17-YEAR-OLD ROSALIE

Serious Injury

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta

July 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 Rosalie. Her circumstances meet the criteria for a **systemic review**. Rosalie was receiving Child Intervention through a Permanent Guardianship Order at the time of her 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.

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

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton
Child and Youth Advocate (Alberta)

ABOUT ROSALIE AND HER FAMILY

Rosalie[1] was 17 years old when she was hospitalized following a suicide attempt. She was receiving services through a **Permanent Guardianship Order** (**PGO**)[2] at the time of her serious injury.

Rosalie is a funny, outgoing, and family-oriented young woman. She loves sports and the outdoors.

Rosalie was Andre and Noelle's only child. She was **apprehended** at birth and placed with foster parents Stan and Leona, who later adopted her. Rosalie grew up with three adoptive siblings (Otto, Alden, and Callum), all of whom had complex needs. Stan and Leona separated when Rosalie was 13 years old. She lived with Leona, who co-parented with Stan.

SUMMARY OF ROSALIE'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Rosalie from Birth to 12 Years Old

Noelle used substances during her pregnancy and received limited prenatal care. Rosalie was born six weeks prematurely. Child Intervention received a report about emotional injury related to Noelle's substance use. Andre was incarcerated and not able to care for his daughter. After Rosalie was medically cleared and discharged, she was apprehended and placed in Stan and Leona's foster home.

Attempts to find extended family to care for Rosalie were unsuccessful. At three months old, Rosalie became the subject of a PGO. The following year, she was adopted by Leona and Stan, and intervention involvement ended. Supports for Permanency (SFP) provided financial assistance for respite care, summer camps, and counselling, which they used consistently until Rosalie was 15 years old.

Rosalie received routine medical care from her family doctor throughout her early childhood. She had breathing difficulties and was prescribed medication for asthma.

At two years old, Stan and Leona had concerns about Rosalie's limited speech, and she was assessed for speech and language delays. It was recommended that she attend an early childhood education program, which she did. Rosalie worked with an educational assistant and received physiotherapy, occupational therapy, and speech and language support.

Over the next three years, Child Intervention was involved with Stan and Leona several times because of neglect. Concerns were related to inadequate supervision and their difficulty managing Otto's behaviours. A placement resource assessment recommended additional parenting courses, which Stan and Leona completed. They entered into an **Enhancement Agreement** (**EA**) for further support, and their foster home was placed on hold. Involvement ended at the conclusion of the EA as Stan and Leona addressed the concerns and Otto moved to out-of-home care. Shortly afterwards, they resumed accepting foster children.

Rosalie attended the same school throughout most of elementary. She was assessed and diagnosed with fetal alcohol spectrum disorder, reading and learning disorders, attention-deficit/hyperactivity disorder, and separation anxiety. Recommendations included therapy, a psychiatric assessment, speech and language supports, modified educational programming, and accessing Family Supports for Children with Disabilities (FSCD), which were implemented. An Individualized Program Plan (IPP) was developed that focused on improving her communication skills and provided learning accommodations.

Nine-year-old Rosalie began working with a psychiatrist, who prescribed medications for her mood and remained involved with her over the next eight years. She also worked with a psychologist on coping strategies and emotional regulation. A nurse from the psychiatric clinic observed Rosalie at school and shared strategies to support her learning with her teachers. The same year, FCSD services began. Financial support for respite care and medications was provided.

When Rosalie was 11 years old, Child Intervention received a report about physical injury related to inappropriate discipline. The family accessed resources through FSCD, SFP, and other community-based supports, and involvement ended.

Months later, Child Intervention received a report about Stan and Leona's ability to protect their children from physical injury related to Rosalie's physical outbursts towards her siblings and foster children in the home. During the **Assessment**, additional concerns were identified about their ability to care for several children with complex needs. Their foster home was closed, and the foster children were moved. Involvement ended after a detailed safety plan was developed, which included close supervision, and increased support from SFP and FSCD.

In Grade 6, Rosalie attended a clinic-based educational program, and she was diagnosed with an intellectual disability, borderline anxiety, additional learning disorders, and speech delays. Later that year, she transferred to another therapeutic school program that provided rehabilitative mental health therapy to address her mental health concerns

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

and learning diagnoses. While there, she worked with psychologists, psychiatrists, and participated in groups to improve her social and motor skills.

The following year, Rosalie began junior high school in a specialized class with fewer students and additional one-to-one supports. Partway through the school year, the COVID-19 public health measures were put in place, and her schooling moved online.

Weeks before her 13th birthday, Rosalie's mental health declined and she was admitted to an in-patient psychiatric unit for behavioural concerns and poor impulse control. While there, she met regularly with psychologists, attended groups to improve her social skills, and her medications were adjusted. She was discharged with a plan to follow up with her community-based psychiatrist and to attend a specialized behavioural class at school, which she did.

During this time, Leona and Stan separated; they continued to co-parent and Rosalie lived with Leona. She transferred to a new school where she received similar education supports. Her attendance began to decline, and efforts to engage her in her education were unsuccessful.

Rosalie from 13 to 17 Years Old

Over the next two years, Rosalie's mental health worsened; she self-harmed and had ongoing suicidal ideation. She was taken to the hospital multiple times for these concerns. Each time, she was discharged, and hospital staff safety planned with Stan and Leona and Rosalie met regularly with psychiatrists and therapists, but her mental health did not improve. SFP continued to provide financial support for respite care and encouraged the family to access FSCD and their natural supports. Stan and Leona's engagement with their FSCD caseworker lessened, and after they could not be reached to renew their agreement, FSCD services ended.

Rosalie was hospitalized under the *Mental Health Act* (*MHA*) twice following multiple suicide attempts. She was diagnosed with borderline personality disorder and discharged with recommendations to access a community mental health program, FSCD funding, and a highly structured out-of-home placement. She accessed mental health supports in her community. FSCD services were approved but not accessed, and the family was unable to access an out-of-home placement because of waitlists.

In Grade 10, Rosalie attended school in the hospital and then transitioned to a community-based school for students with emotional-behavioural concerns for the remainder of high school. Her classes were adapted to match her needs and ability. School staff used Rosalie's strengths to inform services and increase her engagement. As her mental health declined, she struggled to go to school. School staff worked with her service team to encourage her attendance.

Shortly after Rosalie's 15th birthday, Child Intervention received a report about neglect. Concerns were related to her parents' ability to keep her safe from self-harm. Rosalie had been taken to the hospital three times following suicide attempts. After she was discharged the third time, Leona said she did not have the capacity to manage her daughter's escalating needs and refused to take her home. SFP did not have the resources required to meet Rosalie's needs. Stan and Leona entered into an EA, and Rosalie was confined in a **secure services** facility for nine days. Her parents entered into a **Custody Agreement** (**CA**) when she was discharged, and Rosalie was moved to a specialized group home. SFP involvement ended.

Rosalie frequently left her placement without permission, had several suicide attempts, and was assaulted while in the community. Caseworkers notified the police, and she was referred to a child advocacy centre for support. The police investigation concluded after Rosalie refused to be interviewed. After a fourth suicide attempt, Rosalie was confined in a secure services facility for three weeks, then discharged back to her placement.

Shortly after, Rosalie's placement ended because staff were unable to meet her needs. An alternate placement was not available and neither Leona nor Stan could manage Rosalie's escalating self-harm and suicidal behaviours. Rosalie slept at a Child Intervention office for three weeks while waiting for a placement and was subsequently confined in a secure services facility because of her chronic suicidality. Rosalie became the subject of a **Temporary Guardianship Order** (**TGO**). Leona maintained her relationship with Rosalie and continued to be involved in planning.

Rosalie was briefly placed in a group home with additional supports. Shortly after, she was moved to a specialized placement for young people with complex mental health needs that was a joint initiative between Child Intervention and mental health services. She frequently left this placement without permission, used substances, and was taken to the hospital multiple times for mental health concerns. Rosalie was pregnant, and she was connected to a prenatal clinic, which she accessed regularly.

Rosalie continued to access the hospital for mental health concerns and following a hospitalization, she was discharged to her placement with a care plan that focused on reducing the need for emergency services. Placement staff helped her to develop coping strategies and manage her emotions. She met regularly with mental health professionals, and her mental health stabilized.

Sixteen-year-old Rosalie became the subject of a PGO. She had a son, Jordy, whom she wanted to remain in her care and parent. She was gradually transitioned to a specialized parenting group home for additional support. She found it difficult to meet the requirements of the program and staff often cared for Jordy.

When Rosalie was 17 years old, she attempted suicide by overdosing and was hospitalized under the *MHA*. Psychiatrists recommended a placement that could provide wraparound mental health support, but one could not be located. She was temporarily

placed with family members, and a safety plan was developed. Rosalie privately arranged for Leona to care for Jordy.

Rosalie moved three more times because caregivers said that they could not manage her escalating needs. She was taken to the hospital multiple times for suicide attempts and was briefly hospitalized under the *MHA* twice. Each time, she was discharged to group home staff with safety plans which included increased staffing ratios in her placement, outreach mental health support, and a medication review with her psychiatrist. The intake process for the **Transition to Adulthood Program** (**TAP**) was initiated, and caseworkers submitted applications for Assured Income for the Severely Handicapped, Persons with Developmental Disabilities, and the Office of the Public Guardian and Trustee.

Rosalie attempted suicide twice in one week by overdosing on over-the-counter medication and was seriously injured. She was taken to the hospital and required specialized treatment to mitigate damage to her liver. She was discharged to group home staff and has since recovered. Following her 18th birthday Rosalie began receiving services through TAP and she has regular contact with her son.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 12 Years Old

- **Birth – 3 Months Old**
  - Child Intervention involvement
    - Apprehended
    - Foster care
    - Permanent Guardianship Order (PGO)
- **1 Year Old**
  - Adopted
    - Supports for Permanency (SFP)
- **2 Years Old**
  - Assessment
  - Early childhood education program
- **3 – 9 Years Old**
  - Child Intervention involvement
    - Enhancement Agreements (EA)
  - Fetal Alcohol Spectrum Disorder (FASD) assessment
    - Diagnosed with FASD, reading and learning disorders, attention-deficit/hyperactivity disorder, and separation anxiety
  - Individualized Program Plan (IPP)
  - Psychiatrist
    - Medications to stabilize mood
  - Family Supports for Children with Disabilities (FSCD)
- **11 – 12 Years Old**
  - Child Intervention involved 2 times
  - Specialized school programs
  - Hospitalized at in-patient psychiatric unit
  - Therapist
  - Adoptive parents separated

13 to 17 Years Old

- **13 – 14 Years Old**
  - Multiple suicide attempts
  - Hospital visits for mental health concerns
  - Hospitalized under the *Mental Health Act* (*MHA*) multiple times
  - FSCD involvement ended
- **15 Years Old**
  - Specialized school program
  - Child Intervention involvement
    - EA
    - Custody Agreement
    - SFP involvement ended
    - Temporary Guardianship Order
    - Confined in a secure services facility 3 times
    - Specialized group homes
    - No placements available
    - Placed in a hotel
  - Began using substances
  - Multiple suicide attempts and hospital visits for mental health concerns
- **16 Years Old**
  - Pregnant
    - Connected to prenatal clinic
    - Son born
  - Second PGO
  - Confined under *MHA*
- **17 Years Old**
  - Parenting group home
  - Multiple suicide attempts
  - Hospitalized under the *MHA*
  - Applications for Assured Income for the Severely Handicapped, Persons with Developmental Disabilities, and Office of the Public Guardian and Trustee
  - Intake with Transition to Adulthood Program (TAP)

17-year-old Rosalie was seriously injured

FINDINGS

Children and Family Services

When Rosalie was born, Child Intervention received a report about emotional injury related to her mother's substance use. She was apprehended and placed in foster care with Stan and Leona. She became the subject of a Permanent Guardianship order at three months old and was adopted at a year old. Stan and Leona received Supports for Permanency (SFP), which provided funding for respite care, summer camps, and counselling. Over the next 10 years, Child Intervention was involved with Rosalie and her family multiple times because of neglect and physical injury in relation to Rosalie's increasingly complex needs, which her parents did not have the capacity meet. Rosalie required intensive services and wraparound supports that were beyond what SFP was able to provide.

At times there were concerns about Stan and Leona's ability to manage their adoptive children's complex needs along with caring for foster children. Initial interventions included connecting the family to community resources. When the concerns persisted, their foster home was put on hold. Shortly after, they resumed fostering and continued to have difficulty meeting the needs of their children. Their home was closed when Rosalie was 11 years old. Rosalie's family would have benefited from earlier recognition of Stan and Leona's capacity to manage the needs of both their children and the foster children in their home.

At 15 years old, Rosalie's mental health concerns escalated, and Stan and Leona had difficulty managing them. She had several group home placements and was confined in secure services facilities. Caseworkers collaborated with placement staff, her family, and her mental health services to inform and coordinate the supports she required.

Rosalie's needs often exceeded her caregivers' capacity, and it was challenging to find placements that could provide the level of care she required. She experienced several placement disruptions, was confined in a secure services facility multiple times, and, at times, slept at a Child Intervention office. The lack of appropriate placements impacted her ability to stabilize and address her mental health concerns. When Rosalie was 15 years old, she moved to a specialized placement that was a joint initiative between Child Intervention and mental health services for young people with complex mental health needs, where she received comprehensive wraparound support and her mental health stabilized. However, following the birth of her child, she returned to group care and her mental health declined. Rosalie would have benefited from a long-term placement with wraparound supports tailored to her specific needs.

Health and Mental Health and Addiction

Rosalie received routine medical care from birth to age four. At five years old, she began ongoing mental health treatment and underwent multiple assessments that identified diagnoses to clarify her needs and inform her care. The assessment findings were shared to support her at home and at school. She also continued to receive therapeutic services in the community.

From 13 to 17 years old, Rosalie's self-harm and suicidal ideation escalated. She frequently went to the emergency room and was hospitalized several times under the Mental Health Act. Medical staff worked collaboratively with caseworkers, her family, and other community supports and developed appropriate safety plans.

When Rosalie was moved to the specialized placement for young people with complex mental health needs, she received comprehensive wraparound support and her mental health stabilized. There were limits to how long Rosalie was able to live there and her mental health declined after she was moved. She requires long-term programming that provides wraparound mental health supports tailored to her specific needs.

Education

When Rosalie was two years old, Stan and Leona became concerned she was not meeting her developmental milestones for her speech. She was quickly assessed and was connected to an early childhood education program. Rosalie received specialized supports throughout her schooling, which included an Individualized Program Plan (IPP), smaller classroom sizes, and support from an educational assistant. In high school, Rosalie's attendance declined as she struggled with her mental health. Education staff collaborated with caseworkers and placement staff to coordinate and encourage her attendance. Rosalie received comprehensive supports throughout her education.

Assisted Living and Social Services

Rosalie and her family received Family Support for Children with Disabilities and were provided with respite care and medications. Her family did not always use the services and supports available, and involvement ended when Stan and Leona could not be reached to renew their agreement.

THEMES TO TRACK

1. Assessments

Rosalie had multiple mental health assessments that helped to clarify her needs which were shared with her family and other professionals to guide her care.

Rosalie's family would have benefited from earlier recognition of Stan and Leona's capacity to manage the needs of both their children and the foster children in their home.

2. Educational Supports

Rosalie received comprehensive educational supports throughout her schooling.

3. Placements

Rosalie's needs often exceeded her caregivers' capacity. There was a lack of appropriate placements which impacted her ability to stabilize and address her mental health concerns. When Rosalie was placed in a setting that had appropriate wraparound services, her mental health stabilized. Rosalie would have benefited from a long-term placement that could meet her complex needs.

4. Collaboration and Information Sharing

Rosalie benefited from ongoing collaboration and information sharing between her medical team, case team, family, education staff and community supports.

5. Services and Supports

Rosalie required intensive services and wraparound supports that were beyond what SFP and her parents were able to provide.

6. Suicide

Rosalie began to self-harm and had suicidal ideation when she was 13 years old. She was hospitalized and confined several times and was seriously injured at 17 years old following a suicide attempt.

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*.

Assessment

The gathering and analysis of information to determine whether a child is in need of intervention under the *Child, Youth and Family Enhancement Act*.

Custody Agreement (CA)

A voluntary agreement between guardians and the "Director" as defined in the *Child, Youth and Family Enhancement Act*. Decision-making is shared and the young person is placed outside the home.

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.

Secure Services

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

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.

Temporary Guardianship Order (TGO)

The court grants the "Director" as defined in the *Child, Youth and Family Enhancement Act* custody and guardianship of a child for a specific period. The child is in the care of Child Intervention Services, and guardianship is shared with the parent/ legal guardian

Transition to Adulthood Program (TAP)

A provincial program that provides financial supports and skill development for young adults transitioning to independence.

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ocya OFFICE OF THE CHILD AND YOUTH ADVOCATE ALBERTA

NORTH OFFICE

600, 9925 109 Street NW
Edmonton AB T5K 2J8

SOUTH OFFICE

2420, 801 6 Avenue SW
Calgary AB T2P 3W3

ocya.alberta.ca · 1-800-661-3446