Ministry of Human Services' Response to the NW Fatality Inquiry Report

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Alberta
Human Services

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Background

The Ministry of Human Services has carefully reviewed the fatality inquiry report into the December 29, 2010 death of 15-week-old NW, released on April 9, 2014.

The inquiry found that both the cause of death and the manner of death were undetermined. The child was in provincial government care at the time of death.

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

Response to the Recommendations

The fatality inquiry report makes a total of nine recommendations for the Ministry, separated into two categories: recommendations for the prevention of similar deaths and recommendations to reduce stress.

Six of the recommendations have been accepted and are included in policy and practice strategies that have been implemented or future strategies that the ministry will evaluate and consider implementing.

The specific strategies suggested in three of the recommendations have not been accepted, as the ministry is engaged in alternative strategies that it has either implemented or is in the process of implementing to address the issues identified.

RECOMMENDATIONS FOR THE PREVENTION OF SIMILAR DEATHS:

Recommendation 1: *Know what stressors the infant has experienced and the effect of those stressors on the infant.*

a) *Upon apprehension, require the infant's caseworker to obtain a complete history of the prenatal birth and after birth social experience of the infant. This will include current routine, manner of soothing and ability of infant to self-regulate.*

b) *Require the infant's caseworker to obtain the medical records from all doctors involved in the prenatal, delivery and after birth care of the infant.*

c) *Require the infant's caseworker to appoint a "designated physician" who has been trained in the area of toxic stress levels in infants.*

d) *After obtaining the medical and historical records relating to the infant, the designated physician will examine the infant and determine the effect of toxic stress on that infant.*

e) *The designated physician will be in charge of the infant's care during the fostering period.*

f) *Where possible, the foster parents, caseworker and biological parents should attend the initial examination and all subsequent medical appointments.*

g) *Where is it is not possible for the foster parents to attend the initial medical examination, require the child's caseworker to inform the foster parents of the type and amount of toxic stress both before and after birth to which the infant has been exposed, the physical symptoms exhibited as a result of the exposure and recommendations of the designated physician for the infant's care.*

Ministry Response: This recommendation is not accepted. It should be noted there are policies, practice and alternative initiatives already in place to address the intent of the recommendation and ensure that essential medical and health information is shared among the child's caregivers, including biological parents, placement providers and health professionals.

The *Children First Act* enables information sharing where it is in the best interests of the child, providing a more holistic and yet simplified approach to sharing information. Policy and practice expectations require caseworkers to share information about the child's medical and health background with caregivers (including their health record, immunization record and current medical report).

In most cases, foster parents and kinship caregivers attend medical appointments with children in their care and follow up with the child's caseworker. Biological parents are also encouraged and supported to attend appointments whenever possible.

Recommendation 2: *When a medical emergency dictates that the foster child see a physician other than the designated physician, the foster parent must inform the caseworker of the name of the physician and the caseworker will provide a copy of the medical record to the designated physician.*

Ministry Response: This recommendation is not accepted as the child's complete and official medical record is maintained by Alberta Health Services and is available to healthcare providers through their medical records database.

Current policy specifies caseworker and placement provider roles as it relates to medical treatment, information sharing and follow up. If a child sees a physician other than their regular doctor or when the physician has not previously obtained background information, policy requires the caseworker and/or placement provider to provide essential health and medical information such as medical history, significant illnesses, hospitalizations and other information as required.

Recommendation 3: *Require foster parents to keep all medical appointments. Where necessary the caseworker will arrange transportation for the foster parent and child to the appointment and arrange child care for other children in that foster parent's care.*

Ministry Response: This recommendation is accepted and is included in current policy and practice. Placement providers are encouraged and supported to attend medical appointments with the children placed in their care.

Recommendation 4: *Retain a physician to keep abreast of the latest studies and research involving sudden unexpected infant death and provide that information along with infant care recommendations to all designated physicians and caseworkers and foster parents.*

Ministry Response: This recommendation is not accepted. It should be noted other strategies have been implemented to address risks related to sudden, unexpected infant deaths.

The ministry provides resources to help reduce the risks of sudden, unexpected infant deaths and recognizes that placement providers must have appropriate training to successfully meet a child's individual needs. For example, Safe Babies Caregiver training, based on Alberta Health Services Safe Sleep Guidelines, is mandatory for caregivers who have children 36 months of age and under placed in their care. The information we provide to our caregivers aligns with evidence-based resources provided by Alberta Health and Health Canada. The ministry will continue to review leading practices and work collaboratively with Health and other jurisdictions in the area of infant care and safety.

Recommendation 5: *Require all foster parents of infants to be educated in the most current recommendations to reduce the risk of unexplained sudden infant death, including safe sleeping, soothing and self-regulating.*

Ministry Response: The recommendation is accepted and is included in current policy and practice.

Safe Babies Caregiver Training is a two-day training program that was developed based on the need to provide general training to caregivers of infants as well as specialized training to caregivers of infants with prenatal exposure to substances. As of fall 2014, the program is required training for all foster parents who care for infants (from birth to 36 months). Kinship care providers are encouraged to attend the training and, if this is not possible, they must review the program information with a caseworker or a kinship care worker.

When an infant is placed in their home, all foster parents and kinship care providers are given a copy of Baby Steps, a stand-alone manual of information about caring for infants, including safe sleep practices.

Recommendation 6: *Require all foster parents to follow the most current recommendations unless after consultation with the designated physician they have his/her permission to vary a recommendation.*

Ministry Response: The recommendation is accepted and is included in current policy and practice. Caseworkers work with placement providers on the medical needs of children in their care and they are expected to comply with policy.

RECOMMENDATIONS FOR THE REDUCTION OF STRESS:

Recommendation 1: *Where the infant is released from a hospital into foster care, have the foster parents collect the child so they can learn firsthand of the experience, care, schedule and soothing methods of the infant.*

Ministry Response: The intent of the recommendation is accepted and the ministry and will undertake actions to ensure that the identified area for systemic improvement is positively impacted.

The ministry will strengthen policy to reinforce the importance of caregiver involvement in discharge planning. While it is preferred to have the caregiver attend the hospital for discharge, when a caregiver is not able to attend, the caseworker will gather the relevant information about the infant (including hospital established care schedules) and ensure this is provided to the caregiver at the time of placement.

Recommendation 2: *Provide a consistent schedule and level of care giving. This is particularly important when the infant has several different caregivers. Where the caregivers are unable to directly communicate with each other, the infant's caseworker must provide this information.*

Ministry Response: This recommendation is accepted and is included in current policy and practice. Caseworkers facilitate appropriate information sharing between all individuals involved in a child's care. Caregivers work toward establishing age-appropriate routines for the children placed in their care. Based on the needs of the infant, caregivers and caseworkers may need to access additional training and support from the hospital or other medical personnel.

Recommendation 3: *Require the caseworker and designated physician to evaluate the physical and emotional needs of the infant, including the extra time and attention needed to properly meet those needs, and place the infant with foster parents capable of meeting those needs.*

Ministry Response: This recommendation is accepted and is included in current policy and practice.

Every effort is made to match each child to a placement based on a number of factors, including the capacity of the home, the ages and unique needs of the children in the home, and the placement provider's strengths and challenges.

The caseworker maintains regular, ongoing contact with the caregiver and connects the placement provider with resources to help them in providing care.

Conclusion

The recommendations provided in this fatality inquiry are intended to protect the youngest, most vulnerable members of our society. The report highlights the need for strong and collaborative relationships between professionals and others who provide care for children.

We look forward to working collaboratively with Alberta Health Services and other partners to promote a consistent provincial model of care and provide an effective foundation for achieving quality care for at-risk infants.