17-YEAR-OLD EMBER

AN INVESTIGATIVE REVIEW



Office of the Child and Youth Advocate, Alberta

October 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 Ember. Her circumstances meet the criteria for a **systemic review**. Ember had received Child Intervention through a Custody Agreement with Youth within two years 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.

Ember'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 Ember.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton
Child and Youth Advocate (Alberta)

ABOUT EMBER AND HER FAMILY

Ember[1] was 17 years old when she was found deceased at home. The Office of the Chief Medical Examiner concluded that she died from fentanyl and methamphetamine toxicity. Ember had received Child Intervention through a **Custody Agreement with Youth** (**CAY**)[2] within two years of her passing.

Ember was a bright and thoughtful First Nation youth who enjoyed beading, doing makeup, and horseback riding. She was from a large, blended family and was the youngest of Piper and Oliver's children. Her parents used substances and separated when she was young. Ember primarily lived in her Nation and was close with her maternal grandmother, Corrine, whom she spent much of her time with.

SUMMARY OF EMBER'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Ember from Birth to 11 Years Old

Ember was born healthy. In her first five years, she was taken to the hospital several times for minor childhood illnesses; she was treated and discharged to her parents' care.

There is limited information about the education services Ember received in her First Nation. At four-years-old, she started an early learning program and attended the same school for most of her elementary years. By Grade 6, her poor attendance limited her teacher's ability to assess her academically.

When Ember was nine years old, Child Intervention received a report about emotional injury. Concerns were related to Oliver and Piper's substance use, and that substances were being sold from their home. Her parents denied the allegations, and Ember and her siblings did not disclose concerns. Intervention involvement ended.

Piper and Oliver separated, and Ember primarily lived with her mother and grandmother. She was seen by medical professionals at the hospital and in the community as needed for minor illnesses. Each time, she was treated and discharged to her mother's care.

When Ember was 11 years old, Child Intervention received a report about emotional injury related to her sister, April, who lived with their father, and was exposed to his substance use. He was subsequently arrested for possession of illegal substances. April was apprehended and placed in group care. During the **Assessment** concerns about Piper's substance use were identified; however, there was no further follow-up.

Ember from 12 to 17 Years Old

Ember's school attendance remained poor into junior high school, and educators could not assess her skills and abilities. She did not receive supports to address barriers to her attendance.

When Ember was 12 years old, Child Intervention received a report about emotional injury. She and Piper were living with Corrine, and there were concerns about drug use and multiple individuals under the influence in the home. Caseworkers met with the family twice and noted that Ember was not attending school. It is not known how the concerns were addressed before intervention involvement ended.

Ember had limited systems involvement over the next three years. At 15 years old, she shared with health staff that she used methamphetamine and cannabis. She was supported by the community health clinic's harm reduction outreach team, who provided multidisciplinary support to address health-related concerns and connection to addiction, education, housing, and youth work supports. By 16 years old, Ember began using fentanyl. She asked the health team for help, voicing that her home was chaotic and overcrowded. She was offered suboxone therapy, which she refused. During this time, she was charged with theft and was given a court date but did not attend.

Shortly after, Child Intervention received a report about emotional injury and neglect. Concerns were related to Ember's substance use and living in a home where others were using substances. Caseworkers responded the following month and attempted to locate Ember without success. When she reached out to the harm reduction outreach team for help, they connected her with caseworkers. Ember was open about her struggles and requested treatment to address her substance use. She entered into a CAY and was placed in a group home outside of her Nation.

The following day, Ember had withdrawal symptoms and was taken to the hospital. She began suboxone therapy, was connected to the virtual opioid dependency program (VODP), and was discharged to group home staff. After two weeks, she left the group home without permission and returned home. The VODP staff made several attempts to connect with Ember and her family for follow-up but were unsuccessful; their involvement ended.

Caseworkers met with Ember and discussed treatment options; however, a safety plan was not developed to address her substance use and safety at home. Ember continued to connect with the harm reduction outreach team for support and began suboxone therapy. She did not take her medication consistently and eventually stopped participating in the program. With the help of Ember's health team, caseworkers submitted applications for

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

treatment programs. Ember was agreeable to treatment; however, the start date was six weeks away, and she could not be located when caseworkers arrived to take her to the program.

Ember was assigned a new caseworker, who began working more closely with the health team and attempted home visits, but had limited success. When they saw Ember, she appeared to be under the influence of substances and declined addiction support. One month later, her CAY expired, and she could not be located; intervention involvement ended. Days later, Ember was charged with motor vehicle theft and possession of a firearm. She received a court date but did not attend.

Three months later, seventeen-year-old Ember was charged with break and enter and incarcerated in a youth justice facility. While in custody, she worked with nursing, psychiatry, social work, and pastoral care; attended school; and restarted suboxone therapy through the VODP. Referrals were made for addiction counselling and psychology, and psychiatric and psychoeducational assessments were recommended to address possible cognitive and learning concerns.

Ember was released to Corrine's care before she connected to services or completed the assessments and information to follow up with services was not provided when she was discharged. Health staff spoke with Child Intervention to notified them of the recommendations and were informed intervention involvement had ended. Health staff did not contact her guardian nor refer her to community-based services for addiction and mental health counselling. Ember passed away before her court date to address her charges.

Three weeks later, Ember was found deceased at home. The Office of the Chief Medical Examiner concluded that she died from of fentanyl and methamphetamine toxicity. A wake and funeral were held for her in her community. Ember was a beloved member of her family and community and continues to be deeply missed by those who knew and loved her.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 11 Years Old

- **Birth – 8 Years Old**
  - Born healthy
  - Lived in First Nation
  - Early learning childhood program
  - Registered in school but attendance was poor
- **9 – 11 Years Old**
  - Child Intervention involved 2 times

12 to 17 Years Old

- **12 Years Old**
  - Child Intervention involvement
  - Registered in school; did not attend
- **15 Years Old**
  - Methamphetamine and cannabis use began
    - Worked with the harm reduction outreach team
      - Health, addiction, education, housing and youth work supports
- **16 Years Old**
  - Fentanyl use began
    - Declined suboxone therapy
  - Child Intervention involvement
    - Custody Agreement with Youth
    - Group care
  - Hospitalized for withdrawal
    - Virtual Opioid Dependency Program
    - Suboxone therapy
  - Left placement without permission and returned home
  - Re-engaged with harm reduction outreach team
  - Charged with motor vehicle theft and possession of firearm
  - Child Intervention involvement ended
- **17 Years Old**
  - Charged with break and enter
    - Young offender facility
    - Worked with nursing, psychiatry, social work and pastoral care
    - Re-started suboxone therapy
    - Released to grandmother

17-year-old Ember passed away

FINDINGS

Children and Family Services

Child Intervention was involved with Ember and her family four times because of emotional injury and neglect related to her parents' substance use and inadequate supervision. Assessments did not address the persistent nature of the concerns. Ember would have benefited from an assessment of her parents' capacity to provide care and the impact of the concerns on her and her siblings' overall well-being.

When Ember was 16 years old, Child Intervention received a report about her substance use and unstable living situation. Despite the severity of the concerns, there was a month-long delay before attempts were made to locate Ember to assess her safety and well-being. The Enhancement Policy Manual identifies Assessment standards that a face-to-face interaction with all the young people in the home must be conducted within 10 business days to determine if intervention services are required, which did not occur.

After Ember left her placement without permission and returned home, there was minimal contact with her and a safety plan was not developed.Opportunities were missed to work with professionals who had regular contact with Ember and could have helped facilitate engagement. The Enhancement Policy Manual states that safety planning must occur in collaboration with children and youth, their family and networks and should outline how concerns will be identified and addressed, which did not occur.

The Ministry of Children and Family Services has been notified that an internal review of Ember's circumstances would be beneficial to determine if improvements are required to strengthen adherence to policy and practice standards related to the above noted concerns.

Health and Mental Health and Addiction

Ember received routine medical care for minor illnesses and injuries. At 15 years old, she began using substances and was supported by a community health harm reduction outreach team. This multidisciplinary team made efforts to address her holistic needs and connect her with various resources. Ember developed a trusting relationship with them and often reached out when she needed support.

When Ember was incarcerated, health staff made referrals for psychology and addiction counselling; however, she was released before these services were implemented. Referrals for community-based addiction and mental health counselling were not made. Improvements to increase access to addiction services in youth justice facilities have since been implemented.

While incarcerated, a psychiatric assessment and a psychoeducational assessment were recommended by health staff, but Ember was released before they could be completed. Health staff spoke with Child Intervention to inform them of the recommendations and were notified that intervention involvement had ended. Her guardian was not contacted. Ember required coordinated planning to support connection for recommended services in her community.

The Ministry of Mental Health and Addiction has been notified that an internal review of Ember's circumstances would be beneficial to identify improvements in coordinating case planning for young people moving from justice facilities to community-based care.

Justice

Ember was 15 years old when she became involved with the justice system. At 17 years old, she was incarcerated in a youth justice facility and while there, she was supported to access mental health, addiction and education services. Further services and assessments were identified while she was incarcerated but could not be completed before she was released; a release plan was not shared with Ember nor her guardian. Policy standards and guidelines establish a requirement for release planning and community-oriented follow-up when programming or case-plan needs cannot be addressed during custody, which was not completed.

The Ministry of Public Safety and Emergency Services has been notified that an internal review would be beneficial to strengthen adherence to policy and discharge planning.

THEMES TO TRACK

1. Assessment

Assessments did not address the persistent nature of the concerns and Ember would have benefited from an assessment of her parents' capacity to provide care and the impact of the concerns on her well-being.

2. Implementation and consistency of policy and practice expectations

Policy and practice standards outlined in the Enhancement Policy Manual related to Assessment and safety planning were not followed.

Justice policy standards and guidelines for release planning and community-oriented follow-up when programming or case-plan needs cannot be addressed during custody were not met.

3. Case planning

Ember required coordinated planning that could support connection for recommended services in her community.

4. Toxic drug supply

Ember began using substances at 15 years old and died from drug toxicity at 17 years old. The Advocate remains deeply concerned about the number of young people dying from drug toxicity.

APPENDIX A: GLOSSARY

Assessment

The gathering and analysis of information to determine whether a child is in need of intervention under the *Child, Youth and Family Enhancement Act*.

Custody Agreement with Youth

A voluntary agreement between a young person who is 16 or 17 years old and the Director, as defined under the *Child, Youth and Family Enhancement Act*, where the young person is placed outside the home to protect their safety, security, and development.

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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