Ministry of Human Services' Response to the Office of the Child and Youth Advocate *"Kamil: An Immigrant Youth's Struggle Investigative Review"*

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Background

The death of a young person affects everyone who is involved in the young person's life. In August 2012, a youth who was receiving services under the *Child, Youth and Family Enhancement Act* committed suicide. It is hard to accept that a youth could believe the only option left to them was to end their life. We need to learn as much as possible from this youth's life and death in order to make the lives of other young Albertans better.

Whenever there is a serious incident involving a child in care, we examine the circumstances, reflect on our practice, identify where we did well and where improvements could be made by our ministry, as well as our cross-ministry and community service delivery partners. The Office of the Child and Youth Advocate (OCYA) plays a key role in the identification of systemic issues in Alberta pertaining to vulnerable children and youth, whether they arise in the course of the OCYA's day-to-day service provision or emerge as part of an investigation into a single case. As such, we welcome the perspective and insight provided by the OCYA.

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 the injury or death. The Advocate released the Investigative Review entitled "*Kamil: An Immigrant Youth's Struggle*" (the report) on November 18, 2013. The report makes five recommendations about four key areas related to practice and processes within the child intervention system in Alberta. In general terms, the ministry agrees with the findings of the report.

The ministry's response includes information gathered from:

- A scan of innovative practices currently being led by front line service delivery staff
- Engagement with partnering ministries within the Government of Alberta
- Engagement with internal ministry partners, including other divisions and our regional service delivery partners
- Review of existing policies in comparison to issues identified in the report
- Review of ministry initiatives, current and past, in comparison to issues identified in the report

Child intervention practice in Alberta continues to evolve and incorporate new learnings, based on ongoing input from a variety of sources including: external reviews; research into promising practices; lived experiences of the Albertans that we serve; experiences of delivery staff; and, analysis of outcomes for children, youth and families receiving services.

Much has already been accomplished and work is currently underway; however, significant work is still needed to address some of the issues that have been identified due to this youth's death.

Response to Recommendations

Recommendation #1:

Assessments should be undertaken with and informed by a comprehensive understanding of a young person's cultural context, including their life history, background and relationships (both pre and post migration), to improve the effectiveness of intervention services.

The ministry agrees with the findings. Work to improve our activities in this area has been underway for many years, and we believe that we continue to make progress.

A key feature of the Casework Practice Model implemented in 2006 was the development of comprehensive assessment components at planned intervals throughout the period of involvement with Child Intervention services. The model helps link information gathered at assessment to the child's case planning.

In partnership with stakeholders and staff, Human Services is developing a practice framework to guide Child Intervention practice in Alberta, the primary goal of which is to provide specific approaches and principles that support family-centred practice with child-centred outcomes. The Child Intervention Practice Framework builds on the values and principles that support the Casework Practice Model and guides how caseworkers make decisions and work with children, youth and families.

Six working principles have been created and are currently being vetted through frontline staff and practice leaders. One of the principles speak to the importance of "connection": ensuring children and youth are supported to maintain relationships that are important to them, connected to their own culture, supported to practice their religious beliefs, and, when appropriate, involved in the decision making process to create a plan for their care.

A shift in practice toward Outcomes Based Service Delivery (OBSD) is supporting workers in their ability to assess children, youth and families within their cultural context. OBSD practice involves working in shared practice with agency, community and family members. Shared practice within OBSD represents a collective shift to collaborative and strengths-based approaches in working with families. A key component of this practice is timely and comprehensive sharing of information with service team members, which allows for more comprehensive assessments and plans to be completed within the team.

Additionally, in 2011, the ministry launched the Human Services Diversified Populations Committee, a cross-divisional committee with the goal of improving multi-cultural service delivery through a community of practice approach. The group is exploring ways to ensure there are opportunities for staff to develop their cultural competency skills on an ongoing basis. The ministry recognizes the diverse cultural complexities that can be seen at the regional level and supports regional service delivery partners in developing positive working relationships with local newcomer serving agencies as needed.

Recommendation #2:

The child intervention system should assess each young person holistically, including identification and assessment of their protective factors, and work proactively with supportive adults to maintain and strengthen these factors to improve the young person's resiliency and well-being.

The ministry agrees with the findings. The Casework Practice Model creates a process for assessing factors in a young person's life that are going to contribute positively and builds a case plan based on those strengths. Additionally, the *Strengths-based* principle in the Child Intervention Practice Framework describes taking an approach that is reflective, culturally responsive and focussed on strengths and positive factors.

The ministry has implemented, or is in the early stages of implementing, several innovative practices to provide staff with additional approaches and tools to use when making decisions with families, youth, agencies and community partners. These include:

- OBSD, which focuses on improved assessment, collaboration, and engagement with service providers and families to achieve positive outcomes for at-risk children, youth and families;
- Signs of Safety, a strengths-based approach to child protection practice that emphasizes building trust with families and working in partnership with them to increase safety and reduce risk by focusing on the family's strengths, resources and support networks;
- Harm Reduction Methods, specific to addictions, commonly identified as measures taken to address drug problems that are open to outcomes other than abstinence or cessation of use; and,
- Reviewing our practice on how we assess risk and safety at the initial stages of involvement. The principles of this emerging practice include focusing on keeping more children at home, on the existing resources and strengths for families, on family responsibilities and rights regarding participation in decision making, and on support networks of extended family and community members.

Overall, the ministry's focus is on building capacity for children, youth and families by focusing on increasing the positive factors in an individual's life, such as ties to role models and cultural supports. This is achieved through connecting and building long term relationships for children, youth and families with extended family and community resources.

Recommendation #3:

The policy regarding approval of psychotropic medications should be amended to recognize and reflect the urgency of situations in which young people require these medications. In addition, there should be a requirement to communicate back to the mental health professional(s) when a recommended medication or therapy is not approved.

The ministry agrees with the findings. However, we are not convinced that the recommendation to change policy will address the issue. The issue of the approval of medication, in particular psychotropic medication (i.e. medication which alters the state of mind, thought or behaviour), is very complex. It requires significant cooperative and collaborative engagement between the child intervention system and multiple streams within the health system.

A process of checks and balances is required to support effective decision-making about medications for children and youth. As a guardian to children and youth in care, we are responsible for giving thoughtful, purposeful consideration to many points when making decisions about any medication, including:

- Whether an "off-label" prescription has been made – meaning that a doctor has prescribed a medication to treat a medical issue that it was not originally intended to treat (e g. a medication intended to treat high blood pressure and epilepsy may be prescribed to a child to treat anxiety). We have a responsibility to question any risks this might pose to a child and request that the prescribing doctor explain any benefits, risks, alternatives and provide examples of where this treatment has been successful in the past, in the same way a child's parent would;
- Whether a prescribed medication has been approved for use in Canada for the child's age group (for instance, a particular drug may have approval in the United States by the Food and Drug Administration for treatment of a younger child for off-label use – but it may not have received the same approval for children in Canada);
- Whether there are multi-prescribers for a child, resulting in contra-indicated medications being dispensed or competing opinions about the appropriate course of treatment for a child; and,
- Whether continuing to fill prescriptions for psychotropic medication is the most appropriate course of treatment or whether it has the potential to result in the "chemical restraint" or overmedication of a child or youth.

The ministry held a provincial meeting in December 2013 with service delivery partners to discuss the issue and the associated complexities. A provincial working group made up of senior service delivery and ministry staff was established to explore:

- consultation between the ministry and the health system, (including child and adolescent psychiatry / mental health and pediatrics) at the regional and provincial levels, and
- how existing tools, such as a drug utilization list, may be effectively used in medical consultations for individual children.

The working group will report back to the Provincial Enhancement Table with a draft work plan.

Further, the ministry commits to:

- Using $350,000 received from Alberta Health to provide child intervention staff with instant access to expert clinical/medical consultation that will help them better understand available psychiatric treatment plans and appropriate medications.

Recommendation #4:

Caseworkers should personally communicate with young people and their mental health providers to obtain thorough and accurate information to ensure that their client's needs and interests are met.

The ministry agrees with the findings. A feedback loop which specifically includes the prescribing doctor is essential for ensuring the best treatment plan for children and youth – and includes consultation and questions about prescribed treatments, as well as any decisions made to not approve medications as prescribed.

Everyone involved with a child bears some responsibility regarding medical treatment and informed decision making about medical treatment.

- Prescribing doctors have general responsibilities under the *Canadian Medical Association Code of Ethics*[1] to provide appropriate care for patients and to take all reasonable steps to prevent harm to patients. Further, they have a responsibility to provide patients, and their guardians, with the information they need to make informed decisions about medical care, and to answer questions to the best of their ability.
- Caseworkers are responsible for reviewing the child's medical needs and treatment activities, decision-making, and for pursuing necessary information (which may include direct consultation with the treating doctor or consultation with a pharmacist) to secure appropriate approvals when the decision is delegated at a higher level (such as a manager or regional director).
- Caregivers are responsible for advising the caseworker about any concerns about the child or youth's safety, well-being, accidents, injuries, or illnesses; day-to-day care of the child or youth, including booking medical and dental appointments and ensuring children and youth attend them; advising the caseworker of all new prescriptions or changes in prescriptions; administering medications, unless it is agreed upon that the medication can be self-administered; and, advising the caseworker when a child or youth requires essential medical treatment as recommended by a physician, thereby allowing the caseworker to obtain the appropriate consent, approval and/or court order to obtain the treatment, as necessary.

As a result of the province-wide discussion about the complexities of managing psychotropic medications for children and youth, the ministry commits to:

- review communication strategies and expectations at multiple levels relating to medication and treatment for children and youth, and
- evaluate the policy in the Enhancement Policy Manual to determine if the identified level of approval and timeframes for review of medications are practical and appropriate.

Recommendation #5:

Human Services should increase opportunities for child intervention staff to work in a more innovative, inclusive and collaborative environment to improve the quality of decision making for vulnerable children and youth.

The ministry agrees with the findings, and we are pleased to be able to say that front-line staff, who work most closely with the Albertans we serve, are driving the evolution of innovative practice through various initiatives. OBSD, Signs of Safety and reviewing our practice with families during the initial Intake and Assessment phases are examples of initiatives front line staff are embracing and are engaging with the ministry to create opportunities for practice that is inclusive and collaborative.

The *Collaboration* principle of the Child Intervention Framework ensures we are child-focused and family-centred. We collaborate with families, community agencies and other stakeholders in building positive, respectful partnerships across multidisciplinary teams and providing individualized, flexible and timely services to support these efforts.

[1] *CMA Code of Ethics*, 2004: Canadian Medical Association. Accessed online at http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD04-06.pdf

Conclusion

Youth suicide is a broad societal issue. Alberta Health Services identifies suicide as a leading cause of death for Canadians under the age of 25, and indicates that in Alberta, teenagers and young adults have the highest rates of hospital admission due to attempted suicide.[2] The Alberta Centre for Injury Control & Research (ACICR) indicates that despite high rate of suicidal behaviours in youth, no clear answers have emerged from research into preventative strategies.[3] Further, the latest information from ACICR indicates that suicides were the lead cause of injury death, accounting for 29 per cent of all injury deaths. [4]

No single service delivery system can address the complexity of the social challenges Albertans face every day; we recognize we are one part of integrated response of government ministries, community service delivery partners and the community in general. We believe effective and substantive changes to the Child Intervention system will evolve from continued investment in improving and strengthening practice, and in strengthening our relationships with other service delivery systems.

The ministry continues to learn from the lived experience of the children, youth and families we serve, as well as from what external bodies have to say about the job we are doing. Our focus will remain on the safety and well-being of children, creating strong families and making sure there is continuous improvement of the system as a whole – throughout the province for all Albertans.

[2] Accessed online at http://www.albertahealthservices.ca/4947.asp

[3] *Brief Report on Suicide Prevention in the School Setting,* (February 2013), Alberta Centre for Injury Control & Research. Accessed online at http://acicr.ca/learn-and-network/newsletters/volume-15-sept-2012-to-aug-2013/july-2013/updates-and-calendar

[4] Alberta Centre for Injury Control & Research. *Suicide and Attempted Suicide/Self-Inflicted Injuries in Alberta*. Edmonton: Alberta Centre for Injury Control & Research; 2012. Accessed online at http://acicr.ca/acicr/suicide