

6-YEAR-OLD SPENCER

Serious Injury

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta

March 2026

LEGISLATIVE AUTHORITY

Under my authority and duty as identified in Section 9(2)(d) of the *Child and Youth Advocate Act (CYAA)*, the following is an individual investigative review regarding Spencer. His circumstances meet the criteria for a **systemic review**. Spencer was receiving Child Intervention through a Permanent Guardianship Order at the time of his serious injury.

Investigative reviews are designed to improve the lives of young people by identifying ways to enhance services and supports, leading to system improvements and better outcomes for young people and their families. Releasing individual reviews ensures that each young person's circumstance is reported in a consistent manner and provides increased transparency and public accountability. I believe that this is in the public interest. I will review and report annually on themes identified across the investigative reviews and include recommendations.

The investigation process includes:

- Examination of critical issues
- Review of documentation and reports
- Review of policy and casework practice
- Personal interviews
- Other factors that may arise for consideration
- Notification and involvement of the young person's family, Band, Delegated First Nation Agency, community or cultural group, relevant Ministry, law enforcement agency, Office of the Chief Medical Examiner, Alberta Health Services, and any other person the Advocate considers appropriate.

In accordance with the *CYAA*, investigative reviews must be non-identifying. Therefore, the names used in these reports are pseudonyms (false names). Great care has been taken to protect their privacy; however, there is no guarantee that interested parties will be unable to identify them. Accordingly, readers and interested parties, including the media, should respect this privacy and not focus on identifying the individuals and locations involved in these matters.

Investigative reviews do not contain findings of legal responsibility or conclusions of law nor replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code* of Canada. The intent of a review is not to find fault with specific individuals but to identify key issues and meaningful findings.

Spencer's experiences were unique, and his injury has left a lasting impact on him and his family's lives. My thoughts are with Spencer, his family, and those who care about Spencer.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT SPENCER AND HIS FAMILY

Spencer¹ was six years old when he was injured in a motor vehicle accident. He had surgery for a spinal fracture and now uses a wheelchair. Spencer was the subject of a **Permanent Guardianship Order (PGO)**² at the time of his serious injury.

Spencer is an energetic, determined, and inquisitive First Nation boy. He enjoys spending time outside, playing video games, and attending cultural events. Spencer is from a large sibling group and has a special relationship with his oldest brother, Owen. He had minimal contact with his parents, Amanda and Colin, and his father passed away when Spencer was four years old. He and his siblings were raised by their grandmother, Samantha, in her Indigenous community.

SUMMARY OF SPENCER'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Spencer from Birth to Six Years Old

When Spencer was born, Child Intervention was involved with his older siblings through an **Enhancement Agreement (EA)** because of emotional injury. Concerns were related to Amanda and Colin's substance use, family violence, and their ability to care for their children. Spencer was not added to the EA. Amanda and Colin were connected to community-based parenting and mental health supports, and involvement ended weeks after his birth.

Over the next five months, Child Intervention received two reports about neglect and emotional injury. Concerns were related to Amanda and Colin's substance use, inappropriate supervision, and medical neglect. The concerns were either not substantiated or the family was encouraged to access their natural supports and involvements ended.

When Spencer was nine months old, Child Intervention received a report about similar concerns. The family had been evicted and was staying with Samatha. The house was unkept, and Colin shared that he and Amanda both used substances. Spencer had a chest cold, a rash on his body, and thick, dry skin patches on his scalp. The children were **apprehended**, and Spencer was taken to the hospital and diagnosed with a lung infection. It was noted that he had received limited health services in his first nine months, and that he was prenatally exposed to substances.

The children were placed with Samantha under kinship care, and she began the process to become an approved placement provider. She regularly involved her grandchildren in cultural activities and ceremony, and they remained connected to extended family members. Amanda and Colin were encouraged to contact caseworkers to arrange for visits, but they often did not follow through. They continued to use substances and did not complete addiction programming.

Spencer's older siblings were assessed and diagnosed with intellectual disabilities. They were referred to community-based mental health supports. It was challenging to obtain consent from Amanda and Colin to meet the children's health care needs, and they did not see medical professionals regularly.

Concerns were received about the children's hygiene, the condition of Samantha's home, and her verbal outbursts and use of inappropriate language towards them. Samantha said that she felt overwhelmed; however, moving the children was not supported by Child Intervention leadership. Additional respite care was provided, and she had an in-home support worker to help her develop routines and budgeting skills, but her engagement was low.

When one-year-old Spencer was in respite care, he developed a fever and was taken to the hospital. He was diagnosed with a contagious skin infection. Caseworkers noted that his siblings had similar medical concerns but had not received treatment. A safety plan was developed that included Samantha working with in-home supports, which she struggled to do. She subsequently said that she would not allow the worker into her home. Engaging Samantha was challenging, and concerns with the quality of care persisted. She received funding to purchase new furniture, and youth workers were arranged for her older grandchildren.

Amanda and Colin disengaged from the case team, and a court order was obtained for medical treatment for their children. Spencer was immunized and treated at the hospital for an ear infection. When Spencer was two and a half years old, Samantha completed the necessary requirements to become a kinship care provider. The home assessment recommendations included Child Intervention approval for all adults living in her home, respite care, specialized training, and additional supports to help Samantha develop parenting skills and routines. It was noted that the children required regular medical care, which was not consistently accessed.

Within months, Spencer and his siblings became the subjects of a PGO. Caseworkers met regularly with the Band Designate to discuss planning that focused on family and cultural connections, in-home supports, and transportation. Caseworkers encouraged Samantha to access services, but she was challenging to engage.

1. All names in the report are pseudonyms.
2. Bolded terms are defined in Appendix A.

The children had infrequent contact with their parents, whose circumstances remained unstable. Amanda had two more children who were apprehended and placed in kinship care, and sibling visits were arranged. When Spencer was four years old, Colin passed away unexpectedly. Amanda moved in with Samantha; her substance use continued, and she left soon after.

At five years old, Spencer began Kindergarten. Teachers noted that he was thoughtful, imaginative, and a hard worker. He had difficulty with fine motor skills, counting, and identifying letters, and was encouraged to read at home and participate in activities to build hand strength, such as lacing and stringing beads. It is unknown if this occurred.

Concerns persisted about the quality of care in the kinship home, Samantha's willingness to work with in-home supports and use approved respite care providers; the safety plan remained unchanged. Caseworkers and Child Intervention leadership discussed the concerns and the option of moving the children. It was determined that continued efforts would be made to engage Samantha in planning, but these were unsuccessful. When Spencer was five years old, Child Intervention provided a letter of support for Samantha to apply for guardianship.

Six months later, Spencer and his brother, Owen, were passengers in a car that was involved in a motor vehicle accident. They were taken to the hospital, and both had surgery. Owen was released within weeks, while six-year-old Spencer remained hospitalized for an extended period; Samantha remained by his bedside. He was later moved to a rehabilitation centre and now uses a wheelchair. During this time, Child Intervention received concerns about the safety and well-being of Spencer's siblings, and they were moved to different kinship homes. After he was discharged, Spencer was placed in kinship care outside of his community and continues to receive child intervention services through a PGO.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 6 Years Old

• Birth – 9 Months Old

- Child Intervention involved 3 times
 - Apprehended
 - Diagnosed with lung infection

• 10 Months – 1 Year Old

- Kinship care with maternal grandmother
- Diagnosed with skin infection

• 2 – 3 Years Old

- Order for medical treatment
- Permanent Guardianship Order
- Grandmother became approved kinship care provider

• 4 Years Old

- Father passed away

• 5 Years Old

- Kindergarten

Six-year-old Spencer was seriously injured

FINDINGS

Children and Family Services

Child Intervention was involved with Spencer and his family three times in his first two years. Concerns were related to his parents' substance use, inadequate supervision, and medical neglect. Assessments and interventions were informed by their evolving circumstances and appropriately considered the children's needs. He and his siblings were placed in kinship care with their maternal grandmother and remained connected to their family and community.

Amanda and Colin's circumstances did not change, and when Spencer was two years old, he and his siblings became the subject of a Permanent Guardianship Order. After Spencer and his siblings were placed with Samantha, she voiced that she felt overwhelmed caring for her grandchildren, many of whom had high needs. She was offered additional respite care and in-home support, but her engagement was low. Although concerns about the quality of care in her home persisted, case planning remained unchanged, and she was supported to apply for guardianship. Spencer and his siblings would have benefited from case planning that considered Samantha's willingness and capacity to meet the children's needs.

Health

Spencer received limited routine health care throughout his life. He was immunized, and when he was seen to address his medical needs, he received thorough care and medication to address the concerns.

Education

Spencer began Kindergarten at five years old. Concerns were noted with his academic and motor skills, and his caregivers received appropriate strategies to help him develop these at home.

THEMES TO TRACK

1. Connection to family and culture

Spencer was connected to his family, culture, and community.

2. Case planning

Spencer and his siblings required case planning that considered their caregiver's willingness and capacity to meet the children's needs.

APPENDIX A: GLOSSARY

Apprehended

The court grants the “Director” as defined in the *Child, Youth and Family Enhancement Act (CYFEA)* temporary custody of the child on reasonable and probable grounds that the child needs intervention in accordance with *CYFEA*.

Enhancement Agreement (EA)

A voluntary agreement under the *Child, Youth and Family Enhancement Act* to provide services and support to a family or a young person who is 16 or 17 years old. It is intended to address protection concerns while the child remains with a guardian or lives independently.

Permanent Guardianship Order (PGO)

Under this order, the “Director” as defined in the *Child, Youth and Family Enhancement Act* becomes the sole guardian of a child. The order is sought when it is believed that the child cannot be safely returned to their guardian within a specified time frame.

Systemic Review

Under the *Child and Youth Advocate Act*, the Advocate may conduct a public review when a young person is seriously injured or dies while (or within two years of) receiving designated services (*Child, Youth and Family Enhancement Act* intakes, assessments, post-18 supports, was in open or closed custody under the *Youth Criminal Justice Act*, and/or involvement under the *Protection of Sexually Exploited Children Act*) to determine if systemic issues are present.

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