

19-YEAR-OLD DAKOTA

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 death of a 19-year-old youth who had received Child Intervention Services within two years of his death.

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 circumstance, we have chosen the name “Dakota.”

While this is a public report, it 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 him. 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.

We met with Dakota’s family and service providers who helped us understand his circumstances. Dakota was a youth of First Nation heritage who was described as charismatic and generous. He was taken into care when he was a toddler and subsequently became the subject of a Permanent Guardianship Order. He passed away following an accident when he was 19 years old.

This Review highlights the importance of recognizing and supporting young people with complex needs and creating safety for young people to explore their sexual and gender identities.

[Original signed by Del Graff]

Del Graff

Child and Youth Advocate

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EXECUTIVE SUMMARY

Dakota (not his real name)¹ was a First Nation youth who died from injuries he sustained after being hit by a car. He was the subject of a Permanent Guardianship Order² until he was 18 years old. Child Intervention Services' involvement ended 22 months before Dakota passed away.

Two systemic issues³ are relevant to Dakota's circumstances:

- Recognizing and supporting young people with complex needs
- Providing safety and support for young people to explore their sexual and gender identities

Recognizing and Supporting Young People with Complex Needs

Youth with complex needs are some of the most vulnerable young people involved with Children's Services. Their families, caseworkers and placement providers are frequently at a loss as to how to provide these young people with the care and support they require because their needs are multidimensional. Standardized services are not effective. Young people with complex needs must have adequate supports that are tailored to their needs.

In September 2018, the Ministry of Children's Services made a recommendation to create a policy regarding the escalation of complex case consultation and decision-making.⁴ While the proposed policy is expected to enhance practices regarding consultation and decision-making in complex situations, expanding this policy could ensure that young people with complex needs benefit from these enhanced practices.

The Advocate is making one new recommendation to facilitate more timely and appropriate services tailored to the young person's needs. The recommendation can be found under the Discussion and Recommendations section of this report.

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 period of time.

3 The Terms of Reference can be found in Appendix 3.

4 Ministry of Children's Services, 2018

Providing Safety and Support for Young People to Explore Their Sexual and Gender Identities

Dakota was a young person who had questions about his gender identity and sexuality.

Gender and sexuality are separate; children as young as two years old may begin to express discomfort with their biological sex and assigned gender role.⁵ Some young people do not feel it is safe for them to express their preferred gender or sexual orientation. These youth need mentoring and support to learn about healthy relationships and sexual health.⁶

The Advocate is not making any new recommendations in this area. If implemented, the following recommendations from *Speaking OUT: A Special Report on LGBTQ2S+ Young People in the Child Welfare and Youth Justice Systems*⁷ (Appendix 2) would help to improve outcomes for young people like Dakota.

RECOMMENDATION 1:

The Ministry of Children’s Services and the Ministry of Justice and Solicitor General should make certain that LGBTQ2S+ specific training and education is required for all employees who work directly with young people or make decisions that affect them.

RECOMMENDATION 3:

The Ministry of Children’s Services and the Ministry of Justice and Solicitor General should review and revise their policies and practices in relation to identity, safety, appropriate places to live, and services and supports for LGBTQ2S+ children and youth.

RECOMMENDATION 5:

The Ministry of Children’s Services and the Ministry of Justice and Solicitor General should ensure young people in their care receive appropriate and inclusive sexual health information.

5 Rafferty, 2018

6 Grace, 2015

7 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)*.⁸

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*⁹ (the *Enhancement Act*), the *Protection of Sexually Exploited Children Act*¹⁰ (*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 death of a child who was receiving Child Intervention Services within two years of their death if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Upon completion of an investigation, 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 carefully consider 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 improvement for young people, when acted upon.

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

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

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

About This Review

The Advocate learned that 19-year-old Dakota died from injuries he sustained after he was struck by a car. He received Child Intervention Services within two years of his death. He was the subject of a Permanent Guardianship Order¹¹ that ended on his 18th birthday (22 months earlier).

Dakota's child intervention records were thoroughly reviewed by investigative staff from the Office of the Child 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 3. A team gathered information and conducted an analysis of Dakota's circumstances through a review of relevant documentation, interviews and research. Close family members spoke with the investigative team and shared their experiences.

A preliminary report was completed and presented to a committee of subject matter experts who provided advice related to findings and recommendations. Committee members included an Elder and experts in the fields of adolescent mental health, occupational therapy, social work best practices and sexual and gender diversity. The list of committee members is provided in Appendix 4.

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/>

11 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.

SUMMARY OF CHILD INTERVENTION SERVICES' INVOLVEMENT

About Dakota and His Family

Dakota, a young person of First Nation heritage, was described as funny, caring and sensitive. He liked to go to traditional ceremonies, enjoyed singing and was a talented artist. Dakota was described as a hard worker who cared about others.

Dakota was the oldest of four children. His parents' relationship was sometimes violent and unstable. His father was sometimes incarcerated and homeless. When Dakota was 15 years old, his mother (Donna) passed away. Dakota was close to his maternal grandmother (Molly).

Dakota from Birth to 4 Years Old

Child Intervention Services had no involvement with Dakota for his first two years. He stayed with his grandmother when his parents were unable to take care of him. When he was three years old, a physical examination revealed cigarette burns on his body. He was subsequently taken into care twice and had four placements prior to his fifth birthday.

Dakota from 5 to 7 Years Old

Dakota was five years old when he was taken into care. He did not have a sober caregiver. Over the following year, Dakota was moved three times. He was described as being sexually curious with other children.¹² He had difficulty interacting with others and could be aggressive at school when anxious. Dakota was diagnosed with an attachment disorder and prescribed medication.

Shortly after his seventh birthday, Dakota was returned to his parents' care. Approximately six months later, a report was received that his father was drinking. Dakota was taken into care and placed in a foster home.

Dakota from 8 to 9 Years Old

Dakota was placed in a specialized group home when he was eight years old. He liked to wear dresses and he learned to sew. Dakota enjoyed singing and performing for the other children and staff. Some of his relatives disapproved of him dressing in girls clothing and insisted that this not be allowed. Dakota dressed in boys clothing for family visits and at school, but wore his preferred clothing at the group home.

¹² When Dakota was 15 years old, he disclosed that he had been sexually abused in foster care when he was about five years old.

Dakota had a good relationship with group home staff, but could become angry and aggressive when upset. He told staff that he heard voices at night. While in this placement, eight-year-old Dakota was sexually abused by an older peer.

Dakota was assessed and diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD),¹³ Behaviour and Conduct Disorder,¹⁴ Oppositional Defiant Disorder (ODD)¹⁵ and an Adjustment Disorder.¹⁶

When Dakota was almost nine years old, a Permanent Guardianship Order¹⁷ was obtained.

A psychiatric assessment indicated that 9-year-old Dakota became aggressive to mask his sadness and anxiety.

Dakota from 10 to 13 Years Old

Dakota was 10 years old when he was moved to a residential facility where he stayed for approximately three years. He was moved because staff had difficulty managing his aggressive behaviours. Initially, Dakota lived with other children but his outbursts escalated and he was moved to a separate building for safety reasons.

Dakota had difficulty interacting with his peers. When he was stressed or worried, he became aggressive or destroyed property. He had trouble sleeping and at times became withdrawn. Dakota believed he could make himself invisible and talked about people only he could see. During this period, Dakota was physically and sexually assaulted by peers.

When he was doing well, Dakota was described as funny and caring. He liked to participate in traditional ceremonies and embraced his spirituality. He spent time with a medicine man and went to sweats. He enjoyed singing on his karaoke machine.

At 13 years old, Dakota heard voices that told him to hurt himself. He wrote threatening notes about staff that resulted in criminal charges. At his court appearance, the Judge

13 Any of a range of behavioural disorders occurring primarily in children, including such symptoms as poor concentration, hyperactivity, and impulsivity.

14 A behavioural and emotional disorder of childhood and adolescence. Children with conduct disorder act inappropriately, infringe on the rights of others, and violate the behavioural expectations of others.

15 A childhood disorder that is characterized by negative, defiant, disobedient and often hostile behaviour toward adults and authority figures primarily. In order to be diagnosed, the behaviours must be exhibited for at least six months.

16 A short-term condition that occurs when a person is unable to cope with, or adjust to, a particular source of stress, such as a major life change, loss, or event.

17 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.

was concerned about Dakota's mental health and ordered that he be incarcerated for an evaluation. He was released before the assessment was completed. The Judge directed the caseworker to focus on ensuring that Dakota was assessed and provided treatment. Dakota was temporarily moved to a group home with younger children, but he ran away, claiming voices told him to leave. Over the next five months, he was moved three times before he was placed with his grandmother on his First Nation, where he stayed for four months.

Dakota from 14 to 15 Years Old

At 14 years old, Dakota moved for the 19th time. He was placed in a group home and began animal-assisted therapy. He said that he wanted help and talked about the sexual abuse he had experienced and about being scared by his hallucinations.

An assessment indicated that Dakota saw and heard things that others could not. He struggled in social situations and did not understand or react well to others. Dakota had difficulty respecting boundaries and he did not have positive coping skills. He had sexualized behaviours. Neurological and psychiatric consultations were recommended.

Dakota was moved to a specialized group home after allegations were made that he sexually assaulted a peer. The police decided not to interview Dakota because his mother was terminally ill and they were worried about his well-being. Soon after, Dakota became aggressive with group home staff and was arrested and charged. Upon his release, he was placed with relatives on his First Nation while awaiting a new placement.

Dakota was moved to a specialized treatment group home. He formed good relationships with staff. He said that he was bisexual and worried his family and culture would not accept him. Group home staff felt their program for young people with mental health concerns would better meet Dakota's needs. After two months, Dakota was moved to another group home. He did not have the same connection with the staff at his new placement.

Shortly after Dakota's move, his mother passed away. After her death, Dakota frequently left his placement without permission and was sexually exploited. He was temporarily confined in a secure facility. Dakota moved six more times between relatives, group homes, a youth shelter and hotels. He went to counselling and to an outreach school in the evenings.

By his 15th birthday, Dakota had moved approximately 25 times. He was described as considerate and sensitive, but often obsessed with death and dying. He talked about wanting help and had goals for his future.

Dakota from 16 to 19 Years Old

When Dakota was 16 years old, he went to live with his father (Taylor) and his grandfather (Wilson). Taylor left and Wilson took care of Dakota. Wilson's home was calm and safe; the rules and routines were predictable. Dakota reconnected with his family, went to school, was involved with art and learned to play the piano.

Shortly before his 17th birthday, Dakota went to stay with his grandmother (Molly). During this visit he was taken to the hospital because of substance use and suicidal ideations. He moved to the city to be near Taylor and he was placed in a Supported Independent Living (SIL) placement.¹⁸ Dakota was evicted from SIL because he used substances and let people stay with him. Child intervention involvement ended on Dakota's 18th birthday. He was not in school, had outstanding warrants, was homeless and had no source of income.

Dakota lived in shelters, with friends or in a tent with Taylor. He regularly went to a community agency that helped him with food, clothing and short-term employment. He was described as reliable, hard-working and a talented artist and musician.

Circumstances Surrounding Dakota's Death

When he was 19 years old, Dakota and Taylor went drinking to celebrate Dakota's acceptance to a school program. Later that day, while crossing the street, Dakota was hit by a car. He passed away in hospital with his family by his side.

¹⁸ Child Intervention Services provides support for young people to live independently and helps transition them to adulthood. This may include living in their own residence or with a roommate with various levels of support.

Dakota grew up in government care and became the subject of a Permanent Guardianship Order when he was eight years old. He moved many times which interrupted relationships with his family and caregivers. He had mental health concerns and questioned his sexual and gender identities.

The Terms of Reference¹⁹ for this review identified two potential systemic issues:

- 1. Providing services to youth with complex mental health and behavioural needs**
- 2. Providing safety to children and youth placed in group settings with peers who have aggressive and sexual behaviours**

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

- 1. Recognizing and supporting young people with complex needs**
- 2. Providing safety and support for young people to explore their sexual and gender identities**

Supporting Young People with Complex Needs

As a young child, Dakota was exposed to family violence. He was neglected and physically and sexually abused. Abuse, exposure to trauma and instability impacts a child's brain development²⁰ and can damage the areas of the brain responsible for self-control and language. This can alter and impair a child's ability to interact with others and understand their world.

Dakota had difficulty following directions and when he was frustrated, he could become angry and hurt himself or others. He often had trouble regaining control of his emotions. At times, Dakota heard and saw things and could not determine what was real. He heard voices that told him to do harmful things. Dakota had trouble expressing himself sexually in safe and appropriate ways. His challenges were not easily understood and impacted his daily activities.

¹⁹ The Terms of Reference can be found in Appendix 3

²⁰ Gaskill & Perry, 2012

Alberta's child-serving ministries recognize that there are children like Dakota, who have complex needs and require specialized supports. Children with complex needs have been defined as those:

- with multiple impairments, complex mental health and health issues and/or severe behavioural needs;
- to whom all currently available resources have been utilized 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.²¹

Children like Dakota, who have complex needs, often have trouble managing their emotions and/or have an underlying mental illness which is often mistaken for poor behaviour.²² In 2012, the Manitoba Advocate for Children and Youth completed a review of children with complex needs and estimated that these youth accounted for approximately 10 percent of the population involved with Children's Services in that province.²³

Richard Cardinal was a young man in government care in Alberta who died by suicide in 1984. Like Dakota, Richard's death resulted in a public review. Dakota and Richard were both taken into care when they were young, separated from siblings and moved many times. They were both described as sensitive, sweet and hard-working. However, both could be aggressive and, at times, hurt themselves and others.

The review into Richard's death resulted in a number of recommendations, including a process to identify and monitor children and youth whose emotional and behavioural issues are repeatedly identified but remain unaddressed. Youth with complex needs are some of the most vulnerable young people involved with Children's Services. Their families, caseworkers and placement providers are frequently at a loss as to how to give them the care and support they need.

Dakota heard voices and could not control his thoughts, behaviours and emotions. His caseworkers tried multiple times to find him a suitable placement. Most placement providers did not feel they had the knowledge, skills and abilities to meet Dakota's needs. A number of his placements had well-established programs run by dedicated, trained staff, but Dakota's needs were complex and standardized services did not work. Young people with multiple challenges need a process to facilitate more timely and appropriate services.

In September 2018, the Ministry of Children's Services made a recommendation to create a policy regarding the escalation of complex case consultation and decision-making.²⁴ While the proposed policy is expected to enhance practices regarding consultation and decision-making in complex situations, expanding this policy could ensure that young people who meet the definition of complex needs are included in and benefit from these enhanced practices.

21 Government of Alberta, 2015

22 Woodward, 2015

23 Burnside, 2012

24 Ministry of Children's Services, 2018

Recommendation 1

Child Intervention Services should expand their proposed policy regarding escalation of complex case consultation and decision-making to include the definition of complex needs. Young people with complex needs should have access to experts and intensive resources to meet their needs.

Further Comments

The policy should not be limited by age and should recognize that circumstances requiring a senior level review may be an ongoing activity. The policy should identify that significant decisions may also include children/youth who require supports that are outside of the scope of standardized services. There should be timely access to resources and expertise.

A record of the review and the progress of the recommendations should be maintained on the child intervention electronic system.

Expected Outcomes

- Increased accountability to identify and meet the needs of children and youth with complex needs.
- Caseworkers and service providers are supported to work with children and youth who have complex needs.

Providing Safety and Support for Young People to Explore Their Sexual and Gender Identities

When Dakota was in elementary school, he liked to wear dresses and learned how to sew. His family and some community members discouraged his gender expression. He was allowed to dress freely in his placement, but was asked to conform to gender norms while on family visits, at school or in public.

Gender and sexuality are separate; children as young as two years old may begin to express discomfort with their biological sex and assigned gender role.²⁵ It is important to understand that “gender identity is not a disorder; ultimately, it is an outward expression of what the mind knows and the heart feels.”²⁶

Dakota may have been encouraged to dress in a more gender-conforming way for his protection. Children who are not supported to understand their gender identities have a hard time understanding who they are and how they fit into the world. Hiding their gender identities can leave children feeling isolated and disconnected from themselves and others.²⁷

25 Rafferty, 2018

26 Grace, 2015

27 Kaplan, n.d.

Dakota was a young person who was drawn to his Indigenous culture. He enjoyed attending ceremony and participating in prayer and teachings. He became conflicted when he felt that his community would not accept him. This conflict between culture and gender identity began when he was young and continued into adolescence. For some children, they not only experience disconnection from their own body, but also face the anxiety this may create in others.²⁸

Dakota shared that he was attracted to males, but he stopped expressing this attraction by late adolescence. He relayed his fears about how he would be perceived if he was different. Young people often do not feel it is safe for them to express their preferred gender or sexual orientation. They need mentoring and support to learn about healthy relationships and sexual health.²⁹

In November, 2017, the Advocate released *Speaking OUT: A Special Report on LGBTQ2S+ Young People in the Child Welfare and Youth Justice System*.³⁰ The report recognized positive advancements and made five recommendations (Appendix 2) to improve the circumstances for LGBTQ2S+ youth in government care. If implemented, the following recommendations could help improve outcomes for young people like Dakota.

RECOMMENDATION 1:

The Ministry of Children’s Services and the Ministry of Justice and Solicitor General should make certain that LGBTQ2S+ specific training and education is required for all employees who work directly with young people or make decisions that affect them.

RECOMMENDATION 3:

The Ministry of Children’s Services and the Ministry of Justice and Solicitor General should review and revise their policies and practices in relation to identity, safety, appropriate places to live, and services and supports for LGBTQ2S+ children and youth.

RECOMMENDATION 5:

The Ministry of Children’s Services and the Ministry of Justice and Solicitor General should ensure young people in their care receive appropriate and inclusive sexual health information.

28 Newman, 2012

29 Grace, 2015

30 Office of the Child and Youth Advocate, 2017

CLOSING REMARKS

I want to thank Dakota's family and the professionals who worked with him for taking the time to meet with us. Dakota was hard-working, selfless and cared deeply for others. He is missed by those whose lives he touched.

Providing services to young people with emotional and behavioural challenges is not easy. Each young person is unique and their needs vary. Although it may be clear at times that these youth are struggling, it can be difficult to determine what will help.

Special consideration must be given to young people whose needs cannot be met through available supports and services. Enhanced levels of collaboration, creativity and understanding is needed to make a meaningful difference in the lives of these vulnerable youth.

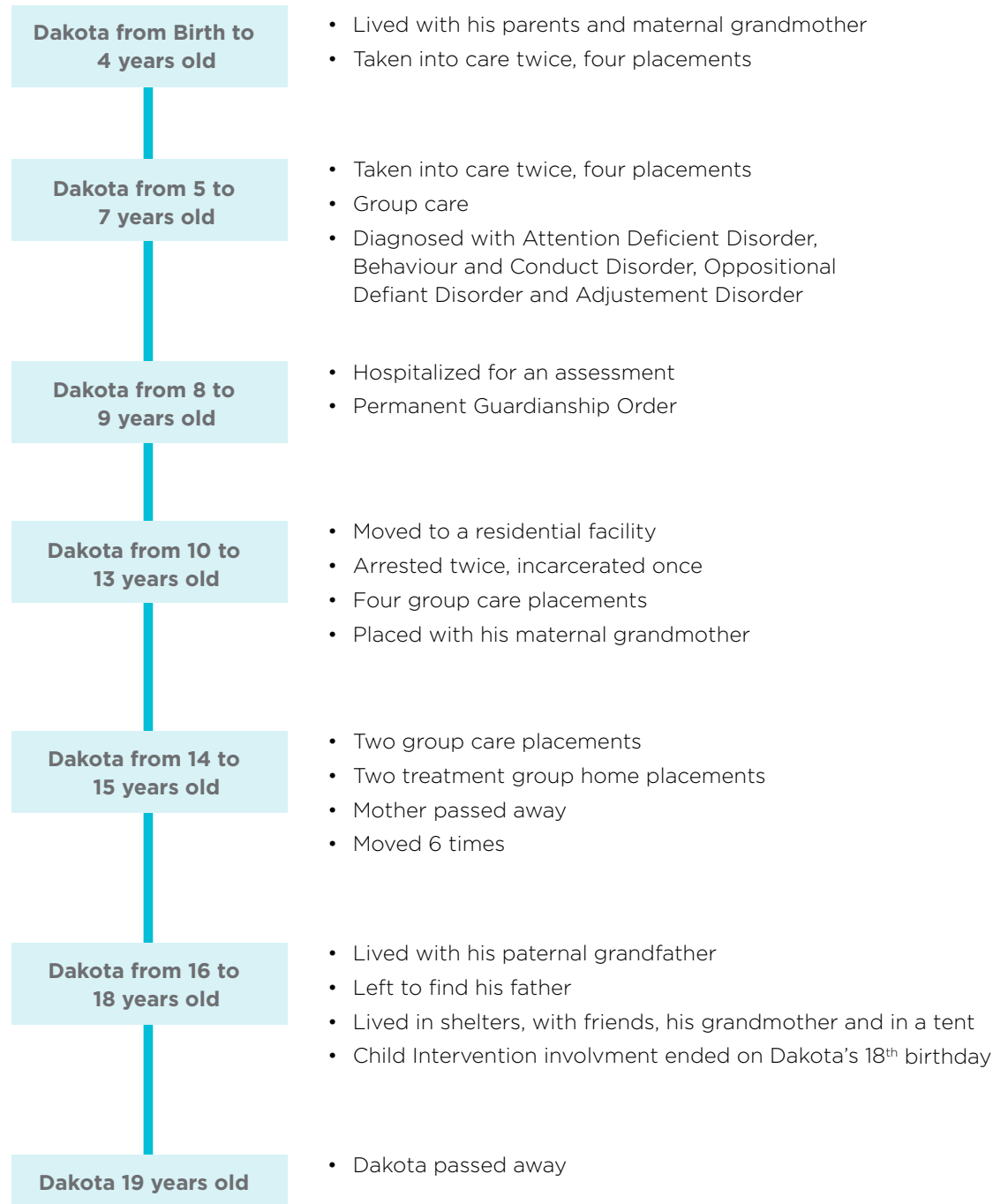
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Del Graff

Child and Youth Advocate

APPENDICES

APPENDIX 1: SUMMARY OF SIGNIFICANT EVENTS



APPENDIX 2: RECOMMENDATIONS FROM *SPEAKING OUT: A SPECIAL REPORT ON LGBTQ2S+ YOUNG PEOPLE IN THE CHILD WELFARE AND YOUTH JUSTICE SYSTEMS*³¹

RECOMMENDATION 1:

The Ministry of Children's Services and the Ministry of Justice and Solicitor General should make certain that LGBTQ2S+ specific training and education is required for all employees who work directly with young people or make decisions that affect them.

RECOMMENDATION 2:

The Ministry of Children's Services and the Ministry of Justice and Solicitor General create LGBTQ2S+ specific living options for young people.

RECOMMENDATION 3:

The Ministry of Children's Services and the Ministry of Justice and Solicitor General should review and revise their policies and practices in relation to identity, safety, appropriate places to live, and services and supports for LGBTQ2S+ children and youth.

RECOMMENDATION 4:

The Ministry of Children's Services should establish policy that guides decision-making for employees in their role as guardian, regarding consent for medical interventions and support services for transgender young people.

RECOMMENDATION 5:

The Ministry of Children's Services and the Ministry of Justice and Solicitor General should ensure young people in their care receive appropriate and inclusive sexual health information.

31 Office of the Child and Youth Advocate, 2017

APPENDIX 3: TERMS OF REFERENCE

Authority

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)*. 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 (CYFEA)*, the *Protection of Sexually Exploited Children Act (PSECA)* 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 death of a child who had received child intervention services within two years of their death if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Incident Description

Dakota was 19 years old when he was hit by a car. He passed away from his injuries.

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 Dakota and his family specifically related to:

- Providing services to youth with complex mental health and behavioural needs
- Providing safety to children and youth placed in group settings with peers who have aggressive and sexual behaviours

To comment on relevant protocols, policies and procedures, standards and legislation.

To prepare and submit a report which includes findings and recommendations arising from the Investigative Review.

Scope/Limitations

An Investigative Review does not assign legal responsibilities or draw legal conclusions, 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

Examination of critical issues

- Review of documentation and reports
- Personal interviews
- Reviews of policy and casework practice
- 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 OCYA Director of Investigations and the Advocate. 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 children's mental health
- An expert in placements
- An expert in service provision to children with sexualized behaviours

Reporting Requirement

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

APPENDIX 4: COMMITTEE MEMBERSHIP

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 Robert H. Cardinal Sr.

Elder Robert H. Cardinal Sr. is a respected Elder who serves many communities. He was an Aboriginal Cultural Educator for Pastoral Care, Counselling and Education for 16 years at the Royal Alexandra Hospital. Elder Cardinal served on the National Parole Board of Canada from 2003 to 2010, and was a member of the provincial Child Welfare Appeal Panel for several years. He is currently working as an adjunct Professor for the Faculty of Education at the University of Alberta. In this capacity he provides teachings on traditional well-being and holistic ways of knowing.

Dr. André Grace, PhD

Dr. Grace is the Canada Research Chair in Sexual and Gender Minority Studies (Tier 1) in the Faculty of Education at the University of Alberta. His latest book, *Growing into Resilience: Sexual and Gender Minority Youth in Canada* presents his resilience typology, providing a synopsis of research on resilience. The book examines developing knowledge about stressors, risk-taking, asset-building and indicators of thriving using an ecological framework that surveys complexities impacting how vulnerable youth across differences grow into resilience.

Dr. Erin Gray, MSW, PhD

Dr. Gray has been a social worker for 25 years. She is an Associate Professor in the School of Social Work at MacEwan University. Much of her research has been influenced by a systems collaboration focus to improve health and other quality of life outcomes for individuals, children and families living with low income. Her research explores vulnerable persons' experiences of receiving health and social services. It highlights the necessity, best practices and challenges of promoting productive partnerships across governments, universities and communities to advance health and general well-being among those living with low income.

Lauren Ross, BSc, MScOT, Occupational Therapist

Ms. Ross is an Occupational Therapist. Her focus on client and family centered goals consider personal, environmental, and occupational factors. She currently provides assessment and intervention to the Child and Family Psychiatry Units, including school-aged children who are receiving mental health intervention as inpatients, day-patients, or outpatients. In this role, she makes recommendations for enhanced participation in home, school, and community settings, while focusing on individual skill-building and strengthening family relationships. Her past work has been in community programs with children and adults who have complex needs.

Dr. Brian J. Zelt, PhD

Dr. Zelt is a Registered Psychologist and the Executive Manager for Outcomes and Clinical Development at Hull Services with a focus on adolescents, attachment theory and counselling psychology. He is responsible for helping oversee the administrative and clinical operations of six intensive residential and stabilization programs for adolescents and their families. Dr. Zelt also operates a small private practice and has previously worked in a number of clinical settings including, Employee and Family Assistance, residential treatment, day treatment, and foster care services in support of children, adolescents, adults, couples and families.

APPENDIX 5: BIBLIOGRAPHY

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