REPRESENTATIVE FOR CHILDREN AND YOUTH

Representative's Report

Critical Injuries and Deaths: Reviews and Investigations

Update # 21

Purpose

The purpose of the Representative for Children and Youth's (RCY) reviews and investigations of child deaths and critical injuries is to identify and thoughtfully analyze issues - particularly in service delivery. The intent is to help prevent similar deaths or injuries in the future, and to inform improvements to services.

Independently reviewing, investigating and reporting out on these deaths and critical injuries are essential elements of public accountability and promoting public confidence in the child serving systems. These reviews and investigations are done in a timely, fair, respectful and thorough manner.

Reporting Period: February 1, 2014 – May 31, 2014[1]

During this reporting period 95 critical injuries and 25 deaths of B.C. children and youth who were in care or receiving reviewable services within the previous year were reported to the RCY.

These have all had an initial screening by the Representative and staff to determine whether the injury or death meets the criteria for an RCY Review (defined on page 6). The following pages contain a summary of these initial screenings.

Reporting of Critical Injuries and Deaths

On December 6, 2010, the Representative released *Reporting of Critical Injuries and Deaths to the Representative for Children and Youth,* as a result of an ongoing and growing concern that the Ministry of Children and Family Development (MCFD) was not reporting all of the critical injuries to the Representative as outlined in the *Representative for Children and Youth Act* (the Act). The Representative recommended that MCFD develop and implement a Critical Injury and Death Notification Policy that would ensure the practice of reporting injuries and deaths is consistent, timely and effective, and that the policy be finalized, communicated to all MCFD staff, delegated Aboriginal agencies, and service provider partners or public bodies, and be fully implemented by March 1, 2011.

Although that policy has not yet been finalized, MCFD began, in March 2011, reporting critical injuries in a number of areas that had not previously been reported to the Representative, as mandated. Since then, the number of critical injuries reported each month has been approximately three times greater.

Work continues in this area. Staff from MCFD, the Public Guardian and Trustee, and the RCY are meeting regularly to bring much-needed focus to this reporting process, as well as working to build and instill confidence that the RCY is receiving all injury reports as outlined in the Act.

[1] *This information is based on reports received by the RCY at the time of this update. These numbers may change if additional reports of critical injuries or deaths which occurred in this reporting period are subsequently received by the*

Critical Injuries:

Of the 95 critical injuries, 21 were determined to not have met the criteria[2] for an RCY review under the Representative's mandate (explained on page 6). Decisions about whether to review 3 critical injuries are pending the receipt of further information.

RCY Reviews are being undertaken on the remaining 71 critical injuries.

A. Critical Injuries Reported and Selected for Review

Age	Total Number Reported	Selected for RCY Review	Decision Pending
Under 1 year old	5	4	0
Age 1 – 5 years	8	4	0
Age 6 – 12 years	10	7	0
Age 13 – 18 years	72	56	3
Total	**95**	**71**	**3**

B. In Care Status of the Critical Injuries for Review

Age	Child or Youth In Care	Child or Youth *Not* In Care
Under 1 year old	1	3
Age 1 – 5 years	2	2
Age 6 – 12 years	7	0
Age 13 – 18 years	47	9
Total	**57**	**14**

C. Number of Aboriginal Children or Youth

Age	Aboriginal Child or Youth	Non-Aboriginal Child or Youth
Under 1 year old	1	3
Age 1 – 5 years	1	3
Age 6 – 12 years	6	1
Age 13 – 18 years	35	21
Total	**43**	**28**

[2] All critical injuries reported to the RCY are screened to determine if they meet criteria established by the RCY for a Review. The criteria applied include whether they appear to have occurred in unusual or suspicious circumstances; if the injuries are self-inflicted or inflicted by someone else; and whether they appear to be associated with maltreatment.

Deaths:

Of the 25 deaths, 13 were determined not to have met the meet criteria[3] for an RCY review under the Representative's legislative mandate (explained on page 6). A decision about whether to review one death is pending the receipt of further information.

RCY Reviews are being undertaken on the remaining 11 deaths.

A. Deaths Reported and Selected for Review

Age	Total Number Reported	Selected for RCY Review	Decision Pending
Under 1 year old	5	2	0
Age 1 – 5 years	7	1	0
Age 6 – 12 years	4	2	0
Age 13 – 18 years	9	6	1
Total	**25**	**11**	**1**

B. In Care Status of the Deaths Selected for Review

Deaths	Child or Youth In Care	Child or Youth *Not* In Care
Under 1 year old	0	2
Age 1 – 5 years	0	1
Age 6 – 12 years	0	2
Age 13 – 18 years	2	4
Total	**2**	**9**

C. Number of Aboriginal Children and Youth

Age	Aboriginal Child or Youth	Non-Aboriginal Child or Youth
Under 1 year old	2	0
Age 1 – 5 years	1	0
Age 6 – 12 years	0	2
Age 13 – 18 years	2	4
Total	**5**	**6**

[3] All deaths reported to the RCY are screened to determine if they meet criteria established by the RCY for a Review. The criteria applied include whether the deaths appear to have occurred in unusual or suspicious circumstances; if they are self-inflicted or inflicted by someone else; and whether they appear to be associated with maltreatment.

Overall Summary: [4]

June 1, 2007 [5] **– May 31, 2014**

During this period, 1650 critical injuries and 653 deaths of B.C. children and youth who were in care or who were receiving reviewable services within the previous year were reported to the Office of the Representative for Children and Youth. All have received an initial screening.

Critical Injuries

Of the 1650 critical injuries, 609 did not meet criteria for an RCY review. Decisions about whether to review 52 of the critical injuries are pending the receipt of further information. The remaining 989 critical injuries have been identified for an RCY review:

- 16 critical injuries reviewed have been identified for RCY investigation, of which two have been released in public reports (available at www.rcybc.ca):
  - *Isolated and Invisible: When Children with Special Needs are Seen but Not Seen* (June 2011)
  - *Who Protected Him? How B.C.'s Child Welfare System Failed One of Its Most Vulnerable Children* (February 2013)
- The findings of an aggregate review, including 74 of these critical injuries, were released in November 2012(*Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm*).
- The remaining critical injuries will either be included in future aggregate reviews, are being individually reviewed, or have been individually reviewed.

Deaths

Of the 653 deaths, 398 did not meet criteria for an RCY review. Decisions about whether to review 14 of the deaths are pending the receipt of further information. The remaining 241 deaths have been identified for an RCY review.

- 23 deaths reviewed have been identified for RCY investigations
- Three RCY Investigations of five of these deaths have been completed with public reports released (available at www.rcybc.ca):
  - *Lost in the Shadows: How a Lack of Help Meant a Loss of Hope for One First Nations Girl* (January 2014)
  - *Honouring Christian Lee - No Private Matter: Protecting Children Living With Domestic Violence* (September 2009)
  - *Honouring Kaitlynne, Max and Cordon: Make Their Voices Heard Now (*March 2012)
- Two aggregate reviews of 30 of these deaths have been completed:
  - *Fragile Lives, Fragmented Systems: Strengthening Supports for Vulnerable Infants* (19 deaths, released January 2011).
  - *Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm* (11 deaths, released November 2012)
- The remaining deaths will be included in future aggregate reviews, are being individually reviewed or have been individually reviewed.

[4] This information is based on reports received by the RCY at the time of this update. These numbers may change if additional reports of critical injuries or deaths which occurred in this reporting period are subsequently received by the RCY, or if additional information is received.
[5] On this date, the part of the Act giving the RCY legislative power to conduct reviews and investigations was proclaimed.

Select Standing Committee Referrals Update

The Select Standing Committee on Children and Youth referred an additional 20 deaths and two critical injuries to the Representative for Children and Youth. These deaths and critical injuries are not included in the Overall Summary numbers above. These deaths and critical injuries all occurred prior to June 1, 2007, at which time legislation was passed giving the RCY power to conduct reviews and investigations.

Death Reviews

RCY initial reviews have been completed in all 20 of the deaths referred by the Committee:

- one review is pending further information;
- four of these will be part of an aggregate review currently underway;
- two will be part of future aggregate reviews;
- two deaths are proceeding to an RCY investigation;
- four child deaths reviewed showed no service delivery issues or other matters for concern, and no further action will be taken; and
- two of these were included in the aggregate review of 21 infant deaths, and a public report (*Fragile Lives, Fragmented Systems: Strengthening Supports for Vulnerable Infants)* was released in January 2011.

RCY investigations into five of the referred deaths have been completed:

- a public report into four of these deaths (*Amanda, Savannah, Rowen and Serena: From Loss to Learning)* was released in April 2008; and
- another public report into one of these deaths (*So Many Plans, So Little Stability: A Child's Need for Security*) was released in September 2011.

Critical Injury Reviews

RCY initial reviews have been completed in the two critical injuries referred by the Committee:

- one of them has been identified for an RCY investigation; and
- an RCY investigation of one critical injury has been completed and a public report *(Housing, Help and Hope: A Better Path for Struggling Families)* was released in July 2009.

DEFINITIONS

RCY Initial Screening:

The RCY receives reports of critical injuries or deaths of children who were in care or receiving reviewable services at the time of the incident, or in the year previous. These reports receive an 'initial screening' to determine if they meet the criteria, under the Representative for Children and Youth Act, for an RCY Review (defined below).

RCY Review:

Critical injuries and deaths that do meet the criteria under the Representative for Children and Youth Act proceed to an RCY Review, which examines the circumstances and the services delivered to the child.

This may include examining medical records, Ministry of Children and Family Development (MCFD) case files, relevant policies and standards. As well, consultation with the Coroners Service and discussions with service providers, caregivers and parents may occur.

The purpose of an RCY Review is to determine if there are service delivery issues or other circumstances that would require an RCY Investigation (defined below). Reviews are also aggregated to identify and analyze recurring circumstances or trends, to improve the effectiveness and responsiveness of reviewable services.

RCY Investigation:

The Representative initiates an RCY Investigation when the circumstances of the injury or death are suspicious, self-inflicted, or when there is a question as to whether neglect, abuse or services the child received may have played a role in events leading to the injury or death.

By law, an RCY Investigation must not inhibit the work of others. An RCY Investigation does not proceed until police investigations and criminal court proceedings are completed. If there are no criminal proceedings, the RCY Investigation proceeds when other processes, such as ministry reviews or coroner's inquests, are completed, or one year after the incident, whichever is earlier.

RCY Investigation reports are presented to the Select Standing Committee on Children and Youth, and publicly released.

Aggregate Reviews:

These are conducted to identify and analyze recurring circumstances or trends in child deaths and critical injuries. This is in keeping with recommendations made in the 2006 BC Children and Youth Review, in which the Hon. Ted Hughes noted: "The primary method of reviewing child injury and deaths will be to examine aggregated information, and identify and analyze trends that will inform improvements to the child welfare system as well as broader public policy initiatives."

Reviewable Services:

Reviewable services are services or programs under the Child, Family and Community Service Act and the Youth Justice Act; mental health services for children; addiction services for children; services to children with special needs delivered by MCFD and Community Living B.C.; and additional "designated services" that may be designated under a Regulation.