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

This is a public report that contains detailed information about children and families. Although my office has taken great care to protect the privacy of the child and her 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 is 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, her family has chosen the name Marie.

Marie was of First Nation heritage and was fatally injured while in the care of her private guardians. We met with Marie’s family and others who knew her. Their thoughts and experiences were critical to our understanding and are incorporated into this report.

This review identified the need for Child Intervention Services to address and support those elements of kinship care that make it unique from foster care. Marie’s circumstances also highlighted the importance of ensuring that a full reassessment of risk occur prior to the termination of Ministry guardianship, supervision and supports. It is my sincere hope that the recommendations arising from this review will improve services for Alberta’s children and youth.

[Original signed by Del Graff]

**Del Graff**
Child and Youth Advocate
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 death of a child receiving designated services.

Marie (not her real name) was a four-year-old First Nation child who died because of physical injuries. Marie and her two older siblings were living with their private guardians, who were related to them, when Marie was injured. Child Intervention Services’ involvement had ended almost one year prior to her injuries. The children were apprehended within one day of Marie’s injuries. She died in hospital about one week later. The Office of the Chief Medical Examiner (OCME) has not released Marie’s cause of death; a police investigation is ongoing.

The information gathered through this Investigative Review revealed three systemic issues related to children and families involved with Child Intervention Services.

1. **Kinship Home Study**

   Potential kinship caregivers engage in a home study process to determine their ability to meet the needs of children placed in their home. This process, as outlined in the Enhancement Policy Manual, relies heavily on self-reporting by the applicants. Although policy permits the home study writer to contact other professionals and community services involved with the family, to do so requires the consent of the applicants. This reliance on self-reporting does not lend to an objective evaluation of an applicant’s skills and abilities.

   The Child Welfare League of America, (CWLA) *Best Practice Guidelines* (2003) states that a home study should include feedback from all major community systems and services in which the family is involved, for example, the school system. This provides information about the parents’ demonstrated abilities and actual experiences rather than relying on the perception of the applicant.

   Additionally, home study methods and tools must be adapted so they are culturally

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1. All names throughout this report are pseudonyms to ensure the privacy of the child and family.
2. Relatives or members from a child’s community who are approved by Child Intervention Services to provide care for a child.
3. Also referred to as a home assessment, it is a regulated assessment to evaluate the suitability of parents to become private guardians or kinship caregivers. It is one of two home assessment tools used in Alberta. The other is the Structured Analysis Family Evaluation (SAFE).
relevant and sensitive to the unique circumstances of kinship care applicants. Efforts to build a working relationship are unlikely to be effective if the applicants cannot relate to the process.

2. Training and Support for Kinship Caregivers

Kinship caregivers face a unique challenge caring for their relatives’ children because of their familial relationships. Despite these complexities, kinship caregivers often receive less training and fewer services for themselves and the children in their care. For positive outcomes to be achieved, caregivers must be equipped to meet the needs of the children placed in their care, as well as their own needs. Although Marie’s caregivers were made aware of the kinship care orientation training that was available, there was no requirement that they attend, nor did they. In addition to training, caregivers need a wide range of supportive services that address the impacts and effects that maltreatment, adverse child experiences, trauma, grief and loss have had on the children placed in their home.

Currently there is conflicting direction about whether kinship care training is mandatory. The Kinship Care Handbook states that orientation training is mandatory, while policy does not. Although Marie’s caregivers were given information about the orientation training, they did not attend. Policy requires a kinship care support plan, but, the supports are left to the discretion of the kinship caregiver.

3. Assessment Prior to Termination of Guardianship

There were a number of risk factors that contributed to a stressful situation for Marie and her siblings and their kinship caregivers. These factors required reassessment and resolution prior to the termination of guardianship by Child Intervention Services. This was especially important because the termination also resulted in the end of supervision and supportive services.

Ideally, children grow up in their community with family members. Although legal custody with extended family may support permanency, connection to family, culture and community, it cannot be the only factor in decision-making. No single factor determines safety. An objective assessment completed, over a period of time, is critical to ensure that a child’s needs can be met by the kinship caregivers prior to the termination of guardianship.

6  UN Guidelines for the Alternative Care of Children, (2010).
To address these issues and to help improve the effectiveness of Alberta’s services to children, the Advocate makes three recommendations:

**Recommendation 1**

The Ministry of Human Services should

- a) Implement a home study tool specifically for kinship care that is culturally relevant and addresses the unique kinship circumstances.

- b) Require the collection of collateral information in the completion of the home study from community professionals, who are familiar with the applicant, regarding the demonstrated ability of the kinship applicant.

**Recommendation 2**

The Ministry of Human Services should

- a) Require that policy be consistent with other information that indicates kinship orientation training is mandatory for kinship caregivers.

- b) Provide a continuum of culturally relevant, supportive services for kinship caregivers.

**Recommendation 3**

The Ministry of Human Services should

- a) Require that caseworkers complete a child-specific assessment and resolution of risk factors prior to terminating guardianship.

- b) Implement policy that requires the same checks and balances when terminating guardianship as is currently required when bringing a child into care.
The Office of the Child and Youth Advocate

Alberta’s Child and Youth Advocate (“the Advocate”) is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the Child and Youth Advocate Act (CYAA), which came into force April 1, 2012.

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 Enhancement Act), the Protection of Sexually Exploited Children Act (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 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.

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

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

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

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

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9 Protection of Sexually Exploited Children Act, RSA 2000, c. P-30.3.
ABOUT THIS REVIEW

The Advocate received a report that four-year-old Marie (not her real name) died of physical injuries sustained while in her private guardians’ care. Child Intervention Services’ involvement had ended almost one year prior to her injuries. Marie and her older siblings were apprehended within one day of her hospitalization. Marie died about one week later.

Child intervention records were thoroughly reviewed by investigative staff from the Office of the Child and Youth Advocate. An initial report was completed which identified potential systemic issues. The Advocate determined that an Investigative Review was warranted and the Ministry was subsequently notified.

Terms of Reference for the review were established and are provided in Appendix 1. A team gathered information and conducted an analysis of Marie’s circumstances through a review of relevant documentation, interviews and research. The team also met with members of Marie’s family.

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 2. Committee membership included an Elder and experts in the fields of kinship care and child welfare.

About Marie and her Family

Marie was a shy little girl. She had dark hair and big brown eyes. She was very active and liked to climb and play with her older siblings, Naomi and Kolby. The three children were close in age. Their mother described Marie as “the most beautiful angel.”

Marie’s parents, Amber and Wyatt, are of First Nation heritage. Child Intervention Services was involved with Amber’s family when she was a child. Her family faced challenges related to parental drug use, neglect and family conflict. Wyatt was not involved in caring for Marie.

Amber had an on-again, off-again relationship with Naomi and Kolby’s father, Alvin.

Marie and her family lived primarily on, or near their First Nation.

About Marie’s Private Guardians

Anne and Bruce are of First Nation heritage. They had a large family and many of their children and grandchildren lived with them. The couple was family-oriented, had no child intervention history and lived in a large home. Anne and Bruce expressed that they wanted to care for Marie and her siblings.

10 All names throughout this report are pseudonyms to ensure the privacy of the child and family.
SUMMARY OF CHILD INTERVENTION SERVICES INVOLVEMENT

Child Intervention Services’ involvement with Marie’s family began three years before her birth. Protection concerns were related to parental substance abuse and domestic violence. Approximately three months before her birth, her siblings (Naomi and Kolby) were apprehended\(^\text{11}\) and placed in foster care.

**Marie from Birth to 1 year old**

Extensive in-home services were provided to support Amber to care for Marie. When Marie was about seven months old, Wyatt assaulted Amber while Marie was present. She was apprehended and placed in a foster home separate from her siblings. The children saw each other during visits with their mother about twice a month in Marie’s foster home.

To support the children’s cultural and family connections, relatives (Bruce and Anne) were identified by the Band Designate\(^\text{12}\) as potential kinship caregivers.

**Marie at 2 years old**

After Marie had been in foster care for about one year, there was a Family Group Conference.\(^\text{13}\) Amber and Alvin (Marie’s stepfather) agreed with placing the children with Anne and Bruce and with their application for Private Guardianship.\(^\text{14}\)

To be approved as kinship caregivers, Anne and Bruce were required to submit an application that included: criminal record checks, child intervention record checks, medical references and personal references prior to the completion of a home study. A plan was made to assist them in completing the steps to become a kinship home for the children.

Three months later, two-year-old Marie and her two siblings started preplacement visits

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\(^{11}\) When a child is removed from their guardian’s care because there are reasonable and probable grounds to believe that a child is in need of intervention according to the *Child, Youth and Family Enhancement Act*.

\(^{12}\) A person designated by a Band Council who works with Child Intervention Services to ensure First Nation children and youth who are in the care of Child Intervention Services are connected to family, community and their culture.

\(^{13}\) A meeting facilitated by a caseworker, in which family members generate solutions about options related to placement and other planning needs for a young person.

\(^{14}\) An order granted by the courts giving a third party guardianship of a child. Other party’s guardianship rights may or may not be terminated.
with Anne and Bruce. Following the second weekend visit, one of the children had an allergic reaction and visits were put on hold for about six weeks while the concerns were addressed.

There were delays in completing the required application. Anne and Bruce were again encouraged to complete the necessary steps to become kinship caregivers.

A home study was completed over three visits with Anne and Bruce. While some of their children and grandchildren were present during the home study, they were not interviewed separately. Criminal record checks and child intervention history checks were completed for Anne and Bruce, but not for their adult children residing in the home.15

The home study writer talked with the couple about the children’s challenging behaviours and complex needs that required close supervision. All three had unusual eating and sleeping habits and the two older children were aggressive with each other.

Marie was an active child. She liked to climb on everything and unbuckle her seat belt while in the vehicle. Her speech and language development was delayed and she was on a waitlist for services when she moved to Anne and Bruce’s home. Marie was a fussy eater and it took her a long time to finish a meal.

Prior to Marie’s third birthday and just over two years after her placement in a foster home, Permanent Guardianship Orders16 were granted. Two weeks later, the children were placed with Anne and Bruce through a kinship care arrangement. The process of becoming kinship caregivers took just over a year to complete.

**Marie at 3 years old**

Approximately two months later, Child Intervention Services received concerns regarding the children’s care in Anne and Bruce’s home. They had unexplained marks, bruises and scratches; and, appeared malnourished. Anne explained to the caseworker that Marie had fallen, bruising her cheek and forehead. The caseworker asked her to take the children to the doctor, which she did about one week later.

Amber, who had on-going visits with her children, expressed concerns about the care they were receiving. They said that Marie was left in the basement alone all night playing with a family pet, they were not given enough to eat and were being hit. Amber wanted the children moved to a foster home. She was informed that the situation was being assessed.

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15 Enhancement Policy Manual – Placement Resources 2.1.2, Kinship Care Application and Approval Requirements indicates that criminal record and child intervention record checks be completed on all adults residing in the home.

16 An order in which the court awards sole guardianship of the child to the Director on a permanent basis.
When the children were examined by the doctor, there were concerns about Marie’s low weight. Over seven months, she had lost about three pounds. Possible medical causes were discussed, including failure to thrive. Further testing was completed and Marie was referred to a pediatrician. Naomi was also underweight for her age. Kolby’s weight was within the normal range. Anne reported that the pediatrician told her that although Marie was underweight, there were no other concerns. The caseworker requested that she follow up with the family doctor.

An investigation was initiated and completed over two months regarding the reported concerns about the children. A caseworker interviewed all three children, who were distracted and difficult to engage. They did not disclose any abuse or neglect. The concerns were not substantiated and the matter was closed.

The caseworker spoke to Amber and the Band Designate about the outcome of the investigation and the plan to move forward with Anne and Bruce’s application for guardianship. After reviewing the circumstances, the Designate supported their application.

Later that month, Anne and Bruce obtained private guardianship. The children had been in their care for about five months when child intervention involvement ended. The Supports for Permanency Program provided financial support.

Child Intervention Services had no involvement with Marie, Naomi and Kolby for about eight months.

**Marie at 4 years old**

Shortly after Marie’s fourth birthday, the police received a concern that Naomi and Kolby were unsupervised in the community and appeared to be malnourished. The police met with Anne and she said the children had tapeworms when they were placed with her.

Child Intervention Services was notified and the matter was assigned to an Intake worker.

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17 When a child does not meet the expected standards of growth and weight gain. It is not a disease or disorder itself, but a sign that a child is undernourished. Children who fail to thrive cannot use the calories that would help them grow and gain weight.

18 Also known as a facility investigation. When allegations involving a placement provider are made about the safety or well-being of a child in the custody or under guardianship of the Director, an investigation is conducted to determine the validity of the allegations.

19 Based on information gathered the concerns could not be verified.

20 This program provides financial support to families who adopt or obtain Private Guardianship of children in permanent government care.

21 There is no documentation outlining further activity by Child Intervention Services.
Circumstances Surrounding Marie’s Death

Three months later, four-year-old Marie was taken to hospital with an extensive brain injury. Doctors noted bruising, at various stages of healing, on her body and she was significantly underweight. Her guardians said that Marie had fallen while playing with her siblings on a swing.

The following day, Naomi and Kolby were interviewed by child intervention staff and police. They disclosed that Marie was often hit because she was bad, did not listen and stole food. Naomi and Kolby were apprehended and placed with a relative. Marie was apprehended and remained in hospital on life support for about one week before she passed away.

Current Circumstances

Naomi and Kolby have been returned to their mother’s care. The criminal investigation remains ongoing.

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22 Marie weighed 9 kg which is the average weight of a one-year-old child. Subsequent investigations revealed that Naomi and Kolby were also underweight.
The Terms of Reference for this review identified two systemic issues: risk assessment and case planning. Through the review process these have been incorporated into the following three issues:

1. **Kinship Home Study**
2. **Training and Support for Kinship Caregivers**
3. **Assessment Prior to Termination of Guardianship**

### Kinship Home Study

The safety of children in care must be a priority. Ensuring safety begins with careful attention to the assessment of caregivers. Kinship caregivers’ demonstrated ability to meet the particular needs of children placed in their home is determined through an effective home study process.

Prior to her placement with relatives, Marie lived in a non-Aboriginal foster home for more than two years. To support Marie’s family and cultural connections, a kinship placement with relatives, was pursued.

Potential kinship caregivers engage in a home study process to determine their ability to meet the needs of children placed in their homes. In Alberta, the Structured Analysis Family Evaluation (SAFE) home study has been implemented as the primary tool for adoption, foster care and kinship care programs. However, Aboriginal caregivers in First Nations may undergo an alternative home study process.

The use of the SAFE home study across multiple programs is based on the belief that every person caring for a child should meet the same standards. Research reflects that a single home study tool is not effective for all types of caregivers.\(^23\) This model does not recognize the differences within the diverse group of caregivers which includes demographics and culture. Individual caregivers also have unique challenges and needs.

Home studies for kinship families should examine the ability of the kinship caregivers to meet the needs of the children in their care. They should also determine the family’s support requirements in order to provide them with the services to meet their individual needs.\(^24\) Current home study tools and methods must be adapted so they are culturally relevant to the applicant. Efforts to build a working relationship are unlikely to be effective if the kinship applicants cannot relate to the process. Relationship building is an essential element to effective information gathering.

\(^{23}\) Mann-Johnson (2016).

\(^{24}\) Lorkovich, Piccola, Groza & Marks (2004).
The home study writer, in this situation, used a combination of the two provincially approved formats for the home study. She met with Anne twice and once with Bruce. While some of their children and grandchildren were present, they were not interviewed separately. The writer recommended that Anne and Bruce be approved as kinship caregivers.

Determining the capacity of kinship caregivers to meet the complex needs of children placed in their care is important. Bruce and Anne’s home study provided limited information about their demonstrated ability to meet Marie’s needs. Further, areas in which more training and support services might have been beneficial were not explored. Anne and Bruce had not completed the Kinship Orientation Training.

The home study process as outlined in the Enhancement Policy Manual relies heavily on self-reporting by applicants, supplemented by three personal references of the applicant’s choosing. Although the policy allows the home study writer to contact other professionals and community services, to do so requires the consent of the applicant. This reliance on self-reporting does not lend to an objective evaluation. The Child Welfare League of America, (CWLA) Best Practice Guidelines (2003) states that this type of assessment should include feedback from all major systems in which the family is involved, for example, the school system. This provides information about the parents’ demonstrated abilities and actual experiences rather than relying on the perception of the applicant.

**Recommendation 1**

The Ministry of Human Services should

a) Implement a home study tool specifically for kinship care that is culturally relevant and addresses the unique kinship circumstances.

b) Require the collection of collateral information in the completion of the home study from community professionals, who are familiar with the applicant, regarding the demonstrated ability of the kinship applicant.

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25 Child Intervention Services uses two different home study tools (formats), the S.A.F.E home assessment and the Home Study Report for Private Guardianship format as prescribed in the Child, Youth and Family Enhancement Regulations.

26 Mandatory basic training provided by Alberta Human Services to help caregivers understand their role as a caregiver and what is required of them. The training consists of eight, three-hour sessions.

Training and Support for Kinship Caregivers

Research indicates that children who have been removed from their parents’ care might require a higher level of care and present challenges for their caregivers because of their early trauma experiences. For these children to have positive outcomes, caregivers must be equipped to meet the needs of the children placed in their care, as well as their own needs.

Kinship caregivers face a unique challenge caring for their relatives’ children because of their familial relationship. Despite these complexities, they often receive less training and fewer services for themselves and the children in their care.

Kinship caregivers may feel that training is unnecessary, intimidating or intrusive. They may believe that simply loving the child will address the child’s emotional issues and challenging behaviours. Because they have already raised their own children, there may be a belief that they do not need training. In particular, Aboriginal kinship caregivers may be resistant to getting involved with Child Intervention Services due to historical experiences of oppressive and culturally inappropriate services. Although Anne and Bruce were made aware of the kinship orientation training, there was no requirement that they attend, nor did they. Bruce indicated he wanted minimal involvement with government services.

In addition to training, caregivers need a wide range of supportive services that address the impacts that maltreatment, adverse experiences, trauma, grief and loss have had on the children placed with them. Kinship caregivers may not seek out or accept support from Child Intervention Services for fear that asking for help might jeopardise their kinship child’s placement.

Supports to kinship caregivers need to be culturally relevant and should include:

a. Services that sustain and promote their personal wellness and emotional stability so they are equipped to manage the stresses of complex family dynamics;

b. Assistance to develop resiliency and the ability to recognize and prevent burn-out so they are better able to respond to the trauma of children placed in their home;

c. Respite services and support groups that connect kinship caregivers to each other, providing opportunities to share their wisdom, problem solve and gain social support; and,

30 NC Division of Social Services and the Family and Children’s Resource Program (2010).
31 Boetto (2010).
d. Clinical consultation to develop advanced parenting skills to assist them in managing the complex emotional and developmental needs of children placed in their care.\textsuperscript{32}

The Kinship Care Handbook\textsuperscript{33} states that orientation training is mandatory for kinship caregivers; however, policy does not. Although Bruce and Anne were given information about the orientation training, they did not attend. Policy requires a kinship care support plan, but the supports are left to the discretion of the kinship caregiver.

### Recommendation 2

The Ministry of Human Services should

a) Require that policy be consistent with other information that indicates kinship orientation training is mandatory for kinship caregivers.

b) Provide a continuum of culturally relevant, supportive services for kinship caregivers.

In a previous report, "Remembering Brian - An Investigative Review"\textsuperscript{34} the Advocate recommended specialized training and support plans for kinship caregivers. The Ministry has met these recommendations. However, this review identified the need for consistency in the Ministry’s information and policy as well as the need for practical and culturally relevant supports to kinship caregivers.

### Assessment Prior to Termination of Guardianship

In Marie’s situation, there were a number of risk factors that contributed to a stressful situation for the children and their kinship caregivers. These factors required reassessment and resolution prior to the termination of guardianship by Child Intervention Services. Particularly when the termination also resulted in the end of supervision and supportive services.

While Anne and Bruce had the knowledge and experience of raising their own children, Marie and her siblings presented unique challenges due to their exposure to family violence, neglect and addictions while in their parents’ care. Additionally, the children likely grieved when they moved from their foster families. Marie had lived with her foster parents for approximately two years.\textsuperscript{35} Naomi and Kolby had lived with their foster families for a similar amount of time.

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\textsuperscript{32} Gough (2006).

\textsuperscript{33} Alberta Human Services (2015).

\textsuperscript{34} Office of the Child and Youth Advocate – Alberta, 2013.

\textsuperscript{35} Marie was placed with Anne and Bruce when she was three years old.
The children had challenging behaviours and their kinship caregivers’ ability to meet their needs required on-going assessment and support. The children needed time to adjust to their new home and Anne and Bruce needed time to integrate the children into their family. There were fewer than six preplacement visits. Over the next five months, concerns about the children’s well-being were raised and investigated by Child Intervention Services. Approximately three weeks following the completion of the investigation, Anne and Bruce’s application for Private Guardianship was granted and Child Intervention Services’ involvement ended.

Ideally, children grow up in their community with family members. Although legal custody with extended family may support permanency, connection to family, culture and community, it cannot be the only factor in decision-making. No single factor determines safety. An objective assessment completed over time is critical to ensure that a child’s needs can be met by the kinship caregivers prior to the termination of Ministry guardianship.

Policy requires numerous checks and balances prior to a child being brought into care. This heightened scrutiny must be extended to those vulnerable children leaving the care and guardianship of Child Intervention Services.

Attention needs to be given to careful planning, particularly for children when Child Intervention Services ends their guardianship, supports and supervision. Not only do the factors that brought a child into care need to have been addressed, but also any concerns or needs that arose while in care.

**Recommendation 3**

The Ministry of Human Services should:

a) Require that caseworkers complete a child-specific assessment and resolution of risk factors prior to terminating guardianship.

b) Implement policy that requires the same checks and balances when terminating guardianship as is currently required when bringing a child into care.

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36 UN Guidelines for the Alternative Care of Children (2010).
I want to thank Marie’s mother for sharing her story with us. The death of a young child is tragic and we extend our sincere condolences to Marie’s family and community. I also want to thank the professionals who shared their insights. This helped us understand the systemic issues that arose from this tragedy.

Kinship care and private guardianship keeps children within their families and can provide them with important ties to their culture and community. Marie’s story reminds us of the importance of ongoing assessment of the needs of the child and kinship caregivers and the importance of ensuring the necessary supports are always in place.

Children are entitled to a safe home and caregivers need to be equipped with the necessary skills and supports to provide this. Government must take action on the recommendations, contained in this review, to prevent similar tragedies from occurring in the future.

[Original signed by Del Graff]

Del Graff
Child and Youth Advocate
APPENDIX 1: 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.

Section 9(2)(d) of the CYAA provides the Advocate with the authority to investigate 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 death if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Incident Description
The Advocate was notified that four-year-old Marie was injured while in the care of her private guardians. Child Intervention Services had ended their involvement with Marie almost a year prior to her injuries. Marie was subsequently apprehended and died from her injuries approximately a week later.

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

Objectives of the Investigative Review
To review and examine service and supports provided to Marie and her family specifically related to:

- Risk Assessment
- Case Planning
Scope/Limitations

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

Methodology

The investigative process will include:

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

Investigative Review Committee

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

Chair: Del Graff, Child and Youth Advocate

Members: To be determined but may include:

- An expert in the area of home study reports
- An expert in the area of interviewing children for the purpose of assessments
- A specialist in the area of child welfare best practices

Reporting Requirement

The Child and Youth Advocate will release a report when the Investigative Review is complete.
APPENDIX 2: COMMITTEE MEMBERSHIP

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

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

Dr. Jeannine Carriére, BA, BSW, MSW, PhD
Dr. Carriére is Métis and originally from the Red River area of Manitoba. She is an Associate Professor at the University of Victoria School of Social Work in Indigenous Specialization. Her research interests include adoption and issues of identity, mental health, and Indigenous ways of knowing and knowledge transfer. She has several publications in these research areas and serves on a number of volunteer committees related to Aboriginal child welfare. In 2008 she received the Adoption Activist award from the North American Council on Adoptable Children (NACAC).

Carrielynn Lund, MSW
Ms Lund is a Métis consultant whose primary focus is assisting Aboriginal communities to identify and address health and social issues that have a negative impact on children and their families. She has done extensive work in the area of heath research, particularly with Aboriginal youth and resilience and research ethics, much of which is focused on Aboriginal protocols around community ethical guidelines, intellectual property rights, and ownership of data and knowledge translation. Her extensive committee work includes service on the Aboriginal Healing Foundation (Treasurer), the Canadian Institute of Health Research Ethics Standing Committee and the Health Canada/Public Health Agency of Canada Research Ethics Board. Her work includes coordinating community-based research and capacity building with Aboriginal communities and organizations.
Dr. Jennifer MacPherson, MD FRCPC

Dr. MacPherson is a pediatrician in Calgary. She has worked in the area of child abuse for the past 16 years. She is the physician lead for the child abuse service at the Sheldon Kennedy Child Advocacy Centre and Alberta Children’s Hospital. She is a member of both the division of Community Pediatrics and the Social Pediatrics Unit, within the Department of Pediatrics and an executive member of the Child and Youth Maltreatment Section of the Canadian Pediatric Society. In addition to her work in child abuse, Dr. MacPherson has a community-based practice with a focus on children with developmental concerns and children in foster care.

Bruce MacLaurin, MSW, PhD (cand)

Mr. MacLaurin is an Assistant Professor, Faculty of Social Work at the University of Calgary. He was the co-investigator on the three cycles of the Canadian Incidence Study of Reported Child Abuse and Neglect, as well as the principal investigator for provincial studies in Alberta, British Columbia, Saskatchewan and the North West Territories. His research and publishing has focused on child maltreatment, child welfare service delivery and outcomes, foster care, youth at risk and street-involved youth. He has more than 15 years of front-line and management experience in non-profit child and family services in Alberta and Ontario. Currently he instructs classes at the University of Calgary on Kinship Care.
APPENDIX 3: SUMMARY OF SIGNIFICANT EVENTS

Birth
Parents’ care

2 years old
Permanent Guardianship Order
Kinship Care

7 months old
Apprehended
Foster care for 2 years

3 years old
Placement Resource Investigation
Private Guardianship Order
Child Intervention Services’ Involvement ended

4 years old
Hospitalized, unexplained injuries
Apprehended
Marie passed away
APPENDIX 4: PREVIOUS INVESTIGATIVE REVIEWS – RELEVANT RECOMMENDATIONS

Responses to the Advocate’s recommendations are regularly updated on our website. Please visit www.ocya.alberta.ca/adult/publications/recommendations for the most up-to-date information.

Remembering Brian: Investigative Review (June 2013)

Recommendations:

1. Kinship caregivers should be provided with specialized training and support plans, which are both tailored to meet their individual and unique needs. The goals should be to ensure kinship caregivers have the resources they require to manage the unique challenges that come with their caregiving, such as dual loyalties, unrealistic expectations, changes in family dynamics and feelings of loss, guilt and shame.

2. Intervention caseworkers should be provided specialized training to manage unique situations presented by kinship care arrangements. The goal should be to ensure caseworkers can effectively support kinship caregivers in providing protection, well-being and a bridge to permanency for children in their care.
APPENDIX 5: REFERENCES


4-YEAR-OLD MARIE
AN INVESTIGATIVE REVIEW