

August 25, 2011

## **Government accepts external panel recommendations to improve supports for vulnerable children and youth**

*Calgary...* The Alberta government is further strengthening quality assurance and transparency within the child intervention system in response to the findings of an external panel examining the circumstances of the 2010 death of a 14-month-old child in Calgary.

“Everyone who was involved with this young child was deeply affected, and we are all saddened by the family’s loss,” said Yvonne Fritz, Minister of Children and Youth Services. “I established an external, expert panel to review the circumstances of this child’s death and develop recommendations that will make a difference in the way services are provided to our vulnerable children and their families.”

The panel highlighted improvements to the broader social safety net for children and reaffirmed that enhancements already being made to the child intervention system are headed in the right direction. All recommendations of the external panel have been accepted.

A number of actions outlined in the government’s response will build on previous initiatives aimed at strengthening partnerships between police, health professionals, prosecutors and educators, community agencies and Children and Youth Services. The actions will build on initiatives such as Calgary’s Alberta Vulnerable Infant Response Team that is being expanded to Edmonton this fall.

“The panel reinforced that the safety and well-being of Alberta’s children is a shared responsibility,” said Fritz. “It is critical that child intervention, health and police services work more closely together to provide co-ordinated supports to Alberta’s at-risk children, youth and families. We have already begun to remove the inter-system barriers and close the gaps between our systems.”

Strengthened training and communication with Ministry staff will enhance consistency in case management and safety planning, and improve processes for tracking and reporting serious incidents.

A new, independent Child and Family Services Council for Quality Assurance will be established and have a legislated role in quality assurance and accountability through public reporting. In addition, the arm’s-length council will receive notification of all deaths and serious injuries of children in the province’s care and will determine which incidents need to be independently reviewed to assess services and supports provided by the Ministry. The Ministry has allocated an initial \$1.5 million over three years to support the council.

The panel addressed the need for more transparent communication between partners. Actions to increase transparency will also include reviewing the publication ban of the *Child, Youth and Family Enhancement Act* to help ensure that Albertans are well-informed about and can be

confident in the child intervention system.

The external expert panel's findings and government's action plan are available at [www.child.alberta.ca](http://www.child.alberta.ca).

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**Backgrounder:** Government action plan to address external panel recommendations

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## Government action plan to address external panel recommendations

External Expert Panel Recommendation	Government Response and Action	Timelines
<p>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.</p>	<p><b>ACCEPT</b></p> <ul style="list-style-type: none"> <li>• Co-locate a team of law enforcement, health and child and family services professionals in Calgary as part of an enhanced service delivery model. This model will inform action in other regions of the province.</li> </ul>	<p>Immediate (Fall 2011)</p>
	<ul style="list-style-type: none"> <li>• Engage psychologists to work within the Calgary and Area Child and Family Services Authority (CFSA) &amp;nbsp;to provide expert consultation to CFSA staff on complex cases. This strategy will inform action in other regions of the province.</li> </ul>	<p>Immediate (Summer 2011)</p>
	<ul style="list-style-type: none"> <li>• Establish case-practice forums and training for child intervention supervisors and managers within the Calgary and Area CFSA to provide opportunities for education, reviews of actual cases and mentorship; reinforce the need for critical thinking and challenge decision-making.</li> </ul>	<p>Short-term (within next 12 months)</p>
<p>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.</p>	<p><b>ACCEPT</b></p> <ul style="list-style-type: none"> <li>• Expand the Alberta Vulnerable Infant Response Team (AVIRT), currently operating in Calgary, to Edmonton and share leading practices with other regions.</li> </ul>	<p>Immediate (Fall 2011)</p>
	<ul style="list-style-type: none"> <li>• Further develop cross-Ministry training partnerships to increase staff and caregiver knowledge regarding child development and available resources for vulnerable children.</li> </ul>	<p>Immediate (Fall 2011)</p>
	<ul style="list-style-type: none"> <li>• Share the External Expert Panel's recommendations with partners on cross-ministry initiatives to inform future policy decisions that support vulnerable children and families, including the Prevention of Family Violence and Bullying Initiative, the Alberta Addiction and Mental Health Strategy, Safe</li> </ul>	<p>Immediate (Fall 2011)</p>

	Communities, Children and Youth with Complex Needs initiative, and AVIRT.	
3. ACYS adopt a critical incident review process conducted by an independent panel of experts.	<b>ACCEPT</b> <ul style="list-style-type: none"> <li>• Establish an immediate interim process for conducting external reviews of extraordinary deaths of children in government care; identify and compile a standing list of available experts.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>• Appoint an arm's-length Child and Family Services Council for Quality Assurance (CFSCQA) responsible for quality assurance oversight, reviewing all serious injuries and deaths involving children in government care and determining which incidents require an in-depth review by an external panel.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>• In the legislation establishing the CFSCQA, provide the Council with authority to convene external expert panels to review extraordinary deaths of children in government care.</li> </ul>	Short-term (Fall 2012)
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.	<b>ACCEPT IN PRINCIPLE</b> subject to a cross-ministry review and concurrence, and the usual legislative processes.	Short-term (Fall 2012)
5. ACYS institute a formal protocol and process when a case is considered 'complex and challenging'.	<b>ACCEPT</b> <ul style="list-style-type: none"> <li>• Further enhance the critical incident reporting process established in August 2010 to further assist workers in their assessment of complex and challenging cases.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>• Effective immediately, a provincial practice guideline will assist child intervention caseworkers and supervisors with managing complex and challenging cases.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>• Building on existing protocols and initiatives, such as Children and Youth with Complex Needs, create a formal process to support consistent case management of complex and challenging</li> </ul>	Short-term (within next 12 months)

	cases.	
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.	<b>ACCEPT</b>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>● Implement mandatory use of the Screening Aid for Family Violence tool in situations where family violence is a current or past concern.</li> </ul>	
	<ul style="list-style-type: none"> <li>● Build on current family violence training provided to front-line responders to implement advanced-level family violence training for staff that will support risk assessment and safety planning.</li> </ul>	Short-term (Fall 2012)
	<ul style="list-style-type: none"> <li>● Establish a provincial co-ordinator to inform and support the review and analysis of incidents within the child intervention system where family violence is present.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>● Consult with family violence experts to enhance current risk assessment tools and safety planning.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>● Pilot a family violence client-centred response model to improve access to services and supports for individuals affected by family violence.</li> </ul>	Short-term (Spring 2012)
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.	<b>ACCEPT</b>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>● Effective immediately, a supervisor/team lead will join child intervention caseworkers at all child abuse case conferences.</li> </ul>	
	<ul style="list-style-type: none"> <li>● Effective immediately, a supervisor and manager will join child intervention caseworkers at all complex case conferences.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>● Effective immediately, the specific actions to be taken by each party following the child abuse case conferences will be clearly documented and shared with all participants.</li> </ul>	Immediate (Fall 2011)
	<ul style="list-style-type: none"> <li>● Share with all regions the process and practices that will be formalized out of the partnership between the Calgary and Area CFSA's work with law enforcement and health professionals to improve child abuse case conferencing.</li> </ul>	Immediate (Fall 2011)
8. ACYS develop and implement a functional electronic file system instead of a combination of	<b>ACCEPT</b>	Immediate (September 2011)
	<ul style="list-style-type: none"> <li>● Begin implementing the Intervention Services Information System to assist staff with managing cases by</li> </ul>	

<p>instead of a combination of handwriting and typing, including forms that are easy to read.</p>	<p>documenting activities related to placements, service providers, assessments and other day-to-day case-specific information.</p>	
<p>9. ACYS incorporate learning from adverse events and critical incidents through subsequent process and practice reviews, program evaluations and redesign as needed.</p>	<p><b>ACCEPT</b></p> <ul style="list-style-type: none"> <li>• Effective immediately, learnings from actual cases will be incorporated into training and educational opportunities for staff to inform practice and support continuous improvement.</li> </ul>	<p>Immediate (Fall 2011)</p>
	<ul style="list-style-type: none"> <li>• Finalize the electronic critical incident management system to assist with identifying trends related to critical incidents within the child intervention system, and use this information to inform training and learning opportunities.</li> </ul>	<p>Immediate (Fall 2011) Ongoing</p>
	<ul style="list-style-type: none"> <li>• Refer all incidents involving serious injuries or deaths of children and youth in care to the Child and Family Services Council for Quality Assurance. The Council will identify themes to help inform practice.</li> </ul>	<p>Short-term (Winter 2012)</p>
	<ul style="list-style-type: none"> <li>• Implement an online tool for staff, caregivers and agencies to share leading practices, information and feedback.</li> </ul>	<p>Short-term (within next 12 months)</p>
<p>10. ACYS implement a critical response protocol for staff when a tragic event occurs.</p>	<p><b>ACCEPT</b></p> <ul style="list-style-type: none"> <li>• Develop and implement human resource-related processes that will be followed for staff involved in a critical incident.</li> </ul>	<p>Immediate (Fall 2011)</p>
<p>11. Action on the recommendations of the 2010 Review of the Child Intervention System continue to progress.</p>	<p><b>ACCEPT</b></p> <ul style="list-style-type: none"> <li>• Continue the work underway to implement 10 recommendations from the Child Intervention System Review.</li> <li>• Current actions include:</li> <li>• Development of a Memorandum of Understanding with First Nations children and families.</li> <li>• Pilot project planning for Aboriginal service delivery agencies.</li> <li>• Creation of an Aboriginal Policy and Initiatives Division and hiring of an Assistant Deputy Minister.</li> </ul>	<p>Ongoing</p>

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|  | <ul style="list-style-type: none"><li>● Establishment of a Child and Family Services Council for Quality Assurance.</li><li>● Improved critical incident tracking.</li><li>● Continued implementation of outcomes-based service delivery.</li></ul> |  |
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### **External Panel Review:**

The panel members were:

- Dr. Gayla Rogers (chair), former Dean, Faculty of Social Work, University of Calgary
- Eric McDonald, Calgary Police Service (retired)
- David Findlay, Calgary lawyer with experience in child intervention
- Donna Wallace, Director, Public Health Nursing, Alberta Health Services Calgary Zone
- Dr. Brent Scott, Director of the Alberta Children's Hospital Research Institute for Child and Maternal Health.

The panel focused on the period between March 15, 2010, and May 2, 2010, when the Ministry and other agencies had involvement with the family and reviewed case management, service planning, monitoring of services and supports provided to the family, decision making and communication among all support services involved with the family (i.e., police, health).

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