disclose or cause to be released, published or disclosed to anyone

any oral testimony or documentary evidence introduced or heard in camera at a public fatality inquiry.

(2) Subsection (1) does not apply to

(a) oral testimony, or

(b) documentary evidence

contained in the findings of the judge or in the written report of the judge under section 53.

RSA 2000 cF-9 s46;2005 c11 s15

Staying of public fatality inquiry

47(1) The Minister or counsel appointed under section 35.1 may at any time before or during a public fatality inquiry stay the inquiry

(a) for the purpose of allowing a police investigation in respect of a death, or

(b) pending the determination of a charge where a person, in respect of a death, is charged under any statute in force in Alberta.

(2) Where a public fatality inquiry is stayed under subsection (1), the Minister may

(a) refer the matter back to the Board, or

(b) refer the matter back to the judge to continue the public fatality inquiry at a later date.

RSA 2000 cF-9 s47;2005 c11 s16

Incriminating questions

48(1) A witness at a public fatality inquiry is deemed to object to any question asked the witness if the answer to the question may tend to incriminate the witness or may tend to establish the witness's liability to a civil proceeding at the instance of the Crown or of any other person and no answer given by a witness at a public fatality inquiry may be used or be receivable in evidence against the witness in any trial or other proceeding subsequently taking place other than a prosecution for perjury in the giving of that evidence.

(2) When it appears at any stage of the public fatality inquiry that a witness is about to give evidence that would tend to incriminate the witness, it is the duty of the judge to inform the witness of the witness's rights under section 5 of the *Canada Evidence Act* (Canada).

RSA 1980 cF-6 s42;1998 c23 s7

Persons at public fatality inquiry

49(1) Repealed 2005 c11 s17.

(2) The following persons may appear at a public fatality inquiry either personally or through their legal counsel and may cross-examine witnesses and present arguments and submissions:

(a) any of the next of kin of the deceased;

(b) the personal representative of the deceased;

(c) a beneficiary under a policy of life insurance on the life of the deceased;

(d) any person who the judge, on application, determines has a direct and substantial interest in the subject-matter of the inquiry.

RSA 2000 cF-9 s49;2005 c11 s17

Limitation on examination of witnesses

50 The judge may at any time limit examination or cross-examination of witnesses when in the judge's opinion the examination or cross-examination is vexatious, irrelevant or unnecessary.

RSA 1980 cF-6 s44

Record of evidence

51 The judge shall cause a record of the evidence received at a public fatality inquiry to be made including a list of exhibits and witnesses.

RSA 1980 cF-6 s45;1998 c23 s7

Continuation of public fatality inquiry

52 If a public fatality inquiry is commenced by a judge who dies or retires or is removed from office before the completion of the public fatality inquiry, or who for any reason is unable to complete the public fatality inquiry, the Minister may appoint another judge to complete the public fatality inquiry or to conduct another public fatality inquiry.

RSA 1980 cF-6 s46;1994 cG-8.5 s89;1998 c23 s7

Findings after inquiry

53(1) At the conclusion of the public fatality inquiry, the judge shall make a written report to the Minister that shall contain findings as to the following:

(a) the identity of the deceased;

(b) the date, time and place of death;

(c) the circumstances under which the death occurred;

(d) the cause of death;

(e) the manner of death.

(2) A report under subsection (1) may contain recommendations as to the prevention of similar deaths.

(3) The findings of the judge shall not contain any findings of legal responsibility or any conclusion of law.

(4) The report and findings of the judge under subsection (1) and any recommendations under subsection (2) shall not disclose any matters heard or disclosed in camera, unless the judge is satisfied that the disclosure is essential in the public interest.

RSA 2000 cF-9 s53;2005 c11 s18

Publication of report

53.1 The Minister shall make a written report under section 53 available to the public in a form and manner the Minister considers appropriate.

2005 c11 s19

54 Repealed 2005 c11 s20.

Regulations

55 The Lieutenant Governor in Council may make regulations

(a) governing fees payable under this Act

(i) to witnesses, court reporters and interpreters, and

(ii) to persons who provide services under this Act;

(b) governing the procedures to be followed by medical examiners or investigators who conduct investigations under this Act;

(c) governing the procedures to be followed by pathologists who perform autopsies under this Act;

(d) prescribing reports, certificates and other documents that must be provided to medical examiners, the Chief Medical Examiner or the Board;

(e) prescribing a tariff of fees to be charged for services provided under this Act;

(f) designating any place as an institution for the purposes of section 11 or 12 or both;

(g) prescribing the persons and classes of persons to whom copies of autopsy reports made under section 27 shall be provided by the Chief Medical Examiner.

RSA 2000 cF-9 s55;2005 c11 s21

Offence and penalty

56 A person who contravenes this Act or the regulations is guilty of an offence and liable to a fine of not more than $1000 or to imprisonment for a term not exceeding 6 months.

RSA 1980 cF-6 s50

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Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

Amendments Not in Force

This consolidation incorporates only those amendments in force on the consolidation date shown on the cover. It does not include the following amendments:

2012 cE-0.3 s269 amends s1(d).

Regulations

The following is a list of the regulations made under the *Freedom of Information and Protection of Privacy Act* that are filed as Alberta Regulations under the Regulations Act

	Alta. Reg.	*Amendments*
Freedom of Information and Protection of Privacy Act		
Freedom of Information and Protection of Privacy	186/2008	*146/2009, 31/2012, 89/2013, 49/2015*
Freedom of Information and Protection of Privacy (Ministerial)	56/2009	*164/2009, 8/2010, 209/2013, 205/2014, 187/2016*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Chapter F-25

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HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) "adjudicator" means a person designated under section 75;

(b) "applicant" means a person who makes a request for access to a record under section 7(1);

(b.1) "biometric information" means information derived from an individual's unique measurable characteristics;

(c) "Commissioner" means the Information and Privacy Commissioner appointed under Part 4;

(d) "educational body" means

(i) a university as defined in the *Post-secondary Learning Act*,

(ii) a technical institute as defined in the *Post-secondary Learning Act*,

(iii) a public college as defined in the *Post-secondary Learning Act*,

(iv) Banff Centre as defined in the *Post-secondary Learning Act*,

(v) a board as defined in the *School Act*,

(vi) a charter school as defined in the *School Act*, or

(vii) a Regional authority as defined in the *School Act*;

(e) "employee", in relation to a public body, includes a person who performs a service for the public body as an appointee, volunteer or student or under a contract or agency relationship with the public body;

(f) "head", in relation to a public body, means

(i) if the public body is a department, branch or office of the Government of Alberta, the member of the Executive Council who presides over it,

(ii) if the public body is an agency, board, commission, corporation, office or other body designated as a public body in the regulations, the person designated by the member of the Executive Council responsible for that body to act as the head of that body or, if a head is not so designated, the person who acts as the chief officer and is charged with the administration and operation of that body,

(iii) if the public body is a local public body, the person or group of persons designated under section 95(a) as the head, and

(iv) in any other case, the chief officer of the public body;

(g) "health care body" means

(i) the board of an approved hospital as defined in the *Hospitals Act* other than an approved hospital that is

(A) owned or operated by a regional health authority under the *Regional Health Authorities Act*, or

(B) repealed 2008 cH-4.3 s15,

(ii) the operator of a nursing home as defined in the *Nursing Homes Act* other than a nursing home that is owned and operated by a regional health authority under the *Regional Health Authorities Act*,

(ii.i) the Health Quality Council of Alberta,

(iii) a provincial health board established under the *Regional Health Authorities Act*,

(iv) repealed 2008 cH-4.3 s15,

(v) a regional health authority under the *Regional Health Authorities Act*,

(vi) a community health council established under the *Regional Health Authorities Act*, or

(vii) a subsidiary health corporation as defined in the *Regional Health Authorities Act*;

(h) "law enforcement" means

(i) policing, including criminal intelligence operations,

(ii) a police, security or administrative investigation, including the complaint giving rise to the investigation, that leads or could lead to a penalty or sanction, including a penalty or sanction imposed by the body conducting the investigation or by another body to which the results of the investigation are referred, or

(iii) proceedings that lead or could lead to a penalty or sanction, including a penalty or sanction imposed by the body conducting the proceedings or by another body to which the results of the proceedings are referred;

(i) "local government body" means

(i) a municipality as defined in the *Municipal Government Act*,

(ii) an improvement district under the *Municipal Government Act*,

(iii) a special area as defined in the *Special Areas Act*,

(iv) a regional services commission under Part 15.1 of the *Municipal Government Act*,

(iv.1) a growth management board under Part 17.1 of the *Municipal Government Act*,

(v) a board established under the *Drainage Districts Act*,

(vi) a board established under the *Irrigation Districts Act*,

(vii) a management body established under the *Alberta Housing Act*,

(viii) a Metis settlement established under the *Metis Settlements Act*,

(ix) the Metis Settlements General Council established under the *Metis Settlements Act*,

(x) any

(A) commission,

(B) police service, or

(C) policing committee,

as defined in the *Police Act*,

(xi) any municipal library board, library system board, federation board or intermunicipal library board continued or established under the *Libraries Act*, or

(xii) any board, committee, commission, panel, agency or corporation that is created or owned by a body referred to in subclauses (i) to (xi) and all the members or officers of which are appointed or chosen by that body, but does not include EPCOR Utilities Inc. or ENMAX Corporation or any of their respective subsidiaries

(A) that own a gas utility as defined in the *Gas Utilities Act*,

(B) that own a generating unit, transmission facility or electric distribution system as defined in the *Electric Utilities Act*, or

(C) whose primary business activity consists of providing electricity services as defined in the *Electric Utilities Act*;

(j) "local public body" means

(i) an educational body,

(ii) a health care body, or

(iii) a local government body;

(k) "Minister" means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;

(l) "offence" means an offence under an enactment of Alberta or Canada;

(m) "officer of the Legislature" means the Auditor General, the Ombudsman, the Chief Electoral Officer, the Ethics Commissioner, the Information and Privacy Commissioner, the Child and Youth Advocate or the Public Interest Commissioner;

(n) "personal information" means recorded information about an identifiable individual, including

(i) the individual's name, home or business address or home or business telephone number,

(ii) the individual's race, national or ethnic origin, colour or religious or political beliefs or associations,

(iii) the individual's age, sex, marital status or family status,

(iv) an identifying number, symbol or other particular assigned to the individual,

(v) the individual's fingerprints, other biometric information, blood type, genetic information or inheritable characteristics,

(vi) information about the individual's health and health care history, including information about a physical or mental disability,

(vii) information about the individual's educational, financial, employment or criminal history, including criminal records where a pardon has been given,

(viii) anyone else's opinions about the individual, and

(ix) the individual's personal views or opinions, except if they are about someone else;

(o) "prescribed" means prescribed by the regulations;

(p) "public body" means

(i) a department, branch or office of the Government of Alberta,

(ii) an agency, board, commission, corporation, office or other body designated as a public body in the regulations,

(iii) the Executive Council Office,

(iv) the office of a member of the Executive Council,

(v) the Legislative Assembly Office,

(vi) the office of the Auditor General, the Ombudsman, the Chief Electoral Officer, the Ethics Commissioner, the

Information and Privacy Commissioner, the Child and Youth Advocate or the Public Interest Commissioner, or

(vii) a local public body,

but does not include

(viii) the office of the Speaker of the Legislative Assembly and the office of a Member of the Legislative Assembly, or

(ix) the Court of Appeal of Alberta, the Court of Queen's Bench of Alberta or The Provincial Court of Alberta;

(q) "record" means a record of information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner, but does not include software or any mechanism that produces records;

(r) "third party" means a person, a group of persons or an organization other than an applicant or a public body;

(s) "trade secret" means information, including a formula, pattern, compilation, program, device, product, method, technique or process

(i) that is used, or may be used, in business or for any commercial purpose,

(ii) that derives independent economic value, actual or potential, from not being generally known to anyone who can obtain economic value from its disclosure or use,

(iii) that is the subject of reasonable efforts to prevent it from becoming generally known, and

(iv) the disclosure of which would result in significant harm or undue financial loss or gain.

RSA 2000 cF-25 s1;RSA 2000 cH-5 s114;
RSA 2000 c16(Supp) s46;2003 cP-19.5 s139;
2003 c21 s2;2006 c5 s15;2008 cH-4.3 s15;
2011 cC-11.5 s30;2011 cH-7.2 s26;2012 cP-39.5 s58;
2013 c17 s10

Purposes of this Act

2 The purposes of this Act are

(a) to allow any person a right of access to the records in the custody or under the control of a public body subject to limited and specific exceptions as set out in this Act,

(b) to control the manner in which a public body may collect personal information from individuals, to control the use that a public body may make of that information and to control the disclosure by a public body of that information,

(c) to allow individuals, subject to limited and specific exceptions as set out in this Act, a right of access to personal information about themselves that is held by a public body,

(d) to allow individuals a right to request corrections to personal information about themselves that is held by a public body, and

(e) to provide for independent reviews of decisions made by public bodies under this Act and the resolution of complaints under this Act.

1994 cF-18.5 s2;1995 c17 s3

Scope of this Act

3 This Act

(a) is in addition to and does not replace existing procedures for access to information or records,

(b) does not affect access to records

(i) deposited in the Provincial Archives of Alberta, or

(ii) deposited in the archives of a public body

that were unrestricted before the coming into force of this Act,

(c) does not limit the information otherwise available by law to a party to legal proceedings,

(d) does not affect the power of any court or tribunal in Canada to compel a witness to testify or to compel the production of documents, and

(e) does not prohibit the transfer, storage or destruction of a record

(i) in accordance with an enactment of Alberta or Canada, or

(ii) in accordance with a bylaw, resolution or other legal instrument by which a local public body acts or, if a local public body does not have a bylaw, resolution or other legal instrument in respect of the transfer, storage or destruction of a record, as authorized by the governing body of the local public body.

RSA 2000 cF-25 s3;2006 c17 s2

Records to which this Act applies

4(1) This Act applies to all records in the custody or under the control of a public body, including court administration records, but does not apply to the following:

(a) information in a court file, a record of a judge of the Court of Appeal of Alberta, the Court of Queen's Bench of Alberta or The Provincial Court of Alberta, a record of a master of the Court of Queen's Bench of Alberta, a record of a justice of the peace other than a non-presiding justice of the peace under the *Justice of the Peace Act*, a judicial administration record or a record relating to support services provided to the judges of any of the courts referred to in this clause;

(b) a personal note, communication or draft decision created by or for a person who is acting in a judicial or quasi-judicial capacity including any authority designated by the Lieutenant Governor in Council to which the *Administrative Procedures Act* applies;

(c) a quality assurance record within the meaning of section 9 of the *Alberta Evidence Act*;

(d) a record that is created by or for or is in the custody or under the control of an officer of the Legislature and relates to the exercise of that officer's functions under an Act of Alberta;

(e) information that is collected by or for or is in the custody or under the control of the Ethics Commissioner and relates to the disclosure statements of deputy ministers and other senior officers that have been deposited with the Ethics Commissioner;

(f) a record that is created by or for or is in the custody or under the control of the Ethics Commissioner and relates to any advice relating to conflicts of interest whether or not the advice was given under the *Conflicts of Interest Act*;

(g) a question that is to be used on an examination or test;

(h) teaching materials

(i) of an employee of a post-secondary educational body,

(ii) of a post-secondary educational body, or

(iii) of both an employee of a post-secondary educational body and the post-secondary educational body;

(i) research information of an employee of a post-secondary educational body;

(j) material that has been deposited in the Provincial Archives of Alberta or the archives of a public body by or for a person or entity other than a public body;

(j.1) published works collected by a library of a public body in accordance with the library's acquisition of materials policy;

(k) a record relating to a prosecution if all proceedings in respect of the prosecution have not been completed;

(l) a record made from information

(i) in the Personal Property Registry,

(ii) in the office of the Registrar of Motor Vehicle Services,

(iii) in the office of the Registrar of Corporations,

(iv) in the office of the Registrar of Companies,

(v) in a Land Titles Office,

(vi) in the office of the Registrar of Vital Statistics, or

(vii) in a registry operated by a public body if that registry is authorized or recognized by an enactment and public access to the registry is normally permitted;

(m) a personal record or constituency record of an elected member of a local public body;

(n) a personal record of an appointed or elected member of the governing body of a local public body;

(o) a personal record or constituency record of a member of the Executive Council;

(p) a record created by or for the office of the Speaker of the Legislative Assembly or the office of a Member of the

Legislative Assembly that is in the custody or control of the Legislative Assembly Office;

(q) a record created by or for

(i) a member of the Executive Council,

(ii) a Member of the Legislative Assembly, or

(iii) a chair of a Provincial agency as defined in the *Financial Administration Act* who is a Member of the Legislative Assembly

that has been sent or is to be sent to a member of the Executive Council, a Member of the Legislative Assembly or a chair of a Provincial agency as defined in the *Financial Administration Act* who is a Member of the Legislative Assembly;

(r) a record in the custody or control of a treasury branch other than a record that relates to a non-arm's length transaction between the Government of Alberta and another party;

(s) a record relating to the business or affairs of Credit Union Central Alberta Limited, a credit union or a dissolved credit union or relating to an application for incorporation as a credit union that is obtained or produced in the course of administering or enforcing the *Credit Union Act* or the regulations under it, other than a record that relates to a non-arm's length transaction between the Government and another party;

(t) a record of the information referred to in section 120(3) of the *Credit Union Act* or respecting loans made by a credit union that are subsequently assumed by the Credit Union Deposit Guarantee Corporation;

(u) health information as defined in the *Health Information Act* that is in the custody or under the control of a public body that is a custodian as defined in the *Health Information Act*.

(2) In this section and sections 23(1)(b) and 94(1)(n), "governing body"

(a) in relation to a university, means the board of governors or the general faculties council as described in the *Post-secondary Learning Act*,

(b) in relation to a public college, means the board of governors or the academic council as described in the *Post-secondary Learning Act*, and

(c) in relation to a technical institute, means the board of governors or the academic council as described in the *Post-secondary Learning Act*.

(3) In this section, "judicial administration record" means a record containing information relating to a judge of the Court of Appeal of Alberta, the Court of Queen's Bench of Alberta or The Provincial Court of Alberta or to a master of the Court of Queen's Bench of Alberta or a justice of the peace other than a non-presiding justice of the peace under the *Justice of the Peace Act*, and includes

(a) the scheduling of judges and trials,

(b) the content of judicial training programs,

(c) statistics of judicial activity prepared by or for a judge, and

(d) any record of the Judicial Council established under Part 6 of the *Judicature Act*.

(4) For the purposes of subsection (1)(r) and (s), a non-arm's length transaction is any transaction that has been approved

(a) by the Executive Council or any of its committees,

(b) by the Treasury Board or any of its committees, or

(c) by a member of the Executive Council.

RSA 2000 cF-25 s4;RSA 2000 cH-5 s114;
RSA 2000 s16(Supp) s46;2003 cP-19.5 s139;
2003 c21 s3;2006 c17 s3;2007 cV-4.1 s84;2011 c20 s8

Relationship to other Acts

5 If a provision of this Act is inconsistent or in conflict with a provision of another enactment, the provision of this Act prevails unless

(a) another Act, or

(b) a regulation under this Act

expressly provides that the other Act or regulation, or a provision of it, prevails despite this Act.

1994 cF-18.5 s5;1999 c23 s5

Part 1
Freedom of Information

Division 1
Obtaining Access to Records

Information rights

6(1) An applicant has a right of access to any record in the custody or under the control of a public body, including a record containing personal information about the applicant.

(2) The right of access to a record does not extend to information excepted from disclosure under Division 2 of this Part, but if that information can reasonably be severed from a record, an applicant has a right of access to the remainder of the record.

(3) The right of access to a record is subject to the payment of any fee required by the regulations.

(4) The right of access does not extend

(a) to a record created solely for the purpose of briefing a member of the Executive Council in respect of assuming responsibility for a ministry, or

(b) to a record created solely for the purpose of briefing a member of the Executive Council in preparation for a sitting of the Legislative Assembly.

(5) Subsection (4)(a) does not apply to a record described in that clause if 5 years or more has elapsed since the member of the Executive Council was appointed as the member responsible for the ministry.

(6) Subsection (4)(b) does not apply to a record described in that clause if 5 years or more has elapsed since the beginning of the sitting in respect of which the record was created.

(7) The right of access to a record does not extend to a record relating to an audit by the Chief Internal Auditor of Alberta that is in the custody of the Chief Internal Auditor of Alberta or any person under the administration of the Chief Internal Auditor of Alberta, irrespective of whether the record was created by or for or supplied to the Chief Internal Auditor of Alberta.

(8) Subsection (7) does not apply to a record described in that subsection

(a) if 15 years or more has elapsed since the audit to which the record relates was completed, or

(b) if the audit to which the record relates was discontinued or if no progress has been made on the audit for 15 years or more.

RSA 2000 cF-25 s6;2006 c17 s4

How to make a request

7(1) To obtain access to a record, a person must make a request to the public body that the person believes has custody or control of the record.

(2) A request must be in writing and must provide enough detail to enable the public body to identify the record.

(3) In a request, the applicant may ask

(a) for a copy of the record, or

(b) to examine the record.

1994 cF-18.5 s7

Abandoned request

8(1) Where the head of a public body contacts an applicant in writing respecting the applicant's request, including

(a) seeking further information from the applicant that is necessary to process the request, or

(b) requesting the applicant to pay a fee or to agree to pay a fee,

and the applicant fails to respond to the head of the public body, as requested by the head, within 30 days after being contacted, the head of the public body may, by notice in writing to the applicant, declare the request abandoned.

(2) A notice under subsection (1) must state that the applicant may ask for a review under Part 5.

1999 c23 s6

Continuing request

9(1) The applicant may indicate in a request that the request, if granted, continues to have effect for a specified period of up to 2 years.

(2) The head of a public body granting a request that continues to have effect for a specified period must provide to the applicant

(a) a schedule showing dates in the specified period on which the request will be deemed to have been received and explaining why those dates were chosen, and

(b) a statement that the applicant may ask the Commissioner to review the schedule.

(3) This Act applies to a request that continues to have effect for a specified period as if a new request were made on each of the dates shown in the schedule.

1994 cF-18.5 s8

Duty to assist applicants

10(1) The head of a public body must make every reasonable effort to assist applicants and to respond to each applicant openly, accurately and completely.

(2) The head of a public body must create a record for an applicant if

(a) the record can be created from a record that is in electronic form and in the custody or under the control of the public body, using its normal computer hardware and software and technical expertise, and

(b) creating the record would not unreasonably interfere with the operations of the public body.

1994 cF-18.5 s9

Time limit for responding

11(1) The head of a public body must make every reasonable effort to respond to a request not later than 30 days after receiving it unless

(a) that time limit is extended under section 14, or

(b) the request has been transferred under section 15 to another public body.

(2) The failure of the head to respond to a request within the 30-day period or any extended period is to be treated as a decision to refuse access to the record.

1994 cF-18.5 s10

Contents of response

12(1) In a response under section 11, the applicant must be told

(a) whether access to the record or part of it is granted or refused,

(b) if access to the record or part of it is granted, where, when and how access will be given, and

(c) if access to the record or to part of it is refused,

(i) the reasons for the refusal and the provision of this Act on which the refusal is based,

(ii) the name, title, business address and business telephone number of an officer or employee of the public body who can answer the applicant's questions about the refusal, and

(iii) that the applicant may ask for a review of that decision by the Commissioner or an adjudicator, as the case may be.

(2) Despite subsection (1)(c)(i), the head of a public body may, in a response, refuse to confirm or deny the existence of

(a) a record containing information described in section 18 or 20, or

(b) a record containing personal information about a third party if disclosing the existence of the information would be an unreasonable invasion of the third party's personal privacy.

1994 cF-18.5 s11

How access will be given

13(1) If an applicant is told under section 12(1) that access will be granted, the head of the public body must comply with this section.

(2) If the applicant has asked for a copy of a record and the record can reasonably be reproduced,

(a) a copy of the record or part of it must be provided with the response, or

(b) the applicant must be given reasons for any delay in providing the copy.

(3) If there will be a delay in providing the copy under subsection (2), the applicant must be told where, when and how the copy will be provided.

(4) If the applicant has asked to examine a record or for a copy of a record that cannot reasonably be reproduced, the applicant

(a) must be permitted to examine the record or part of it, or

(b) must be given access in accordance with the regulations.

1994 cF-18.5 s12;1995 c17 s6

Extending time limit for responding

14(1) The head of a public body may extend the time for responding to a request for up to 30 days or, with the Commissioner's permission, for a longer period if

(a) the applicant does not give enough detail to enable the public body to identify a requested record,

(b) a large number of records are requested or must be searched and responding within the period set out in section 11 would unreasonably interfere with the operations of the public body,

(c) more time is needed to consult with a third party or another public body before deciding whether to grant access to a record, or

(d) a third party asks for a review under section 65(2) or 77(3).

(2) The head of a public body may, with the Commissioner's permission, extend the time for responding to a request if multiple concurrent requests have been made by the same applicant or multiple concurrent requests have been made by 2 or more applicants who work for the same organization or who work in association with each other.

(3) Despite subsection (1), where the head of a public body is considering giving access to a record to which section 30 applies, the head of the public body may extend the time for responding to the request for the period of time necessary to enable the head to comply with the requirements of section 31.

(4) If the time for responding to a request is extended under subsection (1), (2) or (3), the head of the public body must tell the applicant

(a) the reason for the extension,

(b) when a response can be expected, and

(c) that the applicant may make a complaint to the Commissioner or to an adjudicator, as the case may be, about the extension.

1994 cF-18.5 s13;1999 c23 s7

Transferring a request

15(1) Within 15 days after a request for access to a record is received by a public body, the head of the public body may transfer the request and, if necessary, the record to another public body if

(a) the record was produced by or for the other public body,

(b) the other public body was the first to obtain the record, or

(c) the record is in the custody or under the control of the other public body.

(2) If a request is transferred under subsection (1),

(a) the head of the public body who transferred the request must notify the applicant of the transfer as soon as possible, and

(b) the head of the public body to which the request is transferred must make every reasonable effort to respond to the request not later than 30 days after receiving the request unless that time limit is extended under section 14.

1994 cF-18.5 s14;1995 c17 s7

Request under section 7 deemed to be a request under HIA

15.1(1) If a request is made under section 7(1) for access to a record that contains information to which the *Health Information Act* applies, the part of the request that relates to that information is deemed to be a request under section 8(1) of the *Health Information Act* and that Act applies as if the request had been made under section 8(1) of that Act.

(2) Subsection (1) does not apply if the public body that receives the request is not a custodian as defined in the *Health Information Act*.

RSA 2000 cH-5 s114

Division 2
Exceptions to Disclosure

Disclosure harmful to business interests of a third party

16(1) The head of a public body must refuse to disclose to an applicant information

(a) that would reveal

(i) trade secrets of a third party, or

(ii) commercial, financial, labour relations, scientific or technical information of a third party,

(b) that is supplied, explicitly or implicitly, in confidence, and

(c) the disclosure of which could reasonably be expected to

(i) harm significantly the competitive position or interfere significantly with the negotiating position of the third party,

(ii) result in similar information no longer being supplied to the public body when it is in the public interest that similar information continue to be supplied,

(iii) result in undue financial loss or gain to any person or organization, or

(iv) reveal information supplied to, or the report of, an arbitrator, mediator, labour relations officer or other person or body appointed to resolve or inquire into a labour relations dispute.

(2) The head of a public body must refuse to disclose to an applicant information about a third party that was collected on a tax return or collected for the purpose of determining tax liability or collecting a tax.

(3) Subsections (1) and (2) do not apply if

(a) the third party consents to the disclosure,

(b) an enactment of Alberta or Canada authorizes or requires the information to be disclosed,

(c) the information relates to a non-arm's length transaction between a public body and another party, or

(d) the information is in a record that is in the custody or under the control of the Provincial Archives of Alberta or the archives of a public body and has been in existence for 50 years or more.

RSA 2000 cF-25 s16;2003 c21 s4

Disclosure harmful to personal privacy

17(1) The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.

(2) A disclosure of personal information is not an unreasonable invasion of a third party's personal privacy if

(a) the third party has, in the prescribed manner, consented to or requested the disclosure,

(b) there are compelling circumstances affecting anyone's health or safety and written notice of the disclosure is given to the third party,

(c) an Act of Alberta or Canada authorizes or requires the disclosure,

(d) repealed 2003 c21 s5,

(e) the information is about the third party's classification, salary range, discretionary benefits or employment responsibilities as an officer, employee or member of a public body or as a member of the staff of a member of the Executive Council,

(f) the disclosure reveals financial and other details of a contract to supply goods or services to a public body,

(g) the information is about a licence, permit or other similar discretionary benefit relating to

(i) a commercial or professional activity, that has been granted to the third party by a public body, or

(ii) real property, including a development permit or building permit, that has been granted to the third party by a public body,

and the disclosure is limited to the name of the third party and the nature of the licence, permit or other similar discretionary benefit,

(h) the disclosure reveals details of a discretionary benefit of a financial nature granted to the third party by a public body,

(i) the personal information is about an individual who has been dead for 25 years or more, or

(j) subject to subsection (3), the disclosure is not contrary to the public interest and reveals only the following personal information about a third party:

(i) enrolment in a school of an educational body or in a program offered by a post-secondary educational body,

(ii) repealed 2003 c21 s5,

(iii) attendance at or participation in a public event or activity related to a public body, including a graduation ceremony, sporting event, cultural program or club, or field trip, or

(iv) receipt of an honour or award granted by or through a public body.

(3) The disclosure of personal information under subsection (2)(j) is an unreasonable invasion of personal privacy if the third party whom the information is about has requested that the information not be disclosed.

(4) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy if

(a) the personal information relates to a medical, psychiatric or psychological history, diagnosis, condition, treatment or evaluation,

(b) the personal information is an identifiable part of a law enforcement record, except to the extent that the disclosure is necessary to dispose of the law enforcement matter or to continue an investigation,

(c) the personal information relates to eligibility for income assistance or social service benefits or to the determination of benefit levels,

(d) the personal information relates to employment or educational history,

(e) the personal information was collected on a tax return or gathered for the purpose of collecting a tax,

(e.1) the personal information consists of an individual's bank account information or credit card information,

(f) the personal information consists of personal recommendations or evaluations, character references or personnel evaluations,

(g) the personal information consists of the third party's name when

(i) it appears with other personal information about the third party, or

(ii) the disclosure of the name itself would reveal personal information about the third party,

or

(h) the personal information indicates the third party's racial or ethnic origin or religious or political beliefs or associations.

(5) In determining under subsections (1) and (4) whether a disclosure of personal information constitutes an unreasonable invasion of a third party's personal privacy, the head of a public body must consider all the relevant circumstances, including whether

(a) the disclosure is desirable for the purpose of subjecting the activities of the Government of Alberta or a public body to public scrutiny,

(b) the disclosure is likely to promote public health and safety or the protection of the environment,

(c) the personal information is relevant to a fair determination of the applicant's rights,

(d) the disclosure will assist in researching or validating the claims, disputes or grievances of aboriginal people,

(e) the third party will be exposed unfairly to financial or other harm,

(f) the personal information has been supplied in confidence,

(g) the personal information is likely to be inaccurate or unreliable,

(h) the disclosure may unfairly damage the reputation of any person referred to in the record requested by the applicant, and

(i) the personal information was originally provided by the applicant.

RSA 2000 cF-25 s17;2003 c21 s5

Disclosure harmful to individual or public safety

18(1) The head of a public body may refuse to disclose to an applicant information, including personal information about the applicant, if the disclosure could reasonably be expected to

(a) threaten anyone else's safety or mental or physical health, or

(b) interfere with public safety.

(2) The head of a public body may refuse to disclose to an applicant personal information about the applicant if, in the opinion of a physician, a regulated member of the College of Alberta Psychologists or a psychiatrist or any other appropriate expert depending on the circumstances of the case, the disclosure could reasonably be expected to result in immediate and grave harm to the applicant's health or safety.

(3) The head of a public body may refuse to disclose to an applicant information in a record that reveals the identity of an individual who has provided information to the public body in confidence about a threat to an individual's safety or mental or physical health.

RSA 2000 cF-25 s18;2000 cH-7 s153

Confidential evaluations

19(1) The head of a public body may refuse to disclose to an applicant personal information that is evaluative or opinion material compiled for the purpose of determining the applicant's suitability, eligibility or qualifications for employment or for the awarding of contracts or other benefits by a public body when the information is provided, explicitly or implicitly, in confidence.

(2) The head of a public body may refuse to disclose to an applicant personal information that identifies or could reasonably identify a participant in a formal employee evaluation process concerning the applicant when the information is provided, explicitly or implicitly, in confidence.

(3) For the purpose of subsection (2), "participant" includes a peer, subordinate or client of an applicant, but does not include the applicant's supervisor or superior.

1994 cF-18.5 s18;1999 c23 s11

Disclosure harmful to law enforcement

20(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(a) harm a law enforcement matter,

(b) prejudice the defence of Canada or of any foreign state allied to or associated with Canada,

(b.1) disclose activities suspected of constituting threats to the security of Canada within the meaning of the *Canadian Security Intelligence Service Act* (Canada),

(c) harm the effectiveness of investigative techniques and procedures currently used, or likely to be used, in law enforcement,

(d) reveal the identity of a confidential source of law enforcement information,

(e) reveal criminal intelligence that has a reasonable connection with the detection, prevention or suppression of organized criminal activities or of serious and repetitive criminal activities,

(f) interfere with or harm an ongoing or unsolved law enforcement investigation, including a police investigation,

(g) reveal any information relating to or used in the exercise of prosecutorial discretion,

(h) deprive a person of the right to a fair trial or impartial adjudication,

(i) reveal a record that has been confiscated from a person by a peace officer in accordance with a law,

(j) facilitate the escape from custody of an individual who is being lawfully detained,

(k) facilitate the commission of an unlawful act or hamper the control of crime,

(l) reveal technical information relating to weapons or potential weapons,

(m) harm the security of any property or system, including a building, a vehicle, a computer system or a communications system, or

(n) reveal information in a correctional record supplied, explicitly or implicitly, in confidence.

(2) Subsection (1)(g) does not apply to information that has been in existence for 10 years or more.

(3) The head of a public body may refuse to disclose information to an applicant if the information

(a) is in a law enforcement record and the disclosure could reasonably be expected to expose to civil liability the author of the record or an individual who has been quoted or paraphrased in the record, or

(b) is about the history, supervision or release of an individual who is under the control or supervision of a correctional authority and the disclosure could reasonably be expected to harm the proper custody or supervision of that person.

(4) The head of a public body must refuse to disclose information to an applicant if the information is in a law enforcement record and the disclosure would be an offence under an Act of Canada.

(5) Subsections (1) and (3) do not apply to

(a) a report prepared in the course of routine inspections by an agency that is authorized to enforce compliance with an Act of Alberta, or

(b) a report, including statistical analysis, on the degree of success achieved in a law enforcement program unless disclosure of the report could reasonably be expected to interfere with or harm any of the matters referred to in subsection (1) or (3).

(6) After a police investigation is completed, the head of a public body may disclose under this section the reasons for a decision not to prosecute

(a) to a person who knew of and was significantly interested in the investigation, including a victim or a relative or friend of a victim, or

(b) to any other member of the public, if the fact of the investigation was made public.

RSA 2000 cF-25 s20;2002 c32 s7

Disclosure harmful to intergovernmental relations

21(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(a) harm relations between the Government of Alberta or its agencies and any of the following or their agencies:

(i) the Government of Canada or a province or territory of Canada,

(ii) a local government body,

(iii) an aboriginal organization that exercises government functions, including

(A) the council of a band as defined in the *Indian Act* (Canada), and

(B) an organization established to negotiate or implement, on behalf of aboriginal people, a treaty or land claim agreement with the Government of Canada,

(iv) the government of a foreign state, or

(v) an international organization of states,

or

(b) reveal information supplied, explicitly or implicitly, in confidence by a government, local government body or an organization listed in clause (a) or its agencies.

(2) The head of a public body may disclose information referred to in subsection (1)(a) only with the consent of the Minister in consultation with the Executive Council.

(3) The head of a public body may disclose information referred to in subsection (1)(b) only with the consent of the government, local government body or organization that supplies the information, or its agency.

(4) This section does not apply to information that has been in existence in a record for 15 years or more.

1994 cF-18.5 s20;1995 c17 s9;1999 c23 s13

Cabinet and Treasury Board confidences

22(1) The head of a public body must refuse to disclose to an applicant information that would reveal the substance of deliberations of the Executive Council or any of its committees or of the Treasury Board or any of its committees, including any advice, recommendations, policy considerations or draft legislation or regulations submitted or prepared for submission to the Executive Council or any of its committees or to the Treasury Board or any of its committees.

(2) Subsection (1) does not apply to

(a) information in a record that has been in existence for 15 years or more,

(b) information in a record of a decision made by the Executive Council or any of its committees on an appeal under an Act, or

(c) information in a record the purpose of which is to present background facts to the Executive Council or any of its committees or to the Treasury Board or any of its committees for consideration in making a decision if

(i) the decision has been made public,

(ii) the decision has been implemented, or

(iii) 5 years or more have passed since the decision was made or considered.

1994 cF-18.5 s21

Local public body confidences

23(1) The head of a local public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to reveal

(a) a draft of a resolution, bylaw or other legal instrument by which the local public body acts, or

(b) the substance of deliberations of a meeting of its elected officials or of its governing body or a committee of its governing body, if an Act or a regulation under this Act authorizes the holding of that meeting in the absence of the public.

(2) Subsection (1) does not apply if

(a) the draft of the resolution, bylaw or other legal instrument or the subject-matter of the deliberation has been considered in a meeting open to the public, or

(b) the information referred to in that subsection is in a record that has been in existence for 15 years or more.

1994 cF-18.5 s22

Advice from officials

24(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to reveal

(a) advice, proposals, recommendations, analyses or policy options developed by or for a public body or a member of the Executive Council,

(b) consultations or deliberations involving

(i) officers or employees of a public body,

(ii) a member of the Executive Council, or

(iii) the staff of a member of the Executive Council,

(c) positions, plans, procedures, criteria or instructions developed for the purpose of contractual or other negotiations by or on behalf of the Government of Alberta or a public body, or considerations that relate to those negotiations,

(d) plans relating to the management of personnel or the administration of a public body that have not yet been implemented,

(e) the contents of draft legislation, regulations and orders of members of the Executive Council or the Lieutenant Governor in Council,

(f) the contents of agendas or minutes of meetings

(i) of the governing body of an agency, board, commission, corporation, office or other body that is designated as a public body in the regulations, or

(ii) of a committee of a governing body referred to in subclause (i),

(g) information, including the proposed plans, policies or projects of a public body, the disclosure of which could reasonably be expected to result in disclosure of a pending policy or budgetary decision, or

(h) the contents of a formal research or audit report that in the opinion of the head of the public body is incomplete unless no progress has been made on the report for at least 3 years.

(2) This section does not apply to information that

(a) has been in existence for 15 years or more,

(b) is a statement of the reasons for a decision that is made in the exercise of a discretionary power or an adjudicative function,

(c) is the result of product or environmental testing carried out by or for a public body, that is complete or on which no progress has been made for at least 3 years, unless the testing was done

(i) for a fee as a service to a person other than a public body, or

(ii) for the purpose of developing methods of testing or testing products for possible purchase,

(d) is a statistical survey,

(e) is the result of background research of a scientific or technical nature undertaken in connection with the formulation of a policy proposal, that is complete or on which no progress has been made for at least 3 years,

(f) is an instruction or guideline issued to the officers or employees of a public body, or

(g) is a substantive rule or statement of policy that has been adopted by a public body for the purpose of interpreting an Act or regulation or administering a program or activity of the public body.

(2.1) The head of a public body must refuse to disclose to an applicant

(a) a record relating to an audit by the Chief Internal Auditor of Alberta that is created by or for the Chief Internal Auditor of Alberta, or

(b) information that would reveal information about an audit by the Chief Internal Auditor of Alberta.

(2.2) Subsection (2.1) does not apply to a record or information described in that subsection

(a) if 15 years or more has elapsed since the audit to which the record or information relates was completed, or

(b) if the audit to which the record or information relates was discontinued or if no progress has been made on the audit for 15 years or more.

(3) In this section, "audit" means a financial or other formal and systematic examination or review of a program, portion of a program or activity.

RSA 2000 cF-25 s24;2006 c17 s5

Disclosure harmful to economic and other interests of a public body

25(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be

expected to harm the economic interest of a public body or the Government of Alberta or the ability of the Government to manage the economy, including the following information:

(a) trade secrets of a public body or the Government of Alberta;

(b) financial, commercial, scientific, technical or other information in which a public body or the Government of Alberta has a proprietary interest or a right of use and that has, or is reasonably likely to have, monetary value;

(c) information the disclosure of which could reasonably be expected to

(i) result in financial loss to,

(ii) prejudice the competitive position of, or

(iii) interfere with contractual or other negotiations of,

the Government of Alberta or a public body;

(d) information obtained through research by an employee of a public body, the disclosure of which could reasonably be expected to deprive the employee or the public body of priority of publication.

(2) The head of a public body must not refuse to disclose under subsection (1) the results of product or environmental testing carried out by or for a public body, unless the testing was done

(a) for a fee as a service to a person, other than the public body, or

(b) for the purpose of developing methods of testing or testing products for possible purchase.

1994 cF-18.5 s24;1999 c23 s15

Testing procedures, tests and audits

26 The head of a public body may refuse to disclose to an applicant information relating to

(a) testing or auditing procedures or techniques,

(b) details of specific tests to be given or audits to be conducted, or

(c) standardized tests used by a public body, including intelligence tests,

if disclosure could reasonably be expected to prejudice the use or results of particular tests or audits.

1994 cF-18.5 s25;1999 c23 s16

Privileged information

27(1) The head of a public body may refuse to disclose to an applicant

(a) information that is subject to any type of legal privilege, including solicitor-client privilege or parliamentary privilege,

(b) information prepared by or for

(i) the Minister of Justice and Solicitor General,

(ii) an agent or lawyer of the Minister of Justice and Solicitor General, or

(iii) an agent or lawyer of a public body,

in relation to a matter involving the provision of legal services, or

(c) information in correspondence between

(i) the Minister of Justice and Solicitor General,

(ii) an agent or lawyer of the Minister of Justice and Solicitor General, or

(iii) an agent or lawyer of a public body,

and any other person in relation to a matter involving the provision of advice or other services by the Minister of Justice and Solicitor General or by the agent or lawyer.

(2) The head of a public body must refuse to disclose information described in subsection (1)(a) that relates to a person other than a public body.

(3) Only the Speaker of the Legislative Assembly may determine whether information is subject to parliamentary privilege.

RSA 2000 cF-25 s27;2013 c10 s34

Disclosure harmful to the conservation of heritage sites, etc.

28 The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to result in damage to or interfere with the conservation of

(a) any historic resource as defined in the *Historical Resources Act*, or

(b) any rare, endangered, threatened or vulnerable form of life.

1994 cF-18.5 s27;1995 c17 s11

Information that is or will be available to the public

29(1) The head of a public body may refuse to disclose to an applicant information

(a) that is readily available to the public,

(a.1) that is available for purchase by the public, or

(b) that is to be published or released to the public within 60 days after the applicant's request is received.

(2) The head of a public body must notify an applicant of the publication or release of information that the head has refused to disclose under subsection (1)(b).

(3) If the information is not published or released within 60 days after the applicant's request is received, the head of the public body must reconsider the request as if it were a new request received on the last day of that period, and access to the information requested must not be refused under subsection (1)(b).

RSA 2000 cF-25 s29;2003 c21 s6

Division 3
Third Party Intervention

Notifying the third party

30(1) When the head of a public body is considering giving access to a record that may contain information

(a) that affects the interests of a third party under section 16, or

(b) the disclosure of which may be an unreasonable invasion of a third party's personal privacy under section 17,

the head must, where practicable and as soon as practicable, give written notice to the third party in accordance with subsection (4).

(1.1) Subsection (1) does not apply to information that the head of a public body may refuse to disclose in accordance with section 29.

(2) Subsection (1) does not apply to a record containing information described in section 17(2)(j).

(3) If the head of a public body does not intend to give access to a record that contains information excepted from disclosure under section 16 or 17, the head may give written notice to the third party in accordance with subsection (4).

(4) A notice under this section must

(a) state that a request has been made for access to a record that may contain information the disclosure of which would affect the interests or invade the personal privacy of the third party,

(b) include a copy of the record or part of it containing the information in question or describe the contents of the record, and

(c) state that, within 20 days after the notice is given, the third party may, in writing, consent to the disclosure or make representations to the public body explaining why the information should not be disclosed.

(5) When notice is given under subsection (1), the head of the public body must also give the applicant a notice stating that

(a) the record requested by the applicant may contain information the disclosure of which would affect the interests or invade the personal privacy of a third party,

(b) the third party is being given an opportunity to make representations concerning disclosure, and

(c) a decision will be made within 30 days after the day notice is given under subsection (1).

RSA 2000 cF-25 s30;2003 c21 s7

Time limit and notice of decision

31(1) Within 30 days after notice is given pursuant to section 30(1) or (2), the head of the public body must decide whether to give access to the record or to part of the record, but no decision may be made before the earlier of

(a) 21 days after the day notice is given, and

(b) the day a response is received from the third party.

(2) On reaching a decision under subsection (1), the head of the public body must give written notice of the decision, including reasons for the decision, to the applicant and the third party.

(3) If the head of the public body decides to give access to the record or part of the record, the notice under subsection (2) must state that the applicant will be given access unless the third party asks for a review under Part 5 within 20 days after that notice is given.

(4) If the head of the public body decides not to give access to the record or part of the record, the notice under subsection (2) must state that the applicant may ask for a review under Part 5.

1994 cF-18.5 s30

Division 4
Public Health and Safety

Information must be disclosed if in the public interest

32(1) Whether or not a request for access is made, the head of a public body must, without delay, disclose to the public, to an affected group of people, to any person or to an applicant

(a) information about a risk of significant harm to the environment or to the health or safety of the public, of the affected group of people, of the person or of the applicant, or

(b) information the disclosure of which is, for any other reason, clearly in the public interest.

(2) Subsection (1) applies despite any other provision of this Act.

(3) Before disclosing information under subsection (1), the head of a public body must, where practicable,

(a) notify any third party to whom the information relates,

(b) give the third party an opportunity to make representations relating to the disclosure, and

(c) notify the Commissioner.

(4) If it is not practicable to comply with subsection (3), the head of the public body must give written notice of the disclosure

(a) to the third party, and

(b) to the Commissioner.

RSA 2000 cF-25 s32;2003 c21 s8

Part 2
Protection of Privacy

Division 1
Collection of Personal Information

Purpose of collection of information

33 No personal information may be collected by or for a public body unless

(a) the collection of that information is expressly authorized by an enactment of Alberta or Canada,

(b) that information is collected for the purposes of law enforcement, or

(c) that information relates directly to and is necessary for an operating program or activity of the public body.

1994 cF-18.5 s32;1999 c23 s19

Manner of collection of information

34(1) A public body must collect personal information directly from the individual the information is about unless

(a) another method of collection is authorized by

(i) that individual,

(ii) another Act or a regulation under another Act, or

(iii) the Commissioner under section 53(1)(h) of this Act,

(b) the information may be disclosed to the public body under Division 2 of this Part,

(c) the information is collected in a health or safety emergency where

(i) the individual is not able to provide the information directly, or

(ii) direct collection could reasonably be expected to endanger the mental or physical health or safety of the individual or another person,

(d) the information concerns an individual who is designated as a person to be contacted in an emergency or other specified circumstances,

(e) the information is collected for the purpose of determining suitability for an honour or award, including an honorary degree, scholarship, prize or bursary,

(f) the information is collected from published or other public sources for the purpose of fund-raising,

(g) the information is collected for the purpose of law enforcement,

(h) the information is collected for the purpose of collecting a fine or a debt owed to the Government of Alberta or a public body,

(i) the information concerns the history, release or supervision of an individual under the control or supervision of a correctional authority,

(j) the information is collected for use in the provision of legal services to the Government of Alberta or a public body,

(k) the information is necessary

(i) to determine the eligibility of an individual to participate in a program of or receive a benefit, product or service from the Government of Alberta or a public body and is collected in the course of processing an application made by or on behalf of the individual the information is about, or

(ii) to verify the eligibility of an individual who is participating in a program of or receiving a benefit, product or service from the Government of Alberta or a public body and is collected for that purpose,

(l) the information is collected for the purpose of informing the Public Trustee or a Public Guardian about clients or potential clients,

(m) the information is collected for the purpose of enforcing a maintenance order under the *Maintenance Enforcement Act*,

(n) the information is collected for the purpose of managing or administering personnel of the Government of Alberta or the public body, or

(o) the information is collected for the purpose of assisting in researching or validating the claims, disputes or grievances of aboriginal people.

(2) A public body that collects personal information that is required by subsection (1) to be collected directly from the individual the information is about must inform the individual of

(a) the purpose for which the information is collected,

(b) the specific legal authority for the collection, and

(c) the title, business address and business telephone number of an officer or employee of the public body who can answer the individual's questions about the collection.

(3) Subsections (1) and (2) do not apply if, in the opinion of the head of the public body concerned, it could reasonably be expected that the information collected would be inaccurate.

RSA 2000 cF-25 s34;2008 cA-4.2 s130

Accuracy and retention

35 If an individual's personal information will be used by a public body to make a decision that directly affects the individual, the public body must

(a) make every reasonable effort to ensure that the information is accurate and complete, and

(b) retain the personal information for at least one year after using it so that the individual has a reasonable opportunity to obtain access to it, or for any shorter period of time as agreed to in writing by

(i) the individual,

(ii) the public body, and

(iii) if the body that approves the records and retention and disposition schedule for the public body is different from the public body, that body.

1994 cF-18.5 s34;1999 c23 s21

Right to request correction of personal information

36(1) An individual who believes there is an error or omission in the individual's personal information may request the head of the public body that has the information in its custody or under its control to correct the information.

(2) Despite subsection (1), the head of a public body must not correct an opinion, including a professional or expert opinion.

(3) If no correction is made in response to a request under subsection (1), or if because of subsection (2) no correction may be

made, the head of the public body must annotate or link the personal information with that part of the requested correction that is relevant and material to the record in question.

(4) On correcting, annotating or linking personal information under this section, the head of the public body must notify any other public body or any third party to whom that information has been disclosed during the one year before the correction was requested that a correction, annotation or linkage has been made.

(5) Despite subsection (4), the head of a public body may dispense with notifying any other public body or third party that a correction, annotation or linkage has been made if

(a) in the opinion of the head of the public body, the correction, annotation or linkage is not material, and

(b) the individual who requested the correction is advised and agrees in writing that notification is not necessary.

(6) On being notified under subsection (4) of a correction, annotation or linkage of personal information, a public body must make the correction, annotation or linkage on any record of that information in its custody or under its control.

(7) Within 30 days after the request under subsection (1) is received, the head of the public body must give written notice to the individual that

(a) the correction has been made, or

(b) an annotation or linkage has been made pursuant to subsection (3).

(8) Section 14 applies to the period set out in subsection (7).

RSA 2000 cF-25 s36;2003 c21 s9

Transferring request to correct personal information

37(1) Within 15 days after a request to correct personal information under section 36(1) is received by a public body, the head of the public body may transfer the request to another public body if

(a) the personal information was collected by the other public body, or

(b) the other public body created the record containing the personal information.

(2) If a request is transferred under subsection (1),

(a) the head of the public body who transferred the request must notify the individual who made the request of the transfer as soon as possible, and

(b) the head of the public body to which the request is transferred must make every reasonable effort to respond to the request not later than 30 days after receiving the request unless the time limit is extended pursuant to section 36(8).

RSA 2000 cF-25 s37;2003 c21 s10

Request under section 36 deemed to be a request under HIA

37.1(1) If a request is made under section 36(1) to correct personal information that contains information to which the *Health Information Act* applies, the part of the request that relates to that information is deemed to be a request under section 13(1) of the *Health Information Act* and that Act applies as if the request had been made under section 13(1) of that Act.

(2) Subsection (1) does not apply if the public body that receives the request is not a custodian as defined in the *Health Information Act*.

RSA 2000 cH-5 s114

Protection of personal information

38 The head of a public body must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction.

1994 cF-18.5 s36;1996 c28 s21

Division 2
Use and Disclosure of Personal Information by Public Bodies

Use of personal information

39(1) A public body may use personal information only

(a) for the purpose for which the information was collected or compiled or for a use consistent with that purpose,

(b) if the individual the information is about has identified the information and consented, in the prescribed manner, to the use, or

(c) for a purpose for which that information may be disclosed to that public body under section 40, 42 or 43.

(2) Despite subsection (1), but subject to subsection (3), a post-secondary educational body may use personal information in its alumni records for the purpose of its own fund-raising activities.

(3) A post-secondary educational body must, when requested to do so by an individual, discontinue using that individual's personal information under subsection (2).

(4) A public body may use personal information only to the extent necessary to enable the public body to carry out its purpose in a reasonable manner.

1994 cF-18.5 s37;1999 c23 s24

Disclosure of personal information

40(1) A public body may disclose personal information only

(a) in accordance with Part 1,

(b) if the disclosure would not be an unreasonable invasion of a third party's personal privacy under section 17,

(c) for the purpose for which the information was collected or compiled or for a use consistent with that purpose,

(d) if the individual the information is about has identified the information and consented, in the prescribed manner, to the disclosure,

(e) for the purpose of complying with an enactment of Alberta or Canada or with a treaty, arrangement or agreement made under an enactment of Alberta or Canada,

(f) for any purpose in accordance with an enactment of Alberta or Canada that authorizes or requires the disclosure,

(g) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body having jurisdiction in Alberta to compel the production of information or with a rule of court binding in Alberta that relates to the production of information,

(h) to an officer or employee of the public body or to a member of the Executive Council, if the information is necessary for the performance of the duties of the officer, employee or member,

(i) to an officer or employee of a public body or to a member of the Executive Council, if the disclosure is necessary for the delivery of a common or integrated program or service and for the performance of the duties of the officer or employee or member to whom the information is disclosed,

(j) for the purpose of enforcing a legal right that the Government of Alberta or a public body has against any person,

(k) for the purpose of

(i) collecting a fine or debt owing by an individual to the Government of Alberta or to a public body, or to an assignee of either of them, or

(ii) making a payment owing by the Government of Alberta or by a public body to an individual,

(l) for the purpose of determining or verifying an individual's suitability or eligibility for a program or benefit,

(m) to the Auditor General or any other prescribed person or body for audit purposes,

(n) to a member of the Legislative Assembly who has been requested by the individual the information is about to assist in resolving a problem,

(o) to a representative of a bargaining agent who has been authorized in writing by the employee the information is about to make an inquiry,

(p) to the Provincial Archives of Alberta or to the archives of a public body for permanent preservation,

(q) to a public body or a law enforcement agency in Canada to assist in an investigation

(i) undertaken with a view to a law enforcement proceeding, or

(ii) from which a law enforcement proceeding is likely to result,

(r) if the public body is a law enforcement agency and the information is disclosed

(i) to another law enforcement agency in Canada, or

(ii) to a law enforcement agency in a foreign country under an arrangement, written agreement, treaty or legislative authority,

(s) so that the spouse or adult interdependent partner, relative or friend of an injured, ill or deceased individual may be contacted,

(t) in accordance with section 42 or 43,

(u) to an expert for the purposes of section 18(2),

(v) for use in a proceeding before a court or quasi-judicial body to which the Government of Alberta or a public body is a party,

(w) when disclosure is by the Minister of Justice and Solicitor General or an agent or lawyer of the Minister of Justice and Solicitor General to a place of lawful detention,

(x) for the purpose of managing or administering personnel of the Government of Alberta or the public body,

(y) to the Director of Maintenance Enforcement for the purpose of enforcing a maintenance order under the *Maintenance Enforcement Act*,

(z) to an officer of the Legislature, if the information is necessary for the performance of the duties of that officer,

(aa) for the purpose of supervising an individual under the control or supervision of a correctional authority,

(bb) when the information is available to the public,

(bb.1) if the personal information is information of a type routinely disclosed in a business or professional context and the disclosure

(i) is limited to an individual's name and business contact information, including business title, address, telephone number, facsimile number and e-mail address, and

(ii) does not reveal other personal information about the individual or personal information about another individual,

(cc) to the surviving spouse or adult interdependent partner or a relative of a deceased individual if, in the opinion of the head of the public body, the disclosure is not an unreasonable invasion of the deceased's personal privacy,

(dd) to a lawyer or student-at-law acting for an inmate under the control or supervision of a correctional authority,

(ee) if the head of the public body believes, on reasonable grounds, that the disclosure will avert or minimize

(i) a risk of harm to the health or safety of a minor, or

(ii) an imminent danger to the health or safety of any person,

(ff) to the Administrator of the *Motor Vehicle Accident Claims Act* or to an agent or lawyer of the Administrator for the purpose of dealing with claims under that Act, or

(gg) to a law enforcement agency, an organization providing services to a minor, another public body or any prescribed person or body if the information is in respect of a minor or a parent or guardian of a minor and the head of the public body believes, on reasonable grounds, that the disclosure is in the best interests of that minor.

(2) Notwithstanding subsection (1), a post-secondary educational body may disclose personal information in its alumni records for the purpose of fund-raising activities of the post-secondary educational body if the post-secondary educational body and the person to whom the information is disclosed have entered into a written agreement

(a) that allows individuals a right of access to personal information that is disclosed about them under this subsection, and

(b) that provides that the person to whom the information is disclosed must discontinue using the personal information of any individual who so requests.

(3) Notwithstanding subsection (1), a post-secondary educational body may, for the purpose of assisting students in selecting courses, disclose teaching and course evaluations that were completed by students.

(4) A public body may disclose personal information only to the extent necessary to enable the public body to carry out the purposes described in subsections (1), (2) and (3) in a reasonable manner.

RSA 2000 cF-25 s40;2002 cA-4.5 s38;2003 c21 s11;
2006 c17 s6;2011 cC-11.5 s30;2013 cC-12.5 s14;2013 c10 s34

Consistent purposes

41 For the purposes of sections 39(1)(a) and 40(1)(c), a use or disclosure of personal information is consistent with the purpose for which the information was collected or compiled if the use or disclosure

(a) has a reasonable and direct connection to that purpose, and

(b) is necessary for performing the statutory duties of, or for operating a legally authorized program of, the public body that uses or discloses the information.

1994 cF-18.5 s39;1999 c23 s26

Disclosure for research or statistical purposes

42 A public body may disclose personal information for a research purpose, including statistical research, only if

(a) the research purpose cannot reasonably be accomplished unless that information is provided in individually identifiable form or the research purpose has been approved by the Commissioner,

(b) any record linkage is not harmful to the individuals the information is about and the benefits to be derived from the record linkage are clearly in the public interest,

(c) the head of the public body has approved conditions relating to the following:

(i) security and confidentiality,

(ii) the removal or destruction of individual identifiers at the earliest reasonable time, and

(iii) the prohibition of any subsequent use or disclosure of the information in individually identifiable form without the express authorization of that public body,

and

(d) the person to whom the information is disclosed has signed an agreement to comply with the approved conditions, this Act and any of the public body's policies and procedures relating to the confidentiality of personal information.

1994 cF-18.5 s40

Part 3
Disclosure of Information in Archives

Disclosure of information in archives

43(1) The Provincial Archives of Alberta and the archives of a public body may disclose

(a) personal information in a record that

(i) has been in existence for 25 years or more if the disclosure

(A) would not be an unreasonable invasion of personal privacy under section 17, or

(B) is in accordance with section 42,

or

(ii) has been in existence for 75 years or more;

(b) information other than personal information in a record that has been in existence for 25 years or more if

(i) the disclosure of the information would not be harmful to the business interests of a third party within the meaning of section 16,

(ii) the disclosure of the information would not be harmful to a law enforcement matter within the meaning of section 20, and

(iii) the information is not subject to any type of legal privilege under section 27.

(iv) repealed 2003 c21 s12.

(2) Repealed 2003 c21 s12.

RSA 2000 cF-25 s43;2003 c21 s12

Part 4
Office and Powers of Information and Privacy Commissioner

Definition

44 In this Part, "Standing Committee" means the Standing Committee on Legislative Offices.

1994 cF-18.5 s42

Appointment of Commissioner

45(1) The Lieutenant Governor in Council, on the recommendation of the Legislative Assembly, must appoint an Information and Privacy Commissioner to carry out the duties and functions set out in this Act.

(2) The Commissioner is an officer of the Legislature.

(3) The Commissioner may not be a member of the Legislative Assembly.

1994 cF-18.5 s43

Term of office

46(1) Except as provided for in section 47, the Commissioner holds office for a term not exceeding 5 years.

(2) A person holding office as Commissioner continues to hold office after the expiry of that person's term of office until that person is reappointed, a successor is appointed or a period of 6 months has expired, whichever occurs first.

(3) A person is eligible for reappointment as Commissioner.

RSA 2000 cF-25 s46;2003 c21 s13

Resignation, removal or suspension of Commissioner

47(1) The Commissioner may resign at any time by notifying the Speaker of the Legislative Assembly or, if there is no Speaker or the Speaker is absent from Alberta, by notifying the Clerk of the Legislative Assembly.

(2) The Lieutenant Governor in Council must remove the Commissioner from office or suspend the Commissioner for cause or incapacity on the recommendation of the Legislative Assembly.

(3) If the Legislative Assembly is not sitting, the Lieutenant Governor in Council may suspend the Commissioner for cause or incapacity on the recommendation of the Standing Committee.

1994 cF-18.5 s45

Acting Commissioner

48(1) The Lieutenant Governor in Council, on the recommendation of the Standing Committee, may appoint an acting Commissioner if

(a) the office of Commissioner is or becomes vacant when the Legislative Assembly is not sitting,

(b) the Commissioner is suspended when the Legislative Assembly is not sitting, or

(c) the Commissioner is removed or suspended or the office of the Commissioner becomes vacant when the Legislative Assembly is sitting, but no recommendation is made by the Assembly under section 45(1) before the end of the session.

(2) The Lieutenant Governor in Council may appoint an acting Commissioner if the Commissioner is temporarily absent because of illness or for another reason.

(3) An acting Commissioner holds office until

(a) a person is appointed under section 45(1),

(b) the suspension of the Commissioner ends, or

(c) the Commissioner returns to office after a temporary absence.

1994 cF-18.5 s46

Remuneration

49 The Commissioner must be remunerated as determined by the Standing Committee, and it must review that remuneration at least once a year.

1994 cF-18.5 s47

Oath

50(1) Before beginning the duties of office, the Commissioner must take an oath to faithfully and impartially perform the duties of the office and not to disclose any information received by the Office of the Information and Privacy Commissioner under this Act except as provided in this Act.

(2) The oath must be administered by the Speaker of the Legislative Assembly or the Clerk of the Legislative Assembly.

1994 cF-18.5 s48

Office of the Commissioner

51(1) There may be a part of the public service of Alberta called the Office of the Information and Privacy Commissioner consisting of the Commissioner and those persons employed pursuant to the *Public Service Act* that are necessary to assist the Commissioner in carrying out the Commissioner's duties and functions under this or any other enactment.

(2) The Commissioner may engage the services of any persons necessary to assist the Commissioner in carrying out the Commissioner's duties and functions.

(3) On the recommendation of the Commissioner, the Standing Committee may order that

(a) any regulation, order or directive made under the *Financial Administration Act*,

(b) any regulation, order, directive, rule, procedure, direction, allocation, designation or other decision under the *Public Service Act*, or

(c) any regulation, order, determination, direction or other decision under the *Public Sector Compensation Transparency Act,*

does not apply to, or is varied in respect of, the Office of the Information and Privacy Commissioner or any particular employee or class of employees in the Office.

(4) An order made under subsection (3)(a) operates despite section 2 of the *Financial Administration Act*.

(4.1) An order made under subsection (3)(c) in relation to a regulation, order, determination, direction or other decision under the *Public Sector Compensation Transparency Act* operates notwithstanding that Act.

(5) The *Regulations Act* does not apply to orders made under subsection (3).

(6) The chair of the Standing Committee must lay a copy of each order made under subsection (3) before the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the start of the next sitting.

(7) Every person employed or engaged by the Office of the Information and Privacy Commissioner must, before beginning to perform duties under this Act, take an oath, to be administered by the Commissioner, not to disclose any information received by that person under this Act except as provided in this Act.

RSA 2000 cF-25 s51;2015 cP-40.5 s21

Financing of operations

52(1) The Commissioner must submit to the Standing Committee in respect of each fiscal year an estimate of the public money that will be required to be provided by the Legislature to defray the several charges and expenses of the Office of the Information and Privacy Commissioner in that fiscal year.

(2) The Standing Committee must review each estimate submitted pursuant to subsection (1) and, on the completion of the review, the chair of the Committee must transmit the estimate to the President of Treasury Board and Minister of Finance for presentation to the Legislative Assembly.

(3) If at any time the Legislative Assembly is not in session the Standing Committee, or if there is no Standing Committee, the President of Treasury Board and Minister of Finance,

(a) reports that the Commissioner has certified that in the public interest, an expenditure of public money is urgently required

in respect of any matter pertaining to the Commissioner's office, and

(b) reports that either

(i) there is no supply vote under which an expenditure with respect to that matter may be made, or

(ii) there is a supply vote under which an expenditure with respect to that matter may be made but the authority available under the supply vote is insufficient,

the Lieutenant Governor in Council may order a special warrant to be prepared to be signed by the Lieutenant Governor authorizing the expenditure of the amount estimated to be required.

(4) When the Legislative Assembly is adjourned for a period of more than 14 days, then, for the purposes of subsection (3), the Assembly is deemed not to be in session during the period of the adjournment.

(5) When a special warrant is prepared and signed under subsection (3) on the basis of a report referred to in subsection (3)(b)(i), the authority to spend the amount of money specified in the special warrant for the purpose specified in the special warrant is deemed to be a supply vote for the purposes of the *Financial Administration Act* for the fiscal year in which the special warrant is signed.

(6) When a special warrant is prepared and signed under subsection (3) on the basis of a report referred to in subsection (3)(b)(ii), the authority to spend the amount of money specified in the special warrant is, for the purposes of the *Financial Administration Act*, added to and deemed to be part of the supply vote to which the report relates.

(7) When a special warrant has been prepared and signed pursuant to this section, the amounts authorized by it are deemed to be included in, and not to be in addition to, the amounts authorized by the Act, not being an Act for interim supply, enacted next after it for granting to Her Majesty sums of money to defray certain expenditures of the Public Service of Alberta.

RSA 2000 cF-25 s52;2006 c23 s35;2013 c10 s32

General powers of Commissioner

53(1) In addition to the Commissioner's powers and duties under Part 5 with respect to reviews, the Commissioner is generally responsible for monitoring how this Act is administered to ensure that its purposes are achieved, and may

(a) conduct investigations to ensure compliance with any provision of this Act or compliance with rules relating to the destruction of records

(i) set out in any other enactment of Alberta, or

(ii) set out in a bylaw, resolution or other legal instrument by which a local public body acts or, if a local public body does not have a bylaw, resolution or other legal instrument setting out rules related to the destruction of records, as authorized by the governing body of a local public body,

(b) make an order described in section 72(3) whether or not a review is requested,

(c) inform the public about this Act,

(d) receive comments from the public concerning the administration of this Act,

(e) engage in or commission research into anything affecting the achievement of the purposes of this Act,

(f) comment on the implications for freedom of information or for protection of personal privacy of proposed legislative schemes or programs of public bodies,

(g) comment on the implications for protection of personal privacy of using or disclosing personal information for record linkage,

(h) authorize the collection of personal information from sources other than the individual the information is about,

(i) bring to the attention of the head of a public body any failure by the public body to assist applicants under section 10, and

(j) give advice and recommendations of general application to the head of a public body on matters respecting the rights or obligations of a head under this Act.

(2) Without limiting subsection (1), the Commissioner may investigate and attempt to resolve complaints that

(a) a duty imposed by section 10 has not been performed,

(b) an extension of time for responding to a request is not in accordance with section 14,

(c) a fee required under this Act is inappropriate,

(d) a correction of personal information requested under section 36(1) has been refused without justification, and

(e) personal information has been collected, used or disclosed by a public body in contravention of Part 2.

1994 cF-18.5 s51;1995 c17 s16;1999 c23 s28

Advice and recommendations

54(1) The head of a public body may ask the Commissioner to give advice and recommendations on any matter respecting any rights or duties under this Act.

(2) The Commissioner may in writing provide the head with advice and recommendations that

(a) state the material facts either expressly or by incorporating facts stated by the head,

(b) are based on the facts referred to in clause (a), and

(c) may be based on any other considerations the Commissioner considers appropriate.

1994 cF-18.5 s52

Power to authorize a public body to disregard requests

55(1) If the head of a public body asks, the Commissioner may authorize the public body to disregard one or more requests under section 7(1) or 36(1) if

(a) because of their repetitious or systematic nature, the requests would unreasonably interfere with the operations of the public body or amount to an abuse of the right to make those requests, or

(b) one or more of the requests are frivolous or vexatious.

(2) The processing of a request under section 7(1) or 36(1) ceases when the head of a public body has made a request under subsection (1) and

(a) if the Commissioner authorizes the head of the public body to disregard the request, does not resume;

(b) if the Commissioner does not authorize the head of the public body to disregard the request, does not resume until the Commissioner advises the head of the public body of the Commissioner's decision.

RSA 2000 cF-25 s55;2006 c17 s7

Powers of Commissioner in conducting investigations or inquiries

56(1) In conducting an investigation under section 53(1)(a) or an inquiry under section 69 or 74.5 or in giving advice and recommendations under section 54, the Commissioner has all the powers, privileges and immunities of a commissioner under the *Public Inquiries Act* and the powers given by subsection (2) of this section.

(2) The Commissioner may require any record to be produced to the Commissioner and may examine any information in a record, including personal information whether or not the record is subject to the provisions of this Act.

(3) Despite any other enactment or any privilege of the law of evidence, a public body must produce to the Commissioner within 10 days any record or a copy of any record required under subsection (1) or (2).

(4) If a public body is required to produce a record under subsection (1) or (2) and it is not practicable to make a copy of the record, the head of that public body may require the Commissioner to examine the original at its site.

(5) After completing a review or investigating a complaint, the Commissioner must return any record or any copy of any record produced.

RSA 2000 cF-25 s56;2003 c21 s14

Statements made to the Commissioner not admissible in evidence

57(1) A statement made or an answer given by a person during an investigation or inquiry by the Commissioner is inadmissible in evidence in court or in any other proceeding, except

(a) in a prosecution for perjury in respect of sworn testimony,

(b) in a prosecution for an offence under this Act, or

(c) in an application for judicial review or an appeal from a decision with respect to that application.

(2) Subsection (1) applies also in respect of evidence of the existence of proceedings conducted before the Commissioner.

1994 cF-18.5 s55

Privileged information

58 Anything said, any information supplied or any record produced by a person during an investigation or inquiry by the

Commissioner is privileged in the same manner as if the investigation or inquiry were a proceeding in a court.

1994 cF-18.5 s56

Restrictions on disclosure of information by the Commissioner and staff

59(1) The Commissioner and anyone acting for or under the direction of the Commissioner must not disclose any information obtained in performing their duties, powers and functions under this Act, except as provided in subsections (2) to (5).

(2) The Commissioner may disclose, or may authorize anyone acting for or under the direction of the Commissioner to disclose, information that is necessary to

(a) conduct an investigation or inquiry under this Act, or

(b) establish the grounds for findings and recommendations contained in a report under this Act.

(3) In conducting an investigation or inquiry under this Act and in a report under this Act, the Commissioner and anyone acting for or under the direction of the Commissioner must take every reasonable precaution to avoid disclosing and must not disclose

(a) any information the head of a public body would be required or authorized to refuse to disclose if it were contained in a record requested under section 7(1), or

(b) whether information exists, if the head of a public body in refusing to provide access does not indicate whether the information exists.

(4) The Commissioner may disclose to the Minister of Justice and Solicitor General information relating to the commission of an offence against an enactment of Alberta or Canada if the Commissioner considers there is evidence of an offence.

(5) The Commissioner may disclose, or may authorize anyone acting for or under the direction of the Commissioner to disclose, information in the course of a prosecution, application or appeal referred to in section 57.

RSA 2000 cF-25 s59;2013 c10 s34

Protection of Commissioner and staff

60 No proceedings lie against the Commissioner, or against a person acting for or under the direction of the Commissioner, for anything done, reported or said in good faith in the exercise or performance or the intended exercise or performance of a power, duty or function under this Part or Part 5.

1994 cF-18.5 s58

Delegation by the Commissioner

61(1) The Commissioner may delegate to any person any duty, power or function of the Commissioner under this Act except the power to delegate.

(2) A delegation under subsection (1) must be in writing and may contain any conditions or restrictions the Commissioner considers appropriate.

1994 cF-18.5 s59;1999 c23 s30

Role of Ombudsman

62 The Ombudsman may not investigate any matter that the Commissioner has the power to investigate or review under this Act, unless the Commissioner agrees.

1994 cF-18.5 s60

Annual report of Commissioner

63(1) The Commissioner must report annually to the Speaker of the Legislative Assembly on

(a) the work of the Commissioner's office,

(b) any complaints or reviews resulting from a decision, act or failure to act of the Commissioner as head of a public body, and

(c) any other matters relating to freedom of information and protection of personal privacy that the Commissioner considers appropriate.

(2) The Speaker must lay each annual report before the Legislative Assembly as soon as possible.

1994 cF-18.5 s61;1995 c17 s16

Records management

64 On the recommendation of the Information and Privacy Commissioner, the Standing Committee may make an order

(a) respecting the management of records in the custody or under the control of the Office of the Information and Privacy Commissioner, including their creation, handling, control, organization, retention, maintenance, security, preservation, disposition, alienation and destruction and their transfer to the Provincial Archives of Alberta;

(b) establishing or governing the establishment of programs for any matter referred to in clause (a);

(c) defining and classifying records;

(d) respecting the records or classes of records to which the order or any provision of it applies.

1995 c34 s6

Part 5
Reviews and Complaints

Division 1
Reviews by the Commissioner

Right to ask for a review

65(1) A person who makes a request to the head of a public body for access to a record or for correction of personal information may ask the Commissioner to review any decision, act or failure to act of the head that relates to the request.

(2) A third party notified under section 31 of a decision by the head of a public body to give access may ask the Commissioner to review that decision.

(3) A person who believes that the person's own personal information has been collected, used or disclosed in contravention of Part 2 may ask the Commissioner to review that matter.

(4) The surviving spouse or adult interdependent partner or a relative of a deceased individual may ask the Commissioner to review a decision of a head of a public body under section 40(1)(cc) not to disclose personal information.

(5) This section does not apply

(a) to a decision, act or failure to act of the Commissioner when acting as the head of the Office of the Information and Privacy Commissioner,

(b) to a decision by the Speaker of the Legislative Assembly that a record is subject to parliamentary privilege, or

(c) if the person who is appointed as the Commissioner is, at the same time, appointed as any other officer of the Legislature, to a decision, act or failure to act of that person when acting as the head of that office.

RSA 2000 cF-25 s65;2002 cA-4.5 s38

How to ask for a review

66(1) To ask for a review under this Division, a written request must be delivered to the Commissioner.

(2) A request for a review of a decision of the head of a public body must be delivered to the Commissioner

(a) if the request is pursuant to section 65(1), (3) or (4), within

(i) 60 days after the person asking for the review is notified of the decision, or

(ii) any longer period allowed by the Commissioner,

or

(b) if the request is pursuant to section 65(2), within 20 days after the person asking for the review is notified of the decision.

(3) The failure of the head of a public body to respond in time to a request for access to a record is to be treated as a decision to refuse access, but the time limit in subsection (2)(a) for delivering a request for review does not apply.

1994 cF-18.5 s63;1999 c23 s32

Notifying others of review

67(1) On receiving a request for a review, the Commissioner must as soon as practicable

(a) give a copy of the request

(i) to the head of the public body concerned, and

(ii) to any other person who in the opinion of the Commissioner is affected by the request,

and

(b) provide a summary of the review procedures and an anticipated date for a decision on the review

(i) to the person who asked for the review,

(ii) to the head of the public body concerned, and

(iii) to any other person who in the opinion of the Commissioner is affected by the request.

(2) Despite subsection (1)(a), the Commissioner may sever any information in the request that the Commissioner considers appropriate before giving a copy of the request to the head of the public body or any other person affected by the request.

1994 cF-18.5 s64;1999 c23 s33

Mediation may be authorized

68 The Commissioner may authorize a mediator to investigate and try to settle any matter that is the subject of a request for a review.

1994 cF-18.5 s65

Inquiry by Commissioner

69(1) Unless section 70 applies, if a matter is not settled under section 68, the Commissioner must conduct an inquiry and may decide all questions of fact and law arising in the course of the inquiry.

(2) An inquiry under subsection (1) may be conducted in private.

(3) The person who asked for the review, the head of the public body concerned and any other person given a copy of the request for the review must be given an opportunity to make representations to the Commissioner during the inquiry, but no one is entitled to be present during, to have access to or to comment on representations made to the Commissioner by another person.

(4) The Commissioner may decide whether the representations are to be made orally or in writing.

(5) The person who asked for the review, the head of the public body concerned and any other person given a copy of the request for the review may be represented at the inquiry by counsel or an agent.

(6) An inquiry under this section must be completed within 90 days after receiving the request for the review unless the Commissioner

(a) notifies the person who asked for the review, the head of the public body concerned and any other person given a copy of the request for the review that the Commissioner is extending that period, and

(b) provides an anticipated date for the completion of the review.

1994 cF-18.5 s66;1999 c23 s34

Refusal to conduct inquiry

70 The Commissioner may refuse to conduct an inquiry pursuant to section 69 if in the opinion of the Commissioner

(a) the subject-matter of a request for a review under section 65 has been dealt with in an order or investigation report of the Commissioner, or

(b) the circumstances warrant refusing to conduct an inquiry.

RSA 2000 cF-25 s70;2003 c21 s15

Burden of proof

71(1) If the inquiry relates to a decision to refuse an applicant access to all or part of a record, it is up to the head of the public body to prove that the applicant has no right of access to the record or part of the record.

(2) Despite subsection (1), if the record or part of the record that the applicant is refused access to contains personal information about a third party, it is up to the applicant to prove that disclosure of the information would not be an unreasonable invasion of the third party's personal privacy.

(3) If the inquiry relates to a decision to give an applicant access to all or part of a record containing information about a third party,

(a) in the case of personal information, it is up to the applicant to prove that disclosure of the information would not be an unreasonable invasion of the third party's personal privacy, and

(b) in any other case, it is up to the third party to prove that the applicant has no right of access to the record or part of the record.

1994 cF-18.5 s67

Commissioner's orders

72(1) On completing an inquiry under section 69, the Commissioner must dispose of the issues by making an order under this section.

(2) If the inquiry relates to a decision to give or to refuse to give access to all or part of a record, the Commissioner may, by order, do the following:

(a) require the head to give the applicant access to all or part of the record, if the Commissioner determines that the head is not authorized or required to refuse access;

(b) either confirm the decision of the head or require the head to reconsider it, if the Commissioner determines that the head is authorized to refuse access;

(c) require the head to refuse access to all or part of the record, if the Commissioner determines that the head is required to refuse access.

(3) If the inquiry relates to any other matter, the Commissioner may, by order, do one or more of the following:

(a) require that a duty imposed by this Act or the regulations be performed;

(b) confirm or reduce the extension of a time limit under section 14;

(c) confirm or reduce a fee or order a refund, in the appropriate circumstances, including if a time limit is not met;

(d) confirm a decision not to correct personal information or specify how personal information is to be corrected;

(e) require a public body to stop collecting, using or disclosing personal information in contravention of Part 2;

(f) require the head of a public body to destroy personal information collected in contravention of this Act.

(4) The Commissioner may specify any terms or conditions in an order made under this section.

(5) The Commissioner must give a copy of an order made under this section

(a) to the person who asked for the review,

(b) to the head of the public body concerned,

(c) to any other person given a copy of the request for the review, and

(d) to the Minister.

(6) A copy of an order made by the Commissioner under this section may be filed with a clerk of the Court of Queen's Bench and, after filing, the order is enforceable as a judgment or order of that Court.

1994 cF-18.5 s68

No appeal

73 An order made by the Commissioner under this Act is final.

1994 cF-18.5 s69

Duty to comply with orders

74(1) Subject to subsection (2), not later than 50 days after being given a copy of an order of the Commissioner, the head of a public body concerned must comply with the order.

(2) The head of a public body must not take any steps to comply with a Commissioner's order until the period for bringing an application for judicial review under subsection (3) ends.

(3) An application for judicial review of a Commissioner's order must be made not later than 45 days after the person making the application is given a copy of the order.

(4) If an application for judicial review is made pursuant to subsection (3), the Commissioner's order is stayed until the application is dealt with by the Court.

(5) Despite subsection (3), the Court may, on application made either before or after the expiry of the period referred to in subsection (3), extend that period if it considers it appropriate to do so.

1994 cF-18.5 s70;1999 c23 s36

Division 1.1
Reviews of Decisions of the Registrar of Motor Vehicle Services

Definitions

74.1 In this Division,

(a) "personal driving and motor vehicle information" means personal driving and motor vehicle information as defined in section 8(1) of the *Traffic Safety Act*;

(b) "Registrar" means the Registrar of Motor Vehicle Services.

2003 c21 s16

Right to ask for a review

74.2(1) Despite section 4(1)(l)(ii), if a person makes a request to the Registrar for access to personal driving and motor vehicle information and a notification is published in accordance with the regulations made under section 8 of the *Traffic Safety Act,* the Commissioner may review the Registrar's decision as set out in the notification.

(2) The following may ask the Commissioner to review a decision of the Registrar that is set out in a notification referred to in subsection (1):

(a) an individual who believes that the individual's own personal driving and motor vehicle information may be released as a result of the Registrar's decision;

(b) the person who made the request to the Registrar for access to personal driving and motor vehicle information.

2003 c21 s16

How to ask for a review

74.3(1) To ask for a review under this Division, a written request must be delivered to the Commissioner.

(2) A request for a review under this Division must be delivered to the Commissioner within 60 days after the date the notification of the decision was published in accordance with the regulations under section 8 of the *Traffic Safety Act*.

2003 c21 s16

Notifying others of review

74.4(1) On receiving a request for a review, the Commissioner must as soon as practicable

(a) give a copy of the request

(i) to the Registrar, and

(ii) to any person the Commissioner considers appropriate,

and

(b) provide a summary of the review procedures and an anticipated date for a decision on the review

(i) to the person who asked for the review,

(ii) to the Registrar, and

(iii) to any person the Commissioner considers appropriate.

(2) Despite subsection (1)(a), the Commissioner may sever any information in the request that the Commissioner considers appropriate before giving a copy of the request to the Registrar or a person referred to in subsection (1)(a)(ii).

2003 c21 s16

Inquiry by Commissioner

74.5(1) Unless section 74.6 applies the Commissioner must conduct an inquiry and may decide all questions of fact and law arising in the course of the inquiry.

(2) An inquiry under subsection (1) may be conducted in private.

(3) The person who asked for the review, the Registrar and any other person given a copy of the request for the review must be given an opportunity to make representations to the Commissioner during the inquiry, but no one is entitled to be present during, to

have access to or to comment on representations made to the Commissioner by another person.

(4) The Commissioner may decide whether the representations are to be made orally or in writing.

(5) The person who asked for the review, the Registrar and any other person given a copy of the request for the review may be represented at the inquiry by counsel or an agent.

(6) An inquiry under this section must be completed within 90 days after receiving the request for the review unless the Commissioner

(a) notifies the person who asked for the review, the Registrar and any other person given a copy of the request for the review that the Commissioner is extending that period, and

(b) provides an anticipated date for the completion of the review.

2003 c21 s16

Refusal to conduct inquiry

74.6 The Commissioner may refuse to conduct an inquiry pursuant to section 74.5 if in the opinion of the Commissioner

(a) the subject-matter of the request for a review has been dealt with in an order of the Commissioner, or

(b) the circumstances warrant refusing to conduct an inquiry.

2003 c21 s16

Commissioner's orders

74.7(1) On completing an inquiry under section 74.5, the Commissioner must dispose of the issues by making an order under this section.

(2) The Commissioner may, by order, do the following:

(a) require the Registrar to give the person who made the request access to all or part of the personal driving and motor vehicle information to which access was requested if the Commissioner determines that the Registrar is not authorized to refuse access under the regulations made under section 8 of the *Traffic Safety Act*;

(b) either confirm the decision of the Registrar or require the Registrar to reconsider it if the Commissioner determines that the Registrar is authorized to refuse access under the regulations made under section 8 of the *Traffic Safety Act*;

(c) require the Registrar to refuse access to all or part of the personal driving and motor vehicle information if the Commissioner determines that the Registrar is required under the regulations made under section 8 of the *Traffic Safety Act* to refuse access.

(3) The Commissioner may specify any terms or conditions in an order made under this section.

(4) The Commissioner must give a copy of an order made under this section

(a) to the person who asked for the review,

(b) to the Registrar,

(c) to any other person given a copy of the request for the review,

(d) to the Minister, and

(e) to the Minister designated under section 16 of the *Government Organization Act* as the Minister responsible for the *Traffic Safety Act*.

(5) A copy of an order made by the Commissioner under this section may be filed with a clerk of the Court of Queen's Bench and, after filing, the order is enforceable as a judgment or order of that Court.

2003 c21 s16

No appeal

74.8 An order made by the Commissioner under this Division is final.

2003 c21 s16

Duty to comply with orders

74.9(1) Subject to subsection (2), not later than 50 days after being given a copy of an order of the Commissioner, the Registrar must comply with the order.

(2) The Registrar must not take any steps to comply with a Commissioner's order until the period for bringing an application for judicial review under subsection (3) ends.

(3) An application for judicial review of a Commissioner's order must be made not later than 45 days after the person making the application is given a copy of the order.

(4) If an application for judicial review is made pursuant to subsection (3), the Commissioner's order is stayed until the application is dealt with by the Court.

(5) Despite subsection (3), the Court may, on application made either before or after the expiry of the period referred to in subsection (3), extend that period if it considers it appropriate to do so.

2003 c21 s16

Application of other sections

74.91 Sections 53(1)(a) and 54 and Division 1 do not apply to a review under this Division.

2003 c21 s16

Division 2
Complaints About and Reviews of the Commissioner's Decisions as Head of a Public Body

Adjudicator to investigate complaints and review decisions

75(1) The Lieutenant Governor in Council may designate a judge of the Court of Queen's Bench of Alberta to act as an adjudicator

(a) to investigate complaints made against the Commissioner as the head of the Office of the Information and Privacy Commissioner with respect to any matter referred to in section 53(2),

(b) if the person who is appointed as the Commissioner is, at the same time, appointed as any other officer of the Legislature, to investigate complaints respecting any matter referred to in section 53(2) made against that person when acting as the head of that office,

(c) to investigate complaints respecting any matter referred to in section 53(2) made against a head of a public body and the Commissioner had been a member, employee or head of that public body or, in the Commissioner's opinion, the Commissioner has a conflict with respect to that public body,

(d) to review, if requested under section 78, a decision, act or failure to act of a head of a public body and the Commissioner had been a member, employee or head of that public body or, in the Commissioner's opinion, the Commissioner has a conflict with respect to that public body,

(e) to review, if requested under section 77, any decision, act or failure to act of the Commissioner as the head of the Office of the Information and Privacy Commissioner, and

(f) if the person who is appointed as the Commissioner is, at the same time, appointed as any other officer of the Legislature, to review, if requested under section 77, any decision, act or failure to act of that person when acting as the head of that office.

(2) An adjudicator must not review an order of the Commissioner made under this Act.

(3) An adjudicator may retain the services of any persons necessary to assist in performing the adjudicator's functions under this Act.

(4) The Government of Alberta may pay out of the General Revenue Fund

(a) to an adjudicator, the expenses a judge is entitled to receive under section 57(3) of the *Judges Act* (Canada) while acting as an adjudicator, and

(b) to a person whose services are retained under subsection (3), remuneration for those services.

1994 cF-18.5 s71;1995 c17 s14;1995 c34 s6;1999 c23 s37

Powers, duties and protections of adjudicator

76(1) For the purposes of section 75, an adjudicator has the powers, duties and functions given to the Commissioner by sections 53(2)(a) to (d), 55, 56 and 59(1), (2)(a) and (3) to (5).

(2) Sections 57, 58, 60 and 62 apply for the purposes of an investigation, inquiry or review by an adjudicator.

1994 cF-18.5 s72

Right to ask for a review

77(1) This section applies

(a) to a decision, act or failure to act of the Commissioner when acting as the head of the Office of the Information and Privacy Commissioner, and

(b) if the person who is appointed as the Commissioner is, at the same time, appointed as any other officer of the Legislature, to a decision, act or failure to act of that person when acting as the head of that office.

(2) A person who makes a request to the Commissioner for access to a record or for correction of personal information may ask an adjudicator to review any decision, act or failure to act of the Commissioner that relates to the request.

(3) A third party notified under section 31 of a decision by the Commissioner to give access may ask an adjudicator to review that decision.

(4) A person who believes that the person's own personal information has been collected, used or disclosed in contravention of Part 2 may ask an adjudicator to review that matter.

1994 cF-18.5 s73;1995 c17 s15

Review where Commissioner in conflict

78(1) This section applies where the Commissioner is asked under section 65(1), (2), (3) or (4) to review a decision, act or failure to act of a head of a public body and the Commissioner had been a member, employee or head of that public body or, in the Commissioner's opinion, the Commissioner has a conflict with respect to that public body.

(2) A person who makes a request to the head of a public body for access to a record or for correction of personal information may ask an adjudicator to review any decision, act or failure to act of the head of the public body that relates to the request.

(3) A third party notified under section 31 of a decision by the head of a public body to give access may ask an adjudicator to review that decision.

(4) A person who believes that the person's own personal information has been collected, used or disclosed in contravention of Part 2 may ask an adjudicator to review that matter.

1995 c34 s6;1999 c23 s38

How to ask for a review

79(1) To ask for a review under this Division, a written request must be delivered to the Minister.

(2) A request for a review of a decision must be delivered

(a) if the request is pursuant to section 65(1), (3) or (4), within

(i) 60 days after the person asking for the review is notified of the decision, or

(ii) any longer period allowed by the adjudicator,

or

(b) if the request is pursuant to section 65(2), within 20 days after the person asking for the review is notified of the decision.

1994 cF-18.5 s74;1995 c34 s6;1999 c23 s39

Notifying others of review

80 On receiving a request for a review, the Minister must as soon as practicable

(a) give the request to an adjudicator,

(b) give a copy of the request

(i) to the Commissioner, and

(ii) to any other person who in the opinion of the Minister is affected by the request,

and

(c) provide a summary of the review procedures

(i) to the person who asked for the review,

(ii) to the Commissioner, and

(iii) to any other person who in the opinion of the Minister is affected by the request.

1994 cF-18.5 s75

Conduct and outcome of the review

81(1) An adjudicator has the powers and duties given to the Commissioner by sections 68 and 69(1) and (2), and sections 69(3) to (6) and 71 apply to an inquiry conducted by an adjudicator.

(2) On completing an inquiry, an adjudicator has the same duty to dispose of the issues, the same power to make orders and the same duty to notify others of those orders as the Commissioner has under section 72(1) to (5).

(3) An adjudicator must give a copy of an order made by the adjudicator under this Act to the Commissioner.

(4) A copy of an order made by an adjudicator under this section may be filed with a clerk of the Court of Queen's Bench and, after filing, the order is enforceable as a judgment or order of that Court.

(5) Section 74 applies to an order of an adjudicator.

(6) An order made by an adjudicator under this Act is final.

RSA 2000 cF-25 s81;RSA 2000 cH-5 s114

Division 3
Disclosure to Commissioner

Disclosure to Commissioner

82(1) An employee of a public body may disclose to the Commissioner any information that the employee is required to keep confidential and that the employee, acting in good faith, believes

(a) ought to be disclosed by a head under section 32, or

(b) is being collected, used or disclosed in contravention of Part 2.

(2) The Commissioner must investigate and review any disclosure made under subsection (1).

(3) If an employee makes a disclosure under subsection (1), the Commissioner must not disclose the identity of the employee to any person without the employee's consent.

(4) An employee is not liable to a prosecution for an offence under any Act

(a) for copying a record or disclosing it to the Commissioner, or

(b) for disclosing information to the Commissioner

unless the employee acted in bad faith.

(5) A public body or person acting on behalf of a public body must not take any adverse employment action against an employee because the employee, acting in good faith,

(a) has disclosed information to the Commissioner under this section, or

(b) has exercised or may exercise a right under this section.

(6) A person who contravenes subsection (5) is guilty of an offence and liable to a fine of not more than $10 000.

(7) In carrying out an investigation and review under this section, the Commissioner has all of the powers and duties set out in sections 56, 59, 68, 69 and 72(1) to (5), and sections 57, 58, 60 and 62 apply.

RSA 2000 cF-25 s82;RSA 2000 cH-5 s114

Part 6
General Provisions

Manner of giving notice

83(1) Where this Act requires any notice or other document to be given to a person, it is to be given

(a) by sending it to that person by prepaid mail to the last known address of that person,

(b) by personal service,

(c) by substitutional service if so authorized by the Commissioner,

(d) by facsimile telecommunication, or

(e) in electronic form other than facsimile telecommunication if the person to whom the notice or document is to be given has consented to accept the notice or document in that form.

(2) For the purposes of subsection (1)(e), whether a person has consented may be determined in accordance with section 8(2) of the *Electronic Transactions Act.*

RSA 2000 cF-25 s83;2003 c21 s17

Exercise of rights by other persons

84(1) Any right or power conferred on an individual by this Act may be exercised

(a) if the individual is deceased, by the individual's personal representative if the exercise of the right or power relates to the administration of the individual's estate,

(b) if a guardian or trustee has been appointed for the individual under the *Adult Guardianship and Trusteeship Act*, by the guardian or trustee if the exercise of the right or power relates to the powers and duties of the guardian or trustee,

(c) if an agent has been designated under a personal directive under the *Personal Directives Act*, by the agent under the authority of the directive if the directive so authorizes,

(d) if a power of attorney has been granted by the individual, by the attorney if the exercise of the right or power relates to the powers and duties of the attorney conferred by the power of attorney,

(e) if the individual is a minor, by a guardian of the minor in circumstances where, in the opinion of the head of the public body concerned, the exercise of the right or power by the guardian would not constitute an unreasonable invasion of the personal privacy of the minor, or

(f) by any person with written authorization from the individual to act on the individual's behalf.

(2) Any notice required to be given to an individual under this Act may be given to the person entitled to exercise the individual's rights or powers referred to in subsection (1).

RSA 2000 cF-25 s84;2008 cA-4.2 s130

Delegation by the head of a public body

85(1) The head of a public body may delegate to any person any duty, power or function of the head under this Act, except the power to delegate under this section.

(2) A delegation under subsection (1) must be in writing and may contain any conditions or restrictions the head of the public body considers appropriate.

1994 cF-18.5 s80

Annual report of Minister

86 The Minister must prepare an annual report about the operation of this Act and lay the report before the Legislative Assembly.

1994 cF-18.5 s81

Directory of public bodies

87(1) The Minister must publish, in printed or electronic form, a directory to assist in identifying and locating records.

(2) The directory must list each public body and include for each public body

(a) the name and business contact information of the individual that is the public body's contact person for matters relating to the administration of this Act, or

(b) if the public body does not have a contact person for matters relating to the administration of this Act, the name and business contact information of the head of the public body.

RSA 2000 cF-25 s87;2003 c21 s18

Directory of personal information banks

87.1(1) The head of a public body must publish a directory, in printed or electronic form, that lists the public body's personal information banks.

(2) The directory must include, for each personal information bank, the following:

(a) the title and location of the personal information bank;

(b) a description of the kind of personal information and the categories of individuals whose personal information is included;

(c) the authority for collecting the personal information;

(d) the purposes for which the personal information was collected or compiled and the purposes for which it is used or disclosed.

(3) If personal information is used or disclosed by a public body for a purpose that is not included in the directory published under subsection (1), the head of the public body must

(a) keep a record of the purpose and either attach or link that record to the personal information, and

(b) ensure that the purpose is included in the next publication of the directory.

(4) The head of a public body must ensure that the directory referred to in subsection (1) is kept as current as is practicable, and that access to the directory is available to the public at an office of the public body.

(5) In this section, "personal information bank" means a collection of personal information that is organized or retrievable by the name of an individual or by an identifying number, symbol or other particular assigned to an individual.

2003 c21 s18

Records available without request

88(1) The head of a public body may specify categories of records that are in the custody or under the control of the public body and are available to the public without a request for access under this Act.

(2) The head of a public body may require a person who asks for a copy of an available record to pay a fee to the public body, unless such a record can otherwise be accessed without a fee.

(3) Subsection (1) does not limit the discretion of the Government of Alberta or a public body to release records that do not contain personal information.

1994 cF-18.5 s83

Access to manuals

89(1) The head of every public body must provide facilities at

(a) the headquarters of the public body, and

(b) any offices of the public body that, in the opinion of the head, are reasonably practicable,

where the public may inspect any manual, handbook or other guideline used in decision-making processes that affect the public by employees of the public body in administering or carrying out programs or activities of the public body.

(2) Any information in a record that the head of a public body would be authorized to refuse to give access to pursuant to this Act may be excluded from the manuals, handbooks or guidelines that may be inspected pursuant to subsection (1).

RSA 2000 cF-25 s89;2003 c21 s19

Protection of public body from legal suit

90 No action lies and no proceeding may be brought against the Crown, a public body, the head of a public body, an elected official of a local public body or any person acting for or under the direction of the head of a public body for damages resulting from

(a) the disclosure of or failure to disclose, in good faith, all or part of a record or information under this Act or any consequences of that disclosure or failure to disclose, or

(b) the failure to give a notice required under this Act if reasonable care is taken to give the required notice.

1994 cF-18.5 s85

Protection of employee

91(1) A public body or person acting on behalf of a public body must not take any adverse employment action against an employee as a result of the employee properly disclosing information in accordance with this Act.

(2) A person who contravenes subsection (1) is guilty of an offence and liable to a fine of not more than $10 000.

1999 c23 s41

Offences and penalties

92(1) A person must not wilfully

(a) collect, use or disclose personal information in contravention of Part 2,

(b) attempt to gain or gain access to personal information in contravention of this Act,

(c) make a false statement to, or mislead or attempt to mislead, the Commissioner or another person in the performance of the duties, powers or functions of the Commissioner or other person under this Act,

(d) obstruct the Commissioner or another person in the performance of the duties, powers or functions of the Commissioner or other person under this Act,

(e) alter, falsify or conceal any record, or direct another person to do so, with the intent to evade a request for access to the record,

(f) fail to comply with an order made by the Commissioner under section 72 or by an adjudicator under section 81(2), or

(g) destroy any records subject to this Act, or direct another person to do so, with the intent to evade a request for access to the records.

(2) A person who contravenes subsection (1) is guilty of an offence and liable to a fine of not more than $10 000.

(3) A person must not wilfully disclose personal information to which this Act applies pursuant to a subpoena, warrant or order issued or made by a court, person or body having no jurisdiction in Alberta to compel the production of information or pursuant to a rule of court that is not binding in Alberta.

(4) A person who contravenes subsection (3) is guilty of an offence and liable

(a) in the case of an individual, to a fine of not less than $2000 and not more than $10 000, and

(b) in the case of any other person, to a fine of not less than $200 000 and not more than $500 000.

(5) A prosecution under this Act may be commenced within 2 years after the commission of the alleged offence, but not afterwards.

RSA 2000 cF-25 s92;RSA 2000 cH-5 s114;2006 c17 s8

Fees

93(1) The head of a public body may require an applicant to pay to the public body fees for services as provided for in the regulations.

(2) Subsection (1) does not apply to a request for the applicant's own personal information, except for the cost of producing the copy.

(3) If an applicant is required to pay fees for services under subsection (1), the public body must give the applicant an estimate of the total fee before providing the services.

(3.1) An applicant may, in writing, request that the head of a public body excuse the applicant from paying all or part of a fee for services under subsection (1).

(4) The head of a public body may excuse the applicant from paying all or part of a fee if, in the opinion of the head,

(a) the applicant cannot afford the payment or for any other reason it is fair to excuse payment, or

(b) the record relates to a matter of public interest, including the environment or public health or safety.

(4.1) If an applicant has, under subsection (3.1), requested the head of a public body to excuse the applicant from paying all or part of a fee, the head must give written notice of the head's decision to grant or refuse the request to the applicant within 30 days after receiving the request.

(5) If the head of a public body refuses an applicant's request under subsection (3.1), the notice referred to in subsection (4.1) must state that the applicant may ask for a review under Part 5.

(6) The fees referred to in subsection (1) must not exceed the actual costs of the services.

RSA 2000 cF-25 s93;2003 c21 s20

Power to make regulations

94(1) The Lieutenant Governor in Council may make regulations

(a) designating agencies, boards, commissions, corporations, offices or other bodies as public bodies;

(b) respecting the establishment of criteria to be used for designating agencies, boards, commissions, corporations, offices or other bodies as public bodies;

(c) respecting procedures to be followed in making, transferring and responding to requests under this Act;

(d) respecting procedures to be followed in giving access where an applicant has asked to examine a record or for a copy of a record that cannot reasonably be reproduced;

(e) respecting the making of requests under this Act orally instead of in writing;

(f) respecting standards to be observed by officers or employees of a public body in fulfilling the duty to assist applicants;

(g) authorizing the disclosure of information relating to the mental or physical health of individuals to medical or other experts to determine, for the purposes of section 18(2), if disclosure of that information could reasonably be expected to result in immediate and grave harm to the safety of or the mental or physical health of those individuals;

(h) respecting procedures to be followed or restrictions considered necessary with respect to the disclosure and examination of information referred to in clause (g);

(i) respecting special procedures for giving individuals access to personal information about their mental or physical health;

(j) respecting technical standards and safeguards to be observed for the security and protection of personal information;

(k) respecting standards to be observed and procedures to be followed by a public body implementing a program for data matching, data sharing or data linkage;

(l) respecting the manner of giving consent for the purposes of sections 17(2)(a), 39(1)(b) and 40(1)(d);

(m) prescribing persons to whom a public body may disclose personal information for audit purposes;

(m.1) prescribing persons or bodies for the purposes of section 40(1)(gg);

(n) authorizing, for the purposes of section 23(1)(b), a local public body to hold meetings of its elected officials, or of its governing body or a committee of its governing body, to consider specified matters in the absence of the public unless another Act

(i) expressly authorizes the local public body to hold meetings of its elected officials, or of its governing body

or a committee of its governing body in the absence of the public, and

(ii) specifies the matters that may be discussed at those meetings;

(o) respecting fees to be paid under this Act and providing for circumstances when fees may be waived in whole or in part;

(p) respecting forms for the purposes of this Act;

(q) respecting any matter that is to be included in a notice required by this Act;

(r) defining, enlarging or restricting the meaning of any term used in this Act but not defined in this Act;

(s) requiring public bodies to provide to the Minister information that relates to the administration of this Act or is required for preparing the Minister's annual report or the directory referred to in section 87;

(t) exempting any public body or class of public body from the operation of a regulation made under this subsection;

(u) providing that other Acts or regulations, or any provisions of them, prevail despite this Act;

(v) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary to carry out the intent of this Act.

(2) The Lieutenant Governor in Council or the Minister may delete a body designated under subsection (1)(a) or (3), respectively, but only if the Commissioner is satisfied that it is not contrary to the public interest to delete the body and that

(a) the body

(i) has been discontinued or no longer exists,

(ii) has been amalgamated with another body, and use of the name under which it was designated has been discontinued,

(iii) is a public body described in section 1(p)(i), (iii), (iv), (v), (vi) or (vii), or

(iv) would more appropriately be subject to another Act of Alberta or Canada that provides for access to information or protection of privacy or both,

or

(b) all of the following apply:

(i) the Government of Alberta does not appoint a majority of members to the body or to the governing board of the body;

(ii) the Government of Alberta does not provide the majority of the body's continuing funding;

(iii) the Government of Alberta does not hold a controlling interest in the share capital of the body.

(3) The Minister may by regulation designate an agency, board, commission, corporation, office or other body as a public body on the same criteria established by regulation on which the Lieutenant Governor in Council may designate a public body, but only at the request of the Minister responsible for that agency, board, commission, corporation, office or other body.

(4) A regulation made under subsection (3) is repealed on the coming into force of a regulation made under subsection (1)(a) that designates the agency, board, commission, corporation, office or other body as a public body.

RSA 2000 cF-25 s94;2003 c21 s21;2006 c17 s9;
2011 cC-11.5 s30

Power to make bylaws

95 A local public body, by bylaw or other legal instrument by which the local public body acts,

(a) must designate a person or group of persons as the head of the local public body for the purposes of this Act, and

(b) may set any fees the local public body requires to be paid under section 93, which must not exceed the fees provided for in the regulations.

1994 cF-18.5 s89;1999 c23 s45

Application of this Act

96 This Act applies to any record in the custody or under the control of a public body regardless of whether it comes into existence before or after this Act comes into force.

1994 cF-18.5 s90

Review of Act

97 A special committee of the Legislative Assembly must begin a comprehensive review of this Act by July 1, 2010 and must submit to the Legislative Assembly, within one year after beginning the review, a report that includes any amendments recommended by the committee.

RSA 2000 cF-25 s97;2003 c21 s22

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Alberta Children's Services

CHILD INTERVENTION RECEIVING A PUBLIC REPORT

Children's Services is committed to continuously improving our system to support the safety and well-being of children receiving child intervention services (in care and not in care).

As a consequence of reviews or investigations of serious incidents, including the death or serious injury of a child receiving services, Children's Services receives numerous public reports and recommendations throughout the year.

The *Child, Youth and Family Enhancement Act* requires that findings and recommendations from such reviews are publicly reported each year.

Typical recommending bodies include:

- Office of the Child and Youth Advocate (investigative and annual reports)
- Justice and Solicitor General (fatality inquiries)

In order to enhance internal rigor and public accountability and to support continuous improvement, a predictable and standardized approach has been adopted to manage incoming reports and recommendations.

The Ministry of Justice and the Office of the Child and Youth Advocate provide embargoed copies of their reports prior to the public release.

- **Fatality Inquiry reports** are received by the Deputy Minister office one to two weeks before the release date.
- **Advocate investigative reports** are received by the Deputy Minister office one to two days before the release date.

Actions taken following formal receipt of report and recommendations:

- Review: a ministry committee with relevant subject matter expertise, including service delivery, reviews the recommendations, discusses the intent of the recommendation, and considers impacts of implementation.
- Collaborate: meet with the recommending body to ensure clarity of intent and expected outcome, discuss any anticipated concerns with implementation, or current actions and initiatives underway that may already meet the intent of the recommendation.
- Determine Acceptance and Action Plan: where it is expected that a recommendation will be accepted, the committee will support the development of an appropriate action plan and implementation timeline.
- Draft Public Response for Minister's Approval: public response is drafted and forwarded to the Minister for approval of the response as well as approval to post publicly.
- Share: public response and identified actions are shared with staff throughout the organization and relevant stakeholders.
- Track: enter the final response into a data system to track progress and generate updates.

It is expected to take 60 days from formal receipt of the report to drafting the public response.

January 30, 2017

Child Intervention's Recommendation Approach

The need to establish a systemized approach to recommendations received by Child and Family Services (now Child Intervention) was raised by the Implementation Oversight Committee in the summer of 2014. Child and Family Services had also recognized the need for a process to enhance:

- internal rigor,
- public accountability, and
- issues management

related to recommendations for systemic improvement.

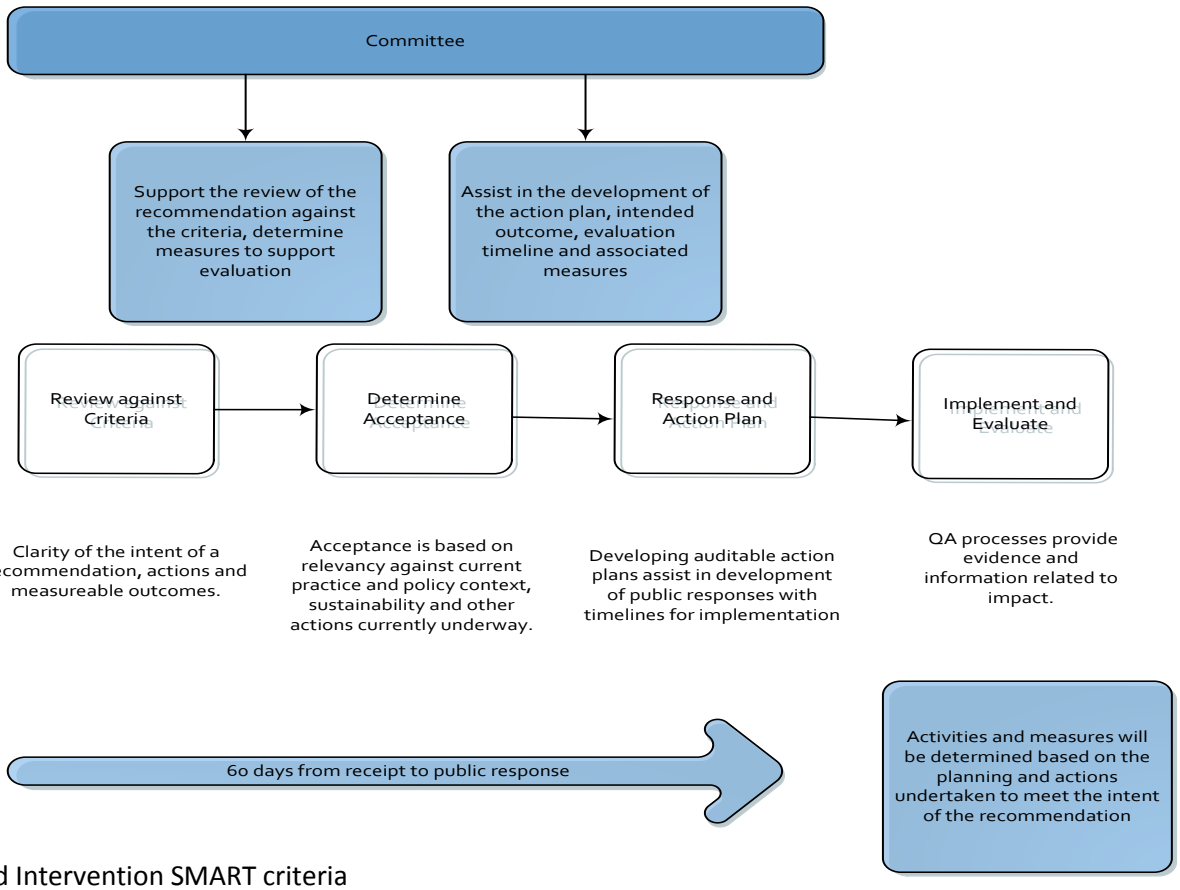
The Child Intervention Recommendation Approach, developed in the fall of 2014, includes adapted SMART criteria and supports the establishment of timelines and quality assurance processes to support continuous improvement of the child intervention system through the implementation of high quality recommendations.

This approach has been developed based on a review of other jurisdictions and other systems. It is premised on the importance of collaboration between Child Intervention and recommending bodies to support clarity of the intended or expected outcome, the development of high quality action plans, and to facilitate public reporting on progress on accepted recommendations.

The Child Intervention Recommendation Approach supports the development of a draft response and action plan within 60 business days of the ministry receiving the recommendation:

- Upon receipt of a recommendation for the Child Intervention system a committee with relevant subject matter expertise reviews the recommendation against the SMART criteria (Specific, Measureable, Achievable, Realistic, Timely), discusses any concerns regarding the intent of the recommendation or potential concerns with implementation.
- A meeting is requested with the recommending body to ensure clarity of intent and expected outcome, discuss any anticipated concerns with implementation or current actions and initiatives underway that may meet the intent of the recommendation.
- Where it is expected that a recommendation, or its intent, will be accepted the committee will support the development of an appropriate action plan and implementation timeline.

Once the public response is approved, the ministry response and acceptance status are entered into the Child Intervention Management Data System to support ongoing progress updates.



Child Intervention SMART criteria

Specific: A recommendation should be related to the event or issue under review, establish exactly what needs be done and by whom. This often requires a recommendation to be limited to a single action and to be directed at a group or person where a level of compliance can be assured.

Measurable: A recommendation should clearly describe the result to be achieved. This leads to a clear measurement to determine the impact. The recommendation should support answering questions such as how many? Or how well?

Achievable: A recommendation should be achievable by asking, can this be done? Can it be sustained? And, can the individual or group responsible for addressing the recommendation achieve the outcome? The recommendation and intended outcome should consider legislative/ environmental/ resource constraints.

Realistic: A recommendation should be unique, non-repetitive and responsive to the issue or event identified, and designed to lead to a concrete result or state. The intended actions or outcome of the recommendation must be relevant within the context of practice, policy, program and legislative mandate.

Timely: A recommendation should establish a general but realistic timeframe for implementation (e.g. immediate, short-, medium-, or long-term). A recommendation statement should rarely include timescales but should not be open ended.

Progress Made on Recommendations as of March, 31 2016

Youth Aging out of Care 2012-2013		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. Ensure young people leaving care have affordable, safe, and stable housing options and the financial resources to support themselves independently. - Revise policy and practice to provide the support required by young people.	THIS RECOMMENDATION HAS BEEN MET	
2. Dedicate and train caseworkers to meet the unique needs of young people leaving care. - Identify caseworkers to serve this population, including dedicated time available for young people to access them. - Provide training to staff on the needs of this population and how to engage them.	The ministry engages in ongoing collaboration and dissemination of information through the Provincial Enhancement Table, (CFS) Division Leadership table and the Delegated First Nations Agency (DFNA) Directors. The ministry is engaged in a comprehensive review of staff training (including delegation training). The review will include an examination of the material, training and tools available to assist staff to meet the unique needs of youth, as well as ensure the Child Intervention Practice Framework (CIPF) principles and practice strategies are integrated into core training for new staff. The ministry has provided funding to the Child and Youth Care Association of Alberta to create online relevant and targeted training for their members. The PPRYH addresses the recommendation through the following strategy: • Develop strategies and responses that reflect the unique needs of the Aboriginal, Métis, Immigrant and Lesbian, Gay, Bisexual, Transgendered and Questioning community. In October 2014, CFS embarked on the Youth Strategy project. This project aims to identify gaps in terms of the approaches used and supports, services, and programs offered to youth in care across the province with impacts on policy, training and practice. Research for the Strategy includes gathering information from CFS Regions about their approaches to working with youth in care; an academic literature review will be conducted on the themes identified. The Youth Strategy stakeholder consultation will include government agencies and ministries, municipalities, and non-governmental organizations. Consultations will also be conducted with:	The part of this recommendation concerning training staff has been met although the need to identify and dedicate caseworkers to serve youth leaving care has not been met.

Youth Aging out of Care 2012-2013		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	• A youth focus groups to solicit information and feedback on the strategy (in development); and • The Lesbian, Gay, Bisexual, Queer, Transgendered, Inter-sexed or Trans-identified and Two Spirited community. Policy and casework supports are being developed to support frontline service delivery staff in ensuring that children and youth have access to information related to sexual health and orientation. The Transitioning From Care: A guide for Caregivers is a joint project completed by the Alberta Foster Parent Association (AFPA) and Alberta Association of Services for Children and Families (AASCF). This guidebook was provided to all placement resource service providers in 2014. Signs of Safety (SOS) is currently in the second year of a five-year implementation strategy. SOS provides strength-based approaches to working with children, youth and families. In the spring of 2014, the SOS gathering brought together staff across the province to learn and share from one another. The Minister of Human Services signed a Memorandum of Understanding (MOU) with Western Australia to continue the engagement and sharing of information on the implementation of SOS. CIPF practice principles and strategies are being implemented throughout the province refocusing efforts on collaboration and engagement, providing frontline delivery staff with training on practice strategies and tools to support collaboration and critical thinking. Practice supervision training will be delivered in 2015/2016. <u>August 2015 Update</u>: Since September 2014, the CFS Youth Strategy continues to be a standing item for discussion and consultation at the Cross Government Youth Engagement Community Practice Table Chaired by The Ministry of Human Services Community Engagement Unit, with representatives from the Office of the Child and Youth Advocate present at the meetings. Initiatives previously provided are ongoing (training review and development, policy and practice development to support staff, implementation of Signs of Safety and the Child Intervention Practice Framework associated practice strategies and tools and development).	

Youth Aging out of Care 2012-2013		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	A working group has been developed and meets monthly to develop the practice strategy and are drafting associated tools for transitioning youth to adulthood which focuses on principle based approaches to ensuring ongoing connections with extended family and significant others for youth, ensures planning is done in a collaborative manner and is focused on strengths. A Foundations of Caregiver Support (FCS) plan has been developed to provide vision and purpose in supporting the interactions of a wide-range of caregivers with infants, children and youth. The FCS has three foundational pillars: child development, grief and loss, and trauma. The FCS will be incorporated into caregiver training and will support healthy child development, create connections for infants, children and youth receiving child intervention services, and assist them through the grieving process. <u>March 2016 Update:</u> The development of tools to support youth transitions is ongoing. Frontline service delivery staff (regional and Delegated First Nation Agency) and caregivers have access to training, Edmonton and across the province, and the practice strategies (online and through the practice leads) released under the Child Intervention Practice Framework as previously reported including Foundations of Caregiver Support, Signs of Safety, the Transitioning from Care: a Guide for Caregivers, and support for training for Child and Youth Care Counselors and the Plan to Prevent and Reduce Youth Homelessness (PPRYH). The Youth Strategy project is engaged in phase 2 of a frontline service delivery staff survey on youth services and piloted a youth focus group in March 2016 to ensure that youth voice is considered in practice and policy shifts that impact them. The Child and Youth Services Youth Strategy has been a standing item for discussion and consultation since September 2014, at the Cross Government Youth Engagement Community Practice Table Chaired by the ministry of Human Services Community Engagement Unit, including representatives from the Office of the Child and Youth Advocate. The Youth Strategy project recently engaged in phase 2 of a frontline service delivery staff survey on youth services and piloted a youth focus group in March 2016; survey results will impact policy, practice and program development specific to youth. In addition, a practice strategy related to supporting placement transitions is under development and will continue to support the effective exchange of information and supportive transitions for children in care.	

Progress Made on Recommendations as of March, 31 2016

Youth Aging out of Care 2012-2013		
Recommendation	Ministry's Response	Progress Identified by the Advocate
3. Increase awareness of caseworkers, caregivers, and service providers about resources for young people leaving care and support young people to access them. - Create greater awareness among caseworkers, caregivers, and agency staff about resources and programs that support transitioning to independence. - Build processes for a seamless transition from 'in care' to adult services that are appropriate to their needs.	THIS RECOMMENDATION HAS BEEN MET	
4. Ensure young people leaving care have supportive adult relationships. - Work with young people and caregivers so young people develop the relationships and relationship skills they require for independence. - Wherever possible, ensure that young people are able to effectively address their interests regarding family relationships.	Discussion at the Provincial Enhancement Table, with representatives from the service delivery areas as well as the DFNAs regarding supporting familial ties. Legislative amendment to allow for the review of a Permanent Guardianship Order by a former guardian, supports former guardians in making an application to the court to have their guardianship reinstated and the child returned to their care. Strength-based approaches including the SOS (year two of five-year implementation), CIPF (a three to five year implementation) practice principles and strategies all dedicated to increase connections with the family, extended family and natural supports through strengths-based, family focused approaches, tools and structures focused on connections, collaboration and preservation of the family. The PPRYH addresses the recommendation through the following strategy: • Keep youth engaged in school through mentorship programs and the provision of comprehensive services connecting families, schools, community partners and employers. Provincial policy was amended (July 2014) to provide an SFAA to all eligible youth exiting care, supervisor consultation is required should a young person refuse to enter an SFAA. Further amendments support consideration for permanency decisions including long-term caregivers.	This recommendation has been met with the development of the mentorship program and the various training opportunities available on the relational needs for youth.

Youth Aging out of Care 2012-2013		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	The Transitioning From Care: A guide for Caregivers is a joint project completed by the AFPA and AASCF. This guidebook was provided to all placement resource service providers in 2014. In October 2014, CFS embarked on the Youth Strategy project. This project aims to identify gaps in terms of the approaches used and supports, services, and programs offered to youth in care across the province with impacts on policy, training and practice. Research for the Strategy includes gathering information from CFS Regions about their approaches to working with youth in care; an academic literature review will be conducted on the themes identified. <u>August 2015 Update</u>: Since September 2014, the CFS Youth Strategy continues to be a standing item for discussion and consultation at the Cross Government Youth Engagement Community Practice Table Chaired by The Ministry of Human Services Community Engagement Unit, with representatives from the Office of the Child and Youth Advocate present at the meetings. A working group has been develop and meets monthly to develop a practice strategy and are drafting associated tools for transitioning youth to adulthood which focuses on principle based approaches to ensuring ongoing connections with extended family and significant others for youth, ensures planning is done in a collaborative manner and is focused on strengths. A Foundations of Caregiver Support (FCS) document has been developed to provide vision and purpose in supporting the interactions of a wide-range of caregivers with infants, children and youth. The FCS has three foundational pillars: child development, grief and loss, and trauma. The FCS will be incorporated into caregiver training and will support healthy child development, create connections for infants, children and youth receiving child intervention services, and assist them through the grieving process. The ministry also continues to partner with the Alberta Mentoring Partnership on a pilot project to match mentors with children and youth in care to assist young people to develop and maintain a relationship with a consistent healthy adult. To date, there have been approximately 100 children in care matched to mentors through the pilot sites. An evaluation is planned for the future to consider expansion.	

Youth Aging out of Care 2012-2013		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: Nearly 400 youth currently in or formerly in care, accessed the Advancing Futures Bursary (AFB) program from September to December 2015. AFB provides funding to support education goals, increasing their ability to obtain meaningful employment. The program provides transitional planning and ongoing supports facilitating successful transitions to adulthood and assists in building healthy adult relationships. The pilot project to match mentors with children and youth in care has matched over 120 children and youth with mentors. ALIGN and Child and Youth Services leadership have met to identify opportunities to increase capacity and access to mentors across the province.	
5. Support young people leaving care with access to counseling and/or mental health services and those that require it are transitioned to the adult system. - Provide counseling to young people who require it to address the trauma surrounding coming into care and related issues. - Work with Alberta Health Services to provide services that meet the mental health needs of young people.	THIS RECOMMENDATION HAS BEEN MET	

Progress Made on Recommendations as of March, 31 2016

Remembering Brian Investigative Review (June 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. Child Intervention Services should engage in comprehensive assessments to ensure a balance is struck between child-focused and family-centered approaches. It is vital that intervention services not only address the presenting issues in a family, but also fully examine and address the impacts those issues have had on children in the family.	Implementation of SOS (year two of five) and the CIPF practice principles and strategies (implemented fall 2014) support strength-based assessment, collaboration, family engagement and inclusion. The shift in assessment practice includes increased inclusivity of family in decision making using existing strengths and resiliency to mitigate the need for intervention, an ongoing focus on collaboration, and supports the differentiation between risk, harm and danger to support and engage the critical thinking required to balance between the needs of the family and the child. <u>August 2015 Update</u>: The ministry continues to implement the Child Intervention Practice Framework (CIPF), associated practice strategies and Signs of Safety (SOS) to improve how we engage families and their supports to understand and develop solutions to address identified child intervention needs. Practice strategies, including increased focus on critical thinking, early assessment and understanding of harm and danger under CIPF were introduced provincially in 2014 with full implementation and integration anticipated over the next 3 to 5 years. Foundations of Caregiver Support (FCS) was approved for development in June 2015. FCS describes three foundational pillars of knowledge and practice necessary for all staff and caregivers who work with infants, children and youth: child development, trauma and grief and loss. The trauma pillar emphasizes that a caregiver's ability to respond to the needs of a child in a developmentally appropriate manner is critical to their well-being, and must include understanding the child's adverse childhood experiences. Caregivers and staff must also understand each child's loss and grief experiences, the level of trauma associated with the loss, and the impact on the child's development. These concepts are being built into caregiver training. <u>March 2016 Update:</u> The assessment tools and policy currently used to guide frontline service delivery staff already do support comprehensive child-centered assessments through the inclusion of the child, their family, natural supports in the assessment and an assessment of the access and availability of resources in the community to meet the needs of the child and support the family. The ongoing implementation of the Child Intervention Practice Framework will continue to provide opportunities to strengthen how we support staff in completing comprehensive, holistic assessments focused on the child within the context of their family. The presenting issues within the family and their impact on the child needs to be directly connected to the provision of services, a referral to community or case closure dependent on each individual case and the relevant factors.	There has been some further progress with the assessment tools and policy noted in the ministry's response.

Progress Made on Recommendations as of March, 31 2016

Remembering Brian Investigative Review (June 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
2. Develop guidelines that will aid caseworkers in assessing the impacts of family violence and parental addictions on children, and which provide direction for supporting children who have been exposed to these circumstances.	THIS RECOMMENDATION HAS BEEN MET	
3. In developing support plans for children and their families, intervention caseworkers should ensure that comprehensive plans are in place to support and maintain a child's cultural connections, recognizing that family, community and tradition are all important contributors to culture.	Discussions occurred at the Provincial Enhancement Table, Child and Family Service Delivery Leadership table and with the DFNA Directors regarding strengthened policies regarding foster care, including the policy revisions related to cultural planning within the goals and tasks of the Concurrent Plan policy in December 2013. Multi-cultural health brokers are providing services in Edmonton and Calgary to better support cultural connections for children and families. The CIPF practice principles and strategies include family engagement at key decision points to support the inclusion of family and community in planning, decision making and ongoing support and connection with the family. Connection to family and community supports ongoing cultural connection and awareness as determined by family and community members. <u>August 2015 Update</u>: The ministry continues to implement the Child Intervention Practice Framework (CIPF), associated practice strategies and Signs of Safety (SOS) to improve how we engage families and their supports to understand and develop solutions to address identified child intervention needs. The strategies guide staff in bringing extended family and other natural supports together in the assessment phase to discuss how they can assist in supporting the family and strengthen their network. This ensures plans developed are grounded in the family's traditions, culture and long term capacity to mitigate the concerns that need to be addressed. Specifically, the family time practice strategy was highlighted in a policy to practice learning session and is accessible to staff on an ongoing basis. Practice strategies, including increased focus on critical thinking, early assessment and understanding of harm and danger under CIPF were introduced provincially in 2014 with full implementation and integration anticipated over the next 3 to 5 years. We continue to work with frontline delivery staff to ensure fidelity of the practice strategies implementation and alignment of practice with the CIPF principles of Connection and Aboriginal Experience.	There has been further progress on this recommendation with the plan to review files to assess the fidelity of practice strategies against the principles of connection and collaboration.

Remembering Brian Investigative Review (June 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: Child and Youth Services remains committed to engagement of the child, family, natural supports and caregivers in planning for the needs of the child and the need for cultural connections, including tradition and community. An upcoming practice file review will assess the fidelity of the practice strategies against the principles of Connection and Collaboration and help inform continuous improvement.	
4. Kinship caregivers should be provided with specialized training and support plans which are both tailored to meet their individual and unique needs. The goal should be to ensure kinship caregivers have the resources they require to manage the unique challenges that come with their caregiving, such as dual loyalties, unrealistic expectations, changes in family dynamics and feelings of loss, guilt and shame.	THIS RECOMMENDATION HAS BEEN MET	
5. Intervention caseworkers should be provided specialized training to manage unique situations presented by kinship care arrangements. The goal should be to ensure caseworkers can effectively support kinship caregivers in providing protection, well-being and a bridge to permanency for children in their care.	THIS RECOMMENDATION HAS BEEN MET	
6. Alberta's Human Services should review and amend policies and guidelines to bring about consistent practices among regions and ensure	The list of regional contacts (service delivery areas and DFNAs) was updated and posted on the ministry's Intranet site.	There has been further progress on this recommendation with the review and analysis of the inter-regional policy on

Progress Made on Recommendations as of March, 31 2016

Remembering Brian Investigative Review (June 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
seamless, coordinated inter-regional delivery of intervention services.	Provincial Enhancement Table, with representatives from service delivery areas and DFNAs, held discussions regarding the barriers to supporting transfers in a timely manner with minimal disruption in services. Regional and provincial policy was discussed and reviewed with a working group to outline potential barriers and effective policy revisions to support the transfer of files and placement resources. Ongoing consultation is occurring and policy will be enhanced as necessary if any revisions are identified. <u>August 2015 Update</u>: The provincial Placement Resources Table has established a sub-committee to review the inter-regional policy to transfer foster homes (region to region and agency to agency) to support any required revisions to policy. <u>March 2016 Update:</u> The review and analysis of the inter-regional policy on file transfers (related to both placement and case management) is ongoing. Given the complexity of region to region and agency to agency transfers, policy revision requires intentional consultation to fully understand the impacts and operational requirements. The devolution of the Child and Family Services Authority Act and organizational changes within the ministry of Human Services has supported increased communication and collaboration across regional delivery partners supporting transitions for children, families and caregivers relocating within Alberta. Those changes will also necessitate an additional review of procedures which will be considered in an overall policy refresh. In addition, the Provincial/ Territorial Protocol on Children, Youth and Families Moving Between Provinces and Territories has been updated and comes into effect April 1, 2016 supporting collaboration cross-jurisdictionally for children, families and caregivers who relocate within Canada. This new protocol will be distributed.	file transfers, the pending policy refresh and Provincial Protocol.

Kamil: An Immigrant Youth's Struggle Investigative Review (November 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. 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.	The ministry supports comprehensive assessments through the development of a casework practice model and the implementation of the current comprehensive assessment documents which consider the child and entire family across three domains. Strength-based approaches including the SOS (year two of five-year implementation), CIPF (a three to five year implementation) practice principles and strategies all dedicated to increase connections with the family, extended family and natural supports through strengths-based, family-focused approaches, tools and structures focused on connections, collaboration and preservation of the family. Focusing on collaboration and increasing the involvement of the family, extended family and community supports will support comprehensive assessment of the child and their family, community, culture and background. The Human Services Multicultural Populations Committee is a cross-divisional committee with the goal of improving multicultural service delivery and staff cultural competencies. Regional delivery have accessed and engaged in partnerships with agencies to support their specific cultural needs to meet the growing multicultural diversity in Alberta. <u>August 2015 Update</u>: In addition to the information provided previously on actions taken, training to support service delivery staff working with multicultural populations is being developed. Service delivery areas with large multi-cultural populations have adopted or expanded the use of multi-cultural health brokers to multi-cultural children, youth and families. The curriculum was informed through the involvement of subject matter experts and front line delivery staff. The training is slated to pilot in Edmonton and Calgary and will be revised based on feedback prior to broad implementation. <u>March 2016 Update:</u> The multicultural training was piloted in Calgary (November 2015) and Edmonton (December 2015), OCYA staff participated in the pilot sessions alongside frontline service delivery managers and supervisors. As a result of the feedback from the pilot sessions, train the trainer sessions are currently being conducted in March 2016 with the intent to launch training provincially in the Summer of 2016. The sessions will be evaluated to determine next steps for wide implementation.	There has been further progress on this recommendation with the planned training pilots. Once the training has been implemented, this recommendation will be met.

Progress Made on Recommendations as of March, 31 2016

Kamil: An Immigrant Youth's Struggle Investigative Review (November 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
2. The child intervention system should assess each young person holistically, including identification and assessment of their protective factors, and work proactively with supportive adults to maintain and strengthen these factors to improve the young person's resiliency and well-being.	THIS RECOMMENDATION HAS BEEN MET	
3. The policy regarding approval of psychotropic medications should be amended to recognize and reflect the urgency of situations in which young people require these medications. In addition, there should be a requirement to communicate back to the mental health professional(s) when a recommended medication or therapy is not approved.	A provincial meeting was held in December 2013 with ministry and regional service delivery partners to discuss the issue regarding psychotropic medication and approval process. Ministry representatives from placement resources and policy currently participate in the Psychotropic Drug Advisory Committee to establish a coordinated provincial approach in supporting care providers and frontline in obtaining appropriate and timely medical care, including approvals for psychotropic drugs for children and youth. The development of a practice tool to assist caseworkers and care providers with critical conversations with prescribing medical practitioners around the use of psychotropic drugs and alternative treatment modalities will support a coordinated approach to meeting the mental health needs of children in care. Health provided the ministry with an additional $5 million in one-time funding, that supported initiatives beginning in 2014/2015: • $350,000 of the $5 million will allow the ministry to recruit specialists (psychiatric nurse/pharmacist) to give child intervention staff timely access to expert clinical/medical consultation. <u>August 2015 Update</u>: The Psychotropic Drug Advisory Group continues to meet. The practice tool (Pathways to Mental Health: Making Every Step Count for Children in Care) will be available fall 2015. Both the Edmonton and Calgary Child and Family Services areas have accessed the supports and services of Nurse Consultants to support staff consultation regarding medications and diagnosis, discuss resources available, and facilitate communication with mental health systems and the medical community. A Pathway to Mental Health is a resource developed for kinship caregivers and foster parents, intended to provide information and strategies to help caregivers of children and youth needing mental health treatment. The guide includes information on how to avoid treatment delays. It includes a handout to help caregivers prepare for a mental health consultation (e.g. information about the child, current symptoms, known health/mental health, current medication and treatments) as well as questions to ask during a mental health consultation (e.g. about the treatment	This recommendation has been met with the development of the practice tool.

Kamil: An Immigrant Youth's Struggle Investigative Review (November 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	prescribed, how to monitor symptoms and side effects). This is intended to also assist managers approve medication in a more timely fashion. Both nurses continue to be available for consultation on mental health, community programs and psychotropic medication, as well as to provide a medication review for a child or youth that includes checking for rationale, safe dosing, and interactions between multiple medications. This assistance is also intended to support timelier decision making by managers delegated to provide approval for the use of psychotropic medications. Information on how to access the Mental Health Nurse Consultants has been sent out to all regions and delegated first nations agencies. <u>March 2016 Update:</u> The Pathway to Better Mental Health practice tool has been completed and is available to frontline service delivery staff and to caregivers through the Alberta Foster Parent Association and ALIGN. Information about the availability of mental health nurse consultants on the use of psychotropic medications and how to access them continues to be shared with frontline service delivery staff and caregivers. Frontline service delivery staff are supported in increasing their understanding of suggested and prescribed medications and recommended therapies through consultation with the mental health nurses. The practice tool supports staff and caregivers in how to best engage in critical conversations with physicians regarding prescribed interventions and best available treatment options. The tools also reinforce the importance of communicating and having open and supportive discussions children and youth experiencing mental health concerns.	
4. Caseworkers should personally communicate with young people and their mental health providers to obtain thorough and accurate information to ensure that their client's needs and interests are met.	The ministry remains committed to reviewing and revising communication strategies, policy and expectations, particularly as they relate to medication and treatment as appropriate. Ministry representatives from placement resources and policy currently participate in the Psychotropic Drug Advisory Committee to establish a coordinated provincial approach in supporting care providers and frontline in obtaining appropriate and timely medical care, including approvals for psychotropic drugs for children and youth. The development of a practice tool to assist caseworkers and care providers with critical conversations with prescribing medical practitioners around the use of psychotropic drugs and alternative treatment modalities will support a coordinated approach to meeting the mental health needs of children in care.	This recommendation has been met with the development of the practice tool.

Kamil: An Immigrant Youth's Struggle Investigative Review (November 2013)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	August 2015 Update: The Psychotropic Drug Advisory Group continues to meet. A practice tool has been developed (Pathways to Mental Health: Making Every Step Count for Children in Care) . Both the Edmonton and Calgary Child and Family Services areas have accessed the supports and services of Nurse Consultants to support staff consultation regarding medications and diagnosis, discuss resources available, and facilitate communication with mental health systems and the medical community. This resource has been made available to other service delivery areas. March 2016 Update: The Pathway to Better Mental Health practice tool has been completed and is available online to frontline service delivery staff and to caregivers through the Alberta Foster Parent Association and ALIGN. Information about the availability of the mental health nurse consultants and psychotropic medications and children continues to be shared be with frontline service delivery staff and caregivers. Frontline service delivery staff are supported in increasing their understanding of suggested and prescribed medications and recommended therapies through consultation with the mental health nurses. The practice tool supports staff and caregivers in how to best engage in critical conversations with physicians regarding prescribed interventions and best available treatment options. The tools also reinforce the importance of communicating and having open and supportive discussions children and youth experiencing mental health concerns.	
5. Human Services should increase opportunities for child intervention staff to work in a more innovative, inclusive and collaborative environment to improve the quality of decision making for vulnerable children and youth.	THIS RECOMMENDATION HAS BEEN MET	

7-Year-Old Jack Investigative Review (January 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. The Ministry of Human Services should ensure the preservation or resolution of relationships are at the foundation of permanency planning for children: a) Children need to be involved - at a level appropriate to their understanding -in envisioning how their significant relationships will look in their future. Attention should be given to grief and loss interventions where relationships are lost or ambiguous. *Part B of this recommendation has been removed as the intent is already included in Part A.*	The five desired outcomes (supporting vulnerable children in their community, reunifying children in temporary care quickly, locating permanent placements quickly, supporting successful transitions to independence and adulthood, and supporting Aboriginal children to live in culturally-appropriate homes) have been embedded in: • EA policy manual Kinship policy updates: 2.1 Kinship Care Approval Process. • Enhancements to the caregiver handbooks, Kinship Inquiry Line and Language line. • Transitioning From Care: A Guide for Caregivers handbook. • Kinship Caregiver Orientation Training. Safe Babies Caregiver Training and enhancements to the Caregiver Handbooks includes information on working positively with birth families, supporting connections and reunification. Policy enhancements regarding permanency outline several considerations in making permanency decisions for children: consideration for the child's current circumstances and attachments, the strength of these connections, relationships with extended families, connection to culture, maintenance of significant relationships, and potential disruptions to a child should a move occur. Additional considerations include supporting guardianship for long-term caregivers where they are willing and able to assume guardianship, maintain connections to culture and birth family and the child's opinions about who they consider part of their family. Strength-based approaches including SOS (year two of five-year implementation), CIPF (a three to five year implementation) practice principles and strategies are dedicated to increase connections with the family, extended family and natural supports through strengths-based, family-focused approaches, tools and structures focused on connections, collaboration and preservation of the family. SOS supports specific tools to engaged children and youth in the development of their own plans and to support understanding of their perspective on meaningful relationships. <u>August 2015 Update</u>: Policy was revised in November 2014 to include the requirement to have a conversation with the child in the context of the child's procedural rights when the child does not agree with placement decisions. The Foundations of Caregiver Support (FCS) document has been developed to provide vision and purpose in supporting the interactions of a wide-range of caregivers with infants, children and youth. The FCS has three	There has been further progress on this recommendation with the training that is being developed on the "core story" (the child's story).

7-Year-Old Jack Investigative Review (January 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	foundational pillars: child development, grief and loss, and trauma. The FCS will be incorporated in caregiver training and will support healthy child development, create connections for infants, children and youth receiving child intervention services, and assist them through the grieving process. Skill development workshops in the regions are focused on the use of Signs of Safety tools, such as Words and Pictures, to integrate the voice of the child in case planning. <u>March 2016 Update:</u> Training related to the core story, grief and loss, child development and trauma are under development to support the implementation of Foundations of Caregiver Support (FCS). The FCS training material is being designed to very explicitly recognize the particular needs of the children in care, including their need for ongoing relationships and connection to culture and community now and into the future, and will help caregivers more effectively support the children and families they serve. Additional strategies previously reported, including policy and practice enhancements, continued support for the involvement and inclusion of children and youth in planning for services, maintaining connections to culture and community, permanency planning and developing and maintaining relationships support children receiving services to maintain and preserve significant relationships.	
2. The Ministry of Human Services in collaboration with the Ministry of Justice and Solicitor General should undertake a review of court delays for children in temporary care: a) identify the number of children for whom court delays have impacted permanency; b) identify the barriers that are causing court delays; c) establish a plan to resolve this issue; and, d) report on progress.	The ministry and Justice and Solicitor General are continuing efforts currently in place (including Judicial Dispute Resolution, Case management, pre-trial) to address and reduce court delays. In addition, the provincial mediation committee works towards reducing cases going to court through alternative dispute resolution. <u>August 2015 Update</u>: Based on the practice strategies that have been employed with a fundamental principle of early and ongoing engagement of parents and children in their own planning, the ministry has been able to substantially reduce the number of court applications applied for which has had a direct decrease on the time spent in court and subsequent court delays which may impact permanency. The ministry continues to work with Justice and Solicitor General to address the complex issues related to court delays.	There continues to be progress on this recommendation with Human Services and Justice meeting to review and address issues related to court delays. We wait to hear that a plan has been developed and that there is progress on this issue.

7-Year-Old Jack Investigative Review (January 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: Human Services and Justice and Solicitor General are continuing to meet to review and address issues related to court delays. As noted previously the number of court applications, as a result of shifts in practice through the implementation of the Child Intervention Practice Framework principles and practice strategies, has significantly decreased. Ongoing analysis regarding the complexity of the process and timelines for court proceedings is underway.	
3. The Ministry of Human Services needs to reinforce compliance to existing policy regarding regular case conferencing with all stakeholders and service providers, ensuring that children are involved whenever possible.	Strength-based approaches including SOS (year two of five-year implementation), CIPF (a three to five year implementation) practice principles and strategies are dedicated to increase connections with the family, extended family and natural supports through strengths-based, family-focused approaches, tools and structures focused on connections, collaboration and preservation of the family. Ongoing collaboration and connection support regular case conferences with family, extended family and formal and informal supports. August 2015 Update: The ministry continues to implement the Child Intervention Practice Framework (CIPF), associated practice strategies and Signs of Safety (SOS) to improve how we engage families and the people involved with them to better understand and develop solutions to address identified child intervention needs. Practice strategies, including increased focus on critical thinking, early assessment and understanding of harm and danger under CIPF were introduced provincially in 2014 with full implementation and integration anticipated over the next 3 to 5 years. March 2016 Update: All frontline service delivery staff are required to follow provincial policy, legislation and regulation; staff being aware of and in compliance with policy is addressed through ongoing and regular consultation with their supervisor in addition to being integrated and reflected in the practice strategies and tools to support leading practice. The Child Intervention Practice Framework principles and associated practice strategies are highly reliant on collaboration, inclusion, integration and increased connections with children, families, extended families and natural supports – this increase connectivity and relational practice includes regular case conferences and case consultation to support assessment of progress and need for intervention and services. An upcoming practice file review will assess the fidelity of the practice strategies against the Child Intervention Practice Principles, including (but not limited to) those of 'Connection' and 'Collaboration'. This practice review will help inform the continued roll out and implementation of the Child Intervention Practice Framework.	There has been some progress on this recommendation with the planned file review.

Progress Made on Recommendations as of March, 31 2016

7-Year-Old Jack Investigative Review (January 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
4. The results of service delivery placement investigations should be better coordinated to ensure that: a) Recommendations resulting from these investigations are documented and accounted for in the Human Services' electronic database to ensure their resolution; b) Results of placement investigations are centrally analyzed in order to identify key learnings that could enhance the strength of the overall system; and c) The learnings identified from service delivery investigations are actively disseminated province-wide, with the goal of enhancing the safety and well-being of children in care.	In addition to ongoing knowledge mobilization processes and practice, discussions at the Provincial Enhancement Table, service delivery directors' tables and the Provincial Placement table, a review of Placement Resources Assessments is underway to assist in overall quality assurance, a clearly articulated process, consistency based on a specialized process and develop capacity across the province for placement assessments. This is being completed through a review of the process, policy and practice requirements, including quality assurance and knowledge mobilization in relation to outcomes of the assessment and the sharing of information to support provincial learning. <u>August 2015 Update</u>: The ministry is reviewing and validating a draft provincial placement assessment process with front line service delivery staff. The draft process will be integrated into policy and practice following approval. The process will support consistent information sharing and enable learnings to be shared provincially. <u>March 2016 Update:</u> A Placement Resource Assessment alignment review has been completed and a consistent process has been developed by divisional and regional staff. Once approved and fully implemented, this process will support a more consistent approach to the identification, tracking and dissemination of key learnings and opportunities to strengthen the overall system of care.	There has been progress on this recommendation with the review and development of a new investigation process for placements. We wait to hear if a,b,c of this recommendation are addressed once the new process proceeds to implementation.
5. The Ministry of Human Services should: a) Review, clarify and communicate policy regarding the decision-making authority of the Director when a child in temporary care passes away. Including clear policy direction for decisions related to tissue donation; and b) The Ministry of Human Services should review case practice in relation to what parents are told when their child is in temporary care; specifically, the decision-making that might occur.	Policy clearly outlines the steps taken when a child in temporary care or permanent care passes away. It addresses who needs to be contacted and consulted in both the areas of tissue and organ donation and funeral and burial arrangements, and includes a link to the *Human Tissue and Organ Donation Regulation* for additional information. A parent/guardian handbook is currently being developed by the CFS Division to further outline parental/guardian's rights and responsibilities including decision-making. <u>August 2015 Update</u>: In May, the Statutory Director sent an email directive out to Service Delivery Directors advising them that the current policy was being reviewed and that, in the interim, directors will not have the authority to provide consent for organ and tissue donation. In addition to the actions provided, the Aboriginal Engagement Strategy and Child and Family Services Divisions are currently meeting with Aboriginal representatives from all three Treaty areas to review policy related to tissue and organ donation. Alberta Health has also been engaged to strengthen alignment with Human Services policy.	Part a) of this recommendation has been met with the implementation of the policy. Part b) still needs to be addressed.

7-Year-Old Jack Investigative Review (January 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: The updated policy 7.2.2 Reporting a Death in the Enhancement Policy Manual was released January 2016 and clearly indicates that only a parent(s) or next-of-kin in the community or a young person who makes their wishes known can consent to organ and/or tissue donation.	

Baby Annie (April 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. Child Intervention Services should institute policy that is proactive in planning for children and families when a newborn child is expected into a family that is receiving intervention services.	The ministry accepts the intent of the recommendation and will continue to implement supports and services currently available to assist expectant mothers with advice and referrals to community services, such as the many pre-and post-natal programs offered by Alberta Health Services. Proactive planning for the needs of families and children is extremely important. For that reason, the ministry has current policy and practice expectations regarding collaborative planning and assessment of family needs, and the expectation to revisit planned supports if the circumstances of a family change. This would include the impending addition of a newborn to a family the ministry is already supporting. August 2015 Update: As noted in the response, proactive planning for families and children is part of current policy and practice expectations regarding dynamic and collaborative planning and ongoing functional assessment of the needs of the child and family. This includes the expectation to revisit the planned supports if the circumstances of a family change including the addition or removal of a family member or member of the household, a change in address, employment status, income and identified challenges or opportunities. AHS has completed an environmental scan of the multi-service model to identify gaps in services to at-risk infants. The joint committee will now develop a protocol to guide collaborative work between AHS and CI staff when working with infants, children and youth when we anticipate involvement from both systems may be required.	There has been no further progress on this recommendation. This recommendation specifically addresses the need to proactively plan when working with families (who already have children that have involvement) and are expecting a newborn child. The Ministry's policy does not specifically address this situation.

Baby Annie (April 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: As noted in the OCYA September 30, 2015 progress report there are a number of community organizations that provide programming to families where a newborn is expected, including programs such as those integrated within the Sheldon Kennedy Community Advocacy Centre. Child and Youth Services and the regional service delivery areas continue to work with families in the context of assessing strengths and risk factors related to the *Child, Youth and Family Enhancement Act*. Policy and practice supports collaborative planning and an assessment of the needs of the child and their family including revisiting the planned supports if the circumstances of the family change, which would include the addition of another family member through birth or other means (policy 4.1.1 Eco-map, 4.1.2 Genogram, 7.1.1 Case Conference).	
2. The Ministry of Human Services should work with Alberta Health Services to implement a provincial, multi-service response model that enables collaborative and joint response to families with at-risk children who are involved with Human Services and Alberta Health Services.	The ministry accepts this recommendation and agrees that a multi-service response model is effective in identifying and responding to the needs of at-risk children. Through the Early Childhood Development initiative, the ministry is working closely with Alberta Health and Education to improve outcomes of young children, including a focus on maternal and infant health. Human Services will work with Alberta Health Services as they conduct broad environmental scans of the multi-service response model to identify gaps in services to at-risk infants. Where gaps are identified, Alberta Health Services will work with Human Services to mitigate them, promoting a more consistent provincial model of care for this at-risk group. August 2015 Update: The ministry continues to work collaboratively with Alberta Health Services (AHS) through a joint committee. AHS has completed an environmental scan of the multi-service model to identify gaps in services to at-risk infants. The joint committee will develop a protocol to guide collaborative work between AHS and CI staff when working with infants, children and youth that may require involvement from both systems. A first draft of this protocol is targeted for Fall 2015.	There has been further progress on this recommendation with Human Services and AHS continued development of protocols for working with children and families involved with both systems. Once these protocols are developed, this recommendation will be met.

Baby Annie (April 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: Alberta Health Services and Human Services continue to collaborate on the development and implementation of processes and protocols specifically focused on supporting staff working with infants, children and youth who are or require the involvement of both systems. Opportunities have been identified to expand existing leading practice sites like AVIRT (Alberta Vulnerable Infant Response Teams) that exist in Calgary and Edmonton.	
3. The Ministry of Human Services and Alberta Health Services should establish policy and protocols to ensure sufficient information sharing and a collaborative, timely (prior to discharge) response for infants at risk from NeoNatal Abstinence Syndrome.	The ministry accepts the intent of the recommendation and will continue to support cross-ministry strategies and legislation already in place to address this type of information sharing. Human Services and Alberta Health Services recognize information sharing is an important element in the care of at-risk groups. As Alberta Health Services conducts their environmental scan, we will look for opportunities to strengthen existing approaches to information sharing specific to this population of children (at-risk infants). The *Children First Act* provides collection, use and disclosure authorities in addition to those available previously through the *Health Information Act (HIA)* and the Freedom of Information and *Protection of Privacy Act (FOIP Act)*. A key initiative in this regard is the Information Sharing Strategy, which is a collaborative initiative of the Government of Alberta and its service providers. August 2015 Update: The ministry continues to work collaboratively with Alberta Health Services (AHS) through a joint committee. AHS has completed an environmental scan of the multi-service model to identify gaps in services to at-risk infants. The joint committee will develop a protocol to guide ongoing collaborative work between AHS and CI staff when working with infants, children and youth that may require involvement from both systems, including a plan to ensure that infants who have been prenatally exposed to substances are identified and assessed accordingly. Once a protocol has been mapped out, policy adjustments and training will be considered to ensure alignment. A first draft of this protocol is targeted for Fall 2015. March 2016 Update: Alberta Health Services and Human Services continue to collaborate on the development and implementation of processes and protocols specifically focused on supporting staff working with infants, children and youth who are or require the involvement of both systems. Opportunities have been identified to expand existing leading practice sites like AVIRT (Alberta Vulnerable Infant Response Teams) that exist in Calgary and Edmonton.	Once these protocols are developed which address information sharing, collaboration and timely response for infants at risk, this recommendation will be met.

Progress Made on Recommendations as of March, 31 2016

Baby Annie (April 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
4. The College of Physicians and Surgeons and the Alberta College of Pharmacists should review the effectiveness of the Pharmaceutical Information Network to detect and flag multi-doctoring and potential safety concerns related to codeine and benzodiazepine prescriptions, with a view to preventing fetal exposure to these medications.	Representatives from the College of Physicians and Surgeons and the Alberta College of Pharmacists met with the Advocate to discuss the recommendations and their commitment to it. The Advocate will be asking for a written update.	There has been progress on this recommendation with the College Of Pharmacists indicating at a meeting with the Advocate that they will be following up with Alberta Health to ask for system improvements to NETCARE and possibly changing the scheduling of non-prescription containing drugs containing codeine.
5. a) Child Intervention Services should review how parenting capacity assessments are conducted across the province and implement policy that ensures parenting assessments are done in a consistent manner and are comprehensive in nature. b) Child Intervention Services should ensure that parenting norms unique to First Nations and other cultural groups are incorporated into parenting capacity assessments.	The ministry accepts the intent of the recommendation and will continue to work closely with clinicians to ensure that the right information and questions are brought forward for consideration in their assessments and that an appropriately skilled expert is utilized. Professional clinicians will continue to tailor parenting assessments to ensure they fit the unique circumstances of each individual family's situation. The importance of tailoring the assessments is recognized in Part (b) of the recommendation, which affirms the importance of cultural sensitivity when conducting the assessments. Wherever possible, we will also leverage our integrated service delivery approach to address parents' needs, and the needs of their children, so that needs are assessed and met as early as possible in their developmental life cycle. <u>August 2015 Update</u>: As noted in the response, the ministry works closely with the clinicians to ensure that the right information and questions are brought forward for consideration in their assessment based on the need for intervention, the clinician's area of expertise and the background and needs of the parent engaged in the assessment. <u>March 2016 Update:</u> The ministry, as noted, agrees with and accepts the intent of the recommendation; clinicians are contracted to provide services, including parenting assessments, based on their area of expertise and the identified needs of the client determined though their clinical intervention. The ministry PQR process will refine processes to request parenting capacity assessments and the outcomes from the assessment to support case planning.	There has been progress on this recommendation with the policy to practice session on parenting capacity assessments and with the ministry's planned PQR process. Part B of this recommendation still needs to be addressed.

Progress Made on Recommendations as of March, 31 2016

Baby Annie (April 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	In January 2016, a Policy to Practice session with Dr. Choate, Clinical Social Worker and Assistant Professor with Mount Royal University was held for frontline service delivery staff. The session covered when a Parenting Capacity Assessment should be requested, the complex examination of the parenting environment and the fit between parents and children including assessing a parent's ability to meet the emotional, physical and developmental needs of their child. This session was recorded to support ongoing access for staff who were unable to attend the session when produced or new staff interested in understanding the complexities of Parenting Capacity Assessments.	

Baby Dawn: Bed-Sharing with Infants in Foster Care (July 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. The Ministry of Human Services should implement clear policy for foster parents providing direction not to bed-share with infants placed in their care.	THIS RECOMMENDATION HAS BEEN MET	

Baby Sadie: Serious Injury (November 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. Alberta Health should build on past and current efforts to implement the consistent use of electronic records for children across Alberta to facilitate adequate information sharing among medical professionals. This would allow indicators of child abuse to be easily accessed (flagged) and used to identify possible patterns.	A letter from the Health Minister was received stating: "Alberta's *Health Information Act* (HIA) allows physicians, pharmacists and other custodians to share health information made available through electronic medical records with any person to avert or minimize risk of harm to a child. My Ministry is actively working within the health sector to promote the use and implementation of electronic medical records. Currently more than 75% of Alberta physicians use electronic medical records." The letter also indicates other initiatives aimed at increasing information sharing among health providers.	There is progress on this recommendation with the commitment to promote the use of electronic medical records.
2. Alberta Human Services should review their training for frontline staff specifically related to critical thinking, risk assessment and case analysis.	The Ministry accepts the recommendation. In addition to an ongoing review of delegation training for child intervention service delivery staff, the Child Intervention Practice Framework (CIPF) is currently being implemented across the province.	This recommendation has been met through a variety of initiatives (a review/revision of training, mandatory

Baby Sadie: Serious Injury (November 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
Training should be strengthened and tailored for assessors and supervisors to ensure well-informed case analysis and case-planning for young people and their families.	As part of the CIPF, training related to the new Practice Strategies and Practice Supervision is being delivered throughout the province with a focus on critical thinking, recognizing danger and harm, and collaborative decision making and planning. The training is anticipated to be complete in the summer of 2015 and will be integrated into core training for new service delivery staff. <u>August 2015 Update</u>: The ministry continues to implement the Child Intervention Practice Framework (CIPF), associated practice strategies and Signs of Safety (SOS) to improve how we engage families and their supports to understand and develop solutions to address identified child intervention needs. Practice strategies, including increased focus on critical thinking, early assessment and understanding of harm and danger under CIPF were introduced provincially in 2014 with full implementation and integration anticipated over the next 3 to 5 years. The ministry is engaged in a comprehensive review of staff training (including delegation training). The review will include an examination of the material, training and tools available to assist staff to meet the unique needs of youth, as well as ensure the CIPF principles and practice strategies are integrated into core training for new staff. <u>March 2016 Update:</u> In addition to the ongoing implementation and integration of the Child Intervention Practice Framework practice principles and associated practice strategies that support critical thinking and comprehensive assessment. The review and revision of staff training continues. The ChILD project includes a review of current delegation training and includes implementation of foundational learning and development for all child intervention staff. Revised training will be developed based on identified competencies including those competencies required as an assessors and supervisors. The training module *Preparing for and Providing Practice Supervision* was made mandatory for all child intervention supervisors and managers to support skill development. The child intervention caseworker competency profile has been updated and approved and is currently being used as the foundational profile for the casework supervisor competency refresh. An upcoming practice file review will assess the fidelity of the practice strategies against the Child Intervention Practice Framework including how supervisors support staff in critical thinking and assessment. This practice review will help inform the continued roll out and implementation of the Child Intervention Practice Framework.	supervisory training, competency profiles) aimed at enhancing the analysis and assessment skills of frontline staff.

Progress Made on Recommendations as of March, 31 2016

Baby Sadie: Serious Injury (November 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
3. Alberta Human Services should: a) Ensure collaborative strategies are in place for every young person receiving child intervention services; and, b) Include regular case conferences in the child intervention standards and monitor for compliance.	The Ministry accepts the intent of the recommendation. A key component of the CIPF practice strategies is collaborative decision making with families and other service delivery partners. Collaborative practice facilitates information gathering and decision making when planning supports and services to effectively meet the needs of children, youth and their families. A programmatic review of collaborative decision-making will be conducted in fall 2015. Monitoring the frequency of case conferences will not capture all collaborative efforts to support children, youth and their families. Therefore, rather than including case conferences in the child intervention standards, review and measurement of collaboration will be monitored through an evaluation of the CIPF practice strategies and Signs of Safety. <u>August 2015 Update</u>: The ministry continues to implement the Child Intervention Practice Framework (CIPF), associated practice strategies and Signs of Safety (SOS) to improve how we engage families and their supports to understand and develop solutions to address identified child intervention needs. Practice strategies, including increased focus on critical thinking, early assessment and understanding of harm and danger under CIPF were introduced provincially in 2014 with full implementation and integration anticipated over the next 3 to 5 years. Family/Natural Support meetings are integral to the practice strategies associated with the CIPF and puts the principle of collaboration into practice. A programmatic review of collaborative decision making is underway and will be completed in the Fall of 2015. <u>March 2016 Update:</u> The review of Collaborative Decision Making has been completed and is being used to inform policy development and practice. As noted in the original public response, the focus on collaboration is key to the Child Intervention Practice Framework, an upcoming practice file review will assess the fidelity of the practice strategies against the principles of Connection and Collaboration. Child Intervention standards are a measurement of past practice using a standardized tool and a representative sample. The Ministry agrees that collaborative strategies are required in the delivery of services, however does not believe that measuring an activity like a case conference for compliance actually measures whether or not collaboration and inclusion is evident in planning and assessment. Through the implementation of the Child Intervention Practice Framework and the associated practice file review, an assessment of collaboration will be conducted.	There has been progress on this recommendation with the completed review of Collaborative Decision Making and with the plan to undertake file reviews to determine whether collaboration and inclusion is occurring. Once the file reviews are ongoing, this recommendation will be met.

15-Year-Old Tony (November 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. The Ministry of Human Services, with its service delivery partners should strengthen processes related to: a) The search for meaningful relationships in an Aboriginal child's life and ensure that the extended family of both parents is explored. b) The ability of placement facilities to provide Aboriginal children in care continuous and ongoing access to traditional knowledge and activities. These processes should be documented and audited for compliance to ensure that Aboriginal children remain connected to their family, community and culture.	The ministry accepts the recommendation. Engagement of extended family, maternal and paternal, is a necessary part of supporting children and youth and their connection to family, culture and community. Continued implementation of the Child Intervention Practice Framework and Signs of Safety support family engagement and connectivity. Revised caregiver training will be implemented in 2015/2016. Current contract and caregiver requirements reflect the need for placement resources to facilitate ongoing access to culturally appropriate activities for Aboriginal children. Ongoing efforts to monitor and support current practice are underway. An evaluation will be completed as part of the ongoing commitment to continuous improvement and any identified concerns will be addressed. <u>March 2016 Update:</u> Family Finding: Lighting the Fire of Urgency training was held across the province to support frontline service delivery staff's capacity and understanding of the critical need of family and community connection along with providing some concrete tools to find, engage and build family and community networks for children and youth receiving intervention services. This training supports family finding for both Indigenous and non-Indigenous children, youth and families. ALIGN who supports the contract agency sector (including placement facilities) has developed and continues to offer 5 day intensive cultural awareness training for agency staff, ministry staff and caregivers. The curriculum was developed in partnership with Indigenous communities and post-secondary institutions and has been tailored to various regions and communities to best reflect the distinct cultures of the children and families being served: - Allying with Indigenous Peoples: The Practice of Omanitew - Cultural Solutions The Ministry, in partnership with the Alberta Foster Parents Association, has also developed mandatory training for caregivers called 'Honouring Aboriginal Children and Families'. This two day training was originally developed in consultation with staff and Elders from Blue Quills First Nations College and is now available in a Cree/Metis and Blackfoot/Blood version reflecting the largest groups of children and families served. The modules include:	There has been further progress on this recommendation with the various training being provided to staff and caregivers.

15-Year-Old Tony (November 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	- Family Teaching on Turtle Island - Historical and Current Context - Trauma and Healing - Celebrating Families on Turtle Island.	
2. The Ministry of Human Services, with its service delivery partners, should require a suicide risk inventory be completed for all young people, who have been identified as at risk of suicide, on a regular and ongoing basis – not just at the time of crisis.	The ministry accepts the intent of this recommendation for ongoing assessment and awareness of a young person's needs and potential risk for suicide. As part of the implementation of the Child Intervention Practice Framework and Signs of Safety, an active review of assessment, practice alignment and well-being factors incorporated into outcomes is underway and expected to be completed in 2016/2017. Current policy related to suicide will be reviewed and revised as necessary to ensure the ongoing requirement to be aware of and assess a child, who is not only actively suicidal but may be at risk, is reflected in the next policy revision cycle in 2015/2016. <u>March 2016 Update:</u> A sub-committee of the Foundations of Caregiver Support Prequalified Resource committee are working to identify a strength-based tool to measure and track the well-being of children and youth overtime. The Child/Youth Well Being Screening tool will be piloted in both urban and rural areas. An overall policy refresh is being planned and will include issues related to ongoing assessment of risk and well-being.	There has been some progress with the development of a tool to measure the well-being of children.
3. The Ministry of Human Services, with its service delivery partners, should review policy and practice in information sharing when a child transitions to a new placement. Emphasis must be placed on direct communication between day-to-day caregivers to support the continuity of successful treatment approaches. This means those caregivers who work directly with young people in their placements	The ministry accepts the recommendation. The recommendation for caregiver involvement to support placement transitions is reflected in current policy and practice. Ongoing efforts to monitor and support current practice are underway, including an article in the Alberta Foster Parent Association Bridge in the spring of 2015 and ongoing discussion at the Provincial Placement Resources Table. An evaluation will be completed as part of the ongoing commitment to continuous improvement and any identified concerns will be addressed.	There has been some progress on this recommendation with the planned practice strategy on supporting placement transitions.

Progress Made on Recommendations as of March, 31 2016

15-Year-Old Tony (November 2014)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: As noted in the public response –caregiver involvement (including contact between caregivers) is reflected in current policy and practice expectations (Policy 7.3.3 Caseworker Responsibilities During Placement and 7.3.4 Placement Disruptions). A practice strategy related to supporting placement transitions is under development and will continue to support the effective exchange of information and supportive transitions for children in care.	

16-Year-Old Sam (May 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. The Ministry of Human Services needs greater early intentional focus on assessment and intervention that includes an equal emphasis on children, siblings and parents.	The ministry accepts the recommendation. A similar recommendation was previously made and accepted in the *Remembering Brian* report (June 2013). Human Services continues to implement the Child Intervention Practice Framework (CIPF), associated practice strategies and Signs of Safety (SOS) to improve how we engage families and their supports to understand and develop solution to address identified child intervention needs. Practice strategies, including increased focus on critical thinking, early assessment and understanding of harm and danger under CIPF were introduced provincially in 2014, with full implementation and integration anticipated over the next three to five years. March 2016 Update: An upcoming practice file review will assess the fidelity of the practice strategies against the Child Intervention Practice Principles including Connection and Collaboration. The principle of connection supports maintaining relationships and culture and collaboration helps us be child-focused and family-centered through the development of positive relationships and respectful partnerships while assessing the need for services to meet the identified needs. This practice review will help inform the continued roll out and implementation of the Child Intervention Practice Framework.	There has been progress on this recommendation with the planned practice file reviews.
2. The Ministry of Human Services should find ways to teach children and youth about healthy relationships and attachment. Added supports	The ministry accepts the recommendation. Similar recommendations were previously made and accepted in the Youth Aging out of Care (March 2013) and 7-Year-Old Jack (January 2014) reports. Practice strategies implemented under the CIPF are focused on early and ongoing engagement of the family and their supports, which facilitates the identification and support of long-term relationship development and continuity, and skills development for	This response does not address this recommendation or further information is required to determine how this response relates to teaching

16-Year-Old Sam (May 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
should be provided to help young people when important relationships are disrupted by change.	increased personal resiliency. Supports are available to young people who experience disruptions of relationships, including counseling, youth workers, and, in some instances, ongoing contact between the young person and the caregiver. Full implementation and integration of the CIPF is anticipated over the next three to five years. March 2016 Update: The Child and Youth Services Youth Strategy has been a standing item for discussion and consultation since September 2014, at the Cross Government Youth Engagement Community Practice Table Chaired by the ministry of Human Services Community Engagement Unit, including representatives from the Office of the Child and Youth Advocate. The Youth Strategy project recently engaged in phase 2 of a frontline service delivery staff survey on youth services and piloted a youth focus group in March 2016; survey results will impact policy, practice and program development specific to youth. In addition, a practice strategy related to supporting placement transitions is under development and will continue to support the effective exchange of information and supportive transitions for children in care.	children about healthy relationships and attachments.
3. The Ministry of Human Services should provide caregivers and caseworkers with the skills they require to engage with suicidal youth on an ongoing regular basis and encourage young people to develop, identify and practice positive coping skills.	The ministry accepts the recommendation. A similar recommendation was previous made and accepted in the 15-Year-Old Tony (November 2014) report. The ministry has committed to reviewing the current policy for clarity and will engage in discussions with the service delivery staff regarding planning and service delivery for youth who may be at higher risk for suicidal behaviour and/or ideation. Additional tools and resources are being developed to support service delivery staff in providing services and supports to high-risk youth. March 2016 Update: A sub-committee of the Foundations of Caregiver Support Prequalified Resource committee are working to identify a strength-based tool to measure and track the well-being of children and youth overtime. The Child/Youth Well Being Screening tool will be piloted in both urban and rural areas.	There has been progress on this recommendation with the commitment to review policy as well, develop additional tools and resources.

Progress Made on Recommendations as of March, 31 2016

9-Year-Old Bonita: Serious Injury (May 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. The Ministry of Human Services should provide clear support for child intervention workers to intervene earlier when neglect is identified as a protection concern. Practical concrete response is required to address the factors that contribute to the neglect of children.	The ministry accepts the recommendation. A similar recommendation related to neglect was previously made and accepted in the Advocate's 2011/2012 and 2012/2013 Annual Reports. Child and Family Services is currently implementing a practice framework that supports child intervention staff in their day-to-day interactions and decision making with children and families. The Child Intervention Practice Framework (CIPF) is a set of principles and core elements of leading practice that guide our work. The framework supports an environment where family strengths are recognized and children and youth are respected and supported. The framework also supports the incorporation of evidence-based practice, research, field experience, and a deeper appreciation of cultural practice. Practice strategies under CIPF were introduced provincially in 2014 and implementation and integration is anticipated over the next three to five years. Some of these elements of practice include slowing down the decision-making process to allow further opportunities for consultation, collaboration, and critical thinking, all with the goal of keeping children healthy and safe and keeping families together whenever possible. Assessment and engagement with families begins as soon as a referral is received; caseworkers work with other service providers to support awareness of and access to community supports and services. Addressing the root causes of neglect is a complex issue. This larger, shared responsibility requires ongoing collaboration across governments (federal, other provincial ministries and Aboriginal), communities and service organizations. Human Services is committed to working with these partners to determine options for addressing poverty and its impact on parenting and child well-being and safety. <u>March 2016 Update:</u> Ongoing implementation and integration of the Child Intervention Practice Framework principles and associated practice strategies including Signs of Safety and Collaborative Service Delivery have supported a reduction in intrusive services for children, youth and their families when the primary concerns are related to longer term issues affecting well-being, such as neglect. Training and development for frontline service delivery staff supports increased awareness and competencies for robust and dynamic assessment, case planning, critical thinking and evaluation. Additional training developed will articulate related learning objectives and identify a learning pathway for the delivery of all child intervention training.	This response does not address this recommendation. The recommendation is suggesting that workers are supported to find practical ways (e.g. provider food vouchers, sort out housing issues) when neglect is the concern.

9-Year-Old Bonita: Serious Injury (May 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
2. The Ministry of Human Services should engage stakeholders to identify issues and opportunities to address neglect in a manner consistent with best practice. Resources should be committed to help families living in poverty to alleviate child neglect concerns.	The ministry accepts the intent of the recommendation. Through a collaborative partnership between the Confederacy of Treaty Six First Nations, Treaty 7 Management Corporation, Treaty 8 First Nations of Alberta, the Government of Canada and the Government of Alberta, efforts are being made to establish an approach that reflects the needs of the First Nations through a process entitled the Child and Family Services Trilateral Engagement Process. The vision of the Child and Family Services Trilateral Engagement Process is: All First Nation children, youth and families live in safe, supportive, healthy, nurturing environments based on a holistic approach to their physical, spiritual, emotional and psychological health and well-being of all involved. The engagement and development of collaborative relationships across governments and First Nations supports child intervention to achieve the outcomes identified by the CIPF. Full implementation and integration of the CIPF is anticipated over the next three to five years. <u>March 2016 Update:</u> Work of the Tri-lateral Working Group Table (formerly known as the Trilateral Engagement Process) with representation from all three Treaty areas, Indigenous Affairs and Northern Development Canada, Health Canada, Indigenous Relations and the Child and Youth Services division includes the development of a 10-year Action Plan with four priority areas that will continue to be the focus moving forward (Legislation, Information Sharing, Capacity, and Service Delivery).	There is progress on this recommendation with the partnerships with First Nations groups and governments on the CFS Trilateral Engagement Process.
3 A) The Ministry of Human Services, with its service delivery partners, should develop a Memorandum of Understanding (MOU) and/or protocol to work together so addictions expertise and consultation is provided to frontline child intervention workers who are working with families where addictions concerns are present; and B) The Ministry of Human Services should dedicate resources to increase frontline workers' knowledge	The ministry accepts the recommendation. A similar recommendation was previously made and accepted in the Advocate's Remembering Brian report (June 2013). Human Services is an active participant with Health in the Addictions and Mental Health Strategy and continues with the comprehensive review of staff training including material, training and tools to support staff to meet the needs of the children, youth and families they serve. <u>March 2016 Update:</u> A Youth Addiction and Mental Health Web Portal is being developed with the intent to launch phase 1 in May 2016. The Children's Mental Health Series is available on the Human Services public website for frontline service delivery staff, families, caregivers and professionals and was televised on SHAW cable in Edmonton, Red Deer and Fort McMurray.	There is some progress on this recommendation with the planned development of the Youth Addiction and Mental Health Web Portal.

9-Year-Old Bonita: Serious Injury (May 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
of addictions and the impact parental addictions has on children.	A Foundations of Caregiver Support (FCS) document will provide vision and purpose in supporting the interactions of a wide-range of caregivers with infants, children and youth. The FCS will be incorporated into caregiver training (the core story, grief and loss, child development and trauma) and will support healthy child development, create connections for infants, children and youth receiving child intervention services, and assist them through the grieving process – all of which are relevant to understanding and supporting families impacted by additions and children exposed to parental addictions. Developing case plans, and negotiating services and supports based on an understanding trauma, grief and loss is integral to supporting children receiving services and where their safety and well-being has been compromised through parental addictions..	

8-Year-Old Ella (August 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. A. The Ministry of Human Services should establish training for all frontline child intervention caseworkers, specifically related to understanding children with disabilities and/or complex needs. B. The Ministry of Human Services should ensure that child intervention and FSCD workers are aware of the existing Program Coordination Protocol between Child Intervention Services and Family Support for Children with Disabilities.	The ministry accepts the intent of the recommendation. It is fundamental to good practice to support frontline intervention service delivery staff to meet the needs of children with disabilities and other exceptional needs through training and/or access to resources to enhance their understanding and support case planning for the child and their family. Currently, frontline service delivery staff have access to training modules related to disabilities. Staff also work with the disability professionals and para-professionals involved with the child and family to support their understanding and awareness regarding the unique needs of the child as it relates to their identified disability. A review of the Program Coordination Protocol between Child Intervention (CI) and Family Support for Children with Disabilities (FSCD) will be completed along with the identification and implementation of knowledge mobilization strategies to engage and inform CI and FSCD staff about working across programs. <u>March 2016 Update:</u> The Child Intervention and Family Supports for Children with Disabilities was reviewed by the program areas and a Policy to Practice session was held for frontline delivery staff in both areas to review the protocol's intent, purpose and support to case management and planning for children with disabilities transitioning between the program areas. The session was videotaped to support ongoing training for staff unable to attend the session.	This recommendation has been met with the training modules that are available to frontline staff on disabilities and with the Policy to Practice session on the Protocol.

8-Year-Old Ella (August 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
2. The Ministry of Human Services should identify a continuum of placement options for children in care with disabilities and/or complex needs and ensure that adequate placement options and supports are available.	The ministry accepts this recommendation and agrees that a continuum of placement options is required to meet the needs of children in care. The current continuum consists of family-based care (foster and kinship), congregate care (group care, residential treatment and secure services) and specialized placements. The ministry is currently engaged in a review of congregate care to review the current service level and required services based on shifts in practice and the evolving needs of children in care. Training and supports for family-based care is evolving based on research and leading practices, as well as feedback from kinship and foster care providers. Specialized placements can be, and are, developed based on an individual child's needs; however, the development of the placement, including programming and experienced staff recruitment and training based on the child's needs, can take time. <u>March 2016 Update:</u> The ministry has engaged in a Pre-Qualified Resource process for vendors throughout the province interested in providing services and to competitively solicit for campus-based trauma informed care. A Request for Proposal is planned for later in the 2016 year with support from the Family Supports for Children with Disabilities providing expertise in the area of service provision for children with disabilities. The training related to the Foundations of Caregiver Support (FCS) will be incorporated into caregiver training (the core story, grief and loss, child development and trauma) and will support healthy child development, create connections for infants, children and youth receiving child intervention services, and assist them through the grieving process. Training supports caregivers in providing quality care to children who are temporarily placed in their care.	There has been significant progress on this recommendation with the PQR process that is underway.
3. The Ministry of Human Services should ensure that all caregivers are aware of and follow their policies, procedures and practices in the administration and monitoring of medications.	The ministry accepts the recommendation. The recommendation is reflected in current policy and practice through contracting requirements, licensing and accreditation processes. All caregivers must observe a standard of care, including management of a child's medication. Ongoing efforts to monitor and support current practice are underway. As noted in the Advocate's report, the facility in this case was subject to a placement assessment after the incident and recommendations were made to support improvements in the area of medication management. Placement resource assessments are specific to an incident or placement, and are intended to address areas for improvement with recommendations based on the findings of the review. Compliance will be monitored through ongoing evaluation and monitoring processes.	This recommendation has been met with the Ministry's monitoring of caregivers responsibility related to medication management.

8-Year-Old Ella (August 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	March 2016 Update: Ongoing monitoring of caregiver responsibility related to medication management will be supported through the mechanisms previously identified and reinforced through caregiver support staff, yearly evaluation activities and discussions regarding the medical needs of the children placed temporarily in their care.	

Six-Week-Old Nicole (August 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. The Ministry of Human Services should strengthen its capacity to provide relevant assessment, planning and intervention methods to effectively support parents with cognitive challenges.	The ministry accepts the recommendation. The basis of good practice is being able to determine the intervention needs and negotiate services and supports through ongoing assessment with the family to alleviate the needs for intervention. The Child Intervention Practice Framework, associated practice strategies and Signs of Safety implementation over the next three to five years support front-line service delivery staff in service provision. The innovative practice being implemented and integrated across the province supports collaboration, family and community engagement, innovative solutions and critical thinking to meet the identified needs. In addition to the ongoing implementation of the practice framework, child intervention will engage internal ministry partners to develop a tool to support staff in the identification and support of children, youth, parents and caregivers with disabilities. March 2016 Update: Ongoing implementation and integration of the Child Intervention Practice Framework is underway with intentional training to support the practice principles and associated practice strategies including Signs of Safety and Collaborative Service Delivery. Training supports robust and dynamic assessment, case planning, critical thinking and evaluation. Additional training developed will articulate related learning objectives and identify a learning pathway for the delivery of all child intervention training. The ministry is also committed to the development and implementation of a Disabilities protocol will support case management and planning for children, youth and parents and caregivers with disabilities who are receiving or transitioning to or from child intervention services.	There is progress on this recommendation with the development of a Disabilities protocol.

Progress Made on Recommendations as of March, 31 2016

Six-Week-Old Nicole (August 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
2. The Ministry of Human Services should ensure that the changing circumstances of children and families are continuously reassessed and reflected in child intervention case planning. Caseworkers need the support and training for reflective practice that shows clear assessment, planning, implementation and evaluation as a child and their family's needs and circumstances change.	The ministry accepts this recommendation. As already noted, the Child Intervention Practice Framework, associated practice strategies and Signs of Safety implementation over the next three to five years support frontline service delivery staff in service provision. Staff are supported to take the time to complete robust assessments, engage with family and community in case planning, and implement creative solutions that meet the needs of the child and family. They are also provided with tools that support critical thinking across the span of case management activities. Current policy and practice expectations reflect the need for ongoing assessment and evaluation of the changing circumstances of a child and their family in case planning through regular case conferences, collaborative practice, dynamic safety plans and ongoing contact with the family and service providers. <u>March 2016 Update:</u> Ongoing implementation and integration of the Child Intervention Practice Framework is underway with intentional training to support the practice principles and associated practice strategies including Signs of Safety and Collaborative Service Delivery. Overall child intervention training is being refreshed to link competencies, practice expectations and knowledge into a learning pathway. The training supports robust and dynamic assessment, case planning, critical thinking and evaluation. Ongoing assessment of the child, youth and their family is essential to meaningful case planning, service provision and assessment and supports understanding the needs and capacity of the parties involved in the case plan. Current policy requires caseworkers to gather information when there are changes in circumstances to inform decision making and increase awareness between the child, family and service delivery staff (3.1.0 Assessment Phases Overview, 4.1.1 Ecomap, 4.1.2 Genogram, 7.1.1 Case Conference).	The Advocate has made a few recommendations concerning the need to continuously reassess and evaluate the child and family's needs and their changing circumstances. The Ministry continues to state this is part of their Practice Framework and policy. This recommendation is asking the ministry to ensure that reassessments are occurring (e.g. through file reviews).

17-Year-Old Catherine (September 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
1. Alberta Health Services should provide service coordinators for children with complex mental health needs and their families, who are accessing mental health services across multiple programs.	The Advocate received a letter from the President and Chief Executive Officer of Alberta Health Services indicating recommendations on best care practices for children and youth with persistent and or chronic mental health issues is underway. In July the Addiction and Mental Health Strategic Clinical Network began work on the development of recommendations for clinical care pathways for children with complex mental health problems.	There has been progress on this recommendation with the review of mental health services within emergency departments and the

Progress Made on Recommendations as of March, 31 2016

17-Year-Old Catherine (September 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	Recommendations will be complete in spring 2016. A review of specialized mental health services within emergency departments across the province was recently completed. This review will support future service planning by identifying what specialized mental health supports may be required across the province.	development of recommendations for clinical care for children with complex mental health problems.
2. A) The Ministry of Human Services should intervene and strengthen their response when parents request help to keep their child safe because the parent is unable to. B) The Ministry of Human Services and Alberta Health Services should enter into a formal provincial agreement identifying how they will work collaboratively to serve young people with complex mental health needs when their safety is in jeopardy.	Human Services' Response: The ministry accepts the intent of the recommendation. Being responsive to the identified potential safety needs of children, regardless of the referral source, is the basic tenet of child intervention service delivery and is reflected in current policy and practice. Screening and assessment are completed to determine if there is a need for intervention as identified under the Child, Youth and Family Enhancement Act and reviews what services and supports are available to the child and family through their own network and in the community. Practice strategies under the Child Intervention Practice Framework support staff in gathering information, critical thinking and reviewing and responding to the needs of children and families. The ministry works with Health and Alberta Health Services at the provincial and community level to support collaborative service delivery to children and families. The Mental Health Review, currently underway, will support coordination and collaboration across the government of Alberta, supporting vulnerable children and youth's access to mental health services and interventions. Alberta Health Services' Response: Human Services and AHS work collaboratively at a community level and provincial level in order to provide services to children and youth with complex needs. Alberta Health Services and Human Services are currently working together to develop joint Collaborative Service Delivery Guidelines to support coordinated and integrated service delivery for vulnerable Albertans, across the lifespan. Discussions will continue with Human Services regarding a provincial agreement on services for medically fragile adults and youth requiring services from POD and AHS. A proposal to implement a Community Stabilization Unit in the AHS Central Zone has been approved to address safety issues and provide crisis support for Alberta Youth and their families. Once funding is approved and the service implemented	There is some progress on this recommendation with the Ministry assessing the Mental Health Review to look for opportunities to strengthen their collaborative partnerships.

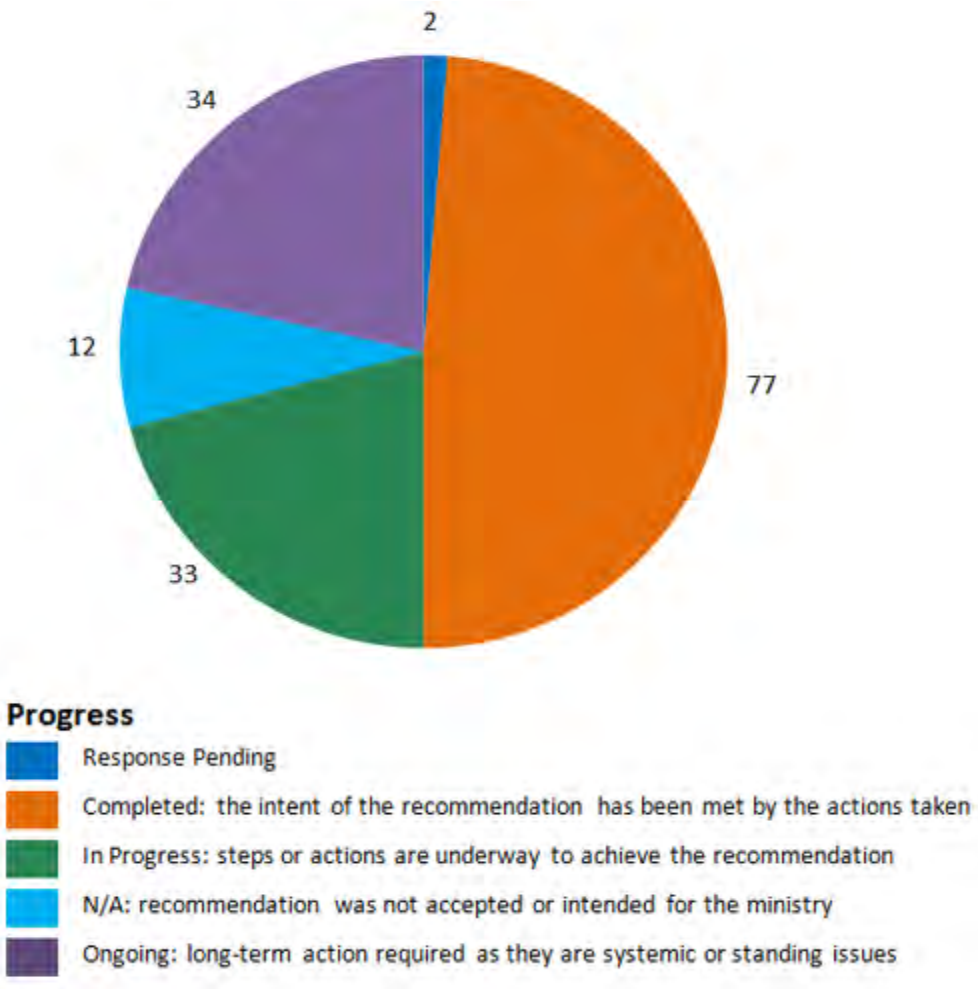
17-Year-Old Catherine (September 2015)		
Recommendation	Ministry's Response	Progress Identified by the Advocate
	this unit will be able to support youth at risk in the community in partnership with Primary and Acute care. Once evaluated this can be expanded provincially. <u>March 2016 Update:</u> The Mental Health review was recently released. The ministry is currently assessing the report and recommendations against resource and capacity needs identified through staff and stakeholders to look for opportunities to strengthen collaborative partnerships. Ongoing implementation and integration of the Child Intervention Practice Framework is underway with intentional training to support the practice principles and associated practice strategies including Signs of Safety and Collaborative Service Delivery. Training supports robust and dynamic assessment, case planning, critical thinking and evaluation. Receiving and responding to referrals that indicate a child or youth may be in need of intervention is supported at the regions and through 24 hour provincial after hours centers. Frontline service delivery staff are available to receive and respond to calls for services 24 hours a day, seven days and week, 365 days a year and respond provincially to over 50, 000 calls that are assessed and triaged for response.	
3. Alberta Health Services should review how young people attending hospitals are assessed for suicide risk and standardize best practices across the province.	Alberta Health Services' Response: A comprehensive assessment tool that assesses a patient's risk for suicide in inpatient psychiatric/mental health units in Central zone and Calgary zone was implemented September 2015, other zones will begin implementation following. The tools will be used in Emergency Departments by Psychiatric Assessment Services to begin patient risk assessment.	This recommendation has been met with the use of a new assessment tool in mental health units and emergency departments.

Child Intervention Systemic Recommendations Progress Update (2011/2012 to 2015/2016)

The graphic information below summarizes the progress on recommendations received and actions taken, in relation to child intervention, for the most current five years.

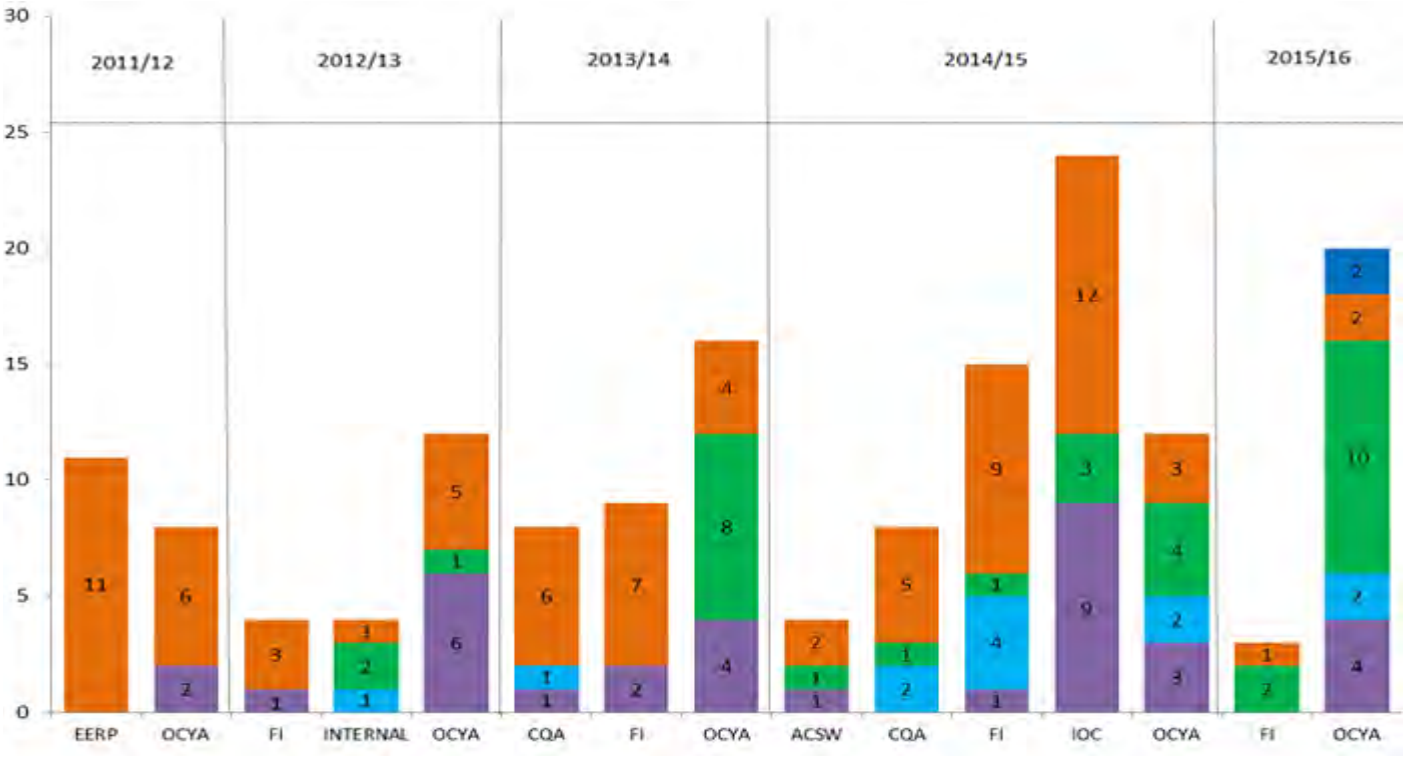
The public reporting on progress allows recommending bodies and Albertans to keep informed of systemic improvement to the child intervention system. The status of all recommendations is updated every fiscal year.

Overall Recommendations Progress (2011/2012 - 2015/2016)



Recommendation Count by Author, Progress and Fiscal Year

The following chart provides a breakdown of the recommendations by year and recommending body.



Acronyms

Author	Full Name	Author	Full Name
ACSW	Alberta College of Social Workers	FI	Fatality Inquiry
CQA	Council for Quality Assurance	IOC	Implementation Oversight Committee
EERP	External Expert Review Panel	OCYA	Office of the Child and Youth Advocate

Total Recommendation Count by Fiscal Year

2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	Total
19	20	33	63	23	158

2015-2016 Year to Date Report Recommendation Count

Report Title	Number of Recommendations
Fatality Inquiry Report: A.L. – December 1, 2015	3
OCYA: 2015/16 Investigative Review – 2-Year Old Teanna: Serious Injury	2
OCYA: 2015/16 Investigative Review – 6-Week-Old Nicole	2
OCYA: 2015/16 Investigative Review – 8-Year-Old Ella	3
OCYA: 2015/16 Investigative Review – 9-Year-Old-Bonita: Serious Injury	3
OCYA: 2015/16 Investigative Review – 16-Year-Old-Sam: Serious Injury	3
OYCA: 2015/16 Investigative Review – 17-Year-Old Catherine	3
OCYA: 2015/16 Investigative Review – 17 Year-Old Makayla: Serious Injury	2
OCYA: 2015/16 Investigative Review – 10-Month-Old-Lily	2
Total	**23**

Click here to see Ministry Public Responses

Click here to for more information on Implementation Oversight Committee (IOC) Recommendations

Created:
Modified: 2017-02-02
PID: 18275

Executive Summary

On January 28 and 29, 2014, 13 experts, 91 in-room participants and 475 on-line participants gathered for two days to discuss how the investigation and reporting of child deaths in Alberta should be improved.

There was strong consensus that the following conditions should support full and meaningful investigations into the deaths and serious injuries of children in Alberta:

- All deaths of all children should be reviewed.
- The child death review process should be structured, standardized, thorough and transparent.
- There should be an orientation to prevention in the investigation of child deaths.
- Culturally relevant knowledge and expertise must be included in the investigations and the healing processes. As the majority of the deaths of children in care involve Aboriginal children, Aboriginal knowledge and expertise must be represented.

1. General recommendations for investigations into deaths of all children

It was proposed that a process of reviewing child deaths could be built within the current system through an overall "paediatric death review committee". This review committee, comprised of expert nominees from the major agencies, frontline groups and Aboriginal communities would have overall responsibility for the review of all child deaths. The committee would ensure that the review into a child's death was conducted by the most appropriate independent agency or office, without undue interference from the committee. The goal of the review committee would be to ensure all deaths are investigated thoroughly, producing comparable and meaningful data, while allowing for each agency to operate with a great deal of autonomy.

Six critical success factors for a meaningful child death review system were proposed:

1. Legislative authority
2. Structured, standardized, thorough and transparent processes
3. Full, confidential disclosure by all participants in a review/investigation
4. Improved access to information by participating offices/agencies
5. Fair, equitable and appropriate timeliness of investigations and reporting
6. Consideration of the full history of a child - understanding the broader context of a death, not just the physical circumstances.

It was also strongly recognized that there is a very real and personal impact of child deaths on individuals, families and communities. This needs to be considered in how reviews are conducted and reported.

The process and results of investigations and reviews need to be communicated publicly on a consistent and timely basis. The goal of reporting is to be open, transparent and accountable to the public, families and communities involved. By mandate, the paediatric death review committee would produce an annual report that would report on all deaths; identify trends; and discuss (without providing identifying information) specific cases.

Through its coordination function, the paediatric death review committee would be able to:

a. Improve rigour, transparency and thoroughness of all aspects of reviews and reporting
b. Identify and close gaps in the good work that accountable organizations currently perform
c. Coordinate the approach in order to ensure efficiency, effectiveness and timeliness
d. Coordinate the approach in order to minimize the negative impacts on families, communities and care workers that can arise from multiple and un-coordinated reviews.

Currently, recommendations from inquiries and reviews are seen to lack accountability. Participants identified a need for a strong and independent assurance mechanism whereby the implementation of recommendations arising from child death reviews would be monitored, reviewed and reported upon.

While serious injuries are considered to be important to review, as they include “near misses” that can inform prevention and may be early indicators of the risk of death, there are several challenges in reviewing serious injuries. These include includes a lack of agreement on what constitutes a serious injury and the different organizations that are currently involved in injuries versus those involved in death reviews. Further discussion about how best to review the serious injuries to all children is required.

2. Specific recommendations for investigations into deaths of children receiving child intervention services.

It was clearly established in the Roundtable that, within an overall child death review system, the deaths of children receiving child intervention services are a subset of all deaths and there are specific dynamics and players involved that need to be considered.

The review of deaths of children in care typically requires involving a broader range of people than other child deaths. This may include birth families, siblings and other children in the home, child intervention workers, foster families and kinship caregivers, communities and agencies. While the role and context of these people needs to be included in the review, it also is important to recognize that the tragedy of the death also affects these people and that healing must be supported.

The need to support cultural perspectives in child death reviews and reporting was acknowledged as key to ensuring effective investigations and clear communication. Given the higher than average rate of interventions in Aboriginal families, Roundtable participants considered it essential to have a strong Aboriginal presence and perspective in the review process – at all levels.

It was felt that current investigations, which lack a clear prevention mandate, place extraordinary pressure on the frontline child intervention workers; discourage honest communication; and diminish the grieving and healing process. Participants agreed that frontline child intervention workers must receive support at difficult times. A thorough and compassionate plan for debriefing family, ministry and agency staff, as well as caregivers, was deemed necessary in every investigation.

Reporting on the deaths of children in care needs to identify the positive - what was working - as much as it identifies the failings. Some participants expressed concern that a purely medical-centred approach to child death reviews might be too narrowly focused and that an ecological, strengths-based model would be more appropriate. Knowledge of system strengths as well as weaknesses will help sustain the system and encourage best practice by frontline child intervention workers.

3. Recommendations about information disclosure and the publication ban

The Roundtable expressed a near universal concern regarding the lack of information currently shared, both specific and aggregate. A fair, open, transparent and balanced reporting of aggregate data conducted in a timely fashion and consistently released to the public was seen to be required.

The timely release of aggregate data, with the intent to prevent and educate, was strongly supported. Possible changes to the publication ban were more widely debated. Despite the complexity of the issues, there was unanimous agreement that the ban must be amended to allow for better holistic investigation and improvement of the deficiencies in the care system.

There was strong, but not universal, consensus that the decision to release information about a child's death should strongly consider the child's wishes and be made by the family. While clear in principle, it was acknowledged that the process to determine whether information should be released would be complex. A process to determine the criteria and principles around this decision-making, and an assessment of potential impacts, was considered achievable.

The youth participants expressed a strong belief that all children should be treated equally regardless of whether or not they are in care. They did not want their identity diminished after death as the result of a publication ban. The youth also recognised that revealing their identity/revealing that they were children in care was a very personal opinion and would vary from individual to individual.

A clear framework must be established with respect to the release of information and specific criteria to govern the release of information. Some suggested principles by which decisions to make information public are made include:

- The best interests of the child
- The child's right to determine the release of their information /family rights
- The community's interests
- The public's interests
- Accountability and transparency of the system
- Potential for prevention of similar tragedies.

Background and Method

Albertans want to be confident that its government is doing everything it can to protect and nurture Alberta's most vulnerable children. When tragic incidents occur, Albertans need to be assured that the system of care and protection is following the right processes and publicly reporting the right information.

The Honourable Manmeet S. Bhullar, Minister of Human Services, hosted a Child Intervention Roundtable on January 28 and 29, 2014 in Edmonton. Convening the Roundtable was intended to bring experts, service delivery agency representatives and community partners together to have a focused discussion about Alberta's current investigation processes for children who die or who are seriously injured, and how this information is reported to the public.

The format of the two-day event included facilitated discussions by small groups representing various perspectives on the issue of investigations and public reporting. These discussions were observed by a larger group of about 91 attendees who also had an opportunity to participate in discussions within small group settings. The event was webcast to allow for participation by Albertans who were unable to attend the event in person. There were approximately 475 webcast participants.

Purpose

To engage Roundtable participants in the discussion of the following questions:

1. What supports a full and meaningful investigation into the death or serious injury of a child in Alberta?
2. What additional steps should be taken to improve investigations when it involves a child receiving child intervention services?

3a. What information should be available about:

- The death of or serious injury to all children?
- The death of or serious injury to a child receiving child intervention services?

3b. What changes should Alberta consider with respect to the *Child, Youth and Family Enhancement Act*'s publication ban?

Expert Panel Participants

Question 1 and Question 2	Question 3
Dr. Ada Bennett Deputy Medical Officer of Health Office of the Chief Medical Officer of Health	Mr. John Archer President Alberta Legislature Press Gallery
Dr. Lionel Dibden Director, Child Adolescent Protection Centre Chair, Child and Family Services Council for Quality Assurance	Dr. Ada Bennett Deputy Medical Officer of Health Office of the Chief Medical Officer of Health
Mr. Del Graff Child and Youth Advocate Office of the Child and Youth Advocate	Ms. Jill Clayton Commissioner Office of the Privacy Commissioner
Dr. Anny Sauvageau Chief Medical Examiner Office of the Chief Medical Examiner	Dr. Lionel Dibden Director, Child Adolescent Protection Centre, Chair, Child and Family Services Council for Quality Assurance
Mr. Gordon Phaneuf Executive Director Child Welfare League of Canada	Mr. Del Graff Child and Youth Advocate Office of the Child and Youth Advocate
Dr. Jennifer Macpherson Clinical Assistant Professor - Dept. of Pediatrics, University of Calgary Executive Member, Child and Youth Maltreatment Section, Canadian Pediatric Society	Dr. Anny Sauvageau Chief Medical Examiner Office of the Chief Medical Examiner
Dr. Eric Wasylenko Associate John Dossetor Health Ethics Centre, University of Alberta	Mr. Gordon Phaneuf Executive Director Child Welfare League of Canada
	Dr. Eric Wasylenko Associate John Dossetor Health Ethics Centre, University of Alberta
	Ms. Colleen Wilson Executive Director Alberta Press Council
	Faven Youth
	Monique Youth
	Samantha Youth

Investigations in Child Deaths and Serious Injuries

Discussion Question:
What supports a full and meaningful investigation into the death or serious injury of a child in Alberta?

All deaths, all children

There was near universal agreement that it is important to review all deaths of all children. This ensures that there is a context to understand the deaths of children in care.

A child death review process should be structured, standardized and thorough, and look at all deaths including homicides, suicides, accidental deaths, natural deaths and unclassified or undetermined deaths.

While the Office of the Chief Medical Examiner currently reviews aspects of all deaths, it was agreed there is a need to more broadly and comprehensively review all child deaths and that a new structure/process is required.

Prevention orientation

It was important to participants that there be a prevention orientation in the investigation of child deaths – the emphasis being on what can be learned to prevent future deaths rather than an emphasis on finding fault or blame in an individual death.

> "There's a tendency in child death to get into a culture of blame as opposed to a culture of improvement and accountability. Sometimes that holds us back because we're frozen in that moment of a tragedy that has occurred and we lose sight of the larger picture. We need to go back and look dispassionately at what went wrong in the system, not to assign blame, but to see how can this reoccur, how did this come to pass? That we do when we do the review population-wide, when we look at the province as a whole."
>
> Dr. Lionel Dibden

Serious injuries

Serious injuries are considered to be important to review as they include "near misses" that can inform prevention and may also be early indicators of the risk of death. These reviews may be an essential part of the prevention orientation of a child death review system.

> "You can't escape the fact that injury, particularly severe injury, is a call for help and has to be part of the conversation." Dr. Ada Bennett

There are challenges in reviewing serious injuries:

- There is not a shared understanding or definition of what constitutes a serious injury.
- There may be essential players in a child death investigation, such as the Office of the Chief Medical Examiner, who might not be involved in a serious injury investigation.

There was strong agreement that further discussion is required on the review of serious injuries and whether these reviews can be integrated into a child death review system.

Elements of a child death review system

A meaningful review system would consist of a number of components:

Understanding the context

In order to fulfill a mandate of prevention, understanding the context of the death, including the events and environment that preceded the death, be included in the reviews.

Context includes the individual environment, the family, the community and the society. All are essential components of a meaningful review. In particular, participants agreed that it's very important to recognize Aboriginal knowledge and Aboriginal expertise in investigation, and in the healing processes.

Clear, transparent and standardized reviews

> "Simple things like improving access to information while maintaining appropriate privacy are paramount to supporting an adequate and thorough investigation."
>
> Dr. Jennifer MacPherson

To facilitate systemic analysis, reviews must be clear, transparent and conducted in a consistent manner, regardless which agency/office is conducting the review.

It was acknowledged that there is not a common standard of data reporting across Canada and comparisons between jurisdictions is difficult.

The initial investigations must be thorough and complete to enable a review committee to be able to determine whether further reviews are required.

Principles

> "Principles can drive a more considerate and responsive system." Dr. Lionel Dibden

In designing a child death review system, eight principles were discussed:

- Transparency
- Impact
- Attentiveness
- Accountability
- Understanding
- Clarity
- Dignity
- Data and the full context of the death.

Not: Fear → Fault → Blame, as this situation creates paralysis and prevents transparency and accountability.

Structure

It was proposed that a process of reviewing all child deaths could be built within the current system, which had a strong level of vocal support during the Roundtable. However, there was consensus that the communication touch points between organizations are lacking and that these need to be reviewed, defined and formalized. This could be achieved by the creation of a new paediatric death review committee which would include broad representation from relevant expert representatives. This review committee would oversee all reviews into child deaths to ensure the quality of the review and to gain relevant information for future prevention.

Currently, the Office of the Chief Medical Examiner – which operates at arms length from the government – has an existing mandate to review all deaths and was discussed as a potential existing structure within which a paediatric death review committee could be located.

This committee would not interfere with the independence of any office/agency to conduct a review, but through the wise collaboration of the members, the committee would ensure that all deaths are reviewed in the most appropriate manner by the most appropriate office. A proposed benefit of this process is that it would reduce the duplication of reviews that exists today.

> "We should also be careful to not create a system that duplicates so much that it becomes more costly to Albertans." Dr. Anny Sauvageau

Membership of this review committee was proposed to include (but not be limited to):

- Office of the Chief Medical Examiner
- Office of the Chief Medical Officer of Health
- Office of the Child and Youth Advocate
- Child and Family Services Council for Quality Assurance
- Aboriginal communities
- Community of frontline child intervention workers.

The legislated role and independence of any of the offices and agencies involved would not be limited by the work of the paediatric death review committee.

Critical success factors

Experts and participants identified six critical success factors for a meaningful child death review system:

Legislative authority

Legislative authority is seen to be essential to ensure all deaths are reviewed and that recommendations arising from those reviews are implemented. This is supported by best practices from the United Kingdom, the United States and New Zealand.

Strong legislation would include providing a prevention orientation to the child death reviews, and legislative authority to the paediatric death review committee and the organizations conducting the reviews.

Transparency

Reviews of child deaths should be conducted and reported in a manner that is structured, standardized, thorough and transparent.

Full, confidential disclosure

While everyone is concerned about rigorous information sharing, strong legislation also ensures that information sharing can occur without accusations. Legislation supports a culture where everyone involved feels confident they can share information without recrimination (e.g., a statutory shield). This is also supported by a prevention mandate for reviews.

Improving access to information

Even where the right to access data exists today, it can be a time - and labour - intensive process for agencies/offices to access the information they need to conduct reviews.

More meaningful reviews will require the right of access by review bodies, as well as the infrastructure to be able to access the data in a timely and cost-effective manner. Barriers to sharing information need to be removed.

Timeliness

The timeliness of investigations and reporting should be fair, equitable and appropriate to the circumstances. For example, in cases where there is potential risk to others, an investigation may need to be expedited. In other circumstances, the timing of the investigation may take into account the needs of grieving families and communities.

Full history

Considering the full history of a child contextualizes many aspects of the child's life that may have a bearing on the circumstances of his or her death.

There were mixed opinions about the use of external consultants to help investigations. Some participants promoted them for increased transparency; others advised against using external consultants for cost and efficiency reasons.

Minimizing impact

Honouring the dignity of the people involved

> "We need to really be careful to honour the personhood of this neonate or infant or child or youth. When we think about what we're focused on in investigations, it seems to me that we need to cultivate an attitude that the investigation pays attention to at least three things – the dignity of the individual person that we're addressing in the investigation, secondly the dignity of the particular family and community – and community is defined largely and in smaller terms – and thirdly we need to understand that this work is crucial to helping avoid other tragic circumstances, which many people have talked about today."
>
> Dr. Eric Wasylenko

Sensitivity training for all persons investigating and reviewing deaths was recommended, so that they are aware of impact on those involved.

Reporting

The process and results of investigations and reviews need to be communicated publicly on a consistent and timely basis. The goal of reporting is to be open, transparent and accountable to the public and to the families and communities impacted.

It is considered essential that with every death review, the report identifies what went wrong, what is the pattern, what is the trend and how to move to action to make corrections and improvements.

By mandate, a paediatric death review committee should produce an annual report that would report on all deaths, identify trends, and discuss (without providing identifying information) specific cases. Within this report, deaths could be broken down into relevant subsets, including children in care, Aboriginal children, and other groups that may be of interest, such as children with disabilities and children who identify as sexual or gender minorities.

It was also felt that data should not be limited to quantitative/systemic analysis as narrative data can also provide insights not possible in a systemic review and serves to honour the children involved.

> "In all of our actions, we need to make sure that the voice of the child is heard. And so whether we're talking about external reviews, whether we're talking about care and support for caregivers, for workers, et cetera, whether we're talking about the decisions that may happen after a child passes, we need to make sure that we keep the child's voice as a central consideration."
>
> Del Graff

Independent assurance

Currently, recommendations from inquiries and reviews are seen to lack accountability – there is no organization with the responsibility or authority to document, follow and track recommendations to ensure they are implemented or, if they are not implemented, to assess why.

Participants identified a need for a strong assurance mechanism whereby the implementation of recommendations arising from child death reviews could be reviewed and reported upon. It was further proposed by participants that this function should be independent from government and distinct from a paediatric death review committee.

It also was noted that recommendations may be external to Alberta Human Services and other agencies/Ministries should be included in the assurance mechanism.

A further mandate of this assurance role would be to resolve conflicting recommendations and prioritize recommendations for implementation.

Canadian Paediatric Society Recommendations

Experts and participants expressed support for the paper published by the Canadian Paediatric Society (CPS), "The Importance of Child and Youth Death Review (CDR)" (2013). This paper recommends that a comprehensive, structured and effective CDR program be initiated for every region in Canada, with systematic reporting and analysis of all child and youth deaths and the ability to evaluate the impact of case-specific recommendations. The CPS recommends that CDRs should have:

- **Broad representation** from the regional chief medical examiner, law enforcement, child protection services, local public health and the crown attorney, as well as a pediatricians, family physician and/or other health care provider. As required, on a case-by-case basis, other participants may include agencies with relevant involvement or knowledge (e.g., emergency medical services, school officials, child care providers, clergy or domestic violence representatives).
- **Structured processes** and a reporting protocol to identify emerging trends in and causes of serious injury or mortality, and pathways for implementing effective policies and programs to address prevention efforts.
- **Linkable databases**. For meaningful data collection, consolidation and dissemination, more systematic data collection, including surveillance and data-sharing, would generate and support national programs and policies, as needed.
- **An evaluative mechanism** would determine the effectiveness of CDR follow-up and recommendations.
- **Designated financial support from all levels of government**.

This paper can be found at http://www.cps.ca/documents/position/importance-of-child-and-youth-death-review.

Clarity of reviews

Many participants identified a concern that review processes are confusing and often misunderstood. Families and all others involved in a review would benefit from a clear understanding of the review process and intent.

Ensuring that families and communities affected by deaths are informed of the outcomes of investigations can be an important part of the healing process.

Ecological model

In the breakout sessions, some groups expressed concern that a purely medical-centred approach to child death reviews might be too narrowly focused and that an ecological, strengths-based model would be more appropriate.

> The ecological model places the child at the centre and identifies families and a strong network of services and programs as significant factors that support the child's development. A strengths-based approach looks for opportunities to complement and support existing strengths and capacities as opposed to focusing on and staying with the problem or concern. The problem and the person are distinct, but the problem is not minimised.

Terminology

Some participants took exception to the word 'investigation' as it implies that someone failed – a "review" is considered to be a less judgemental and more constructive term.

Participants also expressed concern that focusing on the "cause of death" is too limiting, it implies the immediate cause, rather than the longer-term effects that built the "context" of death.

Other children

While much of the Roundtable discussion focused on children in care and Aboriginal children, there are other distinct groups of children that should be included in a paediatric child death review system, including children with disabilities who represent significant portions of the population at large and of children in care, and children who identify as sexual or gender minorities.

Special Considerations for Children Receiving Child Intervention Services

Discussion question

What additional steps should be taken to improve investigations when it involves a child receiving child intervention services?

It was clearly established in the Roundtable that within an overall child death review system, the deaths of children receiving child intervention services are a subset of all deaths and there are specific dynamics and players involved that need to be considered.

Aboriginal community involvement

Experts and participants recognized that because the majority of deaths of children in care involve Aboriginal children, it is essential that there be a strong Aboriginal presence and inclusion of Aboriginal perspectives in the review process – at all levels.

- There needs to be an understanding of the community context as well as the child and family context.
- Aboriginal communities need to be strongly considered in the healing process.
- Delegated First Nation Agencies (DFNAs) and Band councils need to be involved where appropriate.

Specific concerns were raised in the Roundtable about the overall circumstances of Aboriginal children in care and it is hoped that systemic reviews would contribute to the improvement of this serious issue.

Reporting back to Aboriginal communities should include statistics on child deaths by treaty, for chiefs/bands to take action.

Child death reviews and reports need to support cultural perspectives to ensure effective investigations and clear communication.

Concerns were expressed that there was not sufficient Aboriginal representation at the Roundtable, particularly on the Expert Panel. The concept of an Aboriginal Expert Panel Roundtable was encouraged and would be welcomed. First Nations, Métis, and Inuit leaders should be encouraged to attend, as they play an important role in the health of their communities.

Broader range of direct involvement

The deaths of children in care involve a broader range of people than other child deaths. These include birth families, siblings and other children in the home, child intervention workers, foster families and kinship caregivers, communities and agencies. While the role and context of these people needs to be included in the review, it also is important to recognize that the tragedy of the death also affects these people and that healing must be supported.

Frontline worker engagement

It was felt that current investigations, which lack a clear prevention mandate, place extraordinary pressure on frontline child intervention workers, discourage honest communication and diminish the grieving and healing process.

It was felt that there was too much downward pressure on frontline workers. They do not have the supports that, for example, the police have, nor do they have the opportunity to step back for a while and take a break. Frontline child intervention workers must receive support at difficult times.

Contact with family

A thorough and compassionate plan for debriefing family and caregivers is necessary. This debriefing plan would include:

- A single point of contact who has full information, to prevent the family from being bombarded with information from multiple sources.
- Each agency clearly understanding their role.
- Protocols that ensure follow-up support to other children in the home, family, staff, etc. This process may happen informally now but may need to be formalized and standardized to help move everyone through tragedy.
- Understanding of a community's requirements at a time of investigation and death is essential.
- Investigations could, and should, consult other family members as they are often the best source of more considered fact and opinion.
- Follow-up with families, siblings, etc., even when files close. Staff try to do it now but this needs to be placed in regular practice. Staff should be encouraged to keep relationships. Parents don't forget about their children after they die. Government as guardians should not either.

Beyond the scope of a specific review, participants expressed concerns about the overall relationship with the family. Specifically, it was suggested that before an incident happens, contact with the family of a child in care should occur regularly as a matter of course, at least once a month, to ensure family continues to feel involved in the child's upbringing. Without this regular contact, distrust builds in the family so that when an incident occurs, sides have already been formed and blame is immediate. In addition, children in care should be consulted regularly, in accordance with their age and development to ensure their well-being and to plan for services and supports provided to them.

> "It is not the child's fault." — Roundtable participant

Currently the child intervention system is highly stigmatized, which promotes secrecy, shame and embarrassment. This needs to change to promote more openness.

Reporting

Reporting on the deaths of children in care needs to identify what did work as much as it identifies what did not work in order to sustain the system and encourage the work of the frontline child intervention workers.

Information disclosure and the publication ban

Discussion Questions

What information should be available about:

- **The death of or serious injury to all children?**
- **The death of or serious injury to a child receiving child intervention services?**

What changes should Alberta consider with respect to the *Child, Youth and Family Enhancement Act*'s publication ban?

Current information insufficient

> "There has to be improvement in the practice of sharing factual information on a consistent basis. This is essential." Colleen Wilson

Participants and experts expressed a consistent concern regarding the lack of information currently shared, both specific and aggregate.

A fair, open, transparent and balanced reporting of the facts conducted in a timely fashion and consistently released to the public is required.

Aggregate data release

There is an overwhelming desire for the release of aggregate data. The data must be released on a consistent basis and be transparent, including: the number of children in care, the number of injuries, and the number of deaths.

The intent of releasing information should be to prevent other deaths/injuries, fix current issues, help others involved in the system, and educate the public.

> "The issues and the problems that are being talked about yesterday and today have very real consequences for real people, and I think that it's sometimes easy to forget that when we get all caught up in what we can or can't do." Commissioner Jill Clayton

Communication

There is a consensus to ensure that the release of information is determined by:

- Keeping in mind the best interests of the child and their family
- Keeping in mind the best interests of society as a whole – will the information prove to have an educational and/or preventative value?

> "In addition to a balance between privacy and the right to information, what needs to be added is the concern around privacy and the best interest of the child. That's not a secondary principle. It's not a derivative principle. It's a primary principle, and that's not an opinion, that's a statement of fact…. The best interest of the child, that precept is one that defines us as a caring society, and we can't compromise that." Gordon Phaneuf

A strong desire exists for:

- Clarity
- Transparency
- Accountability.

Publication ban

There is a desire to lessen the restrictions of the publication ban. Participants did not want a complete removal of the ban, nor did they want the ban to remain as restrictive as it currently is. Despite the complexity of the issues, there was unanimous agreement that the ban must be amended to allow for better holistic investigation and improvement of the deficiencies in the care system.

A consensus exists that, regardless of whether or not the child or youth's information is released, it is important to release details of the situation (with the intent of educating and preventing) and to release the information regarding the investigation (whether on a case-by-case basis or in aggregate data).

Although complicated, it was generally felt that the release of specific details regarding the child as a person should be left to the family to decide. The release of details pertaining to the death or injury, however, must be released to the public.

> "We need to balance the privacy of vulnerable people with our need as a society to learn and access community wisdom. We also may need to balance the components of dignity for these people. Dignity is about privacy, but it's also about voice, about legacy, about personhood." Dr. Eric Wasylenko

There was a strong opinion expressed from the media members of the expert panel that the burden of proof on the publication ban should be on the part of those who wish to enforce the ban rather than those who wish full disclosure.

> "Disclosure should be the rule; secrecy the exception. And in each case, when secrecy is believed to be necessary, it must be justified." John Archer

There was a strong opinion expressed by some of the medical community that the telling of the "story" should not require the identification of the individuals involved.

These last two perspectives remained unresolved in the Roundtable, but there was agreement that the current publication ban was too restrictive.

Reinforcing stigmatization

Some participants believed that it is important to refrain from focusing on the label "children in care" when releasing information to reduce the stigmatization associated with being in care.

Balancing interests

A balance must be established between the child or youth, their family, and society. Specifically, the release of information must take into account the best interests of all parties involved.

- This includes balancing the personal lives of the family members involved with the need to improve the system.

Identity

The youth representatives expressed a strong belief that all children should be treated equally regardless of whether or not they are in care. They did not want their identity diminished after death due to a publication ban.

> "I believe that the protection of vulnerable populations is incredibly important. But I also believe that individuals have the right to both anonymity and self-determination. It is imperative that we uphold privacy, but we also promote transparency. We need to ensure that the privacy policy is serving the purpose of protection for the right reasons. It is not necessary to be exploitive towards children and families of children who have died in care; but it is necessary to disclose failures of the system to protect children."
>
> Samantha

> "Is there a reason why the children in care are unidentified? Are they any less important than the children who are not?" Faven

The youth also recognized it is a personal choice to release information that a) reveals their identities, and b) reveals that they are in government care. For some, these revelations are unwanted; for others, they were seen as necessary.

Family-centred decision making

There was strong, but not universal, consensus that the decision to release information about child deaths should strongly consider the child's wishes and be made by the family.

While clear in principle, it was acknowledged that the process by which this would be determined would be complex:

- Family structures are complex and varied. A clear definition of "family" must be established – which may be determined on a case-by-case basis.
- Defining family should consider the child or youth's individual definition of their family.
- Complex family relationships may make it difficult to secure family consent.
- There may be processes in place with children in care to help them identify their wishes for disclosure. Use of consent forms – signed by the individual – to indicate their decision to have their name/information withheld or to give the right to make it public. Child intervention workers may also have a role to play in securing or providing consent.

Equality

All children should be treated equally, regardless of whether or not they are in care. Youth, in care or not, should have the rights to voice, memory and care.

There was debate as to whether releasing the individual's name and photo is essential, or whether their story (made anonymous) is sufficient. A large majority believed that the release of the information surrounding the situation was critical; however, they were undecided as to whether the child's name was required to fully inform the public about the situation.

Minimizing impact

We must be aware of how the release of information may impact others. Specifically, the release of information should not cause harm to:

- The child or youth involved
- The family, specifically their siblings
- The frontline workers, foster parents, kinship caregivers and/or group care staff

- The other children who may have resided within the same home.

Principles-based privacy legislation

A clear framework must be established with respect to the release of information and specific criteria to govern the release of information.

Defining the purposes of sharing information is essential. The purpose will lead to a clear set of principles by which decisions to make information public are made. Some suggested principles include:

- The best interests of the child
- The child's/family's right to determine the release of their information
- The community's interests
- The public's interests
- Accountability and transparency of the system
- Potential for prevention of similar tragedies.

There was interest in having an external third party serve as a mediator to negotiate the decision pertaining to the release of information.

> "We've heard very eloquently how each situation can be different. There are situations that lots of us would not be able to imagine. It's really important that we have a process that gets to honour the voices that we've all talked about that are important, that attends to the values of each individual and their families." Dr. Eric Wasylenko

As part of the legislation development process, a comprehensive national and international review of information release practices should be used to inform best practices, and a continued network of sharing of best practices should be implemented.

Appendix – Participant List

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OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH

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Deputy Medical Officer of Health

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Ms. Jill Clayton
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OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER

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Honourable Fred Horne
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Steve MacDonald
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SERVICE ALBERTA

Ms. Cathryn Landreth
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Ms. Monique
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Alberta Human Services

Child Intervention System Improvement Implementation Oversight Committee

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

February 4, 2015

Dear Minister Klimchuk:

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

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

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

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

Scope of our work

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

Update on progress

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

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

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

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

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

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

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

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

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

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

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

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

Internal child death and serious incident review process

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

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

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

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

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

Child Death Review Committee

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

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

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

Remaining concern with publication ban

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

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

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

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

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

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

Aboriginal over representation

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

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

Root causes

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

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

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

According to Statistics Canada:

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

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

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

> Up until the 1990s, the Canadian government, in partnership with a number of Christian churches, operated a residential school system for Aboriginal children. These government-funded, usually church-run schools and residences were set up to assimilate Aboriginal people forcibly into the Canadian mainstream by eliminating parental and community involvement in the intellectual, cultural, and spiritual development of Aboriginal children.
>
> More than 150,000 First Nations, Inuit, and Métis children were placed in what were known as Indian residential schools. As a matter of policy, the children commonly were forbidden to speak their own language or engage in their own cultural and spiritual practices. Generations of children were traumatized by the experience. The lack of parental and family involvement in the upbringing of their own children also denied those same children the ability to develop parenting skills. There are an estimated 80,000 former students still living today. Because

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

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

Recommendations:

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

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

<u>Greater effort to keep Aboriginal families together</u>

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

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

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

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

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

1. Child intervention services, practice and recruitment

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

2. Targeted poverty reduction

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

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

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

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

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

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

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

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

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

1. Federal funding and migration to the cities

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

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

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

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

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

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

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

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

2. Empowering Aboriginal involvement in Child and Family Services

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

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

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

Jordan's Principle

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

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

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

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

Support an Inquiry into Missing and Murdered Indigenous Women

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

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

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

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

Education and training

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

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

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

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

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

Council for Quality Assurance

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

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

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

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

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

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

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

Thank you

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

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

Thank you for this opportunity to serve.

Kindest regards,

Tim Richter
Chair, Implementation Oversight Committee

On behalf of:
Chief Wilton Littlechild, former Regional Chief for Treaty 6, 7 and 8, member of the United Nations Human Rights Expert Mechanism on the Rights of Indigenous Peoples and Commissioner for the Indian Residential School Truth and Reconciliation Commission
Ms. Donna Wallace, Acting Chair, Child and Family Services Council for Quality Assurance
Ms. Joni Morrison O'Hara, retired Alberta child intervention system leader
Dr. Nico Trocmé, Professor of Social Work, McGill University; Co-chair, 2010 Child Intervention Review Panel
Trevor Daroux, Deputy Chief, Calgary Police Service
The Honourable Lawrie J. Smith, Court of Queen's Bench (retired)
Ms. Lori Cooper, Chief Delivery Officer, Alberta Human Services (ex officio)

Encl.

Child Intervention Implementation Oversight Committee (IOC) Status Report

IOC Recommendation / CI Enhancement Plan Element	Status / Description of Activity
IOC Recommendations – April 7, 2014	
Improving the Child Death Review Process A. Create a multidisciplinary (expert) Child Death Review Committee (CDRC) under the Office of the Chief Medical Examiner – Provide OCME direct access to information sharing systems B. Develop Internal HS Death and Serious Incident Review (w/ CQA and OCYA) – Extend statutory shield to CI workers and reviewers C. Clarify and enhance the role of CQA D. Expand mandate of OCYA	**Status:** ▪ Review of *Fatality Inquiries Act (FIA)*, including the proposed CDRC, is ongoing (led by Justice and Solicitor General). Expected completion of external consultation – March 2015. Expected completion of legislative changes – fall 2015 session. ▪ Department's Internal Child Death and Serious Incident Review process developed with input from CQA and CYA. CQA to advise on implementation and continuous improvement. – Statutory shield extended to QA Officers appointed to review incidents. ▪ Bill 11 enhanced/broadened CQA role to include collaborative monitoring and evaluation of Director's activities, strategies and standards, developing a Quality Assurance (QA) Framework, and the appointment of Committees for QA activities. ▪ Bill 11 extended OCYA ability to investigate deaths of children who received designated services up to two years prior to death.
Remove the Blanket Publication Ban (for death in care or while receiving services) – Enable families and youth to self-identify.	***Status:*** ▪ Bill 11 removed the blanket ban in respect of a deceased child. – Publication Ban (Court Applications and Orders) Regulation considered by all-party committee. Regulation came into effect on November 27.
Review Progress and Prioritize Past Recommendations (post 2010) A. Verify implementation status B. Prioritize incomplete recommendations (w/ barriers to completion)	***Status:*** ▪ GOA's Corporate Internal Audit Service (CIAS) engaged to verify implementation status for completed/ongoing recommendations. Expected completion – March 2015. ▪ Assigned "priority/status" categories for 25 in-progress recommendations.
Ongoing Monitoring of Recommendations (1999-forward) A. Implementation Tracking System B. CQA Tracking and Reporting on implementation	***Status:*** ▪ Tracking system in final design phase. System governance and operational/process requirements are in planning stage.
Invest in Front-Line Workers – Alberta Centre for Child Welfare Development	***Status:*** ▪ Twenty-five (25) new spaces for Bachelor of Social Work (BSW), increasing to 100 additional seats per year by 2017/18. Master's program (MSW) will increase by 25 spots starting in January 2015. Two-year online MSW will emphasize clinical social work and professional development/leadership opportunities for Child Intervention staff (tuition/books paid). Up to 5 of 25 spots reserved for Delegated First Nation Agency staff. ▪ GOA-U of C Taskforce established to explore Child Intervention focused education opportunities. Opportunities for research collaboration are being explored, supported by the results of the CI Research Forum (May 2014). ▪ U of C Faculty of Social Work to form knowledge broker relationship with Department of Human Services to support improved practice.

IOC Recommendations – August 21, 2014: System Outcomes and Benchmarks		
Review/Prioritization of Past Recommendations		***Status***: See also "Review Progress and Prioritize Past Recommendations" (above). ▪ Assigned "priority/status" categories for 25 in-progress recommendations.
Getting the Full Benefit of External Review A. Process to review proposed/draft recommendations with recommending body before committing to implement. B. Process to discuss published recommendation with recommending body to develop implementation plan to meet recommendations' intent. C. Outreach to external/independent recommending bodies to establish guidelines for developing recommendations – e.g., "SMART" criteria. D. Require that each recommendation is supported by auditable action plan that includes (i) clear outcome; (ii) planned actions; (iii) responsibility for actions; (iv) timeline for completing actions; and (v) regular review and scheduled audit.		***Status:*** ▪ CFS **Recommendation Approach is under development and includes SMART criteria. Approach supports collaboration with the recommending body for clarity of intent, anticipated impact and development of auditable action plans. Implementation expected April 2015.** – Outreach to external/independent bodies has been initiated.
System Performance Data Strategy A. Public reporting of program data and outcomes B. Benchmarking performance against peers C. Analysis of cross-ministry administrative data on children leaving CI (CYDL Project 2) D. Longitudinal study of experiences following involvement in CI (e.g. AIS 2014)		***Status:*** ▪ GOA Open Data initiative -- CI datasets posted on the HS website. Eleven "Official Statistics" posted on the OSI website and linked to Open Data portal. ▪ Publication of CI Outcome data (Phase 1) targeted for March 2015. ▪ Publication of CI Outcome data (Phase 2) targeted for 2015-16. ▪ Challenges/opportunities to benchmark performance under review. Ministry will benchmark its own performance over time. Evaluation of leading practices will continue as part of regular continuous improvement efforts. ▪ CYDL Project 2 underway. Initial results expected in 2016. ▪ Plans in development to engage academic and research partners in the development and implementation of a longitudinal study of children and youth involved with intervention. Targeted completion for 2018-19.
Child Intervention Enhancement Plan - Overview		
1	**Child Intervention Roundtable** -Reviewing deaths and serious injuries -Balancing privacy and transparency	***Status***: ▪ Roundtable held January 2014. Final Summary Report released. – See IOC Recommendation "Improving the Child Death Review Process" and "Remove Blanket Publication Ban" for additional details.
2	**Implementation Oversight Committee** -Accelerate and guide action on child intervention enhancements	***Status:*** IOC appointed and proceeding with identified priorities. ▪ April 7 Letter to the Minister. ▪ August 21 Letter to the Minister. ▪ November 6 Letter from the Minister to IOC to provide new direction to guide actions and timing. ▪ IOC Meetings on Aboriginal over-representation with focus on root causes. ▪ January Letter (draft final report) to the Minister. ▪ February 6 meeting of Minister with IOC chair.

3	**Public Information Sharing** -Continuous Improvement	***Status***: ▪ GOA Open Data initiative – CI datasets posted on the HS website. Eleven "Official Statistics" posted on the OSI website and linked to Open Data portal. ▪ CFS CI Interactive data tool also published to website. ▪ Phased publication of CI Outcome Measure data – aligned with National Outcome Matrix (NOM): Phase 1 in March 2015; Phase 2 in 2015-16. ▪ Bill 11 requires supplemental "Annual Public Disclosure" and Director's response to system recommendations. ▪ Online notification and monthly aggregate reporting of child deaths. ▪ Letter of Agreement with Calgary Police Service and Edmonton Police Service to support enhanced information sharing. Information sharing MOU with the RCMP is under discussion.
4	**Education, Training and Support for Child Intervention Workers** -Strengthen casework practice	***Status***: See IOC Recommendation "Invest in Front-Line Workers" (above) for additional detail. Additional department activities include: ▪ Established tracking system for staff qualifications. ▪ Development of a Child Intervention Practice Framework (CIPF). ▪ Development of a knowledge mobilization plan. ▪ Agreement for and investment in province-wide expansion of "Signs of Safety" initiative. ▪ Workload Assessment and Resource Management model is in development. ▪ Comprehensive review/redesign of staff training is in progress. ▪ Cross-cultural competency initiatives. Includes: (i) HS Ethnic Communities Committee; (ii) Diverse Populations Service Delivery Framework; (iii) Calgary Multi-Cultural Brokers Program to support cultural/kinship connections.
5	**Aboriginal Root Causes** -Children's safety and wellbeing	***Status***: Minister's Priority Letter (November 6, 2014) requested root-cause focus as part of addressing Aboriginal over-representation. Selected GOA/HS initiatives include: ▪ Alberta's Social Policy Framework (SPF). Provides policy foundation for a variety of early intervention/prevention initiatives that are in development: – Poverty Reduction Strategy. – Early Years Strategy. – Children's Charter (*CFA*). – Citizen-Centred Integrated Service Delivery (CCISD) model. – Alberta Sexual Violence Plan & Action Plan to End Child Sexual Abuse. – Youth Homelessness Strategy. ▪ Additional initiatives underway or in progress to address root causes in CI system include: – Welcome to Parenting Initiative – (May 22, 2014). – Expansion of mental health supports – (February 3, 2014). – Increase CI service eligibility from 22 to 24 years old. – Mentorship capacity funding – (July 14, 2014). – Family and Community Safety Program – (August 21, 2014). – Child Mental Health action plan for CI (cross-ministry).

Alberta Human Services

Child Intervention System Improvement Implementation Oversight Committee

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

August 21, 2014

Dear Minister Bhullar:

You have asked us to "guide action on Human Services' 5 Point Plan to improve outcomes for children and ensure action on priorities and recommendations for improving the Child Intervention system."

This letter is our second report to you and includes:

- a report on progress against the 5 Point Plan;
- a report on our work to review and prioritize past recommendations; and,
- recommendations to better assess child intervention system performance and achieve better outcomes.

Progress against 5 Point Plan

Attached to this letter is a chart summarizing progress on recommendations we made in our April 7th letter to you and Human Services' 5 Point Plan.

Generally speaking, while progress is incremental and sometimes a little slower than we'd like, solid progress is being made in all areas. I'm pleased to report we continue to receive excellent co-operation and support from the department.

Keep a steady hand. Stay focused.

The Government of Alberta is in the midst of political transition. In our first letter we noted that Alberta's child intervention system has been buffeted by change and external pressures over the last decade. We would strongly caution the government against major structural changes to the Human Services department and the Child Intervention System in this transition period.

Albertans were understandably concerned when media investigation revealed the number of deaths of children in the government's care and exposed serious investigation, communication and follow-up problems and more.

The Government has begun to make important and necessary improvements to the Child Intervention System. Major structural changes to Human Services or the Child Intervention System now could be counterproductive, slow progress on these critical improvements and risk eroding care for our most vulnerable citizens.

Verification and prioritization of past recommendations

As we mentioned in our first letter, we began our review of past recommendations by looking at recommendations from 2010 using the 2010 Alberta Child Intervention Review Panel as our starting point. We chose this review to begin our analysis because the panel was a comprehensive system review that considered past recommendations in their report and we felt the recommendations captured in this period were representative of the current state of the Child Intervention System.

Our review looked at 96 recommendations from 17 reports. Of these recommendations the department told us four recommendations were not accepted by government, 55 are complete, 12 are ongoing (are systematic in nature and became part of the ongoing work of the department) and 25 are 'in progress' or incomplete.

These recommendations do not include the 36 recommendations (contained in eight reports from four different sources) that have been submitted to the department subsequent to our review beginning. We have not yet examined those.

Verification of completion

At the IOC's request, the Ministry of Human Services has asked the Government of Alberta's Corporate Internal Audit Service to audit the implementation status of the 55 recommendations listed as complete and the 12 listed as 'ongoing. ' The audit is scheduled to take place this fall and be complete in January 2015. The ministry has committed to sharing the results of the audit with the IOC, which we will release publicly.

Approach to prioritization of remaining recommendations

We determined that a conventional prioritization exercise (i.e., ranking, sequencing or resourcing work based on urgency or importance) wasn't feasible. This decision was based on a number of considerations:

- Significant work had often already been undertaken, with actions at various stages of implementation.
- The responses to recommendations with similar topics (or themes) are often interconnected, and usually linked to other departmental/divisional priorities that may be independent of the recommendations themselves.
- The recommendations consistently identified important issues, often central to the Child Intervention System's current practice approach or that reflected core principles.
- Many recommendations had similar or equal urgency or importance.

A sub-committee of the IOC reviewed each recommendation along with the associated response, and divided them into two categories:

A	-All key activities have not been fully developed or initiated. -Further priority work is required to support completion.
B	-Most key activities have been developed and initiated. -Further work can be identified and undertaken through the department's regular, quality assurance and continuous improvement processes.

A summary of the 25 In-Progress Recommendations, with associated responses and priority categorization (A or B) is included in the table *Child Intervention -- High Level Summary of In-Progress Recommendations (2010-2014) with Priority Categories* attached to this letter.

Next steps

The IOC will seek meetings with the recommenders of the 25 In-Progress recommendations (where possible) to test our conclusions and seek feedback from them to determine our final prioritization.

Getting the full benefit of external review

External review and advice can be invaluable in achieving peak system performance, building public trust and ensuring accountability. Today however, Alberta's Child Intervention System isn't getting the full benefit of external review because:

- there is routine acceptance of recommendations without always having a thorough understanding of what is being recommended or how those recommendations will be implemented;
- recommendations and the intended outcomes of recommendations are often unclear;
- there is limited planning for implementation upon receiving recommendations;
- there is no specified accountability for delivery of each recommendation; and,
- there is no consistent audit or review of action against recommendations and their intended outcomes.

To ensure the Child Intervention System gets the full benefit of external reviews, we recommend:

1. The department develop a process to review and discuss proposed recommendations with the recommending body before committing to implement. The purpose of this discussion would be to clarify the intent and feasibility of recommendations which can help ensure that, once accepted, departmental action plans address the identified issues. An approach similar to this is regularly used by Alberta's Auditor General. For fully independent review bodies such as the Office of the Child and Youth Advocate, the department could consider some form of Memorandum of Understanding to outline

how these bodies could work with the department to achieve clear, implementable recommendations.

2. In cases where this type of advance dialogue is not workable, develop a process to discuss the published recommendations with the recommender and develop a clear implementation plan that meets the recommendations' intent. This will require that the Minister allow the department adequate time to consider each review and discuss with the recommending body before responding or accepting the recommendation.

3. Outreach to judges and the Office of the Child and Youth Advocate to establish guidelines for developing recommendations that are clear and precise to support more ready implementation and audit. The SMART criteria (Specific, Measurable, Achievable, Realistic and Timely) may be a useful model or approach.

4. For each recommendation accepted by government, the department should develop an auditable action plan that has at minimum:
    a. A clear outcome for each recommendation
    b. Clearly articulated actions that will be undertaken
    c. Assigned responsibility for those actions
    d. Timeline for completion
    e. Regular review and scheduled audit

Note: defining a clear outcome for each recommendation (a.) is a shared responsibility between the recommender and the department.

How is the Child Intervention System performing?

To put it simply – we don't know. We have no reason to believe Alberta's Child Intervention System is performing poorly, but in the absence of clear and measurable outcome expectations, benchmarking and data to verify performance we can't say with any certainty how we're doing.

There's been some good work in defining outcomes, identifying outcome indicators and collecting supporting data. The outcomes being measured are tied to the National Outcomes Measures (a joint project of provincial ministries responsible for child intervention) but reflect largely what can be measured today (perhaps not everything we need to). Even then, we're still developing the indicators and the indicators we do have aren't benchmarked against our peers or best in class performance, so we can't tell if the data we'll see shows good, bad or average performance (although we will be able to compare against our own performance over time and between regions which is positive). There's also been some nascent and promising work on Outcome Based Service Delivery (OBSD), but OBSD today only covers 14 percent of the Child Intervention System caseload.

We also don't know what happens to children after they leave care. In our view, the ultimate measure of our Child Intervention System should be the success children have as adults. It is

critically important we understand what happens to children when they leave care and become adults so we can adapt our system to give them the greatest chance at success.

In the age of big data and information systems capable of tracking millions of data points, there is no reason why we can't measure the performance of the child intervention system, compare our performance against our peers (and the best in the world) and know whether or not our Child Intervention System sets the children and families involved with it, up for long term success.

Building a performance based, data driven Child Intervention System

To support the assessment of Child Intervention System performance and ongoing performance improvement we're recommending a four point **System Performance Data Strategy**.

The objectives of this strategy are to:

1. Enhance system performance: understand long-term outcomes for children involved in Alberta's child intervention system to inform the evolution of system outcome expectations, practice and legislation;

2. Benchmark Alberta's performance against our peers and international best practices to inform outcome expectations, practice and legislation; and,

3. Improve public confidence: quantify Alberta's performance and share information with publically to build trust and confidence.

This strategy builds on and includes work already in progress and is designed to be conducted simultaneously.
The four points in our proposed System Performance Data Strategy are:

1. *Public reporting of program data and system outcomes*
2. *Benchmarking Alberta's performance*
3. *Review of existing cross-ministerial administrative data on children leaving the Child Intervention System*
4. *Longitudinal study tracking the experiences of current children following their inclusion in the Child Intervention System*

Part 1: Public reporting of program data and system outcomes

Publish Child Intervention System profile data and the 16 Child Intervention System Outcome Indicators. This includes:

a. Child Intervention statistical profiles

   Timeline: July 2014 (Complete).

Data available at https://osi.alberta.ca/osi-content/Pages/Catalogue.aspx?category=Children and youth

b. Interactive online Child Intervention data tool (2008/09 – 2012/13).

   Data available at http://humanservices.alberta.ca/abuse-bullying/cidata/#

   Timeline: July 2014 (Complete)

c. Child Intervention System outcomes data for 12 established indicators (2008/09 – 2012/13).

   Includes measures in four domains: (1) Safety (Recurrence; Maltreatment in Care; Deaths and Serious Injuries); (2) Permanency (Family Preservation, Family Reunification; Adoption & Guardianship; Time in Care; Moves in Care); (3) Well-Being (Well-being); and (4) Family and Community Support (Parental Capacity; Family and Community Engagement; Cultural Connectedness)

   Timeline: October 31, 2014.

d. Complete development of four outcome measures still under development

   Includes: school moves, school performance, health and transition to adulthood.

   Finalize methodology and data collection

   Timeline: 2015-16

Part 2: Benchmarking Alberta Child Intervention System Outcomes & Service Delivery

Benchmark each of Alberta's Child Intervention System outcome indicators and our service delivery standards against our Canadian peers and international best practices. While we may not be able to always get an 'apples to apples' comparison we will be able to get a sense of what others have achieved to get an indicative sense of our performance and what is possible.

Part 3: Review of existing cross-ministerial administrative data on children leaving the Child Intervention System

Support the Child and Youth Data Lab (CYDL) in completing a retrospective, longitudinal analysis of outcomes, focusing on children/youth moving through and exiting the system, using existing program and Government of Alberta data.

The CYDL links and analyzes administrative data about children and youth using government programs and services offered by the Ministries of Education, Innovation and Advanced Education, Health, Human Services and Justice and Solicitor General.

The CYDL has already collected administrative data from a number of Ministries for the year 2008/2009 and provided a "snapshot" of youth ages 12-17 years in Alberta.

They have begun work on a project called "The Experiences of Albertan Children and Youth (2005/2006 to 2010/2011)" and are using cross-ministry administrative data for a longitudinal study of Albertans age 0-30 over a six year time span (2005/2006 to 2010/2011). The goal is to compare groups of service users to the general Albertan population and to study service use within and across Ministries.

This project can answer several key critical questions:

- How many children and youth who have been involved with Child Intervention are accessing or involved with other child and youth services/programs (such as Family Support for Children with Disabilities (FSCD) and youth justice)?
- What types of services/programs are young adults who have been involved with Child Intervention accessing/involved with post-intervention (such as, Assured Income for the Severely Handicapped (AISH), Persons with Developmental Disabilities (PDD), Support and Financial Assistance Agreements (SFA), Justice, Income Support)?
- What types of education-related programs are young adults who have been involved with the system accessing post-intervention (such as, Advancing Futures Bursary, Student Loans, Post-Secondary Education, High School upgrading)?
- What types of health-system interaction (frequency/diagnosis) and type of usage (doctor visits, ER care, hospital care, etc.) do children in the CI system experience?
- What influence do CI outcomes have on patterns or trajectories of service use? For example, do adoptions/private guardianships, reunifications, preservations and age outs use government systems differently or have patterns to their service and program use?
- How are the trajectories and patterns of service use different for Aboriginal children and youth? For Aboriginal young adults?

Timeline: The project is set to begin reporting in 2016.

Part 4: Longitudinal study tracking the experiences of current children following their inclusion in the Child Intervention System

Conduct a longitudinal study of children involved in the Child Intervention System based on Alberta Incidence Study (2014). The Alberta Incidence Study (AIS) is a study of children involved in the Child Intervention System with information collected from workers in a representative sample of offices across Alberta.

A longitudinal study would follow children in the 2014 Alberta Incidence Study at regular intervals for three to five years. The objective of this study is to understand the longer-term outcomes for children in the Child Intervention System, and support continuous service improvement efforts.

Timeline: Estimated completion 2018/19

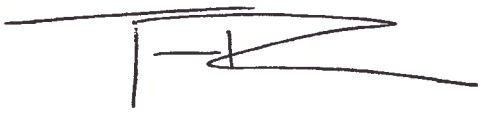
Our upcoming work

The IOC is turning our attention to the next topics in our work plan including staff training, leadership and capacity as well as system governance. We are adjusting our schedule to spend extra time to discuss Aboriginal over-representation in the Child Intervention System through the fall. An updated work plan is attached for your information.

On behalf of the Child Intervention System Implementation Oversight Committee I'm pleased to submit this report to you. Please do not hesitate to contact us with any questions or comments. We aim to have our next report to you by the end of September.

Thank you for this opportunity to serve.

Kindest regards,



Tim Richter
Chair, Implementation Oversight Committee

On behalf of:

Dr. Lionel Dibden, Pediatrician Medical Director, Child and Adolescent Protection Centre, Stollery Children's Hospital; Chair, Child and Family Services Council for Quality Assurance
Ms. Joni Morrison O'Hara, retired Alberta Child Intervention System leader
Dr. Nico Trocmé, Professor of Social Work, McGill University; Co-chair, 2010 Child Intervention Review Panel
Trevor Daroux, Deputy Chief, Calgary Police Service
The Honourable Lawrie J. Smith, Court of Queen's Bench (retired)
Chief Wilton Littlechild, member and former Chief of the Ermineskin Cree Nation, member of the United Nations Human Rights Expert Mechanism on the Rights of Indigenous Peoples and Commissioner for the Indian Residential School Truth and Reconciliation Commission
Ms. Lori Cooper, Chief Delivery Officer, Alberta Human Services (ex officio)

Encl.

5 Point Plan Progress Update
Summary of In-Progress Recommendations (with Priority Categories)
IOC Work Plan

Alberta Human Services

Child Intervention System Improvement Implementation Oversight Committee

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

April 7, 2014

Minister Bhullar:

You have asked us to "guide action on Human Services' 5 point plan to improve outcomes for children and ensure action on priorities and recommendations for improving the Child Intervention system."

This letter is our first report to you and includes:

- recommendations for improving the child death review process;
- a proposal to change the current publication ban involving children and families receiving child intervention services;
- an update on our progress reviewing and prioritizing past recommendations;
- a recommendation to support the training and professional development of front line workers and their supervisors; and,
- a work plan for our committee outlining our priorities and anticipated reporting to you.

Since the announcement of your formation of this committee we have been pleased to welcome Joni Morrison O'Hara to our committee. Ms. Morrison O'Hara brings extensive clinical, management and innovation implementation experience as a retired senior Alberta Child Intervention System official. We are also looking forward to the imminent appointment of a representative of Alberta's Aboriginal peoples.

We also want to note the excellent co-operation and support we've had from the department. Alberta Human Services has been very responsive to our inquiries, forthright in answering the questions put to them, and we appreciate the excellent support we have been given.

REPORT AND RECOMMENDATIONS

We are pleased to offer the following progress report and recommendations.

1. Improving the child death review process

The child death review process for children in the government's care or receiving child intervention services has unclear or overlapping mandates and no clear focus on prevention. While the Office of the Child and Youth Advocate does receive notification of deaths of children in care or receiving services, and has the authority to investigate, we don't feel this is sufficient to focus the child intervention system on prevention of future deaths and improve performance of the Child Intervention System.

The following recommendations are designed to streamline the process, ensure transparency, improve investigation and focus on prevention of future deaths.

Child Death Review Committee

The Office of the Chief Medical Examiner (OCME) and Alberta Justice are currently undergoing a review the *Fatality Inquiries Act*. The creation of a multidisciplinary Child Death Review Committee within the Office of the Chief Medical Examiner to investigate the deaths of all children in Alberta is being considered as part of this review. We strongly support the creation of this committee.

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

We would also recommend the government consider giving the OCME direct access to the Government of Alberta Intervention Services Information System so the OCME can proactively and more easily search for system involvement as part of their routine investigation of child death. The OCME already has the authority to access this information, but does so reactively and must go through official channels to access it. By giving them direct access to the database, the government would streamline information sharing in support of the OCME's prevention mandate.

A mandatory, robust and transparent internal Human Services death and serious incident review

We feel the key to prevention of future deaths of children involved in the Child Intervention System is a mandatory, robust and transparent internal review process with external oversight.

In the past, detailed special case reviews - internal investigations into death and serious injury of children in care - were conducted. For reasons that remain unclear to us, the special case review process was discontinued.

We recommend the department, in partnership with the Council for Quality Assurance and the Office of the Child and Youth Advocate develop a fulsome internal child death and serious incident review process and publish the final process to the Human Services website. Serious incidents should be defined to include: serious injuries, physical or sexual abuse of a child in care and serious incidents involving suicidal or other serious risk taking behaviours. Specific definitions of serious incident should be developed by the department in partnership with the Council for Quality Assurance and the Office of the Child and Youth Advocate.

To ensure an open and frank disclosure of information as part of this internal review process, we recommend child intervention workers and reviewers be extended the same 'statutory shield' protection as exists for investigations by the Office of the Chief Medical Examiner and Office of the Child and Youth Advocate. This shield protects the information given in the course of a review from being used in legal proceedings and prevents the individuals involved in a review from being compelled to give evidence in legal proceedings.

All internal child death and serious incident review reports should be made available to the Advocate and the Council for Quality Assurance upon completion.

That internal review process should be designed, ready to be implemented and published no later than September 30, 2014.

Clarify and enhance the role of the Council for Quality Assurance

The Council for Quality Assurance plays a lead role, in consultation with the Department of Human Services and the Office of the Child and Youth Advocate in developing an integrated system of quality assurance and continuous improvement. In the death review process, the Council for Quality Assurance can play a critical role in ensuring the department learns from every incident and quality of service improves to prevent further incidents.

We believe the Council <u>should not</u> conduct its own separate review of death and serious injury but rather ensure there is a rigorous internal investigative process, provide independent expert advice to the internal review process and the Minister, participate in the Child Death Review Committee where required, and monitor the quality of the internal review process and the implementation of recommendations. If they feel an internal investigative review is insufficient or the process is flawed, the Council should be empowered to require revision.

Given the critical role the Council plays in quality improvement we feel the Council should report directly to the Minister.

Expand the mandate of the Office of the Child and Youth Advocate

Currently the Office of the Child and Youth Advocate may only review the deaths of children who are in care or receiving services at the time of their death. We recommend the Advocate be empowered to investigate the death of any child who dies within one year of leaving care or receiving child intervention services.

In keeping with developing a prevention focus through the child death investigation system, we feel it's important to expand the scope of the Advocate's investigative powers where past involvement the Child Intervention System may have been a factor in a child's death.

2. Remove the publication ban on reporting the names of children in care or receiving services.

We believe that children and families involved in the child intervention system should have the same rights and protections as every Albertan. We therefore recommend removing the blanket publication ban on reporting the names of children in care or receiving services if a child dies in care or while receiving child intervention services. We believe Alberta Human Services should not release the names of children and families receiving child intervention services but those families and youth should be free to identify themselves.

3. Progress on review and prioritization of past recommendations

One of the items in the five-point plan that our committee was tasked with is a review of past child intervention system recommendations, reporting on progress and prioritizing recommendations for further implementation.

We began our review looking at recommendations from 2010 using the 2010 Alberta Child Intervention Review Panel as our starting point. We chose this review to begin our analysis because the panel was a comprehensive system review that considered past recommendations in their report and we felt the recommendations captured in this period were representative of the current state of the Child Intervention System.

Our review looked at 96 recommendations from 17 reports including:

- Eight Fatality Inquiry reports
- Two investigative reports by the Office of the Child and Youth Advocate on individual children who died while in care
- Two Expert Review Panel reports commissioned by the government
- Three annual reports by the Office of the Child and Youth Advocate

- One special report by the Office of the Child and Youth Advocate on youth transitioning out of care
- One letter with recommendations to the Minister from the Council for Quality Assurance

A catalogue of these recommendations and the Ministry's report on completion of those recommendations is attached to this letter.

We are going to now begin a more focused review of these recommendations with an eye to verifying progress and understanding whether or not the recommendations have had a positive impact on children in care or receiving services. Once we've completed that review, we'll focus our attention on incomplete recommendations; prioritize those recommendations for completion; and, identify barriers to implementation.

Ongoing monitoring of recommendations

Alberta Human Services and the Council for Quality Assurance have begun a process to catalogue recommendations to the Child Intervention System going back 15 years to 1999 and to develop a system for tracking the implementation of these recommendations. As the IOC is a temporary advisory committee, and implementation of recommendations is clearly a quality assurance and performance improvement activity, we recommend the Council for Quality Assurance be formally charged with tracking and publically reporting on implementation of recommendations.

Issues and questions emerging from our review

From our review of these recommendations, departmental briefings, committee discussions and meetings with stakeholders, several issues and questions with direct bearing on the implementation of the Five Point Plan have emerged that we will examine:

1. **Child Intervention System performance**: While we believe the Child Intervention System is working, we're looking for measurable and objective indicators of performance. Are there clear benchmarks to gauge performance of the Child Intervention System beyond measures of capacity and demographics? What defines success? What are the outcomes expected for children and families in contact with the system? Where is that information held and how is it communicated? How does the performance of Alberta's Child Intervention System stack up against other jurisdictions and best practice?

2. **Dramatic over-representation of Aboriginal children in the child intervention system**: According to Human Services data Aboriginal children make up 68% of children in care. This issue clearly demands urgent attention. Why is this happening? What has happened from past recommendations to address this crisis?

3. **Governance, transparency and accountability**: The Child Intervention System has experienced several changes in the last decade. We want to get a better sense of the current governance structure of the system and understand if there is role clarity between the different actors in the system. Can transparency and accountability of the system be improved? What avenues of appeal do clients of the system have?

4. **Critical role of front line workers and contracted agencies**: The Child Intervention System hinges on the work of front line case managers, their leaders and contracted agencies. Do they have the time, training, leadership and support to do the job well? Are they able to spend enough time with their clients? How does the ministry manage performance of contracted agencies?

5. **Root causes:** What does ministerial and Government of Alberta data tell us about families and children who comes into contact with the Child Intervention System and their pathways into the system? Are there identifiable high user or high risk families? Can the system be proactive in addressing their needs to reduce or prevent child welfare involvement, injury or death?

We have attached to this letter a copy of our committee work plan that schedules our discussion of these issues.

A system buffeted by change

We want to make specific mention of the impact of external stimuli on the Child Intervention System. This is a system that has faced several major changes over the last five years including but not limited to: 17 external reviews or reports with 96 recommendations, the introduction of the Council for Quality Assurance, the introduction of an independent Office of the Child and Youth Advocate, the creation of the department of Human Services, numerous internal initiatives as well as centralization of the governance structure of the Child Intervention System through the *Building Families and Communities Act* (December 2013) which dissolved the ten Child and Family Services Authorities and their Boards, creating a more centralized service delivery model.

In considering any future changes to the system, the government has to be careful not to compound the problems they are seeking to resolve. For example, many recommendations note the importance of the front line case manager spending more time with clients, but most recommendations result in more policy and appear to add to the administrative burden faced by those same workers, making it more difficult for them to allocate the time. Similarly, the elimination of special case reviews and the introduction of an independent Office of the Child and Youth Advocate (where it was previously an internal body) after the Council for Quality Assurance was created, lead to confusion in the death review process.

Who's in charge? Governance of the Child Intervention System

As we've already mentioned, the Child Intervention System has experienced a number of structural and governance changes over the last decade and we need to get a better understanding of the current governance structure.

We noted for example, that there doesn't appear to be a single point of accountability for the Child Intervention System within Human Services. The role of the Assistant Deputy Minister, Child and Family Services (who has administrative responsibility for the Child Intervention System) and the Statutory Director (who has the legislated authority for the Child Intervention System under the Child and Family Enhancement Act) are different roles. Put another way, the Statutory Director is legally responsible for children and youth receiving services under the Child and Family Enhancement Act, but appears to have no direct authority over the staff making decisions regarding those children and youth. The Assistance Deputy Minister, who has the authority to 'hire and fire' staff, contract for services etc., doesn't have the legislative responsibility.

This is a big, complex and changing system and we don't yet have a complete appreciation for its governance structure, but that governance structure will have a direct bearing on the performance of the system and the implementation of past recommendations. We will be reviewing system governance in more detail before offering specific recommendations.

4. Invest in front line workers

The effectiveness of Alberta's Child Intervention System rests on the skill and hard work of front line workers and their leaders. This is challenging and often thankless work in a professional field that is rapidly evolving. An investment in the recruitment, training and professional development of child welfare workers and leaders, will reap significant returns in service quality and better outcomes for vulnerable Albertans.

We recommend the government consider the creation of an Alberta Centre for Child Welfare Development in partnership with an appropriate post-secondary institution that:

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

The Alberta Centre for Child Welfare Development should be accessible to Albertans in all areas of the province and should connect and collaborate with post-secondary institutions under Campus Alberta.

On behalf of the Child Intervention System Implementation Oversight Committee I'm pleased to submit this report to you. Please do not hesitate to contact us with any questions or comments. We aim to have our next report to you in early June.

Thank you for this opportunity to serve.

Kindest regards,

Tim Richter
Chair, Implementation Oversight Committee

On behalf of:

Dr. Lionel Dibden, Pediatrician Medical Director, Child and Adolescent Protection Centre, Stollery Children's Hospital; Chair, Child and Family Services Council for Quality Assurance
Ms. Joni Morrison O'Hara, retired Alberta Child Intervention System leader
Dr. Nico Trocmé, Professor of Social Work, McGill University; Co-chair, 2010 Child Intervention Review Panel
Trevor Daroux, Deputy Chief, Calgary Police Service
The Honourable Lawrie J. Smith, Court of Queen's Bench (retired)

Encl.

Summary of recommendations
IOC work plan

Findings of the External Expert Panel

Regarding the

Death of a Young Child

Closing the Inter-Systems Gaps
to Keep Alberta's Children Safe

Panel Members: Gayla Rogers (Chair)
Dave Findlay
Eric McDonald
Dr. Brent Scott
Donna Wallace

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EXECUTIVE SUMMARY

Case Overview

In early May 2010, a young Child of approximately one year of age was taken from a home to the Alberta Children's Hospital (ACH) by Calgary Emergency Medical Services (EMS) and pronounced dead (61 days from the time the Child was first seen at Alberta Children's Hospital).

The Child had been the subject of an assessment by the Calgary and Area Child and Family Services Authority (CFSA) since mid March 2010, when the CFSA Social Services Response Team (SSRT) received a call (Day 13). The referral source had concerns about who was caring for the Child, and reported that the Child had been diagnosed with two broken limbs. During the 49 days that the Child's case was active with CFSA, the Alberta Children's Hospital, through Alberta Health Services (AHS), and the Calgary Police Service (CPS) were involved. Four broken bones on four separate limbs were eventually diagnosed. An initial safety plan first restricted the Child's siblings from caring for the Child, and was later updated to specify that only the primary care-giving Parent (primary Parent) would look after the Child. In review, the panel identified inter-system barriers and gaps, process delays, deficiencies in contextualizing the findings and family history, cumbersome case documenting processes, miscommunications between systems, and inadequate critical thinking.

Recommendations

1. 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.

2. 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.

3. ACYS adopt a critical incident review process conducted by an independent panel of experts.

4. 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.

5. ACYS institute a formal protocol and process when a case is considered ‘complex and challenging’.

6. 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.

7. 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.

8. ACYS develop and implement a functional electronic file system instead of a combination of handwriting and typing, including forms that are easy to read.

9. ACYS incorporate learning from adverse events and critical incidents through subsequent process and practice reviews, program evaluations and redesign as needed.

10. ACYS implement a critical response protocol for staff when a tragic event occurs.

11. Action on the recommendations of the 2010 Review of the Child Intervention System continue to progress.

SECTION 1: BACKGROUND

1.1 Mandate of the Expert Panel

Honourable Yvonne Fritz, Minister of Children and Youth Services (ACYS), ordered a review in late May 2011 by an independent expert panel into the circumstances around the May 2010 death of the Child.

Minister Fritz appointed the panel to examine the Ministry's involvement with the Child from the time a case file was opened in mid March 2010 until the date of the Child's death 49 days later. The panel also reviewed the related involvement of both the Alberta Children's Hospital and Calgary Police Services Child Abuse Units.

Minister Fritz tasked the panel with a comprehensive review of the case leading up to the Child's death, with the expectation that the panel would identify lessons to be learned and make recommendations.

1.2 Members of the Panel

Dr. Gayla Rogers (Chair) – Professor & Former Dean, Faculty of Social Work, University of Calgary

David Findlay – Lawyer, Findlay Smith

Eric McDonald – Investigator, Calgary Police Service (retired)

Dr. Brent Scott – Director, Alberta Children's Hospital Research Institute for Child and Maternal Health

Donna Wallace – Director, Public Health Nursing, Alberta Health Services

1.3 Approach Used in the Review

From the start, the panel approached its work as a quality improvement process. There was no attempt to single out an individual for blame regarding the Child's death.

The ACYS opened up its files regarding the Child's death to the panel. The panel reviewed all the documents and notes made by the Child and Family Services Authority (CFSA) Assessor and by the supervisor and manager. This included the intake and investigation file, Calgary Police Service reports, the Alberta Children's Hospital Child Abuse Consultation Report, and the CFSA CEO File Review.

In addition, the panel was provided with and reviewed the following documents: Alberta Children and Youth Overview; Closing the Gap Between Vision and Reality, Final Report of the Alberta Child Intervention Review Panel; Government Response to the Child Intervention System Review; Child Youth and Family Enhancement Act; Protection Against Family Violence Act; materials from the Enhancement Act Policy Manual including samples of a Safety Assessment Record, a Detailed Assessment Record, the Screening Aid for Family Violence, a Casework Practice Model – Diagram, Commentary and Process Maps; information, materials and forms regarding Family Violence, Substance Abuse information and Reporting Deaths of Children.

Finally, the panel reviewed a Critical Incident Report draft document, a review of the case compiled by an internal committee of the ACYS Program Quality and Standards Branch.

1.4 Agencies and Principals Involved

The panel interviewed the professionals involved in the Child's case, who were all cooperative and forthcoming in providing information about their dealings with the Child and the family. The panel strove for an informal atmosphere in these interviews so a frank exchange of information could take place. This was not a legal enquiry, but rather a process focused on system and quality improvement.

The panel thanks all those who participated – it was clear that everyone the panel spoke with was impacted by the Child's death and supported the panel's efforts to understand the situation and learn from it.

For the Calgary and Area Family Services Authority, an operating arm of ACYS:

Assessor
Team Leader / Supervisor
Manager, Multi-Service Team
Manager, Multi-Service Team & Social Services Response Team
Executive Manager
Chief Executive Officer

For the Alberta Children's Hospital (ACH)

Pediatrician

For the Calgary Police Service (CPS):

Detective
Staff Sergeant
Inspector

SECTION 2: TIMELINE

Timeline of Substantive Events

# of Days	Remarks
August 2003 to November 2009	Calgary and Area Child and Family Services Authority (CFSA) document multiple involvements with the family, for a variety of issues primarily related to domestic violence. The majority of these events occurred prior to the birth of "the Child" when that family consisted of two biological parents and three biological children. These parents were not living together at the time of current case situation.
February 2009	The Child is born and is the biological offspring of the primary Parent and a parent unrelated to the other children. The primary Parent has day-to-day care of the Child and the other parent is not in the home.
1 Early March 2010	The primary Parent takes the young Child to the community-based family physician, as the Child is "fussy". Medication is prescribed for an ear infection. No contact with the CFSA at this time.
2-4	One of the Child's baby-sitters expresses concerns to the primary Parent, as the Child seems to be in pain. The baby-sitter asks the primary Parent to take the Child to the hospital for assessment.
5	The primary Parent takes the Child to Alberta Children's Hospital Emergency (ACH) as the Child continues to be "fussy". One of the Child's lower limbs is found to have been recently broken. The injury is described as a "toddler fracture". Treatment is provided and a follow-up orthopedic appointment is set for eight days later. No contact with the CFSA at this time.
13	The primary Parent takes the Child to the ACH for the follow-up appointment with an Orthopedic surgeon. At this time, the other of the Child's lower limbs is found to have been recently broken. No contact with the CFSA at this time.

First day of CFSA involvement in this matter	A baby-sitter of the child contacts the CFSA Social Services Response Team (SSRT) and expresses a concern regarding the un-explained broken bones. The historical CFSA file on the family is reviewed at this time and the case is sent to the CFSA Multi-Service Team for assessment.
14	After reviewing the information, the CFSA Team Leader / Supervisor assigns this referral to the CFSA Assessor as an emergency investigation. The CFSA Assessor conducts an interview with one of the Child's siblings at a school, and makes a home visit to interview another of the Child's siblings and the primary Parent. The CFSA Assessor then makes a visit to the home of another caregiver to the Child, in the company of the primary Parent, one of the Child's siblings and the Child, to observe interactions. The CFSA Assessor develops a safety plan to restrict the Child's caregivers to be adults only.
15	The CFSA Assessor attends a previously scheduled family physician medical appointment with the primary Parent and the Child. Following this appointment, the CSFA Assessor speaks with the S/Sgt of the CPS Child Abuse Unit. No CPS investigation is initiated at this time, absent a complaint of inflicted injury.
20-21	Attempts are made by the CFSA Assessor to have the Child examined by an ACH Pediatric Child Abuse specialist.
22	The CFSA Assessor speaks with an ACH Orthopedic surgeon who then makes a referral to the ACH Pediatric Child Abuse specialist. A follow up appointment is set for six days later.
28	The primary Parent and the Child attend an appointment with an ACH Pediatric Child Abuse specialist and at this time the specialist takes a family history from the primary Parent and orders a full skeletal examination and blood work for the Child. Following the appointment, the Pediatric Child Abuse specialist speaks with the CFSA Assessor by telephone and expresses an opinion that police should also be involved in the investigation of the matter. Following this, the CFSA Assessor contacts the S/Sgt of the CPS Child Abuse Unit and a Detective is assigned to the case.

38	The ACH Pediatric Child Abuse specialist receives the skeletal examination results.
42	The ACH Pediatric Child Abuse specialist contacts the CFSA and advises that the Child was found to have two newly identified broken bones on upper limbs, describing these injuries as “dated”. Following this, the CFSA Assessor meets with the CFSA Team Leader and the Multi-Service Team Manager. The CFSA Assessor contacts the primary Parent. The CFSA Assessor also contacts the CPS Child Abuse Unit Detective and discusses the case.
43	The CFSA Assessor meets with the primary Parent to discuss modifications to the safety plan for the care of the Child, requiring the primary Parent to be the sole caregiver.
45	With the CFSA Assessor observing, the CPS Child Abuse Unit Detective conducts interviews with two of the Child’s siblings and the primary Parent.
48	The CFSA Assessor, the CPS Detective and the Pediatric Child Abuse specialist meet for a Child Abuse Case Conference regarding the Child.
49-58	The CFSA Assessor has three telephone contacts with the primary Parent.
61	The Child, while in the care of the primary Parent and an acquaintance of the primary Parent, is taken to ACH Emergency by ambulance and pronounced dead at 4:41 a.m.

SECTION 3: RECOMMENDATIONS

The expert panel stresses that the following recommendations are offered in a quality improvement context. They are intended to stimulate changes in inter-system and inter-agency collaboration, case management practice, and organizational culture, ideally leading to a reduction of critical incidents.

Furthermore, the panel charges the Ministry with development of a two-year detailed action plan for implementation of these recommendations, including quarterly reports reviewing targets, progress, accomplishments, barriers, evaluation and next steps.

3.1 Inter-System Collaboration

In complex cases such as this, there needs to be an ability to make direct referrals between agencies and to have a high level of cooperation and collaboration among systems. Processes of how to work together effectively must be streamlined and made clear to the workers in the agencies and systems involved.

The panel recommends:

1. **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.**

For inter-agency work to be effective, relationships among workers are critical. This could include co-location of interdisciplinary teams, shared quality improvement activities, interdisciplinary continuing education, and critical incident reviews. With staff changing frequently, it is difficult to forge a trusting relationship among agency personnel. Joint training sessions between agencies may be useful to bring interdisciplinary workers together for particular topics and to build relationships and enhanced understanding of each other's roles. For example, FOIPP training can be provided in sessions with CFSA, health, educators and police workers together, so questions can be clarified and all agencies and systems are hearing the same information.

The panel supports initiatives currently in the planning and implementation stages under way in Calgary that will result in a more direct working relationship among the agencies and systems that have the same goal of protecting children at-risk. These include plans to co-locate CFSA workers and supervisors with CPS child abuse investigators in the very near future; the building of a co-location Child Abuse investigation centre (planning stage); as well as AVIRT (Alberta Vulnerable Infant Response Team), which has just started taking cases in June 2011.

For inter-system collaboration to be effective at the local level it needs to have a provincial framework, complete with funding and enabling legislation and strong leadership, to break down silos, bridge the gaps and remove the barriers of working together within government to put children first.

The panel recommends:

2. **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.**

3.2 A Critical Incident Review Process External to Children and Youth Services

Critical incident reviews should lead to process change and systems improvement. Enabling legislation is required to make this work effectively.

The panel recommends:

3. **ACYS adopt a critical incident review process conducted by an independent panel of experts.**

This would be a change from the current practice where personnel from within the Ministry do such reviews. The panel believes there is a higher likelihood that outcomes of such reviews will lead to tangible change especially if there is a reporting requirement for implementing recommendations.

Reviews should include examining inter-system processes and interface; not be limited to process compliance, CFSA file notes and CFSA experience in isolation of the collaborating systems.

This requires enabling legislation, and therefore:

The panel recommends:

4. **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.**

A combination of independent expert review (transparency) and enabling legislation (quality improvement review) will enable staff from involved agencies and systems to speak frankly and without fear of system reprisal or litigation, about issues, shortcomings and challenges in the current practice environment. Then suggested changes to policies, practices and procedures

can be implemented to improve the quality of service and enhance the safety of children.

The reviews could be done by uniquely constituted panels (like this one) or could be completed under the auspices of a provincial Quality Assurance Council. This would comprise key internal and external experts from all sectors, including the Ministry, Alberta Health Services, Police, Justice, Academia, and possibly a consumer.

The committee's roles could include:

- Review of ACYS files where child safety concerns have been identified or when critical adverse events occur.
- Forward recommendations for implementation to the respective regional operation.
- Oversee the implementation of the accepted recommendations (quarterly reports back from accountable parties).
- Promote a culture where staff feel safe to report and discuss client safety.
- Develop strategies designed to facilitate learning from critical incidents.

A "Section 9" process should also be in place for inter-system quality improvement reviews conducted within the Children and Youth Services system. Section 9 legislation is designed to provide a confidential venue for investigation of critical incidents, whereby a review of structures, procedures and outcomes is conducted to determine if system factors have contributed to the adverse outcome.

The process is not designed to evaluate individual competence or performance. Recommendations for system improvement are made, along with who will be accountable for action on the recommendations. As this is about system effectiveness, individual conversations are not made public – they are protected by Section 9. Instead, the full recommendations are given first to the accountable agencies and then they become public when the investigation is completed.

Without this enabling legislation it will remain challenging to manage the information gleaned from such reviews in a way that promotes a culture of learning for individuals and the organizations involved that is reflective of the spirit of quality improvement.

The legislation will enable a responsible and productive quality improvement process involving various systems and disciplines, including but not limited to, Alberta Children and Youth Services, Alberta Health Services, and Solicitor General and Public Security—and all but the final recommendations should remain privileged.

3.3 Complex Cases Require More Consultation

All individuals who were interviewed by the Panel prefaced their remarks by saying that this was a very complex and challenging case.

The panel recommends:

5. **ACYS institute a formal protocol and process when a case is considered 'complex and challenging'.**

This could mean more frequent and closer supervision and consultation, enhanced critical thinking, more discussion with the professionals from the other systems including inter-disciplinary consultation and conferencing, and more monitoring generally. It is recognized that risk assessment and safety planning are done within dynamic situations; therefore, the plans should be re-evaluated at more frequent intervals.

The system is designed to have Supervisors and Managers who support the Assessor and oversee their work, and either back up their decisions or to over-ride them. Supervisors in turn have Managers to do the same. The Casework Practice Model has the checks and balances embedded in its approach. This recommendation suggests a further step in complex cases along with the necessary training for its effective execution.

Child intervention investigation and case management is challenging work, dealing with emotionally charged and fluid relationship-based situations that can be challenging to the critical thinking process. Actuarial or narrative risk assessment tools are available, and are designed to identify the case specific critical issues and help the user see the broader picture and react most appropriately when safety planning.

The panel recommends:

6. **ACYS takes 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 case practice model**.

The effective use of such tools offers a further check and balance strategy to support critical thinking and decision making for Assessors, Team Leaders and Managers.

3.4 The Child Abuse Case Conference: Clear Outcomes and Accountabilities

The panel believes it is important and necessary that each participant of a Child Abuse Case Conference, representing their respective discipline and system, has a professional responsibility to contribute to the recommendations for the child's safety.

The panel recommends:

7. **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.**

The panel recommends two people from CFSA, the Assessor and an experienced leader, (manager-level) should attend the Child Abuse Case Conference. The CFSA Manager should chair the conference and have the accountability to clarify objectives for the meeting at the outset, to document agreed upon next steps, and to ensure that all the professionals participating in the case conference receive the written summary document.

Proposed terms of reference for the Child Abuse Case Conference include:

a) A collective responsibility for clearly stating that the mechanism of injury is either reasonably explained, non-accidental/inflicted, or suspicious of abuse;
b) If the injury is inflicted or abuse is suspected, identify the individuals, situations and factors that are perceived to be contributing to the risk profile and critically assess the risk as low, moderate or high;
c) Indicate whether a police investigation is required, or is already underway;
d) Critically review key elements of the CFSA safety plan to determine whether it is perceived to be sufficient.
e) A written summary of the case conference discussion including all decisions, areas of agreement, diverging opinions, next steps and accountabilities are provided to each participant.
f) The written summary of the case conference is provided to and critically discussed with the supervisors of each participating discipline and system.

The panel understands this case conference can be held despite the perceived limitations of *Freedom of Information and Protection of Privacy Act* (FOIPP). There should be no reason for FOIPP or Health Information Act issues to be a barrier to information sharing. All participating professionals must have the information they need to make the best decision for the safety of the child. It may be that education about FOIPP and other like legislations needs to take place within and among the participating systems.

3.5 Electronic Case File Management

With the current case file reporting system, it would be difficult for anyone, including an Assessor, to quickly absorb and assimilate the previous investigation history. For those who have access to the file as it unfolds or for those reviewing the file after the fact, the structure of the electronic forms,

when printed, make them difficult to comprehend. The safety plans are an example. These should be easy to write and to read. In addition to supporting a clear picture of the family and the work that had been previously done, it would also support the Supervisors and Managers when assessing files.

The panel recommends:

8. **ACYS develop and implement a functional electronic file system instead of a combination of handwriting and typing, including forms that are easy to read.**

It might be designed in such a way that cases could not be closed or moved to another level unless certain critical decisions or actions had taken place; or, an indicator might appear if delays were occurring to remind and inform the Assessor, Case Worker, Team Leader / Supervisor and Manager. A summary sheet should also be included in the file for each intervention so Assessors and Team Leaders / Supervisors can easily review a chart with multiple interactions when an emergency investigation is required. This would start a new investigation with a clear understanding of past history.

3.6 Sustaining a Continuous Learning Environment

The panel recommends:

9. **ACYS incorporate learning from adverse events and critical incidents through subsequent process and practice reviews, program evaluations and redesign as needed.**

A variety of mechanisms can be adapted and utilized to create learning within the organization: team debriefings, case reviews, case studies, grand rounds, and other quality improvement exercises intended to adapt practices for continuous improvement in the areas of investigation, risk assessment, safety planning and collaboration.

A critical incident could be turned into a teachable moment with the right internal processes, critical incident reviews, and organizational culture. A new mechanism to incorporate ongoing learning should be embedded into the day-to-day practice and culture of the organization. This will result in improved processes, practices, and relationships between systems and ultimately the safety of children.

The stark reality of intervening in the lives of children and families with complex circumstances and challenging situations is that tragedies occur despite the best of intentions. Such tragedies impact the entire system – from the front line at the local office to senior leaders at the regional and provincial levels. This was evident to the panel as we conducted our review.

Critical incidents and tragic events can cause trauma, stress and strain at the individual level as well as affect the health and functioning of the unit.

The panel recommends:

10. **ACYS implement a critical response protocol for staff when a tragic event occurs.**

3.7 The Alberta Child Intervention Review Panel Report of June 2010

The panel identified some themes similar to those of the Alberta Child Intervention Review Panel Report of June 2010. The key findings from that report relevant to this review are related to quality assurance and capacity to change.

The panel recommends:

11. **Action on the recommendations of the 2010 review of the child intervention system continue to progress.**

GOVERNMENT RESPONSE TO THE CHILD INTERVENTION SYSTEM REVIEW

October 2010

Closing the Gap Between Vision and Reality: *Strengthening Accountability, Adaptability and Continuous Improvement in Alberta's Child Intervention System*

Government of Alberta

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Children and Youth Services, October 2010.

[Introduction]

In July 2009, the Ministry of Children and Youth Services announced an external review of Alberta's child intervention system to find strengths in the current system, identify leading practices from other jurisdictions and suggest ways the system may be enhanced to better support at-risk children, youth and families.

The review was conducted by a panel that included specialists in the fields of child intervention, health, mental health, justice and services to Aboriginal people. The panel's report, *Closing the Gap Between Vision and Reality: Strengthening Accountability, Adaptability and Continuous Improvement in Alberta's Child Intervention System* confirmed that Alberta's stakeholders believe the vision to provide proactive services that strengthen families and communities is the right one.

In Alberta, the nature of child intervention supports and services has continued to evolve over the years. The rate and effects of population growth and shifting demographics in the province – combined with societal issues such as poverty, gang activity, addictions, and family violence – make it necessary to confirm that Alberta's child intervention system is keeping pace and responding effectively to the needs of the province's children and families.

The report from the panel confirms Alberta's stakeholders believe the vision to provide proactive services that strengthen families and communities is the right one. *– CIS Review Panel 2010*

The delivery of child intervention services is complex and challenging. There have been numerous changes to legislation, systems, policies and procedures in the past several years that have moved the child intervention system toward achieving better outcomes. As the panel points out, "The stakeholders that we heard from believe that the vision for the child intervention service in this province is the right one: proactive services that strengthen families and communities, and prevent crises in the lives of children." Furthermore, the panel goes on to say that their objective was "not to remake the child intervention service in Alberta. Indeed, quite the opposite is true – building from the current base and providing stability for the dedicated people providing services is very important."

Improvements need to be made to enhance the Ministry's capacity to implement change and follow through on the vision of providing proactive services that strengthen families and communities. This response charts a clear path that will, as the panel's report title suggests, "close the gap between vision and reality."

The recommendations were evaluated using four criteria:

- Will implementation result in improved service delivery and make a meaningful difference to children and youth?
- Will implementation result in planned and incremental improvements that support staff to remain focused on the top priority of achieving safety and well-being for children and youth?
- Will implementation result in the effective allocation of resources that will directly impact outcomes for children and youth?
- Will implementation strengthen community and stakeholder confidence in the system?

Based on these criteria, 10 recommendations directed at improving service delivery and outcomes for children and youth have been accepted, and will form the foundation for improvements to Alberta's child intervention system.

After carefully considering the four criteria listed above, and the findings of previous Alberta reviews, government has decided not to proceed with the remaining four recommendations.

Substantive change takes time and does not happen overnight.

Government will use the findings of the panel to guide its implementation of the accepted recommendations and, in several cases, will take the work beyond the panel's recommendation. Many of the recommendations made by the panel support work already in progress, including new strategies for quality assurance and human resources, and ongoing implementation of outcomes-based performance management. The panel acknowledged in its report that substantive change takes time and does not happen overnight. The Ministry must ensure the accepted recommendations are implemented using a thoughtful, planned and measured approach that includes involvement and input from our partners and stakeholders.

The recommendations of the panel, and corresponding government responses, are organized according to four themes:

- Services for Aboriginal Albertans
- Quality Assurance
- Capacity to Implement Change
- Governance

We believe that taking action in these four areas will move the child intervention system in a positive direction toward achieving better outcomes for children and families.

Area of Focus	Recommendation	Response
Services for Aboriginal Albertans	1. 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.	Accept
	2. Establish an ongoing, formal, tripartite process to collaboratively address inequity for First Nations people in the child intervention system.	Accept
	3. Enhance capacity for Aboriginal-led agencies to provide services for Aboriginal people in off-reserve communities. As capacity is built over time, enable Aboriginal-led agencies to provide a greater range of child intervention services to Aboriginal children and families off-reserve.	Accept
	4. Establish an off-reserve Aboriginal service delivery stream to provide child protection, investigations and case management for Aboriginal children and families.	Do not Accept
Quality assurance	5. All child intervention services delivered to children and families by government or on behalf of government should be accredited.	Accept
	6. Continue to develop and implement a clear, efficient process for escalating and tracking serious incidents within the Ministry, DFNAs, and contracted agencies.	Accept
	7. Clarify the role of the Child and Youth Advocate to focus on individual advocacy and not system-level advice.	Do not Accept
	8. Establish a provincial Child and Family Service Quality Council with a mandate to systematically assess service quality and report findings publicly.	Accept
Capacity to implement change	9. Develop and resource a change strategy that aligns and guides implementation of the various child intervention improvement initiatives.	Accept
	10. Develop and implement a human resource strategy that addresses capacity, qualification and competencies at all levels of the system.	Accept
	11. Continue the shift toward an outcomes-based performance management system.	Accept
	12. Seek a mandate to establish a shared approach and infrastructure to better support vulnerable children and families in Alberta.	Accept
Governance	13. Establish a clear line of accountability for local child intervention service under Regional Directors who report to the Provincial Director.	Do not Accept
	14. Transition CFSA Boards to become Child and Family Services Advisory Councils focused on providing input to the Ministry on behalf of communities.	Do not Accept

[Services for Aboriginal Albertans]

CULTURALLY-APPROPRIATE AND INCLUSIVE

OVERVIEW

The panel addressed the many complex issues facing Aboriginal children, youth and their families throughout the report. Although Aboriginal children and youth comprise nine per cent of the Alberta child population, they make up 64 per cent of all children in care. The findings of the panel illustrate issues that go beyond the overrepresentation of Aboriginal children in the system.

Change is needed to support Aboriginal people in having a stronger voice in developing and implementing Aboriginal child intervention services.

The panel points out that Aboriginal child welfare is a complex issue that is linked to broader historical, social and economic issues. As such, the Ministry must work in active partnership with stakeholders (including Aboriginal leaders; organizations and communities; Indian and Northern Affairs Canada; and other Government of Alberta ministries) to strengthen relationships, improve collaboration and support capacity building to address the root causes of Aboriginal children coming into care.

The panel recommends changes that will give Aboriginal people more responsibility and authority over child intervention services for Aboriginal children and families, in order for these services to be more responsive to the needs of Aboriginal Albertans.

The Ministry supports the underlying principle of the panel's recommendations in this area – change is needed to support Aboriginal people in having a stronger voice in developing and implementing Aboriginal child intervention services. We must find new and better ways to support and work with Aboriginal children, families and communities; and to build trusting, positive relationships that will help improve outcomes.

Recommendation 1

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.

What This Means

The goal of this recommendation is to ensure there is a dedicated and committed focus on improving the capacity of the system to respond to the needs of Aboriginal children and families. The panel notes that this level of executive oversight would assist in following through on other recommendations related to improving service delivery to Aboriginal Albertans.

Government Response – ACCEPT
Children and Youth Services agrees with the need for senior level Aboriginal leadership at the Assistant Deputy Minister level within the Ministry. The Ministry believes that leadership is also required at other levels internal to the Ministry and within the Aboriginal stakeholder community, and that all Ministry programs will benefit from an enhanced focus on improving services to Aboriginal children, youth and families.

Next Steps
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.

Recommendation 2

Establish an ongoing, formal, tripartite process to collaboratively address inequity for First Nations people in the child intervention system.

What This Means
Currently, Children and Youth Services has agreements with 18 Delegated First Nation Agencies (DFNAs) to provide child intervention services on 103 of the 133 reserves in the province. The DFNAs receive federal funding through Indian and Northern Affairs Canada (INAC). This arrangement requires DFNAs to be accountable to the Minister of Children and Youth Services for delivering quality intervention services to children, youth and families, and also accountable to INAC for the appropriate use of the funding received to provide these services.

The panel identified challenges with the current funding and oversight structure that puts First Nations communities and DFNAs in a situation where jurisdictional issues may hamper their ability to provide effective supports and services.

The panel's recommended solution to these challenges is to establish a forum, formalized by a tripartite agreement, to facilitate collaboration by the federal government, Government of Alberta and First Nations to develop solutions to identified issues.

Government Response - ACCEPT
Children and Youth Services agrees that clarification of the roles, responsibilities, and accountabilities of First Nations, INAC and the Ministry will lead to improved outcomes for First Nations children and families involved with child intervention services.

Next Steps
Children and Youth Services has initiated the process to negotiate a tripartite Memorandum of Understanding (MOU) to clearly define the goals, principles and process to strengthen collaboration.

Discussions between Chairs of DFNAs, Co-Chairs of Child and Family Services Authorities (CFSAs), and representatives of First Nation bands served by CFSAs to assist in building relationships and working together on the common goal to improve outcomes for children, youth and families have also begun.

Recommendation 3

Enhance capacity for Aboriginal-led agencies to provide services for Aboriginal people in off-reserve communities. As capacity is built over time, enable Aboriginal-led agencies to provide a greater range of child intervention services to Aboriginal children and families off-reserve.

What This Means

Many of the services and supports offered to children and families involved in the child intervention system are delivered through contracted service agencies in communities. The panel recommends developing Aboriginal-led service agencies as an approach to supporting culturally appropriate and effective service delivery.

The panel acknowledges that this recommendation cannot be realized immediately and that enhancing capacity of the system and Aboriginal service providers should be considered as an incremental strategy over time.

Government Response - ACCEPT

Children and Youth Services recognizes that off-reserve service delivery must be a priority, as the majority of Aboriginal children in care are living and receiving services off-reserve.

The Ministry acknowledges the need to increase the involvement of Aboriginal organizations and communities in determining service delivery approaches. A collaborative approach begins with a sound and transparent process for engaging Aboriginal service agencies and off-reserve Aboriginal communities.

Next Steps

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-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 Métis Settlements CFSA and its partnership with the Métis Nation of Alberta to examine how to expand services to Métis children and families who are not affiliated with a specific settlement and/or who do not live on a settlement.

Recommendation 4

Establish an off-reserve Aboriginal service delivery stream to provide child protection, investigations and case management for Aboriginal children and families.

What This Means

The panel suggests that Children and Youth Services work toward the establishment of a separate Aboriginal service delivery system. This recommendation suggests that a dedicated service delivery structure is the best way to accomplish better outcomes for Aboriginal children. The panel identifies that this recommendation is closely linked to Recommendation 3. The panel acknowledges a move in this direction would need to be carefully planned and executed incrementally over time.

Government Response – DO NOT ACCEPT

An Inaugural Meeting, Gathering Today for Our Aboriginal Children's Future, *was held on June 17, 2010 between Chairs of DFNAs, Co-Chairs of CFSAs, and representatives of First Nation organizations served by CFSAs. Important conversations regarding the self-determination of services and resources for Aboriginal children and youth in Alberta took place.*

The clear message was that the province must work as partners with Aboriginal communities. It is critical that the Aboriginal leaders, families and communities in Alberta be involved with developing the right service delivery model to empower Aboriginal families when caring for their at-risk children and youth.

Next Steps

Enhancing the capacity of Aboriginal communities to care for their children is the preferred approach. The implementation of Recommendations 1- 3 will build bridges with the Aboriginal community to create trust and dialogue to ensure the best interests of Aboriginal children are put forward at both the DFNA and CFSA level.

[Quality Assurance]

IMPORTANCE OF QUALITY ASSURANCE PROCESSES

OVERVIEW

The panel highlights the need for solid quality assurance processes to "generate information that helps ensure and demonstrate accountability, provide flexibility for professionals to adapt their practices to specific circumstances, and elicit lessons learned that support continuous improvement." The panel notes that Children and Youth Services "has made significant investments in quality assurance mechanisms, but a more unified, purposeful approach to optimizing and aligning these efforts is required to move forward." Specifically they suggest developing other components critical to a solid quality assurance process, including:

- more specific external oversight for the purpose of public accountability
- child and family input into service evaluation and improvement
- systematic case reviews
- a process for identifying and tracking emerging trends

The Ministry "has made significant investments in quality assurance mechanisms, but a more unified, purposeful approach … is required to move forward." *– CIS Review Panel 2010*

Recommendation 5

All child intervention services delivered to children and families by government or on behalf of government should be accredited.

What This Means

Currently, service delivery agencies contracted to provide child intervention services are required to be accredited by an external accrediting body approved by Children and Youth Services. Accreditation is intended to enhance quality assurance by creating a regular cycle of review of service delivery that includes a focus on client experience, effective processes and client outcomes.

The panel recommends expanding this expectation to CFSAs and DFNAs. This recommendation is to ensure common standards for service delivery are in place across the system and that a mechanism is in place for external assessment of performance related to those standards.

Government Response - ACCEPT

Children and Youth Services accepts the need for a standardized process to maintain service quality. Accreditation that provides an independent assessment of CFSAs and DFNAs based on leading practice is one identified mechanism to meet that need, however there may be other processes or models that could be considered.

Next Steps
As the panel acknowledges, there is a need for further assessment of the process for implementing accreditation to the degree suggested. This assessment will consider the impact of this recommendation on DFNA agreements, alignment with existing legislative requirements, and policy and resource implications.

Recommendation 6

Continue to develop and implement a clear, efficient process for escalating and tracking serious incidents within the Ministry, Delegated First Nation Agencies, and contracted agencies.

What This Means
This recommendation suggests that more rigour be developed around current processes for tracking of critical incidents that occur when working with children and families, including a clear definition of the criteria and requirements for reporting. The panel notes that a solid quality assurance process includes the ability of the system to track patterns or trends, serious incidents and issues emerging from multiple cases.

The panel's report acknowledges that, while the review was underway, the Ministry made "considerable progress" in establishing a "more rigorous process by which serious incidents are escalated and senior leaders are provided with information and advice to address them."

Government Response - ACCEPT
Children and Youth Services accepts the need to build upon and refine existing processes for escalating and tracking serious incidents.

Next Steps
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.

Recommendation 7

Clarify the role of the Child and Youth Advocate to focus on individual advocacy and not system-level advice.

What This Means
The panel's recommendation suggests that the current role of the Child and Youth Advocate be adapted to focus only on case-specific advocacy and not on the identification of systemic issues.

The panel indicates that the Office of the Child and Youth Advocate is well positioned to support youth in individual advocacy, complaint resolution and legal support; but that the Advocate's current internal reporting relationship to the Ministry limits the office's ability to provide independent external oversight or advice.

Government Response – DO NOT ACCEPT
Children and Youth Services values the current role of the Child and Youth Advocate. Feedback from children and youth, obtained through their contact and relationship with the Advocate, can point to systemic issues. This feedback is used along with other quality assurance processes to identify trends, inform practice, and suggest improvements to services for children and youth.

The Review of Child and Youth Advocacy in Alberta *(2009) supported the systemic advocacy function of the Child and Youth Advocate and recommended this role be strengthened.*

Next Steps
Continue to work closely with the Child and Youth Advocate on individual advocacy and providing feedback on systemic issues.

The focus will be on implementing Recommendation 8 and considering the input from the Child and Youth Advocate in developing and implementing our response.

Recommendation 8

Establish a provincial Child and Family Service Quality Council with a mandate to systematically assess service quality and report findings publicly.

What This Means
The panel notes that Children and Youth Services currently does not have adequate external oversight and public reporting on service delivery, which has led to a lack of transparency. The panel indicates that, in addition to strengthening accountability, external oversight can "promote greater public confidence and a better public understanding of child intervention."

Government Response - ACCEPT
Children and Youth Services accepts the panel's recommendation to establish an external review panel that will regularly and systemically review service quality and report findings publicly. An external panel will assist in the ongoing assessment of service delivery and ensure an appropriate level of transparency that will help Albertans to be confident the Ministry is making progress toward improving outcomes for children and families.

Next Steps
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.

[Capacity to Implement Change]

CHANGE MANAGEMENT THAT IS EFFECTIVE

OVERVIEW

For change to succeed, three key components are needed: good ideas, the will to change and strong execution of plans. The panel observes that, in Alberta, "ideas for how to improve child intervention services are clearly present, and decision makers have demonstrated the will to make big changes in line with a vision to transform the system in the best interests of children. However, capacity to implement intended changes has been a key issue over the past several years."

While the panel's report affirms that Alberta has the right vision for improved services to children and families, this vision has not been fully realized. The panel encourages the Ministry to take a staged, planned and purposeful approach to implementing future changes to the system.

> **"…Decision makers have demonstrated the will to make big changes with a vision to transform the system in the best interests of children."** *– CIS Review Panel 2010*

Although the panel references 'change fatigue' in an evolving system, the desired state is not an organization that never experiences change; but an organization that evolves in a planned versus reactive manner where the need for changes and improvements are well understood and embraced by those impacted.

Recommendation 9

Develop and resource a change strategy that aligns and guides implementation of the various child intervention improvement initiatives.

What This Means

The panel recommends that dedicated attention and resources be committed to change management concepts and methodology to support organizational shifts and improvement initiatives. The panel notes that, over the past 10 years, Ministry staff have faced numerous alterations to legislation, systems, policies and procedures. While these changes have been made in an attempt to move the child intervention system toward better outcomes for children and families, the process for implementing change has not always been fully executed.

The panel states that there is a "need for a disciplined approach and supporting infrastructure" and elaborates that "given the scale of changes that have occurred and those that will be required in the future, this approach to change should be iterative and flexible to adapt to a continually shifting environment."

Government Response – ACCEPT
It is important to effectively implement change management solutions that have been created by senior leadership, frontline workers and other key stakeholders. It is also essential that the change strategy be communicated clearly so that all partners understand the improvement initiatives that will be undertaken; the rationale behind these initiatives; the approach that will be implemented to ensure success; and how progress is measured and reported.

Next Steps
Children and Youth Services agrees 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.

Recommendation 10

Develop and implement a human resource strategy that addresses capacity, qualification and competencies at all levels of the system.

What This Means
The panel notes that child intervention work is demanding and complex, and requires a highly skilled and well trained workforce. The panel suggests that Children and Youth Services requires a more intentional approach to managing and supporting human resource processes; including qualifications, training and professional development, recruitment and retention, and staff management.

Government Response – ACCEPT
Children and Youth Services agrees that engaged, knowledgeable, skilled, and competent staff are essential to effectively managing complex social issues and the child intervention systems that are intended to respond to these issues. The Ministry does support frontline staff who work with children and families, ensure they are supportively supervised, well trained, and able to respond effectively to diverse client needs.

Next Steps
The Ministry will review existing human resource strategies and identify areas to promote integration, expand the number of Aboriginal staff, and reinforce the organizational commitment to implementing leading practice strategies. We will be engaging staff in developing plans and strategies that are focused on supporting their success.

All staff performing casework activity will receive cultural training and will continue to receive the requisite training (delegation training) that supplements formal education and ensures role specific competencies are developed.

The Ministry will also continue to work with post-secondary institutions that offer the Bachelor of Social Work, or comparable programs, to ensure the curriculum reflects the competencies required for child intervention work.

Recommendation 11

Continue the shift toward an outcomes-based performance management system.

What This Means
The panel recommends the Ministry continue to work toward a model that evaluates services based on the achievement of positive child and family outcomes, such as working with families to enhance their skills and capacities so they can keep their children at home; maintaining cultural connections for Aboriginal children; and finding permanent homes for children in care who cannot be reunited with their families.

Government Response - ACCEPT
Children and Youth Services is currently implementing an initiative that uses an Outcomes-Based Service Delivery model to fund, assess and report on the performance of agency and Ministry service delivery. The Ministry believes that improving outcomes for children and families should always be the main priority. Moving toward an outcomes-based performance system will also help ensure the right information is available to guide improvements to the system.

Children and Youth Services is working collaboratively toward streamlining the types of measurement and reporting that happens in both the Ministry and service delivery agencies so that clear and consistent information is more readily available about outcomes for children and families served by the Ministry.

Next Steps
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.

Recommendation 12

Seek a mandate to establish a shared approach and infrastructure to better support vulnerable children and families in Alberta.

What This Means
Children and families who are involved with child intervention have issues that are multifaceted and often require solutions that involve a number of government and community based services. These services should not be developed in isolation; rather, they must be integrated to create seamless services and supports to children and families. The panel recommends a formal mandate from the Premier to "establish a unifying initiative across the Government of Alberta that will better integrate mandates, policy, resources and infrastructure that support children and families."

Government Response – ACCEPT
Issues related to child intervention need to be viewed in a broader societal context. Children and Youth Services will strengthen working relationships with other ministries and service providers to help achieve the best possible outcomes for children and families. This type of client-centred, outcomes-based collaboration is consistent with the current direction in the Premier's mandate letters to all ministries.

Next Steps

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.*

[Governance]

CLARIFYING OUR GOVERNANANCE STRUCTURES

OVERVIEW

The panel's governance recommendations suggest the need to establish clearer lines of reporting and responsibility for child intervention, while elevating the input and advice of the community about how best to deliver services. While the panel's recommendations support a centralized model of delivery for Alberta, the panel concedes that a decentralized model or regional service delivery model would also work. Opinions vary about the advantages and disadvantages of the two service delivery models. The critical consideration for the Ministry in its governance approach is whether the chosen model best supports positive outcomes for children, youth and families.

> **"The best interests of children in the system cannot be determined or acted upon without the involvement of the communities in which they live and other stakeholders who deliver services."** *– CIS Review Panel 2010*

The role of CFSAs and DFNAs is to leverage the unique relationships that exist from one area of the province to the next. Regionalization supports service delivery that can be more inclusive and innovative, built upon community engagement and involvement. The panel noted "The best interests of children in the system cannot be determined or acted upon without the involvement of the communities in which they live and other stakeholders who deliver services." When there is clarity and understanding related to roles and accountabilities, a regional service delivery system that is closer to the system users can be more adaptable, flexible and able to respond to the specific and evolving needs of communities. In this model of service delivery, the role of the Ministry becomes one of establishing and maintaining quality assurance, legislation and policy oversight and supporting practice.

Recommendation 13

Establish a clear line of accountability for local child intervention service under Regional Directors who report to the Provincial Director.

What This Means

The panel recommends that the current position of CFSA Chief Executive Officer (CEO) be redefined as Regional Directors responsible to the Provincial Director – a function responsible for the administration of the Child, Youth and Family Enhancement Act *and child intervention practice in general. The panel indicates this model would result in better clarity of decision making and accountability; however also conceded they did not seek a legal opinion as it relates to the legislative implications of this recommendation.*

Government Response – DO NOT ACCEPT
Children and Youth Services agrees that there is a need to enhance the clarity of roles and accountabilities for local child intervention services, but does not believe that the redefinition of the CFSA CEO into a Regional Director will provide that clarity. Consistency with regulatory obligations is best achieved though clearly defining expected outcomes, and enhancing quality assurance processes and transparency.

The panel acknowledges that this recommendation does not consider the current program oversight and administrative responsibilities of the CEO that extend well beyond child intervention services. The qualifications and capacity to perform either a CFSA CEO role or a Regional Director role are significantly different. The current skills and competencies for CEOs are not necessarily the same as those required for child intervention case-level decision making.

Next Steps
The Ministry will review the current decision-making and accountability structure for regional child intervention services and implement changes to increase the decision making capacity for front-line staff, and improve the clarity of roles and accountabilities at all levels within the child intervention system.

Recommendation 14

Transition Child and Family Services Authority Boards to become Child and Family Services Advisory Councils focused on providing input to the Ministry on behalf of communities.

What This Means
The panel recommends a move away from the current "hybrid" model by centralizing service delivery and removing responsibility from the CFSA boards. Under the current model, the CEOs report to both a board and the Deputy Minister. The panel indicates this leads to confusion about reporting lines and calls for greater clarity about the board's authority to set policy and make financial and operational decisions. The panel concedes that either model of service delivery (either fully regionalized or fully centralized) can be effective; but that full regionalization would be impractical and challenging to implement.

Government Response – DO NOT ACCEPT
The recent review of board governance (Child and Family Services Authorities Governance Review, *2010) pointed out the merits of a well-functioning community board governance structure and recommended maintaining the current board governance model for overseeing service delivery, suggesting that boards focus on their oversight role generally and on their community engagement role specifically. More important than structure or reporting lines is the commitment to engaging communities to create and deliver supports and services that contribute to improved outcomes for children.*

Next Steps
Children and Youth Services values the role of board governance in ensuring that communities continue to have a voice in the delivery of services, as unique community issues are best addressed when community members are engaged in discussing and developing the solutions. The Assembly of CFSA Co-Chairs' Community Capacity Committee has been asked to identify specific targets for board community engagement.

The Ministry's board recruitment processes will continue to emphasize engaging individuals with established community connections. The Ministry will continue to enhance clarity around board members' roles and responsibilities through annual mandate letters that will outline expectations and targets for the upcoming year.

Kinship Care Review Report

November 2009

Government of Alberta
Children and Youth Services

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1. EXECUTIVE SUMMARY

In February 2009, the Honourable Janis Tarchuk, Minister of Alberta Children and Youth Services, announced that the ministry was undertaking an internal review of Alberta's Kinship Care Program to learn what is working well and what can be improved. At this time, Minister Tarchuk reaffirmed Alberta's commitment to kinship care as a placement option that achieves positive outcomes for many vulnerable children and youth by placing them with extended family or other significant people in the child or youth's life in a safe and nurturing environment.

Kinship care in Alberta is defined as a family home that is approved to care for a specific child because of a family connection or significant relationship to the child. Kinship care is a part of Alberta's approved placement continuum along with foster care, group care and residential care. Kinship care is unique, in that it recognizes the importance of prior relationships between the child, caregiver and community, as well as the child's biological family, and is based on the understanding that these relationships require a unique approach to nurture and sustain.

The proclamation of the *Child, Youth and Family Enhancement Act* (CYFEA) in 2004 legislated for the first time the inclusion of extended family and significant others as one of the first placement options to look at when children need to come into care. As a result, policy was developed and kinship care was formalized as a program. Since that time, the number of children in kinship care homes in our province has increased significantly. In 2005-2006, Alberta had 373 kinship care homes. In the first quarter of 2009-2010, 802 families were providing kinship care (Source: Alberta Children and Youth Services, July 2009). The 2009-2010 Children and Youth Services business plan reaffirms the ministry's commitment to kinship care for Aboriginal children as a viable, permanent family option.

Kinship care is rooted in traditional connectedness between children, caregivers and community and has long been a custom in Aboriginal communities. Kinship care helps ensure children, including Aboriginal children, remain connected to their families and culture. The importance of kinship care as a placement option is significant considering that it is the preferred placement option for Aboriginal people and that 62% of all Albertan children and youth in care are Aboriginal (Source: Alberta Children and Youth Services, July 2009).

This report provides an overview of the kinship care program in Alberta and considers evidence-based leading practice and cross-jurisdictional comparisons, highlighting what is working well and providing recommendations for continued improvement.

Review Process

The Provincial Kinship Care Steering Committee was established to examine evidence based leading practices in relation to current kinship care policy and practices, and provide recommendations for continued improvement.

The Provincial Kinship Care Steering Committee is chaired by Children and Youth Services and is comprised of department staff that practice in the field of kinship care, along with representatives from Child and Family Services Authorities (CFSAs) and Delegated First Nation Agencies (DFNAs).

In addition to examining current policy and practice in kinship care, the committee heard presentations from Children and Youth Services' Research and Innovation Branch. This included information regarding leading practice literature and its relationship to Alberta's current kinship care policy (see Appendix A).

The Research and Innovation Branch also facilitated the involvement of the Alberta Centre for Child, Family and Community Research (ACCFCR), which sponsored Dr. Bruce McLaurin, a recognized kinship care expert, to present his work on kinship care (see Appendix B).

A meeting was held with Jean Lafrance, Associate Professor of the University of Calgary's Faculty of Social Work, and two members of the Creating Hope Society to discuss Alberta's Kinship Care Program and the Society's research in the area of kinship care.

In addition, cross-jurisdictional research was conducted to examine the implementation of kinship care programs in other provinces and territories (see Appendix C).

Review Summary

Overall, the Provincial Kinship Care Steering Committee agreed that Alberta's commitment to kinship care and its current kinship care policies are aligned with leading practice research currently available, and are comparable to other jurisdictions.

Specifically, the committee found that:

- Alberta's policy supports the careful consideration of finding a placement within the child's extended family or significant relationship network when a child or youth is brought into care as required under the CYFE Act;
- The approval process for a kinship care home is designed to confirm the significant relationship between the caregiver and the child and ensure that the home will provide a safe, nurturing and culturally appropriate placement for the child;
- The financial supports provided to kinship caregivers for basic maintenance and respite are the same as those provided to foster caregivers, and
- A child or youth in kinship care is entitled to receive the same services and supports as a child in foster care.

Areas for enhancements to policy and practice are grouped under the following broad themes:

- **Safety and Assessment:** Immediately placing children with family or significant others prior to the final approval of the home is often in the best interests of the child because it provides them with familiarity during a difficult time in their life and helps reduce the need for multiple moves within the system. However, this practice also presents unique challenges regarding initial assessment of the caregiver's ability to keep the child safe and the impact on the caregiver.
- **Supports:** Kinship care is unique because of the existing relationship between the caregiver and the child(ren) placed. Kinship caregivers require placement supports that acknowledge this relationship and address the needs of the children in their care as well as their capacity as caregivers.
- **Training:** Training for kinship caregivers should address the specific needs of the child or children in their care as well as provide tools to assist caregivers with managing the impact of the placement on their immediate and extended family. These needs are unique to kinship placements due to the existing relationships within the family/community.

Summary of Recommendations for Improvement

1. Collaborate with the Solicitor General to develop a provincial process enabling caseworkers to receive a criminal risk assessment of a kinship caregiver within 48 hours of placing a child.
2. Develop policy regarding timely and frequent contact with the kinship care providers and the children placed when placement occurs prior to the completion of full approval activities.
3. Strengthen policy to clarify that the Kinship Care Agreement must be signed within 48 hours of placement to enhance and support the kinship caregivers' understanding of their role and responsibility associated with caring for a child in government care.
4. Enhance policy to include a kinship care support plan that addresses circumstances unique to the kinship care provider's capacity to meet the needs of the children being placed (such as the number and ages of the children).
5. Support kinship caregiver training by modifying the current foster care Orientation to Caregiver Training so that it has enhanced relevancy to issues related to kinship care.

Next Steps

1. As part of its ongoing work, the Provincial Kinship Care Steering Committee will lead the development and implementation of the recommendations for improvement.
2. The Provincial Kinship Care Steering Committee will continue to collaborate with Aboriginal and other stakeholders.
3. The Research and Innovation Branch and the Provincial Kinship Care Steering Committee will continue to work together to gather leading practice information that will inform the continued enhancement and improvement of the kinship care program.

2. KINSHIP CARE IN ALBERTA - RATIONALE

For many generations, it has been relatively common for extended family members and other community members to provide care to children when parents, for a variety of reasons, are unable to do so. However, only in the past decade has the formalization of kinship care become an approved placement option within child welfare systems. In fact, kinship care has become a primary focus for child welfare in most western jurisdictions. The dramatic increase in kinship care can be attributed to the following:

- Recognition of the benefits to the child of maintaining familial contact and cultural connections,
- Preference for family-based care versus residential care facilities when such care is able to meet the needs of the child/youth, and
- Challenges recruiting and retaining foster parents due to changing work roles of women, rising costs for foster parents, increasing expectations on foster parents, and attrition as foster parents' age.

Extended family or people with a significant relationship to a child are often identified as potential caregivers when the decision to bring children into care is made, particularly in Aboriginal communities where there is a long tradition of extended family and community caring for children when their parents cannot.

Research suggests that, overall, children in kinship care experience better outcomes than children in non-kinship care. Compared to children in other placements (such as foster care and group care), children in kinship care are more likely to be placed with their siblings, and have more contact with biological parents and siblings. Furthermore, research suggests that kinship caregivers are more likely to have a personal investment in the well-being and long-term outcomes of children who are related to them. Research evidence also suggests that the early identification of potential kinship care providers and the immediate placement of children can minimize secondary trauma and ensure placement stability. (See Appendix B: Literature Review for summary of research outcomes.)

3. OVERVIEW OF THE KINSHIP CARE PROGRAM

Some parents are unable or unwilling to protect their children from neglect or abuse. In these situations, children and youth are removed from the family home and placed in a safe and secure environment. Kinship care placements are included in the range of placement options for children and youth who come into care.

A kinship care home is defined in Alberta Children and Youth Services' policy as a family home that is approved to care for a specific child because of a family connection or significant relationship to the child. The *Child, Youth, and Family Enhancement Act* supports the placement of a child who is brought into care with extended family, to maintain connection with the child's community, and his/her familial, cultural, social, and religious heritage:

2(i) "any decision concerning the placement outside the child's family should take into account

- *(i) The benefits to the child of a placement within the child's extended family,*
- *(ii) The benefits to the child of a placement that respects the child's familial, cultural, social and religious heritage,*
- *(iii) The benefits to the child of a placement within that child's significant relationship network,*
- *(iv) The benefits to the child of stability and continuity of care and relationships,*
- *(v) The mental, emotional, and physical needs of the child and the child's mental, emotional, and physical stage of development, and*
- *(vi) Whether the proposed placement is suitable for the child."*

Caseworkers have a responsibility to explore a child's extended family to determine if there is a potential caregiver available. While the goal is to reunite children with their parents as soon as it is safe to do so, in situations where children cannot be reunited with family, they may be adopted or the caregiver may pursue private guardianship.

Screening and Approval Process

While Alberta's kinship care homes are exempt from licensing regulations as it is a relationship-based placement, they are required to meet the same standards as homes within the foster care program, which are licensed. The approval process is designed to confirm the significant relationship and to ensure that the home will provide a safe, nurturing and culturally sensitive placement for the child.

Extended family or significant others are often identified when a child comes into care. It is not unusual for children to be placed with extended family at short notice, as a result of an emergent situation. Under these circumstances, children may be placed prior to the completion of all of the approval activities. This has led to two types of approval processes for kinship care homes: approval prior to placement and approval after placement.

1) Approval prior to placement:

Intervention Record Check

Prior to the placement of a child, written consent must be obtained from each adult in the home to complete an Intervention Record Check through the ministry's Child Youth Information Module (CYIM). If the check indicates that an adult caregiver within the home had prior involvement with a child that placed the child at risk, the information is reviewed with the supervisor to assess the current suitability of the caregiver.

Criminal Record Check

Prior to the placement of a child, the kinship care applicants are advised that all adults in the home must provide the results of a Criminal Record Check before the home study begins. Criminal record checks that come back indicating previous convictions are evaluated to determine how the criminal record affects the caregiver's ability to parent. Some applicants may be denied depending on the nature of the conviction; for example, any conviction of a sexual or violent nature against a child would prevent an applicant from being approved.

When evaluating an applicant's criminal record, the caseworker does not rely solely on the applicant's self report but will also request that the applicant provide detailed circumstances of the offence from the police, including:

- a written description of the offence;
- details of the initial charge, any subsequent charges and any plea bargaining; and
- any resulting convictions and sentence.

The caseworker or casework supervisor must consult with the appropriate manager for further evaluation. The evaluation would consider such issues as, the nature of the offences(s) and relevance to the care of the child, the age of the applicant at the time of the offence, length of time since the offence occurred and changes that have occurred in the applicant's life since the time of the offence. The evaluation is focused on determining whether the offence would indicate a risk to a child. The manager makes the final decision, which must be documented on the file.

Safe Environment Assessment for Caregivers

A Safe Environment Assessment for Caregivers must be completed prior to or at the time of the initial placement. The applicant must meet all requirements indicated in a safety checklist, including an adequate and safe physical environment, fire safety, safe storage of medications, firearms, and other weapons. Following approval of the home, the assessment is completed once per year on the anniversary of the approval date.

Application to become a Kinship Care Provider

An application to become a kinship care provider must be completed. As part of the application process, three personal references are required, one of which must be from a non-relative. Two of the three references must be interviewed by phone or in person.

Home Study Report

A home study is a comprehensive evaluation of family functioning and suitability to parent. The home study practitioner gathers and analyses demographic, relational and financial information, and evaluates how family dynamics, applicant history and the physical environment will impact the safety of a child placed in the home. Home studies must be completed by a qualified professional, most often a Registered Social Worker or other professional with relevant education and experience.

Medical Reference

Kinship care applicants must provide a medical report from a physician confirming their capacity to provide care for the child. The report provides a medical opinion concerning the general physical and mental health of the applicant.

Training

Kinship caregivers are required to participate in orientation training as part of the approval process. The Orientation to Foster Caregiver training consists of eight three-hour modules that give an overview of some of the parenting issues they may encounter. While training is not required beyond the orientation training, kinship care providers are encouraged to access foster care training or other training that would further support their ability to care for the child placed in their home. If a child is placed in their care, kinship care providers are reimbursed for costs associated with orientation training, including babysitting and transportation.

Kinship Care Agreement

A Kinship Care Agreement is signed after all the documentation and training is completed and the home has been approved. The agreement outlines the expectations of the kinship caregiver with regard to child management and providing quality care to meet the physical, social, emotional, cultural and spiritual needs of the child.

2) *Approval after Placement*

Every effort must be made to approve a kinship home prior to the placement of a child. However, in emergency situations, for example when a child comes into care in the middle of the night, a placement is needed before the full approval process can be completed. This is done to minimize moves and limit further disruption for the child, during the emotionally difficult time of having to leave the familiarity of parents and the family home.

In these exceptional circumstances, a preliminary check of the caregivers and the home must be completed before or at the time of placement, with the understanding in writing that the placement is conditional until the home is approved.

At minimum, an Intervention Record Check is completed for all adults in the home. If the check indicates prior involvement, the information is reviewed with the casework supervisor and its effects on the applicant's ability to provide care is determined. In addition, each adult in the home must apply for a Criminal Record Check. The applicant has 30 days to submit the completed record check. When an applicant has a criminal record, the same process applies as described on page eight for approval prior to placement.

A Safe Environment Assessment for Caregivers must also be completed before or at the time of placement. Safety requirements are the same as described on page eight. The remaining screening and approval activities noted previously in the *Approval Prior to Placement* section must be completed within 60 working days from the time of initial placement.

Information detailing all exceptional circumstances regarding placement of a child prior to the approval process must be clearly documented, along with manager approval, and placed on the file.

Supports and Services

Supports and services that are available to a child placed in a kinship care home are the same as for a child in a foster care home. Financial compensation supports include:

- Basic Maintenance plus $2.60/ day for respite as follows:

Age Breakdown	As of April 1, 2009
0 - 1	**$21.49**
2 – 5	**$21.85**
6 – 8	**$23.96**
9 – 11	**$25.68**
12 – 15	**$28.67**
16 – 17	**$32.77**

- Recreation Fund ($625.00/year for children aged 0-11; $725.00/year for children aged 12-17)
- Vacation Allowance ($425.00/year)
- Lunch room fees
- School fees, school trips, supplies, tutors
- Pre-school fees
- Mileage/transportation
- Babysitting or homemaking
- Respite (extra can be supported as required)

Monitoring

Upon approval of a kinship care home, the caseworker will support and monitor the care provided. This includes minimum monthly contact with the caregiver and face-to-face contact with the caregiver at least once every three months. All contact must be documented on the kinship care file.

The child's caseworker retains responsibility for casework and permanency planning activities. The caseworker will have at least one contact with the child monthly and face-to-face contact with each school-aged child without the caregiver present at least once every three months. The caseworker will invite the caregivers to any concurrent planning that may occur, and will provide a copy of the plan to the caregivers.

Annual Evaluation

An annual evaluation is completed on the anniversary date of the approval of the kinship home. This process includes identifying whether the home is meeting the needs of the children in the home, and whether the caregiver has adequate supports. The findings from the evaluation process provide a basis for a learning plan and goals for the caregiver.

Responding to Allegations

If a concern about a caregiver is reported, it is assessed and responded to as per ministry policy in order to ensure the safety of the child. This may involve the removal of the child from the home, or additional supports being provided.

4. CROSS-JURISDICTIONAL COMPARISONS

Many Canadian provinces and territories have specific kinship care programs that allow for the placement of children in care with extended family or within their significant relationship network. While processes and requirements for kinship care are similar across Canada, each program is unique (see overview in Appendix C).

The names given to kinship care programs vary by jurisdiction. The placement of children in care with relatives or others with whom they share a significant relationship or cultural/community connection are referred to as Extended Family Care (Yukon), Relative/Significant Other Caregivers (Newfoundland), Alternate Care Providers (Saskatchewan), and Provisional Homes (New Brunswick).

Alberta's kinship care program is comparable to other Canadian jurisdictions that have recognized formal kinship care as part of their placement continuum. Like Alberta, some provinces (such as British Columbia, Ontario and Saskatchewan) have a statutory requirement to consider placement within the child's extended family or significant relationship network before considering other options, such as foster care.

When discussing their kinship programs, most jurisdictions differentiate between children with status (when a child has been determined to be in need of protection and admitted to the care of the Province or Director – also referred to as 'formal' kinship care) and children without status (when the parent or guardian retains legal responsibility of the child – also referred to as 'informal' kinship care). When parents are unable or unwilling to provide care and have arranged for another adult caregiver to care for their children, many jurisdictions will provide, at minimum, financial supports to offset some of the cost to the caregiver. Alberta (Child and Youth Support Program), Ontario (Kinship Service Program), Saskatchewan (Persons of Sufficient Interest Program) and Newfoundland (Child Welfare Allowance Program) have supports for children without status in addition to their kinship care programs.

Kinship care programs in most jurisdictions provide kinship caregivers with supports similar to those provided to foster parents. Most jurisdictions provide for general day-to-day costs, as well as all child-related costs. All jurisdictions have provisions for respite funding as well as policy expectations ensuring face-to-face contact with kinship caregivers within specified timeframes.

Policy and standards for kinship care programs in jurisdictions across Canada are similar to their foster care programs; however, most jurisdictions do not license their kinship homes (with the exception of Ontario) and allow for children to be placed prior to the full approval of the home. Like Alberta, Saskatchewan, Nova Scotia, Newfoundland and Yukon have provisions in policy for emergent placement of children with kinship caregivers, provided full approval occurs within a specified time frame. However, most jurisdictions require criminal record checks, intervention record checks and safe environment checklists at the time of placement. All jurisdictions with formal kinship programs require a home study as part of their full approval process.

Training expectations for kinship caregivers vary across Canada. Saskatchewan, Nova Scotia, and Newfoundland do not require kinship caregivers to complete formal training but offer it to interested caregivers. With the exception of Alberta, jurisdictions that require kinship caregivers to attend training use PRIDE Caregiver Pre-Service Training (www.cwla.org). Alberta Children and Youth Services uses internally developed training.

Please refer to Appendix C for more information on cross-jurisdictional comparisons of kinship care.

5. THEMES AND RECOMMENDATIONS FOR IMPROVEMENT

The Provincial Kinship Care Steering Committee agreed that Alberta's current kinship care policies are aligned with the leading practice research currently available.

However, some recommendations for improvement to policy and practice were identified under the following three broad themes:

Safety and Assessment

While immediately placing children with family or significant others prior to the final approval of the home is often in the best interests of the child because it provides them with familiarity during a difficult time in their life and helps reduce the need for multiple moves within the system, this presents unique challenges regarding initial assessment of the caregiver's ability to keep the child safe and the impact on the caregiver.

The Child Welfare League of America (2000) recommends that when it comes to child safety and protection, kinship homes should be held to the same standards as foster homes. While they suggest there should be some flexibility when assessing family, this is only in regards to standards and expectations that are not specifically related to child safety and protection. The Child Welfare League of America further recommends it is also important to assess the quality of the relationship between the caregiver and the birth family and the impact this may have on visitation, protection and willingness to comply with child welfare policy on corporal punishment.

In Alberta, policy outlines preliminary checks that must be completed to ensure the safety of a child when placed prior to the completion of all assessment activities to approve a kinship care home. These include an assessment of the kinship caregivers' Intervention Record Check, the applicant's completion and submission of a Criminal Records Check within thirty (30) days of placement and the completion of a safety environment assessment regarding the kinship care home.

Recommendation for improvement:

More timely access to information regarding potential risk associated with any criminal history related to the identified kinship caregiver or other adults residing in the kinship care home would significantly assist caseworkers to assess the suitability of a kinship caregiver and ensure the safety of children in the placement, while awaiting the results of a formal criminal records check.

1. Collaborate with the Solicitor General to develop a provincial process enabling caseworkers to receive a criminal risk assessment of a kinship caregiver within the first 48 hours of placing a child.

Recommendation for improvement:

While policy addresses supervision following the approval of a kinship care home, it is not specific to supervision and monitoring of the kinship care home when children are placed prior to full approval of the home.

2. Develop policy to address timely and frequent contact with the kinship care providers and the children placed when placement occurs prior to the completion of approval activities.

Recommendation for improvement:

Similarly, current policy addresses informing the kinship caregiver of ministry expectations when the Kinship Care Agreement is signed following the full approval of the kinship care home.

3. Strengthen policy to clarify that the Kinship Care Agreement must be signed within 48 hours of placement to enhance and support the kinship caregivers' understanding of their role and responsibility associated with caring for a child in government care.

Supports

Kinship care is unique because of the existing relationship between the caregiver and the child(ren) placed. Kinship caregivers require placement supports that acknowledge this relationship and address the needs of the children in their care as well as their capacity as caregivers.

Current policy indicates that kinship care providers are compensated at the same basic maintenance rate as foster care providers and that a child in kinship care is eligible for all services and supports that a child in foster care would receive. Policy does not take into account the findings from leading practice literature review and research indicating that kinship care providers differ in significant ways from foster care providers.

These findings indicate that, typically, kinship care providers are older, tend to have more health problems, have lower incomes and are unemployed or, if employed, are working full time. Kinship care providers are also more likely to be unprepared for the immediate placement of children and more likely to accept placement of sibling groups of two or more.

Recommendation for improvement:

Supports required by kinship care providers must take into account the unique circumstances of each kinship care provider and the number and ages of children placed. Issues such as child care, placement start up costs, transportation of children, and respite must be addressed.

4. Enhance policy to include a kinship care support plan that addresses circumstances unique to the kinship care provider's capacity to meet the needs of the children being placed (such as the number and ages of the children)

Unique Training Needs

Training for kinship caregivers should address the specific needs of the child or children in their care, and provide tools to assist caregivers with managing the impact of the placement within their extended family. These needs are unique to kinship placements due to the existing relationships within the family/community.

Recommendation for improvement:

Policy currently requires that a kinship care provider complete Orientation to Caregiver Training prior to becoming approved and within 60 days of taking a placement. Due to some of the unique circumstances of kinship caregivers as outlined previously, it is often a challenge for kinship caregivers to attend the eight three-hour sessions in such a time frame.

In addition, much of the curriculum is geared to providing potential foster caregivers with information to make an informed decision as to whether fostering is the appropriate choice for them. Sessions explore issues such as motivation to foster, where foster children come from and integrating foster children into one's family and community. There are no sessions that address issues specific to kinship care, such as the impact of emotional ties between kinship caregivers, birth parents and the children placed, or the child specific nature of kinship care placements.

5. Support kinship caregiver training by modifying the current foster care Orientation to Caregiver Training so that it has enhanced relevancy to the issues related to kinship care.

Future Directions in Kinship Care

A review of research and literature related to kinship care identified a lack of research specific to kinship care, particularly in relation to longitudinal studies. As kinship care as a formalized placement option for children in government care is a more recent practice over the past decade, this finding is not surprising. However, it does speak to the need for further research to inform leading practice.

To address this gap, the Research and Innovation Branch has committed to collaborate with the kinship care program area to develop research priorities specific to kinship care in Alberta. The proposed research will include reviews of relevant literature surveys and focus groups, key client and service provider interviews as well as jurisdictional scans. The objective of the research program will be to inform the continued enhancement and improvement of Alberta's Kinship Care Program.

APPENDIX A: POLICY AUDIT

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
9.1 Kinship Care Policy Definition: A family that is approved to care for a specific child because they are related to the child or have a significant relationship to the child. Matters to be Considered in Section 2 of the CYFE Act. Any decision should take into account: • *Benefits to the child of a placement within the child's extended family* • *Benefits to the child of a placement within that child's significant relationship network.* • *By providing an approved placement within the child's extended family network, kinship care offers an alternative placement with extended family or significant other rather than placing a child in a licensed residential resource.* Kinship Care placements are to be considered as part of the range of placement options for a child in care.	• Child welfare agencies are relying more often on kinship care as a viable option for out-of-home placements because more children are being separated from their biological parents due to AIDS, substance abuse, mental and physical illness, incarceration, and child abuse and neglect.[1] • Social work practice in Illinois has seen a dramatic increase in the number of children known to the child welfare system who are cared for by relatives. The large number of children placed with relatives has resulted in opportunities to find effective ways of serving these children, their parents and their caregivers.[2] • Policy - Current policies that give preference to kinship care when placing children in out-of-home care do not appear to harm their future prospects of permanence and may even contribute to well-being. Research out of Illinois suggests that kinship may become an asset to attain permanent homes.[3] • Kinship care provides more initial stability for children in care because they happen at the early stages of out-of-home placement and diminishes as the duration of a child's stay in the same setting lengthens.[4] Current best evidence suggests that children in kinship care may do better than children in traditional foster care in terms of their behavioral development, mental health functioning, and placement stability.[5] Furthermore, there was no detectable difference between the groups on reunification, length of stay, family relations, or educational attainment. However, children placed with kin are less likely to achieve adoption and utilize mental health services while being more likely to still be in placement than are children in foster care.[6] • Practice: In Illinois, care of children by relatives is practiced as a distinct form of care founded on the following principles: Broad view of the family – means developing a network that goes beyond the child, caregiver and parent group ("kinship network") and includes commitment by child welfare professionals to build and/or strengthen the network.[7] • Cultural competence: The child and parents must be aware of the family's culture and develop knowledge of the strengths and helping traditions of that culture. Social workers must value diversity and recognize the enduring nature of the child's cultural history and family ties. Collaboration in decision making – requires that the worker identify, convene and motivate the relevant members of the kinship network to participate on a child and family team basis.[8] • The family network members should be empowered to collaborate in assessing and planning by building long-term management capacities of kinship networks, and preparing the kinship network to work without the child welfare system.[9] • Expedited termination - Expedited termination cases are those which require, because of the parent's conduct or behavior towards the child, immediate consideration of termination of parental rights. The kinship network - if capable of meeting the child's needs for safety, well-being and permanency - may in fact be the primary placement resource.[10]

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
9.1 Kinship Care Policy Definition (Continued)	• Child and Family Teams are also a key practice for Department staff - These teams, which are multi-disciplinary in nature; involve the family, professionals, paraprofessionals, caregivers and other formal and informal supports that the family and children can utilize. The identification and involvement of the kinship network as participants in the Child and Family Team can give the worker an early advantage in pursuing permanency.[11] • Decision-Making Process - There is an expected level of collaboration and an inclusiveness that needs to be fostered as the worker engages with the parents and the kinship network. While actual decisions and recommendations rest within the formal child welfare system (supervisor, court, etc.), these should be made in conjunction with the parents and kinship network. These decisions should be based on participant performance and actual behavior - and should never compromise the child's safety, well-being and permanence. Workers, whenever possible, should be making decisions with family and not for them.[12] • Engagement of the Kinship Network - The primary modification that is being proposed is that engagement, assessment, service planning, family meetings and visitation should be done in connection and conjunction with the kinship network. Gleeson and Bonecutter suggest several characteristics for social workers to consider in evaluating and intervening in kinship social networks: size, helpfulness, intensity, durability, accessibility, and reciprocity.[13]
9.2 Referrals to Kinship Care Program: • Kinship care should be considered if there is a person in the child's extended family network with whom the child has a significant relationship and that person would be an *appropriate caregiver* and is available to provide care to the child. When a prospective Kinship Care provider is identified, the caseworker shall explore a Kinship Care placement with that person and make an *initial judgement* about the feasibility of a Kinship Care placement with that person. When the matter has been discussed with the prospective caregiver and indications are *positive* that a Kinship Care placement could occur, a referral for a Kinship Care Application shall be made. • Kinship Care placements are to be considered as part of the range of placement options for a child in care. *An initial judgement by* the child's caseworker must be made before	• The literature indicated that workers should have considerable discretion to make valid decisions about interventions and placement of children in kinship settings.[14] • Collaboration and inclusiveness needs to be fostered as the worker engages the kinship family network: Child welfare decisions and recommendations should be made in conjunction with the parent and the kinship network. They are based on participant's performance and actual behaviour and should never compromise the child's safety, well-being and permanence.[15] • The Literature added that placing children with relatives should include: assessment of child's family of origin, the child and the caregiver and the larger kinship network.[16] As far as implications for practice, the literature also stated that the goal of kinship should be to enhance the behavioural development, mental health functioning, and placement stability of children which the evidence base supports.[17] However, findings did not support implementing kinship care only to increase the permanency rates and service utilization of children in out-of-home care.[18] • Emotional: Kin are more likely to persevere with children in their care who have emotional difficulties.[19] Children in kinship care have more positive outcomes in the domain of feelings of belongingness. • Stability: Kinship care is more likely to support placement with siblings, move less frequently and have more stability.[20] Placements were less likely to disrupt if children shared the placement with brothers and sisters.[21] • Cultural Values and Affection: Kinship care offers another approach to family connectedness (i.e. blood, marriage, or adoption including siblings, grandparents, uncles, aunts, nieces, nephews, first cousins, spouses, step-parents), and allows the child to thrive and continue to grow up in an environment with cultural values and affection.[22] Thus, one of the strengths of the kinship care is its support to develop and preserve the identity for First Nations children.[23]

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
9.2 Referrals to Kinship Care Program (Continued) referring the matter for a *Kinship Care Application and Home Assessment.*	

9.3 Approval of a Kinship Care Home:
• Kinship Care homes must be approved by the procedures indicated in this policy. Every effort must be made to approve a Kinship Care home prior to the placement of a child. Where this is not possible, an approval process is outlined for approval after the placement has been made.
• The approval process for a Kinship Care home recognizes that the child and the caregiver have an existing relationship and the caregiver is part of the child's extended family network or a significant person in the child's life. The approval process is designed to confirm the 'significant relationship' between the caregiver and the child and ensure that the home will provide a safe, nurturing and culturally appropriate placement for the child.
• Procedure: The Kinship Care approval process consists of the following activities:
  ◦ Completion of an Application to Become a Kinship Care Provider [CS3600].
  ◦ Completion of a Home Assessment for Adoption, Foster Care and Private Guardianship and Kinship Care [CS3461].
• Prior to the approval of the Kinship Care home, the following information must be received and reviewed:
	• In some states of the United States, in order to receive federal foster care reimbursement, kin relatives need to meet the same licensing and safety standards as non-relative family foster homes.[24]
	• Even with relatives, workers must match the child's needs with the skills and abilities of the relative. While the initial assessment may provide limited information, the ongoing assessment and evaluation of a child's needs may indicate that the child requires a more suitable placement.[25]
	• While the importance of good assessment has been previously stressed by practitioners, researchers and policy makers, kinship care has been recognized as a complex issue which is likely to be time consuming and uncomfortable for both the worker and the family.[26]
	• When foster parents perceive their foster children as kin, they may be more likely to provide them with safe, adequate care, thus diminishing the risk of maltreatment in care.[27]
	• The literature did not show statistically significant differences for physical and emotional health of the grandparent caregivers prior to starting caring for their child.[28] However, being consumed with one's own emotional or physical problems may not be a priority in the context of actively parenting a child on a daily basis and having to deal with all the caregiving demands.[29] When looking after children, the concern is around the age of the children which may also impact the health of grandparents. Respite care is a desirable service, yet one of the most unavailable and underfunded.[30]
	• The literature shows that too much attention has been paid to differences between kinship and non-kinship foster care, and not enough time to the quality of care.[31] In the context of placement shortages and concerns about the quality of care, some of the kinship care literature from the United Kingdom states that there is uncertainty on how to best deal with placements. There is also variation in how family assessments are made, who undertakes them and some are made once the child is already in the placement.[32] Professional judgement from child welfare practitioners should be used to assess the individual needs of children and the ability of kin parents to attend to these needs.[33] In addition, careful assessment is required of the capacity of kin parents to meet the needs of children who have already experienced adverse life circumstances and the supports which will be necessary to enable them to be more effective.[34] There is urgency around the provision of adequate financial and material assistance.[35]
	• Older literature out of California uses an expanded assessment requiring that a detailed background check (i.e. criminal record check) be conducted for kinship caregivers.[36] Similar literature from other parts of the United States suggests that the responsibility in many states requires, at a minimum, a background check of the relatives and at least a cursory inspection of the home.[37] The literature shows that almost all states require a criminal background check, and a child abuse and neglect registry check.[38]
	• Newer literature from the United States suggests that a relative caregiver must undergo: a background check, a

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings
9.3 Approval of a Kinship Care Home (Continued) • Intervention Record Check • Criminal Record Check • Assessment of the home • Medical Reference • Personal References • Recommendation (Acceptance/Denial)	home study, and complete foster parent training classes in order to become an "approved foster home" for the child.[39] The Child Welfare League of America states that similar standards regarding child protection and safety used with unrelated foster parents should apply in the approval/licensing of kinship homes, with flexibility around standards unrelated to child protection and safety.[40] In addition, a complete check of criminal records and child protection and safety records should be completed for kinship caregivers and all adult members residing or moving into the kinship household.[41] In some states of the United States, kin parents are required to meet the same standards as non-kin foster parents. In other words, no standards are waived or modified for kin parents.[42] Licensing standards should be examined to ensure that they guarantee the safety of children, but not overly prescriptive to deny persons, who can be caregivers, the opportunity to become kin parents.[43] Thus the licensing options for kin parents directly influence the type and availability of financial assistance and support services.[44] • In Canada, a review of the literature by the BC Ministry of Child and Family Development found that kinship caregivers usually receive less support and services than traditional foster caregivers. Therefore, increased emphasis on kinship care placements must include both a concern for the best interests of the child and financial support.[45] Similar research from Yukon found that financial support was the primary service needed. Thus, social workers contacted for the Yukon study believed that kinship caregivers should follow the same standards and expectations as foster parent caregivers.[46] In Ontario, it was found greater placement stability when kinship care providers receive full allowance.[47] The argument centers on the government's responsibility for children in care, rather than on licensing standards or relative status of the caregiver. In other words, government financial support should not be based on whether the kin care provider meets certain licensing criteria only.[48] In Manitoba, it was found that while kinship practice may be inconsistent with provincial legislation in general, provincial legislation, standards, and resources appear inconsistent with the requirements to better support kinship homes.[49] For example, agencies are required to use kinship care placements as a first placement option, but the province and agencies do not have a consistent definition of kinship care. The main implications for policymakers is whether licensing standards should be required for kin caregivers, and whether additional financial resources should be made available to these providers.[50]

Future Considerations:

- There needs to be better coordination of services between social agencies and kinship care providers to ensure adequate financial support for children and assistance to families in absorbing the cost of children.[51]
- Research has shown that kin foster parents and the children in their care receive fewer services. This misalignment may be the result of differences in the service needs of kin and non-kin foster parents. Social welfare workers may also treat kin and non-kin foster parents differently.[52]
- Given the nature of kinship networks, social workers indicated that it may result in the following: division of the family against itself, gives children mixed messages, decreases the focus on the child, and promotes different agendas of involved stakeholders.[53]
- Specific training may be required to prepare caseworkers to assist families, and weigh the benefits and shortcomings of becoming a kin parent.[54] Collaborative training, with all stakeholders, may be essential to support the development of a common vision regarding the importance of permanency for children in kinship care.

Future Considerations: (Continued)

Kinship: Ministry Policy and Literature Review

Ministry Policy	Literature Review Findings

- Caseworkers should develop a service planning model which translates the objectives and tasks to be used to achieve the desired permanency outcome.[55] It represents the roadmap for safety, well-being and permanency for children in care.
- A service plan should be collaborative and inclusive, create an understanding and facilitate communication, foster ownership and cooperation, be flexible to meet formal and informal system needs, utilize strengths of the kinship network, support the network (emotionally and financially), assure safety, well-being and permanency and pursue these in contact with the kin caregivers.[56] When developing a strategy for kinship care, kinship care would need to become much more high profile and move up the agenda of government policy.[57] Three overall goals are suggested when developing a strategy on kinship care: Every child who is unable to be cared for by his/her biological parents safely and effectively within their family/social network. Outcomes for all children cared for by relatives are as equal or better when compared to children in non-related care. Systems for dealing with all forms of family care are transparent, family-friendly, experienced as fair and supportive and minimally intrusive.[58]
- Aboriginal children are currently overrepresented in Alberta's child intervention system. 59% of the children currently in care in Alberta are Aboriginal, although they make up only 9% of the total child population in the province.[59] This pattern of overrepresentation of Aboriginal children in care is similar to many other provinces. and is a serious concern for governments, elders, leaders and communities across the country.[60] In Canada, and according to the Aboriginal Children's Survey (ACS), 11% of children living off reserve were being looked after by grandparents in 2006.[61] These figures suggest that if more resources were put in place, it might be possible to increase the number of aboriginal children in kinship placements. Kinship care can provide First Nation children and youth with enhanced placement stability. Research has shown that children placed in kinship care at the time of their removal were more likely to remain in the kinship home.[62] Kinship care may also enable First Nations to rebuild their communities and be used as a mechanism to preserve their identity and culture of aboriginal children in care.[63] While placement matching data must be interpreted with caution in individual cases, cultural background is only one of many factors to be considered when finding the most suitable placement for aboriginal children.[64] Other factors that must be taken into account include: appropriate caregiver support systems, concrete financial and housing supports, meeting the child's immediate and long-term safety and well-being needs, protecting the child from maltreatment, meeting the child's long-term permanency needs, the caregiver has no drug or alcohol abuse, unresolved child welfare issues, and criminal history.[65] Policy makers and service delivery agents are well advised to bear these strong connections in mind, and to do all that they can to support and strengthen these.[66]
- Further research is required to determine the similarities and differences between private, voluntary and formal kinship care.[67] While researchers have continued to study kinship care, the amount of kinship care research available is still extremely limited compared to the scope of kinship care. In order to keep kinship care a viable option in social work practice, researchers must work closely with practitioners to design, implement, and disseminate innovative studies of intervention.[68] Thus, new predictor variables and outcome measures should be included in data collection instruments to facilitate richer analyses on the effect of kinship care.[69]
- Increased cooperation among researchers, practitioners and decision makers is needed in order to develop more effective kinship placements.[70] The research evidence suggests that kinship care policies and practice remain inconsistent, and this may lead to risks. Evidently, the policy context to support more children in kinship care placements might increase the risk level.[71] Although the literature review supports the practice of treating kinship care as a viable out-of-home placement option for children removed from the home for maltreatment, policies mandating kinship placements may not always be in the best interest of children and families.[72]
- The Evaluation Factor in Kinship Care Policy: While in the policy cycle, the implementation and realization of kinship care may still be underway, evaluation provides the task of identifying the temporary effects and results of programs and measures. In addition, evaluation has the essential function of feeding relevant information back into the implementation process to adjust, correct or redirect the implementation process or other relevant key policy decisions.[73]

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APPENDIX B: LITERATURE REVIEW

This appendix contains a summary of a presentation from Bruce McLaurin, Faculty of Social Work, University of Calgary, to the Provincial Kinship Care Steering Committee/Working Committee on recent kinship care research. The presentation occurred on March 26 2009.

Literature Review on Kinship Care – Key Findings

Relevant Results of the 2003 Canadian Incidence Study

- Approximately 20% of all foster care placements are kinship care placements.

Relevant Results of the 2003 Alberta Incidence Study

- 29% of all foster care placements are kinship care placements.
- Kinship care placements are utilized primarily in cases involving neglect or emotional maltreatment.
- Non-kinship care placements reflect all forms of maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment and witnessing domestic violence).

How does kinship care differ across jurisdictions?

- Kinship care has become a major focus in most western countries/jurisdictions.
- The US requires child welfare agencies to consider relatives and kin as first placement options.
- Australia's *Aboriginal Child Placement Principle* has increased the use of kinship placements.
- Use of kinship care in other countries/jurisdictions varies depending upon orientation with respect to child safety and family support.

Why is kinship care being used more often?
Several factors account for the increasing utilization of kinship care, including:

- Increasing numbers of reported and substantiated maltreatment investigations.
- Research indicates differential outcomes for children in long-term care.
- Increasing numbers of sibling placements.
- Shift to acknowledging the value of continuity in extended family.
- Capacity issues related to non-kinship care.
- The duration of kinship care is seen to be longer than other forms of placement, thus increasing the numbers of children in kinship placements.

The literature indicates that kinship care successfully balances competing child welfare principles in a manner that addresses the best interests of children within a framework of extended family while ensuring that the issues of child safety are addressed.

What are the characteristics of kinship caregivers?
Relative to non-kinship care providers, kinship care providers are more often:

- First Nations (MacLaurin, 2008)
- Older adults (Gaudin and Sutphen, 1993)

- Grandparents (Fuller-Thomson & Minkler, 2001), especially grandmothers (Burnette, 1997; Fuller-Thompson & Minkler, 2000)
- Less educated (Cuddeback & Orme, 2001)
- Unemployed (Franck, 2001)
- Of lower annual income (Fuller-Thomson & Minkler, 2001)

The literature also reveals that:

- Relative to foster parents, caseworkers typically have less information about kin caregivers at the time of placement (Chipman, Wells, & Johnson 2002) and that kinship care providers are more likely to care for large sibling groups (Ehrle & Green 2002).
- Relative to non-kinship caregivers, kinship caregivers are more favourable toward physical discipline, but have more positive perceptions of children (Gebel, 1996).
- Relative to non-kinship caregivers, kinship caregivers showed more sense of responsibility for the children in their care than did non-relative caregivers and indicated significantly stronger feelings of responsibility to maintain the child's contacts with his/her family of origin (Le Prohn, 1994).

What are the experiences and needs of kinship caregivers?

- Kinship caregivers receive less case management, public support services, and supervision from the child welfare system than do non-kinship foster parents (Berrick, 1998; Berrick et al., 1994; Brooks & Barth, 1998; Gebel, 1996; Iglehart, 1994; Scannapeico et al., 1997).
- Kinship care providers want services and support, including financial support, counseling, and respite services (O'Brian, Massat, & Gleeson, 2001).
- Kinship caregivers indicated varied service needs, including assistance to meet foster care home requirements; respite programs; support groups; day care; counseling for children; information about agency policies, procedures, and case progress; and time to prepare for the arrival of children (Davidson, 1997).

What does the literature say on the key issues of training and support?
The relevant literature, which primarily features studies from the US, indicates that:

- While kinship families are eligible for the same services as non-kinship care families, they often request fewer services, and face greater challenges than non-kinship foster homes including less training, fewer services and less support (Inglehart, 1994: Scannapieco, et al., 1997, Franck, 2001).
- Foster care qualifications and training mandates are consistent, while kinship care qualifications are not (Berrick 1998).
- Kinship care providers overall receive less support, fewer services, and have less contact with child welfare workers than foster parents (Berrick 1998; Chipman, Wells, & Johnson 2002; Ehrle & Green 2002; Kang 2003).
- Kinship care providers generally receive less financial support than foster parents (Berrick 1998; Ehrle & Green 2002).

How should standards be applied to kinship care homes?

The Child Welfare League of America (2000) recommends that:

- Kinship foster homes be held to the same safety and protection standards as non-kinship homes but that there should be flexibility around standards not specifically related to safety and protection.

What are the experiences of children in kinship care?

Education:

- Children in kinship care do less well in school than children in the general population and equally as well as children in non-kinship care (Franck, 2001).
- Children in kinship care achieve below grade level more often than children in the general population (Inglehart, 1995).
- Children in kinship care have better school attendance, fewer suspensions or expulsions than children in the general population (Dubowitz & Sawyer, 1994).
- Children in kinship care are less likely than children in non-kinship care to repeat grades or be referred to special education programs (Berrick, 1994).
- Children in kinship care have below average academic performance and cognitive skills, with common school-related problems being poor study habits and low attention skills (Dubowitz et al., 1993; 1994; Dubowitz & Sawyer, 1994; Sawyer & Dubowitz, 1994).
- Children in kinship care often present developmental and school behavioral problems due to prenatal drug exposure (Grant, 2000).

Health

- Children in kinship care have greater health problems (Keller, 2001), but fewer emotional or learning disabilities and emotional disturbances than children in non-kinship care (Franck, 2001).
- Children in kinship care show substantial health care needs, yet receive inadequate health services (Dubowitz et al., 1993; 1994; Dubowitz & Sawyer, 1994; Sawyer & Dubowitz, 1994).

Overall

- There is no conclusive evidence that children in kinship care function differently than children in non-kinship care placements.

Research

- Research is not conclusive and should be interpreted with caution.
- The literature does not contain many rigorous studies that, for example, include random selection or control for kinship or non-kinship care and studies do not control for pre-existing functioning.

What are the outcomes of kinship care?

According to the relevant literature, the outcomes of kinship care include:

- Increased placement stability, fewer placements, and fewer placement disruptions (Wulcyzn & Goerge, 1997; Courtney et al., 1997; Berrick, 1998; James, 2004; Terling-Watt, 2001; Testa, 2001; 2002; Wulczyn, Hislop, & Goerge, 2000; Zinn, DeCoursey, Goerge, & Courtney, 2006).

- Increased ability to initiate and maintain family contact over time (Berrick, 1994), and that increased family contact has a positive impact on future reunifications (Testa & Slack, 2002).
- Fewer behaviour problems and psychiatric disorders (Holton & Valentine, 2009)
- Improved adaptive behaviours, psychological well-being, and emotional stability (Holton & Valentine, 2009).
- Fewer mental health problems and a lower likelihood of requiring mental health services (Iglehart, 1994).

The literature also indicates that:

- There is limited evidence that children in kinship care are less likely to re-enter care (Courtney et al., 1997).
- Children in kinship care are reunited with their biological families at a slower rate than children in non-kinship care (Testa, 1997); however, children who remained in kinship care placements only were more likely to be reunited than children who had episodes in more restrictive settings (Leslie, et al., 2000).
- Studies exploring the likelihood of kinship care providers adopting (Gleeson, 1999) or accepting legal custody of children (Ritter, 1995) are inconclusive.
- There are no significant differences between adults who had been in kinship care and those who had been in non-kinship care in terms of adult functioning in education, employment, physical and mental health, stresses and support, and risk-taking behaviors (Benedict, Zuravin, and Stalling, 1996).
- Children placed with kin are more likely to indicate that they are satisfied with their placements than children in non-kinship care placements (Berrick 1998; Lorkovich, Piccola, Groza, Brindo, & Marks 2004).

APPENDIX C: CROSS JURISDICTIONAL COMPARISON CHART

Note: No information was received from Nunavut, Prince Edward Island or Quebec.

Approval Process	AB	SK	MB	ONT	NS	NB	NFLD	YK	BC
Criminal Record Check	prior to placement	required	Prior to placement	Initiated w/in 7 days	prior to placement	yes	prior to placement	prior to placement	prior to placement
Child Intervention Record Check	prior to placement	prior to placement	Prior to placement	Initiated w/in 7 days	prior to placement	yes	prior to placement	prior to placement	prior to placement
Medical Reference	required	not required	Prior to placement	required	required		within 30 days	prior to placement	within 60 days of placement
References	required	not required	4 references or recommendation from local child care committee	required	required		required	required	prior to placement
First Aid Certificate	not required	not required	not required	not required	not required		N/A	N/A	not required
Safety Checklist (environment)	prior to placement	prior to placement	prior to placement	required	prior to placement		after placement	prior to placement	prior to placement
Home Study	prior to or after placement	prior to or after placement	prior to placement	required	short form prior to placement	yes	after placement	emergency approval	within 60 days of placement
Training						new Kinship Care Model-		up to 45 days	
Orientation/Pre-Service Training	required	not required	orientation provided	pride pre-service	not required	awaiting legislative approval	not required	PRIDE Pre-Service	required-same as foster
Mandatory?	yes		no	yes	no, but can attend		no but can attend	yes	yes
Supports									
Funding for Respite	$2.60 per diem	as needed	Foster care standards apply	yes-as per CAS	same as foster care		respite rates apply	as per foster care rate	as per foster care rate
Face to Face Contact w/ home	Contact monthly, and face-to-face every three months with caregiver	Personal contact at least once every 120 days.	Frequency determined by level of risk identified at intake, minimum is once every 30 days for low risk children	Face-to-face contact within first seven days of placement, then at least once within 30 days, then every three months thereafter	Required, no further information	N/A	One monthly in person contact with caregiver; contact with child on day of placement and again in seven days	Required, no further information	In person contact once every 90 days
Compensation									
Basic Maintenance Per Diem	as per foster care rate	$410-$463/month	as per foster care rate	as per foster care rate	as per foster care rate	yes	foster care rate	as per foster care rate	as per foster care rate
Skill Fees	no	no	no	yes-as per CAS	not eligible		N/A	special rate as per need	no

Kinship care program review recommendations and implementation

Kinship care was formally introduced as a placement option for children and youth in care in Alberta when the *Child, Youth and Family Enhancement Act* was enacted in 2004.

Given that the kinship care program has been used by the child intervention system for five years and the number of kinship care homes in the province has more than doubled during that time, the ministry scheduled a review of the program in 2009-10.

The review committee, made up of ministry staff with experience in the kinship care program, based their findings and recommendations on:

- Information from and discussions with external experts on kinship care, including Dr. Bruce MacLaurin, Assistant Professor, Faculty of Social Work, University of Calgary.
- Research done into kinship care policies and practices in other jurisdictions.
- Feedback from front-line staff at Child and Family Services Authorities and Delegated First Nation Agencies.

Committee Recommendation	Ministry Response	Ministry Action
1. Collaborate with Solicitor General to develop a provincial process that enables caseworkers to receive a criminal risk assessment of a kinship caregiver within the first 48 hours of placing a child.	Accept	Discussions are underway with Solicitor General and Public Security to identify processes that allow for more timely access to information and completion of a risk assessment. Implementation date: June 2010
2. Develop policy regarding timely and frequent contact with the kinship care providers and children placed when placement occurs, prior to the completion of full approval activities.	Accept	Policy will be developed and implemented to clarify contact expectations prior to the full approval of the home. Implementation date: April 2010
3. Strengthen policy to clarify that the kinship care agreement must be signed within 48 hours of the placement, to enhance and support the kinship caregivers' understanding of their role and responsibility associated with caring for a child in government care.	Accept	Policy will be revised and implemented to reflect this requirement. Forms will be updated as necessary. Implementation date: April 2010
4. Enhance policy to include a kinship care support plan that identifies/addresses circumstances unique to the kinship caregiver's capacity to meet the needs of the children placed. (Such as number and ages of children).	Accept	Policy will be revised to reflect the support plan requirement. A support plan template will be developed and implemented. Implementation date: April 2010
5. Modify the current foster care orientation to caregiver training so it has enhanced relevancy to the issues related to kinship care, to support kinship caregiver training.	Accept	Orientation to caregiver training will be reviewed and updated in both content and delivery format, to better reflect the needs of kinship caregivers. Implementation date: June 2010

Foster Care Review Report

April 2008

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1. EXECUTIVE SUMMARY

In response to the death of a foster child in January 2007, Janis Tarchuk, Minister of Alberta Children's Services, called for a review to examine the circumstances surrounding this tragic death, and to assess Alberta's foster care practice and standards. This review was called under the authority of section 8(2) of the *Government Organization Act*.

Review Process

On February 12, 2007, Minister Tarchuk announced the appointment of a board of experts to explore broad practice themes relating to the foster care program, which emerged through a review of specific case circumstances, program information and leading practices in Alberta and other jurisdictions. As outlined in the Terms of Reference (Appendix A), the Review Board was tasked with the following:

- Examine the practice undertaken by the Child and Family Services Authority to ensure the best interests of the child;
- Comment on the above examination of practice to identify other practices that would improve services and, if appropriate, develop recommendations that could help prevent similar incidents; and
- Examine Alberta's foster care practice and standards in relation to acceptable professional standards and evidence-based best practice and provide recommendations if areas for improvement are noted.

This report presents information regarding Alberta's foster care practice and standards and includes findings and recommendations identified and developed by the Review Board pertaining to Alberta's foster care system. The Review Board also undertook to develop a future vision for foster care in Alberta, intended to serve as a guideline for future enhancement and refinements to the foster care system. A section dedicated to this future vision is also included in this report.

Alberta's Foster Care Program

The Review Board was provided with a range of materials describing the foster care program in Alberta, including current program standards, policies, procedures and trend data. This information ensured a common level of understanding of the following components of Alberta's foster care program:

- Foster Home Screening and Approval
- Foster Parent Training
- Matching a Foster Child to a Foster Family
- Foster Home Monitoring
- When a Child Leaves a Foster Family
- Responding to Allegations in a Foster Home

- Foster Care Financial Supports
- The Alberta Foster Parent Association

Cross-Jurisdictional Comparisons

Foster care programs are developed in each province and territory to best fit the unique structure and needs of the jurisdiction. Although each program is unique, many of the processes and requirements for foster care across Canada are similar, including approval process; pre-service or orientation training and ongoing training for foster parents; respite care for foster parents; maximum numbers of children/youth placed in a home; and minimum requirements for caseworker contact with the foster family and children/youth. This report highlights key similarities and differences between foster care programs in Alberta and other provinces and territories.

Summary of Findings

Overall, the Review Board found that adequate policies, practices and standards are in place and concluded that the foster care system in Alberta is functional and meets acceptable professional standards. In its findings, the Review Board did identify some areas for improvement, including policy components that could be strengthened or clarified, as well as practice inconsistencies that could be addressed to ensure that foster children and youth continue to receive the highest quality of care possible. These findings include the following:

- There is some inconsistency in how the home assessment process is interpreted and applied across the province;
- There is a need to clarify in the policy and guidelines the role of individuals in the foster home, other than the foster parents, who provide care to foster children/youth, and associated assessment requirements with respect to these alternate caregivers;
- Alberta does not have in place specific policy or procedures relating to first-time foster parents that may allow for enhanced assessment of their capacity to foster;
- There is a lack of clarity in policy and inconsistency in practice relating to granting exceptions for maximum placement provisions, particularly for first-time foster parents;
- There are some concerns regarding the sharing and integration of information between intervention caseworkers and foster care support workers.

Summary of Recommendations

Based on the key findings identified through the review process, the Review Board proposed the following recommendations for consideration by Alberta Children's Services:

1. A provincial process should be developed to clarify expectations and improve consistency in the home assessment process.
2. Standards and training for home assessment writers and relevant staff should be enhanced.
3. The Ministry should strengthen the policy to clarify the role of alternate caregivers in the foster home relative to the home assessment process.
4. The Ministry should consider the implementation of an interim approval status for newly approved foster homes.
5. The Ministry should enhance policy to ensure that no additional children or youth, beyond the maximum number permitted, are placed in a foster home with interim approval status without an assessment of the foster parents' capacity.
6. The Ministry should amend its policies and procedures to enhance the assessment of the foster parents' ability to accommodate any additional children/youth over the maximum numbers, prior to any exceptions to the placement numbers being made.
7. The Child and Family Services Authorities (CFSAs) and Delegated First Nation Agencies (DFNAs) should take steps to increase compliance to policy regarding completion of the Placement Resource Feedback Report. This report should be completed and provided to the foster care support worker whenever a child or youth leaves a foster care placement, whether the move was planned or unplanned.
8. The CFSAs and DFNAs should enhance their processes for sharing, coordinating and integrating information between foster care support workers and child intervention caseworkers.

Foster Care Vision

In the course of its review of Alberta's current foster care system, the Review Board had the opportunity to reflect on a future vision for foster care in Alberta. From this discussion emerged seven broad themes, which the Review Board felt defined the foster care system of the future. These themes are intended to serve as a guideline for future enhancements and refinements to Alberta's foster care system.

The vision of Alberta's foster care system is based on the following key themes:

1. There is a clear understanding amongst the primary players in the foster care system regarding the vision, philosophy and objectives of foster care in Alberta.
2. Relevant stakeholders are consistently involved in decision making and case planning activities regarding the care of children and youth in foster care placements.
3. Information required to make informed decisions regarding the care of children and youth in foster care placements is consistently shared with relevant stakeholders in a timely manner.

4. There is a clear understanding of and respect for the roles and responsibilities of primary players in the foster care system, contributing to positive relationship development and optimal care for children and youth.
5. Alberta's foster homes consistently receive individualized support and assistance to best meet the needs of children and youth in the home.
6. Foster care policy and procedures are consistently understood, interpreted and applied across the province, contributing to a common standard of quality care for children and youth in foster care placements.
7. Alberta's foster care system invests in and supports the development of cultural competence and culturally diverse representation to ensure appropriate supports and optimal care for children and youth in foster care placements.

2. REVIEW PROCESS

Review Board

On February 12, 2007, Minister Tarchuk announced the membership and terms of reference of the Review Board responsible for assessing Alberta's foster care practice and standards. Comprised of seven individuals with extensive knowledge and experience in child welfare issues, the Review Board was chaired by Mark Hattori, Assistant Deputy Minister (Acting) of the Program Quality and Standards Division of Children's Services. While led by an assistant deputy minister, Children's Services brought together independent board members to provide a balance of internal and external expertise and perspectives. For a listing of Review Board members, refer to Appendix A.

Review Scope and Objectives

As outlined in the Terms of Reference (Appendix A), the Review Board was tasked with examining Alberta's foster care practice and standards in relation to acceptable professional standards and evidence-based best practice and providing recommendations if areas for improvement are noted. This report presents findings and recommendations of the Review Board regarding the foster care system in Alberta. During the course of its Review, the Review Board also had the opportunity to reflect on a future vision for foster care in Alberta. The last section of this report presents seven broad themes, which the Review Board felt defined the foster care system of the future.

Development of Findings and Recommendations

Children's Services department staff, on behalf of the Review Board, conducted interviews, research and gathered information regarding foster care in Alberta and in other jurisdictions from a number of sources, including current program and policy information, trend data, and leading practices compiled through various published documents and websites from other child welfare delivery organizations. This information was provided to the Review Board for analysis and deliberation. Based on this information, the Review Board identified findings and drafted recommendations to improve and enhance foster care in Alberta.

The Review Board reviewed and assessed compliance with program standards/ expectations and decision-making in relation to the following:

- the foster home assessment process;
- the placement matching process;
- the ongoing monitoring, services and supports provided to the child, family and the foster family;
- the appropriateness and effectiveness of services; and
- the provincial standards and any other procedural obligations.

3. ALBERTA'S FOSTER CARE PROGRAM

The Child Welfare League of America (CWLA) defines foster care as a planned, goal-directed service in which the temporary protection and nurturing of children takes place in the homes of approved foster families.[1] The CWLA goes on to describe family foster care as an essential child welfare service for children and their parents who must live apart from each other for a temporary period because of physical abuse, sexual abuse, neglect, or special circumstances necessitating out-of-home care. Although some children in family foster care are eventually adopted by their foster parents, most return to their birth families.

Overview of Foster Care in Alberta

Alberta's Foster Care Program is based on the belief that a family unit and parent model is the most beneficial and desirable environment for raising a child. A foster family is a temporary placement for a child whose birth family is unwilling or unable to assume full responsibility for the child. Foster care is intended to be a temporary solution as the goal is to return the child to his or her own family as soon as possible, when it is safe to do so.

The supportive atmosphere of a foster home helps a child develop healthy self-esteem, values and behaviours. Foster parents play an important role in providing a temporary place a child in care can call home and supporting children through the hardship associated with separation and loss of family. Foster parents also ensure that a child's mental, emotional, spiritual and physical needs are met and help maintain familial, cultural, social and religious ties.

Sometimes, it is not possible for children to return to their families. In these situations, caseworkers work with the child and family to develop a plan for them to live in the best permanent home possible – this could include living with a relative, significant other, private guardian or adoptive family.

Alberta's ten Child and Family Services Authorities (CFSAs) and 18 Delegated First Nation Agencies (DFNAs) are mandated to deliver foster care services to meet the local priorities and needs of children, youth, families and communities throughout the province. A caseworker from a CFSA or DFNA becomes involved with a family when:

- The family seeks helps because it is having difficulty protecting or caring for their child; or
- A member of the community reports his or her concern about a child's safety or well-being.

After meeting with the child/youth and family and assessing their needs, the caseworker ensures the safety of the child/youth and makes recommendations about further involvement with the family. The child is removed from the family only when all

[1] Child Welfare League of America. (2007). Family Foster Care Program. Retrieved August 22, 2007, from CWLA Website: http://www.cwla.org

reasonable attempts to protect and meet the child's needs within the family have failed or when the child's safety is threatened.

As of July 2007, there were approximately 2,353 foster homes providing quality care to 4,790 children and youth receiving protection services in Alberta. Foster children come from all cultural backgrounds, and can be any age ranging from newborn up to 18. They may have behavioural, emotional, learning or physical challenges. Some foster children have been mentally, sexually and/or physically abused. Others may have been abandoned, or can no longer stay with their families because their natural parents do not have the skills to look after them. But almost always, these children are hurt, confused, angry, frightened and in desperate need of care, nurturing and stability.

Foster parents are at least 18 years old and come from varying religious, cultural and racial backgrounds. Like other families in Alberta, foster homes may be headed by two parents, one parent, or a same-gender couple. Foster care may also be provided by an extended family home with several generations living together. Foster parents may rent or own their own home, be retired or employed outside of the home. Regardless of the composition of the foster family, each foster parent and family member in the home expresses a desire to work with others to care for the child or youth.

Foster parents are integral members of a team, which optimally includes the child, natural family, foster family, foster care support worker, intervention caseworker, community and agency services providers, band designate (for First Nation children), and Metis Resource Person (for Metis children). Foster parents work with the rest of the team to ensure the necessary supports and services are provided to the child or youth in their care, to keep them safe and help them develop to the best of their abilities.

Foster Home Screening and Approval

To apply to become a foster parent in Alberta, the applicant must be a resident of Alberta, at least 18 years old, free of any major illness or trauma during the previous year and must demonstrate emotional, physical and financial stability.

Interested applicants can contact their CFSA, DFNA or local recruitment agency to attend a foster care awareness session. After the foster care awareness session, the applicant is interviewed and screened for basic eligibility requirements. Following this, the applicant is required to attend orientation training, complete an application, participate in a home assessment and obtain a licence to foster.

Section 105.2 of the *Child, Youth and Family Enhancement Act* requires that any person who operates a "residential facility" must acquire a residential facility licence issued by the Minister under that Act. All foster homes in Alberta must meet strict licensing and program requirements in order for children to be placed in the home. A foster care licence will not be issued until all requirements under the *Enhancement Act* including the *Residential Facilities Licensing Regulation* and policy requirements have been met.

Before a foster home licence can be issued, the following screening activities for potential foster parents are required.

Background Checks

A criminal record search and child intervention record check are required for all applicants and all adults residing in the prospective foster home. The child intervention check determines if the applicant has been involved in any child protection concerns identified in the province of Alberta. If the criminal record search or child intervention record check reveals criminal or child protection involvement, a more detailed review of the circumstances is undertaken to assess the impact this may have on the family's current suitability to provide care.

In addition to the above background checks, applicants are also required to provide the names of three personal references who have known the applicant for at least three years. Of these, one must be a relative. At least two of the references are interviewed as part of the approval process. References are asked to describe the following:

- The applicant's personality, interests, strengths, weaknesses, reasons for wanting to foster, values and methods of discipline;
- The applicant's ability to meet the child's emotional, social, physical and intellectual needs;
- Situations where the reference has witnessed the applicant interacting with children or youth;
- How comfortable the reference would be leaving his or her child/youth with the applicant for an extended period;
- Any personal problems that the applicant might have such as financial, marital, alcohol, drug or family violence;
- How the applicant might deal with stress or crises, including whether he or she deals with problems alone or by using a support system such as friends, relatives or a church;
- In cases where the applicant has other children, how those children would respond to another child coming into the family; and
- If they would recommend the applicant as a foster parent, if they have any other concerns about placing a child/youth in the home, or if they have any other information to help make the decision.

If the applicants have school aged children, the school is also contacted to obtain information pertaining to the applicant's desire to foster.

First Aid

All foster parents must have completed and maintained a valid first aid certificate within six months of the licence being issued.

Safety Environment Assessment

The applicant must meet all requirements indicated in a safety checklist that includes specific requirements for maintaining a safe home environment, including safe storage of all medications, firearms and other weapons. A safety assessment is conducted upon initial issuance of a licence and as part of the annual licensing renewal process. In addition, the applicant must provide evidence that the foster home will be operated in compliance with applicable health and safety legislation, as well as proof of general liability insurance for the residence.

Medical Report

The applicant must provide a medical report from a physician or registered nurse, who has known the applicant for at least two years, concerning the general physical and mental health of the applicant. This report provides a medical opinion regarding the capacity of the applicant to foster.

Home Assessment

The home assessment process provides information regarding the capacity of the applicant to provide a safe and suitable home for a child or youth in foster care. The home assessment is an interactive process, completed through interviews and a family questionnaire, that addresses a variety of topics such as family history; ability and willingness to increase skills; ability to work as a team; problem solving capability; parenting skills; home safety; family finances; motivation for fostering; and ability to access resources required by the children and foster family.

Policy requires that the home assessment is conducted by an individual, employed either by Children's Services or an agency contracted by Children's Services, who is registered with the Alberta College of Social Workers, or who is assessed by the Ministry to possess the education and experience required to conduct a home assessment.

A number of components make up the home assessment process, including self-assessments completed by the prospective foster parent, separate interviews with any resident over the age of 12 and interviews with the family as a unit. Information gathered through the home assessment process is documented in a home assessment report. The process for reviewing and approving the home assessment report varies, but includes, at a minimum, approval by a manager or home assessment committee.

Caregiver Orientation Training

Caregiver orientation training is mandatory for prospective foster parents prior to a home assessment being conducted and a licence being issued (see Foster Parent Training section).

Issuing a Foster Home Licence

Once an applicant meets the program and licensing requirements to foster, a residential facility licence is issued and the applicant is approved to accept placements of children and youth into their homes. The licence is issued for a maximum of one year, and states the maximum number of children who can reside in the home. Exceptions to this maximum placement number cannot exceed the licensed capacity for the home and must comply with all licensing requirements.

In some cases, a conditional license may be issued. This means that some of the licensing requirements have not been met and a license has been issued with conditions which must be met within a specified period of time. Please note, however, that prior to the issuance of a conditional licence, the caseworker must deem that these outstanding conditions do not place a child at risk. Foster parents are provided ongoing support, through the term of the conditional licence, to ensure that the conditions are met within the specified period or sooner if possible. The foremost consideration, in these cases, is always ensuring that children are not placed at risk.

While there is no probationary period for new foster parents in Alberta, there are two levels of foster parent classification based on training and skill level (see Foster Parent Training section below).

Foster Parent Training

Foster parents are responsible for nurturing, supporting and guiding children and youth who have specialized needs and behavioural difficulties that often go beyond the everyday parenting experiences. To assist foster parents in providing quality care, the CFSA or DFNA provides ongoing training to develop foster parenting skills. The modules that comprise foster parent training are listed in Appendix B. Foster parents are reimbursed for all training-related costs, including transportation, accommodation, meals and babysitting.

Caregiver Orientation

Caregiver orientation training is mandatory for prospective foster families. This training is 24 hours in length and consists of eight, three-hour modules. Topics include child development; the special needs of children in care; duties and responsibilities of foster parents; and supports provided to foster parents. The training also explores the applicant's motivation for fostering.

Level 1 Training

All new foster parents start at Level 1. Level 1 foster parents must meet basic requirements, complete orientation to caregivers training and complete an additional nine hours of training each year. Core training for Level 1 foster parents is delivered through 31 three-hour modules which are grouped according to the following eight core competencies (for additional detail refer to Appendix B):

A. Working with Legislation, Policies and Procedures
B. Facilitating Transitions
C. Identifying Influences on Child Development
D. Guiding Behaviour of Children and Youth
E. Managing the Environment of Children
F. Maintaining a Child's Culture
G. Working with the Child's Birth Family and Significant Others
H. Managing the Fostering Experience

Level 1 foster homes are licensed for a maximum of two foster children/youth.

Level 2 Training

Foster parents can apply to be reclassified to Level 2, which would allow them to care for children or youth with higher needs, such as disabilities, addictions and behavioural issues. The required training to move to Level 2 classification consists of module-based core training courses and additional training that is individualized based on the unique needs of the child in the foster parent's care and the individual learning plan of the foster parent. Level 2 foster parents are required to attend a minimum 12 hours of supplementary training each year. Level 2 foster homes can care for a maximum of four foster children/youth.

If a foster parent requests a reclassification, it must be determined that they have completed all the core training; understand the performance expectations at Level 2; and demonstrate the competency of the higher classification, as assessed by the foster care support worker.

Matching a Foster Child to a Foster Family

When a child needs a foster care placement, all efforts are made to match the child with a foster home that has compatible strengths; the same race/ethnicity and religious background; is located in the child's home community; and allows for siblings to be placed together.

The *Child, Youth and Family Enhancement Act* states that any decision concerning the placement of a child outside the parental home should take into account the following:

- the benefits to the child of a placement within the child's extended family;
- the benefits to the child of a placement within or as close as possible to his or her home community;
- the benefits to the child of a placement that respects the child's familial, cultural, social and religious heritage;
- the benefits to the child of stability and continuity of care and relationships;
- the mental, emotional and physical needs of the child and the child's mental, emotional and physical stage of development; and

- whether the proposed placement is suitable for the child.

In finding foster care placements for children, Children's Services seeks the most family-like setting that will best meet the particular needs of the child. Foster families participate in the matching decision and help ensure that a child placed in their home fits with their family. During the initial assessment of the foster home, the home assessment explores the foster family's interests in fostering, the characteristics of the child or youth desired by the family, and other factors that determine suitability of the home as it relates to a specific child or youth who is in need of a placement.

Before a child is placed in a foster home, the foster family is provided with information to help decide whether or not to accept the placement. This typically includes any relevant information pertaining to the child and his or her family. In most situations, pre-placement visits are arranged by the caseworker to help all parties get a sense of whether the match will be successful, and to ease the transition from one caregiver to another. In emergency situations or placements of a very brief nature, pre-placement visits may not occur.

Depending on the classification level of the foster home, there can be up to a maximum of four foster children placed in each foster home. Every effort is made to keep siblings together. When this is not possible, foster parents may be asked to assist in maintaining contact between siblings. In some cases, a foster child may be placed with other foster children in the home. Other times, the child may be placed on their own in a foster home because of their needs or the needs of the foster parents.

Under special circumstances, exceptions may be made to the maximum number of foster children permitted by the foster home licence. For example, every effort is made to place children together with their siblings; a foster home that has been licensed for two children may receive an exception to the maximum numbers to allow for three siblings to be placed together. If a child is returning to care, efforts are also made to place them in their last foster home to ease the transition and provide a familiar setting. Other circumstances that may warrant exceptions to maximum numbers include considerations for ethnic or cultural factors and placing a teenager who has a child.

Before any exception to the maximum placement number can be made, the foster home must meet all licensing requirements and be assessed to determine whether the home has the capacity, both in terms of skills and physical space, to handle additional children. Any request to exceed the maximum placement number must be approved by a Manager; the process to assess and approve exceptions to maximum placement numbers in foster homes varies from region to region. Once an exception to maximum placement numbers is approved, the foster home licence must be revised in accordance with the licensing requirements. In these circumstances, a Foster Care Support Plan, which identifies any additional supports to be provided to the foster home to assist the family in caring for additional children or youth, must be completed.

Foster Home Monitoring

Monitoring of foster homes in Alberta occurs on an ongoing basis and through a variety of activities including regular contact, annual evaluations, monitoring to standards and foster care satisfaction surveys.

Regular Contact

In Alberta, a foster care support worker is dedicated to work with each foster family. The foster care support worker is required to make contact with the foster parents, either over the telephone or in person, at least once per month, and must have face-to-face contact with the foster parents at least once every three months. These contacts and visits help to ensure that foster parents have the supports and resources they need to provide appropriate care. The foster care support worker continuously monitors and evaluates the foster home through these regular contacts and visits.

An intervention caseworker is also delegated to work with each child or youth in his or her care. Similar to the foster care support worker, the intervention caseworker contacts each child or youth at least once per month, and must have face-to-face contact with each child or youth every three months without the caregiver being present. In the case of a child/youth with Permanent Guardianship Order (PGO) status (whose sole guardian is the *Director, Child, Youth and Family Enhancement Act*), the intervention caseworker must have face-to-face contact every month for the first year. The intervention caseworker monitors the safety and security of the child or youth and ensures that he or she receives quality care in the foster home.

Annual Evaluations

Each foster home in Alberta is reviewed on an annual basis by the foster care support worker to ensure that it continues to meet all program and licensing requirements. This annual evaluation assesses the following:

- whether the home is meeting the needs of children/youth placed in the home;
- the supports provided to the foster family;
- the foster parent's ability to work with the caseworker, child/youth's family and involved professionals;
- the foster parent's strengths, abilities and areas for development;
- the impression of the child/youth's family and caseworkers of the home;
- the child/youth's impressions of the home;
- the foster parent's satisfaction with their role and level of involvement;
- the foster care training completed; and
- any changes to the foster parent's situation or family structure.

Findings from the annual evaluation process inform the development of foster parent learning plans and goals. Learning plans are an important tool used by foster parents to identify specific areas where knowledge, skills and abilities may be enhanced to best

meet the unique needs of the children and youth in their home. Additional supports or specific training may also be identified if the evaluation indicates areas that warrant enhancement.

Depending on the outcomes of the annual evaluation, the foster home licence may be re-issued for a one-year term, issued with conditions which must be met within a specified time period, suspended or terminated.

Social Care Facilities Review

The Social Care Facilities Review Committee is a citizens' panel, appointed by the Lieutenant Governor in Council, which reviews a sampling of social care facilities, including foster homes, throughout Alberta every year. Committee members meet with foster children/youth and ask about their level of satisfaction with the services being provided by the foster home. Input is also gathered from foster parents regarding the supports provided by the foster care support worker. The information gathered during these visits is compiled into individual facilities reports, a summary of which is submitted to the Minister of Children's Services. Any concerns that are heard are addressed with the appropriate CFSA or DFNA and tracked to ensure satisfactory resolution. The information summarized from individual facility reports is amalgamated into an Annual Report that outlines provincial trends and is tabled in the Alberta Legislature.

Quarterly Monitoring

Children's Services also conducts quarterly monitoring activities to assess compliance to the standards that are in place for children in care. This compliance information is based on representative file samples and reflects a range of placement types including foster care. Monitoring results indicate compliance to a number of standards relating to the safety, well-being and quality of care for children and youth in care.

On April 1, 2006, 16 new Child Intervention Standards came into effect, replacing the former Provincial Safety Standards, and reflecting legislative changes implemented with the *Child, Youth and Family Enhancement Act*. These Child Intervention Standards reflect a minimum level of service to children, youth and families; and include targets for compliance. Of the 16 Child Intervention Standards, the following three apply directly to foster care:

- Every foster parent, kinship care provider, as well as private guardianship and adoptive applicant will be provided with information required to care for the child as it becomes available (Standard 10).
- Prior to the placement of a child in foster care or in an adoptive or private guardianship placement, the home must be approved (Standard 12).
- Foster parents must be provided with training in order to understand their duties and responsibilities and to meet the needs of the children and families that they serve. The training must be equivalent to the core training set by the Ministry (Standard 13).

The final monitoring results for 2006/07 indicate that compliance targets were met or exceeded for the above standards.

Foster Care Program Survey

In addition to the monitoring activities outlined above, Children's Services also gathers feedback from foster parents across Alberta through a biennial survey. The Foster Care Program Survey provides an opportunity for foster parents to indicate their level of satisfaction with the services and supports they receive, and assists Children's Services in continuously improving the delivery and quality of services to foster parents.

Results from the 2006 Foster Care Program Survey indicate that the majority of respondents were satisfied with the services provided (85%) and felt the program has positively impacted their foster child (85%). The level of program satisfaction has increased slightly over the past survey years (80% in 2002, 82% in 2004 and 82% in 2006). Similarly, the assessment of positive impact has steadily increased across survey periods (79% in 2002, 84% in 2004 and 84% in 2006). For a more detailed summary of survey results, refer to Appendix C.

When a Child Leaves a Foster Family

Children and youth are usually placed in foster care on a short-term basis until they can return to their families or another permanent placement alternative, such as placement with extended family, private guardian or adoptive family, can be found. The child, foster family, natural family, caseworker or court may initiate the move of a foster child. There are many reasons why a child may be moved. For example, the child may return to parental care, or the CFSA or DFNA may move a child so that siblings can be together.

When a child or youth leaves a foster home placement, policy requires that a Placement Resource Feedback Report is completed. This form records the reasons why a child is leaving the foster home placement as well as the child's opinions regarding the placement, and helps to assess foster parents' strengths and areas for improvement. This form is to be completed by the child's caseworker and forwarded to the foster care support worker to address any quality of care issues that might arise.

Responding to Allegations in a Foster Home

Foster parents are expected to comply with the terms listed in the Agreement to Foster. These agreements are signed by all foster parents and include the agreement to act toward children/youth with kindness and consideration at all times; to provide quality care; to report any significant changes in the family; and to refrain from using physical discipline. Children's Services has a responsibility to follow up on and assess concerns raised with respect to a caregiver.

Ensuring the safety and well-being of a child or youth in care is paramount. Children's Services has policies and procedures in place regarding investigations of complaints regarding quality of care or potential abuse in residential facilities, such as foster homes. If there is a concern about the quality of care being provided to a child or youth in a foster home, this concern is forwarded to the foster care support worker for review and action. If there is an allegation of abuse in a foster home that may also indicate that a person has committed a criminal offence, Children's Services has a responsibility to notify the local police service and follow established protocols to conduct an investigation of the foster home. As part of the investigation process, all involved individuals are interviewed to determine whether the allegations are substantiated. If the police investigation determines that the allegation of abuse is substantiated, criminal charges may be laid by the police against the foster parent(s). Ultimately, the decision to pursue criminal charges rests with the police, and the decision to prosecute rests with the Crown Prosecutor's Office.

If there is an allegation that a child or youth has suffered emotional, physical or sexual abuse while in care, the Child and Youth Advocate must also be notified. The Child and Youth Advocate's involvement focuses solely on ensuring that decision makers appropriately consider the needs, interests and viewpoints of the child or youth.

Children's Services' responses to the findings of an investigation vary depending on the circumstances and may include the following:

- Providing a range of supports to foster parents and families to remedy identified issues, such as marriage counselling, anger management, conflict resolution, mediation services and additional respite support, if required;
- Suspending the foster home licence or issuing a conditional licence;
- Cancelling the foster home licence and closing the foster home; and
- Recommendations made following an investigation are documented in the foster home file. An assessment of compliance to recommendations is conducted as part of the annual foster home review process.

Foster Care Financial Supports

Foster parents are reimbursed for the costs associated with caring for children and youth in their homes. This includes a basic maintenance rate – a per diem that covers all of a child's day-to-day costs, including food; clothing, personal care items, general household costs, spending allowance and gifts. Foster parents also receive a skill fee – compensation for their level of expertise in caring for a child/youth. Skill fees are paid according to the foster home classification to reflect the level of training, skills and expertise.

Special rates may be negotiated for foster children or youth who have specialized needs. Special rates are negotiated with the child/youth's caseworker and the foster parents with the support of the foster care support worker. Final approval of special rates is the responsibility of the caseworker's supervisor and/or Manager.

In addition to regular remuneration, foster parents are also reimbursed for a range of other child-related expenses, including vacation allowance, camp and recreational fees, and school supplies. Each eligible child/youth in care has a Treatment Services Card, which is used to cover any medical, dental and optical expenses.

The Ministry and the Alberta Foster Parent Association (AFPA) work in partnership and annually negotiate basic foster care maintenance rates, skill fees and allowances. The rates vary according to the age of the child or youth and the level of training the foster parents have received. On average, Alberta provides $1,374 per month per child or youth to help foster parents provide for their needs. Refer to Appendix D for the 2007 Alberta Foster Care Rate Schedule.

The Alberta Foster Parent Association

The Alberta Foster Parent Association (AFPA) is a provincial, not-for-profit association that consists of a provincially elected president and regionally elected directors. The role of the AFPA is to support foster families, advocate for the rights of children, educate the community about foster care, provide and arrange for training and social gatherings, and serve as a liaison between foster families and Alberta Children's Services.

The AFPA negotiates on behalf of foster families for fair maintenance fees, skill fees, and quality training. The AFPA offers a range of other services and benefits to its members, including the Legal Assistance Program, Conflict Resolution Program, Citation and Awards Program, quarterly newsletter, Annual Training Conference, and the Caseworker of the Year Awards Banquet.

In 1990, the AFPA formed the Foster Allegation Support Team (FAST) to support foster parents and their families who are involved in an allegation of neglect, physical, sexual, or emotional abuse. FAST team members provide direct support to and advocate for foster parents, promote measures that will prevent allegations from arising, and educate foster parents about complaints of abuse and neglect.

4. CROSS-JURISDICTIONAL COMPARISONS

Foster care programs are developed in each province and territory to best fit the unique structure and needs of the jurisdiction. Although each program is unique, many of the processes and requirements for foster care across Canada are similar and include an approval process; pre-service or orientation training and ongoing training for foster parents; respite care for foster parents; maximum numbers of children/youth placed in a home; and minimum requirements for caseworker contact with the foster family and children/youth. A checklist comparing key components of the foster care system in Canada's provinces and territories is presented in Appendix E.

The Child Welfare League of America (CWLA) produces high level standards on a variety of areas related to child welfare, including standards specific to family foster care services[2]. The Child Welfare League of Canada (CWLC), Canada's national organization dedicated to the well-being of children and youth, supports these standards as a guide for establishing foster care programs[3]. While the processes and requirements for foster care programs across Canada are similar, the components vary. Some of these differences or variations are outlined in a comparison document, entitled *Foster Care*, compiled by the Federal-Provincial-Territorial Directors of Child Welfare Committee and summarized below[4].

Licensing

Alberta is one of a few provinces and territories in Canada, including Ontario and Manitoba, that requires all foster homes to be licensed, and that these licences must be renewed on an annual basis. This policy is supported by Standard 3.20 of the *Child Welfare League of America Standards of Excellence for Family Foster Care Services* (hereafter referred to as CWLA Foster Care Standards).

Reviewing Foster Homes

Most provinces and territories implement a standard annual review of foster homes. In Alberta, the annual review is also part of the ongoing licensing requirements. In Yukon, foster homes are reviewed every six months. In Nova Scotia, new foster homes are also reviewed six months after approval with a competency based annual review thereafter. In addition to its annual review process, Prince Edward Island also requires that a post-placement evaluation be conducted whenever a child is placed in a foster home.

Training

CWLA Foster Care Standard 3.34 supports offering ongoing training for foster parents. While almost all provinces and territories offer pre-service orientation for foster parents,

[2] Child Welfare League of America. (1995). *Child Welfare League of America Standards of Excellence for Family Foster Care Services*. Washington DC: Child Welfare League of America.
[3] Peter Dudding, Executive Director, Child Welfare League of Canada. Email Communication. August 22, 2007.
[4] Federal-Provincial-Territorial Directors of Child Welfare Committee. (2006). *Foster Care Report.* Draft.

ongoing training opportunities for foster parents vary. Some provinces, such as New Brunswick and Nova Scotia, offer Parent Resources for Information, Development and Education (PRIDE) training. This training focuses on five essential categories for foster parents: protecting and nurturing children; meeting children's developmental needs and addressing developmental delays; supporting relationships between children and their families; connecting children to safe, nurturing relationship intended to last a lifetime; and working as a member of a professional team[5].

In Alberta, foster parents are required to complete a minimum of nine hours (Level 1) or 12 hours (Level 2) of training per year, and have four years to complete all mandatory training, which includes 31 different modules. Alberta's foster parent training program is very comprehensive, covering a range of topics intended to develop the knowledge, skills and capacity of foster parents to care for children and youth in care.

Home Assessment

All provinces and territories have in place a home assessment process as supported by CWLA Foster Care Standard 3.15. Alberta has a comprehensive guide and template for completing home assessments. Yukon requires supplements to the home study every three years; new references may be requested for the supplements.

CWLA Foster Care Standard 3.2 recommends that information is gathered regarding the health and mental health status and history of prospective foster parents. In Alberta, this standard is met through the requirement of a medical report. Some provinces[6], such as Ontario, British Columbia, Nova Scotia and Prince Edward Island, use the Structured Analysis Family Evaluation (SAFE) Home Study process for completing a home assessment. SAFE is a home study methodology for the psychosocial evaluation of prospective families; it is often used in conjunction with the PRIDE pre-service training.

Considerations for New Foster Parents

Specific requirements and considerations for new foster parents vary significantly across Canada. In Alberta, a new foster home is approved for placement of children and youth under a Level 1 classification once all licensing requirements have been met, and a licence has been issued. Some provinces implement an interim approval process that includes special provisions for new foster parents. Prince Edward Island, for example, has two assessment stages, potential and probationary, that precede formal contracting. In New Brunswick, new foster homes maintain a "novice" status for the first six months, and require additional training and a positive review before becoming a regular home. In Saskatchewan, new foster homes are classified as "intern" homes and may become regular homes after one year of fostering and with additional training.

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[5] Child Welfare League of America. (2007). Consultation and Training. Retrieved August 22, 2007 from CWLA Website: http://www.cwla.org/programs/trieschman/pride.htm.

[6] Child Welfare League of Canada. (2007). *Foster Care Standards and Assessment Tools – International Scan*. Unpublished document.

Maximum Placement Provisions

In Alberta, a maximum of two foster children/youth can be placed in a Level 1 foster home and a maximum of four foster children/youth can be placed in a Level 2 foster home, with exceptions granted based on specific circumstances and approvals. In Saskatchewan, Manitoba and Yukon, the maximum number of foster children permitted in each home is four, with exceptions granted to accommodate sibling groups. In British Columbia, a foster home is permitted to have no more than six children, including the foster parents' own children. In New Brunswick, regular foster homes are permitted a maximum of seven dependents, including a maximum of five foster children. The average number of foster children per foster home in Alberta in 2006-07 was 1.96, compared to Saskatchewan and Ontario, which have ratios of approximately 2.4 foster children per foster home.

The Council on Accreditation (COA) partners with human services organizations worldwide to improve service delivery outcomes by developing, applying and promoting accreditation standards. The COA's Canadian Organizations Eighth Edition Standards proposes the following standard for placement of children in foster homes:

> *The home environment is considered when identifying a family for the child, and foster care homes have no more than*
>
> a. *five children with no more than two children under age two; or*
> b. *two foster children with therapeutic needs.*
>
> *Exceptions may be made to the number of children in the home to accommodate sibling groups, or when the home is licensed to care for more children and demonstrates that the needs of every child can be met.* [7]

Foster Care Compensation Rates

There is significant variation in the amount and types of financial support provided to foster parents across Canada. Inter-provincial comparisons are difficult to conduct because there are significant differences in what provinces include in their rates. Appendix F presents a table outlining basic maintenance rates in Canadian provinces and territories. This information is taken from the report entitled *Foster Care*, compiled by the Federal-Provincial-Territorial Directors of Child Welfare Committee[8]. Information contained in this report is based on information provided by provincial officials, and is updated on an ad hoc basis as rates change. It is important to note that the information presented in Appendix F may not reflect current maintenance rates for each province or territory. In addition, this information does not include additional allowable expenses or special rate provisions based on the extraordinary needs of the child/youth; these additional provisions vary significantly across Canada.

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[7] Council on Accreditation. (2006). Foster Care Services, *COA's Canadian Organizations Eighth Edition Standards.* Retrieved August 22, 2007 from COA Website: http://www.coacanadastandards.org/standards.php.

[8] Federal-Provincial-Territorial Directors of Child Welfare Committee. (2006). *Foster Care Report.* Draft.

While the information presented in the foster care basic maintenance comparison places Alberta fourth overall in Canadian maintenance amounts, it is important to note that Alberta provides additional respite allowance of $2.60 per day per child/youth, regardless of the unique needs of the child/youth. Taking into consideration this automatic respite allowance moves Alberta to second overall in Canada. However, ranking foster parent maintenance rates is challenging given that these figures do not take into account the complexity of service payments that are included and excluded by different provinces and territories when calculating their overall payment rates.

5. REVIEW FINDINGS AND RECOMMENDATIONS

Based on its review of specific fostering placement, program information and leading practices in Alberta and other jurisdictions, the Review Board is of the opinion that sufficient policies, practices and standards are in place and concludes that the foster care system in Alberta is functional and meets acceptable professional standards.

In its findings, the Review Board did identify some areas for improvement, including policy components that could be strengthened or clarified, as well as some practice inconsistencies that could be addressed to ensure that children and youth in foster care continue to receive the highest quality of care possible. These findings, presented by theme below, formed the basis for the development of recommendations for consideration and implementation by Alberta Children's Services.

The Review Board also had an opportunity to reflect on a future vision for foster care in Alberta, intended to serve as a guideline for ongoing enhancements and refinements to Alberta's foster care system. Broad themes from this discussion are presented in the next section.

Foster Home Assessment Process

A Foster Home Assessment considers attitudes, values and potential to foster and is the deciding factor in determining an applicant's suitability. Alberta Children's Services has a provincial process and guidelines for completing foster home assessments, includin g a standard home assessment report template. Despite this, a sampling of files noted there is some inconsistency in how the home assessment process is interpreted and applied across the province.

This inconsistency is reflected in variations in both the depth and breadth of information provided in the home assessment report, as well as the degree of analysis and professional discretion applied by the assessor. There is a need to shift emphasis in the home assessment process away from simply collecting and reporting data to a more comprehensive and critical analysis of the applicant's capacity to foster.

In addition to the variations described above, the Review Board also identified a specific lack of clarity in the policy and guidelines relating to the role of individuals, other than the foster parent, who may be providing care to foster children and youth in the home. In assessing the suitability of a family to foster, it is important that clear policy is in place to differentiate between occasional, regular and primary caregivers, and to define and differentiate the degree of assessment and training required to ensure the safety and well-being of foster children and youth, regardless of changing circumstances within the home.

Recommendations:

1. A provincial process should be developed to clarify expectations and improve consistency in the home assessment process.

2. Standards and training for home assessment writers and relevant staff should be enhanced.
3. While Alberta Children's Services' policy currently addresses the need to involve anyone living in a foster home over the age of 18 in the home assessment process, the Ministry should strengthen the policy to clarify the role of alternate caregivers in the home assessment process.

Approval of and Supports for New Foster Parents

In Alberta, foster parents are classified to reflect their level of training, skills and experience. All new foster parents start at Level 1; they must meet basic requirements, complete orientation to caregivers training and complete an additional nine hours of training each year. Level 1 foster homes are licensed for a maximum of two foster children, and typically provide care for children and youth who require both developmental care and professional resources to resolve or meet the needs of a moderate disability. Foster parents may choose to remain at Level 1 for the duration of their fostering term.

Currently, if a foster parent requests a reclassification, it must be determined that they have completed all the core training; understand the performance expectations at Level 2; and demonstrate the competency of the higher classification, as assessed by the foster care support worker.

Unlike some jurisdictions, Alberta does not have in place an "interim" or "probationary" classification specific to first-time foster parents. In opening their homes to children and youth in care, many of whom have a range of challenging emotional, physical and behavioural needs, new foster parents face unique challenges and may require additional supports. This may include an enhanced assessment of the foster parents' ability to cope and manage initial placements; more frequent contact by the foster care support worker; or special conditions placed on the licence.

Recommendations:

4. The Ministry should consider the implementation of an interim approval status for newly approved foster homes.
5. The Ministry should enhance policy to ensure that no additional children or youth, beyond the maximum number permitted, are placed in a foster home with interim approval status without an assessment of the foster parents' capacity.

Maximum Placement Provisions

Alberta Children's Services' policies identify guidelines for exemptions to maximum placement numbers in exceptional circumstances, such as placing a sibling group together, taking into account ethnic or cultural factors, and considering the best interests of a child/youth who is returning to foster care. This policy, however, does not include guidelines to assess the ability, specifically, of first time foster parents or alternate caregivers to care for additional children or youth, nor does it include specific guidelines

for assessing the impact of family composition, length of experience, or needs of the child/youth as it relates to maximum placement provisions. An assessment of a range of factors impacting the collective abilities of the foster home to care for additional children or youth will increase the likelihood that caregivers will have the capacity and necessary supports to provide quality care.

Recommendations:

6. The Ministry should amend its policy and procedures to enhance the assessment of the foster parents' ability to accommodate any additional children/youth over the maximum numbers, prior to any exceptions to the placement numbers being made.

Communication and Integration of Information

Foster parents in Alberta receive primary support from their assigned foster care support worker. Foster children and youth receive primary support from their delegated intervention caseworkers. Through this model, regular contact is maintained with children and youth in care as well as with foster parents, ensuring the continued safety and well-being of children/youth while also ensuring that foster parents receive the supports they require.

Based on its assessment, the Review Board noted some concerns regarding the sharing and integration of information between intervention caseworkers and foster care support workers. One such example pertains to the Placement Resource Feedback Form, which the caseworker uses to record the reasons why a child or youth is leaving a foster home placement, including quality of care issues. A sampling of files determined that there are inconsistencies across the province in filling out the form and sharing the information with the foster care support worker. There is currently no mechanism to validate that this report is being used or completed accurately, which is potentially concerning given that issues relating to quality of care provided by the foster home may be documented.

Interviewing children and youth when they leave a placement will provide an opportunity for the child/youth to voice his or her opinion. It is important that this information be provided to the foster care support worker who has a greater understanding of the foster parents' strengths and challenges. Additional supports can then be provided to the foster family as needed.

Recommendations:

7. The Child and Family Services Authorities (CFSAs) and Delegated First Nation Agencies (DFNAs) should take steps to increase compliance to policy regarding completion of the Placement Resource Feedback Report. This report should be completed and provided to the foster care support worker whenever a child or youth leaves a foster care placement, whether the move was planned or unplanned.
8. The CFSAs and DFNAs should enhance their processes for sharing, coordinating and integrating information between foster care support workers and child intervention caseworkers.

6. FOSTER CARE VISION

As indicated, the Review Board found that adequate policies, practices and standards are in place and concluded that the foster care system in Alberta is functional and meets acceptable professional standards. In the course of its review of Alberta's current foster care system and leading practices in foster care, the Review Board also had the opportunity to reflect and comment on a future vision for foster care. Invited to participate in this discussion were representatives from the Alberta Foster Parent Association as well as regional experts in the foster care delivery system. This discussion was informed by the experiences and expertise of the Review Board members and invited guests, as well as by the various documents cited throughout this report. A document summarizing leading practices in the recruitment and retention of resource parents also informed this discussion[9].

From this discussion emerged seven broad themes, which the Review Board felt defined the foster care system of the future. These themes are not directly connected to the review of Alberta's current foster care system but, rather, are provided in the spirit of continuous improvement to serve as a guideline for ongoing enhancements and refinements to Alberta's foster care system. It is important to note that, while the Review Board felt there is value in applying these themes to the entire continuum of placement options for children and youth in care, they are presented here in specific relation to foster care.

The vision of Alberta's foster care system is based on the following key themes:

1. There is a clear understanding amongst the primary players in the foster care system regarding the vision, philosophy and objectives of foster care in Alberta.
2. Relevant stakeholders are consistently involved in decision making and case planning activities regarding the care of children and youth in foster care placements.
3. Information required to make informed decisions regarding the care of children and youth in foster care placements is consistently shared with relevant stakeholders in a timely manner.
4. There is a clear understanding of and respect for the roles and responsibilities of primary players in the foster care system, contributing to positive relationship development and optimal care for children and youth.
5. Alberta's foster homes consistently receive individualized support and assistance to best meet the needs of children and youth in the home.
6. Foster care policy and procedures are consistently understood, interpreted and applied across the province, contributing to a common standard of quality care for children and youth in foster care placements.

[9] Phil Goodman. (2007) *Strategies for Improved Recruitment and Retention of Resource Families: A Discussion Paper.* Unpublished document.

7. Alberta's foster care system invests in and supports the development of cultural competence and culturally diverse representation to ensure appropriate supports and optimal care for children and youth in foster care placements.

Theme #1: There is a clear understanding amongst the primary players in the foster care system regarding the vision, philosophy and objectives of foster care in Alberta.

An important first step towards ensuring the long-term success of Alberta's foster care system is to create and communicate a clear vision, philosophy and objectives. This is particularly important given that Alberta's foster care system involves and impacts such a wide range of partners and stakeholders. By clearly defining and communicating the guiding principles, values, intentions and goals of foster care – through a child-focused lens – those partners and stakeholders are more likely to share a common understanding and common expectations about the fostering experience. This will also help support greater consistency in foster care practice across the province. To ensure that the vision and objectives for foster care remain relevant, meaningful and effective, it is important that they be re-assessed and refined on a regular basis.

What will this mean for stakeholders in Alberta's foster care system?

- Children and youth receive clear, consistent and well informed messages and know what to expect from their foster care placement, including why they are placed in a foster home, who decides, how they can participate, what happens next, how long they will stay, and when they can go home.
- Children and youth understand what foster care is and isn't and the potential to feel conflicted in terms of loyalty to biological parents and foster parents is recognized.
- Children and youth understand, feel comfortable in, and are supported to adapt to their foster home placement.
- Biological parents receive comprehensive, consistent messages about what to expect while their child is placed in a foster home, including if and how they can contact their child, whether their child can be returned home, who decides, and how they can participate.
- Foster parents receive comprehensive, consistent messages about what to expect from the fostering experience, including how long the child will stay, who decides, roles of foster parents versus biological parents, how to support the child's transition to permanency, and expectations for maintaining connections to the child's culture.
- Individuals who work with foster children, youth and families are grounded in a common vision, philosophy and objectives for foster care, apply consistent practices and provide consistent information about the fostering experience.

***Theme #2*: Relevant stakeholders are consistently involved in decision making and case planning activities regarding the care of children and youth in foster care placements.**

Consistently engaging key stakeholders in the case planning process for children and youth in foster care placements is acknowledged as an important component of solid child welfare practice. In order for Alberta's foster care system to succeed in the long term, policies and procedures must be grounded in a recognition that children and youth are more likely to thrive, and foster parents are more likely to continue fostering, when they are provided regular opportunities for input into case planning decisions.

What will this mean for stakeholders in Alberta's foster care system?

- Children, where age appropriate, and youth understand their role as partners in the case planning process and are able and encouraged to participate in decisions regarding their care and their future. As a result, they feel more connected and in control of their lives.
- Whenever possible and appropriate, children and youth are supported in their desire to remain connected to parents, siblings, extended family and significant others; have a say in identifying possible caregivers; and attend court hearings and case planning meetings.
- Biological parents, extended family and significant others understand and support placement decisions, are able to express their desire for involvement, and are included in care planning and decision making, where possible and appropriate.
- Foster parents experience being recognized and appreciated as integral members of the case planning team, are provided consistent opportunities for input into placement decisions and care planning, and have timely access to information.
- Individuals who work with foster children, youth and families recognize the important role that children and youth, foster parents and biological parents play in the case planning process and ensure that they are provided consistent opportunities for involvement and input.

***Theme #3*: Information required to make informed decisions regarding the care of children and youth in foster care placements is consistently shared with relevant stakeholders in a timely manner.**

In order for key stakeholders to contribute to the case planning process and to provide quality care, it is important that they have timely access to information pertaining to children and youth in foster care placements.

What will this mean for stakeholders in Alberta's foster care system?

- Whenever possible, children and youth receive information prior to placement about where they are going to live.

- Whenever possible, foster parents receive information prior to placement about the children or youth who they will be caring for, including their history; interests, needs and strengths; cultural considerations; and relationships with biological family, extended family and significant others.
- Biological parents receive information about the foster family so they know generally who is caring for their children.
- Foster parents receive timely responses to inquiries or requests for information and are provided with relevant information regarding placement decisions for the children and youth in their care, including copies of concurrent plans.
- Foster parents are aware of the services and supports available to them to ensure they are able to provide the best care possible to meet the needs of the children or youth in their care.
- Relevant information is consistently shared in a timely and transparent manner between the child or youth's caseworker and the foster care support worker to ensure an optimal placement that meets the needs of the child or youth and the foster parents.
- Alberta Children's Services has the competency and capacity to access and analyze information regarding quality of care for children and youth in foster care placements and supports provided to foster parents to inform foster care policy and practice.

***Theme #4*: There is a clear understanding of and respect for the roles and responsibilities of primary players in the foster care system, contributing to positive relationship development and optimal care for children and youth.**

Like all partnerships, the long-term success of Alberta's foster care system requires integral members of a team to work together towards a common goal. In this case, that goal is ensuring the necessary supports and services are provided to the child or youth in the foster care placement to keep them safe and help them develop to the best of their abilities. For this team to operate as effectively as possible, it is important that its members – children and youth, foster parents, biological parents, extended family, individuals who work with the child/youth and family, band designate (for First Nation children) and Métis Resource Person (for Métis children) – share a clear understanding of and respect for each other's roles and responsibilities.

What will this mean for stakeholders in Alberta's foster care system?

- All team members understand and support a principle of 'child-centred care' that ensures foster care services and supports are based, first and foremost, on best meeting the needs of children and youth in foster care placements.
- Children, where age appropriate, and youth understand their role as integral members of a team and feel that their opinions and desires are heard and respected.

- Barriers as a result of stigmatization and administrative rules are minimized, allowing children and youth to feel included in and connected to the communities and homes in which they live.
- Foster parents understand their role as integral members of a team and have positive relationships with their foster care support worker and the child or youth's caseworker.
- Foster parents who are involved in an Investigation, Administrative Review or Appeal feel that the process is fair, transparent and respectful, and that they have sufficient opportunity for input and participation.
- Foster care support workers and agency foster care workers understand their role vis-à-vis the child or youth's caseworker, feel they are valued and respected members of the team, and have sufficient responsibility and authority to make decisions regarding supports and services to enable foster parents to provide the best quality of care possible.
- Caseworkers have a positive relationship with and understand their role vis-à-vis the foster parents and foster care support worker or agency worker, share information with these individuals in a timely manner, and facilitate and model a collaborative approach to case planning and decision making.
- The roles and responsibilities of primary players in Alberta's foster care system are clearly defined, communicated, understood and respected.

Theme #5: Alberta's foster homes consistently receive individualized support and assistance to best meet the needs of children and youth in the home.

Each child or youth residing in a foster home in Alberta has unique needs depending on a range of factors including age, cultural background, and mental, emotional and physical stage of development. Some children and youth require specialized supports to address specific medical, psychological or developmental conditions. Recognizing that the needs of each child and youth are unique, the foster care service delivery system must be based on a 'child-centred' approach that is designed to support foster parents to meet the specific needs of children and youth in their care. This includes providing supports and training to foster families to effectively meet these specific needs.

In addition, specific training, support and respite must be available to assist in the skill development and retention of foster parents. Foster parents experience ongoing changes and challenges as do all other families and must be supported to effectively meet the needs of children and youth in their care.

What will this mean for stakeholders in Alberta's foster care system?

- Children and youth receive individualized care to meet their specific needs.
- Children and youth with complex behavioural and psychological needs can receive specialized care in a family setting.

- Biological parents have an opportunity to provide input regarding the specific needs of their children and youth, and feel satisfied that they are receiving the care needed while in foster care.
- Foster parents receive the support and training they require to effectively meet the specific needs of the children or youth in their care.
- Foster parents feel supported in circumstances where they require mediation services, and are provided with respite options when they need a break in order to continue in their fostering role.
- Caseworkers are confident in the placement options available to meet the specific safety, well-being, health, development, cultural and community connection needs of the children and youth on their caseloads
- Foster care support workers and agency foster care workers are confident that the resources available can address the priority needs of children and youth in foster homes as well as the needs of foster parents.
- Foster care support workers and agency foster care workers have the resources and authority to provide supports and respite for foster parents based on the needs of the child, youth or foster family.
- A full range of foster care services is available across Alberta to meet the emotional, psychological and behavioural needs of children and youth.
- There is a sufficient supply of trained and supported foster homes to meet the varied placement needs of children and youth in care.

***Theme #6*: Foster care policies and procedures are consistently understood, interpreted and applied across the province, contributing to a common standard of quality care for children and youth in foster care placements.**

To ensure that foster care services best meet the needs of children and youth, it is important to strike the right balance between designing services to meet local priorities and needs and ensuring some level of consistency in services, regardless of where the child or youth resides. The first step in achieving this balance, as noted in theme #1, is to clearly define and communicate a vision, philosophy and objectives for foster care. The next step is to ensure that the delivery of foster care services, guided by clearly defined policies and procedures, is aligned towards this common vision and objectives. This in turn will contribute to a common standard for foster care practice across the province and more seamless interaction between the foster home and the foster care system.

What will this mean for stakeholders in Alberta's foster care system?

- Children and youth experience less ambiguity and know what to expect because they receive consistent messages about the foster care system through the duration of their time in care.
- Regardless of where they reside, children and youth in foster care consistently receive quality care at par with community standards.

- Biological and extended family members have a clear understanding of the foster care system as well as their role and rights within the system.
- Foster parents experience a consistent interpretation and application of foster care policy, resulting in the same opportunities, supports, training and benefits regardless of where they reside in the province.
- Caseworkers, foster care support workers and agency foster care workers have a clear expectation and common understanding of the objectives of the foster care placement and are able to determine the optimal placement option for the child or youth.
- Individuals who work with children, youth and foster parents have manageable caseloads, feel supported in decisions to meet the foster care goals, and work together to achieve these goals.
- Alberta Children's Services has clearly defined foster care standards in both direct and agency systems that can be measured and monitored, promoting quality continuous improvement and accountability.

***Theme #7*: Alberta's foster care system invests in and supports the development of cultural competence and culturally diverse representation to ensure appropriate supports and optimal care for children and youth in foster care placements.**

In order for Alberta's foster care system to ensure the best quality of care possible for children and youth, it must reflect the cultural diversity of the children and youth in its care. Approximately half of the children and youth in care in Alberta are Aboriginal while others come from a variety of cultural backgrounds. Given this diversity, it is necessary to have a pool of resource families reflective of the culture of children and youth in care, including their linguistic, ethnic and religious backgrounds. Where a linguistic, ethnic or cultural match cannot be made between the foster child or youth and their foster family, it is important that the foster home be provided with the supports required to ensure that the quality of care provided is culturally competent.

What will this mean for stakeholders in Alberta's foster care system?

- Children and youth feel connected to their culture, supported to participate in cultural activities, and able to successfully transition to adulthood.
- Foster parents receive the training and supports required to develop cultural competence and meet the cultural needs of the children and youth in their care.
- Biological and extended family members are assured that their children and youth will be cared for in homes that accept their culture and ethnicity and support them in maintaining these important connections.
- Individuals who work with children, youth and foster parents are sensitive to and respect the importance of one's culture or ethnicity, and deliver services in a culturally competent manner that meets the multicultural needs of children, youth and families.

APPENDIX A: TERMS OF REFERENCE

Special Case Review – Death of Foster Child

Region: Edmonton and Area Child and Family Services Authority (CFSA)
Date of Incident: January 26, 2007
Date of Death: January 27, 2007

The decision to conduct a special case review was made by Honourable Janis Tarchuk, Minister of Children's Services, on January 28, 2007.

Review Board

Chair

- Mark Hattori, Assistant Deputy Minister (Acting), Program Quality and Standards

Members

- Dr. Lionel Dibden, Medical Director, Child and Adolescent Protection Centre, Stollery Children's Hospital
- Peter Dudding, Executive Director, Child Welfare League of Canada
- Linda Hughes, Executive Director, McMan Youth, Family & Community Services Association, Calgary Region
- Debbie LaRiviere-Willier, Associate Director, Lesser Slave Lake Indian Regional Council Child Welfare Department
- John Mould, Child and Youth Advocate, Alberta Children's Services
- Lillian Parenteau, Chief Executive Officer, Métis Settlements Child and Family Services Authority

Incident

An Edmonton foster child died in hospital on January 27, 2007. The child's foster mother has been charged with second-degree murder, assault causing bodily harm, abandonment and failure to provide the necessities of life.

Purpose of the Special Case Review

Paying particular attention to the foster care system, the review will:

- Examine the practice undertaken by the CFSA to ensure the best interests of the child;
- Comment on the above examination of practice to identify other practices that would improve services and, if appropriate, develop recommendations that could help prevent similar incidents; and
- Examine Alberta's foster care practice and standards in relation to acceptable professional standards and evidence-based best practice; recommendations will be provided if areas for improvement are noted.

Scope of the Special Case Review
The special case review will review and assess compliance with program standards/ expectations and decision-making in relation to:

- the foster home assessment process;
- the placement matching process;
- the ongoing monitoring, services and supports provided to the child, family and the foster family;
- the appropriateness and effectiveness of services; and
- the provincial standards and any other procedural obligations.

Method
The special case review will be conducted through:

- a review of the electronic and paper files (child intervention and foster care);
- interviews with CFSA staff and other relevant service providers, as required; and
- a review of best practices and current trends related to foster care.

The reviewers will co-ordinate with any ongoing police or Medical Examiner investigations.

Freedom of Information and Protection of Privacy
The *Freedom of Information and Protection of Privacy Act* and the *Child, Youth and Family Enhancement Act* apply to all information and records transferred to or collected, created, maintained or stored for this review.

All records submitted to the Minister, and in the custody or under the control of Children's Services, are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

Reporting
The final report will be shared with the Edmonton and Area CFSA Board, CEO and senior management and provided to the Honourable Janis Tarchuk, Minister of Children's Services.

APPENDIX B: FOSTER PARENT TRAINING MODULES

The table below outlines the 31 modules comprising Core Training for foster parents in Alberta. These modules are grouped according to eight core competencies.

Core Competency	Training Module
A. Working with Legislation, Policies and Procedures	A1 Fostering by the Act
	A2 Your Role on the Fostering Team
	A3 How to Observe, Record and Report
	A4 Safeguarding Against Allegations of Abuse
	A5 Addressing Allegations
B. Facilitating Transitions	B1 Transition Process
	B2 Tools for Transitions
	B3 Resources to Support Transition
C. Identifying Influences on Child Development	C1 Childhood Development: Baselines and Influences
	C2 Assessing and Reporting Developmental Issues
	C3 Creating a Developmental Environment
D. Guiding Behaviour of Children and Youth	D1 Parenting Our Special Children
	D2 Building a Relationship with Your New Child
	D3 The Parenting Toolkit
	D4 The Goals of Misbehaviour
	D5 Monitor, Evaluate and Report (after 1 year)
E. Managing the Environment of Children with Complex Issues	E1 Effect of Abuse and Neglect on Brain Development
	E2 Managing Attachment Issues
	E3 Working with Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder and Conduct Disorder
	E4 Understanding Fetal Alcohol Spectrum Disorder (FASD)
	E5 Managing FASD

Core Competency	Training Module
E. Managing the Environment of Children with Complex Issues (continued)	E6 Managing Substance Abuse
	E7 Suicide Awareness
	E8 Sexual Abuse
F. Maintaining a Child's Culture	F1 Making the Cultural Connection
	F2 The Aboriginal Experience: Severed Connections
	F3 Creating Connections (Stand Alone)
G. Working with the Child's Birth Family and Significant Others	G1 Keeping Family Connections
	G2 Our Role in Reducing Risks
H. Managing the Fostering Experience	H1 Communication
	H2 Managing the Realities of the Fostering Experience

APPENDIX C: FOSTER CARE SURVEY RESULTS

Summary of Results

Key findings from the 2006 Foster Care Program Survey are as follows:

- The majority of respondents that had become a foster parent within the last two years agreed that the orientation training enabled them to make an informed decision about becoming a foster parent (94%), and the assessment of their home was based on relevant information (93%).
- New foster parents were slightly less likely to agree that they had all the information they needed about the program before becoming a foster parent (82%), and the time required to approve their application was reasonable (72%)
- The majority of respondents felt that foster parent training helped them to understand a number of facets of the Foster Care program, including the temporary nature of Foster Care (91%), the role foster parents play in the transition to permanency for children (84%), and the availability of cross-cultural training (87%).
- Respondents were less likely to agree that maintenance fees (56%), skill fees (54%) and respite support (45%) provided through the program is adequate.
- The majority of respondents agreed that they were an active participant in the service planning for the child in their care (82%), and they received information on the child's school arrangements (73%).
- Respondents were slightly less likely to agree that they were provided with a number of key pieces of information at the time of Foster Care placement, including clothing, medical and dental information (64%) and special needs of the child and their family (59%).
- Respondents overwhelmingly agreed that Foster Care Support Workers are courteous (94%), interested in helping (88%), listen to foster parents (88%) and knowledgeable (86%).
- Of all the attributes, foster parents seemed least satisfied with the ease of contacting Foster Care Support Workers (71%) and particularly, Intervention Caseworkers (61%).
- Most of the respondents agreed that their CFSA treated them fairly (87%), assessed their child's needs fairly (76%), and helped them care for the foster child (82%).
- The majority of respondents affirmed that an Annual Evaluation is completed every year (95%), and that during the evaluation a safety check is completed (97%), their learning plan is developed or updated (90%), they had an opportunity to provide input and feedback about the care provided in their home (90%), and they were given valuable feedback (90%).

- Foster parents of Aboriginal children largely agreed that Aboriginal culture is respected in the Foster Care program (96%), that Aboriginal cross-cultural training is available (88%) and that service support using traditional Aboriginal approaches is also available (79%).

APPENDIX D: ALBERTA FOSTER CARE RATE SCHEDULE

Please note the effective date for each rate.

Basic Maintenance per diem rates – Effective April 1, 2007

(Basic Maintenance per diem rates apply to Foster Care, Kinship Care and Supports for Permanency)

Age Breakdown	April 1, 2007
0 - 1	$18.21
2 - 5	$20.36
6 - 8	$22.33
9 - 11	$23.60
12 - 15	$26.72
16 - 17	$30.55

Respite Funding – Effective April 1, 2006

*In addition to Basic Maintenance, all Authority Foster Homes and Authority kinship Care will receive an additional **$2.60** per day per child for respite.*

Skill Fees

Classification – per diem	April 1, 2006
Level 1	$12.50
Level 2	$25.00

Foster parents classified as specialized will continue to be reimbursed through special rates.

Clothing – Effective April 1, 2006

Age Breakdown	April 1, 2007
0 - 1	$25.83
2 - 5	$36.12
6 - 11	$47.10
12 - 15	$65.72
16 - 17	$67.26

Sports, Arts & Recreation – Effective April 1, 2007

Age of Child	Not to exceed per fiscal year
0 - 11	$625.00
12 - 17	$725.00

Exceeding this limit cannot be authorized without prior written approval from the Supervisor.

Spending Allowance – Effective April 1, 2006

Age of Child	$ Per Week
6 - 8	$2.44
9 - 11	$6.10
12 - 15	$9.76
16 - 17	$13.42

Christmas Gifts – Effective April 1, 2006

Age of Child	$
0 – 2	$20.50
3 - 5	$24.50
6 - 9	$28.50
10 - 12	$32.50
13 - 15	$36.50
16 - 17	$40.50

Camp Fees & Vacation Allowance – Effective April 1, 2007

$425 per 12-month period.

Foster parents may claim either camp fees or vacation a llowance per fiscal year (April 1 to March 31). They are not entitled to claim both within any fiscal year .

Travel and Subsistence – Effective May 1, 2007

$0.44 per kilometre (as per government standards)

Meal	$
Breakfast	$8.80
Lunch	$11.10
Dinner	$19.85

Reimbursements for Babysitting – Effective April 1, 2007

Babysitting for the foster parents' children and the foster children

Amount
Up to $4.00 / hour / child
Up to $50 / day / child
Up to $150.00 / day / home

APPENDIX E: CROSS-JURISDICTIONAL COMPARISON CHECKLIST

The table below compares key components of the foster care system in Canada's provinces and territories and is based on information provided and/or validated by the provincial and territorial child welfare directors. Only those provinces and territories that provided information for the purposes of this comparison are reflected in the table.

	AB	SK	MB	ON	NB	NFD	NU	NWT	YK
APPROVAL PROCESS									
Foster Care Application									
Licensing Application					Approval				
Agreement to Foster			Optional						
Child Desired Profile									
CRIM Check									
CYIM Check									
Financial Information									
Medical Reference									
References	3 (1 relative)		4 or a recommendation from a local child care committee	3 for single parent 5 for couple	3 (non-relative)	3 (non-relative) And 1 (collateral)	2 (non-family)	3 references (non-relatives)	
First Aid Certificate			Required by some agencies and specialized programs						
Safety Checklist/Safety Environment Assessment									
Home Assessment Report/Home study									

	AB	SK	MB	NB	NFD	NU	NWT	YK
TEMPORARY APPROVAL STATUS								
Probationary Status – minimum of 3 months								
Begin as a "Novice" home, and become regular home after additional training, 6 months fostering, and a positive 6 months review								
Begin as "Interim" home, and become a regular foster home after additional training and 1 year of fostering								

	AB	SK	MB	NB	NFD	NU	NWT	YK
REVIEWS								
Annual		– at least						also every 6 months
Reviewed 6 months After Approval								

	AB	SK	MB	NB	NFD	NU	NWT	YK
TRAINING								
Pre-Service/Orientation Training						no		
Ongoing Training	9–12 hours/year		Funding provided to licensing agency that assesses	Mandatory training of PRIDE Core Modules 1 and 9 plus ASIST	27 hours pre-service Ongoing training if			

	AB	SK	MB	NB	NFD	NU	NWT	YK
			and provides training on an as-needed basis	in first year of approval and any additional Core Training based on Family Development Plan	resources are available			

	AB	SK	MB	NB	NFD	NU	NWT	YK
SUPPORTS								
Amount of respite per year	$2.60/day/ child	5 days (21 days for children with disabilities)	$2.10-$2.22 per day per child (depending on location) Additional respite assessed by placing agency	Possibility of 38 days and more dependent on child's case plan	Assessed on an individual basis – no cap on the amount of respite	as requested – if funds are available		
Frequency of contact with home	Monthly with face-to-face/3 months	6 months	Monthly face-to-face with caregiver Monthly with child in the child's placement	At least every 3 months or more frequently as needed	1 "in person" per month			monthly
Maximum # of children per home*	2 – 4 foster children	4 foster children (if 4 pre-school kids, no more than 2 under 2 years, and no more than 3 under 2 ½ years)	4 foster children - no more than 7 total dependents – no more than 2 under 2 years - no more than 3 under 5 years) - exceptions made for sibling groups where there are more than 4 children	Regular home - maximum of 5 foster children or up to 7 children including dependents Therapeutic home - maximum of 2 children	2 (can be increased in the case of sibling groups or exceptional circumstances)			4 foster children (no more than 2 under 18 months)

Other Support Services Provided:

- Saskatchewan provides for counselling of foster parents after traumatic/severe/intense events.
- Yukon provides funding for day care if it is part of the plan for the child. It may be part of the plan if the child's behaviour places excessive demands on the family.
- Manitoba has additional support services provided through the licensing agencies, which can include support groups, youth care support and therapeutic services.

***** Exceptions may include the placement of sibling groups, placement in a home where the children have previously lived, placement on a short-term/emergency basis, and placement for respite. In Saskatchewan, if maximums are exceeded, the home must be reviewed and the exceptions renewed every 2 weeks

APPENDIX F: COMPARISON OF BASIC MAINTENANCE RATES

Basic Maintenance Rates		
Province/Territory	**Per Diem**	**Monthly**
Newfoundland and Labrador	$15.81 per child (0-11 years)	$474.70 per child (0-11 years)
	$18.28 per child (12 and over)	$548.40 per child (12 and over)
Prince Edward Island	N/A	$200 per family(Level 1); additional $100 if placement exceeds one child
	N/A	$600 per family (Level 2); additional $200 if placement exceeds one child
	N/A	$1,000 per family (Level 3); additional $300 if placement exceeds one child
Nova Scotia[1]	$13.77 per child (0-9 years)	N/A
	$20.02 per child (10 and over)	N/A
New Brunswick[2]	N/A	$544.67 per child (0-4 years)
	N/A	$584.67 per child (5-10 years)
	N/A	$656.67 per child (11 and over)
Quebec	$17.23 per child (0-4 years)	N/A
	$19.84 per child (5-11 years)	N/A
	$24.89 per child (12-15 years)	N/A
	$26.85 per child (16-17 years)	N/A
Ontario	$25.71 per child (minimum)	N/A
Manitoba[3]	$17.57 per child (0-10 years)	N/A
	$22.13 per child (11-17 years)	N/A
Saskatchewan[4]	N/A	$553.62 per child (0 years)
	N/A	$423.29 per child (1-5 years)
	N/A	$514.43 per child (6-11 years)
	N/A	$579.30 per child (12-15 years)
	N/A	$653.98 per child (16 years)
Alberta[5]	$18.21 per child (0-1 years)	N/A
	$20.36 per child (2-5 years)	N/A
	$22.33 per child (6-8 years)	N/A
	$23.60 per child (9-11 years)	N/A
	$26.72 per child (12-15 years)	N/A
	$30.55 per child (16-17 years)	N/A
British Columbia[6]	$23.39 per child (0-11 years)	$701.55 per child (0-11 years)
	$26.85 per child (12-19 years)	$805.68 per child (12-19 years)
Yukon[7]	$26.97 per child	N/A
Northwest Territories[8]	$24.00 per child	N/A

Notes

1: An increase in foster care rates in Nova Scotia has been scheduled for 2006/07. In addition to the basic maintenance amount reflected above, foster parents also receiving regular allowances for clothing and spending allowance.

2: Includes Federal Special Allowance. Foster parents in New Brunswick also receive a monthly Fee for Services ($200.00 for regular foster homes, $516.00 for therapeutic foster homes) based on their training, on-going training and competencies to meet the children in their care.

3: Manitoba provides higher basic maintenance rates than those shown above for foster families living in northern communities in recognition of the increased costs of living in these communities.

4: Saskatchewan provides higher basic maintenance rates than those shown above for foster families living in northern communities in recognition of the increased costs of living in these communities. In addition, Saskatchewan provides a Skill Development Fee of $100/month per child to all approved practitioner foster families who have completed training.

5: In addition to the basic maintenance amount reflected above, foster parents in Alberta also receive skill fees ($12.50 per day for Level 1, $25.00 per day for Level 2) in recognition of their skills, abilities, training and experience.

6. The basic maintenance amounts reflected here apply to Restricted and Regular Family Care Homes; Specialized Family Care Homes receive an additional service payment that varies according to the designated level of care and the number of children or beds in the home.

7. Yukon provides higher basic maintenance rates than those shown above for foster families living in remote communities in recognition of the increased costs of living in these communities. In addition to the basic maintenance amount reflected above, foster parents also receiving regular allowances for clothing and spending allowance.

8. Northwest Territories provides higher basic maintenance rates than those shown above for foster families living in isolated communities in recognition of the increased costs of living in these communities. In addition to the basic maintenance amount reflected above, foster parents also receiving a monthly clothing allowance.

Alberta

News release

June 10, 2008

Province takes action on recommendations from foster care review

Edmonton... The Alberta government is implementing recommendations stemming from an examination of the province's foster care system. The changes will improve the assessment process for potential foster parents, improve information sharing among staff and provide more support for new foster parents.

"There are thousands of foster parents who do a wonderful job providing a loving home to children at risk. To ensure foster children continue to receive the highest quality of care, I have directed my staff to implement the report's recommendations," said Janis Tarchuk, Minister of Children and Youth Services.

The Foster Care Review Report includes eight recommendations to strengthen Alberta's foster care program and a vision for foster care in Alberta. The report was written by a review board that included child welfare experts who work with provincial and national agencies and the Alberta government. Tarchuk ordered the foster care review, as well as a special case review, following the January 2007 death of a child living in an Edmonton foster home.

"This review is a clear example of our commitment to continually examine and improve our systems to ensure children and families in Alberta receive the highest quality services," Tarchuk added.

The review board concluded the foster care system in Alberta is working well. The board also identified some areas for improvement, including the foster home assessment process, approving and supporting new foster parents, guidelines for determining the number of children placed in foster homes and information sharing.

"Alberta's foster care system is one that is envied by foster parents across Canada," said Norm Brownell, President of the Alberta Foster Parent Association. "I'm confident these changes will enhance our province's ability to care for children and youth at risk."

The review board also developed a longer term vision for foster care in Alberta. This vision outlines what the ideal system looks like and how this system can be achieved through communication, relationship building and consistent involvement of stakeholders in decision-making and case planning for children in foster care.

The Foster Care Review Report is available online at www.child.alberta.ca/media.

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Backgrounder: Implementing the foster care review recommendations

Media inquiries may be directed to:

Sharon Lopatka
Communications
Children and Youth Services
780-427-4801

To call toll free within Alberta dial 310-0000.

June 10, 2008

How the foster care review recommendations are being implemented

The Government of Alberta has accepted the eight recommendations in the Foster Care Review report. More details on implementation are listed below.

1. A provincial process should be developed to clarify expectations and improve consistency in the home assessment process.

Action: Accepted
A new and enhanced home assessment process, including standardized tools and forms, will be implemented across the province to improve the quality and consistency of evaluations of prospective caregivers.

2. Standards and training for home assessment writers and relevant staff should be enhanced.

Action: Accepted
Mandatory training on the new and enhanced home assessment process will be delivered to any individuals who conduct caregiver home assessments in Alberta.

3. Children and Youth Services should strengthen policy to clarify the role of alternate caregivers in the home assessment process.

Action: Accepted
Policy will be reviewed to clarify the expectation that alternate caregivers will participate in all aspects of the approval process, including the home assessment.

4. Children and Youth Services should consider the implementation of an interim approval status for newly approved foster homes.

Action: Accepted
A new approval process will be implemented that will require all new foster homes to be re-assessed six months after issuance of the initial foster home licence. Children and Youth Services, in partnership with the Alberta Foster Parent Association, will explore options to increase the support provided to new foster parents, such as a new foster parent mentoring program.

5. Children and Youth Services should enhance policy to ensure that no additional children or youth, beyond the maximum number permitted, are placed in a foster home with interim approval status without an assessment of the foster parents' capacity.

Action: Accepted
The policy regarding the maximum number of children or youth placed in a foster home will be revised to prohibit exemptions for new foster homes during the interim approval stage (i.e. prior to a positive six-month assessment).

6. Children and Youth Services should amend its policies and procedures to enhance the assessment of the foster parents' ability to accommodate any additional children/youth over the maximum numbers, prior to any exceptions to the placement numbers being made.

Action: Accepted

The new Casework Practice Model, which is based on a new way of working with families to ensure we make the best decisions possible as early as possible so children find permanent placements sooner, will include a consistent approval process for granting exceptions to maximum placement numbers as well as an ongoing assessment to ensure the needs of foster parents, children and youth continue to be met.

7. The Child and Family Services Authorities (CFSAs) should take steps to increase compliance to policy regarding completion of the Placement Resource Feedback Report. This report should be completed and provided to the foster care support worker whenever a child or youth leaves a foster care placement, whether the move was planned or unplanned.

Action: Accepted
Each CFSA will implement and report on a regional plan to increase compliance to policy regarding completion and sharing of the Placement Resource Feedback Report. In addition, the new Intervention Services Information System will enable Children and Youth Services to track completion of the Placement Resource Feedback Report.

8. The CFSAs should enhance their processes for sharing, coordinating and integrating information between foster care support workers and child intervention caseworkers.

Action: Accepted
Each CFSA will implement and report on a regional plan to address any gaps in case coordination and communication.

Foster Care Review Board
The review board members were:

- Mark Hattori, Assistant Deputy Minister (Acting), Alberta Children and Youth Services (chair)
- Dr. Lionel Dibden, Medical Director, Child and Adolescent Protection Centre, Stollery Children's Hospital;
- Peter Dudding, Executive Director, Child Welfare League of Canada;
- Linda Hughes, Executive Director, McMan Youth, Family & Community Services Association, Calgary Region;
- Debbie LaRiviere-Willier, Associate Director, Child Welfare Department, Lesser Slave Lake Indian Regional Council;
- John Mould, Alberta Child and Youth Advocate; and
- Lillian Parenteau, Chief Executive Officer, Métis Settlements Child and Family Services Authority.

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