



16-YEAR-OLD NATE

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 Nate. His circumstances meet the criteria for a **systemic review**. Nate and his family had received Child Intervention through an Intake within two years of his passing.

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.

Nate's experiences were unique, and he left a lasting impression on those who knew and loved him. My heartfelt condolences go out to his family and those who cared about Nate.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT NATE AND HIS FAMILY

Nate¹ was 16 years old when he was found unresponsive in the community. Emergency medical services (EMS) responded and transported him to the hospital, where he passed away. The Office of the Chief Medical Examiner concluded that he died from combined carfentanil and methamphetamine toxicity. Nate and his family had received Child Intervention through an **Intake**² within two years of his passing.

Nate was an energetic and fun-loving young man. He enjoyed listening to music, playing cards, and loved animals.

Nate was Rhea and Riven's only child. Both of his parents had cerebral palsy and received support for daily living. Nate was raised by his paternal grandparents, Hugh and Alice.

SUMMARY OF NATE'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Nate from Birth to 8 Years Old

Nate was born healthy. Shortly after, Child Intervention received a report about neglect related to Rhea and Riven's ability to meet his needs. Caseworkers met with Nate's parents and their service providers, extended family members, and health professionals to discuss planning. It was decided that Nate and his parents would live with Hugh and Alice, who agreed to become his primary caregivers, and he was discharged to their care. Intervention involvement ended. Soon after, Hugh and Alice obtained guardianship.

When Nate was two years old, he began seeing a pediatrician for persistent lung infections, hyperactivity, and behavioural, sleeping, and eating concerns. He was prescribed asthma medication, and Hugh and Alice were provided guidance on feeding, bedtime routines, and behaviour management strategies.

The following year, Nate was diagnosed with severe speech and language delays. He attended an early childhood program (ECP) and received speech-language therapy (SLT) and occupational therapy (OT). He had an Individualized Program Plan (IPP) that included strategies to help him follow directions and improve his speech, language, and independence, and educators maintained regular communication with his grandparents. Nate had a sleep study, was diagnosed with night terrors, and referred to a behavioural sleep clinic.

Nate's behavioural concerns persisted, and Hugh and Alice were supported by a community-based mental health program. Doctors and social workers monitored his

health needs and provided strategies to manage his behaviours and improve his sleep. Nate was diagnosed with restless leg syndrome, parent-child relational problems and language disorders. He received medication to improve his breathing and sleep. After Rhea and Riven moved to a new home, mental health professionals supported Hugh and Alice to maintain Nate's relationship with his parents, which continued until his passing.

Four-year-old Nate returned to the ECP for a second year, and he received SLT, OT, and in-home supports. His IPP included goals to improve his social, language, and communication skills and to support his transition to Kindergarten.

Nate's sleep and behaviours improved, and when he was five years old, his community mental health program services ended. SLT and OT supports continued into Kindergarten, and he had an IPP to address his needs. By year's end, Nate's classroom participation, confidence, and fine motor skills had improved, and SLT and OT supports ended.

Nate attended the same school for the next two years and did not require specialized supports or accommodations. Teachers built positive relationships with him, and the structure and routine they provided helped him to succeed academically. In Grade 3, he moved to a new school because of concerns about bullying; it is unknown how these were addressed.

Nate from 9 to 16 Years Old

Nate did well at school but had difficulty focusing and had physical outbursts at home. He was seen at a behavioural clinic where his academic abilities were noted to be within the average range. He was diagnosed with attention-deficit/hyperactivity disorder and oppositional defiant disorder and began taking antipsychotic medication. Doctors provided Hugh and Alice with parenting resources and referred them to a skills-building program, but there were waitlists. Alice declined further supports and asked to be taken off the waitlist.

When Nate was in Grade 5, the COVID-19 public health measures were put in place, and school transitioned to online learning. Shortly after Nate's 11th birthday, Hugh passed away from COVID-19-related complications. Nate and his family were deeply affected by Hugh's passing and the pandemic's health risks. Alice told medical professionals that Nate's behaviours had stabilized and that he did not require medication. The behavioural clinic supports ended.

Nate changed schools in Grade 6 after he and Alice moved in with her son and daughter-in-law, Walter and Harriet. Alice was dealing with significant health concerns, and within weeks, she passed away. Walter and Harriet became Nate's guardians. A school therapist worked with Nate to address his grief and loss, provided parenting supports to his

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

caregivers, and helped with his transition to junior high school at 11 years old.

Little is known about Nate's circumstances over the next three years. He attended regular educational programming, did well academically, and a success coach helped him manage his behaviours and emotions. By Grade 9, Nate began using substances, associated with a negative peer group, and found it increasingly difficult to follow directions, impacting his attendance.

When Nate was 14 years old, Child Intervention received a report about neglect related to a lack of food and clothing, the condition of his home, and the number of people living there. Caseworkers met with Nate and his teachers; both said they did not have concerns about his care. Additional information was received that the family had moved to a new home. It was determined that the concerns were not substantiated, and involvement ended.

The following year, Nate received medical support twice for minor injuries. During this time, he was the victim of an attempted robbery. The police investigated, and charges were not laid. In Grade 10, Nate had 2 school moves after he was expelled twice for bringing weapons. He was transitioned to a home school program. His participation was poor, and his teachers' and guardians' efforts to engage him in his education were unsuccessful.

Nate left home without permission, associated with a negative peer group, used substances, and found it increasingly difficult to follow directions. Harriet searched for Nate in the community and filed missing persons reports. She told officers that she worried about his substance use and possible gang affiliations.

The police located Nate, and he was returned home and connected to a youth diversion program that focused on building relationships and connecting him to educational and community supports. Soon after, Child Intervention received a report about physical injury. Nate said that he used substances, and his relationship with Walter was contentious; he disclosed physical abuse and voiced not wanting to live at home. Walter denied the allegations. A safety plan was developed to enhance communication between Nate and his caregivers and provided resources and techniques to de-escalate conflict. The family was given information on addiction and mental health resources. Although caseworkers recommended that Nate's circumstances be further assessed, Child Intervention leadership did not agree, and involvement ended.

Nate's school attendance was sporadic, and he continued to leave home without permission and use substances. Weeks before his 16th birthday, the police located him intoxicated in the community. Officers contacted Harriet, who said he could not return home because he routinely carried weapons, had escalating physical outbursts, and they feared for their safety. Child Intervention was notified of the concerns, but an Intake was not completed. The police were given information on shelters, and after Nate spent one night in cells, they took him there.

The following month, Nate was arrested and charged with theft and robbery. The police

contacted Harriet, who said that she was concerned about his substance use and wanted him to address his addiction. She was informed about his upcoming court dates, and Nate was released to her care.

Two weeks later, Nate was found unresponsive in the community. EMS responded and transported him to the hospital. His prognosis was poor, and his family consented to removing life support; 16-year-old Nate passed away. The Office of the Chief Medical Examiner concluded that he died from combined carfentanil and methamphetamine toxicity. Nate is deeply missed by those who knew and loved him.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 8 Years Old

• Birth

- Child Intervention involvement
 - Grandparents became Nate's guardians

• 2 Years Old

- Pediatric support for medical, behavioural, sleeping and eating concerns

• 3 – 4 Years Old

- Diagnosed with severe speech and language delays, parent-child relational problems, language disorders, night terrors, and restless leg syndrome
 - Medication for breathing and sleep
- Early childhood and community-based mental health programs
- Speech-language therapy (SLT) and occupational therapy (OT)

• 5 Years Old

- Kindergarten
 - Individualized Program Plan (IPP)
 - SLT and OT

9 to 16 Years Old

• 9 Years Old

- Behavioural clinic
 - Diagnosed with attention-deficit/hyperactivity disorder and oppositional defiant disorder
 - Antipsychotic medication

• 11 – 13 Years Old

- Both guardians passed away
 - School-based grief and loss supports
- Relatives became Nate's guardians
- Substance use began

• 14 – 15 Years Old

- Child Intervention involved 2 times
- 2 school expulsions
 - Began homeschooling program
- Missing persons reports

• 16 Years Old

- Youth justice involvement

16-year-old Nate passed away

FINDINGS

Children and Family Services

Child Intervention became involved with Nate and his family soon after his birth because of neglect related to his parents' capacity to provide care. Caseworkers collaborated with his family to identify alternative caregivers and respected family connections. Involvement ended after appropriate plans were developed to meet Nate's long-term needs.

When Nate was between 14 and 15 years old, Child Intervention received 2 reports about neglect and physical injury. The first involvement ended after collateral information was gathered, and it was appropriately determined that the concerns were not substantiated. During the second involvement, Nate disclosed physical abuse. It was noted that he routinely left home without permission, used substances, and that his caregivers had challenges meeting his escalating needs. Although Walter denied the allegations of physical injury, additional information was not gathered to determine Nate's risk at home. Nate would have benefited from a thorough assessment of his safety and risk, the impact of the trauma, grief and loss of losing both his guardians, and his caregiver's ability to meet his needs.

Weeks before Nate's 16th birthday, the police contacted Child Intervention after he was found intoxicated, and his guardians refused to have him return home. They were provided information about shelters, and an Intake was not completed. The Enhancement Policy Manual has considerations for determining if a concern meets the legislative requirement for an Intake. It provides practice guidance to determine whether a child is in need of intervention, based on the nature of the safety concerns, the child's well-being, and existing strengths and safety within the family, which was not followed. The Ministry of Children and Family Services has been notified that an internal review may be beneficial in Nate's circumstances to determine if further system improvements are required related to Intake and decision-making processes.

Health and Mental Health and Addiction

In his early childhood, health care providers collaborated with educators to meet Nate's needs. By the time he was two years old, he was supported by a pediatrician who provided diagnoses, medication, techniques, and resources to help with his breathing, feeding, behavioural management, and bedtime routines. Nate received timely and effective speech-language and occupational therapy services that resolved his delays before he started Grade 1. Medical professionals connected Nate and his family to a community-based mental health program that helped address his sleep and behavioural challenges.

At nine years old, Nate was referred to a behavioural clinic and was diagnosed with attention-deficit/hyperactivity disorder and oppositional defiant disorder. He was

promptly prescribed medication, and his guardians were provided parenting guidance and resources and referred to a skills-building program.

In his adolescence, Nate received appropriate medical care for minor illnesses and injuries.

Education

Nate benefited from two years of early education programming. Educators collaborated with his grandparents and health professionals, implementing plans and supports that improved his speech, language, and independence. Nate's planned transition to Kindergarten and continuity of services were effective, and he did not require ongoing supports.

Following the loss of his grandparents, 11-year-old Nate benefited from two years of school-based therapeutic support for his grief and loss. His therapist also provided guidance to his caregivers on parenting. In junior high school, Nate worked with a success coach, who helped him develop appropriate strategies to manage his behaviours and emotions and succeed academically.

By high school, Nate's functioning and circumstances made it difficult to engage him in school. Educators attempted to address the concerns and provided alternative programming options, but his engagement was poor, and he stopped attending.

Justice

The police first became involved with Nate when he was 15 years old when he was the victim of an attempted robbery. After his caregivers reported him missing, they actively searched for Nate and connected him to a youth diversion program once he was located. As Nate's circumstances deteriorated, the police were often involved, and located Nate intoxicated and unable to care for himself. They coordinated services with Child Intervention when he could not return home. After 16-year-old Nate was charged with theft and robbery, officers notified and involved his guardians before he was released to their care. The charges were not resolved at the time of his passing.

THEMES TO TRACK

1. Assessment

After Nate was born, caseworkers' efforts to help identify capable caregivers for him were collaborative, focused, effective, and respected his family connections.

At 15 years old, Nate required a thorough assessment of his safety and risk, the impact of the trauma, grief and loss of losing both his guardians, and his caregiver's ability to meet his needs.

2. Collaboration and information sharing

Educators and health professionals collaborated and coordinated service delivery to address Nate's needs.

3. Implementation and consistency of policy and practice expectations

The policy and practice standards outlined in the Enhancement Policy Manual related to Intake were not met.

4. Toxic drug supply

Nate began using substances at 13 years old and died from drug toxicity at 16 years old. The Advocate remains deeply concerned about the number of young people dying from drug toxicity.

APPENDIX A: GLOSSARY

Intake

A report completed when Child Intervention Services receives a community or professional concern about possible risk to a child as per the *Child, Youth and Family Enhancement Act*.

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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