



22-YEAR-OLD CHESTER

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta
April 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 Chester. His circumstances meet the criteria for a **systemic review**. Chester had received services through the Transition to Adulthood Program 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.

Chester'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 Chester.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT CHESTER AND HIS FAMILY

Chester¹ was 22 years old when he was found deceased in a friend's home. The Office of the Chief Medical Examiner concluded that he died from a combination of buprenorphine, lorazepam, bromazepam, gabapentin and ethanol toxicity. Chester had received services through the **Transition to Adulthood Program (TAP)**² within two years of his passing.

Chester was a big-hearted and curious young Métis man with a great sense of humour. He enjoyed playing the guitar and was interested in mechanics. He was the youngest of Harvey and Juliette's six children. They separated when Chester was an infant, and he and his siblings lived between their parents' homes. At times, Harvey and Juliette had difficulties providing for their children's basic needs, and there were concerns about Juliette's substance use. Chester was placed in Joe and Janet's foster home when he was three years old, and they later became his guardians.

SUMMARY OF CHESTER'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Chester from Birth to 11 Years Old

Chester was born healthy but developed jaundice. He was treated and discharged to his parents' care five days later.

Over the next year, Child Intervention received three reports about neglect and emotional injury. Harvey said that he felt overwhelmed and had difficulty meeting the children's basic needs, and there were concerns about Juliette's substance use and parenting style. The first two involvements ended after attempts to engage Juliette in planning were unsuccessful, and Harvey was connected to community-based resources. During the third involvement, Harvey entered into the first of two Support Agreements. Chester was staying with his paternal aunt, Lauren, and after several months, she became his guardian. Involvement ended at the conclusion of the agreement.

Harvey and Juliette's three older children were sent to live with relatives, and Lauren returned Chester to Juliette's care; Harvey had limited contact with them during this time. Child Intervention received a report about abandonment; Juliette had left Chester and his brothers, Peter and Kyle, with family members and had not returned. They were **apprehended**, and Chester was returned to Lauren, while his brothers were placed in foster care under a **Custody Agreement (CA)**. Juliette worked with a family support worker who helped her access housing and supports to meet the family's basic needs. Two

months later, Lauren returned Chester to Juliette's care and terminated her guardianship. Caseworkers were aware that he had returned home.

Shortly after, Child Intervention received a report about neglect. Juliette used substances and had left three-year-old Chester and his older sister, who was visiting, unsupervised overnight. It was noted that Harvey was not involved and that Juliette had housing instability and was staying with friends. She entered into a CA regarding Chester, and he was placed in foster care; his sister returned to live with relatives. One month later, Chester, Peter and Kyle became the subjects of a **Temporary Guardianship Order**. Sibling visits were arranged, but efforts to engage Harvey and Juliette in planning were unsuccessful.

Chester's caregivers noticed he had frequent tantrums, physical outbursts, and was not meeting his developmental milestones. He had an assessment that identified fine and gross motor and language delays. Recommendations included attending an early childhood program, which was supported.

Harvey and Juliette's circumstances did not change, and when Chester was four years old, he and his brothers became the subjects of a **Permanent Guardianship Order (PGO)**. His other siblings remained with family. Over the next year, Chester attended pre-school, had visits with extended family members, and spent time playing with his foster siblings.

Chester began Kindergarten, and concerns were noted with his speech; he was assessed and diagnosed with a language delay. He had an Individualized Program Plan that included speech and language therapy and an education assistant. In Grade 1, Chester had physical and emotional outbursts, was easily distracted, and had trouble focusing. He had a second assessment and was diagnosed with a communication disorder. Recommendations included occupational therapy, which was not implemented. It was also recommended that he maintain his previous supports, which continued. When Chester was six years old, he was diagnosed with attention-deficit/hyperactivity disorder. Behavioural strategies were developed and implemented by his foster parents and educators.

A family group conference was arranged to discuss permanent placement options for Chester, Peter and Kyle. It was decided that Peter and Kyle would remain with their current caregivers. Lauren initially agreed to resume care of Chester, but her circumstances changed. His foster parents, Joe and Janet, obtained guardianship of him when he was seven years old. They received Supports for Permanency (SFP), which included funding for respite care and counselling. Child Intervention involvement ended.

Over the next three years, Chester attended the same elementary and junior high schools and received regular medical, optical, and dental care. He played sports and took part in cultural events with his family.

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

Chester from 12 to 17 Years Old

In Grade 8, Chester had difficulty paying attention, understanding what was being asked of him, and had verbal and physical outbursts. He had several assessments and was diagnosed with an intellectual disability and language delays. Recommendations included hands-on visual learning, life skills development, modified testing, and counselling, which he engaged with sporadically. His family was supported to apply for Family Support for Children with Disabilities (FSCD). This same year, he was diagnosed with fetal alcohol spectrum disorder (FASD). Joe and Janet took additional training to increase their knowledge about raising children with this diagnosis and accessed existing resources.

Chester's behaviours became increasingly challenging, and at 15 years old, he started using substances. He was confined under the *Protection of Children Abusing Drugs Act*. Several days later, he successfully appealed the order and was discharged from the program. That same year, Child Intervention received two reports about emotional injury; Joe and Janet had challenges managing Chester's increasing needs. He often left home without permission, used substances, and associated with a negative peer group. Both times, involvement ended after they were directed to contact their SFP worker to discuss additional supports and to access community-based services, which they followed up on.

When Chester was 15 years old, FSCD services began. The family was approved for respite care, and Joe and Janet accessed a community-based FASD support worker. Chester's behaviours escalated, and Joe and Janet advocated for a placement in a private treatment facility, which FSCD denied. SFP approved this request, but there were waitlists, so Chester was placed in a group home that worked with young people with complex needs. He had a psychiatrist who prescribed medication and he was encouraged to continue therapy. Chester frequently left the group home without permission, and after five months, his placement ended. He did not return home and stayed with friends or at a youth shelter.

Child Intervention received a report about emotional injury related to 16-year-old Chester's unstable circumstances. Joe and Janet said that they did not have the capacity to meet his escalating needs and entered into a CA. The following month, Chester became the subject of a second PGO. It was challenging to find placements, and Chester was moved to a group home outside of his community. Four months later, SFP and FSCD involvement ended.

Although it was noted that he had a disability that required extra services, Chester's previous educational supports ended in high school. His disruptive behaviours escalated, and he received multiple suspensions. He was eventually expelled for selling substances at school. Chester transitioned to an outreach program, though his attendance was poor.

Chester's mental health declined. He often left his placement without permission and had limited contact with Joe and Janet. Efforts by caseworkers to locate relatives to care for

him were unsuccessful. He was supported to visit with his father and siblings. Chester was connected to community-based mental health services, but he had difficulty following through.

At 16 years old, Chester was charged with assault. He received community service hours, but did not complete them, and was placed on 12 months of probation. When Chester was 17 years old, he was taken to an intake appointment with children's mental health and addiction services, but caseworkers were informed that he was not a fit for the program. Caseworkers arranged for private counselling and Chester went to one session before declining further support.

Chester was approved for Persons with Developmental Disabilities (PDD). He and his case team were informed that PDD would support him to develop life skills and connect to community-based resources; however, housing resources were not offered because of his lack of engagement with his placement. Caseworkers began the application process for the Assured Income for the Severely Handicapped (AISH). There were delays in gathering the required documentation because of Chester's unstable circumstances, and the service was not in place prior to his passing.

Chester was taken to the hospital three times for an overdose, seizure, and a broken nose. Following his overdose, he left against medical advice, he was referred to further testing for his seizure and had surgery to repair his broken nose.

Chester's circumstances remained unstable. He frequently left his group home without permission, and two months before his 18th birthday, his placement ended. He was provided with room and board to live with friends.

Chester from 18 to 22 Years Old

At 18 years old, Chester entered into a **Support and Financial Assistance Agreement (SFAA)**. He worked with a community-based agency that helped him develop life skills and access resources. PDD involvement ended shortly after his 18th birthday after several attempts to contact him were unsuccessful.

Chester reconnected with Joe, Janet, and his siblings. When he was 19 years old, his father passed away. Chester told support workers that he heard voices and often said that he wanted to address his mental health concerns. He was referred to supports but had difficulty following through with appointments independently.

Seventeen months after moving into his apartment, Chester was evicted after several complaints about loud music, multiple friends coming over, and the cleanliness of the home. He looked for another place to live, without success. He was encouraged to stay in a shelter and later moved to a new community with friends.

Chester disengaged from his case team, and his SFAA ended. He lived between Joe and Janet, his biological family, and at friends' homes. Soon after, Chester contacted Child

Intervention for support and entered into a TAP Agreement under the stability stream. Planning focused on connecting him with housing, mental health, pharmaceutical, and employment services, and completing the AISH application.

Chester reconnected with his support workers, who helped him find a new apartment, but he was evicted soon after. He continued to voice concerns about his deteriorating mental health, but had difficulty following through with services on his own. Attempts by his case team to help him access supports were unsuccessful.

Three months after his eviction, Chester told caseworkers that he had moved to a new community with friends. He was assigned a TAP caseworker there; however, file information was not shared between workers. He was given information on housing and financial supports and advised that he needed to be assessed to determine his eligibility for adult disability services.

Chester said that he felt sad and that he did not belong; he was encouraged to connect with mental health supports. At 22 years old, Chester was taken to an emergency mental health clinic because of suicidal ideation. He said that a friend had recently died by suicide, and he felt grief and loss about the passing of his father. He told psychiatrists that he had paranoid thoughts. His health history was noted, including past suicidal ideation and low cognitive functioning, and he was given medication and referred to counselling. An appointment was scheduled for two months later, which he did not attend.

Chester disengaged from his case team, and after several attempts to contact him were unsuccessful, TAP services ended. Over the next eight months, Chester was taken to the hospital three times for physical injuries and seizures. He shared that he had suicidal ideation, had attempted suicide, and used alcohol and cannabis. He was treated and offered mental health, addiction, and social work supports, but refused services.

The following month, 22-year-old Chester was found deceased in a friend's home. The Office of the Chief Medical Examiner concluded that he died from a combination of buprenorphine, lorazepam, bromazolam, gabapentin and ethanol toxicity. Chester was a beloved member of both his families and continues to be deeply missed by those who knew and loved him.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 11 Years Old	12 to 17 Years Old	18 to 22 Years Old
<ul style="list-style-type: none"> • Birth – 3 Years Old <ul style="list-style-type: none"> · Child Intervention involved 5 times <ul style="list-style-type: none"> · Support Agreements · Aunt became guardian <ul style="list-style-type: none"> · Returned Chester to parents' care · Custody Agreement · Temporary Guardianship Order <ul style="list-style-type: none"> · Foster care · Early childhood assessment <ul style="list-style-type: none"> · Fine and gross motor skills and language delays · Pre-school • 4 Years Old <ul style="list-style-type: none"> · 1st Permanent Guardianship Order (PGO) • 5 Years Old <ul style="list-style-type: none"> · Kindergarten <ul style="list-style-type: none"> · Diagnosed with language delay · Individualized Program Plan · Speech and language therapy · Family group conference • 6 Years Old <ul style="list-style-type: none"> · Assessed <ul style="list-style-type: none"> · Diagnosed with attention-deficit/hyperactivity disorder · Grade 1 · Assessed <ul style="list-style-type: none"> · Diagnosed with communication disorder • 7 Years Old <ul style="list-style-type: none"> · Foster parents granted private guardianship · Supports for Permanency (SFP) · Child intervention involvement ended 	<ul style="list-style-type: none"> • 13 Years Old <ul style="list-style-type: none"> · Assessed <ul style="list-style-type: none"> · Diagnosed with an intellectual disability and language delays · Diagnosed with fetal alcohol spectrum disorder • 15 – 17 Years Old <ul style="list-style-type: none"> · Family Support for Children with Disabilities · Group home placement through SFP · Child Intervention involved 3 times <ul style="list-style-type: none"> · Custody Agreement · 2nd PGO · Group care · Stayed at friends' homes or shelters · Confined under the <i>Protection of Children Abusing Drugs Act</i> · Several school suspensions and expelled <ul style="list-style-type: none"> · Outreach school · Charged with assault <ul style="list-style-type: none"> · 12-month Probation Order · Persons with Developmental Disabilities (PDD) application approved · Assured Income for the Severely Handicapped application process began 	<ul style="list-style-type: none"> • 18 – 20 Years Old <ul style="list-style-type: none"> · Support and Financial Assistance Agreements <ul style="list-style-type: none"> · Independent living program · Biological father passed away · Transition to Adulthood Program Agreements · PDD involvement ended • 22 Years Old <ul style="list-style-type: none"> · Emergency mental health clinic <ul style="list-style-type: none"> · Declined hospitalization, received medication, and referred to community-based mental health supports · Taken to hospital multiple times <ul style="list-style-type: none"> · Declined referrals for mental health, addiction, and social work support <p>22-year-old Chester passed away</p>

FINDINGS

Children and Family Services

Child Intervention became involved with Chester and his family when he was five months old because of neglect and emotional injury. Although supports were provided to connect his parents to community-based services, concerns persisted, and interventions became more intrusive to address the risk. While in foster care, Chester had regular sibling visits, routine medical care, and early childhood assessments that informed interventions. His parents' circumstances did not change, and at four years old, Chester became the subject of a Permanent Guardianship Order (PGO). Caseworkers appropriately explored relatives for permanency options, but were not successful. Chester's foster parents were supported to become his guardians, which was granted when he was seven years old. The family was promptly connected to Supports for Permanency, and intervention involvement ended.

When Chester was 15 years old, Child Intervention received the first of three reports about neglect related to his guardians' difficulty managing his escalating behaviours. At 16 years old, he became the subject of a second PGO. Caseworkers tried to find appropriate placements, but there were limited options. They made a timely application to Persons with Developmental Disabilities (PDD). There were delays in applying for the Assured Income for the Severely Handicapped because of Chester's unstable circumstances; the service was not in place prior to his passing. Caseworkers routinely collaborated with other professionals and supported Chester to access resources to support his mental health and well-being.

At 18 years old, Chester entered into a Support and Financial Assistance Agreement and then a Transition to Adulthood Program (TAP) Agreement. Support workers helped him develop life skills and pursue employment. They helped him maintain regular communication with other professionals and gave him information about community-based resources. It was known early that he had functional challenges that would require support into adulthood. He was often supported with his initial contact with mental health supports; however, he was encouraged to access ongoing services on his own, which he had difficulty with. Chester would have benefited from planning that was informed by his level of functioning to inform supports.

When Chester relocated to a new community, his TAP matter was moved to that jurisdiction. Information was not shared between workers, including his previous applications for adult disability services; he was advised that he required an assessment to determine his eligibility. TAP does not have specific policy related to file transfers, which would be beneficial so that young people like Chester do not experience disruptions in services.

Health and Mental Health and Addiction

In his early years, Chester was taken to the doctor for minor childhood ailments. While in care, he received routine medical, dental, and optical services.

In his late adolescence, Chester was taken to the hospital several times because of his substance use and declining mental health. He was appropriately assessed, treated, and discharged with information about community-based supports. During this time, Chester completed an intake with children's mental health and addiction service, but was informed that he was not a fit for the program. Chester would have benefited from mental health and addiction support when he was ready to accept them.

At 22 years old, Chester was taken to the hospital for suicidal ideation. His previous health history was noted, which included past suicidal ideation and low cognitive functioning. A mental health appointment was scheduled for two months later, which he did not attend. Chester would have benefited from timely access, along with a warm handoff to, community-based mental health supports.

Education

When Chester was three years old, he had an early childhood assessment that found he had developmental delays; he attended a preschool program to support his growth. In Kindergarten, he was diagnosed with a language delay and communication disorder. He was appropriately supported through an Individualized Program Plan that included speech and language services and accommodations in the classroom. Throughout elementary and junior high school, he had multiple assessments that informed timely and effective supports.

Although it was noted that he had a disability that required extra services, Chester's educational supports ended when he transitioned to high school. He had disruptive behaviours and received multiple suspensions and was expelled. He transitioned to an outreach school, but his attendance was poor, and he stopped going. Chester would have benefited from a continuation of his supports as he transitioned from junior high to high school.

Justice

Chester was charged with assault when he was 16 years old and appropriately received alternative measures, but had difficulty completing the requirements. He was given a 12-month Probation Order, which he completed.

Assisted Living and Social Services

Family Support for Children with Disabilities (FSCD) became involved with Chester and his family when he was 15 years old. They received respite services and were connected to a community-based support worker, who specialized in working with individuals with fetal alcohol spectrum disorder. As Chester's behavioural challenges increased, his family asked for an out-of-home placement, which was not approved. Chester and his family would have benefited from case planning that explored targeted supports to meet his specific needs.

At 17 years old, Chester was approved for PDD. He did not engage with services, and involvement ended the following year.

THEMES TO TRACK

1. Collaboration and information sharing

In Chester's adolescence, Child Intervention made intentional efforts to ensure multidisciplinary communication and coordination of services between professionals.

2. Transition to Adulthood Program (TAP) policy

TAP does not have policy related to file transfers, which would be beneficial so that young people like Chester do not experience disruptions in services.

3. Case planning

As a teenager and into young adulthood, Chester required Child Intervention case planning that was informed by his level of functioning to inform supports.

In his adolescence, Chester and his family required FSCD case planning that explored targeted supports to meet his specific needs.

4. Mental health and addiction

Chester required timely access and a warm handoff to mental health and addiction services.

5. Educational supports

Chester required continued educational supports as he transitioned from junior high to high school.

6. Toxic drug supply

Chester began using substances at 15 years old and died from a drug overdose at 22 years old. The Advocate remains deeply concerned about the number of young people dying from drug toxicity.

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.

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.

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*.

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.

Support Agreement (SA)

A voluntary agreement under the *Child Welfare Act* that provided services and support to a family or a young person older than 16 years old. This agreement was intended to address protection concerns and support the well-being of the young person, whether living with a guardian or independently. It is now referred to as an Enhancement Agreement under the *Child, Youth and Family Enhancement Act*.

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 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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