Ministry of Human Services' Response to the Office of the Child and Youth Advocate

Baby Sadie: Serious Injury an Investigative Review

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Alberta
Human Services

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Background

In 2013, a 10-month-old infant received medical attention, including admission to the hospital, for injuries sustained while receiving intervention services in parental care. Each of the three visits to receive medical attention were attended by the infant's mother, who expressed concerns for her daughter's health and well-being. The infant's injuries were reported to the Child and Youth Advocate as a Report of Serious Injury. A serious injury is defined in s. 105.71 (e) of the *Child, Youth and Family Enhancement Act* as a life-threatening injury or an injury that may cause significant impairment of the child's health.

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. On November 27, 2014, the Advocate released an investigative review entitled *Baby Sadie: Serious Injury an Investigative Review* ("the report"). The report makes three recommendations related to access to records, training and collaboration.

The ministry's response includes information gathered from the following sources:

- A review of existing policies in comparison to issues identified in the report;
- A review of current ministry initiatives and program directions related to issues identified in the report; and
- Engagement with internal ministry partners, including other divisions and our regional service delivery partners.

Based on the information gathered and analyzed, we are confident that recent practice shifts and current initiatives within the existing service delivery structure provide an effective foundation for achieving the highest possible quality service delivery for families receiving child intervention services. We will continue to work with service delivery partners and internal and external stakeholders on possible refinements or improvements that can be made to support the health and well-being of the children we serve.

Response to Recommendations

Recommendation 1: *Alberta Health should build on past and current efforts to implement the consistent use of electronic records for children across Alberta to facilitate adequate information sharing among medical professionals. This would allow indicators of child abuse to be easily accessed (flagged) and used to identify possible patterns.*

Ministry response: The Ministry is not in a position to respond to this recommendation, as it does not fall within our mandate or influence. The Office of the Child and Youth Advocate is encouraged to share the recommendation with the Ministry of Health for their review, consideration and response.

Recommendation #2: *Alberta Human Services should review their training for frontline staff specifically related to critical thinking, risk assessment and case analysis. Training should be strengthened and tailored for assessors and supervisors to ensure well-informed case analysis and case-planning for young people and their families.*

Ministry response: The Ministry accepts the recommendation. In addition to an ongoing review of delegation training for child intervention service delivery staff, the Child Intervention Practice Framework (CIPF) is currently being implemented across the province.

As part of the CIPF, training related to the new Practice Strategies and Practice Supervision is being delivered throughout the province with a focus on critical thinking, recognizing danger and harm, and collaborative decision making and planning. The training is anticipated to be complete in the summer of 2015 and will be integrated into core training for new service delivery staff.

Recommendation #3: ***Alberta Human Services should:***

a) Ensure collaborative strategies are in place for every young person receiving child intervention services; and,

b) Include regular case conferences in the child intervention standards and monitor for compliance.

Ministry response: The Ministry accepts the intent of the recommendation. A key component of the CIPF practice strategies is collaborative decision making with families and other service delivery partners. Collaborative practice facilitates information gathering and decision making when planning supports and services to effectively meet the needs of children, youth and their families.

A programmatic review of collaborative decision-making will be conducted in fall 2015. Monitoring the frequency of case conferences will not capture all collaborative efforts to support children, youth and their families. Therefore, rather than including case conferences in the child intervention standards, review and measurement of collaboration will be monitored through an evaluation of the CIPF practice strategies and Signs of Safety.

Conclusion

Human Services thanks the Advocate for his review and recommendations. We are committed to learning from these types of events to prevent similar events from occurring, wherever possible. We also remain committed to being responsive and working collaboratively with the Advocate in supporting systemic improvements to the Child Intervention system.