

16-YEAR-OLD DILLON SERIOUS INJURY

An Investigative Review



OCTOBER 2017



Under my authority and duty as identified in the *Child and Youth Advocate Act (CYAA)*, I am providing the following Investigative Review about the serious injury of a 16-year-old youth 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 intervention system.

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 this 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 because a young person's name is part of who they are. However, it is a requirement that my office takes seriously and respectfully. In this situation, we met with the young person and together we chose the name "Dillon."

Dillon is a young man of mixed heritage who was seriously injured after he was stabbed during an altercation. He has recovered from his injuries. We met with him, his mother and caregivers while completing this review. Their thoughts and experiences were critical to our understanding and are incorporated into this report.

This review highlights the importance of early recognition related to the coordination of services and the need for meaningful engagement through supportive adult relationships. It is my expectation that the recommendation arising from this review will be acted upon to improve services for Alberta's children and youth.

[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 receiving designated services.

Dillon (not his real name)¹ was seriously injured after he was stabbed in an altercation. At the time, he was the subject of a Permanent Guardianship Order (PGO)² but was not living in a placement approved by Child Intervention Services.

The Advocate was notified and determined that an Investigative Review was warranted.

The Investigative Review examined two potential systemic issues:

1. Supporting Children and Youth with Complex Needs

Dillon had his first neurodevelopmental assessment when he was six years old. By the time he was nine years old, he had six formal assessments and was seen regularly by a pediatrician who specialized in neurodevelopmental pediatrics. Between 14 and 17 years old, he had three more assessments in addition to the therapeutic services he was receiving.

It was challenging for caseworkers to engage with Dillon. Efforts went into supporting his mother or providing supports to caregivers to stabilize his behaviours. Children with complex needs often come to the attention of multiple service providers; however, these services are seldom well coordinated or effective over the long term despite the best efforts of caseworkers.³ Young people with complex needs require support systems to work collaboratively, be open to creative solutions, involve the young person in decision making and recognize that their need for services may be long term.

1 All names throughout this report are pseudonyms to ensure the privacy of the youth and 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 return to their guardian within a specified period of time.

3 Unger, Liebenberg & Ikeda (2012).

Recommendation 1

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.

Each Ministry must provide information that demonstrates how this recommendation is being implemented and how outcomes are being measured.

2. Fostering Connections for Youth

Dillon wanted to belong and needed stable relationships with at least one significant adult; however, from six years old he had a number of placements which impacted his sense of predictability. When he reached adolescence, Child Intervention Services provided for his basic needs, but Dillon lacked a healthy relationship with an adult who could mentor him and help guide his choices.

To make a difference for young people with complex needs, support systems must be open to creative ideas and able to connect with who the young person is and intervene in ways that work best for them. For young people with lifetime care needs, increased connectedness to natural supports and family is critical to decrease their dependence on formal systems.

Recommendation 2

Child Intervention Services should improve casework strategies that strengthen relationships and engagement to natural supports, with a focus on building long term networks for young people.

The Ministry of Children's Services must provide information that demonstrates how this recommendation is being implemented and how outcomes are being measured.

The Office of the 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)*.⁴

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*⁵ (the *Enhancement Act*), the *Protection of Sexually Exploited Children Act*⁶ (*PSECA*), or from the youth justice system.

Investigative Reviews

Section 9(2)(d) of 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 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 make 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 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

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.

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.

ABOUT THIS REVIEW

The Advocate received a report that 16-year-old Dillon (not his real name)⁷ was seriously injured after being stabbed. At the time of his injury, Dillon was living in an unapproved placement with a relative and was the subject of a Permanent Guardianship Order (PGO).

Dillon'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 Dillon's circumstances through a review of relevant documentation, interviews and research. The team also met with Dillon and his care providers.

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 an Indigenous Elder and experts in the fields of children's mental health, community inclusion and services for at-risk individuals.

About Dillon and His Family

Dillon was 16 years old when he was seriously injured. He is a young man of mixed heritage. His mother is registered with a First Nation while his father's heritage is not known. He presents a tough persona, but those whom he trusts get to see his softer side. When he was younger, Dillon was described as a great athlete with an abundance of energy who enjoyed being outdoors. He likes being involved in cultural activities.

Dillon has cognitive impairments and diagnoses related to conduct disorders. He requires assistance to complete forms and to understand written material. Although Dillon struggles with daily living skills and the ability to problem solve, he is extremely resourceful in locating community services that help him meet his needs.

Dillon was raised by his mother, Irene. He has no contact with his father, but has periodic involvement with his step-father and other relatives. Dillon has two siblings—he has little contact with his younger sister, but he is close to his older sister, Karen.

⁷ All names throughout this report are pseudonyms to ensure the privacy of the child and family.

SUMMARY OF CHILD INTERVENTION SERVICES INVOLVEMENT

Prior to Dillon's birth, Child Intervention Services was involved with his older sister (Karen) because of concerns related to physical abuse, neglect, parental addictions and domestic violence.

Dillon from Birth to 2 Years Old

There was no involvement with Child Intervention Services.

Dillon from 2 to 3 Years Old

When Dillon was two years old, concerns were received that Dillon was found in the community unsupervised. His mother was cautioned about making sure he was supervised. Subsequent reports were made to Child Intervention Services regarding parental alcohol use and violence between Irene and her partner. Dillon and Karen remained in their mother's care and referrals were made to community resources. Child intervention involvement ended just prior to Dillon's fourth birthday.

Dillon from 4 to 5 Years Old

There was no Child Intervention Services involvement for almost two years.

Dillon from 6 to 9 Years Old

When Dillon was six years old, Child Intervention Services received concerns about his challenging behaviours, which included lighting fires, stealing and threatening other children. Irene was easily frustrated with him and accepted support services to help her manage his aggressive behaviours.

A short time later, Dillon was apprehended⁸ because the concerns had not been alleviated and there were additional concerns about lack of supervision. He remained in care for about six weeks, splitting his time between two group homes. Irene was upset that he was not immediately returned to her and encouraged Dillon to be disobedient. During his time in care, a neurodevelopmental assessment⁹ was completed and it was noted that Dillon had developmental delays and needed speech therapy.

8 When a child is removed from their guardians' care because there are reasonable and probable grounds to believe that a child is in need of intervention in accordance with the *Enhancement Act*.

9 A neurodevelopmental assessment is a comprehensive evaluation of all brain systems including neuromotor, perception, learning, attention, speech, language, motor planning, cognition and behaviour.

Dillon was returned to his mother's care under a Supervision Order.¹⁰ Within two months, Irene told the caseworker she was overwhelmed because Dillon frequently lit fires, stole and threatened other children. A psychological assessment¹¹ indicated that Dillon had Oppositional Defiant Disorder.¹² He was not accepted into a clinical day program because of his low cognitive abilities. Irene requested more support for him and inquired about treatment programs. The option provided was a foster home, which she refused. Child intervention involvement ended when the Supervision Order expired.

Approximately one month after the Supervision Order ended, Child Intervention Services received a report about an incident of violence between Irene and her partner. Dillon was also not in school. Another Supervision Order was sought to address the concerns. Seven-year-old Dillon was further assessed through his school and was diagnosed with Attention Deficit Disorder¹³ along with developmental delays. A full neurodevelopmental assessment was recommended. Dillon was referred to a clinic; however, a full assessment was delayed because it required that he live in a stable environment for a period of time.¹⁴

Prior to the end of the three month Supervision Order, Dillon and his 14-year-old sister, Karen, were apprehended and placed in a foster home because of ongoing concerns about violence between Irene and her partner as well as their alcohol and drug use.

After one month, they were moved to a new foster home because there were concerns about Karen's behaviours. Dillon's behaviours calmed with medication and the consistent structure and routine provided in the foster home. Although he had been placed in a behavioural program at school, he was able to move into an education program designed specifically for children with cognitive disabilities. Irene participated in a parenting assessment to determine what supports and skills she needed so that her children could be returned to her.

10 The court grants mandatory supervision of a child to the Director. Guardianship and custody of the child remains with the family/legal guardian.

11 A process of testing that uses a combination of techniques to arrive at some hypothesis about a person and their behaviour, personality and capabilities.

12 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 occur for at least six months.

13 A syndrome, usually diagnosed in childhood, characterized by a persistent pattern of impulsiveness, a short attention span, and often hyperactivity.

14 The clinic required that Dillon live in a structured environment for a period of six months to determine how his environment affected his behaviours.

After 10 months, Karen and Dillon were moved to new foster homes after concerns were received about their placement.¹⁵ They were placed separately, which was the first time they had lived apart. Within one month, Dillon was moved to another foster home. He had outbursts at school and was placed back into a behavioural program.

Eight-year-old Dillon continued to be monitored by a pediatrician from a neurodevelopmental clinic. A genetic assessment¹⁶ was completed and although Fetal Alcohol Spectrum Disorder (FASD)¹⁷ was suspected, a diagnosis could not be confirmed. Efforts were made to refer Dillon to a clinical day program; however, he was ineligible because of his low cognitive abilities.

After 18 months, Dillon was returned to his mother under a Supervision Order. Irene had been cooperative with Child Intervention Services and had worked with a behavioural consultant to learn how to meet Dillon's needs. Karen remained in group care.

When Dillon was nine years old, another emotional/psychological assessment was completed that reconfirmed a diagnosis of Oppositional Defiant Disorder. He missed some appointments at the neurodevelopmental clinic. Dillon started having involvement with the police after incidents of vandalism and there were concerns that his mother was not providing adequate supervision.

Dillon from 10 to 14 Years Old

Shortly before Dillon's 10th birthday, he was reported missing five times over a six week period. He was apprehended after an incident at school in which he said he was going to stab someone so he could be accepted into a gang.

Over the following four months, Dillon had four placements.¹⁸ While Irene worked cooperatively with Child Intervention Services, Dillon struggled, so an extended visit with his mother was agreed upon. When he was home, Irene disengaged from supports. Dillon frequently left home and was often missing for up to 48 hours. As a result, he was placed in a rural residential treatment centre.¹⁹

When Dillon was 11 years old, a Permanent Guardianship Order was granted.

15 Allegations were received about possible emotional injury to another child in the placement.

16 This was requested by the pediatrician to help work through a diagnosis because of his cognitive delays and dysmorphic features.

17 A continuum of permanent birth defects caused by a mother's consumption of alcohol during pregnancy.

18 One foster home and three group homes.

19 Specialized group care facility. Dillon was one of the youngest children at the time of his placement.

Dillon stayed at the treatment centre for four years. Initially, Irene did not support his placement and would encourage him to misbehave, believing that he would be returned to her. Dillon called his mother every night. He had conflict with his peers and frequently ran away. He struggled academically and a specialized on-site school provided intensive educational supports. He tried hard and made some progress, but reading was challenging for him. He enjoyed having stories read to him. Dillon looked forward to the days when the Indigenous Elder was at the centre.

The centre provided a family support worker and a therapist to support visits between Dillon and his mother. Irene gradually became more involved in the program and connected with staff.

After about two years, 12-year-old Dillon started asking when he would leave because he saw other youth leaving the program. His caseworker began to look for alternative placements. He was doing well and considered stable so there was no urgency to move him.

Dillon's negative behaviours escalated over the next several months as he continued to express his desire to move. Repeated attempts to find a placement that would be suitable were unsuccessful. He frequently ran away and there were suspicions that he was bringing drugs into the centre.

Dillon was under the care of a psychiatrist, who recommended that he live in a structured setting. When he was 14 years old, Dillon moved into a specialized group home that was developed for him and could support him after his 18th birthday. He participated in further assessments that indicated he had FASD, he did not understand cause and effect and he did not show empathy or remorse when he was physically or emotionally aggressive.

Dillon's circumstances were presented to a multi-disciplinary team that identified the importance of stability, connection to programs and resources for youth with FASD and engaging with Dillon about his interests.

Dillon from 15 to 16 Years Old

Dillon stayed at the group home for almost 18 months. Initially he seemed to accept the routines; however, after several weeks there were suspicions that he was using alcohol and drugs. Dillon physically escalated when confronted by staff. He refused to attend school or abide by house rules and ran away to his mother's house.

Nine months after moving to the group home, Dillon assaulted a staff member and destroyed property. He was charged and incarcerated. When released he was confined in Secure Services²⁰ for approximately one week before returning to the group home. A

20 The *Enhancement Act* allows for the confinement of a child for up to 30 days for stabilization and assessment when the child is found to be an immediate danger to themselves or others.

one-to-one worker helped keep Dillon busy by engaging him in recreational activities. During this time, his behaviours stabilized. He started attending a specialized school program and began to fully engage in the recreation program.

After four months, the one-to-one supports were removed because Dillon was doing well. Within one month his negative behaviours escalated. Within six months, he was abusing drugs and quit school.

Dillon left his placement without permission for an extended time. Group home staff frequently went to Irene's house to bring him back, but he refused. His placement was closed after he had been gone for a few months. Dillon stayed with friends or at his mother's.

Approximately four months later, Dillon was incarcerated after damaging his mother's home. Three days after his release, Dillon was arrested after he stabbed a stranger. When he was released from custody, he refused a placement. He told his caseworker that he would hurt anyone who upset him.

Circumstances Surrounding Dillon's Injury

Six days before his 17th birthday, the police found Dillon suffering from serious stab wounds. Emergency Medical Services transported him to the hospital where he had emergency surgery. He was hospitalized for almost one week.

After Dillon's Injury

While in hospital, Dillon was assessed by a pediatric psychiatry consultation team. Their report noted that Dillon had been previously connected to mental health services, but he had difficulty with follow-up and medication compliance. Harm reduction strategies²¹ were recommended and it was suggested that he would benefit from mandated mental health services.

Although extended family involvement had not been significantly explored when Dillon and his sister were young, when he was discharged from the hospital, relatives cared for him while he recovered. Dillon continued with his high-risk lifestyle and had involvement with the youth criminal justice system. There were ongoing efforts to connect Dillon with services and transition him to adult supports.

After his 18th birthday, Dillon entered into a Support and Financial Assistance Agreement²² and received support from Child Intervention Services for some time.

21 Practical strategies and ideas aimed at reducing negative consequences associated with a high-risk lifestyle.

22 A voluntary agreement between a young person (18 to 24 years old) and Child Intervention Services to continue to receive supports and financial assistance.

Assured Income for Severely Handicapped (AISH)²³ is now in place for financial support. Efforts to connect Dillon with Persons with Developmental Disabilities (PDD)²⁴ supports are continuing.

Dillon has been staying with relatives or with his mother. He is involved with a community support program. He feels that he has a good relationship with his youth mentor who assists him with accessing services. His mentor can provide one-to-one support for up to three years.

23 AISH provides financial and health-related assistance to eligible adults with a disability.

24 PDD funds programs and services to help Albertans with developmental disabilities to be part of their communities and live independently.

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

- Creation of specialized placements
- Supporting hard to serve youth

Through the course of the Investigative Review these issues were incorporated into:

- Supporting Children and Youth with Complex Needs
- Fostering Connections for Youth

Supporting Children and Youth with Complex Needs

Early childhood experiences are the foundation for a child's ability to develop skills later in life. The earlier that children with complex needs²⁵ receive effective intervention, the more likely they are to achieve long-term, positive outcomes and contribute productively to their communities.²⁶

During early childhood, Dillon had limited nurturing and he was exposed to parental substance abuse and domestic violence. He had involvement with Child Intervention Services, medical and educational professionals and the police numerous times. When he was very young, there were concerns about his aggressive behaviour with caregivers and friends.

Efforts went into supporting Dillon's mother or providing support to caregivers to help stabilize his behaviours. He had his first neurodevelopmental assessment when he was six years old. He was not accepted into a clinical day program because of his low cognitive abilities. By the time Dillon was nine years old, he had six formal assessments and was seen regularly by a pediatrician who specialized in neurodevelopmental pediatrics. Between 14 and 17 years old, Dillon had three assessments in addition to the therapeutic services he was receiving.

Children with complex needs often come to the attention of multiple service providers; however, these services are seldom well coordinated or effective over the long term despite the best efforts of caseworkers.²⁷ Recommendations from the multi-disciplinary

25 Children with complex needs include children with multiple impairments, health issues and/or severe behavioural needs.

26 Center on the Developing Child at Harvard University, 2012.

27 Unger, Leibenberg & Ikeda, 2012.

team suggested programs to support Dillon, but there was difficulty accessing some services because Dillon did not meet the program criteria or he was reluctant to attend. Young people with complex needs require support systems to work collaboratively, be open to creative solutions, involve the young person in decision-making and recognize their need for services is long term.

There was extensive information from Dillon's assessments that could have informed the development of a coordinated multi-disciplinary plan that began when he was young and continued throughout his life. Reaching adulthood did not eliminate Dillon's need for services. He is eligible for adult disability services, but has been reluctant to accept supports. After his 18th birthday, he became involved with a community support worker. Trust has been established, and Dillon has autonomy in the relationship and in the decisions that impact him.

The *Children's First Act (2014)* updated and amended child welfare legislation in Alberta and improved the tools, processes and policies that impact how government and service providers deliver programs and services for children and youth.²⁸ The Act allows for greater information sharing among government ministries, educational institutions, police and community organizations.

Recommendation 1

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.

Each Ministry must provide information that demonstrates how this recommendation is being implemented and how outcomes are being measured.

Fostering Connections for Youth

Michael Unger stated, "*In the context of risk, relationships are crucial to mitigating the negative impact of toxic environments, and resilience is facilitated by adults who engage with the young person.*"²⁹ Dillon wanted to belong and needed stable relationships with at least one significant adult; however, from six years old he had a number of placements. He had no sense of predictability. When he reached adolescence, Child Intervention Services provided for his basic needs, but Dillon lacked a healthy relationship with an adult who could mentor him and help guide his choices.

²⁸ <http://www.humanservices.alberta.ca/16594.html>.

²⁹ Unger, 2013.

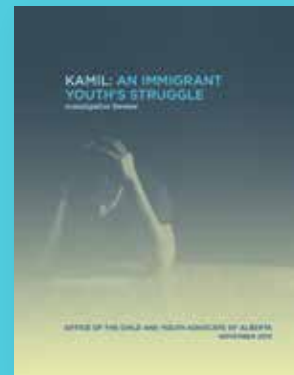
The Advocate’s Special Report “*Where do we go from here?*” *Youth Aging out of Care*³⁰ highlighted the desire that young people have for connections to trusting, caring adults and the Advocate recommended that young people leaving care needed to have supportive adult relationships.³¹ These are relationships that develop over time and could include both formal and natural support people.

Nurturing relationships, within families and communities, provide an opportunity to strengthen the base of social and emotional support.³² Dillon’s needs for relationships and belonging were not met. He was not connected in a meaningful way with his extended family. Dillon’s primary supportive relationships were with professional care providers such as group home staff and one-to-one support workers. Following his injury, relatives came forward and cared for Dillon while he healed. There are service delivery models that recognize that every child deserves long term connections; one currently being implemented in Alberta is “Family Finding.”³³

In 2013 the Advocate released “*Kamil – An Immigrant Youth’s Struggle*”³⁴ which included a recommendation that:

Recommendation

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



30 Office of the Child and Youth Advocate – Alberta, 2013.

31 Previous recommendations can be found in Appendix 3.

32 Campbell & Borgeson, 2016.

33 Alberta Children’s Services is training staff on the Family Finding model. The goal is to create a robust base of support for every young person and family touched by the child welfare system. More information can be found at <http://www.familyfinding.org/>.

34 Office of the Child and Youth Advocate – Alberta, 2013.

This recommendation was completed through the implementation of Signs of Safety, a strength-based approach that facilitates the identification of protective factors and helps young people to make supportive connections.³⁵ However, despite this progress, supportive connections were not in place for Dillon when he was injured.

There are strategies that have identified elements of successfully engaging and connecting with youth. Some of these strategies include: valuing young people and believing that they are worth the effort; building trust by being authentic and consistent; being patient and willing to have the youth set the agenda when they are ready to engage; finding out the little things that are important for them; and celebrating small successes.³⁶

To make a difference for young people with complex needs, support systems must be open to creative ideas and able to connect with who the young person is; and, intervene in ways that work best for them. Since his 18th birthday, Dillon has connected with a community support program where he has a youth mentor who assists him with developing living skills and accessing services. Dillon has autonomy in this relationship, he is allowed to work at his own pace and his youth mentor engages with him through the relationship they have established.

Dillon has been more open to accepting the resources available to him. He will need to continue to expand his connections as his needs are life-long and the program he is involved with has a time limited mandate. For young people with lifetime care needs, increased connectedness to natural supports and family is critical to decrease their dependence on formal systems.

Recommendation 2

Child Intervention Services should improve casework strategies that strengthen relationships and engagement to natural supports, with a focus on building long term networks for young people.

The Ministry of Children's Services must provide information that demonstrates how this recommendation is being implemented and how outcomes are being measured.

35 http://www.ocya.alberta.ca/wp-content/uploads/2015/04/Recomm_At2014Sep30.pdf

36 Smyth & Eaton-Erickson, 2009.

CLOSING REMARKS FROM THE ADVOCATE

I want to thank Dillon and his mother for talking with us about their experiences. Their perspectives were critical to our understanding of the issues that they faced. Fortunately, Dillon has recovered from his injuries. He is a resourceful young man and with the help of his youth mentor, he is working toward getting his own housing and services.

I would also like to thank the professionals who helped us to understand the systemic issues that arose from this very difficult circumstance.

There was a wealth of information from Dillon's assessments that could have informed the development of a coordinated specialized plan that began when he was young and continued throughout his life. Dillon's circumstances highlight the importance of early coordination of services and meaningful engagement through supportive adult relationships.

It is my expectation that the Ministries identified in this report will act promptly on the recommendation, along with similar recommendations made in other reports, to improve outcomes for young people like Dillon.

[Original signed by Del Graff]

Del Graff

Child and Youth Advocate

APPENDICES

APPENDIX 1: SUMMARY OF SIGNIFICANT EVENTS

Birth–2 years old	No child intervention involvement
2–4 years old	Concerns received about lack of supervision
4–6 years old	No child intervention involvement
6–9 years old	<p>Concerns received about Dillon’s behaviours</p> <ul style="list-style-type: none"> • 2 group home placements • 3 foster home placements <p>6 years old Neurodevelopmental Assessment</p> <p>7 years old Educational Assessment</p> <p>8 years old Genetic Assessment</p> <p>9 years old Emotional/Psychological Assessment</p> <p>Dillon received services from a neurodevelopmental clinic</p>
10–14 years old	<p>Apprehension</p> <p>Permanent Guardianship Order</p> <p>Four placements in four months</p> <ul style="list-style-type: none"> • 1 foster home • 3 group homes <p>Moved to a residential treatment centre where he stayed four 4 years</p> <p>Psychiatrist recommended Dillon live in a structured setting</p>
14–16 years old	<p>FASD Assessment when he was 14 years old</p> <p>Moved into a specialized group home placement where he stayed for 2 years</p> <p>One-to-one worker provided for 4 months</p> <p>Dillon arrested for property damage</p> <p>Arrested after stabbing a stranger</p> <p>Six days before his 17th birthday, Dillon was stabbed and seriously injured</p>

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. 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*, the *Protection of Sexually Exploited Children Act* or from the youth justice system.

The CYAA provides the Advocate with the authority to investigate systemic issues arising from the serious injury of a child who received Child Intervention Services at the time of their injury if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Incident Description

Shortly before his 17th birthday, police found Dillon suffering from serious stab wounds. Emergency Medical Services transported him to the hospital where he received emergency surgery.

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 services and supports provided to Dillon specifically related to:

- Creation of specialized placements
- Supporting hard to serve youth

To comment upon 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 make 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

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

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 children's mental health
- A specialist in working with hard to serve youth
- An expert regarding placements

Reporting Requirement

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

APPENDIX 3: PREVIOUS RELEVANT RECOMMENDATIONS

“Where do we go from here?” Youth Aging Out of Care Special Report (April 2013)

Recommendation 4

Ensure young people leaving care have supportive adult relationships.

- Work with young people and caregivers so young people develop the relationships and relationship skills they require for independence.
- Wherever possible, ensure that young people are able to effectively address their interests regarding family relationships.



Ministry Response (October 2013): The recommendation was accepted. Service delivery approaches such as Outcome Based Service Delivery and Signs of Safety³⁷ emphasized relationship-based practice through increased family engagement with immediate and extended family. Further, Family Group Conferencing was being promoted as a tool for family preservation and reunification/connection.

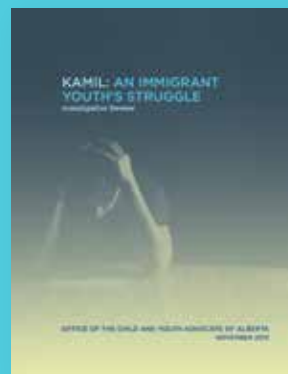
Progress Identified by the OCYA: The Advocate noted that the responses from March 31, 2014 to March 31, 2015 did not address the needs of young people who did not have significant family connections. As of September 30, 2015, the Advocate noted that some progress was being made towards the recommendation. As of March 31, 2016, the Advocate reported that this recommendation has been met with the development of the mentorship program and the various training opportunities available on the relational needs for youth.

³⁷ Signs of Safety is a strength-based approach that supports specific tools to engage children and youth in the development of their own plans and to support understanding of their perspective on meaningful relationships.

Kamil: An Immigrant Youth's Struggle Investigative Review (November 2013)

Recommendation 2

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



Ministry Response (September 2014): The department, regional service delivery and Delegated First Nation Agency staff have discussed the policy requirements and practice regarding the review of service plans, and the development of a service team to support children and youth in care in developing skills for independence. In spring 2014, a Signs of Safety gathering brought together staff across the province to learn and share from one another. The Minister of Human Services signed an agreement with Western Australia to continue the engagement and sharing of information on the implementation of Signs of Safety. The framework, practice principles and strategies were being implemented provincially.

Progress Identified by the OCYA: As of September 30, 2015, the Advocate reported that this recommendation has been met through the implementation of the Signs of Safety, which could facilitate the identification of protective factors and is based on supporting young people to make supportive connections.

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

Previously released 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 Advocate regularly reports on the progress of recommendations at:

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

APPENDIX 4: COMMITTEE MEMBERSHIP

Del Graff, 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.

Charles Wood, Elder

Elder Wood is a Cree Elder from Saddle Lake First Nation. He is on the Board of Governors for the Blue Quills University and has been an advocate for First Nations education for many decades.

Dorothy Badry, Ph.D., RSW

Ms. Badry is an Associate Professor in the Faculty of Social Work at the University of Calgary. She has expertise on Fetal Alcohol Spectrum Disorder (FASD) birth mothers and families of children with FASD, substance abuse social problems for women and families, homelessness and disability advocacy. She is co-lead of the Education and Training Council under the Alberta FASD Cross Ministry Committee and research lead focused on child welfare for the Canadian FASD Research Network. She is a long standing member of the Canadian FASD Research Network Action Team on Women's Health/Prevention.

Trish Bowman, Executive Director Community Development, Inclusion Alberta

Ms. Bowman is the Deputy CEO for Inclusion Alberta, a family advocacy organization that supports individuals with developmental disabilities and their families in their desire to be fully included in community life. She has worked extensively for over 25 years supporting individuals with developmental disabilities and their families providing individual advocacy and partnering with community and government to create opportunities to be fully included in school, post-secondary studies, recreation and employment.

Dr. Paul Soper, MD FRCPC

Dr. Soper is a Child and Adolescent Psychiatrist specializing in Attention Deficit Hyperactivity Disorder (ADHD) and its treatment. Dr. Soper treats children with ADHD through the Glenrose ADHD clinic. He provides information and practical strategies for supporting children with ADHD to parents and caregivers.

APPENDIX 5: BIBLIOGRAPHY

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