18-YEAR-OLD LIORA

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta

August 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 Liora. Her circumstances meet the criteria for a **systemic review**. Liora was receiving services through the Transition to Adulthood Program at the time of her 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.

Liora's experiences were unique, and she left a lasting impression on those who knew and loved her. My heartfelt condolences go out to her family and those who cared about Liora.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton
Child and Youth Advocate (Alberta)

ABOUT LIORA AND HER FAMILY

Liora[1] was 18 years old when she was found deceased in her home from a suspected suicide. The Office of the Chief Medical Examiner continues to investigate. Liora was receiving services through the **Transition to Adulthood Program** (**TAP**)[2] at the time of her passing.

Liora was a thoughtful and polite young Indigenous woman who enjoyed art and reading. She was from a large, blended family and was Ava and Henry's only child together, though Henry's involvement throughout her life was sporadic. Ava and Callan, Liora's stepfather, frequently separated and reconciled. Liora looked up to her older sisters, Romy and Mirelle, who primarily lived with Ava. She cared deeply for her younger siblings, who lived between Ava and Callan after they separated. Liora had two older siblings, who were adopted prior to her birth; she did not have contact with them.

SUMMARY OF LIORA'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Liora from Birth to 11 Years Old

Liora was born healthy and over the next two years, she was taken to the hospital three times for minor ailments. She was assessed, treated and discharged home. When she was two years old, Child Intervention received a report about neglect and emotional injury related to inadequate supervision and family violence. A safety plan was developed noting Ava and Callan would reach out to their natural supports if needed; they were provided with information about community-based services, and involvement ended.

Over the next 18 months, Child Intervention received 4 reports about neglect, and risk of physical injury and emotional injury related to family violence. The first three involvements ended noting the family was accessing community-based support. Following the fourth report, a **Supervision Order** was obtained with terms that included both Ava and Callan completing family violence counselling and working with in-home supports, which they did.

At the conclusion of the SO, Liora's parents entered into an **Enhancement Agreement** (**EA**) for additional support. Liora had sporadic contact with her father and paternal family. Soon after, Ava and Callan separated, and each were referred to counselling, anger management, and family violence supports. Ava worked with a family support worker to help her implement what she learned in programming, and she accessed community-based services. Involvement ended at the conclusion of the EA; Henry was not included in case planning.

The following year, Liora began an early learning program. Her teachers observed she was anxious and fearful. She had an Individualized Program Plan (IPP) that identified strategies to help her manage and understand her emotions and social interactions. She had a psychological assessment, and recommendations included a highly structured classroom setting with close supervision, modelling skills to help her regulate, and ongoing evaluation of her development, which were implemented.

When Liora was five years old, Child Intervention received its sixth report about neglect and emotional injury. The police had been to the home several times over the last few years for verbal disputes. School staff indicated that Liora was frequently absent and had limited support at home; however, they believed Ava was doing her best. Although Ava and Callan were not in a relationship, they continued to have children together. Caseworkers confirmed that they were accessing community-based services. After additional referrals for in-home support were provided, involvement ended.

Over the next five years, Child Intervention received four reports about emotional injury and neglect related to family violence and inadequate supervision. The police continued to respond to disputes between Ava and Callan, despite their separation. Liora's school attendance was poor, and she had challenges with peer interactions. Ava was often frustrated and had difficulty responding to her children's needs. At times, she made arrangements for Liora to visit Henry. Involvements ended after the family agreed to work with community-based services, and safety plans were developed in which Ava and Callan would reach out to their supports when needed.

By Grade 6, Liora had moved schools four times; the reason is unknown. She had an IPP in Grade 1 and a learning plan in Grade 3. By Grade 4, she started to have difficulty with math and science. Educators tried to meet with Ava to address the concerns, but the issues persisted.

Liora was taken to the hospital several times for minor childhood ailments. Each time, she was assessed and discharged to her mother's care with prescribed antibiotics. Liora was seen by a family doctor and optometrist as needed.

When Liora was 11 years old, Child Intervention received a report of emotional injury related to family violence. Liora witnessed an altercation between Ava and Callan, who were not in a relationship. The police attended, and Ava was granted an Emergency Protection Order. She had missed a significant amount of family violence programming, and she had relatives staying with her that were using substances. Romy went to live with her father in another province; Mirelle was **apprehended** and stayed with relatives; Liora went to live with a family friend, Lynn; and her younger siblings stayed with Callan. Ava and Callan each entered into an EA.

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

Liora from 12 to 15 Years Old

Ava and Callan's circumstances did not improve, and when Liora was 12 years old, she was apprehended and subsequently became the subject of a **Temporary Guardianship Order**. Liora continued to live with Lynn under kinship care, who was supported with respite. She had a period of stability during which she attended school regularly and said that she felt settled and supported. Liora had unsupervised visits with her mother with the understanding that Lynn would come get her if she felt uncomfortable or unsafe. Visits were sporadic, and at times, both Liora and Ava declined them.

Liora voiced her feelings of rejection and shared there were times she wanted to harm herself. A safety plan was developed, and Liora identified she would reach out to Lynn or her sisters if she felt like hurting herself. She worked with a counsellor to address her past trauma, understand her family dynamics, and manage her feelings of grief, loss and loneliness. Despite these interventions, her mental health concerns persisted.

Ava's circumstances remained unchanged. She had her youngest child, Elara, who was apprehended and placed in Lynn's home. Liora struggled with the amount of time Lynn spent with her sister and said that she felt lonely. At 13 years old, Liora became the subject of a **Permanent Guardianship Order** (**PGO**). Shortly after, she began to leave home without permission and self-harm. Lynn put safeguards in place and Liora worked with a therapist.

Although Liora was not eligible for registration with her First Nation, caseworkers consulted with the Nation regularly to inform them about planning and discuss cultural connections. Liora was encouraged to participate in cultural practices but often declined.

Liora moved schools midway through Grade 6 to be closer to her kinship home and remained there for two years. She continued to have academic challenges, did not go to classes regularly, and often cried in the washroom. School staff and her therapist identified the need for a psychoeducational assessment, but it was delayed because of funding challenges.

Child Intervention subsequently arranged for the assessment, and it was completed the following year. The assessment found that Liora had cognitive barriers affected by her mental health and she was diagnosed with a learning disorder. Recommendations included individualized programming with a reduced course load, learning aids, and social groups to enhance her skills development, which were shared with her school and implemented.

At 13 years old, Liora was taken to the hospital after consuming alcohol and prescription medication. She had tried to harm herself two days prior but did not tell anyone. She was diagnosed with adjustment disorder and trauma and stress related disorder. Liora was hospitalized for two weeks and disclosed historical physical and emotional abuse. Discharge recommendations included counselling, psychiatric and pharmaceutical support, and structure and routine, which were implemented.

The following month, Liora was hospitalized for three days after ingesting over-the-counter medication and alcohol with the intent of harming herself. She received additional diagnoses, including an anxiety disorder and attention-deficit/hyperactivity disorder. She was discharged to a community-based psychiatric program, but she left without permission and was later found and returned to the hospital. Discharge recommendations included addiction treatment, utilizing her safety and relapse prevention planning, and therapeutic and psychiatric care. Liora continued to meet with her therapist and a psychiatrist but refused treatment.

Over the next two years, Liora was taken to the emergency room multiple times because of her declining mental health. She was hospitalized four times, assessed by psychiatrists, and worked with family counsellors, occupational therapists, social workers, and nurses. Her medications were regularly reviewed and adjusted, and she was referred to community-based programming when discharged. When services were delayed, interim supports were offered along with referrals to youth addiction treatment programs, which she refused. Health staff regularly coordinated discharge planning with caseworkers and Lynn received brief one-to-one support when Liora was discharged.

Lynn said that she could no longer care for Liora because her needs exceeded her capacity; Liora was moved to a group home. Over the next two years, she was moved seven times between group homes and, for a short period, lived with Ava. Henry and his family were not involved in case planning, though he and Liora had sporadic contact. Liora's mental health challenges continued, and her substance use escalated from cannabis to methamphetamines and fentanyl. She began missing counselling appointments and stopped seeing her psychiatrist. Health and counselling professionals advised that she required a structured, therapeutic placement with individualized care, which was not consistently explored.

In Grade 9, Liora was registered in a specialized school program designed to support social and academic success, where she remained for two years. She received modified programming, adapted scheduling, and support from educators trained in mental health. Caseworkers arranged transportation and met regularly with school staff to develop strategies to improve her engagement. Despite these efforts, her attendance remained poor.

At 15 years old, Liora was confined twice under the *Protection of Children Abusing Drugs Act* (*PChAD*). Discharge recommendations included engaging in leadership opportunities, accessing residential treatment and naloxone education. She was provided mental health resources and was supported to access school while there. Following her second *PChAD* confinement, she was further confined in a **secure services** facility.

Liora from 16 to 18 Years Old

Liora was discharged from secure services and returned to her group home, where she had psychiatric and psychological supports. She said that she did not like the placement and spent extended periods with her friend's family. After disclosing ongoing substance use, she was confined under *PChAD* for a third time, referred to the virtual opioid dependency program (VODP), and started suboxone after discharge. She was later moved to live with her friend's family in a room and board arrangement.

Although she was initially willing to engage with the VODP program, Liora soon stopped taking suboxone because it made her feel sick. She resumed using substances, said she often felt sad, and did not complete the VODP program despite repeated efforts to engage her. Over the next year, she was taken to the hospital several times for intoxication, self-harm, and infections. Once, she left without being seen and each other time she was treated and discharged.

Liora's friends' family was evicted, and she moved in with her adult sister, Mirelle, where she remained for five months. She asked for help to address her substance use and mental health concerns and was given information about wrap-around community-based programming and caseworkers made a referral for counselling; however, she missed appointments and did not access services. She began working with a youth worker to develop independent living skills, connect to community resources, and learn financial planning, but her engagement was minimal.

Liora was registered in the Knowledge and Employability program at an outreach school for Grade 11. Her IPP included provisions for one-to-one support, extra time, a quiet workspace, and personal support, and caseworkers arranged transportation, but she often refused to attend. She also started, but did not finish, a work experience program for school credits.

After an altercation with Mirelle, Liora moved to her sister Romy's home, where she remained for six months. During this time, she had limited contact with her mother and disclosed that Ava had been physically and emotionally abusive during her childhood and that Henry struggled with substance use.

Following a verbal altercation with Romy, 17-year-old Liora expressed suicidal ideation and was hospitalized. Discharge recommendations included substance use treatment, psychiatric medication review, a structured environment, and therapeutic supports. Although referrals were made to a young adult mental health clinic, counselling, and community mental health services, she did not complete the intakes nor attend.

Liora stayed at a youth shelter after refusing a stabilization placement; she continued to use methamphetamines and fentanyl. Weeks later, she was moved to a group home, where she stayed until she turned 18 years old. Henry and his family were not explored for potential connections nor involved in case planning. Liora had a psychological assessment to determine her eligibility for adult services that confirmed previous diagnoses and found impairments with her working memory, particularly in math. Caseworkers initiated an application for Assured Income for the Severely Handicapped (AISH), but there were difficulties getting her medical completed.

Liora was taken to the hospital four times, including once under the *Mental Health Act*, for physical altercations, substance use, and self-harm. Each time she was treated and discharged with recommendations to follow up with her family doctor, which she did sporadically.

At 18 years old, Liora moved into her own apartment and entered into a TAP Agreement in the stability stream. Her TAP caseworker and youth worker encouraged her to connect with her family doctor and mental health services and to apply for AISH. Her youth worker offered to assist but Liora often missed appointments.

Seven months after moving, Liora was found deceased in her apartment from a suspected suicide. The Office of the Child Medical Examiner continues to investigate. Her family held a memorial service to honour her life. Liora was a beloved member of her family, and she is deeply missed by those who knew and loved her.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 11 Years Old

- **Birth – 2 Years Old**
  - Child Intervention involvement
- **3 – 4 Years Old**
  - Early learning program
    - Individualized Program Plan (IPP)
    - Psychological assessment
  - Child Intervention involved 4 times
    - Supervision Order
    - Enhancement Agreement
- **5 – 10 Years Old**
  - Child Intervention involved 5 times
  - Grades 1 and 3; IPP and learning plans
- **11 Years Old**
  - Child Intervention involvement
    - Enhancement Agreement
    - Placed with family friend

12 to 15 Years Old

- **12 Years Old**
  - Apprehended; remained with family friend
  - Temporary Guardianship Order
  - Counselling
- **13 – 14 Years Old**
  - Permanent Guardianship Order
  - Psychoeducational assessment; arranged by Child Intervention
    - IPP
  - Hospitalized 4 times
    - Consumed prescription pills and alcohol
  - Group home placements
  - Specialized school program; minimal attendance
- **15 Years Old**
  - Confined under the *Protection of Children Abusing Drugs Act* (*PChAD*) 2 times
  - Confined in a secure services facility

16 to 18 Years Old

- **16 Years Old**
  - Confined under *PChAD*
  - Virtual opioid dependency program; did not complete program
  - Room and board placements
  - Youth worker
- **17 Years Old**
  - Hospitalized
  - Shelter and group home placements
  - Psychological assessment
    - Learning disability and impairments in memory
  - Taken to hospital 4 times for substance use, mental health and physical altercations
- **18 Years Old**
  - Transition to Adulthood Program
    - Independent living

18-year-old Liora passed away

FINDINGS

Children and Family Services

In Liora's first 12 years, Child Intervention received 11 reports about neglect and emotional injury. The family received service through orders and agreements, safety planning, and referrals to community-based supports. Although these responses reflected ongoing efforts to maintain Liora within her family and community, interventions did not address the persistent and escalating nature of the concerns.

Liora was apprehended at 12 years old and became the subject of a Permanent Guardianship Order the following year. She had significant difficulty with her mental health and started to use substances. Her kinship caregiver did not have the capacity to meet her needs and was offered minimal supports to maintain the placement. Liora had multiple placement changes over six years, including confinements under the *Protection of Children Abusing Drug Act* and in secure services, group homes, kinship homes, youth shelters, and independent living. Each move amplified her feelings of rejection and abandonment, and many of the placements could not provide the level of social and emotional support she required. Liora would have benefited from proactive and intentional planning that provided her caregivers with the support required to meet her unique needs.

Family connection was recognized as important, and efforts were made to support Liora's ongoing relationship with her mother and siblings. Liora would have benefited from contact that focused on her safety and encouraged healthy boundaries and meaningful family relationships.

There were limited efforts to locate, involve, and assess Henry and his family as potential supports. As interventions shifted, and Liora became the subject of a Permanent Guardianship Order, there were few efforts to engage Henry and support connection to Liora's paternal family. She often expressed feelings of abandonment and rejection, which fueled her mental health breakdowns and substance use. The Enhancement Policy Manual highlights the importance for contact with guardians, caregivers and family, both during assessment and intervention, which was not completed. The Ministry of Children and Family Services has been notified that an internal review may be beneficial in Liora's circumstance to determine if further system improvements are required to strengthen adherence to policy requirements related to the above concerns.

Health

In her childhood, Liora received routine health care. In adolescence, her mental health declined, and substance use escalated. From 13 to 15 years old, she was hospitalized several times and received timely psychiatric assessments, medication reviews, counselling, group supports, and access to education. She was discharged with appropriate referrals to community-based supports and recommendations for her placement needs. Health staff communicated their observations and recommendations to caseworkers and provided referrals to interim community-based supports when there was a wait for services.

As Liora's substance use escalated, she was confined under the *Protection of Children Abusing Drug Act* and was referred to the virtual opioid dependency program, where she received suboxone treatment. Although her participation declined, program staff made persistent efforts to engage her.

Education

In her early learning years, educators identified signs of anxiety and fear and supported her through an Individualized Program Plan (IPP) that focused on emotional and social development. She had a timely psychological assessment as her needs emerged, which recommended a highly structured learning environment; these recommendations informed her programming. In Grades 1 and 3, she continued to receive educational planning and support; however, her attendance remained poor and efforts to engage her parents to address these concerns were unsuccessful.

By junior high school, Liora required an updated educational assessment, but there were delays because of funding. She received the assessment the following year and recommendations informed further educational planning; however, she would have benefited from timelier access to an assessment.

In Grade 9, Liora transitioned to a specialized classroom designed to support students with mental health challenges. The program offered trained educators, individualized scheduling, and strategies to support academic and social success and Liora was supported to attend with transportation. Her IPP supports continued into high school; however, her attendance and engagement remained significantly affected by her mental health struggles and substance use.

Justice

When Liora was 2 through 11 years old, the police responded numerous times because of family violence. Ava and Callan often agreed to separate and reiterated their commitment to community-based programming; however, despite the persistent nature of the concerns, interventions remained relatively unchanged. Since this time, policing agencies have strengthened their responses as it relates to family violence.

THEMES TO TRACK

1. Case planning

Liora required proactive and intentional planning that provided her caregivers with the support required to meet her unique needs.

Liora required family contact that focused on her safety and encouraged healthy boundaries and meaningful family relationships.

2. Implementation and consistency of policy and practice expectations

Policy and practice standards outlined in the Enhancement Policy Manual related to contact and connections were not followed.

3. Educational supports

In elementary school, Liora benefited from timely assessments that informed programming.

In junior high, she required a timely assessment.

4. Mental health and addictions services

By 13 years old, Liora was using substances which escalated to methamphetamine and fentanyl. She was confined and referred to the virtual opioid dependency program, where she received suboxone treatment. Although her participation declined, program staff made persistent efforts to engage her. The Advocate remains deeply concerned about the impact of toxic substances on young people.

5. Suicide

From a young age, Liora had experiences of rejection and abandonment, which impacted her suicidal ideation, self-harm, and substance use. Liora died from a suspected suicide. The Advocate is deeply concerned about the number of young people dying from suicide.

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*.

Enhancement Agreement (EA)

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.

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.

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.

Supervision Order (SO)

A court order granting the "Director" as defined in the *Child, Youth and Family Enhancement Act* mandatory supervision of a young person. Guardians retain custody.

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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