

# SUMMARY REPORT

## FIVE YEARS OF INVESTIGATIONS

APRIL 1, 2012–MARCH 31, 2017



JANUARY 2018



# CONTENTS

<b>INTRODUCTION .....</b>	<b>5</b>
Background.....	5
Receipt of Notifications .....	6
Our Process.....	6
OCYA Response .....	7
<b>NOTIFICATIONS.....</b>	<b>8</b>
Sources of Notifications.....	8
Age Range.....	8
Notifications by Gender.....	9
Indigenous/Non-Indigenous Notifications .....	10
Age Range and Child Intervention Services' Involvement.....	11
<b>SERIOUS INJURIES.....</b>	<b>13</b>
Cause of Serious Injury.....	13
OCYA Response .....	14
<b>DEATHS.....</b>	<b>15</b>
Manner of Death.....	15
OCYA Response .....	17
<b>INVESTIGATIVE REVIEWS.....</b>	<b>18</b>
Manner of Death.....	19
Cause of Serious Injury.....	19
Child Intervention Services' Involvement .....	20
Indigenous Young People.....	20
<b>LESSONS LEARNED.....</b>	<b>22</b>
Importance of Ongoing Supports .....	22
Age as a Risk Factor for Violence.....	23
Addressing Suicide.....	25
Trauma-Informed Systems .....	28
Information Sharing .....	29
Transition Planning .....	30

**CLOSING REMARKS.....32**

**APPENDICES.....33**

Appendix A: Glossary of Terms..... 33

Appendix B: Bibliography.....36

## INTRODUCTION

On April 1, 2012, the *Child and Youth Advocate Act (CYAA)* was proclaimed and the Child and Youth Advocate (the “Advocate”) was given the mandate to conduct investigations into “systemic issues arising from a serious injury to or the death of a child who was receiving a designated service at the time of the injury or death, if, in the opinion of the Advocate, the investigation is warranted or in the public interest.” Designated services include:

- services under the *Child, Youth and Family Enhancement Act (Enhancement Act)* (with the exception of adoptions)
- services under the *Protection of Sexually Exploited Children Act (PSECA)*
- services provided to young people through the youth justice system if the young person was in open or closed custody at the time of serious injury or death

On May 14, 2014, the legislation was amended to include young people who had received Child Intervention Services (with the exception of adoptions) within two years of their death.

The Office of the Child and Youth Advocate (the “OCYA”) fulfills this mandate through Investigative Reviews.

### Background

Between April 1, 2012 and March 31, 2017, 255 serious injuries or deaths of young people were reported to the Advocate. Three of these notifications involved young people subject to a Courtesy Supervision Agreement or Medical Treatment Order and will not be included in this analysis. This means that we will be looking at 252 notifications.

This report will present information regarding notifications received, breakdowns based on the type of incident resulting in serious injury or death, age, racial origin, legal status and statistics regarding completed Investigative Reviews. The numbers presented in this report are accurate as of March 31, 2017.

Emerging themes, such as the importance of thorough and ongoing risk assessment, the increased likelihood of young children and adolescents being the victims of violence, youth suicide, trauma-informed practice, information sharing and transition planning will be discussed. Five years of data was analyzed and the information is limited to those young people who fall within the OCYA’s mandate. It is our hope that these lessons will guide future work to improve services for Alberta’s vulnerable young people.

## Receipt of Notifications

All serious injuries and deaths reported to the OCYA are received from the Ministry of Children's Services, Office of the Chief Medical Examiner (OCME), and Alberta Justice and Solicitor General.

Of the 252 notifications received, 156 (61.9%) were from the Ministry of Children's Services involving young people in care or receiving intervention services (other than adoptions) and 96 (38.1%) were from the OCME (had received intervention services within two years of their death).

One notification was received from both the Ministry of Children's Services and Alberta Justice and Solicitor General; this was counted as one incident.

This information cannot be compared over the five-year period in the same way because reportable notifications changed on May 14, 2014 to include young people who had received Child Intervention Services (with the exception of adoptions) within two years of their death.

## Our Process

Once a notification has been received, the Advocate embarks on the investigative process. The cause of a young person's serious injury or death is one of the factors that is considered in the review process, along with the young person's experiences with Child Intervention Services and other child-serving systems. The purpose of the review is to investigate systemic issues and make recommendations that will result in improved outcomes for young people. The investigative process is extensive and consists of three phases: Examination, Assessment, and full Investigative Review.

All serious injuries and deaths reported to the OCYA are first reviewed through an Examination. An OCYA Investigator examines the report of serious injury or death and Child Intervention Services' electronic records. Following contact with someone close to the young person, if no potential systemic issue(s) is identified and/or if no additional information is required to make the determination, the review process stops. If additional information is required or a potential systemic issue(s) is identified, a further review occurs in the Assessment phase.

At the Assessment phase, Investigators review relevant child intervention records (paper and electronic), records from other public bodies, and may contact someone close to the young person to help understand their circumstance. If a potential systemic issue(s) is identified, the Advocate determines whether a full Investigative Review is warranted.

Before the Investigative Review is initiated, the Child and Family Services Council for Quality Assurance (CQA) provides input about the Terms of Reference that guides the review. The Terms of Reference is subsequently finalized, a formal Investigative Plan is developed and an Investigative Review Team is assigned.

The investigation phase includes interviews, research, and examination of additional documents/records. When the first draft of the Investigative Review is complete, it is sent to the involved ministry for administrative fairness review. The purpose of this review is to verify the facts. A committee of subject matter experts is subsequently convened to provide advice to the Advocate on findings and recommendations.

The Advocate believes that family members should be consulted and given the opportunity to share their experiences to best understand the child’s circumstances.

The final Investigative Review report is public, non-identifying, non-fault-finding, and contains recommendations that will improve services for children and families. All names used in Investigative Review reports are pseudonyms (false names).

A copy of the “Investigations Process for Serious Injury or Death: Child Intervention Services” is available on the OCYA website at:

<http://www.ocya.alberta.ca/adult/what-we-do/investigations/>

The Advocate regularly reports on the progress of recommendations at:

<http://www.ocya.alberta.ca/adult/publications/recommendations/>

The Ministry of Children’s Services publicly responds to recommendations at:

<http://www.humanservices.alberta.ca/publications/15896.html>

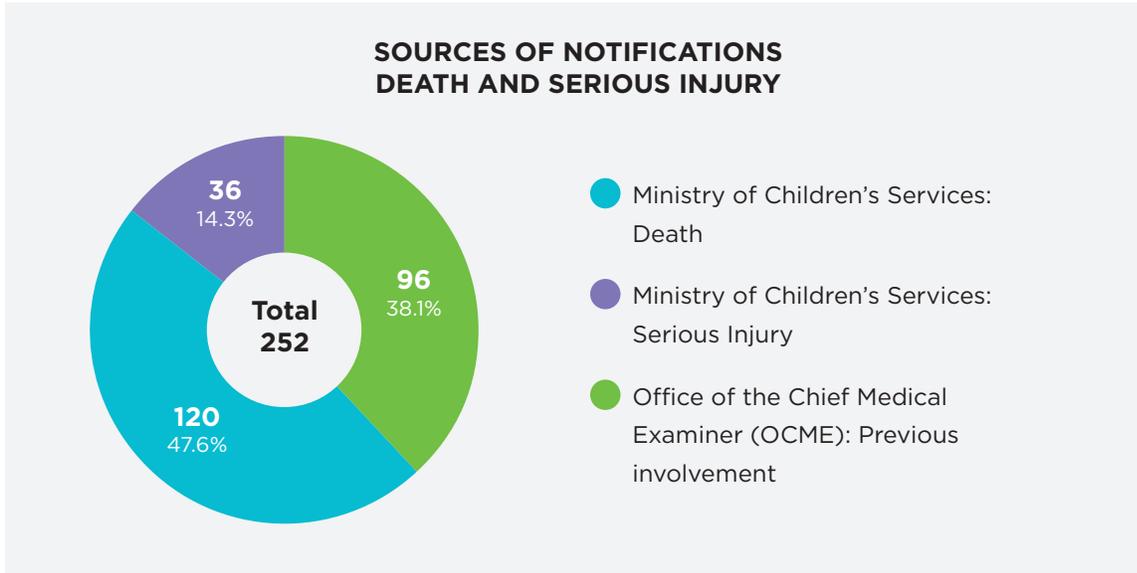
## The OCYA’s Response to Notifications of Serious Injury or Death Received 2012–2017

### OCYA activities in response to all notifications received during 2012–2017 (as of March 31, 2017)

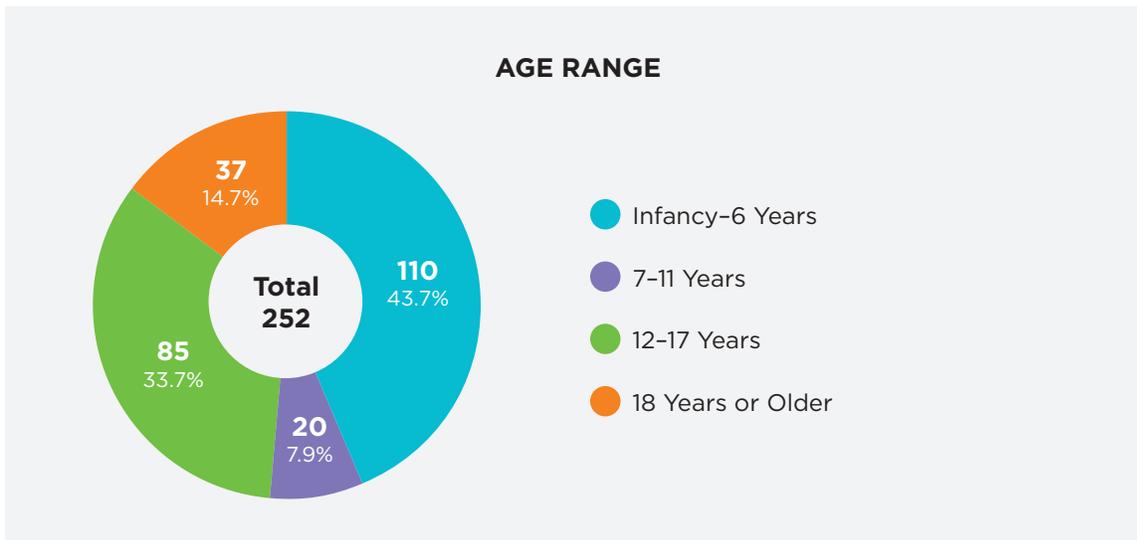
Closed after Examination	134 (53.2%)
Closed after Assessment	58 (23.0%)
Open at Examination	7 (2.8%)
Open at Assessment	8 (3.2%)
Open at Investigation	17 (6.7%)
Completed Investigations	28 (11.1%)
<b>Total</b>	<b>252</b>

# NOTIFICATIONS

## Sources of Notifications

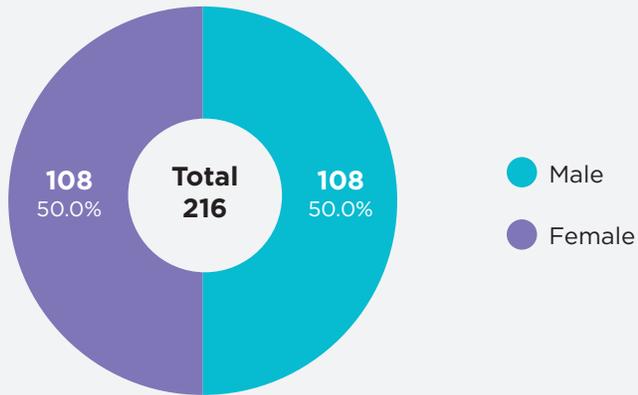


## Age Range

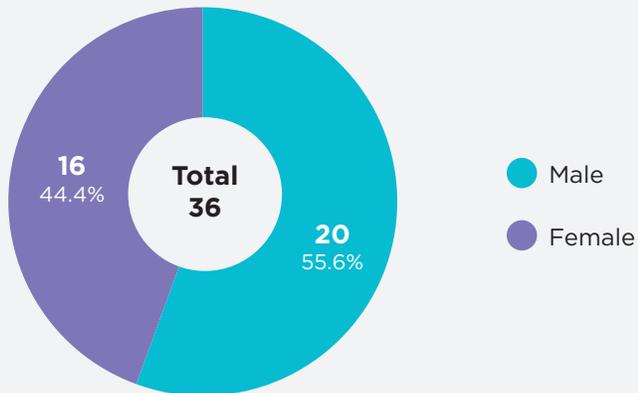


## Notifications by Gender

### NOTIFICATIONS OF DEATH RECEIVED FROM THE MINISTRY OF CHILDREN'S SERVICES AND OCME

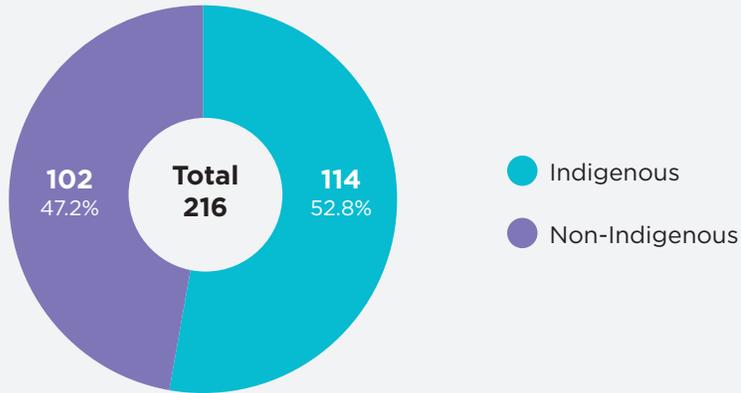


### NOTIFICATIONS OF SERIOUS INJURY RECEIVED FROM THE MINISTRY OF CHILDREN'S SERVICES

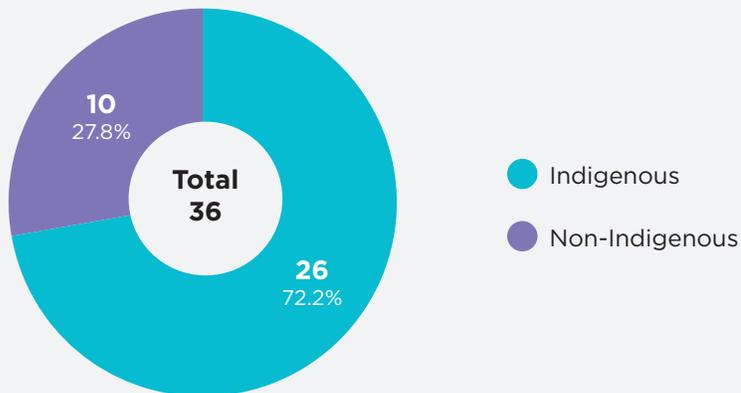


## Indigenous/Non-Indigenous Notifications

### NOTIFICATIONS OF DEATH RECEIVED FROM THE MINISTRY OF CHILDREN'S SERVICES AND OCME



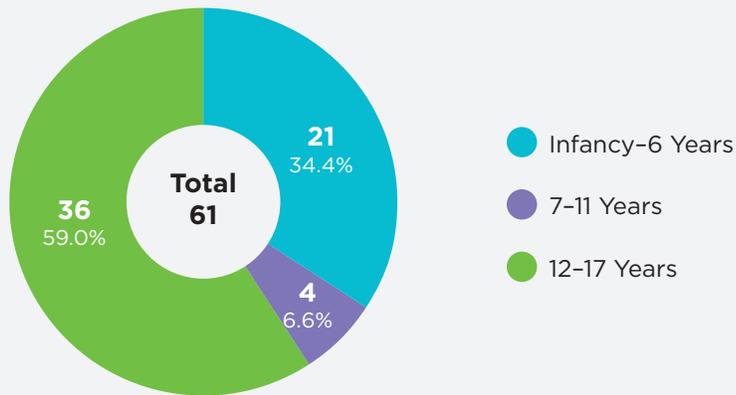
### NOTIFICATIONS OF SERIOUS INJURY RECEIVED FROM THE MINISTRY OF CHILDREN'S SERVICES



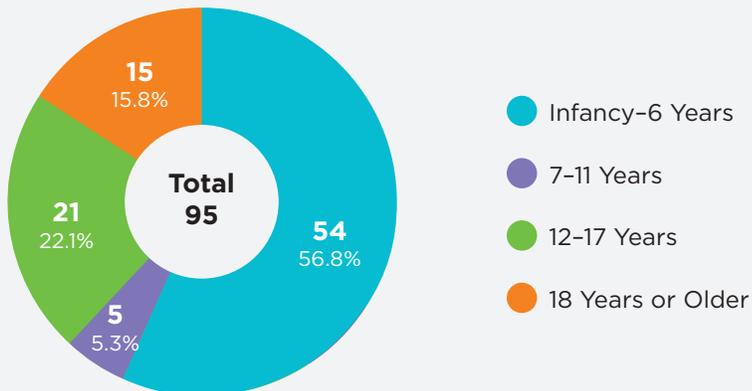
## Age Range and Child Intervention Services' Involvement

Of the 156 young people who had active child intervention involvement at the time of their serious injury or death, 61 were in care (Apprehension Order, Temporary Guardianship Order, Permanent Guardianship Order or Custody Order) and 95 were receiving other Child Intervention Services (Screening, Safety Phase Assessment, Family Enhancement Agreement, Supervision Order or Support and Financial Assistance Agreement).

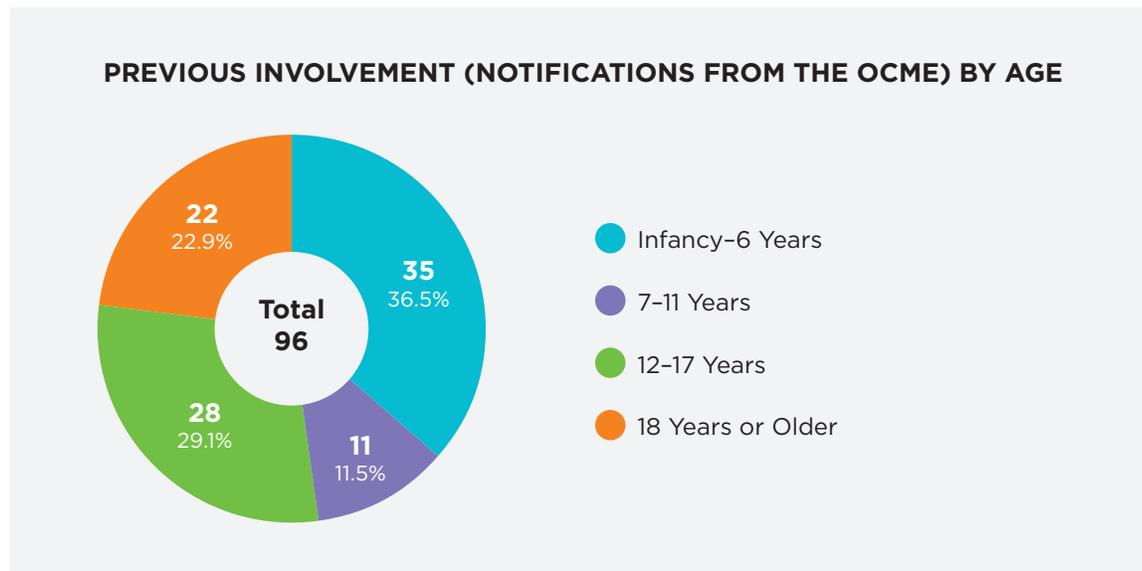
### NOTIFICATIONS INVOLVING YOUNG PEOPLE IN CARE BY AGE



### NOTIFICATIONS INVOLVING YOUNG PEOPLE RECEIVING CHILD INTERVENTION SERVICES BY AGE (NOT IN CARE)



Of the 252 notifications, 96 young people had involvement with Child Intervention Services within two years of their death.



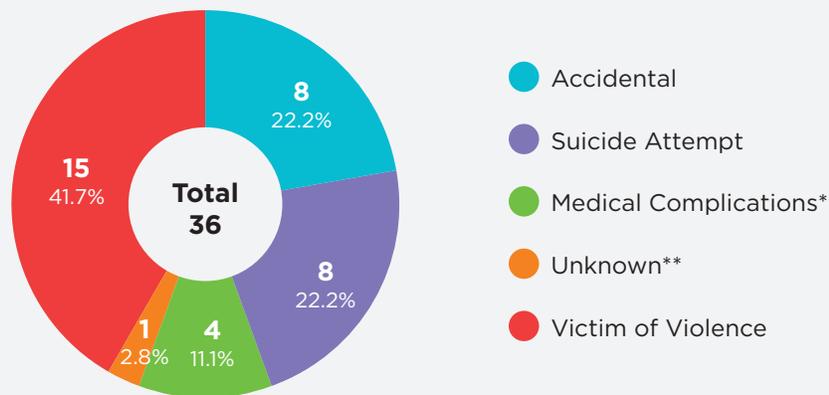
## SERIOUS INJURIES

Serious injury refers to an injury considered life-threatening or causing significant impairment to the young person's health.

### Cause of Serious Injury

Over the five-year reporting period, the Advocate received 36 (14.3%) notifications from the Ministry of Children's Services regarding the serious injury of a young person.

**NOTIFICATIONS OF SERIOUS INJURY  
RECEIVED FROM THE MINISTRY OF CHILDREN'S SERVICES**



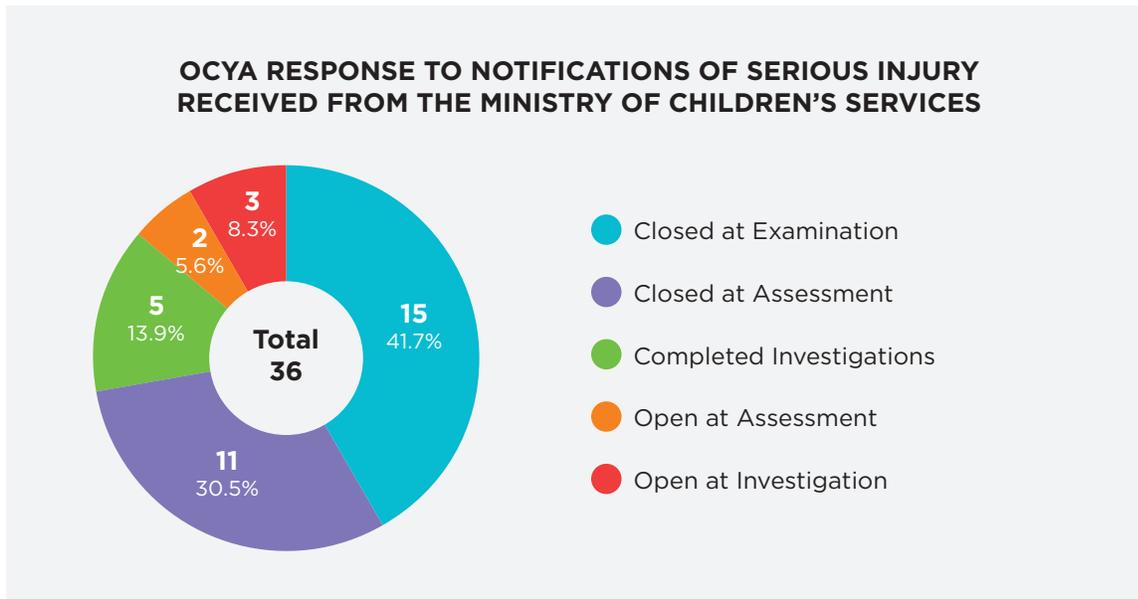
\* Young people later diagnosed with a medical condition previously unknown.

\*\* The young person did not disclose how their injuries were sustained.

Of the 15 notifications of serious injury received where the manner of serious injury was identified as victim of violence:

- 9 (60%) young people were injured by someone they knew
- 6 (40%) young people were injured by someone unknown to them

## OCYA Response

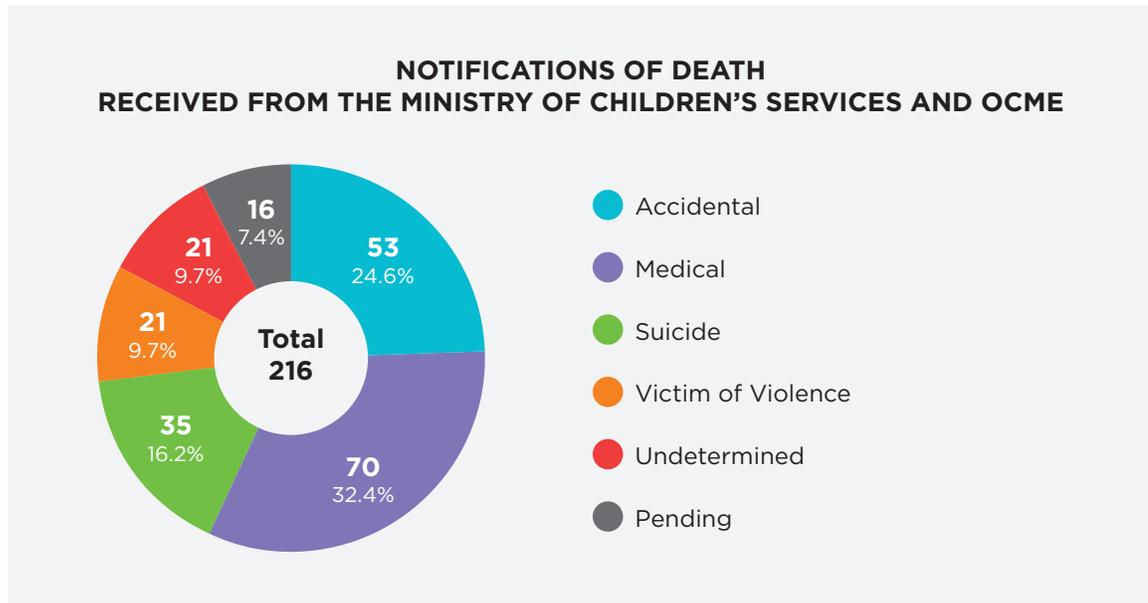


The Advocate also received one notification regarding the serious injury of a young person in an open custody facility from Youth Justice. This young person was also receiving services from Child Intervention Services. He later passed away and has been included under notifications of death.

## DEATHS

### Manner of Death

Over the five-year reporting period, the Advocate received 216 (85.7%) notifications regarding the death of a young person.



The OCME has similar definitions, but for the OCYA's purposes we have chosen the descriptors included in the graph. The OCME in Alberta uses the following definitions:

*Natural - death due to a medical illness (OCYA uses Medical)*

*Accident - death due to a misadventure*

*Homicide - death at the hands of another (OCYA uses Victim of Violence)*

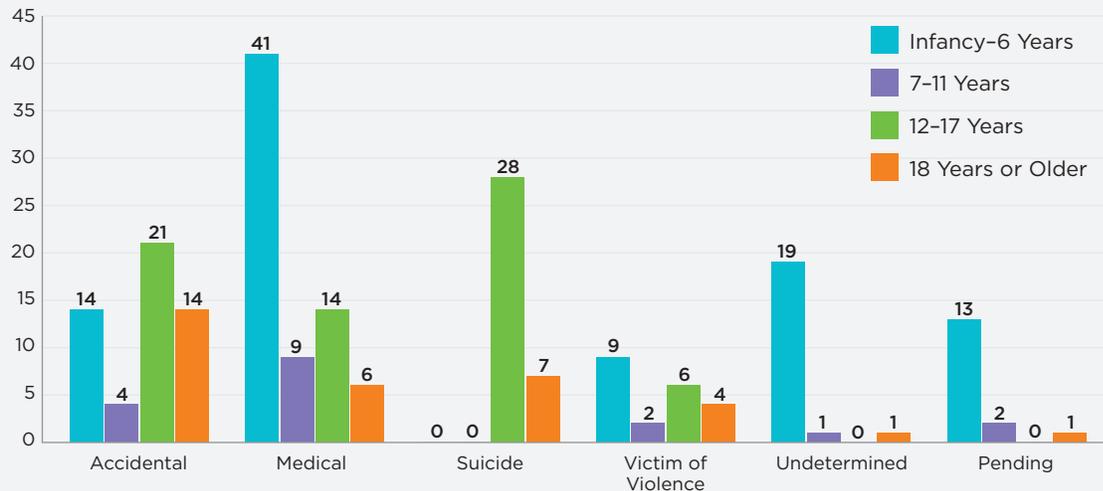
*Suicide - death intentionally caused by oneself*

*Undetermined - manner cannot be ascertained (deaths previously identified as Sudden Infant Death Syndrome fall into this category)*

*Unclassified - Medical Assistance in Dying*

*Pending - this is a "temporary manner" until the OCME investigation is complete*

**MANNER OF DEATH AND AGE GROUP**  
**Total 216**



123 (57%) young people passed away due to medical or accidental reasons. This is consistent with national statistics indicating that the leading cause of death for young people between ages 0-24 is either medical or accidental.<sup>1</sup>

Of the 21 notifications of death received where the manner of death was identified as victim of violence, 10 young people (47.6%) were victimized by someone they knew (other than a parent or guardian), 9 (42.9%) by a parent or guardian and 2 (9.5%) by a stranger.

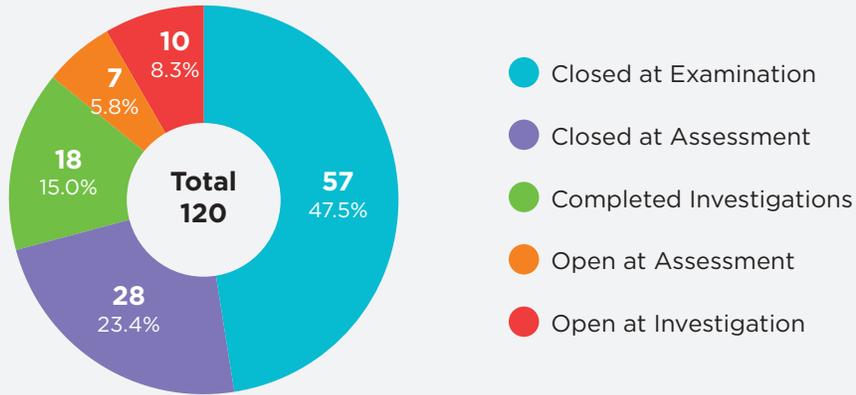
These numbers are consistent with national statistics indicating that violence is most frequently committed by someone known to the victim.<sup>2</sup>

1 Statistics Canada, Table 102-0561, 2017.

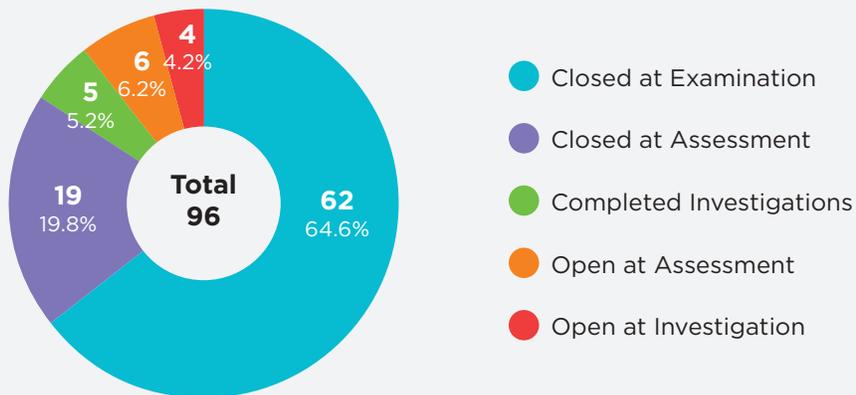
2 Burczycka & Conroy, 2017.

## OCYA Response

### OCYA RESPONSE TO NOTIFICATIONS OF DEATH RECEIVED FROM THE MINISTRY OF CHILDREN'S SERVICES

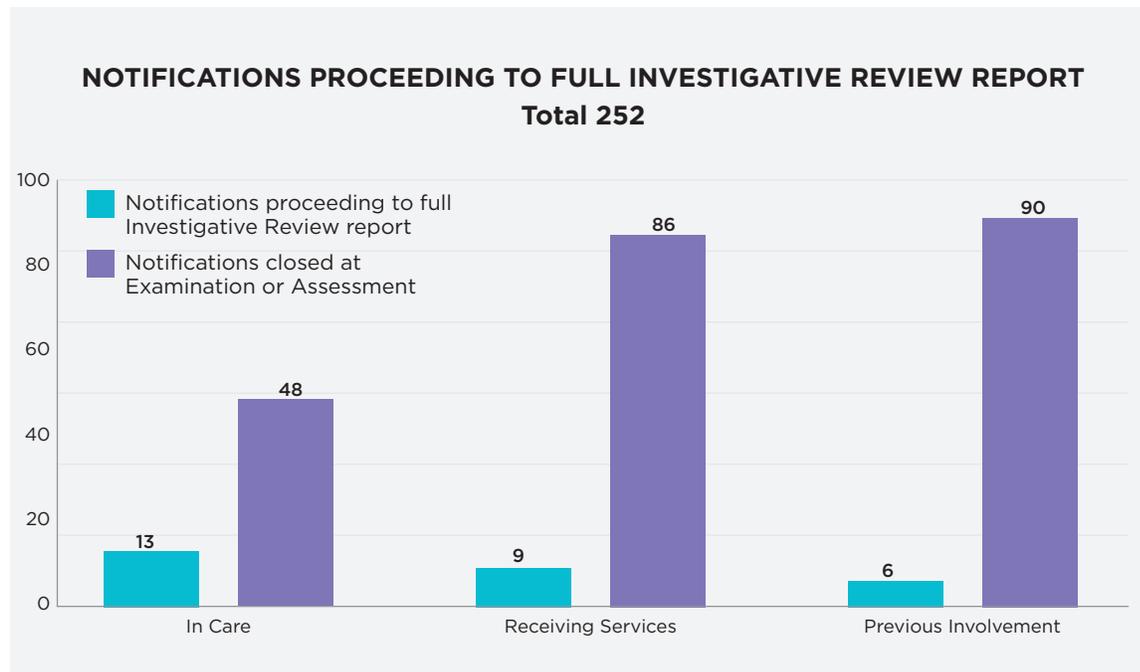


### OCYA RESPONSE TO NOTIFICATIONS OF DEATH RECEIVED FROM THE OCME (YOUNG PEOPLE WHO HAD INVOLVEMENT WITH CHILD INTERVENTION SERVICES WITHIN TWO YEARS)



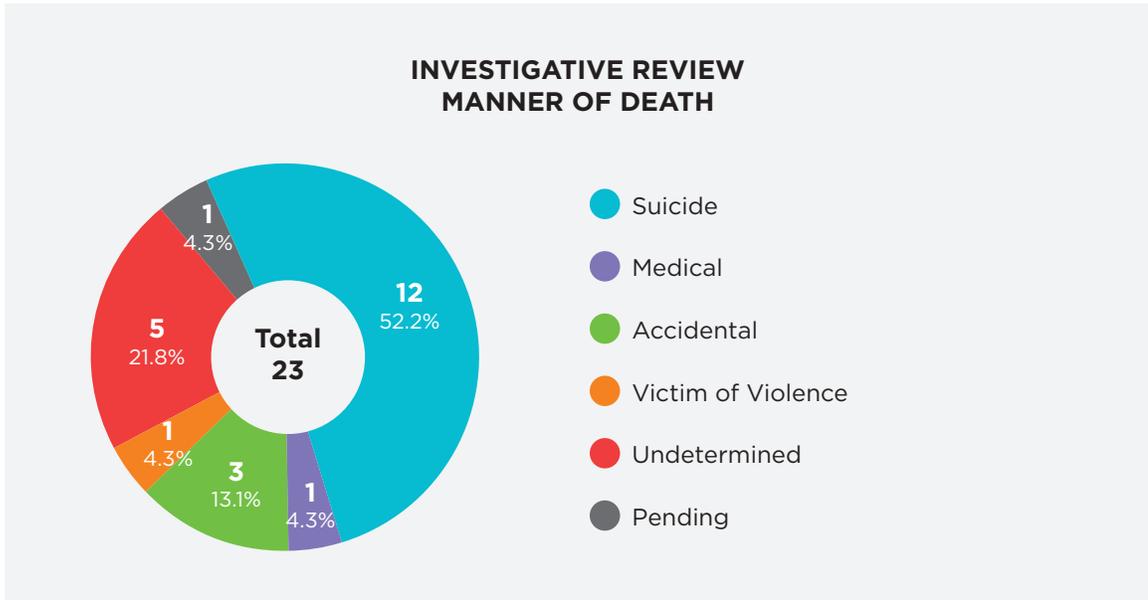
## INVESTIGATIVE REVIEWS

Between April 1, 2012 and March 31, 2017, the Advocate released 22 reports regarding 28 young people; 23 of whom had passed away and five who were seriously injured.

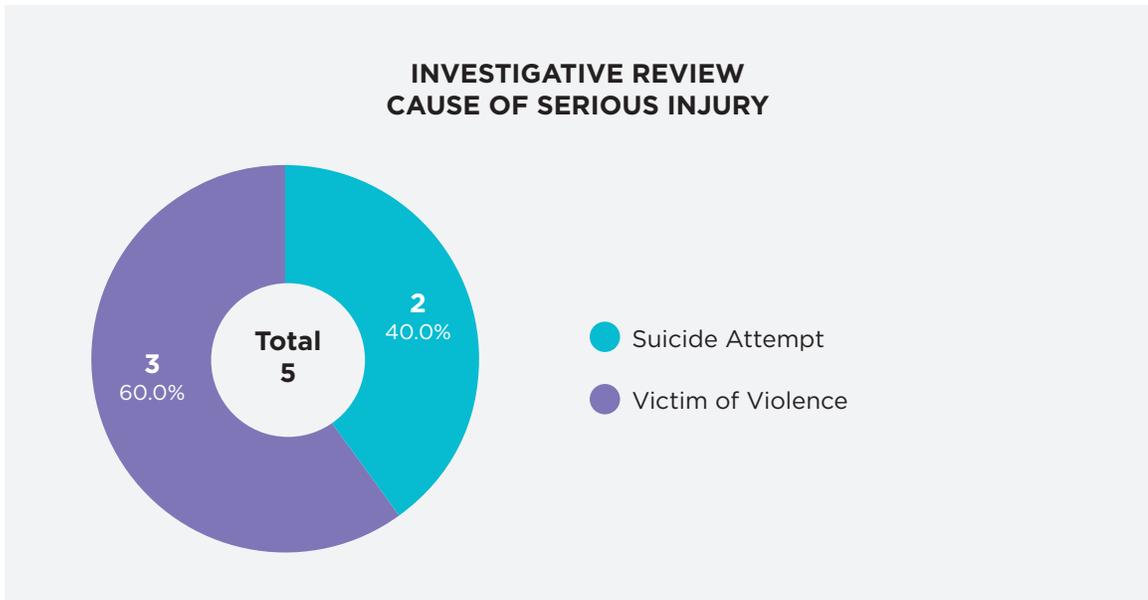


- Between April 1, 2012 and March 31, 2017, the Advocate received 61 (24.2%) notifications regarding young people in care. Of these 61 notifications, 13 (21.3%) proceeded to a full Investigative Review report
- There were 95 (37.7%) notifications received regarding young people receiving services from Child Intervention Services. Of these 95 notifications, 9 (9.5%) proceeded to a full Investigative Review report
- There were 96 (38.1%) notifications received regarding young people who had last received services from Child Intervention Services within two years prior to their serious injury or death. Of these 96 notifications, 6 (6.3%) proceeded to a full Investigative Review report

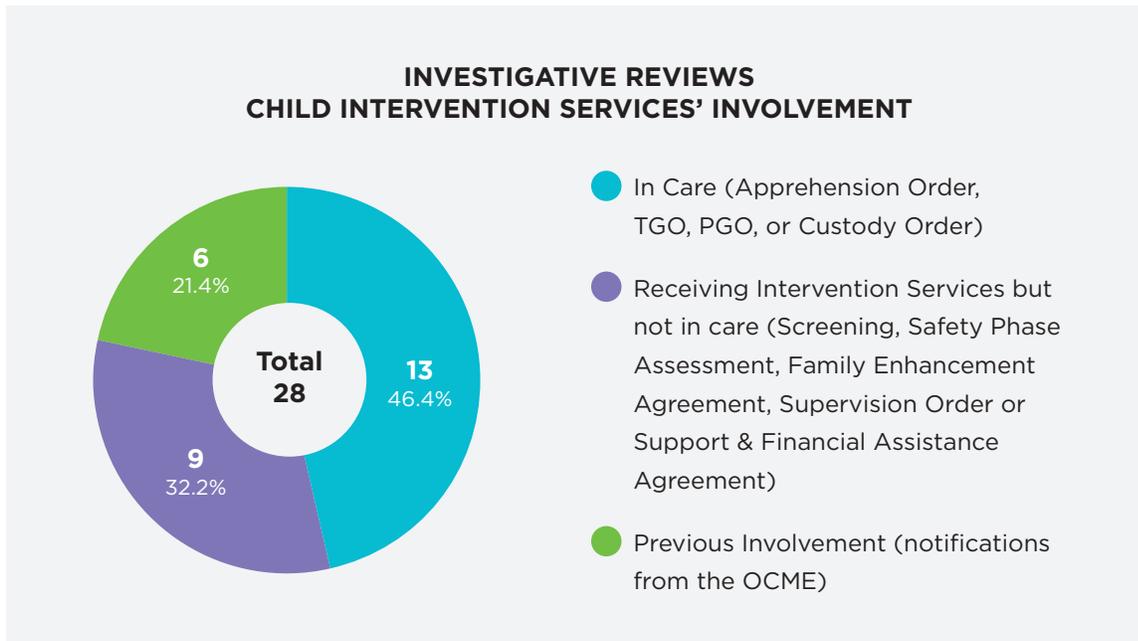
## Manner of Death



## Cause of Serious Injury

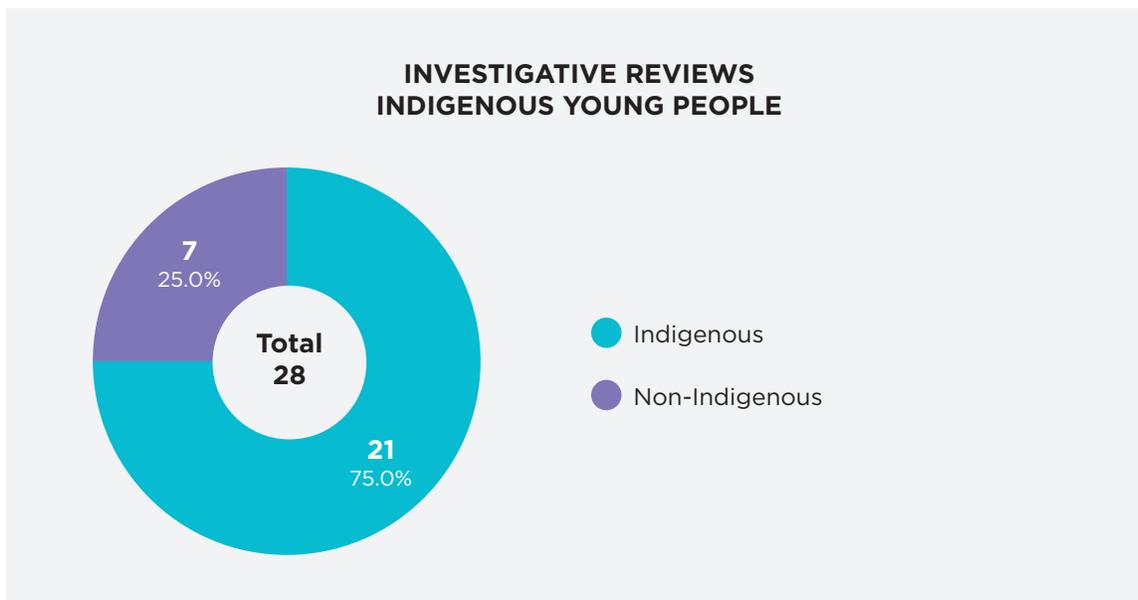


## Child Intervention Services' Involvement



Young people in care accounted for a smaller number of total notifications, but more proceeded to Investigative Review.

## Indigenous Young People



The Advocate made 20 recommendations specifically related to service delivery for Indigenous young people in the Special Report, *Voices for Change*<sup>3</sup> and in the Investigative Review, *Toward a Better Tomorrow*.<sup>4</sup>

Although the total number of notifications regarding Indigenous young people (55%) was similar to non-Indigenous young people, the Advocate completed more Investigative Reviews regarding Indigenous children and youth.

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3 [http://www.ocya.alberta.ca/wp-content/uploads/2014/08/SpRpt\\_2016July\\_VoicesForChange\\_v2.pdf](http://www.ocya.alberta.ca/wp-content/uploads/2014/08/SpRpt_2016July_VoicesForChange_v2.pdf)

4 [http://www.ocya.alberta.ca/wp-content/uploads/2014/08/InvRev\\_Toward-a-BetterTomorrow\\_2016April.pdf](http://www.ocya.alberta.ca/wp-content/uploads/2014/08/InvRev_Toward-a-BetterTomorrow_2016April.pdf)

Looking back at the 252 notifications and the 28 completed Investigative Reviews, received between 2012 and 2017, six themes have emerged.

### 1. Importance of On-going Supports

Additional supports for children and families are needed during and after child intervention involvement. Child welfare services must ensure the safety of young people; however, workers often have to make decisions with incomplete, inaccurate or conflicting information. It is challenging for caseworkers to determine safety and risk in families. Interdisciplinary teams, along with coordinated and consistent service provision, may help workers to accurately identify risk and set up supports for both the young person and their family.<sup>5</sup> Risk assessment may involve proactive intervention before the situation becomes more dangerous. Earlier intervention in a young person's life or in emerging issues increases the likelihood of preventing or resolving safety issues in the long-term.<sup>6</sup>

Families with complex needs are frequently involved with various service delivery systems. Coordinated service provision helps identify new or existing problems before they progress and helps young people and their families to develop formal and informal support networks. These networks are key to maintaining safety after involvement with child intervention ends.

Child-serving systems must support young people and their families, not only during involvement with a service, but afterwards as well. A child-centered and family-focused system recognizes the importance of supporting young people and their parents. Addressing the experiences of parents can help to mitigate future risk and build on existing protective factors. It is essential that the level of supports during and after child intervention involvement is matched with the young person's and family's needs and the diversity and specificity of stressful life events is understood.<sup>7</sup>

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5 Munro, 2011.

6 Munro, 2011.

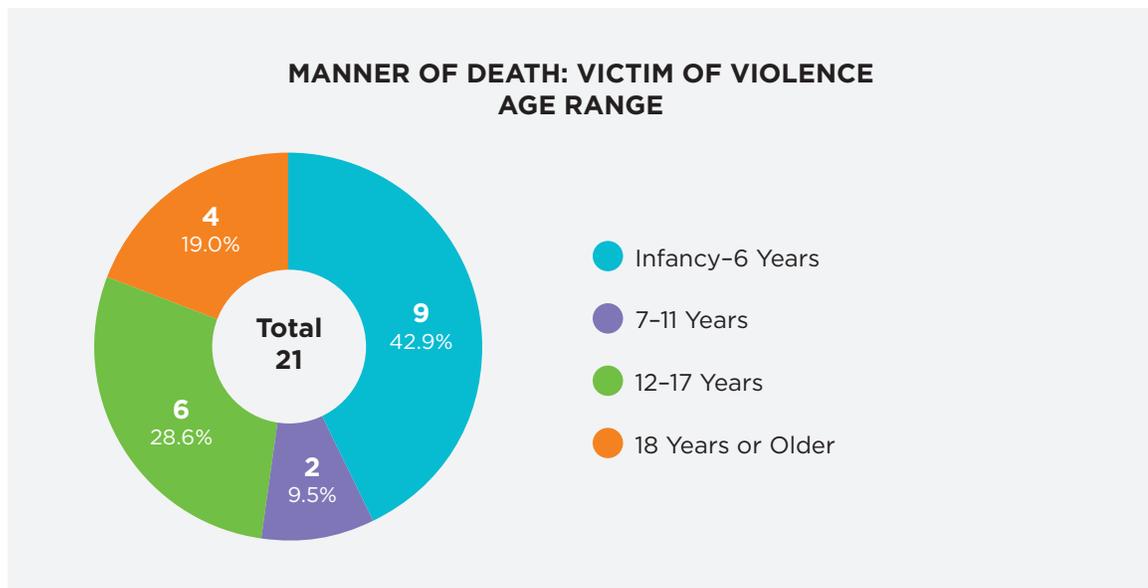
7 Álvarez-Dardet, García, Lara & Pérez, 2016.

## Looking Forward

In reviewing the circumstances of Brian, Bonita, Catherine, Nicole, Teanna, Marie, Annie, Sadie, Sam, Ella, Lily and Onessa, the Advocate identified ongoing support as an area for growth and made eight recommendations regarding support to parents, caregivers and families. Additionally, the Advocate made 11 recommendations related to risk assessment. Early intervention and post-intervention supports coordinated and delivered effectively are essential in ensuring the safety of young people and addressing risk in families. The Advocate will continue to address the need for ongoing support in upcoming reports.

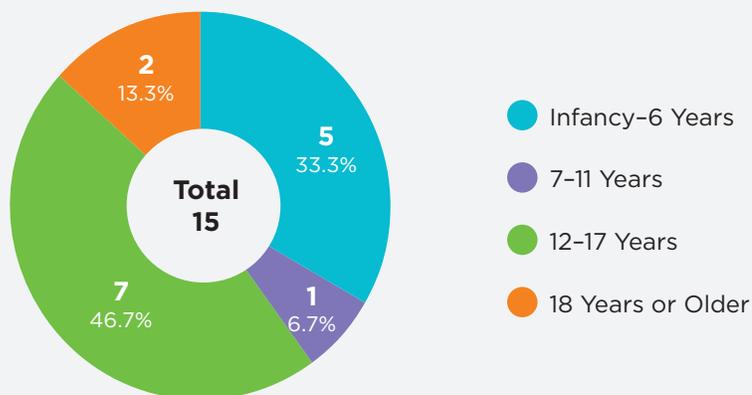
## 2. Age as a Risk Factor for Violence

Over the five-year reporting period, there were 21 notifications regarding the death of a young person due to violence and 15 notifications regarding serious injury sustained due to violence. Research indicates that young children up to 6 years of age and youth 12-17 years of age are at increased risk of violence due to age specific factors affecting their vulnerability. Further, children under 8 years old are more at risk for violence at the hands of a family member while adolescents between 12 and 17 years old are more at risk of violence at the hands of a stranger.<sup>8</sup>



8 Sinha, 2012

### CAUSE OF SERIOUS INJURY: VICTIM OF VIOLENCE AGE RANGE



## Young Children (Infancy to Six Years)

Young children (up to 6 years old) are more likely to be victims of violence due to their dependency needs. In addition, they are more likely to be neglected or be the victim of psychological maltreatment.<sup>9</sup>

Infants are at an increased risk of violence during their first year due to their physical vulnerability and the presence of stressors experienced by parents or caregivers. Parents or caregivers without support networks and/or child care knowledge may be particularly vulnerable to these stressors. Early intervention plays a significant role in keeping infants and young children safe. Providing supports and education related to parenting can also help to mitigate first-year stressors experienced by parents and caregivers.

## Youth (12 to 17 Years)

As young children grow into adolescence, their victimization profile becomes more similar to adults. Youth are less likely to be victimized by parents or caregivers and are more likely to be victimized by peers or strangers. The social and educational environments occupied by youth also begin to change, in turn affecting the type of victimization where they are most at risk.<sup>10</sup>

Reducing the risk of violence towards youth requires interdisciplinary efforts focused on the home, school and healthcare system. While youth may be more capable of communicating instances of maltreatment or neglect, targeted efforts are required to identify risk and implement support networks.

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<sup>9</sup> Lewit & Schurmann Baker, 1996.

<sup>10</sup> Finkelhor, 1995.

## Looking Forward

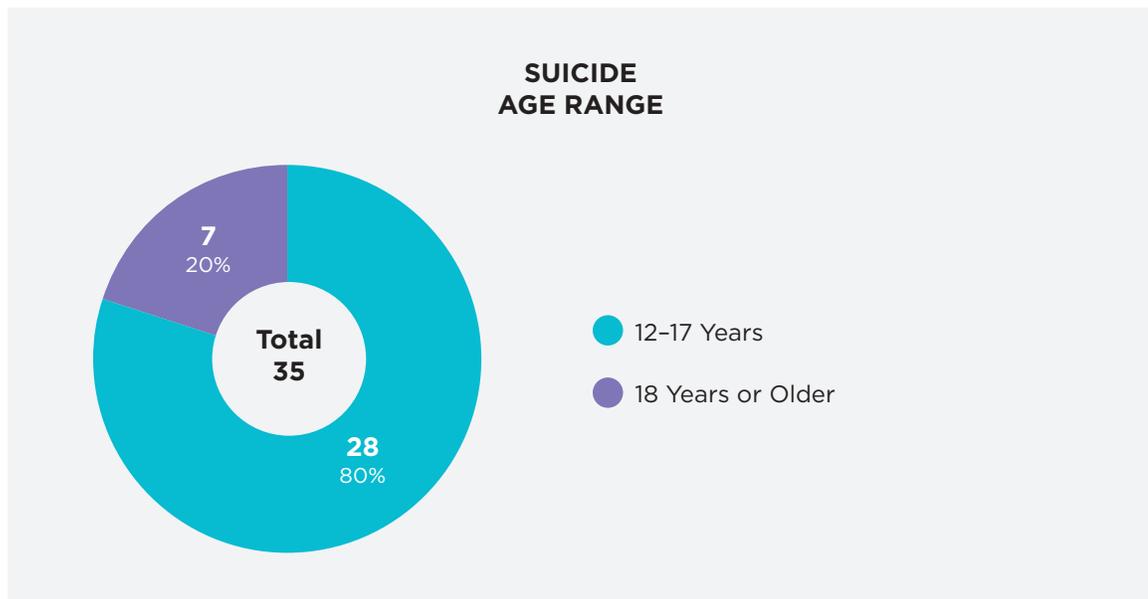
In reviewing the circumstances of four young children - Sadie, Teanna, Sharon and Marie, the Advocate made 10 recommendations addressing information sharing, training for frontline staff and caregivers, child-focused interventions, caregiver capacity and transition planning. 18-year-old Peter's circumstances resulted in one recommendation that addressed transition planning for youth aging out of care. The Advocate also re-stated a previous recommendation related to trauma-informed practice.

There are numerous risk factors that place young people at an increased risk for violence. These factors also vary depending on upon the age of the young person. Ensuring the safety of young people requires collaborative efforts focused in the areas of ongoing supports to young people, caregivers and families, transition planning, trauma-informed practice and information sharing. The Advocate will continue to address age as a risk factor for violence in upcoming reports.

## 3. Addressing Suicide

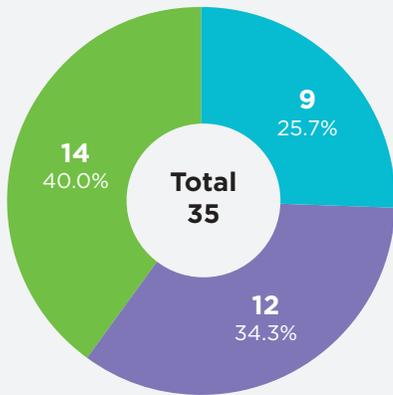
### Death by Suicide<sup>11</sup>

Over the five-year reporting period, the Advocate received 35 (13.9%) notifications regarding the death of a young person by suicide and 8 (3.2%) notifications regarding serious injury due to a suicide attempt.



<sup>11</sup> Includes young people who had active child intervention involvement at the time of their death or who had received child intervention services within two years of their death.

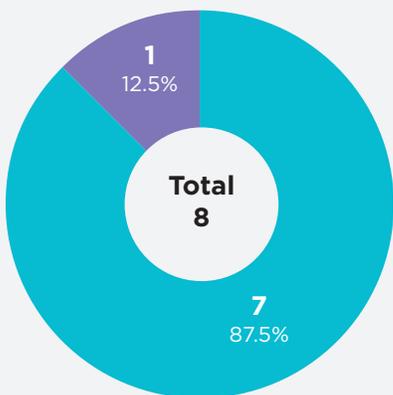
### SUICIDE CHILD INTERVENTION SERVICES' INVOLVEMENT



- In Care (Apprehension Order, TGO, PGO, or Custody Order)
- Receiving Intervention Services but not in care (Screening, Safety Phase Assessment, Family Enhancement Agreement, Supervision Order or Support & Financial Assistance Agreement)
- Previous Involvement (notifications from the OCME)

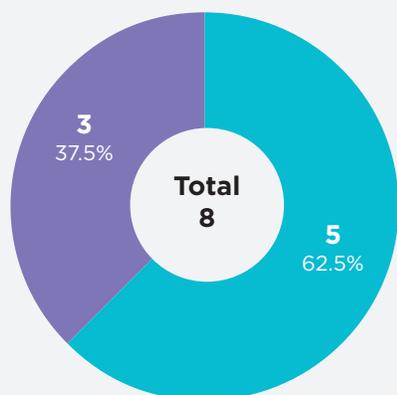
### Suicide Attempts

### SUICIDE ATTEMPT AGE RANGE



- 12-17 Years
- 18 Years or Older

### SUICIDE ATTEMPT CHILD INTERVENTION SERVICES' INVOLVEMENT



- In Care (Apprehension Order, TGO, PGO, or Custody Order)
- Receiving Intervention Services but not in care (Screening, Safety Phase Assessment, Family Enhancement Agreement, Supervision Order or Support & Financial Assistance Agreement)

## Risk Factors

There are a number of factors that place young people at an increased risk of suicide. Risk factors at the individual level include the presence of suicidal thoughts or previous suicide attempts, difficulties with emotional regulation and the presence of substance use disorders. Risk factors at home include a lack of togetherness, previous suicide attempts within the family and the presence of parental substance abuse or mental health disorders.<sup>12</sup> While this list is not exhaustive, attention to these risk factors is an essential aspect of suicide prevention.

Specific populations at an increased risk of suicide attempt or deaths by suicide include LGBTQ2S+ young people, homeless young people and incarcerated young people.<sup>13</sup>

## Indigenous Youth Suicide

Indigenous young people accounted for 25 (71.4%) notifications regarding death by suicide and 3 (37.5%) notifications regarding serious injury due to a suicide attempt. Risk factors specific to Indigenous youth include the previously noted factors, as well as depression and exposure to suicide within their families and communities. In addition, the impacts of intergenerational trauma and colonization continue to impact Indigenous young people and increase their risk for suicide. Participation in culturally relevant activities with respected community members can help to mitigate risk.<sup>14</sup> It is imperative that Indigenous young people feel connected to their culture, community and have a strong sense of identity.

<sup>12</sup> Spirito & Esposito-Smythers, 2006.

<sup>13</sup> Spirito & Esposito-Smythers, 2006.

<sup>14</sup> Harder, Rash, Holyk, Jovel, & Harder, 2012.

## Looking Forward

The tragic loss of a young person to suicide is felt by their families, peers, communities and child-serving systems. In reviewing the circumstances of Kamil, Tony, Sam, Catherine, Asinay, Sage, Cedar, Morley, Kari, Victoria and Jacob, the Advocate made 16 recommendations related to youth suicide. Addressing this significant problem requires collaborative and holistic efforts in the areas of prevention, intervention and aftercare.<sup>15</sup> The Advocate will continue to address youth suicide in upcoming reports.

## 4. Trauma-Informed Systems

Young people with current or previous child intervention involvement may have experienced significant trauma in their lives. A traumatic experience may be an incident such as a car accident, the loss of a loved one, exposure to substance abuse or witnessing violence in the home. Young people of all ages, including infants, can be affected by trauma.<sup>16</sup>

Trauma affects different functioning centres of the brain.<sup>17</sup> Young people affected by trauma may experience chronic fear and stress and demonstrate hypervigilance. They may struggle to concentrate and have difficulty regulating their emotions. They will often experience sleep difficulties and feel unsafe.<sup>18</sup> These effects lead to overwhelming feelings of helplessness, isolation and the loss of power and control.<sup>19</sup>

It is essential that young people are made to feel safe and heard by child-serving systems. Trauma-informed approaches assess the long-term impacts of trauma and address these effects throughout different developmental stages. Trauma recovery seeks to restore safety and affirm the young person's control and identity.<sup>20</sup> It is imperative that young people feel safe, protected and hopeful.

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15 Centre for Suicide Prevention. (2009). *River of life: Aboriginal youth suicide prevention*. [Online course]. Retrieved from <http://www.riveroflifeprogram.ca/>

16 Zero to Six Collaborative Group, 2010

17 Sweeton, 2017.

18 Sweeton, 2017.

19 Manitoba Trauma Information & Education Centre, 2013.

20 Manitoba Trauma Information & Education Centre, 2013.

## Looking Forward

Many young people involved with the child intervention system may have experienced significant trauma. In reviewing the circumstances of Brian, Makayla, Asinay, Sage, Cedar, Morley, Kari, Victoria, Jacob and Sharon, the Advocate made four recommendations specifically related to trauma. The Advocate will continue to address this in upcoming reports.

## 5. Information Sharing

To better understand the circumstances of young people, information sharing within and between child-serving systems must be improved. Children and families with complex needs routinely become involved with a number of stakeholders within systems, along with external agencies and institutions. Involvement with multiple service delivery partners necessitates good communication between all parties involved with a young person and their family.

There is seldom one service provider that has all of the information required to see a complete picture of the family. Each provides a service depending upon its mandate to address an area of concern and typically works independently of other service providers. Frequently, there is a lack of information sharing, and each provider often has limited knowledge about the actual scope of supports and services that are being provided to a family.<sup>21</sup>

Information sharing within and between child-serving systems becomes critical to resolving issues, providing necessary supports and ensuring positive outcomes for young people.<sup>22</sup> Systems may feel constrained from sharing information with each other due to uncertainty about confidentiality.<sup>23</sup> It is important that processes are developed to enhance and encourage collaboration and communication.

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<sup>21</sup> Bromfield, Sutherland & Parker, 2012

<sup>22</sup> Geiger & Beltran, 2017

<sup>23</sup> Newcastle Safeguarding Children Board, n.d.

## Looking Forward

Open communication is key to success and has been an ongoing issue in Investigative Reviews. Clearer guidelines were provided with the proclamation of the *Children's First Act (CFA)* on January 1, 2014.<sup>24</sup> Section 4 of the *CFA* addresses "Information sharing for purposes of providing services." In addition, the Government of Alberta has begun a phased approach to implementing an Information Sharing Strategy. The current participating ministries include Children's Services, Community and Social Services, Education, Health, Justice and Solicitor General, Seniors and Housing, and Service Alberta. Other ministries have been invited to participate in Phase Two of the implementation.<sup>25</sup>

Even with the authority provided under the *CFA*, and the support of an Information Sharing Strategy, there continues to be a need for Alberta's systems and service providers to change their approach. A shift from a compartmentalized view of service delivery to a multi-service response is required.<sup>26</sup>

The circumstances of Kamil, Annie, Jack, Tony and Sadie demonstrate the need for information sharing within and between child-serving systems to ensure that a young person's needs are appropriately identified and adequately addressed. The Advocate has made seven recommendations specifically related to information sharing and will continue to address this issue in upcoming reports.

## 6. Transition Planning

Good transition planning is critical throughout a young person's involvement with Child Intervention Services. It improves their long-term outcomes and provides a sense of stability and continuity. Transitions may involve changing placements within the care system, re-uniting with family or aging out of care. It is important that young people be informed and involved in decision-making about potential moves before they happen. This provides an opportunity for the young person to prepare and to have a voice in decisions that impact them.

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24 *Children First Act, S.A. 2013, c. C-12.5*

25 *Government of Alberta, 2017.*

26 *Bromfield, Sutherland & Parker, 2012*

## Placement Stability

Young people coming into care may experience many emotions—fear, uncertainty, loss, grief, powerlessness and anxiety.<sup>27</sup> They may also feel relief, reassurance and safety. They are not only experiencing a new home, but often changes to their daily routine, a new school, a different community, and a shift in their relationships and attachments.<sup>28</sup> It is necessary for placements and routines to be as stable and predictable as possible so that young people can be successful.

## Young People Aging Out of Care

Transition planning for young people aging out of care should begin as soon as possible. Working with a young person and focusing on their natural strengths to develop their skill set will help to gradually prepare them for independence.<sup>29</sup> During the planning process, the young person's voice must be central. Decisions made with the young person will help to guide them towards successful independence.<sup>30</sup>

Young people must have comparable supports after they leave the care system as were provided during the transition planning process. Navigating the world as a young adult can be a complex and scary task. There are expectations to find safe housing, employment, attend to their health needs, and engage with those around them. It is critical that formal and informal support networks are in place as young people gain their independence and take on more responsibilities.

## Looking Forward

In reviewing the circumstances of Jack, Tony, Ella, Teanna, Makayla, Sharon, Ernie and Peter, the Advocate made nine recommendations addressing transition planning. Additionally, there were five recommendations made in the Special Report, *Youth Aging out of Care*. The Advocate will continue to address the importance of transition planning for young people.

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27 Unrau, Chambers, Seita, & Putney, 2010.

28 Queensland Government, 2006.

29 Victorian Government, 2012.

30 Victorian Government, 2012.

## CLOSING REMARKS

Although we spoke in this report about numbers of children, I do not want us to ever forget that each and every one is a precious child, a son or a daughter, a sister or brother, a grandchild, a cousin or niece or nephew. The tragedy of their loss will last a lifetime for those who loved them. There is immense suffering for families, for relatives, for friends, and others who love a child who passes away. To those who have suffered the loss of a child you love, I do not think there are words for what you have to endure. I sincerely hope you find comfort and solace with the loved ones in your life.

For those who work with vulnerable children and families, I believe you do this work because you care deeply about children and families, and you want to make a positive difference. Whether you are a youth worker, a foster parent, or a child intervention worker, we know from our experience with you, that you too mourn the loss of a child. We know it is hard, and that you are significantly impacted when a child you are involved with passes away, or is seriously injured.

In my role as the provincial Child and Youth Advocate, I have the privilege of hearing about the experiences of young people and making recommendations that I believe will make a difference for vulnerable children and youth. It is critical that the focus of my reviews is on learning and influencing systems to make improvements for the young people they serve.

But it is important to remember that every day, people who work in the Child Intervention system are doing good and honorable work, most of which the public never hears about. Regrettably, that message is not always as clear as I would like it to be, given the tragic circumstances that result in an Investigative Review.

My staff and I have learned a lot over the last five years. Most importantly, we have learned that each circumstance is about a child, the life they lived, the people who loved them, and those whose lives they touched. These are the people who share so generously with us. And with what we learn, we must all make sure we do whatever we can to prevent further tragedies for children and families in Alberta.

[Original signed by Del Graff]

**Del Graff**

Child and Youth Advocate

## APPENDIX A: GLOSSARY OF TERMS

<b>Accidental</b>	Refers to serious injury or death where there is no obvious intent to cause death either on the part of the decedent or another individual. Includes motor vehicle accidents, accidental overdoses, drowning, etc.
<b>Apprehension Order</b>	The court grants the Director temporary custody of the child because there are reasonable and probable grounds to believe that the child is in need of intervention in accordance with the <i>Enhancement Act</i> . The child is placed in an approved placement
<b>Child Intervention Services</b>	Any services provided to a child or family in accordance with the <i>Enhancement Act</i> , excluding Part 2 (adoptions) or Part 3 (licensing of residential facilities)
<b>Custody Order</b>	An order granted by the court to provide the Director temporary custody of a child until legal status can be determined
<b>Family Enhancement Agreement</b>	A voluntary agreement with Child Intervention Services to provide supports, and intended to address protection concerns, while the child remains with their guardian or lives independently. The Agreement can be with a guardian or a young person between the ages of 16 and 18 years. Prior to the <i>Enhancement Act</i> , this was referred to as a Support Agreement
<b>In Care</b>	The Director has custody and/or guardianship of a child and the child is placed outside their parents' care in Delegated First Nation Agency or Child and Family Services approved placements
<b>Indigenous</b>	Originating in and characteristic of a particular region or country; pertaining to, or concerned with the Aboriginal inhabitants of a region. Includes Treaty Status, potential to be registered, non-status, Métis and Inuit
<b>Medical</b>	Refers to serious injury or death related to chronic or acute illness

<b>Non-Indigenous</b>	Young people who are identified as other than Indigenous
<b>Pending</b>	The Office of the Chief Medical Examiner has not yet completed their investigation
<b>Permanent Guardianship Order</b>	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
<b>Previous Involvement</b>	The young person had involvement with Child Intervention Services within two years of serious injury or death
<b><i>Protection of Sexually Exploited Children Act</i></b>	The legislation that enables children who are sexually exploited to receive Child Intervention Services. A continuum of services from support to confinement can be provided
<b>Receiving Services</b>	The young person was receiving services under the <i>Enhancement Act</i> or <i>PSECA</i> but not in care
<b>Safety Phase Assessment</b>	The gathering and analysis of information (investigation) to determine if a child is in need of intervention in accordance with the <i>Enhancement Act</i> . This phase follows the Intake or Screening
<b>Screening</b>	A report completed when Child Intervention Services receives a concern regarding possible risk to a child in accordance with the <i>Enhancement Act</i>
<b>Suicide</b>	Refers to deaths that occur when an individual dies as a result of a self-inflicted injury where evidence indicates the person intended to cause their own death
<b>Supervision Order</b>	The court grants mandatory supervision of a child to the Director. Guardianship and custody of the child remains with the family/guardian
<b>Support and Financial Assistance Agreement</b>	A voluntary agreement between a young person (18-24 years old) and Child Intervention Services to continue to receive supports and financial assistance

**Temporary Guardianship Order**

An Order in which the court awards custody and guardianship to the Director for a specified period of time. This order is sought when it is believed that the child can be safely returned to their guardian

**Undetermined**

Refers to deaths that the Office of the Chief Medical Examiner have identified as underdetermined. Also includes deaths previous categorized as Sudden Infant Death Syndrome (SIDS)

**Victim of Violence**

Refers to serious injury or death where the young person has been injured by another person

**Youth Justice Facility**

The young person was residing in a facility under the jurisdiction of Alberta Justice and Solicitor General

## APPENDIX B: BIBLIOGRAPHY

Álvarez-Dardet, S.M., García, M.V.H., Lara, B.L. & Pérez, J. (2016). Assessing the level of risk of families supported by Child and Family Protection Services: Practitioners and mothers as informants. *Journal of Social Work, 16*(5), 595-609. Retrieved from <http://dx.doi.org/10.1177/1468017315583174>

Bromfield, L., Sutherland, K. & Parker, R. (2012). *Families with multiple and complex needs*. Melbourne, Australia: Victorian Government Department of Human Services. Retrieved from <http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model/families-multiple-and-complex-needs>

Burczycka, M. & Conroy, S. (2017). *Family Violence in Canada: A Statistical Profile, 2015* (Juristat, Catalogue No. 85-002-X). Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2017001/article/14698-eng.htm>

Centre for Suicide Prevention. (2013). *Indigenous Suicide Prevention*. Retrieved from <https://www.suicideinfo.ca/resource/indigenous-suicide-prevention/>

Centre for Suicide Prevention. (2009). River of life: Aboriginal youth suicide prevention. [Online course]. Retrieved from <http://www.riveroflifeprogram.ca/>

Finkelhor, D. (1995). The victimization of children: A developmental perspective. *American Journal of Orthopsychiatry, 65*(2), 177-193. Retrieved from <http://www.unh.edu/ccrc/pdf/CV8.pdf>

Geiger, J.M. & Beltran, S.J. (2017). Experiences and outcomes of foster care alumni in postsecondary education: A review of the literature. *Children and Youth Services Review, 79*, 186-197.

Government of Alberta. (2017). *Information Sharing Strategy*. Retrieved from <http://www.humanservices.alberta.ca/department/information-sharing-strategy.html>

Government of Canada. (2016). *Working Together to Prevent Suicide in Canada: The 2016 Progress Report on the Federal Framework for Suicide Prevention*. Retrieved from: <http://www.healthycanadians.gc.ca/publications/healthy-living-vie-saine/framework-suicide-progress-report-2016-rapport-d-etape-cadre-suicide/alt/64-03-15-1430-suicideprev-progressreport-eng.pdf>

Harder, H.G., Rash, J., Holyk, T., Jovel, E. & Harder, K. (2012). Indigenous youth suicide: A systematic review of the literature. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 10(1), 125-142. Retrieved from <http://pimatisiwin.com/online/wp-content/uploads/2012/07/10HarderNew.pdf>

Lewit, E.M. & Schurmann Baker, L. (1996). Children as victims of violence. *The Future of Children*, 6(3), 147-156. Retrieved from [https://www.jstor.org/stable/1602602?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/1602602?seq=1#page_scan_tab_contents)

Manitoba Trauma Information & Education Centre. (2013). *Phases of trauma recovery*. Retrieved from <http://trauma-recovery.ca/recovery/phases-of-trauma-recovery/>

Munro, E. (2011). *The Munro Review of Child Protection: Final Report. A Child-Centered System*. Department for Education (U.K.). Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/175391/Munro-Review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf)

Newcastle Safeguarding Children Board. (n.d.). *Sharing information about children, young people and their families*. Retrieved October 17, 2017 from <https://www.nscb.org.uk/staff-and-volunteers/procedures/sharing-information-about-children-young-people-and-their-families>

North Carolina Division of Social Services and the Family and Children's Resource Program. (2012). How trauma affects child brain development. *Children's Service Practice Notes*, 12(2). Retrieved from <http://www.practicenotes.org/v17n2/brain.htm>

Public Health Agency of Canada. (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major Findings*. Ottawa: Author. Retrieved from <http://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf>

Putnam-Hornstein, E., Wood, J.N., Fluke, J., Yoshioka-Maxwell, A. & Berger, R.P. (2013). Preventing severe and fatal child maltreatment: Making the case for the expanded use and integration of data. *Child Welfare*, 92(2), 59-75. Retrieved from <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/can/research/pubs/Documents/2013%20Preventing%20severe%20and%20fatal%20child%20maltreatment.pdf>

Sinha, M. (2012). Family violence in Canada: A statistical profile, 2010. *Juristat*. Component of Statistics Canada catalogue no. 85-002-X. Retrieved from <https://www.statcan.gc.ca/pub/85-002-x/2012001/article/11643/11643-3-eng.htm#a1>

Spirito, A. & Esposito-Smythers, C. (2006). Attempted and completed suicide in adolescence. *Annual Review of Clinical Psychology*, 2, 237-266. Retrieved from <http://dx.doi.org/10.1146/annurev.clinpsy.2.022305.095323>

Statistics Canada. (2010). *Child and youth victims of police-reported violent crime*. Canadian Centre for Justice Statistics Profile Series (85F0033M). Retrieved from: <http://www5.statcan.gc.ca/olc-cel/olc.action?objId=85F0033M&objType=2&lang=en&limit=0>

Statistics Canada. (2017). *Table 102-0561 – Leading causes of death, total population, by age group and sex, Canada, annual*, CANSIM (database). Retrieved from: <http://www.statcan.gc.ca/cansim/a26?lang=eng&id=1020561>

Sweeton, J. (2017). This is your brain on trauma. [Psychology Today blog]. Retrieved from <https://www.psychologytoday.com/blog/workings-well-being/201703/is-your-brain-trauma>

The Psychological Service. (2012). South Lanarkshire Council. *Helping children and young people cope with trauma*. Retrieved from [http://slcpsych.org.uk/Information%20leaflets/Helping\\_children\\_and\\_young\\_people\\_cope\\_with\\_trauma.pdf](http://slcpsych.org.uk/Information%20leaflets/Helping_children_and_young_people_cope_with_trauma.pdf)

UNICEF. A league table of child maltreatment deaths in rich nation. *Innocenti Report Card* No.5, September 2003. UNICEF, Innocenti Research Centre, Florence. Retrieved from <https://www.unicef-irc.org/publications/pdf/repcard5e.pdf>

World Health Organization. (2002). *Child Abuse and Neglect*. Retrieved from: [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/factsheets/en/childabusefacts.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/childabusefacts.pdf)

World Health Organization. (2017). *Suicide: Fact Sheet*. Retrieved from: <http://www.who.int/mediacentre/factsheets/fs398/en/>

Zero to Six Collaborative Group. The National Child Traumatic Stress Network. (2010). *Early childhood trauma*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved from <http://www.nctsn.org/trauma-types/early-childhood-trauma>



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