Under my authority and duty as set out in the Child and Youth Advocate Act (CYAA), I am providing the following Investigative Review concerning the serious injury of a two-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 sad circumstance and recommend ways of improving Alberta's child intervention system.

While this is a public report, it contains detailed information about children and families. Although my office has taken great care to protect the privacy of the 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, 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, we have called the child, Teanna.

This Investigative Review is about a two-year-old child of First Nation ancestry who suffered significant physical and emotional injuries while placed in a foster home. Although she has healed physically, her emotional scars are still evident. We met with Teanna and her parents during the course of this review. Their thoughts and experiences were critical to our understanding and are incorporated into this report.

When children are removed from parental care, there is an expectation that they will be safe and will not be harmed. It is my sincere hope that the recommendations arising from this review will improve safety for children when they are unable to remain in their parent’s care.

[Original signed by Del Graff]

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

In 2013, two-year-old Teanna (not her real name) was hospitalized with a potentially life-threatening internal injury, abrasion marks and bruising on her body. She was the subject of a Permanent Guardianship Order (PGO) and placed in a foster home at the time. The local police investigated and Teanna’s foster mother was charged with assault. The matter is before the courts.

In 2014, the Advocate notified the Ministry of Human Services that there would be an Investigative Review.

The information gathered through this review revealed two issues related to the systems that serve children and families:

1. Child Intervention Case Planning

When children come into care, Child Intervention Services is responsible for ensuring purposeful case planning that is as least disruptive to the child as possible. The Matters to be Considered in the Child, Youth and Family Enhancement Act (Enhancement Act) clearly outline considerations prior to bringing a child into care and finding an appropriate placement. Some considerations include the benefits of placement with extended family; a placement that respects the child’s cultural heritage; and, the mental, emotional and physical needs of the child.

Caseworkers were intentional in trying to find a placement that was close to Teanna’s family and in her community. However, in the quest for such a placement, Teanna had four placements by the time she was two years old. There appeared to be little consideration for the impact these moves had on her emotional needs, specifically related to her development and attachment.

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

2 An order in which the court awards guardianship to the Director on a permanent basis. The child is in the care of the Director and remains in an approved placement. The guardianship of any former guardian is terminated and the Director is the sole legal guardian of the child.

Teanna was the subject of a Permanent Guardianship Order when she was seriously injured and having visits with her parents. They were not notified of her injuries despite having regular contact with her. Ministry policies in effect at the time, stated that parents of children who were injured while receiving intervention services under permanent guardianship status were not to be notified of an injury. This was not in Teanna’s interest.

2. Care Provider’s Capacity to Meet a Child’s Needs

Teanna had delayed gross motor skill development and possible neurological concerns because she was prenatally exposed to drugs. She required a care provider who had an understanding of her unique needs, could access resources and manage any behavioural issues arising from her delays. When Teanna was placed in her First Nation community, the availability and access to resources that she required, along with the capacity of her foster mother did not appear to be considered in decision-making.

A previous review conducted by the Advocate, “8-Year-Old Ella: An Investigative Review” speaks to the need for the Ministry to identify a continuum of placement options. An intentional approach is needed when determining a placement for a child that matches their specific needs with a potential care provider’s abilities. This would prevent multiple moves and provide an opportunity to form secure and healthy attachments.

Ongoing assessment of a care provider’s capacity is essential to ensuring the success of a child’s placement. A more purposeful approach is needed to first match a child to an appropriate care provider (including kin) and then work with care providers to build their capacity to meet a child’s individual needs and manage their behaviours. Further, when there are inadequate resources to provide an optimal placement for a child, more must be done to either recruit care providers (including kin) with the required skills or support existing care providers so that they can meet the needs of children placed in their care.

To help improve the effectiveness of Alberta’s services to children, the Advocate makes the following two recommendations:

**Recommendation 1**

The Ministry of Human Services should ensure:

a) Documented case planning for children that includes both immediate attachment and long-term relationship needs, in addition to the considerations identified in the Enhancement Act.

b) Case planning reflects clear transition strategies that mitigate the impact of multiple placement moves for children.

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Recommendation 2

The Ministry of Human Services should ensure:

a) That when a child has substantial medical and/or behavioural needs, the specific needs of the child are identified and documented, then matched to a care provider’s capacity and potential support requirements, which is also documented, before the child is placed.

b) That there is regular and ongoing assessment of a care provider's capacity to meet a child’s needs. If there are indicators that the child’s placement is in jeopardy, a timely re-assessment of the child’s needs and their care provider’s capacities must be completed and appropriate action taken.
INTRODUCTION

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 on 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.

7 Protection of Sexually Exploited Children Act, RSA 2000, c. P-30.3.
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.
In 2013, the Advocate received a report of serious injury regarding two-year-old Teanna. She sustained a potentially life-threatening internal injury, had abrasion marks and multiple bruising on her body. Initially, her foster mother admitted that she injured Teanna, but has since withdrawn her admission. She was charged with assault and the matter is before the courts.

Teanna has made a full physical recovery; however, she still has emotional struggles. She participated in play therapy to help work through her trauma. She and her younger sister were placed in a foster home together and had regular visits with their parents prior to being returned to their care about 18 months after Teanna’s injury.

The Advocate thoroughly reviewed file information provided by the Ministry of Human Services. An initial report was completed which identified potential systemic issues. The Ministry was subsequently notified that there would be an Investigative Review.

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

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 a First Nation Elder and other experts in the fields of social work best practice, children’s medical needs and foster care.
Incident

Child Intervention Services staff went to two-year-old Teanna’s foster home after they became aware of reported allegations of physical abuse. Her foster mother was directed to take her for a medical examination. Teanna was hospitalized when it was found that she had a potentially life-threatening internal injury, abrasion marks and bruising on her body. Her foster mother admitted that she had caused the injuries, but later withdrew her admission. She was charged with assault and the matter is before the courts.

About Teanna

Teanna is a petite First Nation child with an engaging smile who enjoys school, singing and playing with her dolls. She is very close to her little sister, Jenna. Those who knew Teanna prior to her injury described her as a busy child, who loved to get into everything. She struggled to play nice with other children, often biting and pulling hair. Since her injury, she struggles to express herself.

About Teanna’s Family

Teanna is the middle child of a large sibling group. Her parents, Karen and Leonard, have been together for several years and have faced many challenges including substance abuse. Before Teanna’s birth, they often moved between their First Nation community and the city.

Karen and Leonard attended addictions treatment together and are no longer abusing substances. They have a close relationship with their extended family and rely on them for support. Since Teanna’s injury, all of their children have been returned to their care.

About Teanna’s Foster Family

Teanna’s foster home was in her First Nation community. Her foster mother, Laina, had a history of suffering from depression and Child Intervention Services had involvement with her family due to concerns of emotional injury to her children. Laina was married but raised her children primarily on her own.

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8 Child Intervention Services were provided by a Delegated First Nation Agency (DFNA). The province has given delegations of authority under the Enhancement Act necessary to enable First Nation agencies to provide a full range of child intervention services within the geographical boundaries of the Reserves of their respective member First Nations. The Department of Aboriginal Affairs and Northern Development Canada (AANDC) funds the agencies for the provision of Child and Family Services on-Reserve.
About six years after Child Intervention Services involvement with her family ended, Laina began caring for a relative, David, on an informal basis. She subsequently became an approved Level One foster parent and her home was licensed for up to two foster children.

After approval as a foster parent, Laina was the subject of two Screenings and one Safety Phase Assessment. The first Screening and Assessment was in relation to historical concerns that were not substantiated. The second Screening was in relation to David being left alone in a car. The allegation was viewed as a Quality of Care issue and the foster care support worker followed up.

After fostering for three years, Laina was approved as a Level Two foster parent. David was her only foster child until Jenna was placed in her home.

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9. David was placed with Laina shortly after birth.

10. New foster parents are assigned a Level One designation and required to complete nine hours of annual training and core foster care training within four years. They can have one or two placements.

11. A report completed when a concern is received regarding possible risk to a child according to the Enhancement Act.

12. A ten-day initial assessment that occurs to determine whether a child is in need of intervention according to the Enhancement Act.

13. After an assessment is completed, concerns about a placement resource are addressed by the placement support worker.

14. A foster care support worker performs tasks related to the recruitment, assessment and support of foster parents.

15. Level Two foster homes are licensed for four child placements.
Child Intervention Services first became involved with Teanna at birth. She displayed withdrawal symptoms from benzodiazepines\textsuperscript{16} because of her mother’s use of prescription medication. The children were apprehended\textsuperscript{17} when Teanna tested positive for benzodiazepines.

Teanna stayed in hospital for almost one month. She was discharged to a group home because there were no family members or foster homes available. About one month later, she was moved to a foster home where she remained for almost four months.

She was subsequently moved to a different foster home where she received additional supports because of her high needs related to delayed gross motor skill development and possible neurological concerns due to prenatal exposure to drugs. Teanna required regular medical attention and physiotherapy. She had regular visits with her siblings and remained in this foster home for about 18 months.

Prior to her first birthday, Teanna and her siblings became subjects of Permanent Guardianship Orders\textsuperscript{18}.

Six months after the guardianship orders were granted, Karen had another baby girl, Jenna. Karen and Leonard continued to struggle with their addictions. Jenna was apprehended from hospital and placed in Laina’s foster home. When Teanna was about two years old, she was moved to Laina’s home to be with her sister in their home community.

\begin{itemize}
  \item \textsuperscript{16} Benzodiazepine is a class of psychoactive drug that is used for treating anxiety and insomnia. If used during pregnancy it may cause harm to the fetus.
  \item \textsuperscript{17} When the Director has reasonable and probable ground to believe that the child is in need of intervention according to the \textit{Enhancement Act} and removes the child from the care of the guardian.
  \item \textsuperscript{18} An order in which the court awards guardianship of the child to the Director on a permanent basis. The child is in the care of the Director and remains in an approved placement. The guardianship of any former guardian is terminated and the Director is the sole legal guardian of the child.
\end{itemize}
Shortly after Teanna’s placement, Laina told her foster care support worker and the pediatrician that Teanna was accident prone and bruised easily. She did not play well with other children. Every time she was injured, Laina told her foster care support worker but declined additional supports. Caseworkers noted the home was messy during visits and that the children were not clean. Once, a caseworker assisted Laina to clean up the home. These concerns were brought to the attention of Laina’s foster care support worker.

After Teanna had been in her home for a few months, Laina asked that she be removed. Laina was in disagreement with her own mother and her adult daughter about how to care for Teanna. On at least three occasions, Laina asked that Teanna be removed because she could not handle her behaviours or meet her needs. On each occasion, she was told to try it out for another month to see if things improved.

Teanna’s Serious Injury

About six months after Teanna’s placement, local police and Emergency Medical Services (EMS) responded to her foster home due to alleged child abuse concerns. They saw that Teanna had a black eye, a cut lip and numerous bruises. Laina said that Teanna had poor balance and that was how the injuries occurred. Her explanation was thought to be reasonable and they left the home. The following day, Laina left a message at the child intervention office advising that the police and EMS had been to her home because of an allegation of abuse.

Two days later, Child Intervention Services staff visited the home. Teanna had a cut on her lip and bruising on her body. When asked about the injuries, Laina said that Teanna had slipped in the bathroom and fallen outside while wearing boots that were too big. She also thought that perhaps the other children had caused some of the bruising while they were playing. She was directed to take Teanna for a medical examination. Teanna was subsequently hospitalized with a potentially life-threatening internal injury.

Laina returned home to care for David and Jenna. As a precaution, 24-hour supervision was provided in her home. The next day, the children had medical examinations and no concerns were noted.

Shortly after Teanna’s injury, Laina said that she was not equipped to handle Teanna’s challenges and had injured her. She had asked numerous times to have her removed from her care but was told to wait. She later denied having harmed Teanna.

Laina was charged with assault and the matter is before the courts. David and Jenna were removed from her care. Upon discharge from hospital, Teanna was placed in another foster home with Jenna. During the ensuing investigation, six-year-old David disclosed that Laina had previously hit him.
Current Circumstances

Teanna does not appear to have long-term physical impairment from her injuries, but she suffers from emotional trauma that includes nightmares. She cries at bath time, does not play well with other children and tantrums easily. Teanna participated in play therapy to address her trauma and to help her better express herself. She had regular visits with her parents and siblings and was eventually returned to her parents’ care, along with Jenna.
DISCUSSION

Two systemic issues were explored through the Investigative Review and discussed below:

1. Child Intervention Case Planning
2. Care Provider’s Capacity to Meet a Child’s Needs

Child Intervention Case Planning

When children come into care, Child Intervention Services is responsible for ensuring purposeful case planning that is as least disruptive to the child as possible. The Matters to be Considered in the *Child, Youth and Family Enhancement Act (Enhancement Act)* clearly outline considerations prior to bringing a child into care and finding an appropriate placement. Some considerations include the benefits of placement with extended family; a placement that respects the child’s cultural heritage; and, the mental, emotional and physical needs of the child.\(^{20}\)

Teanna’s first weeks were spent in hospital withdrawing from benzodiazepines. Upon discharge she was placed in a group home because there were no family-based placements available. About one month later, she was moved to her first foster home. She stayed in this foster home for about four months before she was moved to another foster home where she remained for about 18 months. Her fourth move was to be with her sister, in Laina’s foster home, in her home community.

Caseworkers were intentional in trying to find a placement that was close to Teanna’s family and in her community. However, in the quest for such a placement, Teanna had four placements by the time she was two years old. There appeared to be little consideration for the impact these moves had on her emotional needs specifically related to her development and attachment.

Research indicates that caregiver consistency results in a secure attachment relationship between a child and caregiver which assists in the child’s development of emotional regulation and self-confidence. In turn, the child learns to function autonomously and competently.\(^{21}\) Multiple moves have a negative impact on a child developing the ability to trust. Such moves undermine the child’s developmental expectation that a caregiver will consistently be available to meet their needs. This may result in a number of negative developmental outcomes including difficulties in

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21 Casanueva et al, 2013.
concentrating, hypervigilance, and lack of motivation to play, explore and learn from the interpersonal and physical world around them.\textsuperscript{22}

All of Teanna’s moves occurred during critical developmental stages in which attachment was key. The transition between placements was concerning because there was inadequate communication between care providers. After each move, she had no further contact with her previous care providers. When considering placement changes, there must be a plan in place that balances individual attachment, family connections and cultural attachment.

Teanna was the subject of a Permanent Guardianship Order (PGO) and having regular visits with her parents when she was seriously injured. They observed marks and bruising during visits, but were not informed about her injuries, how they had occurred or any possible long-term implications to Teanna’s health.

Because Teanna’s parents were not informed of her injuries, they were unable to provide information that could have been important in her medical treatment. They were unable to speak directly with physicians about the extent of her injuries and any special care that she might require. They were also not informed of any possible emotional and/or behavioural implications that might result from her injuries.

Ministry policies in effect at the time, indicated that “except in the case of children who are subjects of a Permanent Guardianship Order, immediately notify the parents” when a child has an accident or an illness while in care.\textsuperscript{23} There appears to be no rationale for this policy direction.\textsuperscript{24} Although caseworkers followed the policy, the policy itself was inadequate. For a child to receive proper care, potential care providers (i.e. parents, foster parents, kinship parents) must be aware of the child’s medical history and involved in planning whenever possible.

Complete and thorough information sharing is critical when the goal is family reunification. Parents need to be aware of all information about their child so that they can make informed decisions. Teanna’s caseworker was working with her parents to rescind the PGO’s\textsuperscript{25} and return their children. Karen and Leonard needed to know the nature of Teanna’s injuries, what follow-up was required and what resources to access. If Teanna were to be injured again, her parents would be unable to provide a complete medical history, which might lead to inappropriate medical treatment.

\textsuperscript{22} Lieberman, Chu, Van Horn & Harris, 2011.

\textsuperscript{23} Enhancement Act Policy Manual, Revised April 2011.

\textsuperscript{24} In November 2014, the Enhancement Act Policy was amended and the section related to notifying parents when children are injured in care was removed. The new policy does not speak to notifying parents that their child has been injured in a placement, regardless of their child intervention status.

\textsuperscript{25} When guardians have made sufficient changes to alleviate the protection concerns, the Director may apply to have the existing order terminated to reunify the family.
Recommendation 1

The Ministry of Human Services should ensure:

a) Documented case planning for children that includes both immediate attachment and long-term relationship needs, in addition to the considerations identified in the Enhancement Act.

b) Case planning reflects clear transition strategies that mitigate the impact of multiple placement moves for children.

Care Provider’s Capacity to Meet a Child’s Needs

Teanna had delayed gross motor skill development and possible neurological concerns because she was prenatally exposed to drugs. She required a care provider who had an understanding of her unique needs, could access resources and manage any behavioural issues arising from her delays. When Teanna was placed in her First Nation community, the availability and access to resources that she required along with the capacity of her foster mother did not appear to be considered in decision-making.

Teanna had clearly identified medical and behavioural needs. Through the Investigative Review it was not clear how her needs would be met when she moved to Laina’s foster home. Laina was aware that Teanna was prenatally exposed to drugs, but unaware of the level of care she required. When Laina expressed her frustration with Teanna’s behaviours and asked that she be moved, Laina was told to keep trying. When a care provider asks for a child to be moved, it is an indication that there is crisis that needs to be responded to. While a Support Plan may have helped, Laina was clear she did not wish to have additional supports.

Training required by foster parents to obtain a Level Two foster home status does not necessarily reflect their skills and abilities to care for all children. Child intervention staff must ensure that potential care providers have the capacity to manage a child’s specific needs to minimize placement changes. Ongoing assessment of a care provider’s capacity is essential to ensuring the success of a child’s placement.

A more purposeful approach is needed to first match a child to an appropriate care provider (including kin) and then work with care providers to build their capacity to meet a child’s individual needs and manage their behaviours. Further, when there are inadequate resources to provide an optimal placement for a child, more must be done to either recruit care providers (including kin) with the required skills or support existing care providers so that they can meet the needs of children placed in their care.
A previous review conducted by the Advocate, “8-Year-Old Ella: An Investigative Review”\(^{26}\) references the need for the Ministry of Human Services to identify a continuum of placement options. There are policies related to matching children with potential care providers; but, the availability of care providers becomes an issue when finding appropriate placements for children.

Child Intervention Services is making some gains. Their Foundations of Caregiver Support\(^{27}\) document speaks to increasing care provider capacity in meeting children’s needs. However, the report is relatively new and to date, there are no related policies.

**Recommendation 2**

The Ministry of Human Services should ensure:

a) That when a child has substantial medical and/or behavioural needs, the specific needs of the child are identified and documented, then matched to a care provider’s capacity and potential support requirements, which is also documented, before the child is placed.

b) That there is regular and ongoing assessment of a care provider’s capacity to meet a child’s needs. If there are indicators that the child’s placement is in jeopardy, a timely re-assessment of the child’s needs and their care provider’s capacities must be completed and appropriate action taken.

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\(^{27}\) Ministry of Human Services, 2015.
CLOSING REMARKS
FROM THE ADVOCATE

I want to thank all those who spoke with us and shared their insights about Teanna and her circumstances. We are pleased to report that she has physically recovered and has been reunited with her family.

It is alarming when a child is injured in the care of the government, especially at the hand of a caregiver. When a child is removed from their parents’ care, one must believe that the care that they will receive will be better than what they experienced at home while efforts are made to work with their family so that they can be returned to their parents safely.

This review emphasizes the importance of balanced case planning for children – balancing their individual emotional and attachment needs with the benefits of placement close to, or with family. There are a number of considerations that caseworkers must look at and weigh when taking a child into care and when moving a child from one placement to another.

I want to thank Teanna’s family for talking with us and sharing their perspectives. It is not easy talking with strangers about such personal experiences. I also want to thank the professionals and others who were involved with Teanna for talking with us. Through these conversations, we are better able to understand and share her story, which I believe will make a difference for other children if the recommendations contained within this report are acted upon.

[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 injury or death if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

 Incident Description:

In 2013, two-year-old Teanna was hospitalized with a potentially life-threatening internal injury and bruising on her body. Teanna was the subject of a Permanent Guardianship Order at the time of her injuries. The police investigated and charged Teanna’s foster mother with assault.

The Advocate received a Report of Serious Injury regarding Teanna. The decision to conduct an investigation was made by Del Graff, Child and Youth Advocate.

Objectives of the Investigative Review:

- To review and examine the supports and services provided to Teanna
- 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 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 Act policy and casework practice
- Review of case history
- Personal interviews
- Consultation with experts as required
- Other factors that may arise for consideration during the investigation process

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

Chair: Del Graff, Child and Youth Advocate

Members: To be determined but may include:

- An Aboriginal Elder
- An expert in the area of foster care
- A specialist in the area of child intervention best practices

Reporting Requirement:
The Child and Youth Advocate will release a report when the Investigative Review has been completed.
APPENDIX 2: COMMITTEE MEMBERSHIP

DEL GRAFF, MSW, RSW (COMMITTEE CHAIR)
Del 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 B.C. 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.

ISABELLE KOOTENAY, SIOUX ELDER
Isabelle is a Sioux Elder of Stoney-Kootenai descent. She is a member of the Alexis First Nation. Isabelle is a teacher and studied at the University of British Columbia. She has taught in two First Nation community schools in northern Alberta. Isabelle was previously employed by Edmonton Public Schools as an Aboriginal Education Consultant. Currently, she is working as a language instructor at Alexis Nakota Sioux Nation School. Isabelle has worked as an educator for 17 years.

GRACE ELLIOTT, MSW, RSW
Grace has been a social worker for over 30 years in a variety of settings in Edmonton. Her experience includes residential youth care, child welfare, health care and preventive social services. She completed a BA at the University of Waterloo and BSW and MSW degrees at the University of Calgary. She is currently an instructor and associate director of field education with the Faculty of Social Work at the University of Calgary in Edmonton, where she works with BSW and MSW students as well as community agencies.

LIONEL DIBDEN, MB BCh, FRCP(C)
Dr. Dibden is an expert in the field of child maltreatment and is currently an Associate Professor at the University of Alberta in the Department of Paediatrics. He participated in the development and implementation of the Child and Adolescent Protection Centre (CAP Centre) at the Stollery Children’s Hospital. Since 1999, he has worked with the children in clinic where his calm and caring nature provides children with a safe environment for their medical assessment. He served for three years as the Chair of the Child and Family Services Council for Quality Assurance with the Ministry of Human Services. He has testified as an expert witness in many cases of child maltreatment.
KATHERINE JONES, RSW

Katherine is the Executive Director of the Alberta Foster Parents Association (AFPA) and has been in this position since 1995. Prior to joining the AFPA in 1994, she worked in a variety of fields including justice. Katherine is an active and respected member of many committees related to the enhancement of the foster care system. She is involved with the Canadian Foster Family Association and served on their Board of Directors for five years.
APPENDIX 3: SUMMARY OF SIGNIFICANT EVENTS

- **Birth to 1 Month Old**: Hospital
- **2 to 5 Months Old**: Foster Home
- **1 to 2 Months Old**: Group Home
- **24 to 30 Months**: Foster Home (Laina)
- **5 to 24 Months Old**: Foster Home
APPENDIX 4: BIBLIOGRAPHY


Child, Youth and Family Enhancement Act, Revised Statues of Alberta 2000 Chapter C-12; current as of July 23, 2014. Alberta Queen’s Printer. Section 2


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