



Ministry of Justice
VERDICT AT CORONERS INQUEST
 FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE
 CORONER'S INQUEST INTO THE DEATH OF

File No.: 2014-07010-0009

ROBINSON
 SURNAME

ROBERT VICTOR ABLE
 GIVEN NAMES

An Inquest was held at Prince Rupert Supreme Court, in the municipality of Prince Rupert

in the Province of British Columbia, on the following dates September 28-October 3, 2015

before: Michael Egilson, Presiding Coroner.

Into the death of ROBINSON Robert Victor Able 16 Male Female
(Last Name) (First Name) (Middle Name) (Age)

The following findings were made:

Date and Time of Death: April 3, 2014 at 9:15 am

Place of Death: 531 Eberts Street Prince Rupert, BC
(Location) (Municipality/Province)

Medical Cause of Death:

- (1) Immediate Cause of Death: a) Respiratory failure
 Due to or as a consequence of
- Antecedent Cause if any: b) an overdose of Lorazepam
 Due to or as a consequence of
- Giving rise to the Immediate cause (a) above, stating underlying cause last: c) his mother's encouragement to unwittingly take the overdose

(2) Other Significant Conditions Contributing to Death:

Classification of Death: Accidental Homicide Natural Suicide Undetermined

The above verdict certified by the Jury on the 3rd day of October AD, 2015

Michael Egilson
 Presiding Coroner's Printed Name

Michael Egilson
 Presiding Coroner's Signature



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Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:

JURY RECOMMENDATIONS:

TO: The Minister of Children and Family Development:

1. Ensure ongoing training with regards to *Collaborative Practice between Child and Youth with Special Needs (CYSN) and Child Welfare Workers.*
2. Provide child safety training to Child and Youth with Special Needs social workers to identify when to involve Child Protection Services.
3. Provide children and youth with Child and Youth Special Needs social workers with adequate training in special needs education policy and practice, and cultural sensitivity.
4. Ensure the status of peace bonds and no contact orders are known and considered in safety planning for children.
5. Establish more directive guidelines regarding collaborative planning for children with special needs, to identify the types of ministry, medical, school, and community programs, Aboriginal agencies and other supports who should be involved.



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6. Review discharge planning practices and implement an action plan for Child and Youth with Special Needs clients when respite and/or other support services are cancelled or suspended.
7. Establish a protocol to ensure the First Nations Health Authority is involved in planning for First Nations children and youth with special needs.
8. Consult with First Nations Bands and appropriate Aboriginal agencies with respect to planning for First Nations and Aboriginal children and youth with special needs.
9. Ensure autism training in rural and remote communities, including Applied Behavioural Analysis (ABA) and other researched based therapies at no cost to a child's funding allowance.
10. Review delegation training (Child Protection [C-6], Guardianship [C-4] and Resources [C-3]), by working collaboratively with an Indigenous Delegated training agency to provide culturally sensitive practice.
11. Review the autism funding cap of six thousand dollars per year for children six years and over and consider increasing this funding in order to ensure higher need individuals are being accommodated.



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TO: The BC College of Physicians and Surgeons:

1. Alert members regarding the role of the First Nations Health Authority in providing health services to First Nations patients.

TO: Northern Health Authority

1. Alert medical staff regarding the role of the First Nations Health Authority in providing health services to First Nations patients.

TO: Community Living BC

1. Implement policy regarding consideration of early entry of transitioning youth whose needs may better be met in an adult setting.