

Ministry of Children's Services' Response to the Public Fatality Inquiry – Nevaeh Charette

On February 18, 2022, a Fatality Inquiry Report was released concerning the December 5, 2017, death of 14-year-old Nevaeh Charette. The purpose of the inquiry, conducted by the Honourable Provincial Court Judge T.W. Achtymichuk, was to review the circumstances under which the death occurred and share any recommendations for the prevention of similar deaths. The *Child, Youth and Family Enhancement Act* (CYFEA) requires a public response from Children's Services (CS) regarding recommendations made to the ministry through fatality inquiries.

The death of a child is devastating for family, friends, community, and others involved with the child and family. Our thoughts are with those who continue to grieve for Nevaeh.

The inquiry report makes three recommendations directed to Children's Services (CS).

CS' response includes information gathered from the following sources:

- a review of existing policies, and
- a review of current ministry initiatives, practice, and program directions related to issues identified in the report.

We welcome the recommendations laid out in the Fatality Inquiry Report and thank the Honourable Provincial Court Judge T.W. Achtymichuk for working on behalf of vulnerable children, youth, and families in Alberta.



Recommendation	Ministry Response	Actions Planned or Underway
<p><i>Children’s Services (CS) ensure that CS front line staff in the intervention arm are well trained in getting youth and their families in need of mental health support services, in contact with the Family Resource Network (FRN) using warm hand-offs.</i></p>	<p>Children’s Services (CS) accepts the intent of this recommendation, in that it is important for children and families in need of mental health support services to be referred to the appropriate resource by practitioners.</p> <p>As it relates to mental health, CS acknowledges Alberta Health is responsible for the provision of formal mental health clinical services. Family Resource Networks would not be considered the appropriate resources or referral when children and families are in need of clinical and/or intensive mental health supports.</p> <p>The intent of this recommendation is considered complete through current policy and practice.</p>	<p>Collaboration is one of the guiding principles of child intervention embedded throughout policy and practice supports. CS staff collaborate with, and refer to, professionals as appropriate to ensure children’s and families’ needs are met and sound decisions are made in case planning. This includes engagement with Alberta Health when families are in need of clinical and intensive mental health support services or Family Resource Networks (FRN) for prevention and early intervention programming. Referrals can occur through any means most appropriate for the child, youth, or family.</p> <p>Child intervention (CI) practitioners are required to attend delegation training within six months of employment. Throughout all delegation training modules, practitioners learn about and practice safety planning. Intentional safety planning includes understanding the critical importance of networks in supporting the ongoing safety and well-being of children and youth. Practitioner training also highlights the importance of community connections and collaboration, as well as formal and informal support networks. Staff receive regular training on policy updates.</p> <p>Child Intervention Delivery Division recently delivered a presentation to FRN staff on how they can coordinate and work collaboratively with CS staff within the spectrum of CI services. Additional information sharing</p>

		<p>has taken place internally to better ensure that CS staff are aware of the resources accessible through FRNs.</p>
<p><i>CS ensure that FRN staff are adequately trained in 1) providing a connection between CS on the one hand, and AHS and other agencies or services dealing with mental health intervention, clinical services and crisis management on the other hand, 2) making warm hand-offs for those referrals, and 3) where warm hand-offs are not possible, ensuring follow up with the youth or family about those referrals.</i></p>	<p>CS accepts the intent of this recommendation, in that CS shares the belief that children and their families should be supported when referred to appropriate mental health support services. CS considers the intent of this recommendation to be complete.</p> <p>FRNs provide prevention and early intervention programming, including service referral and coordination. Services focus on strengthening parenting and caregiving knowledge, social support, and improving child and youth development.</p> <p>Intensive mental health supports are outside the scope of the FRN continuum of services. However, brief-intervention mental health supports are available within the FRN program. FRNs are also a source of referrals for</p>	<p>FRNs serve as a critical connection between community services, such as CI and Alberta Health Services, where appropriate. FRNs collaborate closely with local CI offices to facilitate connections and learning opportunities between staff to strengthen supports provided to children, youth, and families.</p> <p>Actions are underway to enhance mental health supports for families through the FRN program. In April 2022, \$1 million in funding was allocated to support enhanced access to brief intervention mental health supports for families accessing services through FRNs.</p> <p>Standards of Practice have been co-developed with FRNs outlining the importance of connecting and developing referral pathways between FRNs and CI.</p> <p>As mentioned above, staff training is ongoing through existing information sharing practices between CI and FRNs.</p>

	<p>community members. The FRN can provide a warm handoff to CS and AHS where appropriate, as well as support families to access other community mental health services if they are available within the community.</p> <p>All FRN services are voluntary, and as such, the role of the FRN ends after making a supportive referral with a family.</p>	
<p><i>CS complete a substantive review of the youth suicide prevention training for CS staff.</i></p>	<p>CS accepts this recommendation and considers it complete with the recent re-design of Suicide Intervention Skills Training.</p>	<p>Suicide Intervention Skills Training (SIST) was re-designed and launched in fall 2021. This two-day module is mandatory for new CI practitioners within the organization, and all CI practitioners must repeat their SIST training every three years as part of ongoing mandatory training requirements. The training was updated by subject matter experts through a collaborative process that identified key content areas that are critical for CI practitioners to understand and incorporate in their practice.</p>