Ministry of Human Services' Response to the Office of the Child and Youth Advocate

8-Year-Old Ella: An Investigative Review

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Alberta
Human Services

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Background

In 2013, a staff at a group care facility went to awaken an eight-year-old girl in their care. She was breathing heavily and would not wake up, which was attributed to her prescribed sleep medication. Shortly thereafter, staff returned to wake her and found her unresponsive. Staff began CPR and called 911. Despite all efforts, the child was pronounced deceased at the hospital. The Office of the Chief Medical Examiner advised that the cause of death was trichloroethanol toxicity and the manner of death was undetermined. Our thoughts are with this young child's family and with their friends.

This child had ongoing health-related issues and several diagnosed disabilities including severe intellectual, social, emotional sensory and behavioural dysregulation; profound fine and gross motor deficits; severe language disorder; and microcephaly. Her loss provides an opportunity for us to examine the circumstances surrounding her death and to identify where improvements could be made by our ministry as well as by other government ministries and community service delivery partners.

The *Child and Youth Advocate Act* provides the Advocate with the authority to investigate systemic issues arising from a serious injury or death of a child who was receiving child intervention services at the time of injury or death. The Advocate released an investigative review entitled 8-Year-Old-Ella*: An Investigative Review* ("the report") on August 12, 2015. The report makes recommendations for Human Services and other service delivery partners about three key areas related to practice and processes concerning services to vulnerable children in Alberta.

The ministry's response includes information gathered from:

- A review of existing practice, policies and protocols in comparison to issues identified in the report.
- A review of current ministry initiatives in comparison to issues identified in the report.
- Engagement with internal ministry partners, including other divisions and regional service delivery partners, about opportunities to enhance practice and service delivery approaches.
- Discussion with the Office of the Child and Youth Advocate about the recommendations and the intended outcome or impact of each.

Based on the information gathered and analyzed, we are confident that the existing service delivery mechanisms in Human Services provide an effective foundation for achieving quality care for children who have intervention needs as well as formally diagnosed disabilities. In order to continually improve services, we engage our service delivery partners to refine or strengthen practices that might help to further ensure the health and well-being of each child in this province.

Response to Recommendations

Recommendation #1:

A. The Ministry of Human Services should establish training for all frontline child intervention caseworkers, specifically related to understanding children with disabilities and/or complex needs.

B. The Ministry of Human Services should ensure that child intervention and FSCD workers are aware of the existing Program Coordination Protocol between Child Intervention Services and Family Support for Children with Disabilities.

Ministry response: The ministry accepts the intent of the recommendation. It is fundamental to good practice to support frontline intervention service delivery staff to meet the needs of children with disabilities and other exceptional needs through training and/or access to resources to enhance their understanding and support case planning for the child and their family. Currently, frontline service delivery staff have access to training modules related to disabilities. Staff also work with the disability professionals and para-professionals involved with the child and family to support their understanding and awareness regarding the unique needs of the child as it relates to their identified disability.

A review of the *Program Coordination Protocol between Child Intervention (CI) and Family Support for Children with Disabilities (FSCD)* will be completed along with the identification and implementation of knowledge mobilization strategies to engage and inform CI and FSCD staff about working across programs.

Recommendation #2:

The Ministry of Human Services should identify a continuum of placement options for children in care with disabilities and/or complex needs and ensure that adequate placement options and supports are available.

Ministry response: The ministry accepts this recommendation and agrees that a continuum of placement options is required to meet the needs of children in care. The current continuum consists of family-based care (foster and kinship), congregate care (group care, residential treatment and secure services) and specialized placements.

The ministry is currently engaged in a review of congregate care to review the current service level and required services based on shifts in practice and the evolving needs of children in care. Training and supports for family-based care is evolving based on research and leading practices, as well as feedback from kinship and foster care providers. Specialized placements

can be, and are, developed based on an individual child's needs; however, the development of the placement, including programming and experienced staff recruitment and training based on the child's needs, can take time.

Recommendation #3:

The Ministry of Human Services should ensure that all caregivers are aware of and follow their policies, procedures and practices in the administration and monitoring of medications.

Ministry response: The ministry accepts the recommendation. The recommendation is reflected in current policy and practice through contracting requirements, licensing and accreditation processes. All caregivers must observe a standard of care, including management of a child's medication. Ongoing efforts to monitor and support current practice are underway.

As noted in the Advocate's report, the facility in this case was subject to a placement assessment after the incident and recommendations were made to support improvements in the area of medication management. Placement resource assessments are specific to an incident or placement, and are intended to address areas for improvement with recommendations based on the findings of the review. Compliance will be monitored through ongoing evaluation and monitoring processes.

Conclusion

Human Services is continuing to implement evidence-based practice strategies and innovative solutions to meet the needs of vulnerable Albertans. By focusing on the strengths of an individual and being aware of their abilities, we are able to support children and youth who may present with disabilities and/or complex needs. Through our ongoing evolution, we are striving for the development and sustainment of a system responsive to the needs of children, youth and families while supporting frontline service delivery staff in their need for training and access to resources.

Human Services thanks the Advocate for his review and recommendations. We remain committed to working with the Advocate to facilitate systemic improvements to the Child Intervention system to support children, youth and families.