



Legislative Assembly of Alberta

The 30th Legislature  
Second Session

Standing Committee  
on  
Public Accounts

Children's Services

Tuesday, June 30, 2020  
9 a.m.

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**Legislative Assembly of Alberta  
The 30th Legislature  
Second Session**

**Standing Committee on Public Accounts**

Phillips, Shannon, Lethbridge-West (NDP), Chair  
Gotfried, Richard, Calgary-Fish Creek (UCP), Deputy Chair  
Stephan, Jason, Red Deer-South (UCP), Acting Deputy Chair

Barnes, Drew, Cypress-Medicine Hat (UCP)  
Dach, Lorne, Edmonton-McClung (NDP)  
Goodridge, Laila, Fort McMurray-Lac La Biche (UCP)\*  
Guthrie, Peter F., Airdrie-Cochrane (UCP)  
Hoffman, Sarah, Edmonton-Glenora (NDP)  
Reid, Roger W., Livingstone-Macleod (UCP)  
Renaud, Marie F., St. Albert (NDP)  
Rosin, Miranda D., Banff-Kananaskis (UCP)  
Rowswell, Garth, Vermilion-Lloydminster-Wainwright (UCP)  
Toor, Devinder, Calgary-Falconridge (UCP)

\* substitution for Roger Reid

**Also in Attendance**

Pancholi, Rakhi, Edmonton-Whitemud (NDP)  
Schmidt, Marlin, Edmonton-Gold Bar (NDP)

**Office of the Auditor General Participants**

W. Doug Wylie	Auditor General
Rob Driesen	Assistant Auditor General

**Support Staff**

Shannon Dean, QC	Clerk
Stephanie LeBlanc	Clerk Assistant and Senior Parliamentary Counsel
Teri Cherkewich	Law Clerk
Trafton Koenig	Parliamentary Counsel
Philip Massolin	Clerk of Committees and Research Services
Sarah Amato	Research Officer
Nancy Robert	Research Officer
Michael Kulicki	Committee Clerk
Jody Rempel	Committee Clerk
Aaron Roth	Committee Clerk
Rhonda Sorensen	Manager of Corporate Communications
Jeanette Dotimas	Communications Consultant
Tracey Sales	Communications Consultant
Janet Schwegel	Director of Parliamentary Programs
Amanda LeBlanc	Deputy Editor of <i>Alberta Hansard</i>

## **Standing Committee on Public Accounts**

### **Participants**

Ministry of Children's Services

Darlene Bouwsema, Deputy Minister

Jon Reeves, Acting Assistant Deputy Minister, Child Intervention



9 a.m.

Tuesday, June 30, 2020

[Ms Phillips in the chair]

**The Chair:** Well, good morning, everyone. I'd like to call this meeting of the Public Accounts Committee to order – it's right on 9 o'clock – and welcome everyone in attendance.

My name is Shannon Phillips. I'm the MLA for Lethbridge-West and chair of this committee. Ordinarily I would suggest going around the room for everyone to introduce themselves, but what we'll do is that because we have various participants joining us through various means, including me, I'll note for the record that the following members are present via either video conference or teleconference. If I miss you, just put your name in the chat box, and I will make sure I get back around to you. We have members video conferencing, members Guthrie and Rowswell; member teleconferencing, Barnes. I will move it over to folks in the room to introduce themselves. I'll just note for the record substitutions of Member Stephan as deputy chair and Member Goodridge for Reid. If the folks in the room could introduce themselves, I'd appreciate that.

**Ms Pancholi:** Good morning, everyone. Rakhi Pancholi, MLA for Edmonton-Whitemud.

**Mr. Schmidt:** Marlin Schmidt, Edmonton-Gold Bar.

**Ms Robert:** Good morning, everyone. Nancy Robert, research officer.

**Mr. Roth:** Good morning, everybody. Aaron Roth, committee clerk.

**The Chair:** Thank you.

We do have Member Dach video conferencing as well. Thank you for that, Member Dach.

Also video conferencing we have AG staff of Doug Wylie, Alberta's Auditor General; Rob Driesen, Assistant Auditor General; and we do have our staff from the LAO office as well. Thank you for joining us.

Today we have officials from the Ministry of Children's Services: Darlene Bouwsema, the Deputy Minister of Children's Services; Mark Hattori, the ADM of family and community resiliency; Jon Reeves, acting ADM of child intervention; Gloria Iatridis, ADM, policy, innovation, and indigenous connections; and Chi Loo, ADM of corporate services.

Just quickly a few housekeeping items before we turn to our business at hand. Based on recommendations from the chief medical officer of health regarding physical distancing, attendees at today's meeting are advised to leave the appropriate distance between themselves and meeting participants. I will also ask members participating via video conference or teleconference to ensure your microphones are muted unless you're recognized to speak. Once you unmute, just wait a second or two before speaking to ensure that audio can capture what you're saying. For those members and guests present in the room, *Hansard* will operate your microphones for you. If you wish to abstain from a recorded vote, please send the committee clerk, Aaron Roth, a private instant message, e-mail, or text. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV. The audio- and video stream and transcripts of the meeting can be accessed via the LAO website.

A couple of other items. Please take any of your coffee or water items with you when you leave, again, respecting some of the recommendations from the chief medical officer of health.

Also, Members, because I note there are some substitutions here today, if there is a point of order, no matter how you are participating, just unmute your microphone and bust in. We've had some backing and forthing on how we should do this, and we think the easiest way in case it does get missed in the chat box: please just open up your microphone and start talking if that is the case.

With that, I will now move on to the approval of the agenda. Are there any changes or additions to the agenda? Seeing none, would a member like to move that the agenda for the June 30 meeting of the Standing Committee on Public Accounts be approved as distributed?

**Mr. Rowswell:** So moved.

**The Chair:** Thank you.

Is there any discussion on Member Rowswell's motion?

Before the committee votes, just unmute your microphones, then. All in favour? Any opposed? Any members on the phone? Thank you. That motion is now carried. Please remute your microphones.

Hon. members, we do have minutes available from our last meeting. Do members have any omissions or errors to note in regard to the meeting minutes? All right. If not, would a member move that the minutes of the June 23 meeting of the Standing Committee on Public Accounts be approved as distributed? I need a mover. Thank you, Member Dach. Is there any discussion on this motion? Before the committee votes, just unmute your microphones, then. All in favour? Any opposed? All right. That motion is carried. Please remute.

As I enumerated, we are joined by a number of officials from the Ministry of Children's Services, who are here to address the office of the Auditor General outstanding recommendations and the ministry's annual report from 2018-19. I will turn it over to the officials to provide opening remarks, and I thank the officials for their flexibility.

Just before we begin, I will remind the members that we are on the 15- and 10-minute rotation because we do not have session this morning, just to make sure that there's clarity on that matter.

Having said that, I will invite the officials from the Ministry of Children's Services to provide their opening remarks not exceeding 10 minutes.

**Ms Bouwsema:** Thank you and good morning. I'm happy to be here this morning to represent the Ministry of Children's Services and speak to our work in 2018-19. I would like to start by acknowledging that we are on Treaty 6 territory, and I would also like to recognize the Métis people of Alberta, who share a deep connection with this land.

2018-2019 was a busy and productive year for Children's Services. The 2018-19 annual report identified seven performance measures and three performance indicators which are used to measure our progress and guide us in evidence-based decision-making and strategic business planning. The performance measures have the associated targets that we work toward every day while indicators track our long-term and high-level trends. Establishing targets and examining data helps us create a road map for continuous improvement in our work. Every improvement we make and every target we set and reach creates a real difference in the lives of children at risk.

Before I share a few highlights from the year related to these indicators, I will take a few minutes to provide an overview of the work we do in Children's Services. Children's Services provides programs and services with the focus on and accountability for a range of supports and services for children, youth, and families, including early intervention and prevention, child intervention,

foster and kinship care, adoption, child care, and early child development.

The ministry provides programs and services that support vulnerable children and youth, and we work every day to ensure families are able to provide a safe, healthy environment for children and youth. We continue to work with communities and indigenous partners to build relationships and improve outcomes for children and families.

The ministry provides a continuum of services and supports, beginning with programs and services available to Albertans universally like regulated child care. As needs become more complex, we provide targeted prevention and early intervention programs and services to help vulnerable families address issues before they escalate and require more intensive intervention. At the far end of the continuum we meet the level of highest need by providing specialized interventions and supports for children and youth at risk of maltreatment through legislated child intervention services.

In Alberta we continue to see a steady population growth, which directly impacts many of the front-line services and supports Children's Services provides to children and families. Much of our work in 2018-19 was focused on supporting these services. As previously mentioned, one area of focus for the ministry is supporting access to high-quality, safe, and accessible child care. These settings include daycare, preschool, innovative child care, group family child care, and out-of-school care.

In 2018-19 the ministry added 124 net new child care programs compared with the previous fiscal year. That translates to a 4.6 per cent increase in programs. Additionally, there was a 5.4 per cent increase in the number of child care spaces in Alberta from '17-18 fiscal year for a total of 131,624 spaces. Funding for child care included support for low-income families to access child care as well as wage top-ups and professional development for early childhood educators. The 2018 budget for child care included \$45.6 million in federal transfers for phase 2 of the early learning and child care centre pilot, including the first evaluation of the project.

#### 9:10

Strengthening prevention and early intervention supports that meet the needs of individual families in a respectful, supportive way helps build well-being and resiliency in children, youth, families, and communities. Ensuring vulnerable families have access to services that focus on child, youth, and family mental health and programs that strengthen parenting capacity, youth skills, and social connections help prevent the need for more intrusive interventions down the road. Building on the prevention and early intervention framework for children, youth, and families, we developed the Well-being and Resiliency Framework: The Miyo Resource and Well-being and Resiliency: Evaluation Framework to guide the ministry in developing a consistent province-wide approach to prevention and early intervention services. The three documents were released in March 2019 and reflect an indigenous world view, cultural diversity, and the most current research in brain science and leading practices.

Recommendations from the all-party panel on child intervention continue to drive policy within the ministry. The recommendations emphasize the need for immediate action to provide responsible, culturally appropriate, accessible services for children, youth, and families, with a focus on expanding access to preventative mental health and substance-use services and treatment in remote communities, rural areas, and for indigenous populations both on- and off-reserve.

The provincial youth suicide prevention plan Building Strength, Inspiring Hope was developed in response to recommendations from the ministerial panel and office of the Child and Youth Advocate after careful reflection and consideration of the reports that highlight root causes that contribute to youth suicide in Alberta, including the 2015 Valuing Mental Health report and the 2017 Next Steps report. The plan was released in March 2019 and outlines evidence-informed actions that continue to guide the ministry in building community capacity, providing supports and services focused on recovering growth, and ultimately reducing youth suicide in Alberta. Children's Services also allocated \$1 million to support indigenous communities in developing youth suicide prevention programming.

Child intervention services looks at each family's unique situation and identifies the most effective way of addressing the challenges to ensure safety for children. Wherever possible, we work to ensure the child remains in the home, connected to family, community, and culture. It's labour-intensive work, and as the population grows, caseload growth increases correspondingly. In 2018-19 the ministry had approximately 55,300 intakes, or 4,600 intakes a month; 16,123 children received child intervention services. This is approximately 1.7 per cent of the total child population in Alberta.

It's an unfortunate and ongoing challenge that indigenous children are overrepresented in the child intervention system. Our focus as a ministry is to work with our indigenous partners to create culturally appropriate solutions and reduce the number of indigenous children in care. In November 2018 Children's Services signed a memorandum of understanding on Jordan's principle with the First Nations Health Consortium and Indigenous Services Canada. It is the only MOU in Canada, and it ensures that all children, regardless of where they live, receive equitable programs and services. When the safety of a child is at risk and they can no longer remain in the family home, every effort is made to ensure that the child is placed with extended family members, individuals who are emotionally connected with the child, or with a family who shares cultural, community, or spiritual/religious connections. Our efforts resulted in 85 per cent of indigenous children and youth in care and 84 per cent of nonindigenous children and youth being placed in family-based care.

Children's Services also implemented its indigenous cultural understanding framework in July 2018 and continues to provide indigenous cultural training to all staff in the ministry.

Children and youth in care deserve the same opportunities to reach their highest potential as any other child. The advancing futures program provides financial, emotional, and social supports to youth as they transition into adulthood and pursue postsecondary studies. In 2018-19 advancing futures received 980 applications, 791 students were approved to receive a bursary – this is an increase of 8.5 per cent from 2017-18 – and 85 per cent of, or nearly 600, advancing futures students successfully completed their postsecondary studies.

It's always difficult to sum up an entire year in such a short time, but I'm pleased to have been able to highlight some of the work of the Ministry of Children's Services in the 2018-19 year. None of this would have been possible without the hard work and dedication of our staff, managers, and the executive. I am always grateful to be part of such an amazing team, and I look forward to providing more information in my responses to your questions.

**The Chair:** Thank you, Deputy, and thank you for your flexibility in joining us here today.

I will now turn things over to the Auditor General for his opening remarks. Mr. Wylie, you have five minutes, please.

**Mr. Wylie:** Thank you, and good morning, everyone. My comments this morning will focus on one audit that we completed in 2016. In that year we completed the audit of the systems that are used to deliver child and family services to indigenous children in Alberta. We examined the early support and early intervention programming, processes to support a child-centred approach to care, and staff training on intercultural understanding. Our findings were summarized by each area of examination.

First, we found that the department did not have clear, co-ordinated processes for providing early support services to indigenous children and their families.

Secondly, we found that systems to provide child-centred support could be improved. Child care plans were used by caseworkers to tailor services to the needs of individual children. However, we found that indigenous children received less frequent contact with caseworkers than nonindigenous children. In addition, indigenous children had their care plans reviewed less often than nonindigenous children.

Lastly, we noted that the training to help with intercultural understanding could have been enhanced. First Nations and Métis and Inuit peoples living in Alberta each have their own approach to caring for their children. The term “culturally appropriate” pervaded the department’s documentation relating to indigenous clients. The prevalence of the term suggested that the department recognized the need for awareness about cultural differences. However, the department provided little guidance or training to staff on what the term actually meant.

We made three recommendations. The first was that the department enhance its processes so that early supports to clients include the needs of indigenous children and families and that it report publicly on the effectiveness of these supports to indigenous children. We also recommended that care plans for indigenous children be adhered to and that progress in achieving plan results also be publicly reported. Lastly, we recommended that the department enhance its staff training on the history and culture of indigenous peoples as well as its training on intercultural understanding.

The ministry has asserted to us that they have taken action and that they’ve fully implemented each one of these recommendations, and I’m very, very pleased to hear that. In accordance with our processes we will follow up on the department’s actions this fall, and we will report the results of our work publicly to the Legislative Assembly.

Thank you, Chair.

**The Chair:** Thank you, Mr. Wylie.

Now we’ll move on to the questioning rotations, but before I do that, I just want to make sure that I captured the meeting attendance appropriately. We have Member Renaud on video conference. We have Member Toor on video conference and Member Rosin, I believe, on video conference as well. If I did not say it, we have Member Goodridge, substituting for Member Reid, on video conference. I believe that’s everyone.

Now we will move on, members, to the first rotation, which is a 15-minute block, beginning with the Official Opposition and then moving on to the government side. Members of the Official Opposition, your questioning rotation begins when you start speaking.

**Ms Pancholi:** Good morning. Thank you, Madam Chair, and thank you to the staff from Children’s Services for being here today and

for bringing the report of your great work to us, to this committee, as well as to the staff of the Auditor General’s office for being with us. I appreciate this opportunity to talk about the work of Children’s Services and how it meets both your outcomes within the business plan that you had established for the 2018-19 year as well as meeting the recommendations from the Auditor General. So I appreciate this opportunity.

9:20

I’m going to begin, and this relates to the Auditor General’s recommendation around ensuring there’s a child-centred approach and specifically, as the Auditor General mentioned, to concerns about indigenous children – I understand, Deputy, that you acknowledge it’s an unfortunate reality that they’re disproportionately represented in our child intervention system – and the recommendation about how indigenous children are receiving services. I’ll begin with a question. For the 2018-19 year, you mentioned, Ms Bouwsema, that approximately 16,000 children received intervention services, and we know that that’s about 1.7 per cent of the overall child population. Do you have information about how many of those 16,000 children, approximately, are indigenous? As well, do you track information on nonindigenous children, breaking it down perhaps by race, faith background, cultural background, language, newcomers? Do you do that kind of assessment?

**Ms Bouwsema:** I’ll start with your first question, and if I forget the other ones, you can remind me what they were. Overall, of those 16,000 people, about 62 per cent of the intakes are First Nations. That’s kids in and out of care. Once you get to the kids in care, it becomes: 69 per cent of the kids in care are First Nations.

Then you asked me about . . .

**Ms Pancholi:** Yes, about whether or not the ministry tracks information related to nonindigenous children who are receiving intervention services and any sort of, I guess, demographical background for them.

**Ms Bouwsema:** We do have some demographical background on other children, but it’s always what people self-declare. If they don’t declare as any particular culture or race, then we’re unable to capture it.

**Ms Pancholi:** Does that mean that in terms of making sure that child intervention services are culturally appropriate – we’ve talked about, obviously, that a big focus is on making sure it’s culturally appropriate for indigenous families, but I imagine that there are a complex and diverse group of children other than indigenous children. How do you, I guess, ensure, then, that the services they’re receiving are also culturally appropriate?

**Ms Bouwsema:** Thank you for that question. We have contracts with multicultural brokers in both Edmonton and Calgary so that we are able to provide services in a cultural context to people who are not Caucasian, not First Nations, right? They can provide services in a person’s own language, and of course they’re aware of what the cultural context might be for issues that are occurring in the home.

**Ms Pancholi:** Just a follow-up to that. Does that mean you are tracking that in terms of identifying perhaps where there might be a growing need for certain cultural groups or if there is a sort of shortage within, I guess, the organizations in the community? How do we make sure that they’re supported to meet the needs of children in care?

**Ms Bouwsema:** The agencies that we have those contracts with: they track the connections that they have with people in the community and families that we refer to them. That's an ongoing conversation between our offices that are using their services and the services that they provide.

**Ms Pancholi:** Would the support from the ministry, I guess, vary according to the needs? If a certain organization is saying that they're seeing a growing group of children in a particular group – I imagine newcomers, for example, and of course that could be from a variety of different cultural backgrounds – would the ministry, then, be able to meet that need with additional supports where necessary?

**Ms Bouwsema:** Yes. Of course, the agencies are very interested in tracking that as well because that's how they manage the services they provide, right? They want to make sure that they're meeting the needs of the communities as well. So it's a very collaborative relationship. I've had the pleasure of going to the multicultural broker agency in Calgary. It's very dynamic and diverse as they try to make sure they're matching up with the needs in and around the city of Calgary.

**Ms Pancholi:** Great. Thank you.

A slightly, I guess, related question just in terms of, I mean, the anticipated growth. You mentioned increasing caseload, increasing numbers of children. As our population grows, our number of children grow. That, of course, happens. Can you tell me – of course, I realize that we're looking at the 2018-2019 year to begin with – how many of the ministry's FTEs, I guess, would be designated specifically to working within the child intervention system and delivering services directly to children who either are already in care or, you know, where there might be some early intervention and prevention programs? As well, have you done future planning, I guess sort of looking back and looking forward at the same time, as to what the needs would be for staff to support the growing population of children in Alberta? Have you done that tracking, and what do you anticipate that to be?

**Ms Bouwsema:** We are always looking at that tracking, without a doubt. In 2018-19, of the roughly 2,800, 2,900 FTEs we had, about 2,500 of those are front line and working with children.

We have also been working with our staff on tools to help them do their job. In 2019 we started the implementation of case connect, which staff have said is a game changer for them and allows them to access a child's and a family's file online on an iPad or a smart phone or a tablet. It allows them to put their case notes in right there, right at the time. It allows families to dictate into the system, so they feel like they have some control of their interactions with us. We had some legacy systems that contained files, and then we had paper files as well, and we've been working on a client management system so that all of that stuff will be online and accessible, which will be very beneficial, especially for staff who are on call in the evenings and on weekends and able to access.

In the year we're talking about, in '18-19, we had about 83 per cent of staff using case connect and the electronic tools. Certainly, I guess that what I can say is that as a result of COVID, pretty much 100 per cent are now using those tools.

**Ms Pancholi:** Have you tracked in terms of the increasing FTEs you think will be required within the ministry to match, like, the increase in population? Do you have a projection of that in terms of how many staff you would need? I also acknowledge and know that within Children's Services it is often difficult to fill vacancies for front-line caseworkers. It's a challenge, I understand, that's been

around for many years. I'm wondering if you've done that projection in terms of how many staff you would need to continue to meet the growing needs, the caseloads.

**Ms Bouwsema:** Certainly, that is something we're looking at all the time. You may or may not be aware that we had developed a workload assessment model with the AUPE. We do use that to track because it not only tracks the number of cases but the intensity of the cases. Not every case is the same, so we try and give people an equal number of cases that don't require much indication and cases that require more interaction with the caseworker. So we are tracking that. In 2018-19 we initiated a review because that was a fairly new process, the WAM, the workload assessment model. We are just finishing that up with AUPE now, so I can't tell you what that may do to the benchmarks that we had put in place at the time. I can tell you, though, that the ADM of child intervention is always assessing that.

One of the things that we also did, because of our difficulties in sometimes recruiting, especially in rural and remote areas, was that we created something that we call a surge team. We've had them for quite a while to support designated First Nation agencies. When they lost staff or lost a director, we would send staff in to fill the short-term need till they were able to hire people to come back up to staffing. We've also used that approach in our rural and remote areas while we are recruiting.

We have several approaches we've been trying to use to maximize our staff and their time, and we've also been looking at, you know: what are our administrative tasks versus what are caseworker tasks, and do we have the right people doing the right jobs? That, too, has freed up the caseworkers to do the important work that we need them to do.

**Ms Pancholi:** Thank you.

Still within child intervention, I'm wondering if you could talk a little bit about the importance of home visits as part of the spectrum of services and supports that are provided to children. I know home visits are part of assessments, also perhaps part of supervised visits, for example, once a child might already be placed in foster or kinship care and visits perhaps with their parents. I'm wondering if you could talk a little bit about: what's the role of the home visit in the child intervention process? What are the things that staff are looking for in home visits – signs of worry – and why are they so essential, I suppose, to the child intervention process?

**9:30**

**Ms Bouwsema:** We have a program called a home visitation program, which might be a little bit different than what you're asking about from a caseworker perspective and going in. The home visitation program: people can be referred to that from many means. They can come from public health nurses. You know, it might be a family that's maybe struggling with a child who's not sleeping or very overactive or whatnot. So they go in, they spend time with the family, they look for any signs of stress, and then they connect the family to community resources, to supports that will help that parent with the child. Always the safety and well-being is the most important thing. They also come up with plans for whatever the issue may be that they're working with the family on, and then subsequent visits are always about how they are progressing on those plans.

**Ms Pancholi:** Yeah. I think I understand the home visit. I think I'm referring more to the home assessments that happen, for example when a call is made into Children's Services – there's a concern about whether or not intervention is needed for a child – and how



Children's Services will do that assessment of whether or not intervention is required or what other early intervention services can be provided. I'm thinking more about that home visit sort of idea. Sorry. I should have clarified.

**Ms Bouwsema:** I was wondering if that's . . .

**Ms Pancholi:** Yes.

**Ms Bouwsema:** . . . where your question was. Yes. Again, absolutely, though safety and well-being are still paramount when staff go in. Back in 2016, I believe, the department implemented something – it's called the signs of safety – and it allows the family and the caseworker to form a shared understanding of the current circumstances that the family finds themselves in and to develop a plan for the safety and well-being of the child. It always comes from the perspective of the strengths that the family and their extended family bring to the table and: how do you augment the strengths that the family has? Every family has strengths. It's a process that we have been using.

We also implemented the child intervention practice framework. It's a foundation for both that collaborative service delivery and the signs of safety model. It supports the child intervention practitioners to deliver our services consistently and in alignment with the ministry's organizational values and principles. Those principles, that are really the foundation of all our work, are that, you know, we respect the indigenous experience, that we're trying to preserve the family, that every family has strengths – as I said, it's strengths based – that that connection is important for the child and for the family, that we want to work in collaboration, and that we're all about continuous improvement.

**Ms Pancholi:** All right. I don't mean to cut you off; I'm a little conscious of time. But I do want to know exactly how the in-home visit works – I know signs of safety doesn't require just in-home visits; it's a lot of talking with the families in a lot of different ways – the actual sort of eyes on the child in the home, what value is in the process, and what you're looking for in that process.

**Ms Bouwsema:** Since I've never been a child intervention practitioner, I'm going to refer to Jon.

**Mr. Reeves:** If I understand the question clearly, you're looking at what the worker does when they enter into a home to assess if there's harm or danger within that home to a child.

**Ms Pancholi:** That's right. Thank you.

**Mr. Reeves:** Yeah. On the assessment side we actually rate or look at the initial severity, and that dictates our response. If there's something in imminent danger – sexual abuse, physical abuse – we go out. The other ones, then, are assessed, and we do collaterals on the other pieces. So when we go into the home, it's basically looking at the safety and well-being of the child. It's using signs of safety as its methodology, which is basically saying, "Is this child safe at this time?" and if not . . .

**The Chair:** Well, thank you.

We'll now move on to a 15-minute rotation for the government side. MLA Rosin will begin the questioning for the government side. MLA Rosin, your time starts when you start speaking.

**Ms Rosin:** Perfect. Thank you so much, Chair. My first questions will be around means testing for services. Given the fiscal challenges that our province has been facing for quite some years now and the need to really carefully allocate our public dollars to

those who are truly in need, especially in a portfolio such as yours, where you deal with so many vulnerable children and Albertans, I'm wondering if you can just tell us how you have ensured that the scarce resources your department has are directed to children and families who are in the most need in Alberta.

**Ms Bouwsema:** Thank you for that question. As part of our child care subsidy program, Children's Services does means testing so that we can focus our resources to the most vulnerable families. The child care subsidy is available to lower and middle-income families who are accessing licensed or approved child care programs. Families can qualify for partial subsidy all the way up to full subsidy, depending on their income, their family structure, the age of the child, the location, the hours of care received.

In child intervention families who receive services under the Child, Youth and Family Enhancement Act, the Drug-endangered Children Act, or the Protection of Sexually Exploited Children Act have already met a legal threshold for requiring mandated services, meaning that there are children at risk and our involvement is required to protect them. As a result, means testing would not be appropriate in these areas.

The ministry also offers ongoing financial supports to Albertans who have taken legal guardianship of children in care through adoption or private guardianship as there is recognition that these children and families have unique needs given the history of child intervention involvement, and the costs for these programs are much less than if a child remained in care. Those supports are currently not means tested.

**Ms Rosin:** Okay. Thank you.

But for the supports that are means tested, you would say that there are very strong metrics that you guys use to evaluate which families and which children receive this care?

**Ms Bouwsema:** Yes, I would. It's a very robust formula that we use to assess the needs of a family.

**Ms Rosin:** Okay. Thank you.

Moving on to my next question, then, at the bottom of page 7 in your annual report it states that the policy division "is responsible for promoting Indigenous cultural awareness." I'm wondering if you could speak to how successful your division has been in educating around and promoting indigenous cultural awareness amongst ministry staff or the contractors that you use. I'm wondering if it's been in the form of training, or if not or if so, what percentage of your employees have received the proper training to date for indigenous cultural awareness?

**Ms Bouwsema:** The ministry has promoted indigenous cultural awareness through a variety of opportunities for our staff. In the last few years we have really moved towards experiential opportunities, and that includes trainings like the blanket exercise. We also have an indigenous speaker series, and we've used teaching smudges and sweats as well. In 2018-19, 1,058 Children's Services staff completed the indigenous learning initiative, which was offered by the Public Service Commission, and it also fulfilled our indigenous cultural understanding framework. We have more than one pathway in that framework, and it fulfilled the foundations pathway.

Two more comprehensive trainings were offered through that indigenous cultural understanding framework. They are the omanitew program, which is based on Cree teachings and cultural solutions, and allying with indigenous peoples, which is based on Blackfoot teachings. In '18-19, 89 people took this training. In addition, 117 people completed the indigenous modules as part of the child intervention practice training. The division also hosted an

indigenous speaker series as a way for Children's Services staff to learn about ways of knowing, doing, and being.

In '18-19 there were four sessions, with a total of 431 staff participating. Subjects of these sessions included trauma, child development, healing, and resistance with Dr. Patti LaBoucane-Benson, honouring indigenous culture and spirituality in the work of Children's Services with Bernie Makokis, a storytelling event with indigenous author Richard Van Camp, and a discussion with the Elders' Wisdom Circle. The division also regularly circulated information on indigenous ways of knowing, doing, and being through academic article summaries and help staff access the kihêw library.

9:40

**Ms Rosin:** Okay. Thank you.

Moving on, on page 15 of your annual report mention is made of the indigenous cultural understanding framework, which I believe was released in June 2018. It's stated there that the ICUF will increase knowledge and skills of employees to better understand indigenous culture and its people. I'm wondering if you can provide specifics of exactly what skills employees are learning under that framework to better understand indigenous culture so they can serve indigenous Albertans and families.

**Ms Bouwsema:** Yes, I can. Thank you for that question. The training and cultural learning opportunities that are offered through ICUF really allow staff to learn under the guidance of elders and knowledge keepers. In doing this, staff are better able to experience and build their comfort in being involved with or practising indigenous ceremony and protocols. Staff further receive teachings on history, colonization, trauma, indigenous healing, and traditional parenting. The experiential nature of the trainings allows staff to build their comfort with indigenous ways of life and feel more confident in their ability to better serve indigenous children and families.

To measure the success of our framework, we closely monitor how many people take the training, and we have an evaluation plan in place. The feedback that we have received so far shows that participants feel that the training improves their understanding of indigenous peoples, cultures, histories, protocols, ceremonies, truths, languages, and ways of knowing. They believe that the teachings that they take away from the training are very valuable in their work.

**Ms Rosin:** Okay. Thank you. You kind of covered my next question, too, which was about the metrics for measuring the success and how that was working. That's great.

Moving on, then. In the same vein in Alberta, especially as the population continues to grow and expand, the cultural awareness and ethnicity training need to go beyond indigenous Albertans and extend to the growing immigrant populations in Alberta. I'm wondering if you can comment on how increased demand from visible minorities with diverse linguistic and cultural backgrounds is being addressed, particularly due to challenging economic times in the last four to five years, if this has played an impact in your operations.

**Ms Bouwsema:** Just further to your question there on success for our indigenous training, I'd just like to add that 87.5 per cent of the respondents felt that the omanitew training helped them learn about indigenous cultural practices, and 96.8 per cent of respondents felt that they were able to learn the basics of smudging, pipe ceremony, feasts, and protocols on cultural solutions. The feedback we're receiving has been very, very positive.

Then your question was on other cultural – could you just repeat your next question, please?

**Ms Rosin:** Yeah. My next question was just relating to what kind of cultural awareness and training you give to your staff and contractors for other immigrant populations and minorities in Alberta, especially considering that the economic challenges of the past four years have probably played a large role in the operations of the department. So if that has played a role, I guess you could speak to both that and what cultural awareness training you have given to your staff beyond the indigenous population?

**Ms Bouwsema:** We have a partnership and a contract with the cultural brokerage program, and we have been working with them on trainings on using their advice and guidance to understand which other cultures are very prominent in our population of the kids that we serve and the trainings that would be valuable for the staff who work with those kids. Really, that has been under the guidance of the cultural brokerage program.

**Ms Rosin:** Okay. Thank you.

Then final question from me. It sounds like you're addressing the immigrant issues and optimizing delivery of service to more diverse populations in Alberta. Could you speak to which communities you are focusing additional cultural awareness training on or where you see the greatest need for added capacity, intercultural skills, or training? I'm wondering if this has influenced your hiring practices, for example, maybe with additional language proficiencies?

**Ms Bouwsema:** From the perspective of hiring practices, yes, we do try to advertise in the cultures and communities of the populations that we serve. I don't have numbers for you on the breakout of our staff from different cultural perspectives, but we do work very diligently at advertising and promoting working for the department in all areas of the province.

We really do use the cultural brokerage program to provide our language services rather than trying to create those skills within our staff because it would be very difficult to have staff in all areas of the province that speak the many languages that are present in the province. We actually use them – there are over a hundred languages that are spoken in our province and that our staff come across in the different families we serve, which is why it's very efficient for us to use the cultural brokerage program. They allow us, then, to provide services across the spectrum of delivery in all of our offices.

**Ms Rosin:** Okay. Thank you.

I'm not sure how much time is left, but I will cede the remainder of my time to Member Rowswell.

**Mr. Rowswell:** Okay. So I should just go ahead?

**The Chair:** Yes.

**Mr. Rowswell:** Okay. Thank you.

I just want to expand a bit on kind of the employment. Like, I notice on page 6 that there are 86 offices, there are seven regions, and then there are 17 delegated First Nation agencies and Indigenous Services Canada offices. Now, did I understand you right: the full-time equivalents that you have in the front line are 2,500? And how many was the total?

**Ms Bouwsema:** In 2018-19 we employed 2,850 full-time equivalents. Of that, there were about 2,700 staff in the regions, and of that, there were about 2,500 staff that provide front-line services

directly to clients in the regions. That includes front-line delivery staff, the supervisors, the support staff, and the managers.

**Mr. Rowswell:** Okay. Is there much part-time or contract employment within that?

**Ms Bouwsema:** No. Because of the nature of the work, the only place that we really do use wage staff is in our 24-hour youth assessment centres. There we do use wage staff.

**Mr. Rowswell:** Okay. The 17 delegated First Nation agencies: are those federal, or are they provincial?

**Ms Bouwsema:** They are federally funded, but they operate under the provincial legislation, the Child, Youth and Family Enhancement Act. And they are delegated by the province.

**Mr. Rowswell:** And those 86 offices that are in the seven regions: none of those are in indigenous communities, then?

**Ms Bouwsema:** No, they are not.

**Mr. Rowswell:** Okay. How many of those would be in, you know, say, Edmonton, Calgary, and how many are outside of Edmonton, Calgary, if you would know that number?

**Ms Bouwsema:** I will have it for you in 10 seconds.

**Mr. Rowswell:** Okay.

**Ms Bouwsema:** I'll just get Jon to answer that question. He'll know it right off . . .

**Mr. Reeves:** Yeah. We have about 40 offices in Edmonton and Calgary, and then the other 46 are spread about the province.

**Mr. Rowswell:** Has the department reviewed the 86 offices in the seven regions to find out, like: are we getting good value for the money? Are there enough out in the regions, you know, outside of Edmonton and Calgary? What metric do you use to decide how far people have to travel in order to get to an office, or do you go to people as much as they come to you?

**Ms Bouwsema:** Children's Services is absolutely committed to effective service delivery. We have a quality assurance monitoring and evaluation program . . .

**Mr. Rowswell:** Okay. We'll get back to that. Thank you.

**Ms Bouwsema:** Sounds good.

9:50

**The Chair:** Thank you.

We'll now move on to our 10-minute rotation. This is the second rotation, and it begins with the Official Opposition with 10 minutes, please.

**Ms Renaud:** Hello. Thank you very much. I just have a couple of quick questions, and I'm going to continue with what Member Pancholi was asking about. Just going back to FTEs, of the 2,500 front-line positions specifically working in child intervention, can you tell me what percentage are indigenous, what percentage of the FTEs? If not, you could just submit that in writing if you don't have it with you.

**Ms Bouwsema:** Yeah. I mean, we don't ask our staff. Our staff are not forced to declare that. It's a voluntary declaration, so we can certainly provide you what we have where staff have self-declared,

but I would not want to suggest that that was one hundred per cent accurate because not everyone chooses to declare.

**Ms Renaud:** Yeah. That would be just fine, actually.

One of the things I just was – we were talking a lot about oversight and metrics to measure, you know, success of different programs. I'm wondering if you can tell me if you have any metrics related to measuring child poverty, if you have any measures in place to determine just where the kids and families are.

**Ms Bouwsema:** That's a very good question. Without question, poverty is one of the root causes that bring children into care, but that is not a metric that we have. We don't ask for people's financial information when they come into contact with us, so I can't give you information on that.

**Ms Renaud:** So your department doesn't use any metrics related to child poverty to determine sort of where they are, what their needs are, what their family needs are. There's nothing in place like that?

**Ms Bouwsema:** I would say that, as I had mentioned earlier, we don't means test child intervention. If they come into contact with us, it's because the safety and well-being of the child is at risk. However, part of the work that we do do with families is that if they require food vouchers or bus transportation or car seats or cribs, that is part of the work that we do with families. But, again, we do not ask for their financial information.

**Ms Renaud:** Okay. I'm going to go back to in-home visits. I'm wondering if you can share the assessment or your estimate of what the consequences might be if Children's Services suspends child intervention practices. I'm thinking about how this relates to outcome 3 in the annual report, that "children are safe and supported." If staff are unable to do in-home visits, how do you ensure that vulnerable children are protected?

**Mr. Reeves:** First off, we assess what the level of harm or danger is to the children, and then if the level is high – such as sexual abuse, physical abuse, or young children – we do go out and assess. If the assessment is sort of, like, we'll say, medium, we then gather collaterals, and then in the next stage we go out and assess. So it's a timing issue more than would we not go out and see a family.

**Ms Renaud:** Could you expand on what you mean by collaterals?

**Mr. Reeves:** It's where we gather information from schools, policing organizations, doctors, anybody else that might be related to the family as we assess the harm and danger. We gather information about that, and we use that as part of our assessment to deem if it meets our legislated mandate to go to the next stage. You do that through an intake, and then you go and do an assessment. Then if they're in need of intervention, we go into some type of legal agreement or a court action to protect the children and youth.

**Ms Renaud:** Good. Thank you.

Can you tell me how the ministry is assessing the current suspension of in-home visits during the pandemic? Now, I understand that this is not specifically tied to the annual report, but I think, given the situation we find ourselves in, it is quite relevant. I think Albertans really need to know and understand the implications that have been considered.

**Ms Bouwsema:** You're right. That is not part of the '18-19 report. What I can tell you, though, is that we have still been assessing . . .

**Mr. Stephan:** Member Stephan here. I'd like to call a point of order. This isn't related to the annual report.

**The Chair:** Sure. That is true, Mr. Stephan. A short response, though, may be in the public interest just given some of the public urgency, and then what I'll do is that I'll ask the member to bring it back to the items at hand. But given that we have outstanding recommendations as well from the Auditor General and we have a situation where it is important for the public to understand just the decision-making and the other controls that come into play with respect to home visitation during the pandemic, I think I'll let this response go, and then we'll get back.

**Mr. Reeves:** During the pandemic we actually provided practice guidance to our staff around those two areas. One is imminent danger. For imminent danger, we were very clear that you needed to go out and attend to the family and interview and assess, making sure you had the appropriate PPE and making sure that the families weren't symptomatic, and if they were, we would engage health and policing organizations to make sure they were safe and not at harm. On lower risk areas we actually engaged families via Skype and reaching out and phone calls and assessed risk that way and then moved forward.

We're no longer doing that as we're in phase 2. We go out now and then assess that risk again to make sure that we're meeting our obligations under our legislation.

**Ms Renaud:** Okay. Thank you.

In reference to the outstanding AG recommendation to enhance early support services, with the suspension of in-home visits, increased alcohol and drug use, as we've noted in numerous sorts of public health announcements or discussions, increased family strain, and an economy in lockdown, we know that many more kids will be put in vulnerable positions. There will be a backlog and a surge in new cases, very likely. So I'd like to ask the ministry, again in reference to an outstanding AG recommendation: what are you doing right now to address . . .

**Mr. Stephan:** Chair . . .

**The Chair:** Okay. I'm hearing a point of order. Member Renaud, are you referencing a specific outstanding Auditor General recommendation . . .

**Ms Renaud:** I certainly am.

**The Chair:** . . . and if not, then we'll maybe rephrase.

**Ms Renaud:** Okay. Let me skip that one. That's fine.

Page 16 of the annual report refers to supports for youth to succeed. The report addresses the advancing futures program and mentoring. Where would I find reference to the support and financial assistance agreements program in the annual report, which assists former children in care transitioning to adulthood, including those young people who are not accessing postsecondary supports through advancing futures? And would a young person accessing the advancing futures program be able to access additional supports through the SAFAA program?

**Ms Bouwsema:** What I can tell you is that our youth transitioning out of care is referred to in our annual report on pages 14, 16, 17, and 21.

A key outcome of child intervention is that every youth receiving services is supported to make a successful transition into adulthood. This can be a very challenging time for youth who are transitioning

out of care. Many have experienced trauma, disconnection from family and community, cultural isolation, and other unique challenges. You know, Children's Services recognizes the potential of all youth and provides resources and supports to help them overcome challenges and reach their goals. Child intervention practitioners must begin transition planning for children in care prior to the age of 16, and they continue working together until the youth leaves care.

We offer support and financial assistance agreements and the advancing futures program, which is unique across Canada, to help youth transition into independent and successful adults. Every region has practice specialists that help engage, assess, and support youth in planning and transitioning out of care, part of implementing the new staff training and practice strategies for lifelong connections and family finding. Staff use these tools to ensure that all children are able to maintain connections to people who have been or could be significant in their life, including family, community, culture, and caregivers.

**10:00**

**Ms Renaud:** Okay. Thank you.

Just a quick follow-up: can the ministry advise as to whether in the 2018-19 year or leading up to the present, given that this is an ongoing recommendation of the Auditor General, a comprehensive review was conducted of the SAFAA program to evaluate the efficacy of the program? If so, what was the outcome, and where can we see a report on that particular review?

**Ms Bouwsema:** Can you just tell me which recommendation of the Auditor General you're referring to, please?

**Ms Renaud:** Under recommendation – let's go with 1, 2, and 3.

**Ms Bouwsema:** Recommendation 1 was on improving access control processes.

**Ms Renaud:** Sure.

**Ms Bouwsema:** In '18-19 we provided an orientation for supervisors and managers that included processes when transferring and terminating employees, and we designated information controllers for all information systems so that we could manage employee access and changes in terminations. The information controller list is a living document . . .

**The Chair:** Okey-dokey. Thank you very much.

We are now moving on to the government side for 10 minutes. Please go ahead.

**Mr. Rowswell:** Okay. Thank you very much. Just to continue on on the 86 offices, I was asking how you go about deciding how you're going to locate them relative to availability to people in need. Has that number been fairly consistent over the years?

**Ms Bouwsema:** Yeah. Thank you for that question. Yes, the number has been fairly consistent. We do continue to implement practices across the province to ensure that children and families receive consistent services regardless of location. To create this efficiency and consistency, these practices continue to be embedded in our forms and processes to make sure we're ensuring sustainable safety planning, culturally sensitive practice, and connection. In 2019 child intervention did complete an analysis on consolidating three of our regions into one larger region. That didn't change the number of offices; it just changed the way that we co-ordinated services between the offices. But we do look at that on a regular

basis because populations and communities change all the time as well.

**Mr. Rowswell:** Okay. Good. Thank you very much.

On page 20 of the annual report it states that the department launched the “first mobile application for child intervention workers called Case Connect.” The new app eliminated “the need to transcribe hand-written notes into the system.” I assume that with handwritten notes, then, they had to come back to the office to transcribe them into the system. Do you have a feel for how much time that might have freed up for child intervention workers as a result of case connect?

**Ms Bouwsema:** Yes. Thank you for that. You’re right; that is what it meant. Upon full implementation of case connect, we’re projecting that it will free up 233,040 hours per year, allowing caseworkers to reallocate this time for front-line service delivery for families and children rather than those administrative duties you were referring to. This reduces the need to return to the office to type in notes and saves approximately 48,000 hours per year, increasing efficiency and decreasing the cost of travel reimbursement.

**Mr. Rowswell:** Wow. Well, that’s pretty impressive. It’s obviously working well. It listens and transcribes efficiently, then?

**Ms Bouwsema:** Yes. As I mentioned earlier, staff really refer to it as a game changer for them.

**Mr. Rowswell:** Okay. Well, that’s great.

Are there any other processes that you’re looking at that are labour intensive as far as handwritten materials go? Are there other things that you’re looking at with regard to that?

**Ms Bouwsema:** Most of our other casework documentation requirements have been completed electronically for many years. We do have our client management system, that we’re just in the middle of implementing now, and that will make some of our historical paper files able for staff to access electronically, so we’re very excited about that. But, for the most part, the contact notes, that staff can put in now using case connect, was the remaining significant documentation task that staff had to do.

**Mr. Rowswell:** Okay. You know, other professions, like the police, have had this mobile application for a lot of years. How long did it take you to develop and deploy case connect?

**Ms Bouwsema:** We held a series of focus groups with our front-line staff, and the mobile solution was identified. Development began in January 2018. We started testing the application with a group of front-line staff in July 2018, and full implementation took place in 2019. Uptake of this solution has been steadily increasing. It has been especially valuable during this COVID-19 pandemic as it provides for remote data entry and real-time availability of information.

**Mr. Rowswell:** So it sounds like you’re in the process. Are there still people that don’t have access to it that are caseworkers?

**Ms Bouwsema:** Everybody has access now, and I would say that as a result of COVID-19, everyone is using that.

**Mr. Rowswell:** Okay. Fair enough. Good.

On page 7 of the annual report it states that the policy division focuses on integration across programs, particularly of lessons learned and best practices, strengthens ongoing activities, and

promotes a culture of innovation. Quality assurance and continuous improvement are priorities for the ministry.

That’s what it states on page 7. Can the department explain how it measures success when it comes to quality assurance and continuous improvement in the ministry?

**Ms Bouwsema:** Thank you for that question. We measure success through a variety of ways, actually. We have ongoing evaluation of our work that we do, both in child intervention and in child care. We set key outputs and both short- and long-term outcome measures that we think are a reflection of the context and environment that we are operating in. We have ongoing external reviews through the office of the Child and Youth Advocate. In ’18-19 the Ministerial Panel on Child Intervention had just completed its work and provided a variety of recommendations. These methods do help the ministry to better inform our strategic decision-making. They help us to set our key priorities, and they address any gaps or challenges in the system.

**Mr. Rowswell:** Okay. Thank you.

Can the department explain how the policy division promotes a culture of innovation and any indicators of success or measures that they may have had success with?

**Ms Bouwsema:** Thank you. In 2018-19 Children’s Services created a social innovation branch within our policy and indigenous connections division. The branch was developed, and it led a social innovation community of practice for Children’s Services. It was used as a way to bring the good ideas from our front-line staff up to create the ability to implement solutions and input from staff on how we could be more effective and efficient in the work that we do. Participants shared their knowledge and explored new ideas and best practices in order to increase the innovation throughout the department. In our last public service engagement survey, which was held in 2018, 55 per cent of the staff in Children’s Services indicated that they felt that innovation was valued in our ministry.

**Mr. Rowswell:** The 55 per cent: like, that’s a measure of what did happen. Was that the goal, or is there a higher goal? How are you setting your goals for that?

**Ms Bouwsema:** I would say that our aspirational goal would be that all staff recognize the importance of innovation in the ministry and are all contributing to innovation within the ministry.

**Mr. Rowswell:** Okay. Good.

How does the department know it’s been successful in strengthening ongoing activities across programs, and do you have any examples?

**10:10**

**Ms Bouwsema:** Children’s Services knows that it’s been successful at strengthening capacity across programs by the strength of our relationships with agencies and organizations outside of the ministry and our ability to move initiatives forward that support children and families.

One example that I would use of that is child advocacy centres. In child advocacy centres Children’s Services works with Justice and Solicitor General, with Health. We work with the Calgary & Area Child Advocacy Centre, Edmonton’s Zebra Child Protection Centre, the Caribou Child and Youth Centre in Grande Prairie, and the Central Alberta Child Advocacy Centre in Red Deer. Together as partners we help educate and create awareness of the signs and realities of child abuse, which helps keep children safe and encourages them to speak out about abuse.

I would just say that another example would be our kinship care program. Children's Services has very much focused their efforts to strengthen this program. We've engaged kinship care providers, community partners, and staff to review the program as a whole and the supports that are provided. In 2019 we launched a pilot to strengthen the approach to the assessment of kinship caregivers on- and off-reserve, and evaluation of the pilot sites is being conducted currently.

Performance indicator 3(b) in the annual report . . .

**The Chair:** Thank you, Deputy.

We'll now move on to the third rotation, beginning with the Official Opposition, of 10 minutes.

**Ms Pancholi:** Thank you, Chair. I'm just going to go back if I can. Actually, these questions might be better directed to the Auditor General's office if possible. I'd like to go back a little bit to talk about – well, this is related specifically to the recommendation on ensuring a child-centred approach and ensuring that the care plan for each indigenous child is adhered to and meets the standards of care for the department.

Specifically, to the Auditor General's office. I understand that the ministry noted that they were ready for this recommendation to be assessed in September 2019 and that the Auditor General has indicated he will be doing that assessment later this fall, which I believe means that the Auditor General will be looking at all of the work that the ministry has been doing up until the time it begins its assessment. I'm wondering if the Auditor General's office can comment on whether part of that assessment will consider the fact that during the pandemic we do know that in-home visits and in-home assessments were suspended and whether that will form part of their consideration of the ministry's implementation of the recommendations.

**Mr. Wylie:** Thank you for the question. I'll ask Rob Driesen to maybe supplement, but our process is one where we would always go and assess the original recommendation to determine whether substantively the risk that we identified has been addressed by the ministry. As you say, the ministry has indicated they'd implemented this in September 2019. What we'll do, first of all, is ask the ministry to show us what they have done in the way of process improvements and to identify the process improvements that they made and be able to demonstrate to us, first, how they can make the assertion that it has been implemented.

If the evidence that they provide is complete, if you will, then for the nature and detail testing that we would do, we would limit that generally. If there is an issue with, for example, where we're looking at the implementation and effectiveness of a process over a period of time, then we would maybe go test the effectiveness of that to be able to say: yeah, they made the process changes, and it appears to be operating as intended. In the particular case here, I'm not exactly sure on the specifics of what we would do on the follow-up, but be assured that we'd do enough work to assess whether the risk that we identified was addressed.

Now, with respect to the specific time frame of looking at the work done during the period of this COVID-19 and the issues we've had, our office has indicated that we will be doing some work to assess the implications that this has had on the government and program delivery and other issues. So we're actually going through the process of identifying what specifically we will be doing with respect to the government's response to COVID.

I don't want to pre-empt our complete analysis there, but certainly one of the things that we said that we would do would be to be looking at the programs and, you know, the potential impact

on programs and what the government has done and the departments have done to ensure that the objectives of the programs are being achieved during all times, if you will, and what action would have been taken during the period of a pandemic.

Rob, I'm not too sure. Did you want to supplement? Could you answer more specifically? Yet I'm not too sure where you're at on the planning, of knowing specifically what we'd be doing relating to this follow-up versus any work we might be doing on COVID itself. Did you want to supplement?

**Mr. Driesen:** Yeah. Thanks, Doug. I don't know if I have much more to supplement. I think what I would say is that as part of our planning and looking at the processes that had been put in place by the department, we would certainly focus on understanding what those processes are, consider maybe what has been done as a result of the pandemic and how those processes have changed. Certainly, we'd want to understand the ongoing processes that the department has put in place long term and consider what they can show about how those are operating effectively and, again, kind of consider, as part of that, whether we do that as part of this examination of the processes or as part of our examination of programs provided under COVID, how else some of those processes have worked over this unusual time period.

**Ms Pancholi:** Thank you for that. That's very helpful.

Gosh, we've run out of time so fast on these. I'm going to ask a very big question. I'm sure if you could speak as fast as I do, that would be great. I'm going to ask about the implementation of the action plan, the Ministerial Panel on Child Intervention, the action plan items. There were a number of immediate items that, I believe, would have been completed in the 2018-2019 year. I actually have two questions. One for the ministry: if you can comment on sort of the overall progress you're making on implementing the action plan as well as whether or not the implementation of Bill C-92 is in any way changing your plans with respect to implementing the action plan. Big question.

**Ms Bouwsema:** Thank you for that question. Yes. At the end of the 2018-19 year government had reported at that time that we had implemented all of the short-term recommendations. There were 16 of those, 16 or 18, I believe. We were well on our way in many of the medium-term and long-term actions. As the name suggests, some of that was about getting programs and things started because it was going to take more than a year to implement.

In response to your last question, yes, C-92 did impact many of those recommendations. I will say that there is lots of confusion in the First Nation community about what that means. They're still trying to identify what they want to do. The recommendations under the panel were about working under our legislation and making our legislation better. C-92 talks about them having their own legislation. Through some of our recommendations it was, like: well, we don't want to talk about your legislation anymore; we want to talk about our own legislation. Those conversations are ongoing with our First Nation partners.

I would say that we have very good relationships with them, and that was one of the big benefits of the Ministerial Panel on Child Intervention, some of the advisory committees that were put in place and the relationships that were created. But there are many of them who do not want to talk about our legislation. They would like to talk about their own.

**Ms Pancholi:** Thank you. That's helpful information.

Quickly to the Auditor General's office. I'm just wondering. Again, it goes back to your assessment of the implementation of the recommendations on a child-centred approach and whether or not

the Auditor General's office will as part of their assessment consider the implementation of the action plan, considering there might be context around it. Does that influence or is that part of the things that the Auditor General will be considering when doing an assessment?

**Mr. Wylie:** Most of our recommendations, well, in fact, all of them, related to processes at the department and the department's, to a large extent, monitoring process themselves, so the processes that they have. That would be the focus, to ensure that the department's processes are achieving what they're intended to achieve. To the extent that the department has reacted by modifications to their processes, we'd expect that that would be picked up as part of our follow-up.

10:20

**Ms Pancholi:** Okay. Thank you. So if the department has committed to implementing all of the actions in the action plan in its design, part of that was to meet the concerns raised by the Auditor General around the fact that indigenous children were receiving different quality of services and it wasn't being monitored properly. That's part of the reason for the panel. It was part of the reason for the action plan. If the government has committed to adopting that action plan, wouldn't that then be part of the assessment if they're following through, basically, on their commitments under the action plan, failing to or perhaps for good reason in some circumstances not doing that? Would that not be considered part of whether or not they're fulfilling their obligations to implement the recommendations? Sorry. That's to the Auditor General's office again.

**Mr. Wylie:** Yeah. Sorry. There may be some overlap in our work and the work to which you're referring, but, again, the scope of our follow-up will be specifically related to the recommendations that we made to the department. The input and further input that they received and manner in which they're determined to respond to others' advice in implementing those recommendations: you know, we'll be looking at that to the extent, again, that it goes to implement the specific recommendations that we made to the department. I just want to be clear. Our scope of examination will be looking at the criteria that we had for our original recommendations.

**The Chair:** Thank you.

We'll now move on to a third rotation for the government side. You have 10 minutes when you start speaking. Go ahead.

**Mr. Rowswell:** Okay. Just a short little question. At the end there we were talking about the ongoing activities across programs and integrated across programs, and I think you were getting into it about how you measure what the indicators of success might be on how that integration is going, so I just wanted to give you an opportunity to finish up on that.

**Ms Bouwsema:** Thank you for that and for coming back to that question. I was using the kinship program as an example, and I had just started to say that performance indicator 3(b) in the annual report in 2018-19 showed that 45 per cent of indigenous children in foster and kinship care were placed with indigenous families, and that was a 1 per cent increase from the previous year and a 6 per cent increase from 2014-15. As of March 31, 2019, there were 3,487 children and youth in foster care and 2,772 children and youth living with kinship caregivers. At that time Alberta had 1,486 foster homes and 2,233 kinship homes, and we certainly see that as a

success from the perspective of trying to keep children in family-based care.

**Mr. Rowswell:** Okay. Well, thank you very much. I'll cede to Member Toor.

**Mr. Toor:** Hello. Thank you, Chair, and thanks to the department for coming and for your input. My question starts on page 13 of the annual report. It's the performance measure for enrolment in licensed and approved child care. As the report notes, the system is generally utilized at the rate of 80 per cent up to 82 per cent. The report further notes that "spaces may not be where parents need or want them." So the question is: can the department elaborate more on the location on spaces? Are there areas with a lot extra capacity, and if so, where are they? As well, are there areas that have no capacity, and if so, where are they?

**Ms Bouwsema:** Thank you for that. You're correct. Despite the overall availability of spaces across the province some communities in Alberta face shortages of regulated child care spaces, which leads to hot spots, as we've referred to them. Just to back up a little bit, the difference in the number of available licensed and approved spaces versus the number of enrolled children tells us that these spaces are not always available where families need care, and this is often amplified in large urban communities like Calgary, where enrolment is frequently above 97 per cent of available daycare spaces, and in rural communities, where families may have to travel to other communities to find a child care program.

The four licensed child care program types have the following average provincial enrolment: daycare, 89 per cent; family day home, 75 per cent; preschools, 79 per cent; and out-of-school care, 72 per cent. We consider a program with more than 90 per cent enrolment to be full. I guess what that indicates is that the provincial averages don't necessarily reveal the very wide variation that regions experience and even different communities within the same city, where one part of the city might have a hot spot due to a lack of spaces while other parts of the city report high vacancy rates.

You asked about which communities have pressure, those communities that would be over the 90 per cent creating a hot spot for daycare spaces. We find that in the north-central region, particularly in Cold Lake, Vegreville, and Hinton. They're at about 117 per cent. In the south of the province – Coleman, Blairmore, Redcliff – it's about 99 per cent. In the northwest part of the province – Fairview, Wembley, Peace River – they're at 97 per cent. In Calgary, particularly more in the Canmore, Langdon, High River area, they're at 95 per cent. The communities that have the lowest enrolment in the province, so less than 50 per cent for their child care centres as of March 2019, those existed in Grouard, Rainbow Lake, Devon, New Sarepta, Penhold, and Turner Valley.

**Mr. Toor:** Thank you.

I will move on to page 9 of the annual report, which states that grants will be made for wage top-ups, professional development, and staff attraction incentives for child care staff. The question is: can the department explain the challenges related to child care staff given the variety of supports provided?

**Ms Bouwsema:** Yes. Thank you. The child care sector is challenged by both low employer-paid wages, by high staff turnover, and by access for centres to qualified staff. With regard to those low employer wages we know that the average wage paid by employers to a child development assistant was \$15.84, in '18-19 for a child development worker was \$16.89, and for a supervisor was \$18.44.

You know, what we've tried to do over time is stabilize the child care centre, so since 2007-2008 staff turnover has significantly decreased from about 43 per cent to about 25 per cent. The ministry's support for child care workers has been through wage top-ups and professional development funding, and we believe this has contributed to the stabilization over time. Also, in the past few years there has been an increase in the number of staff certified at the very highest level of child care certification, and this is based on both relevant education and the training they've taken. Children's Services does provide professional development funding for postsecondary or workshops to support ongoing learning opportunities, and we always continue to monitor this as we want to support a more skilled and capable workforce.

**Mr. Toor:** Thank you. You answered part of my next question, but still: are there any strategies to address the challenges, and if so, how are we measuring the success?

**Ms Bouwsema:** We do measure the turnover of staff and the professional development of staff and the wages that are paid. We address that by continuing to provide wage top-ups for staff. We address that by continuing to provide professional development support for staff and support for increasing their level of training and moving from an assistant to a worker to a supervisor. We have seen an increase in the number of people attaining the highest level of training. We assess that by what parents tell us about the quality of the programs that they have their children in because we do believe that qualified staff contribute to quality child care.

10:30

**Mr. Toor:** Thank you.

I'll move on to page 9 of the annual report, which states that in 2018-19 the educational equivalencies of certification for child development professionals were narrowed to focus on child development and family studies. Can the department explain how this narrowing happened? What elements were excluded from the certification?

**Ms Bouwsema:** In 2008 the educational equivalencies were developed as part of a regulatory review that occurred at that time and the implementation of the creating child choices initiative. It was a multidisciplinary approach that allowed programs to hire persons with diverse training to best meet the needs of their program. Although those equivalencies really did help programs meet the new certification regulation at that time, back in 2008, many child care operators are now telling us that they have had to provide additional training to help those staff become certified under the expanded equivalencies so that they could understand the core concepts of child development.

So we revised the child educational equivalencies to incorporate that feedback from the majority of our stakeholders, and they really recommended that we narrow those educational equivalencies to those that have a more solid foundation in child development and family studies. But, you know, we needed to ensure that we didn't narrow too far, that it once again destabilized the workforce. The educational credentials that we no longer . . .

**The Chair:** Thank you, Deputy.

We'll now move on to the fourth rotation, the last rotation, the Official Opposition for 10 minutes, please. Your 10 minutes start when you start.

**Ms Pancholi:** Oh, my goodness. Last rotation. Okay.

Since we're on child care, why don't we continue on with that? I'm wondering if you could – on page 9 of the annual report it

references the growth in the number of child care programs, that in 2018-2019 it grew by 4.6 per cent from the year prior. Do you have a sense of how many of those new programs were offered by the variety of operators: private, nonprofit, day homes? Those new programs: do you know where they grew? If we don't have the answer right now, I'd be happy to accept it in writing.

**Ms Bouwsema:** We'll provide that to you in writing.

**Ms Pancholi:** Thank you very much.

I'm going to actually sort of carry on on the tangent that my colleague Member Toor was actually on with respect to the need for quality, trained early childhood educators. I'm wondering if you would speak to – on pages 9 and 10 of the annual report it references the early learning and child care program, otherwise known as the \$25-per-day program – how you believe that the program assisted with ensuring professional development opportunities, training, and qualifications for early childhood educators.

**Ms Bouwsema:** Thank you for that question. The early learning and child care centres were the Alberta government's response to the multilateral early learning and child care framework that all provinces and territories signed onto with the federal government. The intent was to work towards investments that increase quality, accessibility, affordability, flexibility, and inclusivity in early learning and child care, keeping in mind consideration for people who are more in need. So we got support, \$45.6 million, from the federal government on this shared commitment, and we worked with child care professionals across the province to give children the best opportunities.

You'd asked before about the split of child care operators. It's about 40 per cent not-for-profit and 60 per cent for-profit in the province of Alberta.

**Ms Pancholi:** I'm looking for the growth, though. My question was specific . . .

**Ms Bouwsema:** Yes. We will get back to you on that.

**Ms Pancholi:** Yes. Okay. Sure. Thank you.

**Ms Bouwsema:** The number, whether they were family day homes or what the growth was, we will get back to you on that.

And can you tell me the . . .

**Ms Pancholi:** Just the impact of the ELCC pilot project on that issue of retaining qualified early childhood educators and how that supported that objective.

**Ms Bouwsema:** Right. I would say that the pilot certainly confirmed that those three pillars in the framework were very important to parents and to the quality of child care: quality, accessibility, affordability. At that time, when the minister was visiting child care centres across the province and speaking with parents, they could not say that one was more important than the other. Quality was super important to them, and our response to that was implementing the Flight curriculum. Parents really appreciated that and found it did provide quality child care. Accessibility was important. They would say: if I can't get into a child care, nothing else is important. Of course, affordability was important, too. None of them were more important than the other. They were all equally important.

In Alberta we were testing a model of universal child care. Other jurisdictions were addressing quality, accessibility, and affordability in other ways, but we were testing it through a universal system.



**Ms Pancholi:** Just following up on that because I think one of the challenges is on the affordability and accessibility. You're right. I think one of the things is that wait-lists are very long in certain cities and in certain programs. I'm wondering if the ministry has any way to track and has measured, whether as part of the ELCC program or otherwise, how many parents would access or perhaps have difficulties accessing child care because of affordability, if that piece is tracked. For example, if it was more affordable, would parents, I guess, be more likely to seek it, or would they choose to stay home anyways or do whatever options they're choosing? Is that something that's measurable, that has been measured in terms of who would access it if it was? I'm focusing on the affordability piece.

**Ms Bouwsema:** Right. We don't track that. Parents don't have to tell us what they do, why they do it, whether they use private babysitters, whether they stay at home. We don't track that. Some centres have wait-lists; others don't. There is no provincial wait-list because, again, these are all individual businesses, and they all make their own decisions around those kinds of things.

**Ms Pancholi:** Okay. Thank you.

I'm going to ask a specific question that you might need to follow up on in writing. I'm just looking at page 32 of the annual report, that indicates that in 2018-2019 Children's Services spent \$408 million on child care overall. I understand that \$288 million of that is on child care subsidy. I'm wondering of that \$288 million that's spent on child care subsidy, how much of that directly goes to subsidies, I guess, to centres or to parents directly as opposed to how much of that is used on staff who administer the subsidy program? I'm wondering how much actually goes out the door directly in subsidies.

**Ms Bouwsema:** All of that money would go to the centres on behalf of a parent when they apply. That all goes out there or I would say the vast majority of it. At that point in time we had more of a manual process for the applications so there was some staff time on that. But otherwise it all went to centres to offset the cost of child care.

**Ms Pancholi:** So pretty much most of that \$288 million is dollars that go out the door to . . .

**Ms Bouwsema:** Absolutely.

**Ms Pancholi:** Okay. Similarly, of that \$408 million on child care, \$119 million of that goes to child care worker supports, which I imagine are wage top-ups for accreditation. Again, how much of that \$119 million is spent administering the wage top-ups within the department, and how much of that goes actually directly out to centres, again, as wage top-ups or direct supports to child care staff?

**Ms Bouwsema:** That is very much not a manual process. That is something that's inputted through a system. Again, my answer would be that the vast majority of that is going as wage top-ups directly to the staff. What centres provide us is how many hours staff have been working.

**Ms Pancholi:** And their qualifications, I'd . . .

**Ms Bouwsema:** That's right.

**Ms Pancholi:** That's right. So what they were eligible for. Great. Thank you.

I think with respect to child care, sorry, you also talked about – we know that the annual report mentions subsidies for lower income families. I guess I'm going back to the affordability piece but for all families really, but I guess lower income, of course, we

support through child care subsidies. Do you have a sense of what impact lack of affordability might have on the economy? I mean, when you're doing your assessment about the value of, for example, the year 1 evaluation of the ELCC program, has that been part of the evaluation process for the ministry in tracking the improvements or the impact of affordability on the economy?

**10:40**

**Ms Bouwsema:** Yes. That was part of the evaluation. In '18-19 we had only done year 1 of the first 22 pilot sites of the ELCC framework. Certainly, there were parents who said that the lower cost allowed them to go back to school or back to work or make different decisions, right? Of the sampling we had of those 22 centres, there were certainly parents who made those comments.

**Ms Pancholi:** Okay. Thank you.

Since I have a couple more minutes, I think, I'm going to go back really quickly to the supports for youth transitioning out of care on page 16 of the annual report, which references supports for youth to succeed. I'm sorry if this is a repetitive question, but I just want to make sure that I get an answer about how many young people who maybe were part of the support and financial assistance agreements – do you track how many of those young people are indigenous?

**Ms Bouwsema:** Yes, we do.

**Ms Pancholi:** Do you have the number?

**Ms Bouwsema:** We don't.

**Ms Pancholi:** You can provide it in writing if you wouldn't mind.

**Ms Bouwsema:** Yes.

**Ms Pancholi:** Thank you. Again, was in 2018-19 – I do believe this is an ongoing issue because it does speak to the recommendation from the Auditor General. I know this is a child-centred approach, but it's making sure that indigenous children have the same quality of child plan – right? – their plan . . .

**Ms Bouwsema:** Yes.

**Ms Pancholi:** . . . which, I think, extends into their transition to adulthood. So I'm asking whether or not an assessment or an evaluation was done specifically of the support and financial assistance agreements, and was it done in terms of its efficacy, were there concerns, was a formal review done of that program to determine its efficiency and effectiveness, and if so, if there is a written report from that?

**Ms Bouwsema:** There was no review done in '18-19. Certainly, that transition was also part of the recommendations from the Ministerial Panel on Child Intervention. It's an area that the department recognized as requiring some further work. We did develop a protocol with Community and Social Services so that we could better support the youth with disabilities as they're transitioning to adult services, so that is in place. I think . . .

**The Chair:** Thank you, Deputy.

We'll now move on to the government side for their final 10-minute rotation.

**Mr. Toor:** Thank you, Chair, and thank you to the members. I just want to follow up from the narrowing of focus through child development, which means child safety and development. I'm just wondering if you have anything more to add. Like, will the

department be measuring any relationship to the change in certification with the child well-being?

**Ms Bouwsema:** Yes. Thank you for that. I think when I ended before, I was about to tell you the educational credentials that we no longer accept for advanced certification. Those would be the ones in arts and sciences degrees, fine arts degrees, and licensed practical nursing certificates. The view of our stakeholders was that those programs did not contain core concepts of child development as part of their programs, so we have found that operators have responded very positively to our revised equivalencies, as they still allow recognition for related education, such as bachelor of education and social work degrees, which are both relevant to supporting children and families. Child development supervisor, which is the highest classification that you can get to, does require a two-year certificate in early childhood education or equivalent, and the vast majority of the people who are certified at that level, if they're a supervisor under the educational equivalencies, it's because they hold a bachelor of education degree.

**Mr. Toor:** Thank you.

Let's move to page 21 of the annual report, which states that there are seven child advocacy centres that received over \$1.2 million in '18-19. The purpose of those centres is to bring professionals together "to investigate abuse, help children and families heal from abuse, and hold offenders [to account]". So my question is: how do all these different offices co-ordinate so they don't overlap, I guess?

**Ms Bouwsema:** Thank you for that. The child advocacy centres do not replace our existing mandated services under the Child, Youth and Family Enhancement Act, rather they help us to co-ordinate the functions of all the ministries that are involved in that work. I had mentioned that we work with Health, we work with Justice and Solicitor General with the Crown prosecutor, with mental health professionals. It's a way to co-ordinate all of those services and streamline the processes and reduce duplication so that children and youth who are impacted by sexual abuse are not having to tell their story three and four and five times over. They're not having to go to six different offices to receive the services that they require.

**Mr. Toor:** How does your department measure the success of these centres?

**Ms Bouwsema:** All of our CACs right now are at various stages of full implementation, the zebra centre in Edmonton and the Child Advocacy Centre in Calgary being the furthest along and the longest in place. Work is currently under way with the newer ones that have started and the older existing ones to create a consistent approach for measuring their success. We currently capture data on referrals and open files. However, we are trying to work with CACs on a more consistent and robust mechanism to quantify and assess the work that they complete through the CACs, not just measuring inputs.

**Mr. Toor:** And what data does the department collect from CACs to assess their effectiveness?

**Ms Bouwsema:** For the most part right now we capture the referrals that they get from other – where they get their referrals from and how many referrals and then how many open files they're dealing with. We also do track things like prosecution rates for children who are seen at CACs.

**Mr. Toor:** Thank you.

Chair, how much time am I left with?

**The Chair:** Looks like about five minutes.

**Mr. Toor:** Okay. I'll pass on my time to the next government member.

**Mr. Guthrie:** Hi there. Thank you. On page 10 of the annual report it states that 57 parent link centres are provided \$25.5 million in grants, and their mandate includes increasing family strengths, building the capacity to develop nurturing environments, and enabling access to screening services. I was just wondering here: how do the 57 parent link centres work with the 86 in-community offices that are mentioned earlier in the annual report on page 6?

**Ms Bouwsema:** Thank you for that. In my opening comments I talked about universal supports that we provide to children and families, working our way all the way to the most intensive and intrusive services. Parent link centres are at the end of the spectrum of universal supports to children and families. They do accept referrals from Children's Services but also from other places in the community. PLCs provide supports for families who are in need, but program participation is voluntary because it is a universal support. Parent link centre staff are expected to be knowledgeable about the community resources that are available to support the needs of families and to be able to provide information and referral to other core service delivery areas. So it could be intensive parenting training. It could be home visitation that we had talked a little bit about earlier. It could be mental health supports. It could be a variety of other services and supports.

**Mr. Guthrie:** Okay. Great. And with, you know, so many different offices can you explain how you measure the effectiveness of these offices and the success of the parent link centres themselves?

**Ms Bouwsema:** The primary tool that we use to measure the outcomes is a survey called the UpStart Parent Survey. It was developed in Calgary, and it has been established over the years as a reliable and valuable tool for evaluating prevention-focused parenting programs such as those offered in the PLCs. The UpStart survey continues to be used as part of the provincially collected annual parent link participants survey, which also provides information on participant demographics and their perceptions of the services that they receive.

**10:50**

**Mr. Guthrie:** Okay. On that same page it discusses screening and referrals. Can you explain what services it provides referrals for and, you know, which organizations they work with?

**Ms Bouwsema:** There are two kinds of screenings that are provided for parents. They're both developmental screenings. One is the Ages & Stages Questionnaire, or ASQ, and the other one is the Ages & Stages Questionnaire: Social-Emotional, so ASQ:SE. Based on the results of those screens referrals are made to a wide range of community agencies and support. The most common referrals are for speech and language or hearing specialists, play programs for fine and gross motor lags in development, mental health supports specific to that social-emotional component. It also can include referrals for doctors and specialists, to speech and language professionals, to mental health specialists, to the local health unit, and to any kind of play-based community programs like you might find in the community library program.

**Mr. Guthrie:** Excellent. Okay. Well, thank you.

Moving on, I guess, to the next page, page 11 of the annual report, there's a reference made there to a triple-P positive parenting

program. Can you explain that program and how the program is measured for success?

**Ms Bouwsema:** Yes. Thank you. Children's Services has provided provincial support PLCs for that triple-P parenting program and, as well, to use an online scoring application so that practitioners, parents, and funders are able to see the progress and outcomes achieved from involvement with this program. A multiyear analysis of the outcomes from the online scoring application provided these outcomes.

Of the seminars that are provided . . .

**The Chair:** Thank you, Deputy.

We will now move on to three minutes per side of MLAs reading questions into the record so that the department can follow up. We have three minutes, and the Official Opposition will lead off.

Your time starts when you start speaking.

**Ms Pancholi:** Thank you, Chair. I'm wondering if the ministry can please, with respect to the well-being and resiliency framework, which is referenced on page 15 of the annual report – to what extent was the framework proposing a departure from current practice by service delivery staff through parent link centres and agency partners? Was a review or assessment done at that time or since that time to evaluate how parent link centres and early childhood coalitions, for example, delivered the outcomes of the framework and whether there were any concerns that it was being provided inconsistent with what was set out in the framework?

The next question is around the Auditor General's recommendation around intercultural understanding. I'm wondering if the ministry can tell us how many of the ministry's executive team have taken the indigenous cultural understanding training, and what percentage of ministry staff have completed, and how you're ensuring that's happening for new staff.

Lastly, I would just ask, with respect to Jordan's principle, if you could provide a description of the process and whether or not there are continuing to be ongoing requests and enquiries around Jordan's principle and the staff that may be associated with processing Jordan's principle's enquiries.

I will turn it over to my colleague Member Renaud.

**Ms Renaud:** Thank you. My questions are also about the well-being and resiliency framework, specifically the evaluation framework. I noticed that missing is the timeline for implementing the best practices and data-collection measures. I'm wondering if the ministry can provide an update on that. Who would do this work in terms of service providers? How and when will that happen? Will we see the data that supports future changes? As well, what related training have service providers received?

I'm going to flip over really quick to follow up with parent link. I understand that on page 10 it tells us that there are 57 parent link centres funded at \$25 million. I'm wondering if we can get a breakdown of these parent link centres, as to which other communities they support other than the community where they're located. For example, Fort Saskatchewan parent link would serve communities like Gibbons and Redwater, I'm assuming. I'm wondering if I could get that in writing.

Thank you. I'll turn it over to Member Dach.

**Mr. Dach:** Thank you. Question: how often were the files of indigenous and nonindigenous children who received services reviewed over the course of the '18-19 year? Are there still inconsistencies in the follow-up services provided by the ministry

to indigenous children as reported by OAG in July 2016 when on average indigenous children were

more than twice as likely not to have had their permanency plan followed up every three months, nearly one-and-a-half times as likely not to have face-to-face to contact with their caseworker every three months, [and] more than one-and-a-half-times as likely

as nonindigenous children? So that's my question, and I will turn it back to my colleagues.

**Ms Renaud:** Thanks. So if we still have a little bit of time, I'm wondering if we can get some stats on how many parents have participated in triple-P across all of the parent link centres.

Thank you.

**Ms Pancholi:** Do we actually have any time left?

**Mr. Roth:** Two seconds.

**Ms Pancholi:** Okay.

**The Chair:** Sorry. We'll move over to the government side for their three minutes, please.

**Mr. Guthrie:** Okay. On page 11 it also states that \$1.5 million was given to parent link centres for prevention-focused services for indigenous families. What kind of prevention-focused services are being provided in that? How effective has the program been, and how does the department measure the success?

Next would be: page 11 of the annual report states that \$12.6 million is provided for home visitation as well as an addition \$1.6 to address wait-lists and service delivery gaps. It states purpose is to address challenges before they lead to intervention by providing the family with information, referrals, and goal setting. So can the department explain what type of information and supports are provided by home visitation and the challenges faced by staff during visitation? Then, what type of goals do families set up, you know, with these visits, and how are you able to determine and encourage successful outcomes with these families?

On page 21 of the annual report it states that in '18-19 the department fully implemented

Practice Strategies for Lifelong Connections . . . a spectrum-wide approach . . . provides staff with tools and processes that focus on ensuring critical thinking in decision-making and that . . . meaningful connections . . . are an active part of planning with families.

Can the department explain what tools and processes are being deployed across the ministry for this project, and what did, how much did, the project cost to develop and deploy, and then how successful has launch been for that?

Then on page 15 of the annual report it states that \$1.1 million was granted to organizations in indigenous communities to strengthen the organizations' capacity to improve the lives of children, youth, and families. Can the department explain, you know, how these grants are used for this purpose, and how the funds have been used to improve the lives of indigenous children? Then, I guess it would be measurements of success as well for that program.

Finally, on page 15 of the annual report it states that in '18-19 the ministry released the Well-Being and Resiliency Framework. Does the framework itself have targeted outcomes, and if so, what are they? Also, what are the key strategies to meet those outcomes and also to measure that performance?

**The Chair:** Thank you, hon. member.

That now concludes our time together. I would like to thank officials from the Ministry of Children's Services for attending today and responding to our questions. We ask that any outstanding questions be responded to in writing within 30 days and forwarded to our committee clerk.

Under other business we now have an update for you. We've received written responses to questions asked of the University of Calgary and the Ministry of Advanced Education at our May 26 meeting. They are posted on the committee's internal website. They will be posted to the public website for the committee. Are there any other items for discussion under other business?

**11:00**

Seeing none, then, we will have a meeting next week, Tuesday, July 7, and we will be hosting the Department of Economic Development, Trade and Tourism. That meeting will be starting at

8 a.m. Our number of minutes per rotation, as per usual, will depend on whether we have morning sittings or not.

One final reminder, hon. members. If you could take your own individual items, any coffee cups or other things, out of the room, we would appreciate that very much in order to be in compliance with our health guidelines. As well, when you leave the room, please do observe our usual physical distancing recommendations.

I will now call for a motion to adjourn. Would a member move that the meeting be adjourned?

**Mr. Toor:** I do.

**The Chair:** All right. Moved by Member Toor. All in favour? Any opposed? That motion is carried.

Thank you very much for your time this morning, hon. members.

[The committee adjourned at 11:01 a.m.]







