



19-YEAR-OLD GAVIN

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta
July 2024

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 Gavin. This report looks into his circumstances to determine if **systemic issues** were present. Gavin was receiving Child Intervention through the Transition to Adulthood program 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.

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

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT GAVIN AND HIS FAMILY

Gavin¹ was 19 years old when he was assaulted in the community. He was treated for life-threatening injuries in hospital before being discharged 14 days later. At the time of Gavin's serious injury, he was receiving Child Intervention through the **Transition to Adulthood Program (TAP)**.²

Gavin is a kind and funny Inuit youth who enjoys reading and spending time with friends. He was born in a different province and was adopted shortly after by Erynn. Gavin is close with his family, including his two younger siblings, Siobhan and Ronin, and his grandmother, Breanna.

SUMMARY OF GAVIN'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Gavin from Birth to 11 Years Old

Gavin was born outside of Alberta and was prenatally exposed to substances. He was adopted by Erynn and when he was three years old, his family moved to Alberta. Soon after, he was diagnosed with **attention-deficit/hyperactivity disorder (ADHD)**. One year later, an assessment identified that he had attention-seeking behaviours and low frustration tolerance. The recommendations included play school, and ongoing monitoring based on his history of prenatal exposure to substances.

Child Intervention became involved with Gavin and his family when he was four years old after Erynn was physically injured by a family friend. She said that her friend had left the province and involvement ended. That same year, Child Intervention received a report that Erynn used substances and there was family violence between her and her partner, Cullen. Involvement ended after Erynn denied the substance use and obtained a **No-Contact Order** against Cullen.

Gavin started Kindergarten when he was five years old and remained at the same school throughout most of his elementary years. He had an **individualized program plan** that focused on improving his reading and writing. As he got older, strategies were implemented to support his ADHD diagnosis and behavioural challenges.

Child Intervention received a report that seven-year-old Gavin physically acted out towards his siblings and Erynn struggled to manage his escalating behaviours. They were

on a waitlist for community-based services and involvement ended. Later that year, Child Intervention received a report after Gavin had suicidal thoughts and his mother continued to have challenges managing his behaviours. He began working with a child psychiatrist and Erynn told caseworkers they were waiting for a **fetal alcohol spectrum disorder (FASD)** assessment. Intervention involvement ended.

Gavin's behaviours escalated and when he was eight years old, he was diagnosed with **oppositional defiant disorder** and **neurobehavioral disorder**; noting pre-natal alcohol exposure. Erynn and Cullen reunited and Child Intervention was involved twice because of her substance use, family violence and Gavin's inability to manage his emotions. Erynn ended her relationship with Cullen and obtained an **Emergency Protection Order**. She continued to work with community-based supports and intervention involvement ended.

The following year, Gavin had an assessment that indicated his learning was impacted by impulsivity, poor organizational skills and difficulty with attention. Recommendations included counselling and school support, emphasizing structure and routine. The **Family Support for Children with Disabilities** program provided funding for specialized programming and respite care, which Erynn had difficulty arranging. Over the following three years, Child Intervention received four reports about his mother's substance use and family violence. Gavin's grandmother, Breanna, took care of the children when Erynn had difficulty and intervention involvement ended.

Nine-year-old Gavin was diagnosed with FASD and shortly afterward, he was admitted to an in-patient mental health program because of thoughts of suicide. He was discharged home with recommendations to follow up with his family doctor. It is not known if follow-up occurred.

The following year, Gavin was re-admitted to an in-patient mental health program after threatening his siblings and having difficulty controlling his mood. He was discharged with new medication and recommendations for follow-up with his psychiatrist and community-based counselling. His health team stressed the importance of routine and structure at home. He was admitted again when he was 11 years old for suicidal ideation, as well as emotional and physical outbursts and threats towards others. He was diagnosed with **disruptive mood dysregulation disorder** and discharged home. His family was encouraged to continue working with his psychiatrist and supportive psychotherapy.

Breanna obtained guardianship of Gavin and his siblings because Erynn continued to have difficulty with her substance use and mental health, although Erynn continued to make decisions about Gavin's services. Gavin moved back and forth between Breanna's and Erynn's homes.

1. All names in the report are pseudonyms.

2. Bolded terms are defined in Appendix A.

Gavin from 12 to 15 Years Old

Gavin received FSCD services, mental health counselling and Breanna worked with parenting supports; however, his behaviours continued to escalate. Erynn subsequently entered into an **Enhancement Agreement**. Gavin was taken to the hospital by police twice for physically acting out. He had an in-patient assessment that indicated he required close supervision and consistent support from his caregivers to manage his mood and impulses. Following his discharge, Gavin lived with his maternal grandfather, Conner, who also became a legal guardian, and intervention involvement ended. Erynn's FSCD supports ended and Conner applied to receive services for Gavin in their community. Gavin was registered in a new school and initially he did well.

When Gavin was 13 years old, he returned to Breanna's care because he no longer wanted to live with Conner. He started using substances, including **methamphetamine**, and frequently left home without permission. He was confined under the **Protection of Children Abusing Drugs Act (PChAD)** and Breanna requested an out-of-home placement specializing in working with young people with FASD; one was not provided through FSCD.

The following month, Gavin was **apprehended** and subsequently became the subject of a **Temporary Guardianship Order**. He was placed in a **group home** but continued to use substances and leave without permission. He was confined a second time in a *PChAD* facility followed by confinement in a **secure services** facility.

Gavin was moved after three months to a group home that worked with young people displaying neurobehavioural, emotional and psychological difficulties. His behaviours continued to escalate, as did his substance use.

At 14 years old, Gavin received his first criminal charge for uttering threats and received **alternative measures**. He had been in his placement for seven months when he was moved after he was charged for physically injuring a staff member. Over the following two months, he was confined in a secure services facility, lived in a youth shelter, and was confined a third time in a *PChAD* facility before being placed in a **campus-based group home** outside of his community.

Gavin attended the program's on-site school and met with a clinician and an Indigenous support worker. His substance use continued to increase during this time, as did his leaving the placement without permission, impacting his school attendance. He went to Indigenous ceremonies and practices that were provided through his placement, and received an Indigenous name, although these were not specific to his Inuit traditions. Gavin said that he wanted to connect to his birth community and family; it does not appear that this occurred.

Over the next 14 months, Gavin was confined under *PChAD* four times and in a secure services facility twice for physical and verbal outbursts and substance use. Assessments indicated he had difficulty with impulse control, emotional regulation, and interpersonal

conflict and recommended another FASD assessment to identify strategies to support him. It does not appear this assessment was completed. When Gavin was 15 years old, he was charged with robbery and failing to comply with previous conditions. This same year, Gavin became the subject of a **Permanent Guardianship Order**.

Gavin from 16 to 19 Years old

Gavin was 16 years old when he was moved to a group home close to where his mother lived. His substance use and disruptive behaviours continued to affect his placements and attendance at school. In one year, he had four placements, was confined under *PChAD* three times and in a secure services facility twice, and was incarcerated in young offender facilities. Staff at these facilities noticed an increase in Gavin's hostile behaviours, at times requiring police response to de-escalate conflict. He was offered clinical support to address both his addiction and emerging mental health concerns, but he refused.

Over the following year, Gavin's substance use continued, and his mental health declined. His behaviours were erratic; he was often agitated and had delusions. When Gavin was 17 years old, he had difficulty following through with his conditions and received additional administrative charges for failure to comply and attend court dates. A court-ordered multi-disciplinary assessment was arranged, but it was not completed because he was admitted to a youth in-patient mental health program. Health staff identified placement instability and the recent death of his biological mother as stressors.

Following his discharge, Gavin was placed on a **Community Treatment Order (CTO)** to administer his medication. Shortly afterward, he had a **neuropsychological assessment** that determined he had low cognition that was further impacted by his polysubstance use. He qualified for the **Assured Income for the Severely Handicapped (AISH)** and **Persons with Developmental Disabilities (PDD)** programs. An application was made to PDD, but Gavin later withdrew it.

Caseworkers had difficulty finding a placement that could meet Gavin's needs. He was incarcerated once and further confined under *PChAD* four times as well as twice in a secure services facility. He had two group home placements; one of which focused on Indigenous culture. He was often asked to leave because of physical and verbal outbursts or high-risk substance use.

When he turned 18 years old, Gavin entered into a **Support and Financial Assistance Agreement**, and subsequently transitioned to TAP. He was connected to a health care team that worked with vulnerable and houseless adults who monitored his CTO. Together, these service providers, along with other professionals, attempted to link Gavin to adult services that could address his substance use and mental health concerns, as well as find appropriate housing. Gavin's support team completed an application for AISH, although he continued to decline PDD services. Caseworkers made an application with the **Office of the Public Guardian Trustee**, but it was denied because he did not meet the criteria.

Gavin was arrested on previous charges and was remanded to an adult correctional facility. Following his release, he was connected to an **opioid dependency program** and prescribed **suboxone**. He continued to have housing instability and stayed in shelters or with friends and family when he could. He continued to work with his health team to manage his CTO and suboxone treatments, although he continued to use substances.

On Gavin's 19th birthday, he was involved in an altercation and physically assaulted. He was taken to hospital where he underwent surgery for life-threatening injuries and survived. Gavin continues to be supported by his family and case team and receive Child Intervention through TAP.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 11 Years Old

- **Birth**
 - Adopted
- **1 to 3 Years Old**
 - Moved to Alberta
 - Diagnosed with attention-deficit/hyperactivity disorder at 3 years old
- **4 Years Old**
 - Child Intervention involvement
 - Referred to community-based supports
- **5 years Old**
 - Kindergarten
 - Individual program plans during elementary school
- **8 Years Old**
 - Diagnosed with neurobehavioral disorder and alcohol exposure
 - Clinical assessment
 - Community-based fetal alcohol spectrum disorder (FASD) support
 - Family Support for Children with Disabilities (FSCD) support
 - Diagnosed with opposition defiant disorder
- **9 Years Old**
 - Hospitalized in mental health facility
 - Diagnosed with FASD
 - Community-based counselling
- **11 Years Old**
 - Grandmother obtained guardianship
 - Hospitalized in a mental health facility

12 to 15 Years Old

- **12 Years Old**
 - Child Intervention involvement
 - Enhancement Agreement
 - Hospitalized under *Mental Health Act* twice
 - Grandfather obtained guardianship
- **13 Years Old**
 - Child Intervention involvement
 - Apprehended
 - Started using substances
 - Confined under the *Protection of Children Abusing Drugs Act (PChAD)* twice
 - Temporary Guardianship Order
 - Group care
- **14 Years Old**
 - 2 group care placements
 - Confined in secure services facility twice
 - Confined in *PChAD* facility
 - Charged for uttering threats
 - Alternative measures
- **15 Years Old**
 - Permanent Guardianship Order
 - Confined in *PChAD* facility 4 times
 - Confined in secure services facility twice

16 to 19 Years Old

- **16 Years Old**
 - 4 group care placements
 - Confined in *PChAD* facility 3 times
 - Confined in secure services facility twice
 - Young offender facility
 - **17 Years Old**
 - 2 group care placements
 - Housing instability; stayed with family, friends and shelters
 - Confined in *PChAD* facility 4 times
 - Confined in secure services facility twice
 - Young offender facility
 - Court ordered multi-disciplinary assessment (not completed)
 - Birth mother passed away
 - Admitted to youth mental health facility
 - Community Treatment Order
 - Neuropsychological assessment
 - Outreach health team
 - **18 Years Old**
 - Support and Financial Assistance Agreement
 - Transition to Adulthood Program
 - Adult correctional facility
 - Assured Income for the Severely Handicapped
 - Opioid Dependency Program
 - Suboxone treatment
 - Multi-professional case development meeting
- 19-year-old Gavin seriously injured**

FINDINGS

Children and Family Services

Child Intervention became involved with Gavin when he was four years old and had consistent involvement because of Erynn's substance use, her unmanaged mental health concerns, family violence, and Gavin's escalating behaviours. At times, service providers expressed concerns that his home environment contributed to his outbursts. Often, involvement ended because relatives agreed to support the family or Erynn was waiting to access community-based services. Over time, the concerns escalated; however, the interventions remained unchanged. An assessment of Erynn's ability to provide care and the effectiveness of community-based supports was required to determine if Gavin's needs were adequately met.

Gavin was apprehended when he was 13 years old and became the subject of a Permanent Guardianship Order two years later. He said that he wanted to connect to his birth community and family, but this did not occur. At times, he worked with an Indigenous support worker and took part in cultural practices and ceremonies. He found this meaningful, but these were not specific to his Inuit traditions.

Gavin had several diagnoses, and his behaviours were difficult to manage, even with intense supports. Between 13 and 18 years old, he moved approximately 30 times between group homes, confinements under different legislations, young offender facilities, and youth shelters. Caregivers said that they could not meet his needs which impacted services and relationships. Further, caseworkers tried to connect Gavin to addiction and mental health services, but he refused. Gavin would have benefited from a placement that could meet his mental health and substance use concerns while supporting genuine cultural connection.

As Gavin transitioned to adulthood, caseworkers coordinated assessments for adult disability services. He was open to Assured Income for the Severely Handicapped but declined services from Persons with Developmental Disabilities. Child intervention continued to provide post-18 services.

Health

When he was younger, Gavin received adequate and timely medical services. He began working with health professionals at an early age because of suicidal ideation, physical and verbal outbursts, and difficulty with impulse control and self-regulation. He received pharmaceutical support and was regularly assessed as his needs changed. In late adolescence, he refused to take his medication, and his mental health worsened. A Community Treatment Order was made so that he received the medication he required.

Gavin declined outpatient addiction services and was confined under the *Protection of Children Abusing Drugs Act* several times in response to his substance use. Following periods of confinement, he was discharged back into the community. At 18 years old, he worked with staff from an opioid dependency program to manage his dependence on substances and decrease the severity of withdrawal symptoms. Although he often refused addiction and mental health supports, he received referrals to appropriate programs.

Education

Gavin's learning challenges were identified early. He had individualized program plans, which were routinely reviewed and updated in collaboration with his family and other professionals. School staff adapted materials, provided strategies and modified learning hours to support his educational needs. However, placement moves disrupted his education and made it challenging for Gavin and school staff to develop relationships and for them to consistently implement supports.

In adolescence, Gavin stopped going to school regularly. School staff allowed for flexible school hours, movement breaks during class times and focus on one to two subjects at a time. Despite these efforts, much of this time was spent managing his substance use and mental health concerns, including periods when he was confined.

Justice

Gavin has numerous charges and convictions, including failure to comply with release conditions. He was initially given alternative measures and later spent time in a young offender facility. He had difficulty following through with his conditions and received additional administrative charges for failure to comply and attend court dates. It does not appear that his trauma history, diagnoses and level of functioning were considered in determining justice interventions.

Seniors, Community and Social Services

The Family Support for Children with Disabilities (FSCD) program began providing services to Gavin when he was eight years old. Erynn received funding for respite services, a community aide, and specialized programming. When Gavin moved to live with his grandfather, Connor had to apply for FSCD supports in their community. Gavin would have benefitted from the continuation of services he was familiar with to support routine and structure, avoiding disruption.

Gavin's family had difficulty managing his behaviours, and requested an out of home placement through FSCD with supports specific to his needs, but this did not occur. Child Intervention placements were unable to meet Gavin's complex needs and he would have benefitted from an out of home placement through FSCD. The Advocate's *Beyond Barriers A Special Report on Young People With Disabilities in the Child Intervention and Youth Justice Systems*,³ special report recommended that "*The Ministry of Seniors, Community and Social Services should increase the availability of out-of-home living arrangements provided by the Family Support for Children with Disabilities program.*" The Advocate looks forward to seeing progress on the recommendations from this report.

When Gavin reached adulthood, he received Assured Income for the Severely Handicapped but declined Person's with Developmental Disabilities services.

3. <https://www.ocya.alberta.ca/adult/publications/ocya-reports/>

THEMES TO TRACK

1. Assessments

An assessment of the effectiveness of community-based services to support Gavin's mother to provide care was required.

2. Service and supports for young people with disabilities

Justice interventions did not consider Gavin's disabilities and ability to successfully meet his conditions.

Gavin would have benefited from specific consideration of his disabilities and level of functioning in planning across the systems he was involved with.

3. Appropriate placements and housing

Gavin required a placement that could support his fetal alcohol spectrum disorder, mental health and substance use concerns, while balancing his need for connection to his family and culture.

4. Cultural connections

Gavin required culturally appropriate services that were specific to his Inuit culture.

APPENDIX A: GLOSSARY

Alternative Measures

A diversion program that provides individuals charged with minor offences an opportunity to serve a community sentence instead of going through the court process.

Apprehended

The court grants the Child Intervention Services temporary custody of a child on a reasonable and probable grounds the child is in need of intervention in accordance with the *Child, youth and Family Enhancement Act*.

Assured Income for the Severely Handicapped (AISH)

A program that provides financial and health benefits to eligible Albertans with permanent or chronic medical conditions.

Attention-Deficit/Hyperactivity Disorder (ADHD)

A mental health disorder, often diagnosed in childhood or adolescence, characterized by symptoms such as trouble focusing, hyperactivity, and impulsivity.

Campus-Based Group Home

Residential care settings that provides services, such as intensive mental health supports and educational programming, on-site with the goal of transitioning the young person to a community-based setting with the skills and tools to be successful.

Child and Youth Advocate Act (CYAA)

The legislation that establishes the Child and Youth Advocate as an independent officer of the Legislature and creates the Office of the Child and Youth Advocate to represent the rights, interests, and viewpoints of children and youth receiving services under the *Child, Youth and Family Enhancement Act* and the *Protection of Sexually Exploited Children Act*, as well as youth involved with the youth justice system.

Community Treatment Order (CTO)

A tool to help individuals comply with treatment for mental illness while remaining in the community. CTOs are not court ordered and criteria is set out in the provincial *Mental Health Act*. The order is in effect for six months and includes a treatment and care plan.

Disruptive Mood Dysregulation Disorder

A disorder in young people where they are persistently irritated or angry. This results in frequent temper outbursts that are disproportionate to the situation.

Emergency Protection Order (EPO)

An order granted by the court when there is violent or threatening behaviour between family members and there is evidence that immediate protection is necessary to prevent further incidences of violence

Enhancement Agreement (EA)

A voluntary agreement that Child Intervention Services will provide supports to a family or to 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.

Family Support for Children with Disabilities (FSCD)

A provincial program that provides tailored supports for children with disabilities to help strengthen a family's ability to promote their children's healthy development and participation in activities. Parents remain legal guardians to the young person.

Fetal Alcohol Spectrum Disorders (FASD)

A group of conditions resulting from exposure to alcohol before birth. FASD affects development impacting physical, behaviour, and mental outcomes.

Group Home (or Group Care)

A residential placement staffed by childcare workers that provides an approved placement for a child or youth in the care of the Director.

Individualized Program Plan (IPP)

Programming tailored to a student's unique educational needs. IPP's are provincially required for all students with special needs.

Methamphetamine

A synthetic drug manufactured from chemical ingredients. Methamphetamine is an illegal and highly addictive substance with long-term health effects.

Neurobehavioural Disorder (Unknown Exposure to Alcohol)

A group of disorders characterized by behavioral impairments associated with brain disease including those associated with prenatal exposure to alcohol.

Neuropsychological Assessment

An in-depth assessment of skills and abilities linked to brain function. The evaluation measures areas such as attention, problem solving, memory, language, IQ, visual-spatial skills, academic skills and social-emotional functioning.

No-Contact Order

A court order that prohibits direct or indirect physical, verbal and/or written contact with another individual or group. Such orders are most commonly associated with family or household violence, stalking or sex offenses.

Office of the Public Guardian and Trustee

A provincial body that can be given the authority to make personal or financial decisions on behalf of people who do not have the capacity to make these decisions on their own.

Opioid Dependency Program

A comprehensive initiative that provides medication-assisted treatment, counseling, and support services for individuals who have an opioid addiction.

Oppositional Defiant Disorder (ODD)

A behavioural disorder diagnosed in children who display a pattern of irritable, defiant, vindictive behaviours for six months or longer, disrupting activities and relationships.

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.

Persons with Developmental Disabilities (PDD)

A voluntary program that helps adult Albertans with developmental disabilities live as independently as possible in their communities.

Protection of Child Abusing Drugs Act (PChAD)

Legislation pertaining to minors who use substances. Minors can be placed in secure services facilities under this legislation.

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.

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.

Suboxone

A prescription medication containing buprenorphine and naloxone and is used to treat opioid dependency.

Support and Financial Assistance Agreement (SFAA)

A former voluntary agreement whereby services and financial assistance were provided under the *Child, Youth and Family Enhancement Act* to a young person between 18 to 22 years old.

Systemic Issues

Gaps in systems, that if left unaddressed, will continue to impact effective service delivery for those young people in similar circumstances.

Transitioning to Adulthood (TAP) program

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

19-YEAR-OLD GAVIN · AN INVESTIGATIVE REVIEW



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