

# 14-YEAR-OLD LEE SERIOUS INJURY

An Investigative Review



OCTOBER 2018





Under my authority and duty as identified in the *Child and Youth Advocate Act* (CYAA), I am providing the following Investigative Review regarding the serious injury of 14-year-old Lee, who was, at the time, receiving services from the Government of Alberta. Consistent with Section 15 of the CYAA, the purpose of this report is to learn from this tragic situation and recommend ways of improving Alberta's child-serving systems.

This is a public report that contains detailed information about children and families. Although my office has taken great care to protect the privacy of the young person and his family, I cannot guarantee that interested parties will not be able to identify them. Accordingly, I would request that readers, and interested parties, including the media, respect this privacy and not focus on identifying the individuals and locations involved in this matter.

In accordance with the CYAA, Investigative Reviews must be non-identifying. Therefore, the names used in this report are pseudonyms (false names). Finding an appropriate pseudonym can be difficult, however, it is a requirement that my office takes seriously and respectfully. In this situation, Lee picked his own name.

Lee, a First Nation youth, was taken into care when he was an infant. He moved many times and experienced multiple attachment disruptions. He had difficulty managing his emotions. As Lee reached adolescence, his behaviours became dangerous and he was seriously injured during a physical altercation.

This review highlights the importance of adequately supporting children and youth with complex needs and providing appropriate interventions at appropriate times.

[Original signed by Del Graff]

**Del Graff**

Child and Youth Advocate

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## EXECUTIVE SUMMARY

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta, deriving his authority from the *Child and Youth Advocate Act (CYAA)*. The Advocate has the authority to conduct investigations into systemic issues related to the serious injury of a young person who was receiving Child Intervention Services at the time of their injury.

Lee (not his real name)<sup>1</sup> was 14 years old when he was seriously injured. At the time of his injury, Lee was the subject of a Permanent Guardianship Order (PGO).<sup>2</sup>

The Investigative Review examined one potential systemic issue:

### **1. Supporting children receiving Child Intervention Services and Mental Health Services**

Lee is a young man with complex needs. He has multiple impairments, complex mental health issues and severe behavioural concerns. A number of resources and supports have been used with limited success.

In November 2017, the Advocate released an Investigative Review<sup>3</sup> about a young man (Dillon) with similar circumstances. One of the recommendations was that child-serving ministries should establish or strengthen policies and protocols so information is shared and used to coordinate service plans for young people with complex needs.

There must be a collaborative, enhanced, multi-service process, involving the young person, which determines what interventions would be most impactful. This will ensure that young people receive the right services at the right time.

The Advocate is not making any additional recommendations in this Review. The Advocate has made five previous recommendations related to the provision of services for children and youth with complex needs that are relevant to Lee's circumstances (see Appendix 3). Information about recommendations, responses to recommendations and progress on implementation can be found at the following links:

Previously released OCYA Investigative Reviews are posted at:  
<http://www.ocya.alberta.ca/adult/publications/investigative-review/>

The Ministry of Children's Services publicly responds to recommendations at:  
<http://www.humanservices.alberta.ca/publications/15896.html>

The OCYA regularly reports on the progress of recommendations at:  
<http://www.ocya.alberta.ca/adult/publications/recommendations/>

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1 All names throughout this report are pseudonyms to ensure the privacy of the young person and their family.

2 The Director is the sole guardian of the child. This Order is sought when it is believed that the child cannot be safely returned to their guardian within a specified time.

3 Office of the Child and Youth Advocate, 2017

### The Office of the Child and Youth Advocate

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the *Child and Youth Advocate Act (CYAA)*.<sup>4</sup>

The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act* <sup>5</sup> (the *Enhancement Act*), the *Protection of Sexually Exploited Children Act* <sup>6</sup> (*PSECA*), or from the youth justice system.

### Investigative Reviews

The CYAA provides the Advocate with the authority to conduct Investigative Reviews. The Advocate may investigate systemic issues arising from the serious injury of a child who was receiving a designated service at the time of the injury if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Upon completion of an investigation under this section of the CYAA, the Advocate releases a public Investigative Review report. The purpose is to make findings regarding the services that were provided to the young person and make recommendations that may help prevent similar incidents from occurring in the future.

An Investigative Review does not assign legal responsibilities, nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify key issues along with meaningful recommendations, which are:

- prepared in such a way that they address systemic issue(s); and,
- specific enough that progress made on recommendations can be evaluated; yet,
- not so prescriptive to direct the practice of Alberta government ministries.

It is expected that ministries will take careful consideration of the recommendations, and plan and manage their implementation along with existing service responsibilities. The Advocate provides an external review and advocates for system improvements that will help enhance the overall safety and well-being of children who are receiving designated services. Fundamentally, an Investigative Review is about learning lessons, and making recommendations that result in systemic improvements for young people, when acted upon.

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4 *Child and Youth Advocate Act*, S.A. 2011, c. C-11.5.

5 *Child, Youth and Family Enhancement Act*, RSA 2000, c. C-12.

6 *Protection of Sexually Exploited Children Act*, RSA 2000, c. P-30.3.

## ABOUT THIS REVIEW

In 2016, the Advocate received a report that 14-year-old Lee (not his real name)<sup>7</sup> was involved in an altercation, stabbed in the chest and was seriously injured. At the time of his injury, Lee was the subject of a Permanent Guardianship Order (PGO).<sup>8</sup>

Lee's child intervention records were thoroughly reviewed by investigative staff from the Office of the Child and Youth Advocate (the "OCYA"). An initial report was completed which identified potential systemic issues and the Advocate determined that an Investigative Review was warranted. The Ministry of Children's Services was subsequently notified.

Terms of Reference for the Review were established and are provided in Appendix 2. A team gathered information and conducted an analysis of Lee's circumstances through a review of relevant documentation, interviews and research. Lee and his family spoke with the team and provided their insight.

A preliminary report was completed and presented to a committee of subject matter experts who provided advice related to findings and recommendations. The list of committee members is provided in Appendix 4. Committee membership included a Cree Elder and experts in the fields of developmental trauma and/or attachment, out-of-home placements and child welfare best practices.

Information about recommendations, responses to recommendations and progress on implementation can be found at the following links:

Previously released OCYA Investigative Reviews are posted at:  
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7 All names throughout this report are pseudonyms to ensure the privacy of the child and their family.

8 The Director is the sole guardian of the child. This order is sought when it is believed that the child cannot be safely returned to their guardian within a specified period of time.

## About Lee and His Family

Lee is a sensitive, well-spoken First Nation youth who enjoys video games and spending time with his family. He is musically inclined and writes and performs his own rap songs.

Lee is the youngest of eight children. Lee was taken into care when he was two years old. His parents used substances and their relationship could be volatile. When Lee was almost three years old and placed in a foster home, his father passed away. Lee had little contact with his mother. When he reached adolescence, he reconnected with her. Lee moved often while in care and experienced abuse. While in care, Lee was frequently placed with his older brother. They continue to have a close relationship.

## SUMMARY OF CHILD INTERVENTION SERVICES' INVOLVEMENT

Prior to Lee's birth, his older siblings were involved with Child Intervention Services because of neglect, parental substance use, lack of medical care and exposure to domestic violence.

### Lee from Birth to 2 Years Old

When Lee was three months old, he was taken into care because of his parents' substance use and concerns about their mental health. It was determined that he was unsafe in their care.

When Lee was two years old, he had extreme tantrums and had difficulty settling at night. He frequently woke because of nightmares. His caregivers struggled to meet his needs, resulting in frequent and unplanned moves. By three years old, Lee had been moved 11 times. Three of those moves were back to his mother's care.

Lee was diagnosed with Reactive Attachment Disorder (RAD)<sup>9</sup> and there were concerns about the impact exposure to trauma may have had on him. The recommended therapies could not be provided until Lee was in a stable placement. Against the advice of his psychiatrist, Lee was returned to his mother's care and she entered into a voluntary agreement with Child Intervention Services. Lee was taken back into care five months later.

### Lee from 3 to 5 Years Old

Shortly before Lee's third birthday, his father passed away. Three months later, a Permanent Guardianship Order was obtained. Between three and five years old, Lee moved six more times. He was placed in five foster homes and had a short-term stay in a hotel.

Two of his moves were particularly significant for Lee. In one, he had to leave his foster home because his foster parent abused another child. Lee was connected to the other parent in the home and did not want to leave. Lee was then placed in a foster home where he was physically abused. Both foster parents were charged and convicted.

Lee continued to have difficulty managing his emotions. When he was stressed or anxious, he frequently hit his head on the ground and was aggressive. Attention Deficit

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<sup>9</sup> A disorder caused by a lack of attachment to any specific caregiver at an early age, resulting in an inability for the child to form normal, loving relationships with others.

Hyperactivity Disorder (ADHD)<sup>10</sup> and Fetal Alcohol Spectrum Disorder (FASD)<sup>11</sup> were added to his diagnoses. He was prescribed medication.

## Lee from 6 to 8 Years Old

When Lee was six years old, an in-patient psychiatric assessment indicated that he escalated quickly, did not trust others and was sensitive. He was unable to accept soothing from others and could not soothe himself. Lee was afraid and constantly monitored the actions of those around him. As a result, he needed constant supervision and support because his reactions could be unpredictable. At six years old, Lee talked about killing himself.

Approximately one month after his assessment, Lee was moved for the 18<sup>th</sup> time. A few weeks later, he was moved to a hotel. He believed his moves were because of his behaviours. Lee was subsequently placed in a group home. He had visits with his siblings and occasional contact with his mother.

His caseworker consulted with a specialized multidisciplinary team for guidance. Mental health professionals requested that Lee be moved to a therapeutic placement. He required physical therapy, occupational therapy and speech and language interventions. These placements could not take children under eight years old so Lee remained in his group home.

Lee spent nearly three years in his group home. While there, he was enrolled in a structured school program and his behaviours improved. He continued to need help when he was upset and had to be held when he was at risk of hurting himself or others. Lee's medications were adjusted several times. At eight years old, existing placements did not meet Lee's needs and his service team discussed creating a specialized placement for him. This did not occur because of a change in caseworker and in the approval process.

## Lee from 9 to 12 Years Old

When Lee was nine years old, he was moved to a foster home to be with his brother. Within two weeks, Lee became overwhelmed with the number of people in the home, resulting in outbursts. As his foster mother got to know him, she learned that he needed time alone to settle.

One year later, Lee's behaviours began to change and he became more unpredictable.

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10 A chronic condition marked by persistent inattention, hyperactivity, and sometimes impulsivity. ADHD begins in childhood and often lasts into adulthood.

11 An umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioural and/or learning disabilities with possible lifelong implications.

He was easily angered, swore and threw things. He was diagnosed with Oppositional Defiant Disorder (ODD)<sup>12</sup> and went to animal-assisted therapy. Ten-year-old Lee was described as a boy who was angry and sad. He was often afraid because he believed others' actions were aggressive or negative, even if they were not. He was unable to recall past events, had difficulty understanding consequences and had trouble with planning ahead.

Lee did not know how to deal with his fear and sadness and his outbursts continued. He could be physically and verbally aggressive. He was suspended from school and frequently left his foster home without permission. After living in the foster home for two years, 11-year-old Lee was moved to a rural group home run by house parents<sup>13</sup> who were supported by staff.

As Lee adjusted to his new placement, there were times he had difficulty with the group home's highly structured environment. Over time, he developed a strong relationship with staff and they helped him talk through his emotions. Lee settled and was able to transition out of a specialized classroom. He enjoyed recreational activities and joined sports teams. After 14 months, 12-year-old Lee asked to be moved to the city to be closer to his brother and he was subsequently moved to a less structured group home.

## Lee from 13 to 14 Years Old

Lee stayed in his new placement for about four months. His behaviours intensified and he frequently left to find his brother. Just before his 13<sup>th</sup> birthday, Lee was moved into the same group home to be with his brother.

Lee began spending weekends with his mother. He wanted to live with her, but she had her own challenges and was unable to take care of him. After visits, Lee had trouble settling. He had difficulty following rules and had several suspensions from school.<sup>14</sup> Lee began to participate in healing circles with his mother and brothers and they saw an Elder.

Three months after his 14<sup>th</sup> birthday, Lee talked about feeling depressed and feared that people would give up on him. He was suspended from school almost weekly, had difficulty relating to group home staff, and talked negatively about himself. Lee was prescribed an anti-depressant and workers assured him that they would not give up on him. Despite his challenges, he was described as insightful and funny. He talked about wanting help to change his behaviours.

Over the following month, Lee's aggression continued to escalate. There was

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12 A childhood disorder that is defined by a pattern of hostile, disobedient and defiant behaviours directed at adults or other authority figures. ODD is also characterized by children displaying angry and irritable moods, as well as argumentative and vindictive behaviours.

13 A couple who live in their own home and provide care for children with the help of support staff.

14 Most suspensions were a result of violent behaviour.

uncertainty about his visits with his mother and whether she knew how to deal with his anger. He was arrested and charged when he threatened group home staff and caused significant property damage. Lee felt bad about the incident and was apologetic. Staff understood that Lee often felt unsafe in relationships and they expressed concerns that he might be testing them.

Three days after his arrest, Lee's circumstances worsened. He had a fight with his brother, damaged property and intentionally hurt himself. Mental health services were contacted but Lee did not want to meet with them. A few days later, Lee met with his caseworker and group home staff. He said that he liked his placement, but could not understand why they let him stay, in light of his behaviour. He questioned whether his new medication had anything to do with his difficulty managing his anger. Lee did not know why his behaviours were escalating and he wanted them to stop.

Three days later, 14-year-old Lee was involved in a physical altercation and was stabbed in the chest. He was hospitalized for almost one week. While in hospital, Lee was arrested on another matter, subsequently charged and transferred to a young offender centre for approximately two weeks. When he was released, he was placed in a residential treatment centre.

Lee has recovered fully from his injury and continues to work with Child Intervention Services and Alberta Health Services. His service team is exploring new ways to support him. Lee is an insightful young man who is able to reflect on his circumstances and is working hard to create a better future for himself.

The Terms of Reference for this Review identified two potential systemic issues:

- 1. Supporting children receiving Child Intervention Services and Mental Health Services**
- 2. Multiple placement moves for children with complex needs**

Through the Investigative Review process, these have been refined to:

- 1. Supporting children receiving Child Intervention Services and Mental Health Services**

### Supporting Children Receiving Child Intervention Services and Mental Health Services

Mental health is defined as a person's ability to adjust to society and the ordinary demands of life.<sup>15</sup> It includes emotional, psychological and social well-being. It affects how one thinks, feels, and acts. Mental health affects how a person handles stress, relates to others and makes choices. Mental health is important at every developmental stage, from childhood and adolescence through to adulthood.<sup>16</sup>

A child's mental health begins to develop before they are born. What affects the mother, in turn, affects her unborn child. While his mother was pregnant with Lee, she was in frequent distress because she could not meet her basic needs, had lost custody of her children, was in a violent relationship and was addicted to alcohol. Drinking alcohol while pregnant has a direct effect on how a fetus grows and develops; however, a mother's emotional state can equally place their child at risk of developing emotional and behavioural problems.<sup>17</sup>

Before and following his birth, Lee was exposed to substance abuse, parental mental health concerns and domestic violence. "Prolonged exposure to these circumstances can lead to 'toxic stress' for a child which changes the child's brain development, sensitizes the child to further stress, leads to heightened activity levels and affects future learning and concentration. Most importantly, it impairs the child's ability to trust and relate to others. When children are traumatized, they find it very hard to regulate behaviour and soothe or calm themselves."<sup>18</sup>

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15 Nordqvist, 2017

16 U.S. Department of Health & Human Services, 2017

17 Glover, 2011

18 Government of Western Australia, (n.d.)

When Lee was a toddler, there were concerns about his behaviours and emotional well-being; his needs became complex. He could not adjust to change or calm himself. Lee did not cry when he hurt himself and would not accept comfort from others. He had trouble sleeping and often woke up screaming. At times, he hurt others, threw things and had intense screaming tantrums.

Promoting healthy infant mental health involves developing a child's capacity (from birth to three years old) to manage and learn to express emotion, form secure attachments and master their environment. During this time, the brain grows quickly and a child's ability to learn is significant. It is also during this period, that they are dependent on adults to teach and guide them. Young children will instinctively turn to adults to care for them. It is through consistent care and attention that young children are able to trust their caregivers, which provides them a sense that it is safe to learn and grow.<sup>19</sup> It is therefore imperative, that during this crucial time, children have placement stability.

By the time Lee was three years old, he had 11 placements and was caught in a troubling cycle. Professionals said that they could only provide services if Lee was in a stable placement because they needed to work with Lee and his caregivers on attachment. However, his unaddressed mental health needs prevented his caregivers from providing him a stable placement. A lack of consensus, coordination and planning between Child Intervention Services and Mental Health Services and lack of support for caregivers led to instability for Lee. This, in turn, resulted in his mental health needs remaining unaddressed.

Lee lost relationships each time he moved and he was abused while in care. It is likely that he learned that the world was not a safe place for him. His maladaptive behaviours may have been a way to protect himself using the limited skills that he had.

By the age of six, Lee's complex needs had increased; he was hyper-vigilant and had trouble controlling his emotions. Lee spent three weeks in the hospital where he was observed to be paranoid, sensitive and quick to escalate. He could not soothe himself or be comforted. His behaviours were, at times, unpredictable and he could be violent. Instability, chaos and frequent placement changes negatively impact brain development and ultimately, the child's behaviour. By understanding the underlying causes of the problem, it is possible to identify the highest-risk children and apply targeted interventions that lead to better outcomes.<sup>20</sup>

Lee experienced the most success when he was in a placement that promoted attachment and gave an opportunity to work through the complexities of attachment disruptions. He lived with house parents who were supported by staff members. This staffing model allowed Lee to experience a sense of family and connection. He learned

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19 The Center on the Social and Emotional Foundations for Early Learning, n.d.

20 Alberta Family Wellness Initiative & the Palix Foundation, n.d.

new ways to cope and his impulse and emotional control and ability to be flexible improved. The house parents and staff purposefully engaged Lee in discussions to help him work through life situations and appropriately problem solve. Because there were adequate supports in this home, the placement itself, served as a therapeutic setting.

After 21 placements, Lee's ability to feel safe and form the attachments that may have compelled him to stay, were compromised. As Lee moved through adolescence, his complex needs remained unaddressed.

Alberta's child-serving ministries recognize that some children have complex needs requiring specialized supports and defines them as those:

- "with multiple impairments, complex mental health and health issues and/or severe behavioural needs;
- who have utilized all available resources with limited success;
- who require fiscal and human resources that strain the capacity of any one ministry; and
- for whom there are questions about the safety of the child, youth, family, or public."<sup>21</sup>

Providing the right services at the right time to meet the complex needs of vulnerable children is difficult. Lee needed help. He had significant deficits in managing his emotions without hurting himself or others, in his ability to attach to others, in forming relationships and adapting to changing circumstances. There were a number of service providers who were aware of Lee's struggles and were invested in him being successful but they struggled with how to get him the supports he needed.

In November 2017, the Advocate released an Investigative Review<sup>22</sup> about a young man (Dillon) with similar circumstances. One of the recommendations was that child-serving ministries should establish or strengthen policies and protocols so information is shared and used to coordinate service plans for young people with complex needs.

There must be an enhanced, collaborative, multi-service process, involving the young person, which determines what interventions would be most impactful. This will ensure that young people receive the right services at the right time.

To avoid the confusion that can occur when multiple service providers are involved, the team working with a young person with complex needs should:

- have concrete plans for the intervention that will be provided
- assign and document the roles and responsibilities of each service team member

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21 Alberta Government, 2015

22 Office of the Child and Youth Advocate, 2017

- outline and document the treatment goals and the steps required to meet those goals
- have a process to monitor progress and adjust the services as needed<sup>23</sup>

Research indicates that the best outcomes for children occur with early intervention. However, since the brain has the ability to change throughout life, there continues to be opportunity to positively impact the circumstances of vulnerable children, regardless of their age.<sup>24</sup>

The Advocate is not making a new recommendation in this Review. Previous recommendations related to the provision of services for children and youth with complex needs, and that are relevant to Lee's circumstances, can be found in Appendix 3.

Information about recommendations, responses to recommendations and progress on implementation can be found at the following links:

Previously released OCYA Investigative Reviews are posted at:  
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23 Government of Alberta (Family Supports for Children with Disabilities), 2018.

24 Alberta Family Wellness Initiative & the Palix Foundation, n.d.

## CLOSING REMARKS

This is the seventh Investigative Review my office has completed regarding a young person who was seriously injured. These reports differ because we have the opportunity to meet these children and youth and hear from them directly about their experiences.

Lee is an insightful, resilient young man who was open to telling his story. His hope is that those who help vulnerable young people will take the time to listen, to understand, and to find appropriate supports.

I would like to thank Lee, the members of his family and the professionals who spoke with us and helped us understand his situation. It was evident that Lee was surrounded by people who wanted to help, but at times did not have the means or the capacity to effectively meet his needs.

I look forward to seeing improvement from all child-serving ministries in responding to the needs of children and youth with complex needs.

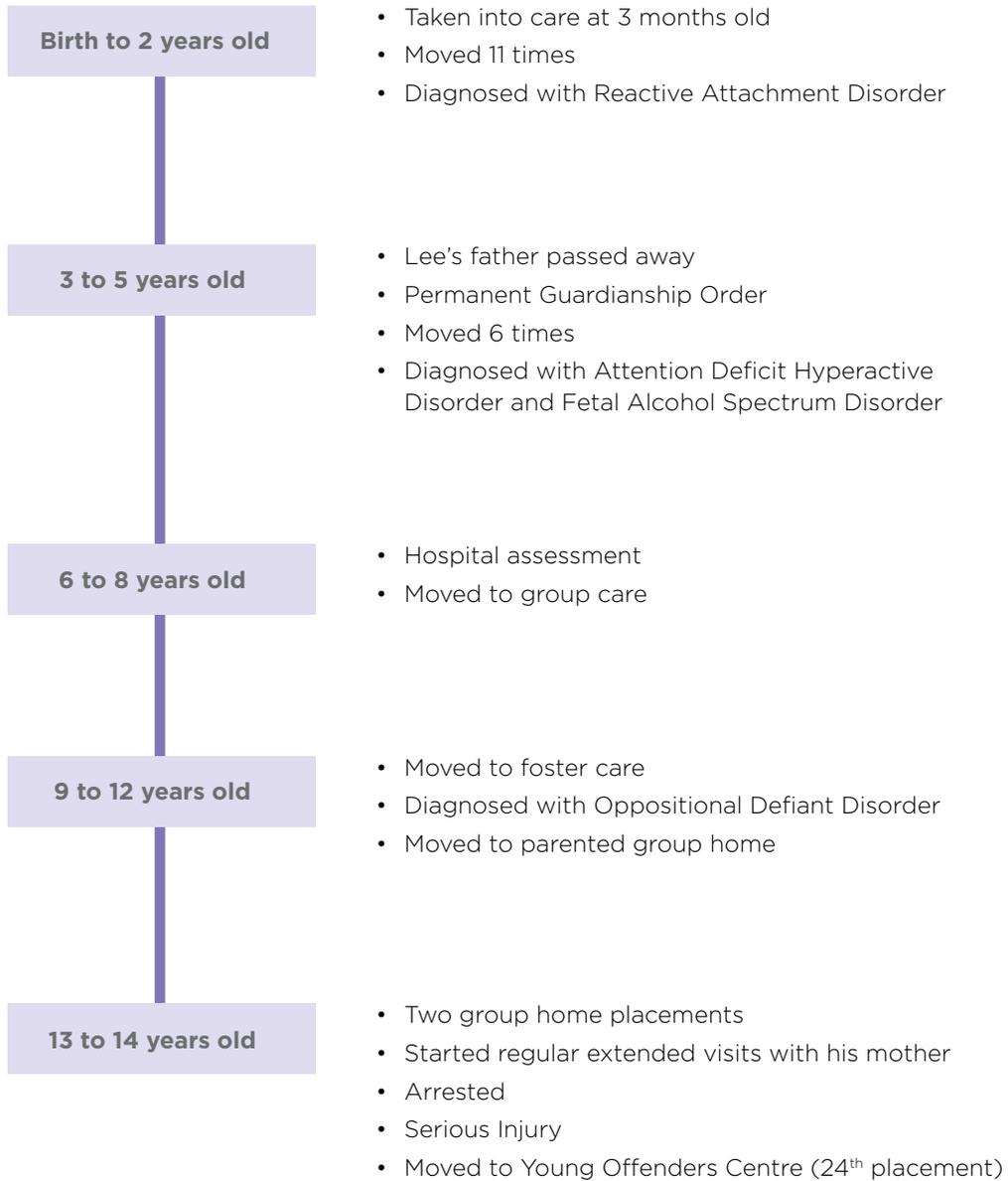
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**Del Graff**

Child and Youth Advocate

# APPENDICES

## APPENDIX 1: SUMMARY OF SIGNIFICANT EVENTS



## APPENDIX 2: TERMS OF REFERENCE

### Authority

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta, deriving his authority from the *Child and Youth Advocate Act (CYAA)*. The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act*, the *Protection of Sexually Exploited Children Act* or from the youth justice system.

The CYAA provides the Advocate with the authority to conduct Investigative Reviews. The Advocate may investigate systemic issues arising from the serious injury of a child who was receiving a designated service at the time of the injury if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

### Incident Description

Lee was 14 years old when he was seriously injured. At the time of his injury, he was the subject of a Permanent Guardianship Order.

The decision to conduct an investigation was made by Del Graff, the Child and Youth Advocate.

### Objectives of the Investigative Review

To review and examine the supports and services provided to Lee and his family specifically related to:

- Supporting children receiving Child Intervention Services and Mental Health Services
- Multiple placement moves for children with complex needs

### Scope/Limitations

An Investigative Review does not assign legal responsibilities nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify and advocate for system improvements that will enhance the overall safety and well-being of children who are receiving designated services.

## Methodology

The investigative process will include:

- Examination of critical issues
- Review of documentation and reports
- Review of policy and casework practice
- Personal interviews
- Consultation with experts
- Other factors that may arise for consideration during the investigative process

## Investigative Review Committee

The membership of the committee will be determined by the Advocate and the OCYA Director of Investigations. The purpose of convening this committee is to review the preliminary Investigative Review report and to provide advice regarding findings and recommendations.

Chair: Del Graff, Child and Youth Advocate

Members: To be determined but may include:

- An Elder
- An expert in the area of developmental trauma and/or attachment
- An expert in the area of out-of-home placements
- An expert in the area of child intervention best practice

## Reporting Requirement

The Child and Youth Advocate will release a non-identifying report when the Investigative Review is completed.

## APPENDIX 3: PREVIOUS RELEVANT RECOMMENDATIONS

### 8-Year-Old Ella, An Investigative Review (July 2015; released August 2015)

#### **Recommendation:**

The Ministry of Human Services should identify a continuum of placement options for children in care with disabilities and/or complex needs and ensure that adequate placement options and support are available.

#### **Progress:**

The recommendation has been met.

### 17-Year-Old-Catherine, An Investigative Review (September 2015)

#### **Recommendation:**

Alberta Health Services should provide service coordinators for children with complex mental health needs and their families, who are accessing mental health services across multiple programs.

#### **Progress:**

The recommendation has been met.

#### **Recommendation:**

The Ministry of Human Services and Alberta Health Services should enter into a formal provincial agreement identifying how they will work collaboratively to serve young people with complex mental health needs when their safety is in jeopardy.

#### **Progress:**

Significant progress with the planned protocol.

## 2-Year-Old Teanna: Serious Injury, An Investigative Review (November 2015; released December 2015)

### Recommendation:

The Ministry of Human Services should ensure:

- That when a child has substantial medical and/or behavioural needs, the specific needs of the child are identified and documented, then matched to a care provider's capacity and potential support requirements, which is also documented, before the child is placed.
- That there is regular and ongoing assessment of a care provider's capacity to meet a child's needs. If there are indicators that the child's placement is in jeopardy, a timely re-assessment of the child's needs and their care provider's capacities must be completed and appropriate action taken.

### Progress:

There has been significant progress on this recommendation.

## 16-Year-Old Dillon: Serious Injury, An Investigative Review (October 2017; released November 2017)

### Recommendation:

The Ministries of Children's Services, Health, Education and Community and Social Services should establish or strengthen policies and protocols so information is shared and used to coordinate service plans for young people with complex needs.

### Progress:

Not evaluated as of yet.

Information about recommendations, responses to recommendations and progress on implementation can be found at the following links:

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## APPENDIX 4: COMMITTEE MEMBERS

### Del Graff, MSW, RSW (Committee Chair)

Mr. Graff is the Child and Youth Advocate for the Province of Alberta. He has worked in a variety of social work, supervisory and management capacities in communities in British Columbia and Alberta. He brings experience in residential care, family support, child welfare, youth and family services, community development, addictions treatment and prevention services. He has demonstrated leadership in moving forward organizational development initiatives to improve service results for children, youth and families.

### Elder Mary Moonias

Elder Moonias is a Cree Elder from Maskwacis. She is the cultural advisor to Indigenous students attending NorQuest College along with other post-secondary institutions. Elder Moonias grew up in her First Nation community and provides cultural support to the Delegated First Nation Agency.

### Dr. Indira Gajraj, PhD, R. Psych.

Dr. Indira Gajraj has been a Registered Psychologist for over 25 years. She specializes in the treatment of individuals with emotional and behavioural disorders often associated with a history of trauma and attachment disorders. She consults to schools and other community agencies in Northern Alberta on the management and treatment of children and adolescents with severe emotional and behavioural challenges associated with trauma and attachment disorders. Dr. Gajraj regularly trains caregivers, school personnel and other frontline workers in strategies to help individuals heal.

### Teri Basi, MA

Ms. Basi is a Program Director for Wood's Homes in Calgary, serving children, youth and families. In this role, she managed the operation of Eagle Moon Lodge, a holistic program that drew from traditional practices to help Indigenous youth with addictions. Ms. Basi's work has focused on mental health residential services, leadership, supervision, and program and community development. She has a BA in Child and Youth Care as well as a Master's degree in Counselling. Ms. Basi has also taught at Mount Royal University since 2008 in the Applied Studies department.

## Sharon Steinhauer, MSW, RSW

Ms. Steinhauer is the program lead for Social Work at the University nuhelot' ne thaiyots' nistameyimâkanak Blue Quills. Blue Quills is committed to reclaiming Indigenous knowledge and practice and has established programs that students of all cultures describe as transformative, influenced significantly by the relational practice of engaging in circles to build common ground. She has proven leadership in prevention programs and asset-based community development and has completed work in the area of restoring families and communities to health.

## APPENDIX 5: BIBLIOGRAPHY

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