

Children's Services

# Review of Deaths of Children and Youth Receiving Child Intervention Services

Findings and Actions

# Introduction

During September and October 2021, the Ministry of Children's Services observed a tragic increase in the number of deaths of children and youth receiving services from the ministry as compared to previous months, leading to a higher than average number of deaths year to date.

From April 1, 2021 to December 31, 2021, there were 36 deaths of children, youth and young adults aged 0 to 23. The ministry publically reports on all deaths of children and youth who are receiving services. This can range from initial contact during intake or assessment, open child intervention files where supports are provided while remaining in parental care, to children or youth in the care of the director or receiving supports after turning 18 years of age. Of the 36 deaths, 20 were children and youth aged 0 to 17, 16 were young adults aged 18-23 (with 14 aged 18-22 and two over the age of 22). Last year's 36 deaths exceed the total number we saw over the previous two years: 23 in 2019-2020 and 30 in 2020-2021.

The Honourable Rebecca Schulz, Minister of Children's Services, directed the ministry to carry out a thorough internal review of the cases to gain an understanding of the circumstances surrounding these 36 deaths. The review was intended to help identify which improvements could be made to the system to better serve children, youth and families.

The ministry undertook three separate reviews using internal data, case files and data from the Ministry of Health. These were intended to complement separate, mandatory reviews by the Office of the Child and Youth Advocate (OCYA), the Statutory Director and the Office of the Chief Medical Examiner (OCME).

- Section 1 examines data for those children and youth who died under the age of 17 years and includes the results of three case file reviews for infants who died in 2021.
- Section 2 shares the results of an analysis of young adults over 18 years.
- Section 3 summarizes new or in-progress actions in response to the reviews' findings.

The reviews showed that 2021 was a year like no other in many ways. COVID-19 has affected all Albertans, and children and youth have been uniquely impacted by the pandemic. Online learning, social isolation, increased screen time, lack of physical activity, and related issues like food insecurity, substance abuse and housing issues have significantly impacted younger Albertans. In particular, vulnerable and marginalized children, youth, and families have reported more overall negative impacts as reported in the survey by the Child and Youth Well-being Panel. Further, the opioid crisis is a significant concern for families and children involved with child intervention.

## Birth-17 Findings

The ministry collects data on each child who receives services. This data provides a perspective on how children and their families experience child intervention services. The department conducted reviews of 36 cases of children and youth who died between April 1 and December 31, 2021 and compared them to previous years to identify any patterns or trends.

### Year over Year Comparison

The number of deaths of children and youth aged 0 to 17 spiked in September and October 2021, as compared to the previous year. Since 2012-13, the number of deaths for children and youth between the ages of 0 and 17 has ranged between 17 and 30 per year. In the first nine months of 2021-22, there were 20 deaths.

### Manner of Death

Children's Services relies on the work of the Office of the Chief Medical Examiner (OCME) to officially confirm manner and cause of death. The manner and cause of death is still pending on 12 of the 20 deaths. OCME cases often require additional testing, while the more complex cases often also require consultation with specialized medical experts. On average, it can take about six months for the OCME to complete a full death investigation, while cases that are more complex may take longer.

Table 1 summarizes the known manner of death for eight of the 20 cases, as well as the unconfirmed circumstances of death for the pending 12 cases. While the unconfirmed circumstances could change once we receive pending reports from the OCME, the total number will not change.

**TABLE 1: OFFICIAL MANNER OF DEATH AND PENDING/CIRCUMSTANCES OF DEATH – APRIL TO DECEMBER 2021**

Official Manner of Death	0-5	6-12	13 to 15	16 to 17	Total
Accidental	2		1	1	4
Natural	1	1	1		3
Suicide		1			1
<b>TOTAL</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>8</b>
<b>Pending/Circumstances of Death</b>					
Unconfirmed Accidental	3	1	1	1	6
Unconfirmed Natural	1				1
Under Police Investigation	5				5
<b>Total Unconfirmed</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>12</b>
<b>Overall Total</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>20</b>

For the 12 children where the manner of death is known but not confirmed, analysis found that there were no significant increases in deaths by suicide, homicides or natural causes as compared to previous years.

For the 10 confirmed or suspected accidental deaths, five were related to drug overdoses. This is higher than previous years and this increase was also seen in the review of cases between the 18-23 age group.

We know that four of the 20 children became involved with child intervention because of an existing illness or critical injury that caused their deaths soon after they began receiving services.

### Deaths of children aged 0 to 5

The table above identifies 12 deaths in the 0-5 category, which is consistent with the range of deaths seen over the last ten years. Infants aged 0 to 2 make up a large portion of the deaths in the 0-5 age range. The majority of deaths occur, in many cases, because this is the most medically fragile age group.

Of these 12 deaths, nine are pending OCME review and classification of the manner and cause of death. We do know the following information:

- All twelve children were in the care of their parents while receiving services;
- Six children were under the age of one, which typically has a higher representation of medically related deaths in the general population as well;
- Three were considered medically fragile<sup>1</sup>;
- Two were being served by a Delegated First Nation Agency; and
- All five deaths currently under police investigation are those in the 0 to 5 age category.

### Deaths of children aged 0 to 5 in the last 10 years

When looking at the manner of death for children aged 0 to 5 over the last 10 years, 39 per cent of children died of natural causes, which is the most common manner of death for children receiving services in this age group. An additional 26 per cent have an undetermined manner of death, 15 per cent were categorized as accidental and 5 per cent were deemed homicides. Currently, there are still 15 per cent of the deaths pending review by the Office of the Chief Medical Examiner.

<sup>1</sup> Medically fragile refers to a child who has medical conditions that require treatment or specialized care and can affect their lifespan.

## Practice Reviews - Infant Deaths Fall 2021

In September and October 2021, there were six deaths of children and youth aged 0 to 17 years in a short period of time, including three infants receiving intervention services at the time of their passing.

In all three cases, the infants were living in their family home at the time of their death.

Due to privacy constraints and ongoing criminal investigations, we cannot provide specific details, but can say that many factors went into the circumstances of each case. Examples of these factors include parental substance abuse, mental health concerns, and caregivers being responsible for a number of children with varying degrees of needs. Given the complexity of these cases, it is difficult to confirm causation leading to death. When we compared these cases to other cases of death, we determined areas of practice where improvements could be made to better support families.

- Throughout the pandemic, ministry staff continued to provide services through in-person and virtual visits to ensure the safety and well-being of children. However, there were times where COVID-19 in a family's home resulted in children not being observed in person by staff, as often as would normally occur. While virtual and in-person check-ins took place as Health guidelines permitted, in-person visits, especially for children most at risk, are again being prioritized. As well, Children's Services continues to post and fill positions for caseworkers on an ongoing basis.
- The Child and Youth Advocate has recommended that the ministry improve its safety assessment and planning. Case management is adequately completed; however, the ministry does need to continue to ensure all case documents are regularly updated and reviewed, and where appropriate, case planning documents shared with all natural and community supports, to ensure all partners are aware of roles and responsibilities in keeping children safe.
- Staff in ministry-contracted agencies or other community resources focused more on family and parent wellness, assuming improvements to parent wellness would have a positive impact on child safety. In all cases, the safety and well-being of children should be the highest priority.

While this review did not find a correlation between the deaths and recommended improvements in practice, we have identified areas of improvement to ensure the best possible support to the children, young people and families we serve.

## 18-23 Findings

This section of the report focusses on the deaths of young adults aged 18-23 years that occurred between April to December 2021.

Children's Services provides services to young adults between the ages of 18 and 22 who were involved with child intervention services to help them reach independence. Support is most often financial, and may also include community supports along with the assistance of a caseworker. All of the young adults were being supported by a caseworker and receiving financial assistance through Support and Financial Assistance Agreements (SFAA), including the two young adults over the age of 22. Of the 16 deaths of young adults receiving services, 13 were receiving services from Children's Services.

In all cases, the young adults were receiving services through Support and Financial Assistance Agreements and staff followed policy and practice, including the provision of planning to help young adults through their transition to adulthood.

The trends over the last 10 years suggested that we needed more specialized placement, especially for young people with complex needs. The data tells us that most of the young adults who died were facing multiple challenges. They were more likely to have:

- abused drugs, alcohol, and other harmful substances;
- required medical care, including mental health care, from hospitals and alcohol and drug treatment facilities;

- required placements in facilities that offer specialized services and one-on-one staffing to keep youth safe from self-harm or from harming others; and
- been involved with the youth criminal justice system, including placements in youth justice facilities, adult correctional facilities, and police cells.

When compared to the general Alberta population of 18 to 23 year olds, the group of young adults receiving services who died in the 10-year period beginning with 2012-2013 were:

- 57 times more likely to visit the emergency department for addiction-related disorders;
- 45 times more likely to be admitted to the hospital for addiction-related disorders; and
- 20 times more likely to see a physician for addiction-related disorders.

The last two years have shown an increase in opioid deaths among 18 to 23 year olds, both for the general public and for young adults receiving services. Opioid deaths in the general public have nearly doubled in the past two years, from 625 in 2019 to 1,247 in January to October 2021 (Source: Alberta Substance Use Surveillance System).

As well, opioid deaths are disproportionately higher for young adults receiving services. Young adults aged 18 to 23 receiving services represent only 0.6 per cent of the overall population of people aged 18 to 23, yet they account for approximately 10 per cent (2017 to 2021) of the opioid deaths among this age group. The number of SFAA deaths due to opioids increased compared to the general public; there were three SFAA deaths in 2019 and 12 in 2021.

Alberta Health provided supporting evidence of an increase in drug-related deaths, which indicated high rates of emergency department visits and admissions for substance-related disorders.

Notwithstanding the unique circumstances of this year given the pandemic and the emerging evidence of much higher opioid use, there were some commonalities among the young adults who died while receiving services as we examined the data from the last 10 years. It is our belief that the practice improvements identified below will help us better support the young adults we serve.

## New Actions and In-Progress

This report's findings show that further action is required to keep children safe when they are involved with the child intervention system. The ministry will take the following actions:

### **ACTION 1**

Introduction of a system for early identification of infant (0-6 years) and youth (16-17 years) to let caseworkers and case teams know if a child or youth's case plan needs extra attention. The caseworker and case team will review each flagged case to ensure that planning and supports are working to address any concerns. In youth cases, the focus will be on ensuring there is a plan to help the youth transition successfully out of care.

### **ACTION 2**

Review child intervention contracts to ensure that services offered by contracted community organizations are focused on helping a family address the safety concerns identified by the ministry, in addition to their focus on parents' strengths and wellness.

### **ACTION 3**

Improve safety planning. Safety plans are updated regularly and when major life events occur. It is the process where a case team and the family identify what changes are needed to improve a child's safety. The following changes will be made:

- Requiring updates to the safety plan when there are major life events in a family or when a child is being returned to the family home.
- Stating the roles and responsibilities of contracted agency staff or community organization staff in implementing the safety plan. Also, ensuring natural supports are in place, and that natural supports are aware of the responsibilities of their role in the safety plan.

## **ACTION 4**

Implement a new casework supervision model. Improving supervision of caseworkers will help focus attention on child safety before other factors, improve decision-making and provide coaching and mentoring to caseworkers.

## **ACTION 5**

Continue to work with Alberta Health to ensure mental health and addictions services along the continuum are available in a timely manner and reflect a recovery oriented system of care.

Provide additional funding to Family Resource Networks (FRNs) to increase access to mental health supports for Alberta families. FRNs provide prevention and early intervention supports across the province. This additional funding will support families in accessing brief mental health supports, and will support the expansion of FRN services in rural and remote communities.

## **ACTION 6**

Children's Services ensures that kinship homes are properly assessed. In addition to current process and policy, which includes an initial safety placement checklist at the time of placement, a review of placement within 30 days and a home study completed within 60 calendar days, the ministry will also require a support plan within 5 days of placement to help the home successfully care for a child. The ministry, Delegated First Nation Agencies or contracted community agency will complete all required documentation within the required timelines.

## **Actions Already Underway**

Starting last year, the ministry began implementing a number of improvements that we believe will help advance services for children, youth and young adults. These include:

**Implementing the Transition to Adulthood Program (TAP)**, which will ease the transition to adulthood. The new TAP program goes beyond providing financial aid by including more holistic individualized services. TAP maintains financial supports but also provides soft supports to assist with skills needed to thrive in adulthood, such as check-ins with a caseworker, wraparound support services, planning, skills development and other supports that a young person needs to be successful in adulthood. The improvements made to this program will ensure that young adults have more consistent support as they successfully transition to independence.

**Investing in a targeted mentoring program** specifically for youth and young adults who are or will be transitioning to adulthood. The new model will reflect the unique developmental and support needs of young adults. We will partner with the existing mentoring community in Alberta to accomplish this. The program will include:

- a targeted recruitment campaign for mentors who are interested in supporting young people aged 16 to 24 years old who typically have more complex needs. This campaign will also help address the ongoing need for male, as well as Indigenous mentors, and could include engaging with the corporate sector as a source for mentors. The program will also fund specialized training for these mentors given the unique population they would be supporting.
- increased funding to three existing youth in care mentoring programs to expand the ages they serve to include youth in transition up to the age of 24 years, and to create new mentoring programs for youth to ensure access across the province.

**Creating 164 new therapeutic foster spaces throughout the province**, starting in 2022-2023, to help provide a high level of support and stability for children with multiple challenges. As we saw in the review, more support is needed for young people with complex needs to ensure they have the best possible opportunity to succeed. This new therapeutic foster care model provides that kind of support. Additionally, much-needed renovations will take place to provincial campus-based care facilities in Edmonton (Yellowhead Youth Centre) and Lac La Biche.

Children's Services data indicates that having a stable place to live provides a solid foundation to help meet the complex needs of children, and helps to promote stability at an older age. These provincial campus-based care facilities require improvements to ensure long-term operation. These renovations will allow the province to maintain the current capacity of campus-based beds, and will provide residents with an improved living space and better safety controls for youth residents and staff.

**Implementing a recovery-oriented system of addiction and mental health care in Alberta**, based on recommendations from the Mental Health and Addiction Advisory Council. This recovery-oriented approach empowers people to use their strengths and skills to help them lead the life they choose when experiencing substance use and mental health issues.

The new recovery-oriented system of care will benefit children and youth in particular by enhancing addiction and mental health supports for young adults receiving child intervention services, including expanding the number of addiction recovery beds available to youth.

**Improving kinship care.** Children do better when they are connected to their culture, extended family and communities. These changes will support child safety while they are being cared for by extended family or friends.

The ministry is replacing the current assessment model for kinship caregivers. The current tool was designed for foster parents. The new tool will more accurately assess whether the family member or friend is a safe placement for a child who is unable to live with their parents. It will also help identify ongoing needs for the family to care for the child.

Starting in April 2022, families will receive \$900 at the time a child is placed with a family. This will simplify the current process and help families with the unexpected costs of caring for a child.

Children's Services is improving training for staff and caregivers. Curriculum development is underway to enhance the Child Intervention Practitioner Training, and the ministry is enhancing the approach to recruiting, supporting, training, recognizing and retaining high-quality caregivers.

**Supporting eight new spaces through the Personalized Community of Care (PCC) program** for access to an intensive treatment program for youth in care with significant addiction, mental health and behavioural needs. This is a collaborative program between Children's Services, Alberta Health, Alberta Health Services (AHS), and two community organizations.

**Improving access to mental health and addiction services** to help youth and young adults receiving services stay safe by:

- Providing NARCAN (overdose reversal drug) and training for its use to Children's Services staff working with youth and young adults in provincial residential facilities;
- Expanding the foster care pediatric care clinics in Edmonton and Calgary to the entire province, with the support of AHS. This will ensure the most vulnerable children in care receive medical care from a pediatrician who has specific expertise with child trauma and the unique needs of children in care.
- Continuing implementation of Youth Mental Health Hubs to support a single point of access to a broad range of supports including mental health and addiction services, primary health care, social services, etc.;
- Strengthening recovery-oriented programming available to youth in care to respond to drug use and addiction issues; and
- Expanding access to the Virtual Opioid Dependency Program to the group care sector.

## Conclusion

Every death of a child or young adult is a tragedy. None of the actions arising from this report will eliminate the grief that families, communities and staff experience when a child or young person dies. The ministry is committed to learning from these reviews to improve the protection and safety of the children and young adults that we serve.

We are also continuing to work with our cross-ministry partners to implement a recovery-oriented system of care based on the recommendations from the *Toward an Alberta Model of Wellness* report. Meeting the needs of vulnerable young people and their families begins with the understanding that recovery from mental health and addiction challenges is possible, and that everyone should be supported throughout their progress to recovery. Ministries are working together to break down barriers to care, remove red tape, and make it easier for all Albertans to access the supports and services they need to improve their mental wellness and recover from the challenges they are facing. This recovery-oriented system of care transformation is ongoing within Alberta's government, and all ministries are working towards improving outcomes for Albertans.

It is our hope that these steps will make a positive impact on the lives of children, youth and families.