



**Ministry of Human Services' Response to the  
Office of the Child and Youth Advocate  
*Baby Annie: An Investigative Review***

**July 2015**

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## Background

In 2012, a mother found her two-week-old infant unresponsive at their home. Our thoughts are with this young child's family and with their friends and the community into which she was born.

Although this child was not in the care of the ministry, her family was receiving intervention services at the time of her death. 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 *Baby Annie: An Investigative Review* ("the report") on May 5, 2014. The report makes recommendations for Human Services and other service delivery partners about five 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 policies 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 our regional service delivery partners about opportunities to enhance practice and service delivery approaches.
- Engagement with partnering ministries within the Government of Alberta about opportunities to enhance working protocols and relationships.

Based on the information gathered and analyzed, we are confident that the existing service delivery mechanisms in Human Services and Alberta Health Services provide an effective foundation for achieving quality care for newborn infants whose families are receiving services. In order to continually improve services, we talk to our service delivery partners to refine or improve practices that might help to further ensure the health and well-being of each child in this province.

## Response to Recommendations

### Recommendation #1:

Child Intervention Services should institute policy that is proactive in planning for children and families when a newborn child is expected into a family that is receiving intervention services.

**Ministry response:** The ministry accepts the intent of the recommendation and will continue to implement supports and services currently available to assist expectant mothers with advice and referrals to community services, such as the many pre-and post-natal programs offered by Alberta Health Services.<sup>1</sup>

Proactive planning for the needs of families and children is extremely important. For that reason, the ministry has current policy and practice expectations regarding collaborative planning and assessment of family needs, and the expectation to revisit planned supports if the circumstances of a family change. This would include the impending addition of a newborn to a family the ministry is already supporting.

### Recommendation #2:

The Ministry of Human Services should work with Alberta Health Services to implement a provincial, multi-service response model that enables collaborative and joint response to families with at-risk children who are involved with Human Services and Alberta Health Services.

**Ministry response:** The ministry accepts this recommendation and agrees that a multi-service response model is effective in identifying and responding to the needs of at-risk children.

Through the Early Childhood Development initiative, the ministry is working closely with Alberta Health and Education to improve outcomes of young children, including a focus on maternal and infant health.

Human Services will work with Alberta Health Services as they conduct broad environmental scans of the multi-service response model to identify gaps in services to at-risk infants. Where gaps are identified, Alberta Health Services will work with Human Services to mitigate them, promoting a more consistent provincial model of care for this at-risk group.

### Recommendation #3:

The Ministry of Human Services and Alberta Health Services should establish policy and protocols to ensure sufficient information sharing and a collaborative, timely (prior to discharge) response for infants at risk from Neo-Natal Abstinence Syndrome.

**Ministry response:** The ministry accepts the intent of the recommendation and will continue to support cross-ministry strategies and legislation already in place to address this type of information sharing. Human Services and Alberta Health Services recognize information sharing is an important element in the care of at-risk groups. As Alberta Health Services conducts their environmental scan,

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<sup>1</sup> A list of services available may be found at <http://www.albertahealthservices.ca/services.asp?pid=stype&type=28>.

we will look for opportunities to strengthen existing approaches to information sharing specific to this population of children (at-risk infants).

The *Children First Act*<sup>2</sup> provides collection, use and disclosure authorities in addition to those available previously through the *Health Information Act (HIA)* and the *Freedom of Information and Protection of Privacy Act (FOIP Act)*.<sup>3</sup> A key initiative in this regard is the Information Sharing Strategy<sup>4</sup>, which is a collaborative initiative of the Government of Alberta and its service providers.

#### **Recommendation #4:**

The College of Physicians and Surgeons and the Alberta College of Pharmacists should review the effectiveness of the Pharmaceutical Information Network (PIN) to detect and flag multi-doctoring and potential safety concerns related to codeine and benzodiazepine prescriptions, with a view to preventing fetal exposure to these medications.

**Ministry response:** The ministry cannot speak to this recommendation as it is directed to the College of Physicians and Surgeons and the Alberta College of Pharmacists.

#### **Recommendation #5:**

- (a) Child Intervention Services should review how parenting capacity assessments are conducted across the province and implement policy that ensures parenting assessments are done in a consistent manner and are comprehensive in nature.
- (b) Child Intervention Services should ensure that parenting norms unique to First Nations and other cultural groups are incorporated into parenting capacity assessments.

**Ministry response:** The ministry accepts the intent of the recommendation and will continue to work closely with clinicians to ensure that the right information and questions are brought forward for consideration in their assessments and that an appropriately skilled expert is utilized.

Professional clinicians will continue to tailor parenting assessments to ensure they fit the unique circumstances of each individual family's situation. The importance of tailoring the assessments is recognized in Part (b) of the recommendation, which affirms the importance of cultural sensitivity when conducting the assessments.

Wherever possible, we will also leverage our integrated service delivery approach to address parents' needs, and the needs of their children, so that needs are assessed and met as early as possible in their developmental life cycle.

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<sup>2</sup> An Introduction to Bill 25, *Children First Act*, <http://humanservices.alberta.ca/documents/overview-children-first-act.pdf>.

<sup>3</sup> Information Sharing Strategy Fact Sheet, *Children First Act*, <http://humanservices.alberta.ca/documents/fact-sheet-children-first-act.pdf>.

<sup>4</sup> Information Sharing Strategy Fact Sheet, <http://humanservices.alberta.ca/documents/fact-sheet-information-sharing-strategy.pdf>.

## Conclusion

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

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