



19-YEAR-OLD RUPERT

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta
March 2026

LEGISLATIVE AUTHORITY

Under my authority and duty as identified in Section 9.1 of the *Child and Youth Advocate Act (CYAA)*, the following is an individual investigative review regarding Rupert. His circumstances meet the criteria for a **mandatory review**. Rupert had received Child Intervention through an Enhancement Agreement with Youth within two years and was receiving services through the Transition to Adulthood Program at the time 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.

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.

Rupert'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 Rupert.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT RUPERT AND HIS FAMILY

Rupert¹ was 19 years old when he passed away in the hospital. The Office of the Chief Medical Examiner concluded that he died from meningitis and septic shock. Rupert had received Child Intervention through an **Enhancement Agreement with Youth (EAY)**² within two years and was receiving services through the **Transition to Adulthood Program (TAP)** at the time of his passing.

Rupert was an energetic and strong-willed young First Nation man. He was athletic and enjoyed playing basketball. Rupert had cognitive delays and physical and emotional outbursts. He began using substances when he was 12 years old.

Rupert was part of a large, blended family. His parents, Anita and Roger, often separated and reconciled. At times, they used substances, and their relationship was violent.

SUMMARY OF RUPERT'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Rupert from Birth to 6 Years Old

Child Intervention had extensive involvement with Rupert's older siblings before he was born. Concerns were related to his parents' substance use, family violence, neglect, abandonment and physical injury. His siblings often lived between family members' homes. One spent time in government care and was later adopted.

Rupert was prenatally exposed to substances but was born healthy. He received routine medical care for common childhood illnesses. Before Rupert was a year old, Child Intervention received three reports about neglect and emotional injury related to his parents' substance use, family violence, and drug trafficking. The first two involvements ended either because the family could not be located or the concerns were not substantiated.

During the third involvement, Anita and Roger entered into a **Custody Agreement**. Rupert and his siblings were placed in kinship care with their relatives, Penny and Horace. Anita and Roger had difficulty following through with supports, and the children became the subjects of a **Temporary Guardianship Order**. A family meeting was held and Rupert's parents and relatives supported Penny and Horace applying for guardianship.

When Rupert was one year old, he and his siblings became the subjects of a **Permanent Guardianship Order**. The children had regular visits with their father and inconsistent

contact with their mother. Over the next two years, they received routine health care and a home assessment was completed that supported Penny and Horace obtaining guardianship; however, there were delays because they had separated and later reconciled.

Rupert's doctor and caregivers noted concerns about his speech and language. At four years old, Rupert started an early learning program where he was assessed and diagnosed with speech and language delays. He had an Individualized Program Plan (IPP) that included behavioural, speech and language supports and accommodations for one-to-one assistance, modified schoolwork and the use of assistive technology. It was updated yearly and remained in place for the rest of his schooling. Rupert was referred for a hearing test and the following year he had surgery to improve his hearing.

Between Kindergarten and Grade 2, Rupert was assessed twice and diagnosed with cognitive delays, oppositional defiant disorder and an emotional/behavioural disability. Recommendations included strategies to improve his academics and behaviours, additional classroom support, a fetal alcohol spectrum disorder (FASD) assessment and a specialized community-based children's mental health program. This information was shared with caseworkers; however, an FASD assessment and mental health supports were not pursued. Rupert was placed in a specialized classroom with fewer students and an education assistant.

Rupert from 7 to 13 Years Old

Penny and Horace were granted guardianship of seven-year-old Rupert and his siblings. They were connected to Supports for Permanency (SFP), and intervention involvement ended. SFP caseworkers met with them yearly to review their supports.

Over the next two years, Rupert had limited systems involvement. Penny and Horace separated, and co-parented. Teachers noted that Rupert was academically below grade level and had significant literacy and behavioural challenges. His educational supports remained in place, and he regularly saw a school counsellor.

When Rupert was 10 years old, Anita began living with Penny. Shortly after, Child Intervention received a report about neglect and emotional injury. Concerns were related to Anita being arrested while caring for Rupert and his older brother, Jasper. Penny agreed not to leave the children alone with Anita and intervention involvement ended.

In Grade 5, Rupert was reassessed and his cognitive delays were affirmed. Recommendations included ongoing educational supports and a referral to a psychiatrist. He met with a psychiatrist and was diagnosed with cognitive and behavioural disorders, and functional impairments. Rupert was prescribed medication for his mood and focus,

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

and his behaviours improved. He was referred for an FASD assessment, which was not arranged. Recommendations also included Family Support for Children with Disabilities (FSCD), which was implemented the following year. After meeting with FSCD caseworkers to review available supports, Penny declined ongoing services indicating that Rupert's behaviours had improved.

At 12 years old, Rupert started using cannabis and stopped taking his medication. His negative behaviours increased and SFP caseworkers encouraged Penny to access mental health, behavioural and pharmaceutical supports for him. He resumed taking his medication, but mental health and behavioural supports were not accessed. Rupert started junior high school and his attendance steadily declined. Efforts to engage him in his education were unsuccessful and he stopped going to school in Grade 10.

Child Intervention received a report about emotional injury related to Penny's declining mental health and that others used substances in her home. Caseworkers received additional concerns about Rupert's substance use; addiction supports were not offered. Following a family meeting, Rupert and Jasper went to live with Horace, while their older sister, Olivia, moved in with a family friend, Jewel. Intervention involvement ended after a safety plan was developed that included the children having a sober caregiver.

Rupert from 14 to 19 Years Old

When Rupert was 14 years old, he moved back to Penny's home. Soon after, Child Intervention received a report about emotional injury related to her substance use. Rupert refused to return to Horace's home and arrangements were made for him to live with Olivia, who had moved into her own apartment with continued support from Horace. Intervention involvement ended.

Over the following year, Rupert lived between Penny's, Horace's and Olivia's homes. Child Intervention received a report about emotional injury related to family violence and substance use at Penny's. While Rupert was using alcohol, he was physically injured by a relative; addiction support was not offered. Rupert said that he felt safe with Penny and would contact Child Intervention if concerns arose. Intervention involvement ended.

When Rupert was 16 years old, Child Intervention received a report about physical and emotional injury related to Rupert and Horace's substance use and a physical altercation between them. Rupert declined addiction supports. Penny and Horace said that they did not have the capacity to care for Rupert and Jasper, and they were sent to live with Jewel temporarily. SFP involvement ended.

Seventeen-year-old Rupert and his brother entered into an EAY. They moved into an apartment together and were provided funds for food and clothing. Caseworkers helped Rupert access addiction and mental health supports, complete an assessment for adult disability services, and attend school and a life skills and employment program. A youth worker was provided, and family members were included in planning.

Over the next year, Rupert was difficult to contact, often missed scheduled appointments and declined addiction and mental health services. He was evicted and briefly stayed at a youth shelter before relatives helped him and Jasper find an apartment. Caseworkers offered alternative placement options, but he refused.

When Rupert was 17 years old, he was charged with physical assault of his girlfriend. He received probation, and conditions included living in a home approved by his caseworker and probation officer, which he had difficulty following. A warrant was issued for his arrest that was active at the time of his passing. Caseworkers were not aware of his conditions, and there was no contact between professionals for case planning.

At 18 years old, Rupert entered into a TAP Agreement under the stability and adult supports streams. His engagement with caseworkers was poor and he refused services and placements. The following year, he moved into a new apartment with Jasper. Soon after, Rupert became ill and was taken to the hospital by emergency medical services. His condition worsened and he was placed in the intensive care unit. The following day, 19-year-old Rupert passed away. The Office of the Chief Medical Examiner concluded that he died from meningitis and septic shock. A funeral was held in his honour, and he is deeply missed by those who knew and loved him.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 6 Years Old	7 to 13 Years Old	14 to 19 Years Old
<ul style="list-style-type: none"> • Birth – 2 Years Old <ul style="list-style-type: none"> · Child Intervention involved 3 times <ul style="list-style-type: none"> · Custody Agreement · Kinship care · Temporary Guardianship Order · Permanent Guardianship Order • 4 – 6 Years Old <ul style="list-style-type: none"> · Head Start program · Assessments <ul style="list-style-type: none"> · Diagnosed with speech, language and cognitive delays, oppositional defiant disorder and an emotional/behavioral disability · Individualized Program Plan 	<ul style="list-style-type: none"> • 7 – 9 Years Old <ul style="list-style-type: none"> · Private Guardianship · Child Intervention involvement ended · Supports for Permanency (SFP) · School counsellor • 10 Years Old <ul style="list-style-type: none"> · Child Intervention involvement · Psychiatrist <ul style="list-style-type: none"> · Assessment <ul style="list-style-type: none"> · Diagnosed with a neurodevelopment disorder and disruptive behaviour disorder along with executive functioning impairments · Prescribed medication · Referred for fetal alcohol spectrum disorder assessment • 11 Years Old <ul style="list-style-type: none"> · Reassessment at school · Family Support for Children with Disabilities • 12 Years Old <ul style="list-style-type: none"> · Substance use began · School attendance steadily declined · Child Intervention involvement 	<ul style="list-style-type: none"> • 14 – 15 Years Old <ul style="list-style-type: none"> · Child Intervention involved 2 times · Stopped attending school • 16 Years Old <ul style="list-style-type: none"> · Child Intervention involvement <ul style="list-style-type: none"> · Enhancement Agreement with Youth · Youth worker · Independent apartment with brother · SFP involvement ended • 17 Years Old <ul style="list-style-type: none"> · Shelter · Criminally Charged <ul style="list-style-type: none"> · Probation • 18 – 19 Years Old <ul style="list-style-type: none"> · Transition to Adulthood Program Agreement · Hospital <ul style="list-style-type: none"> · Intensive care unit <p>19-year-old Rupert passed away</p>

FINDINGS

Children and Family Services

Child Intervention first became involved with Rupert when he was an infant, and he became the subject of a Permanent Guardianship Order at one year old. He was placed in kinship care with his siblings. There were ongoing efforts to support his family connections and involve them in decision-making. Rupert benefited from ongoing and purposeful planning that prioritized meaningful connections for him.

Rupert was prenatally exposed to substances, and at six years old, he had an assessment that recommended he be assessed for fetal alcohol spectrum disorder (FASD), which was not arranged. Rupert required a timely FASD assessment to help identify his specific needs and inform planning and supports.

When Rupert was seven years old, Penny and Horace obtained guardianship of him, and they received services through Supports for Permanency (SFP). SFP caseworkers met with the family yearly to review and encourage them to access available services.

Child Intervention became aware of Rupert's substance use at 12 years old, and again when he was 15 years old; however, he was not offered addiction support until the following year. Rupert would have benefited from a timely connection to addiction services. Between 16 and 19 years old, caseworkers consistently made efforts to engage Rupert in planning, connect him with addiction and mental health supports and prepare him for his transition to adulthood, but he often declined services.

Health and Mental Health and Addiction

Rupert was prenatally exposed to substances and received routine medical care throughout his life. At 10 years old, he had an assessment that indicated he had significant cognitive challenges. Recommendations included that he be assessed for FASD, which was not arranged. Rupert required a timely FASD assessment to identify his specific needs and inform planning and supports.

Education

Rupert had academic, behavioural and cognitive challenges. He received early and ongoing assessments throughout his schooling that clarified his needs and informed his Individualized Program Plans. He had appropriate supports and accommodations, including a specialized classroom, one-to-one assistance, modified schoolwork, an educational assistant, and a school counsellor.

In junior high school, Rupert's attendance steadily declined. Efforts to engage him in his education were unsuccessful, and he stopped attending in Grade 10.

Justice

At 17 years old, Rupert became involved with the youth justice system for physically assaulting his girlfriend. He received probation, and conditions included living in a home approved by his caseworker and probation officer. He had challenges following his conditions, and an arrest warrant was issued that was in place at the time of his passing. There was limited collaboration and coordination between Justice and other professionals. Rupert would have benefited from increased information sharing to inform planning.

Assisted Living and Social Services

When Rupert was 10 years old, he began to receive Family Support for Children with Disabilities. Caseworkers met with the family to discuss supports, and services concluded after Rupert's caregivers declined services.

THEMES TO TRACK

1. Connection to family

Rupert benefited from ongoing and purposeful intervention planning that prioritized meaningful connections for him.

2. Assessment

At 6 and 10 years old, Child Intervention and Health and Mental Health and Addiction missed opportunities to provide a timely FASD assessment to identify Rupert's specific needs and inform planning and supports.

Rupert received timely and ongoing assessments through Education that helped to clarify his needs and inform his supports.

3. Case planning

At 12 and 15 years old, Rupert would have benefited from Child Intervention case planning that included a timely connection to addiction services.

Between 16 and 19 years old, caseworkers made regular and robust efforts to engage Rupert in planning.

4. Mental health and addiction services

Rupert started using substances at 12 years old and would have benefited from timely connections to addiction services.

5. Educational supports

Rupert received timely and extensive educational support.

6. Information sharing and collaboration

In his late adolescence, Rupert would have benefited from information sharing and collaboration between Justice and other professionals.

APPENDIX A: GLOSSARY

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 With Youth (EAY)

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.

Mandatory Review

Under the *Child and Youth Advocate Act*, the Advocate must conduct a mandatory review when a young person dies who had an agreement or order under the *Child, Youth and Family Enhancement Act* at the time of or within two years of their death. A public report must be released within one year of being notified of the young person’s death

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

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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