



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

April 2014

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Background

The Ministry of Human Services has carefully reviewed the fatality inquiry report into the April 30, 2010 death of 13-year-old KW, released on February 5, 2014.

The inquiry found this death was due to acute methadone toxicity, and the manner of the child's death was accidental. The child was in provincial government care at the time of death and died while on a sleepover at a friend's home.

The ministry takes fatality inquiry reports very seriously, as they provide a valuable opportunity for external review of tragic incidents involving individuals receiving services and supports from the ministry. The information in this report was reviewed and considered, and any learnings will be shared with staff who support children and youth in care.

Ministry Response

The report did not include any recommendations for the ministry. At the conclusion of the fatality inquiry, the Judge was satisfied that the child was placed in a caring and responsible foster home, and that child intervention staff took appropriate steps to provide the child with the supports he needed. The report also indicates there were no actions by anyone responsible for the child's care that would have prevented his death.

Despite the lack of recommendations in the report, the Judge encouraged the ministry to consider suggestions from the child's family about potential improvements to the child intervention system. The ministry recognizes the importance of listening to family and examining their input, alongside the other types of input we receive, to help inform our continuous improvement.

The ministry offers the following information about the current status of practice and policy in relation to the suggestions of the family:

a. Our children need to be educated about the dangers of drug and alcohol abuse.

Education about the use and the dangers of drugs and alcohol is provided through the health system¹, policing agencies which present to schools (e.g. the Drug Abuse Resistance Education (DARE)² Program) and Alberta Health Services (AHS).³

¹ AHS has numerous educational resources available for community members and educators, which can be accessed at www.albertahealthservices.ca/2909.asp and www.albertahealthservices.ca/addiction.asp

² This program is primarily delivered by the RCMP in communities across Alberta as a part of their Drugs and Organized Crime Awareness Service (DOCAS). Information can be accessed at www.rcmp-grc.gc.ca/docas-ssdco/prog-eng.htm

³ AHS provides a wide variety of programs and services to Albertans, which include youth counselling and treatment options. Information can be accessed at www.albertahealthservices.ca/services.asp?pid=stype&type=1

Where drug or alcohol use is identified as an intervention concern, both natural and planned opportunities for discussion about the use of drugs and alcohol will arise in planning for supports and services for all involved family members. All frontline service delivery staff receive training about working with families where drugs and alcohol are involved, and also have access to training modules for additional learning.

Caregivers who take the core foster parent training complete a training module which provides information about drug and alcohol use. Training objectives include recognizing some of the major drugs and associated paraphernalia; recognizing symptoms of people under the influence of drugs and/or alcohol; learning about the dangers of various drugs in order to educate children; assisting children in dealing with familial history of substance abuse; identifying proactive strategies to minimize the impact for children due to the behaviours of those in their lives that use or abuse drugs or alcohol; and identifying proactive strategies to manage the child's behaviours if the child is using drugs or alcohol.

b. Child welfare workers should help parents bond with their children rather than labelling parents as addicts.

The ministry works to assist the family in understanding the harmful effects of drug or alcohol addiction while facilitating the necessary treatment. AHS⁴ has numerous programs and services available to support adults, including counselling and a variety of treatment options.

When children must be placed out of parental care, their continued positive relationships with immediate and extended family can have a positive impact on their healthy development. The ministry recognizes that family members have a significant role in supporting positive outcomes for children. Whenever possible, every effort is made to support a child in care's relationships with parents, guardians and extended family members unless there are concerns for the safety of the child.

Parents/guardians who have access and visitation are encouraged to be active participants in planning to address the issues that led to the need for intervention, such as addictions. The development, implementation, review, and evaluation of service plan goals and tasks are a means of monitoring and reporting on progress, determining if changes to services are necessary and supporting parents/guardians in the actions they take to make positive changes.

c. Clear communication is needed between workers and the child's extended family.

Regular case conference meetings are held with the parents/guardians; their identified natural supports including extended family and significant persons; service providers; and the assigned caseworker. Others may join as required or requested, including but not limited to

⁴ AHS provides a wide variety of programs and services to Albertans, which include adult counselling and treatment options. Information can be accessed at www.albertahealthservices.ca/services.asp?pid=stype&type=1

school personnel, medical professionals, psychologists or other mental health professionals, or a representative from the Child and Youth Advocate.

When intervention needs are identified, the parents /guardians are encouraged to engage their existing support system throughout the process, and to have a role in planning for and supporting the safety of the child and family. The ministry is working on improvements to casework practice that focus on early engagement and intentionally building on a family's strengths, while supporting children and their parents/guardians to strengthen their relationships. This process encourages parents/guardians to build on their relationships to help their children and family resolve concerns, but to also identify a potential placement with family or extended family if the need should arise to remove a child from the home.

d. Child intervention workers need to have accurate information.

Information about a child's ethnic and racial background is gathered from the family and/or the child. This generally involves completing an ecomap and a genogram⁵ in the early stages of involvement to identify extended family members, cultural and community connections and natural support networks for families that need to be integrated into planning for the child (e.g. the involvement of a First Nations designate⁶). Incorrect information on the file or entered into the electronic information system should be revised as soon as an error is identified. A review of the file and the current circumstances occurs at regular intervals throughout the period of involvement, and includes an annual review of the genogram with the family, or more often if a significant event occurs.

e. An Aboriginal advocate for children in care would ensure that children's voices are heard, and might prevent this type of death.

The Office of the Child and Youth Advocate (OCYA)⁷ is mandated to provide advocacy supports to all children who are receiving child intervention supports and services. The OCYA receives referrals concerning young people who may have issues related to their planning, care and services in the child intervention system. When such a referral is received, an individual advocate gathers information and works with the young person to understand his or her circumstances and identify whether other issues exist for the young person.

⁵ Policies 4.1.1 Ecomap and 4.2.2 Genogram, Enhancement Policy Manual – Intervention, located at <http://humanservices.alberta.ca/documents/Enhancement-Act-Policy-Manual.pdf>.

⁶ Policy 2.1.1 First Nations Designate, Enhancement Policy Manual – Intervention, located at <http://humanservices.alberta.ca/documents/Enhancement-Act-Policy-Manual.pdf>.

⁷ For more information about the Office of the Child and Youth Advocate, visit their website at <http://advocate.gov.ab.ca/home/index.cfm>

An individual advocate discusses and explains rights and interests with the young person in a way that the young person can understand. If the young person confirms the presenting issue or identifies other issues, then an advocacy plan is developed by the young person and the individual advocate to resolve those issues. Advocacy activity is led and consented to by the young person, and guided by the young person's views and the interests and rights they want to pursue.

In its 2010-2011 Annual Report, the OCYA identified the overrepresentation of Aboriginal children in care as a systemic issue for the ministry. This continues to be identified as an ongoing systemic issue. The ministry is committed to efforts to shift practice and make change for Aboriginal children and families. The ministry is also working with the OCYA to strengthen the advocacy supports that are provided specifically to Aboriginal children and youth in Alberta.

Conclusion

The safety and well-being of children and creating strong families remain a key focus for the ministry. We take feedback from experts, including children, youth and families with lived experience and involvement in the system, very seriously. The ministry strives for continuous improvement of the system as a whole, to ensure that vulnerable Albertans have the resources and supports they need in order to attain good outcomes for families and provide children and youth with the best opportunities in life. We will never know the impact KW might have had on others had this tragic accident not occurred, but we do know that we have learned from his life, and those learnings will help other children in care.