tic
TRAUMA INFORMED CARE COLLECTIVE

December 18, 2021

REVIEW OF ALBERTA CHILDREN'S SERVICES
LEGISLATION AND POLICIES:

TRAUMA-INFORMED RECOMMENDATIONS AND NEXT STEPS

Acknowledgements

Thank you to the team of researchers, writers, and reviewers who made this review possible. Your own experiences and dedication to this work made this review meaningful and comprehensive. We look forward to continuing to collaborate with one another as we support individuals involved with Children's Services.

Trauma-Informed Care Collective Members

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Calgary Alliance for the Common Good
Calgary Drop-In and Rehab Centre
Calgary Homeless Foundation
Calgary John Howard Society
Calgary Legal Guidance
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CASASC (Central Alberta Sexual Assault Centre)
CUPS
Discovery House
Distress Centre Calgary
Elizabeth House
Enviros
Fresh Start
Highbanks Society
HIV Community Link
McMan Youth, Family and Community Services Association
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The Colour Factor
Trellis Society for Community Impact
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Executive Summary

In response to the Government of Alberta's (GoA) mandate to review the Child, Youth, and Family Enhancement Act, the Trauma-Informed Care Collective (TIC Collective) has reviewed existing policies and legislation in the province. Upon review, the TIC Collective is asking that Children's Services legislation and policies be reframed and adjusted to reflect a trauma-informed approach. By adopting this approach across Children's Services, the Ministry of Children's Services can follow through on their commitment to promote the best interests of children and build resilient families.

The TIC Collective is a group of approximately 30 non-profit and frontline service delivery agencies across Alberta which support many individuals impacted by Children's Services policies. We have walked alongside families as they have navigated the Children's Services system and witnessed the unnecessary suffering and disruption experienced by children, families, and communities as a result of systemic barriers. We have also witnessed the resulting healing and growth when workers have found ways to circumvent these systemic obstacles and promote resilience in the families with whom they work. The scope of this review expands on the already existing recommendations and action items as outlined in "A Stronger, Safer Tomorrow."

As a result of this review, we propose that the following recommendations be implemented to strengthen the ways in which Children's Services support families and youth. These recommendations are two-fold involving system-level recommendations and specific policy recommendations.

By implementing trauma-informed care across Children's Services and equipping staff with the knowledge and skills necessary to implement a trauma-informed approach, the Ministry can help build resilient families and stronger communities. We recommend that this be accomplished by creating collaborative working groups and including voices of individuals with lived experience, as well as other internal and external stakeholders. This will enable the Government of Alberta's response to be responsive to the unique needs of diverse families across our province.

SPECIFIC POLICY RECOMMENDATIONS

- Modify the definition of neglect to focus on the child rather than the parent
- Establish guiding principles and factors to determine "best interests" which take into consideration diverse cultural values
- Standardize access rights for parents
- Expand and apply the definition of emotional injury
- Mandate reporting of serious incidents to parents
- Legislate and standardize the use of temporary care plans
- Define, mandate, and monitor kinship placements

SYSTEM-LEVEL RECOMMENDATIONS

Preserve Family and Community Connections
- Update Children's Services Ministry and Framework names to reflect a trauma-informed approach

Cultural Responsiveness
- Institute a culturally responsive framework

Strength-Based Approach
- Base all care plans on strength assessments
- Base engagement and intervention activities on clear and measurable goals

Building Capacity
- Standardize the provision of written summaries
- Make parents/guardians aware of rights and processes, provide them with written documentation, and encourage involvement of advocates
- Implement interventions that build on existing strengths and resources of clients and their families

Administrative
- Create functional definitions for trauma-informed care and strength-based approaches
- Reflect strength-based language across documentation
- Monitor success of engagement and inform practices through targeted data collection

INTRODUCTION

The Government of Alberta's Ministry of Children's Services has committed to "helping build strong, resilient families by focusing on safety and well-being from early learning and childhood development through to early intervention supports, intervention services and transitions to adulthood" (Government of Alberta Ministry Business Plans, 2021, p. 13). As the Government has announced the mandate to review the Child, Youth, and Family Enhancement Act (CYFEA) in the fall of 2021 (Government of Alberta Children's Services, 2018), it is critical to evaluate how improvements can be made to better support children and families. We are asking that Children's Services legislation and policies be reframed and adjusted to reflect a trauma-informed approach. By adopting this approach across Children's Services, the Ministry can follow through on their commitment to build resilient families.

Trauma-informed care (TIC) will empower and build capacity for vulnerable families and communities who have experienced historical, intergenerational, racial, and social inequalities and inequities. Evidence to support and guide the implementation of TIC is further discussed in the TIC Collective Position Paper (2020). The following document outlines both system-level and policy specific recommendations that the Government of Alberta must consider in order to provide more holistic, correctly-toned and effective services and supports. The following recommendations are aligned with and expand on the recommendations in A Stronger,

Trauma-informed care is defined by the TIC Collective and in the literature as the following (Berger &

An engagement in service delivery policies, procedures, and practices that are strength-based. They are organized around principles of emotional and physical safety, trust, collaboration, compassion, client choice, and autonomy, while minimizing

An integral component of the culture of an organization. It is a way of living.

A commitment to organizational and clinical practices and an environment that recognizes the complex effects of toxic stress, histories of adversity, and trauma on all customers, clients, and staff.

An attempt to improve proficiency, productivity, and sustainability within organizations and to increase positive outcomes by offering services that encourage connection and minimize disconnection both in service relationships and among staff.

BACKGROUND

As of "March 2020, 62% of children and youth receiving Child Intervention services were Indigenous," and "69% of children and youth receiving services in care were Indigenous" (Children's Services, 2021a, p. 3). As approximately 10% of children in Alberta are Indigenous, this disparity is indicative of the significant overrepresentation of Indigenous children within Children's Services. Furthermore, the Raising Canada (2020) report identified that "one-third of children in Canada do not enjoy a safe and healthy childhood, one in three Canadians report experiencing abuse before the age of 15, one in five children live in poverty, and suicide is now the leading cause of death for children aged 10 to 14" (Raising Canada 2020, 2020, p. 3). In 2013, the Alberta Adverse Childhood Experiences survey identified that nearly one third of participants across Alberta had experienced one or more forms of abuse before the age of 18 and almost half had experienced one or more forms of household dysfunction (McDonald & Tough, 2014). Considering the prevalence of trauma in both children and adults,

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as well as the overrepresentation of Indigenous children in care, it is critical that a trauma-informed care approach be implemented across the Ministry of Children's Services to support all individuals involved in the system of care to prevent trauma for both children and adults.

In the Children's Services 2019-20 Annual Report (Children's Services, 2020), it was noted that Foundations of Caregiver Support training, Child Advocacy Centres, the Well-Being and Resiliency Framework, and the Indigenous Cultural Understanding Framework and its Learning Development Pathway all provide the foundations to work towards recognizing the significance of trauma and reducing traumatic experiences for children. While this is a step in the right direction, there are significant gaps in existing policy that must be addressed in order to fully implement a trauma-informed approach across the Ministry.

Methodology

The Trauma-Informed Care Collective is a Collective of more than 30 non-profit and frontline service delivery agencies across Alberta that work with the most vulnerable in our population, including children and youth. As frontline agencies, we regularly see the long-term impact on physical, psychological, spiritual, and economic outcomes for individuals that have suffered from trauma, including intergenerational trauma. Many of our agencies support individuals who are impacted by Children's Services policies and through these relationships, we have seen the ways in which policies must incorporate a trauma-informed care approach in order to ensure the best outcomes for families.

Representatives from the Collective participated in the information gathering and research stages of this project. Many of these individuals work with children, youth, or adults involved in Children's Services and used their own experiences to inform our recommendations. The research portion of this project was two-fold: 1) a review of existing Children's Services legislation and policy documents in Alberta (the Child, Youth, and Family Enhancement Act, A Stronger, Safer Tomorrow, the 2017 Kinship Care Handbook, and the Enhancement Policy Manual) and 2) a review of literature regarding Children's Services trauma-informed care practices in other jurisdictions. Following the review of existing legislation, two key themes were identified: Parents' Rights, and Service Delivery. These themes were then further broken down into areas of focus, at which point we identified the existing challenges

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and TIC-focused recommendations. These recommendations are informed by a review of the literature as well as our own experiences and will be used to inform our work moving forward.

As a Collective of primarily non-Indigenous service providers, we recognize that we are approaching this issue from a place of privilege and further consultation must occur with those who have lived experience. The Government of Alberta should further consult with Indigenous service providers and communities to identify the ways in which a trauma-informed care approach can support Indigenous communities and decolonization efforts.

The scope of this work expands on the already existing A Stronger, Safer Tomorrow action items, as well as serving as an addendum to the TIC Collective Position Paper (2020). We also wish to emphasize the importance of implementing the recommendations outlined in the Truth and Reconciliation Commission's Final Report, as well as the Calls for Justice of the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, which were honoured in the creation of this document. In order to carry out culturally responsive, evidence-based policy solutions, these documents must be read and implemented in conjunction with one another.

RECOMMENDATIONS

The TIC Collective proposes that the following recommendations be implemented to strengthen the supports of Children's Services for families and youth.

1. SYSTEM-LEVEL RECOMMENDATIONS

Preserve Family and Community Connections
- Update Children's Services Ministry and Framework names to reflect a trauma-informed approach

Cultural Responsiveness
- Institute a culturally responsive framework

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- Base all care plans on strength assessments
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Building Capacity
- Standardize the provision of written summaries

- Make parents/guardians aware of rights and processes, provide them with written documentation, and encourage involvement of advocates
- Implement interventions that build on existing strengths and resources of clients and their families

Administrative
- Create functional definitions for trauma-informed care and strength-based approaches
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2. SPECIFIC POLICY RECOMMENDATIONS

- Modify the definition of neglect to focus on the child rather than the parent;
- Establish guiding principles and factors to determine "best interests" which take into consideration diverse cultural values
- Standardize access rights for parents
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Each of these recommendations is further defined and evidence to support the changes are presented. Wherever applicable, alignment with actions from A Stronger, Safer Tomorrow are also discussed.

SYSTEM-LEVEL RECOMMENDATIONS

1. RECOMMENDATION TO PRESERVE FAMILY AND COMMUNITY CONNECTIONS: **Change the current name of the GoA Ministry from "Children's Services" to "Child, Family, and Community Services" and the "Child Intervention Practice Framework" to "Family Engagement Practice Framework."**

The National Scientific Council on the Developing Child (2015) suggests that child development operates like a scale; child development can be augmented through promoting positive experiences, reducing negative experiences, and shifting the fulcrum to balance these. Reducing the negatives is critical to this balance but it is equally important to reflect on and build the positive experiences that make toxic stress tolerable. One must also consider the factors impacting fulcrum placement including social determinants of health, personal temperament, executive functioning, and self-regulation skills.

With this in mind, a targeted, trauma-informed approach to systemic change and child wellbeing should be twofold: proactive and reactive. As the name Child <u>Intervention</u> Practice Framework suggests, current legislation and policies are reactive in nature. Families are seldom able to access supports and services until after the child and family have reached the threshold for intervention services due to adverse experiences and stressors.

The stress experienced when exposed to prolonged or significant stressors and adversities is referred to as toxic stress and in the absence of protective buffers, impacts the human body at a molecular, cellular, and behavioural level. Research has shown that "safe, stable and nurturing relationships (SSNRs)... buffer adversity and build resilience" (Garner & Yogman, 2021, p.1). At the same time, adversities have the potential not only to trigger toxic stress responses but "inhibit the formation of SSNRs" (Garner & Yogman, 2021, p.2)

Photo: Guy Stefanowich

within family and community. Toxic stress in the absence of SSNRs can result in formation of a variety of health issues as well as the development of maladaptive coping mechanisms, both of which often persist into adulthood. Given the lifelong health and social impacts of adverse childhood experiences and the high lifetime costs associated with bringing children into care of Children's Services[1] (Trauma-Informed Care Collective, 2020), shifting the focus to prevention is both healthier for children and families and more fiscally prudent for governments. The current reactive approach to child welfare restricts the ability of Children's Services staff to fully access and implement the Framework principles of honouring cultural experiences, preserving family, taking a strength-based approach, ensuring connection and collaboration, and using innovative practices to improve the process. We suggest that the key to the Child Intervention Practice Framework principle of "Continuous Improvement" lies in innovative approaches that are proactive, engage families and communities in capacity building, and build on strengths so as to avoid the need for intervention because interventions themselves are usually traumatizing for families and staff. The GoA Child Intervention Practice Framework principles prioritize the preservation of families and build capacity for extended family and community to ensure children are both nurtured and protected. This in turn enables children to maintain connections with their family, community, and culture. As children live within families and communities, interventions cannot be directed solely at the children; instead, it is critical to also engage with children's natural supports and communities. To reflect this intent, we recommend that "Children's Services" be renamed "Child, Family and Community Services." Similarly, we recommend that the "Child Intervention Practice Framework" is changed to "Family Engagement Practice Framework" to shift away from a deficit-based perspective targeting vulnerable families and citizens to creating safety by inviting engagement and collaboration of those requesting support. The name changes preserve the capacity for child protection and intervention while simultaneously prioritizing family and community engagement to reduce the need for interventions.

2. Recommendation to be Culturally Responsive: **Institute a culturally responsive framework for preventative engagement as well as intervention practices with families and communities in partnership with Indigenous leaders and Nations, as well as representatives from other racialized and marginalized communities.**

As previously indicated, the overrepresentation of Indigenous children in the foster care system in Alberta speaks to systemic inequalities present in Children's Services interventions including "racism, poverty, and isolation that are rooted in deep-seated social constructs, societal inequities..., and public policies that inhibit social cohesion, equity, and relational health" (Garner & Yogman, 2021, p. 4). It is widely shown that intervention-based external policy and services result in failure of both policy and service in favor of the Westernized dominant cultural group (Moyle & Tauri, 2016; Roguski, 2020) such as those that enabled and perpetuated Canadian travesties in Residential Schools and the Sixties Scoop. In contrast, with a Culturally Responsive Framework (FSIN,

1. As referenced in the TIC Collective Position Paper (2020), the lifetime cost in terms of healthcare and lost productivity associated with one year of child maltreatment in the State of Delaware alone was approximately $124 billion USD (Carney, 2018).

n.d.) approach, family conferences and community collaborations are mutually beneficial and complement rather than control. They create space for the family, community, and cultural systems to: "come together and engage as equals, sharing and establishing appropriate linkages when necessary" (p. 8). Without this holistic lens, family conferences and community collaboration run the risk of undermining child, family, and community involvement as they become routine rather than foundational, transformational practices.

In New Zealand, about 15% of the general population was Māori in 2012; however, in 2013, Māori children comprised 54% of youth in state care (Stanley & Froidville, 2020). As these statistics reflect similar overrepresentation of Indigenous children in both Alberta and New Zealand, best practices can be learned through New Zealand's successes. As has been observed with the Māori people, culturally responsive approaches have started to reverse trends, resulting in an overall reduction of children placed in care through prevention and appropriate responses, as well as an increase in usage of kinship placements when the need for care occurs (Oranga Tamariki Ministry for Children, 2020). Recognizing New Zealand's success in reducing Indigenous children in care, Children's Services can look to these practices and the opportunities presented in Bill C-92, as well as the action items identified in A Stronger, Safer Tomorrow to collaborate with and learn from Indigenous communities as experts on their own peoples' needs.

While the culturally responsive framework was designed with Indigenous communities in mind, this practice must then be extended to other racialized and marginalized communities within the province of Alberta such as 2SLGBTQ+ and immigrant communities.

3. STRENGTH-BASED RECOMMENDATIONS:

Ground all care plans in strength assessments obtained through collaboration with families, incorporating cultural and natural supports as available.

All engagement and intervention activities must stem from clear and measurable goals (including timelines), all of which must be reviewed regularly.

A strength-based approach is rooted in the concept that the language we use and what we focus on shapes our reality. If we focus on strengths, that is what will grow. The strength-based approach recognizes that clients (individuals and families) are resourceful and resilient in adversity as opposed to deviant or resistant (McCashen, 2005). Consistent with the aforementioned resiliency scale metaphor, building on positive experiences and reinforcing effective positioning of the fulcrum empowers individuals and makes them agents of their own change by allowing them to see themselves at their best and recognize their own value, thus using their own strengths as a foundation for change. Similarly, according to Rapp, Saleebey and Sullivan (2008), a strength-based approach is goal-oriented and primarily focuses on strengths as opposed to deficits. Goal-oriented actions incorporate and build on relationships, community, and cultural resources where possible, and are founded on collaboration and choice by recognizing that individuals are experts in their own lives. Further, when strength-based approaches also focus on building relational health by growing and relying on SSNRs, they promote resiliency as they enhance capacity for navigating future adversities for children, their families, and their communities (Garner & Yogman, 2021).

In addition to building on individual strengths, the strength-based approach also integrates "the principles of social justice: inclusion, collabora-

tion, self-determination, transparency, respect, the sharing of resources, and regard for human rights" (Hammond & Zimmerman, 2012, p. 10) which align with the GoA's commitment to "helping build strong, resilient families by focusing on safety and well-being" (Government of Alberta Ministry Business Plans, 2021, p. 13). Through this approach and empowerment of individuals, space is created to minimize systemic power imbalances and identify structural and cultural obstacles that may limit an individual's control of their own life as it reframes the worker-client relationship as a partnership as opposed to a 'power-over' relationship. From a cultural lens, a benefit of using a culturally responsive framework is the potential formation of an expanded definition of 'good enough parenting.' This could incorporate cultural definitions of parenting and roles of the family across many cultures, thus recognizing the strengths in different cultural approaches to family and shifting the threshold for interventions. The TIC Collective agrees that in order to prioritize the safety of children, interventions may be necessary at times. When these interventions are rooted in the idea that people 'have a problem', the problem is viewed as inherent in them, centering on the person's deficits as opposed to the protective and resiliency traits that they also possess, thus limiting their capacity to build on and grow in their strengths and forming a barrier to protective SSNRs. By changing the question from "what is wrong" to "what is right" (Hammon & Zimmerman, 2021, p. 8), we create space for the expression of individual and cultural strengths and values while not negating the need to protect the child. This facilitates identification of effec-

If we ask people to look for deficits, they will usually find them, and their view of the situation will be coloured by this. If we ask people to look for successes, they will usually find this and their

tive and sustainable external supports as well as effective interventions and creates a framework for integration of these in ways that complement each person's strengths and goals. This stance communicates respect and invites curiosity and connection while sustaining and growing cultural, family, and kinship connections. While it is critical to remove children from imminent danger, through a strength-building approach, there is an opportunity to restore relationships and build capacities to reinforce resilience (National Scientific Council on the Developing Child, 2015).

In the opinion of the TIC Collective, starting with a needs assessment implies that a prescribed solution is possible. This creates a simplistic and limited solution context thatseldom addresses the root-causes of a child's and family's situation. Starting with the problem also creates reliance on the helping profession and disempowers individ-

uals as agents of their own change. On the other hand, a focus on strengths minimizes labeling, creates expectations that things can change, and empowers individuals to take control of their own lives. From a trauma-informed lens, a common statement is 'the problem is the problem; the person is not the problem.' An alternative is to start with a strength assessment, identifying strengths as well as internal and external resources prior to identifying obstacles interfering with potential. Externalizing problems as opposed to being defined as the problem supports individuals in taking responsibility for and addressing the contributing factors. "This fundamental shift means working with and facilitating rather than fixing, pointing to health rather than dysfunction, turning away from limiting labels and diagnosis to wholeness and well-being. It invites asking different questions" (Hammond & Zimmerman, 2012, p. 4).

4. Recommendations for Building Capacity:

Standardize the provision of written summaries following each meeting, including identified strengths and growth, as well as areas to still be addressed and planned next steps. Expectations for all parties (parents/guardians, supports, and CS Ministry staff) including timelines should be documented and shared with each of these stakeholders after each meeting.

At the onset of any Children's Services involvement, parents/guardians should be made aware of their rights and the processes to come. Written documentation should also be provided and the presence of third-party advocates encouraged.

A lack of trust in the system, and the parents/guardians' knowledge that case teams determine placement of their children creates challenges that can hinder positive outcomes for parents involved with Children's Services. Therefore, it is critical to identify elements or obstacles clients face including power imbalances, systemic and structural barriers, and personal and social issues that impact their ability to succeed in navigating the child welfare system.

Research through the Palix Foundation and the Alberta Family Wellness Initiative has shown that positive experiences and building on strengths can counterbalance negative experiences and promote long-term resiliency (McCann, Cook & Loiseau, 2021). At the same time, mitigating these obstacles shifts the aforementioned fulcrum (National Scientific Council on the Developing Child, 2015), thereby building resiliency. Positive change happens through connection and authen-

tic relationships; focusing on executive functioning skills and protective experiences promotes worker-client interactions that build resilience while also decreasing stress and re-traumatization (Leitch, 2017).

It is important to recognize the often negative impact of stress and trauma on executive functioning skills including memory and planning abilities (Trauma-Informed Care Collective, 2020). Thus, providing clients with written summaries following each meeting outlining strengths and areas for growth, as well as tasks and responsibilities will foster trust and transparency, increase the likelihood of successful completion of goals, and support the development of executive functioning skills.

While the Enhancement Policy Manual (EPM) speaks to parents' right through use of Administrative Reviews to challenge certain decisions made by the Director, at present parents are often not advised of this right. Ensuring that parents and families are provided with written documentation of their rights and what to expect in the process (including timelines), will promote trust and safety, as well as emotional stability despite the stress inherent to involvement with Children's Services.

Given the complexity of language used in Children's Services policies and legislation, clarifying terminology and protocols would avoid many misunderstandings (FSIN, n.d.). In addition to verbally informing parents of their rights and responsibilities, clarification in written documentation further helps to build transparency, trust, and positive engagement. Further, encouraging parents to have a third-party advocate during safety meetings, builds parent capacity, increases self-ad-

vocacy skills, and "improves the parent-agency worker relationship and better identification of problems and proposed solutions" (Pott, 2016, p. 2) and subsequently has been shown to decrease the need for child apprehensions (Tobis, 2013). The Centre on the Developing Child (2017) suggests that policies and practices focused on supporting healthy relationships, strengthening skills, and mitigating stressors for children and families are instrumental for building resilience. Necessary interventions should start with the assumption that parents and family members are motivated to build on their strengths and provide a safe and nurturing environment for their children.

Ensure that implemented interventions build on existing strengths and resources of clients and their families, instead of interfering with them.

Families involved with Children's Services often experience vulnerabilities such as financial and relational poverty. Considering the interconnected nature of poverty and trauma, policies must support people adversely affected by the conditions that create and perpetuate poverty, identifying and addressing the underlying core issues of systemic racial and social inequalities. Without intentional consideration, the processes risk further impoverishing such families, as the number of programs that parents are often mandated to participate in result in parents being unable to maintain employment or spend time with their children (Yembilah & Lamb, 2017). Strength-based interventions will build on family relationships and create space for employment, thus preserving the family in accordance with the Child Intervention Practice Framework Principles and A Stronger, Safer Tomorrow action items.

5. ADMINISTRATIVE RECOMMENDATIONS:
Include functional definitions related to Trauma-Informed Care and Strength-Based approaches in the CYFEA and EPM definitions.

Change wording in all documentation from a deficit-based perspective to a strength-based one, shifting words such as "at-risk" to "at-potential", "problems" to "strengths", "diagnose" to "understand", "intervene" to "engage", "control" to "empower", "diagnosis based on norms" to "validates people's primary experience", "fix" to "support", "people do as little as possible" to "people do the best they can", and "expert oriented" to "client-determined" (Hammond & Zimmerman, 2012, p. 13).

Monitor success of engagement through race-based data, tracking frequency of interventions and apprehensions, as well as rates of kinship care versus foster-home placements.

While the verbiage in the EPM leans towards a strength-based approach, the CYFEA is punitive in its tone by building a foundation of fear as opposed to inviting conversation, collaboration and growth. Shifting the focus from policing to restoring families opens the door to proactively tackling the system-wide conditions which put families at risk, and avoids the mistake of reacting only when the standards for abuse and neglect are breached. This proactive rhetoric prioritizes resiliency and community empowerment in order to shift services at a system level. While the intent to restore families is present in the guiding principles of CYFEA and other documents such as A Stronger, Safer Tomorrow, we recommend that all Children's Services documents reflect the same terminology. This must be done through collaboration and engagement with all stakeholders (Indigenous and other racialized groups, non-profit organizations, and families).

Measuring and assessing the success of preventative actions and endeavors initiated by Children's Services can be challenging. One method of evaluating the success of preventative actions, as evidenced in New Zealand, is monitoring the overall reduction of needs-based child-protection interventions across the province and the increase in kinship placements when apprehensions are warranted (Oranga Tamariki Ministry for Children, 2020). Tracking and reporting of this data and reflection of race-based statistics is recommended. Similarly, rates of re-engagement with families should be tracked as they can also provide insight into the efficacy of intervention practices. There are many innovative practices occurring in Children's Services offices across the province; tracking recidivism rates by office along with scheduled and structured reviews and sharing of effective protocols can further promote transparency and create a stronger foundation for learning and continuous improvement.

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SPECIFIC POLICY RECOMMENDATIONS

While the previous section outlined potential system-level changes, these same principles can be applied to specific legislation and Children's Services policies. The TIC Collective supports all recommendations made in A Stronger, Safer Tomorrow. In particular, we wish to highlight the importance of staff training (Actions 4 and 36) to ensure the trauma-informed application of policies and procedures, a reduction of decision-making power imbalances (Action 20), and equitable funding for kinship placements (Action 11).

Modify the definition of neglect to focus on the child rather than the parent; e.g., a child is experiencing neglect if they do not have clean clothing, three meals a day, etc. This eliminates the subjective element of determining whether or not a parent is "unable or unwilling" to provide adequate care. In tandem with this policy shift, support must to be provided to increase parenting skills and promote improved executive functioning; this recognizes that ability and intent to care for children differ from one another.

ISSUE

Defining neglect as 'unable or unwilling' is concerning for two reasons. First, the terms unable and unwilling are nondescript and the EPM does not expound on these definitions, leaving their interpretation to the caseworker. As a result, there are significant inconsistencies in practice as caseworkers decide who is unable and unwilling to provide adequate care. Although the definition of neglect outlined in Section 2.1 of CYFEA specifies that neglect is a parent being unable or unwilling to provide "the necessities of life, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or adequate care or supervision" (p. 11), the specifics of these requirements are not defined. The ambiguity in this definition is not aligned with the trauma-informed principles of trust and transparency.

Second, defining neglect as "unable or unwilling" disproportionately marginalizes individuals struggling with addictions, poverty, and marginalization, and criminalizes these experiences. The current structure fails to recognize systemic issues that parents may be struggling with. As such, this definition of neglect places the blame entirely on the parents rather than the trauma they may be coping with.

EVIDENCE TO SUPPORT CHANGE

Shifting the definition of neglect to focus on the child's needs establishes clear and consistent expectations from caseworkers. Parents would be able to clearly see what is expected of them and caseworkers could easily evaluate whether or not the requirements are being met.

When interventions only target the family unit, as neglect interventions historically have, their efficacy is limited (Bullinger & Wing, 2019). The last 20 years have seen an expansion of research focused on the exosystem (the living environment of families) and the mesosystem (the point of interaction between family and environment). This body of work, for example, has historically emphasized the role of neighborhood factors (Colton, Korbin, & Su, 1999). As a result, effective community-level interventions have been developed that increase connections and support, normalize family need for support, and generally reduce isolation within the community (Kimbrough-Melton & Melton, 2015).

Establish guiding principles and factors that must be considered in determining "best interests" for a child both the CYFEA and EPM. This must be done in partnership with Indigenous Nations in Alberta and other cultural communities.

ISSUE

Currently the best interests of a child are determined by those who act on behalf of the Director (see CYFEA) and there are no clearly defined statements on how best interests are determined. This fails to recognize the importance of involving the child, parents, family members, and community in the decision-making process. Without prioritizing and recognizing the interests of the child, family, and community, the decision made by the director is made without proper context and consultation. The current lack of clarity on best interests and the lack of input from children, family members, and communities when determining best interests significantly increases chances of re-traumatization.

While "best interests" are mentioned throughout CYFEA legislation, CYFEA does not identify how they are determined or the guiding definition and principles of best interests. The EPM does identify that children are to be involved in determining their best interests but there is a lack of clear decision-making, consultation processes, and standards for determining best interests of children.

EVIDENCE TO SUPPORT CHANGE

The recognition of diversity and inclusion is critical to be able to determine the best interests of a child, their family, and their community. The World Health Organization has clearly outlined that in order to establish health equity across all socially, economically, demographically defined populations or population groups, the systemic disparities that are perpetuating unequal power relations must be addressed (Gerlach & Varcoe, 2020). In order to transform relationships between people adversely affected by systemic inequities, principles including cultural safety, strength-based trauma-informed care, and harm reduction must be followed (Gerlach & Varcoe, 2020).

There are a number of actions in A Stronger, Safer Tomorrow that relate to the best interests of children and youth involved with Children's Services. Of particular note is panel recommendation 21 (Government of Alberta, 2018b) which highlights four recommended changes to CYFEA. One point specifically related to best interests is the recognition of cultural connection and safety as essential to a child or youth's best interests. Currently, the most notable achievement is the implementation of guiding principles stated in CYFEA and EPM.

Add requirements under "Terms of Custody Agreement" in CYFEA for standardization of access rights for parents that includes both consultation with parents and recognition of the role that access has in maintaining family/community connection. This will create consistency across practices to ensure processes are transparent and all parents receive equitable access to seeing their children.

ISSUE

Currently, access agreements legislation (CYFEA) does not standardize access rights for parents and children. Presently, access to children is solely determined by caseworkers and their team lead/manager, which is explicitly stated in CYFEA as "access [is] at the discretion of the Director." Parents are not given meaningful decision-making power or ability for input. The Director determines who the child has access to based on their own evaluation of the relationship, and does not have to consider parents' input. As a result, caseworkers have relative autonomy over whether or not access is suspended, reduced, or cancelled completely. If this decision is made without due cause, there is no way to hold the Director accountable.

Presently, there is a lack of transparency in how access is determined and assessed, as well as significant inconsistencies regarding notification of parents and ensuring fair access. Further, it is often difficult for extended family members and other natural supports to be granted access to children. This fails to recognize the cultural importance of maintaining connections to extended family members such as grandparents, aunts, uncles, and cousins. In our experiences, parents often feel they have to jump through hoops to be granted access to their children, and expectations about how to gain more access are often in flux, unclear, and/or insurmountable.

EVIDENCE TO SUPPORT CHANGE

Maintaining connections between parents and children while children are in care is critical as family visits are "the primary venue to sustain the parent–child bond, assess parenting skills and progress towards family reunification" (Nesmith, 2015, p. 246). Research has shown that positive relational interactions with family members who are safe and familiar regulates children's stress responses and promotes healing while the absence of such interactions increases the potential to develop trauma-related problems (Ludy-Dobson & Perry, 2010). The lack of which is relationship poverty as identified by the Canadian Poverty Institute (Yembilah & Lamb, 2017). Research has shown that the single most effective protective factor in a child's life, regardless of the adversities they have experienced, is having "at least one stable and committed relationship with a supportive parent, caregiver, or other adult" (National Scientific Council on the Developing Child, 2015, p. 1). These relationships need to be preserved and protected as they buffer from the toxic stress and promote the building of executive functioning skills including adapting to change and emotional stability.

Furthermore, responsive or "serve and return" interactions not only impact the brain development of children but have also been shown to reprogram the brains of the parents (Garner & Yogman, 2021). While research and policies have demonstrated the importance of maintaining parent-child connections, caseworkers have a significant impact on whether visitation takes place (McWey & Cui, 2017). Therefore, the Government of Alberta has an opportunity to address the gap between policy and practice by creating consistency regarding access and visitation rights for parents and children.

Expand and apply the definition of emotional injury within CYFEA and the EPM to include emotional injury experienced while in the care of appointed caregivers, courts, and/or the Director. This would recognize that emotional injury can occur while in care, and not just during pre-intervention by Children's Services. Incident reporting and documentation must reflect this expanded definition to capture the emotional injury that can be experienced while in care in order to better support children and facilitate continuous improvement within Children's Services.

ISSUE

The framing and addressing of emotional injury in CYFEA and the EPM are not currently trauma-informed. The current language and terminology do not include appointed foster and kinship caregivers, the director, courts, or the Ministry of Children's Services as potential sources of emotional injury. For instance, incident reporting currently only refers to emotional injury from parents and does not consider that removing a child from their family could also induce emotional injury. While section 7.2.5 of the EPM outlines a caseworker's responsibility to report an incident under specified conditions, the implementation of this practice must reflect the emotional injury that can be experienced throughout involvement with child intervention services. Further, CYFEA section 1 subsection 3 (a) (ii) outlines the conditions that determine when a child is emotionally injured; however, this definition only consists of reasons involving the parent or guardian. The current definition fails to recognize the systemic and institutionalized forms of emotional injury that children often experience when removed from their homes and their communities.

EVIDENCE TO SUPPORT CHANGE

Child-centered approaches to service delivery are critical as they will prioritize children's emotional connections with their parent/guardian, family and community. The key component to implementing a child-centered approach is the application of a culturally safe and appropriate lens that removes the "one-size-fits-all" approach that is harmful to children, and especially to Indigenous children (Atwool, 2019, p. 309).

Current crisis driven practices rooted in one-size-fits-all policies do not take into consideration specialized and trauma-informed approaches. Lack of awareness of power dynamics, children's rights, and culturally sensitive practice perpetuate marginalization and oppression (Atwool, 2019). Considering how emotional injury is defined and recognized in CYFEA and the EPM, a child-centered practice is not present because of the polarization between parent and child, which is emotionally scarring (Atwool, 2019).

While there are no clear actions relating specifically to emotional injury in A Stronger, Safer Tomorrow, this is tied to decision-making and best interests. The CYFEA and EPM document only target parents as perpetrators of emotional injury toward their child or youth, and does not reflect the emotional injury experienced by children, parents, families, youth, and communities during Children's Services interventions. In cases where apprehension is the only reasonable solution, safeguards must be put in place to minimize the occurrence of further emotional injury experienced when children are removed from their families.

Mandate reporting of serious incidents to parents in the CYFEA. This should include a regular update process that parents can opt out of if they cannot or do not want to receive updates. Make it explicit in CYFEA that all incidents meeting a certain threshold must be investigated. Define that threshold as clearly as possible, reducing the discretion of the director.

ISSUE

A Director must report the serious injury or death of a child in care to the Minister (CYFEA, s. 105.74), but is not required by CYFEA to report the same to the child's parents. The EPM (see Practice Supports - Reporting an Incident) guides caseworkers to discuss the incident with guardians/ biological parents, but no legally binding mandate to do so. While a Director may (but is not required to) designate an individual to review specific incidents (CYFEA, s. 105.771(1)), there is no explicit mandate in the legislation that a review must take place when an incident occurs. These processes do not reflect the principles of transparency and trustworthiness, both of which are principles that support the system change needed to reduce the perpetuation of trauma.

A lawyer who was part of this CS policy review observed that clients often feel that they are not only powerless when dealing with Children Services, but also uninformed. Clients often do not receive updates about their children or hear about concerning incidents when their children are not in their care.

Photo: Jean Beaufort

EVIDENCE TO SUPPORT CHANGE

Action taken in New Zealand recognizes the paramount importance of reporting serious incidents that occur. Oranga Tamariki (also known as the Ministry for Children in NZ) developed more robust ways of measuring harm and safety of children in care (Oranga Tamariki Ministry for Children, 2018). They worked with an Expert Measurement Group to develop a new approach that helps them identify harm of children in care earlier and improves the response of the system of care through taking appropriate actions and recording incidents.

Through implementing more robust and thorough ways of communicating serious incidents to parents, transparency can be improved and incidents will be treated with the severity that is necessary.

Legislate and standardize the use of temporary care plans according to the EPM. This should include initiating Temporary Care Plans for children and youth as soon as an application for initial custody, Temporary Guardianship Order, or Permanent Guardianship Order has been made or once a Custody Agreement with a Guardian or Permanent Guardianship Agreement has been signed. Plans must be created collaboratively and reviewed at least every 90 days, include supports to be provided to children/guardians/caretakers, and include steps to be completed for reunification, how these will be assessed, and timelines.

ISSUE

Currently, the use of temporary care plans is not included in CYFEA legislation. While a plan may be created eventually, timing, degree of guardian/child/support's voice and level of detail is not consistent and varies from office to office, worker to worker. Often the steps required to be completed and the timeline are either not included or are ambiguous, leaving the guardians uncertain about what they have to do, how this will be assessed, and in what timeline they can anticipate for the return of their children. Further, parents and their supports often have to request a copy of the plan for their own records as it is not automatically provided to them.

While section 4.2.6 Planning for Connections and Permanency in the Alberta Children's Services (2021b) EPM speaks to planning with the intent to ensure connection and permanency, often the unique needs of the child, nor those of their parents/guardians are considered, defying the mandate to preserve family connection. In fact, parents and their needs and history are often belittled, or the needs and history are used against them. The Multidimensional Child Poverty Definition Report (Yembilah & Lamb, 2017) speaks to the power of strong parental identity in resourceful and effective parenting, thus it behooves the caseworkers to empower the parents and where possible provide support for their unique needs for the sake of the family in general and the children specifically as their own identities are so intertwined with that of their parents. Even simply recognizing and adjusting parents' learning or communication styles can be empowering for the parents.

Positive change happens through connection and authentic relationships; focusing on executive functioning skills and protective experiences promotes worker-client interactions that build resil-

EVIDENCE TO SUPPORT CHANGE

Overall, section 4.2.6 of the EPM is reasonably trauma-informed.[2] When followed consistently, the predictability mandated by this policy creates a foundation for safety, trust, and transparency. As the policy states that the temporary care plan should be created collaboratively, incorporating the voices of the guardian, the caregiver, the child, and supports is critical to its success. This meets the TIC principles of Collaboration and Empowerment/Voice.

Planning for Connections and Permanency stresses the importance of preserving family and promoting family membership regardless of legal status. This in turn creates space for attachment healing and subsequently healthy brain development in the children. The emphasis on collaboration, starting early in the process, by respecting the circumstances and needs of the child and family also builds trust through collaboration, empowerment, and respect for cultural, historical, and gender issues. Writing aspects of reunification into legislation will encourage transparency, thus increasing trust and safety.

Building temporary care plans in a collaborative manner and incorporating natural supports where appropriate aligns with the A Stronger, Safer Tomorrow action 20, which advocates for increased family involvement in decision making and for the creation of space for the involvement of Indigenous peoples and family involvement. Similarly, a collaborative approach to temporary care plans creates space for building in culturally focused practices and approaches as identified in action 31.

The definition, mandate, and monitoring of kinship placements must be clearly stated in CYFEA. This includes mandating that kinship placements are sought out by caseworkers to ensure that children are only placed in foster care when there are no kinship placements available. Kinship placements should be held to the standards of Signs of Safety (good enough parenting for parents) rather than the same standards set out for foster parents in order to reduce obstacles and prioritize family connection.

ISSUE

There is no mention of the importance of and need to prioritize kinship placements in CYFEA. For instance, in Section 71.1 of CYFEA (Adoption of Indigenous Child), it is identified that the adopting parent shall "take reasonable steps on behalf of the child necessary for the child to exercise any rights the child may have as a First Nation Individual." However, it is not clear what reasonable steps ought to look like and as a result, must be defined and must also be inclusive of kinship placements. . Further, in section 2(1) (Matters to be Considered), it is stated that in acting in the best interests of children, consideration must be given to preserving and supporting the family's well-being and Indigenous culture must be respected, supported, and preserved. While these all align with the importance and benefits of kinship placements, there is no specific mention of it within legislation. While the foundations to support kinship care are established in CYFEA, kinship care itself must be formalized and mandated within legislation to ensure its implementation.[3]

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2. The policy states that it MUST be started as soon as the application for initial custody, TGO or PGO is made or as soon as a CAG or PGA has been signed. This plan is to then be reviewed a minimum of once every 90 days

3. The TIC Collective advocates that kinship care placements should also receive the same level of training and supports given to foster placements to ensure success and stability for children placed in their care.

EVIDENCE TO SUPPORT CHANGE

One of the three core principles of the Signs of Safety is "engaging in critical thinking and maintaining a position of inquiry to ensure you are open to options and solutions that are best suited to the specific needs of the child and family" (ALIGN Association of Community Services, 2017, p. 1). Evidence has shown that fewer children are being brought into and returning to care in jurisdictions where Signs of Safety is being implemented. Through considering options and solutions that best suit the needs of each child, kinship can be identified as a viable solution whenever possible.

Research has demonstrated that kinship care can improve behavioural and mental health outcomes, child protection, stability, and identity formation, permitting siblings to still live together (O'Brien, 2012). Further, "properly assessed and supported kinship care can assure the wellbeing of Indigenous children and support their family and cultural connections" (Kiraly, James, & Humphreys, 2014, p. 30). Emphasizing and mandating the importance of kinship care within legislation would improve long-term outcomes including cultural connection and reduce strain on the foster care system. This also aligns with recommen-

Emphasizing and mandating the importance of kinship care within legislation would improve long-term outcomes including cultural connection and reduce strain on the foster care system. This also aligns with recommendations outlined in the Truth and Reconciliation Commission's Final Report and The Final Report of the Nation-

dations outlined in the Truth and Reconciliation Commission's Final Report and The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

In Australia, "The Aboriginal and Torres Strait Islander Child Placement Principle [...] upholds the rights of the child's family and community to have some control and influence over decisions about their children. It also prioritises [sic.] op-

tions that should be explored when an Aboriginal or Torres Strait Islander child is placed in care so that familial, cultural and community ties can remain strong" (Arney, Iannos, Chong, McDougall, & Parkinson, 2015, p. 2). By recognizing the impact that Residential Schools, the Sixties Scoop, and resulting intergenerational trauma have had on Indigenous communities in Alberta within legislation, the importance of kinship care and its role in cultural connection can be reinforced.

CONCLUSION
AND ACTIONABLE NEXT STEPS

In accordance with the second recommendation in the Trauma-Informed Care Collective's (2020) position paper, next steps include "a complete audit of policies and procedures" (p. 21), "embed clear language" across policies and procedures (p. 22), and revise and review Children's Services "policies, procedures, and client forms to reflect TIC principles" (p. 22). This needs to be done through the creation of collaborative working groups and the inclusion of voices of individuals with lived experience, as well as other internal and external stakeholders.

For change to be systemic, change cannot only be applied to individual policies; rather, system-wide adoption of trauma-informed care is critical. A trauma-informed lens must be applied to policies and procedures across all Ministries of the government, and all staff and political leaders must participate in mandated trauma-informed care training. This will equip staff with the knowledge and reflective skills necessary to support all individuals in a way that builds capacity and resiliency. Based on evidence of the effectiveness of trauma-informed care, implementation of a trauma-informed framework will further prevent children and families from falling through the cracks of the very system that exists to support them.

Photo: Nick Youngson

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