



**Ministry of Human Services' Response to the
KBN Fatality Inquiry Report**

October 2013

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Background

The Ministry of Human Services has carefully reviewed and considered the recommendations of the fatality inquiry report released on August 22, 2013 about the March 2009 death of KBN.

The inquiry found this was a medical death due to natural causes, specifically pneumonia, while the child was in the care of Kasohkowew Child Wellness Society (KCWS), a Delegated First Nations Agency (DFNA) that provides services for children, youth and families on-reserve.

The recommendations about improvements to the child intervention system in the report have been reviewed with the lens that child intervention practice in Alberta reflects a continuous progression based on ongoing input from a variety of sources including: external reviews; research into promising practice; experiences of staff; and analysis of outcomes for children, youth and families receiving child intervention services. This progression impacts policy, practice and training, and has resulted in multiple improvements to the child intervention system as we strive to better serve children, youth and families.

DFNAs are important partners in Alberta's child intervention system in delivering child protection and family enhancement services to children on-reserve. The Government of Alberta is responsible for ensuring child intervention services are provided according to provincial legislation and for ongoing monitoring of those services. An important consideration in the Ministry's response is that DFNAs are independent, federally funded agencies. Issues of accountability related to funding and associated controls are the responsibility of the federal government through Aboriginal Affairs and Northern Development Canada (AANDC), which has received a copy of the Fatality Inquiry report.

Since 2009, the KCWS board has changed and a new working relationship has been established between KCWS, the federal government and the provincial government. At the time of this response, three concurrent reviews are being conducted at KCWS in the following areas:

1. A program review, which covers governance, human resource policies and administrative procedures.
2. An independent billing compliance audit of file information compared to billing to AANDC.
3. A child intervention practice review based on provincial child intervention standards and expanded to include select areas specifically relevant to KCWS.

The reviews are co-ordinated and overseen by a working group made up of KCWS board members, the current KCWS Director, and staff from KCWS, AANDC and the Ministry.

The Ministry is committed to working with KCWS and AANDC to address any areas identified for improvement.

Specific Responses to the Recommendations in the Public Fatality Inquiry

Recommendation #1: Foster Care by DFNA Staff

“... I recommend that DFNA staff be prohibited from acting as foster parents (under any name) in relation to children under the care or supervision of that same DFNA. I would not extend this prohibition to children under the care or supervision of any other DFNA or CFSA.”

Ministry Response: The Ministry agrees that where an employee has a significant or familial connection to a child receiving services under the *Child, Youth and Family Enhancement Act*, concerns of conflict of interest may arise. We are also aware that a dual role may exist among employees who are both front-line staff and caregivers (i.e., foster parents or kinship care providers).

We place emphasis on the importance of cultural and familial connections for out-of-home placements for children. Smaller First Nation communities may have a higher concentration of staff working in those communities who are related to children receiving services, but who may also be strong placement options. It is not reasonable to prohibit staff from providing care as either foster or kinship care placements, because that would increase the chance of a child being displaced from their community. However, it is possible to ensure steps are taken to effectively manage any potential conflict of interest.

Prior to 2009, a provincial policy was in place to provide direction in these types of sensitive dual role circumstances. In 2011, a revised policy was implemented to increase clarity. Current policy indicates that where significant or familial connections exist, such as staff who are foster or kinship care providers, the file should be assigned to a worksite where the employee does not work or have a supervisory relationship. A foster or kinship care provider file should be managed, monitored and approved by an alternate worksite. Policy also reflects the need to restrict access to paper and electronic intervention records when an employee has a significant or familial connection to a child or family receiving services.

Recommendation #2: File Completion Before Placement

“I recommend that an enhanced auditing procedure be put in place for a period of time in order to accurately measure the level of deficiencies in this regard [*file documentation*]. Furthermore, and regardless of the results of that audit, I recommend that meaningful consequences be established for failure by KCWS to comply with the policy governing file contents for children first taken into care.”

Ministry Response: The Ministry agrees that all required intervention record, criminal record, and safety checks need to be completed as required by policy and under the Residential Facilities Licensing Regulation. Foster care providers are licensed under this regulation, and are required to provide updated checks on a regular basis in order to have their licence renewed. Kinship care providers are not licensed; however, current policy requires kinship care providers and foster care providers to go through the same approval process and submit the same documentation.

As an agency, KCWS has increased its level of diligence around ensuring caregivers have submitted the required documentation, and staff have been directed to provide support to caregivers in completing the required checks. Consistent with provincial policy, if a caregiver cannot follow through with providing the intervention record, criminal record, and safety checks, direction has been given that any child placed in the home be removed until the tasks are completed. KCWS' organizational structure has been changed to strengthen communication and processes, including: hiring more Alternate Care Workers (who provide support to placement providers); Alternate Care Workers and Assessors have the same line of reporting; and Alternate Care Workers and Assessors attend the home to complete the initial safety checks when an out-of-home placement is required.

Recommendation #3: Medical Examination and Transfer of Medical Information

"... I recommend that existing policy in this regard be amended to require that a caseworker and his or her supervisor be required to certify that a medical checkup has been completed and all medical information relating to a foster child has been forwarded to the foster parent within 72 hours of a child having been taken into care. Failure to observe this requirement should trigger an escalating series of notifications up to the Director level."

Ministry Response: The Ministry agrees it is important that each child receives a medical examination as soon as possible after coming into care. Current policy states the expectation that a child must have a medical appointment booked within two working days of being placed in an out-of-home placement. A medical form is provided to the placement provider for the physician to complete, then returned to the caseworker and placed on the child's intervention file.

Current policy provides direction related to ongoing medical care for children in care and what information can be shared with medical staff. At minimum, a child in an out-of-home placement is to receive annual medical examinations once the initial medical exam has been completed. The Ministry has child intervention standards which are monitored and measured, with results discussed with DFNA management, boards and staff.

Recommendation #4: Health Care Training for Foster Parents

"I recommend that some attempt be made to educate caregivers without extensive child-rearing experience about symptoms of ill-health in children that should prompt their seeking some form of medical intervention."

Ministry Response: The Ministry agrees placement providers must have appropriate training to successfully meet the individual needs of a child. Caregivers receive health instruction on a case-by-case basis, specific to any special medical needs a child in their care may have. Core training for caregivers addresses childhood development, and assessing and reporting developmental issues when working with Attention Deficit Disorder, Oppositional Defiance Disorder, Compulsive Disorder, Fetal Alcohol Spectrum Disorder, substance abuse, suicide awareness, sexual abuse and attachment issues.

A phased implementation of Safe Baby Training, which has been successfully implemented in another Canadian jurisdiction, is currently underway across the province. This focused training for caregivers covers topics about caring for substance exposed infants; general infant health and illness care; at-risk infants; related health issues; and infant sleep, crying, feeding and development.

Recommendation #5: Disclosure of Health Care Information to Caregiver

“I recommend that the education of health care workers on the authority of DFNA caseworkers to demand and review health care information of children in their care be ongoing. I also recommend that some form of written authorization for disclosure of this information be provided to DFNA caseworkers to present to hospitals or other third party health care agencies explaining their authority and directing immediate disclosure.”

Ministry Response: The Ministry agrees caregivers need to be aware of health information for children in their care. When a child is first placed in any new placement, policy directs that caregivers be provided with all information necessary to meet the specific needs of the child, including details about any specific medical conditions, medications or ongoing treatment requirements.

We also agree it is essential for DFNA staff to have access to necessary health information from health care professionals about children for whom they are responsible. Information sharing between health care workers and child intervention workers is essential for ensuring children receive the care and support they need. Existing legislation supports this kind of information sharing; we will continue to work with frontline staff and our health partners to clarify what type of information should be shared and under what circumstances. Further, through implementation of the *Children First Act*, all agencies and professionals providing services to children will have a renewed opportunity to learn about each other’s roles and how they can work together more effectively to meet the children’s needs.

Recommendation #6: Funding of DFNAs

“I recommend that Alberta investigate whether such a disparity exists [*between funding for Aboriginal children versus non-Aboriginal children*], and, if so, enter into consultations with Canada to eliminate that disparity. I would also recommend that serious consideration be given to placing stricter controls on the use of funds by DFNAs for purposes other than the health and safety of children.”

Ministry Response: The federal government is responsible for funding child intervention services on-reserve. Eighteen DFNAs currently deliver child intervention services on the reserves of 40 of the 48 First Nations in Alberta via agreements between the Government of Alberta, the Government of Canada and legally incorporated societies governed by independent boards (DFNAs). These agreements outline AANDC’s responsibility to fund comparable levels of service and the expectation that the DFNA will follow Alberta’s child intervention legislation and policy.

A Federal Human Rights Tribunal is examining the apparent disparity in funding across Canada for services available on- versus off-reserve.

Recommendation #7: KCWS Business Processes and Information Management Systems

“I recommend that a comprehensive business process review of KCWS be undertaken with a view towards ensuring an adequate physical plant, consolidated file information, efficient data entry and filing practices and proper implementation of the existing and/or a replacement information management system. I also recommend that care be taken in the future, not to update existing systems unless and until resources are in place to ensure a seamless transition.”

Ministry Response: KCWS' business processes are being reviewed as a part of the previously indicated program review. This includes administrative processes, such as filing and data input into the electronic information system.

The Intervention Services Information System (ISIS) was launched at KCWS on May 25, 2012, as part of the phased system implementation across the province. It is now being used by all DFNAs and Child and Family Services Authorities (CFSAs). Prior to ISIS implementation, the Ministry provided significant support to KCWS to bring their filing and data input up-to-date. Foundational training was provided to all KCWS staff on five separate occasions, with an additional session available to casework supervisors. Additionally, e-learning is available on-line, and newly hired staff members receive training on using the system.

Ministry staff provide support to KCWS with service delivery, mentoring and capacity building to support continuous improvement leading to good outcomes for children and families.

Recommendation #8: Board, Directors and Employees

“I recommend that the Board, Director and staff of KCWS receive training and direction in the respective roles of each within the larger organization. ... In addition, I recommend that KCWS and the Department jointly examine human resource strategies designed to encourage long-term employment of staff and effective transition procedures where significant staff turnover is anticipated.”

Ministry Response: The Ministry agrees that board governance training and ongoing support are key to strong and accountable board leadership. Since the appointment of the most recent KCWS board, Ministry staff have provided board governance training and continue to provide governance support as needed.

The Ministry is aware that staffing continues to be a challenge for DFNAs and CFSAs that provide services primarily to rural areas across the province. Contributing factors include remoteness of locations and the complexity associated with staff practicing in their home community.

Recommendation #9: Audit and Accountability

“I recommend that both KCWS and the Department review the audits of KCWS file contents as well as any review of their business practices and information management procedures (see: Recommendation #7) with a view to putting in place appropriate accountability practices.”

Ministry Response: All DFNAs operate under the same funding and expenditure guidelines provided by AANDC. AANDC requires annual audited statements from the agency and a billing compliance audit, which is one of the three ongoing concurrent reviews, every three years.

Although the billing compliance audit and the practice and program reviews are essentially extensions of ongoing expectations, running the three reviews concurrently using a collaborative approach that includes all parties to the agreements, presents a new and positive approach to working together in supporting best practices and problem solving. Once the reviews are completed, the expected outcome is an action plan to improve practice, which will include a further practice review in six to 12 months.

A support model has been introduced to assist with addressing any existing compliance issues with DFNAs. With this support model, Ministry staff are assigned to work with individual DFNAs and their staff to provide training, mentoring and capacity building encompassing all areas of child intervention service delivery, from administrative processes through to front-line work. This model, which is based on a collaborative workplan outlining the needs of the agency, has been implemented at KCWS.

Conclusion

The Ministry of Human Services is committed to the safety and well-being of children and creating strong families. We strive for continuous improvement of the child intervention system, across the province, for all Albertans.

In addition to the measures mentioned above, over the past several years, KCWS has worked with the Ministry and taken several steps to improve service delivery to the children and families they serve. The agency has developed a collaborative relationship with the CFSA geographically closest to them in order to provide training for all caregivers. The number of onsite training opportunities for KCWS staff has increased, along with the number of Alternate Care Workers who support placements and the level of weekly supervision within all supervisory levels of the agency.

Providing vulnerable Albertans with the resources and supports they need to achieve good outcomes is a Ministry priority. By working with government and community partners in addressing the needs of all families in the province, regardless of where they live, the Ministry is taking action to provide children and youth with the best opportunities in life and build a better Alberta.