



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

September 2016

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Background

The Ministry of Human Services has carefully reviewed the fatality inquiry report into the January 13, 2009 death of four-year-old J C, released on June 2, 2016.

The inquiry found that the cause of death was cranial trauma with a large blood clot pressing on the surface of the brain and the manner of death was homicidal. The child was in provincial government care at the time of death.

Fatality Inquiries provide a valuable opportunity for an external review of tragic incidents involving individuals receiving services and supports from the ministry.

The Ministry's Response includes information gathered from the following sources:

- A review of existing policies in comparison to issues identified in the report; and
- A review of current ministry initiatives and program directions related to issues identified in the report

Response to Recommendations

The fatality inquiry report makes a total of five recommendations for the Ministry to support the prevention of similar deaths. The five recommendations are related to improvements to the kinship care program and information sharing to support the safety and well-being of children. As the report indicates, the Ministry of Human Services has made significant progress in the areas of kinship care and child safety; however, the Ministry agrees that improvement must be continuous and ongoing. Two of the recommendations are accepted, the ministry accepts the intent of the remaining three recommendations.

Recommendation #1:

... It becomes troublesome when the family members identified as potential kinship placements have a family history fraught with dysfunctional characteristics of their own. When this first comes to light, or is suspected, it is of the utmost importance that there be extensive, early background assessments conducted on each and every adult in the home, within which children are being placed...In addition, reference letters have value, but should be followed up with a face-to-face interview.

... [A] procedure to ensure a caseworker/supervisor has ultimate responsibility to document that each area has been properly and thoroughly investigated must be followed, and not just drafted. It is of no value to have the steps in place, if no one can absolutely ascertain that each step has been successfully completed.

Ministry Response: The ministry accepts the recommendation.

There are currently several ongoing initiatives to support Kinship Care Home Study practitioners and strengthen the ministry's ability to assess and support kinship placements including assessment tools and training to kinship care placements.

Recommendation #2:

The number of children placed into a kinship care home should be established and limited. Despite the 2011 report also including this recommendation, it has not been implemented for reasons set out by Ms. Ross. This recommendation is being set out, again, after this Inquiry.

Factors to consider when determining the number of children should include, but not be limited to:

- a. The age range of the children placed in the home;*
- b. The nature of the relationship, and its strength between the caregiver(s) and the children being placed;*
- c. The caregivers' experience in managing a household with children present;*
- d. The special needs of the children, if there are any documented; and*
- e. The extended family considered as alternative supports for the caregiver must reside within the same community.*

Ministry Response: The ministry accepts the intent of the recommendation.

The Ministry agrees that there are many factors to consider when assessing a kinship home's capacity, and these factors support the development of sound, intentional support plans based on the skills and capacity of the caregiver and the needs of the child(ren) placed.

Policy related to kinship care will be revised to include factors for consideration when placing children in kinship care placements to support positive outcomes for vulnerable children and their families.

Recommendation #3:

Since 2009, monitoring of newly established kinship care homes has increased in frequency, during the first three months of the process. In addition to the scheduled attendances, however, home visits should include a less formal, unannounced attendance, at least once per month, depending on the circumstances of the placement, during the initial six month period. Discretion as to which Kinship Care arrangements would benefit from this additional spot check should be in the domain of the caseworker, in consultation with the supervisor.

Ministry Response: The ministry accepts the intent of the recommendation.

The ministry will continue to focus on actions to support the ongoing development of positive relationships and support for caregivers in meeting the needs of the children placed in their care.

The ministry has established policy and practice to increase supports to newly established kinship care placements including caseworker visits and kinship care support plans. The need for increased attendance at the home, announced or unannounced, would be a case-by-case determination by a caseworker in consultation with their supervisor.

Recommendation #4:

There are already manuals and program materials provided to caregivers in the Kinship Care program, but it is not enough to leave the materials and expect the caregiver to review and understand the materials. It would be advisable to have a time to review the materials together, or re-attend to discuss the materials, having been satisfied that the caregiver has actually absorbed what is in the materials. Educational background and reading comprehension is not the same for all caregivers. Some method to assess the usefulness of the materials provided needs to be established.

Ministry Response: The ministry accepts the recommendation.

The ministry acknowledges the importance of caregivers understanding the training and information that is provided to support them to successfully care for the child placed in their home.

The ministry will review and revise policy to indicate that support workers must review the material provided with the kinship caregivers, with the option to attend an in-person session. The need for additional supports or training will be reviewed with caregivers on a regular basis.

Recommendation #5:

...If the Kinship Care placement qualifies as placing the department in a position where sharing of information is allowable, there should be a process established between the school system and the department, wherein any extended absence of a child in Kinship Care, should be brought to the attention of the department, as well as the caregiver, in the same manner that any unusual physical trauma or suspected abuse would be addressed by the school staff.

Ministry Response: The ministry accepts the intent of this recommendation which is reflected in current strategies related to information sharing.

The [Information Sharing Strategy](#) supports sharing of information between individuals and organisations to support the best interest of the child; this would include local school

boards and Human Services. The need for information sharing and regional service delivery relationships will be reinforced with our cross-ministry partners and regional service delivery.

Conclusion

The recommendations provided in this fatality inquiry are intended to protect the most vulnerable members of our society. The report highlights the need to assess and support kinship caregivers to meet the needs of family members placed in their care and intentional information sharing across systems to support the well-being of children.

The ministry will continue to work collaboratively cross-ministry and with other service delivery partners to support children and their immediate and extended families.