



# **17-YEAR-OLD THEA**

## **AN INVESTIGATIVE REVIEW**

Office of the Child and Youth Advocate, Alberta  
**May 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 Thea. Her circumstances meet the criteria for a **mandatory review**. Thea was receiving Child Intervention through a Permanent Guardianship Order 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.

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

Respectfully,

[Original signed by Terri Pelton]

**Terri Pelton**

Child and Youth Advocate (Alberta)

# ABOUT THEA AND HER FAMILY

Thea<sup>1</sup> was 17 years old when she was found deceased in the community. The police investigated, and charges were not laid; her death was determined to be a suicide. The Office of the Chief Medical Examiner continues to investigate. Thea was receiving Child Intervention through a **Permanent Guardianship Order (PGO)**<sup>2</sup> at the time of her passing.

Thea was a social and strong-willed First Nation youth. She enjoyed baking, spending time with family, and taking part in cultural activities. Thea was part of a blended family and was Reid and Kelly's only child together. Her parents used substances, had mental health challenges, and separated before she was born. When Thea was nine years old, her grandmother, Linda, became her guardian. Thea and her family mostly lived in their First Nation and were impacted by generational trauma.

## SUMMARY OF THEA'S EXPERIENCES WITH GOVERNMENT SYSTEMS

### Thea from Birth to 11 Years Old

Thea was prenatally exposed to substances but was born healthy. She received routine medical care for common childhood illnesses. She had limited systems involvement in her first four years.

At five years old, Thea started Kindergarten in her First Nation. Her attendance was poor in Grade 1, and efforts to engage her parents were not successful.

That same year, Child Intervention received a report about neglect and emotional injury related to Kelly's substance use, depression, and inadequate supervision of her children. She entered into the first of three consecutive **Enhancement Agreements (EA)** and agreed to access community-based parenting, addiction, and mental health supports. She had challenges following through and was often difficult to contact.

When Thea was six years old, caseworkers received additional reports about similar concerns. They obtained a **Supervision Order (SO)** and services focused on addressing Kelly's substance use and improving her parenting skills. The concerns persisted, and Thea and her sister, Sheri, were **apprehended**; they became the subjects of a **Temporary Guardianship Order**. They were placed in kinship care with relatives, Kelsey and Alden, in their First Nation.

Soon after, caseworkers received multiple reports about Kelsey and Alden's substance use. Thea and Sheri were moved to a foster home in a nearby community and changed

schools. Teachers noted that Thea had difficulty with her academics and concentration. Caseworkers and education staff met regularly, and an Individualized Program Plan (IPP) was implemented, which included an educational assistant and a school counsellor.

Thea had physical and emotional outbursts, which included self-harm. Her negative behaviours increased, and after three months, Thea and Sheri were placed in kinship care with their grandmother, Linda, in their First Nation. Thea completed elementary school there. At times, Linda found it challenging to manage Thea's behaviours; she was provided respite care and encouraged to access mental health services. These were not accessed; Linda did not receive supports to address barriers to connecting to mental health services.

Eight-year-old Thea and seven-year-old Sheri became the subjects of a PGO. Linda wanted to apply for guardianship, which was supported by their parents and First Nation leadership. The following year, it was granted, and Linda was connected to Supports for Permanency (SFP); intervention involvement ended. SFP caseworkers regularly met with Linda and helped her submit required documentation. She received funding for respite care.

Over the following two years, Linda became the primary caregiver for several children who had high needs. Thea's challenging behaviours gradually escalated, and Linda found it difficult to provide the level of support she required. SFP caseworkers suggested strategies, but they were not implemented. In Grade 6, Thea was assessed and diagnosed with a language-based learning disorder. Recommendations included an IPP and speech and language support, which were arranged.

### Thea from 12 to 13 Years Old

When Thea was 12 years old, Child Intervention received a report about neglect and physical and emotional injury. Concerns were related to inappropriate discipline, substance use by adults in the home, and Thea's alcohol and marijuana use and declining mental health. Linda entered into an EA and agreed to access community-based services. Referrals were made for a therapist, youth worker, and an in-home support worker, but these services were not implemented. Thea was prescribed medication for her mood, but was not offered addiction support.

Twelve-year-old Thea was hospitalized under the *Mental Health Act (MHA)* because of suicidal ideation; she was assessed and stabilized. Medical professionals identified significant cognitive impairments and an elevated risk because of her impulsivity and home environment. Recommendations included in-home parenting support and a fetal alcohol spectrum disorder (FASD) assessment. A safety plan was developed prior to her discharge that included increased supervision, limiting access to harmful items, and

1. All names in the report are pseudonyms.

2. Bolded terms are defined in Appendix A.

therapeutic services. Over the following year, Thea was taken to the hospital twice for suicidal ideation and a suicide attempt; she was assessed and discharged to existing supports.

Months later, Thea was assessed and diagnosed with FASD and an intellectual disability. It was noted that she had significant memory, executive, and adaptive functioning impairments. Recommendations included continued educational supports and in-home services for her caregiver. The assessment was shared with caseworkers and school staff, and educational supports were implemented, but in-home services were not.

Linda had challenges meeting Thea's and Sheri's needs, and they were apprehended; SFP involvement ended. They were placed in kinship care with relatives outside of their Nation. Thea transferred to a new school; she began working with a school counsellor and had an IPP that included one-to-one support. Her caregivers found it increasingly difficult to meet her needs, and at 13 years old, Thea was moved to group care, while Sheri remained in her placement.

Thea frequently left her group home without permission. She was enrolled in a school program connected to her placement, but her attendance was poor. Caseworkers received multiple concerns that Thea was assaulted and was at-risk of sexual exploitation; however, these concerns were not further assessed nor reported to police and she did not receive supports to address them.

Thea's substance use escalated to include methamphetamine, and she was moved to a group home specializing in addiction treatment. She was asked to leave the following week because the staff were unable to manage her emotional and physical outbursts. Thea and Sheri were returned to Linda's care under an SO; terms included accessing parenting and mental health supports. It is not known how the previous concerns in Linda's home were addressed prior to the move.

SFP supports were reinstated, and Thea was referred to counselling; it is not known if she went. Linda asked for continued Child Intervention involvement; however, it was determined that since SFP services had resumed, Thea's behaviours had decreased and Linda was parenting appropriately, intervention involvement would end.

### Thea from 14 to 17 Years Old

Over the next year, Thea was hospitalized twice under the *MHA* because of suicidal ideation and a suicide attempt while intoxicated. She was assessed, and it was determined that further hospitalization would not be beneficial. She was discharged with a recommendation for therapy, which was not accessed.

Thea started Grade 9 in a nearby community where she received support from a school counsellor, Indigenous liaison worker, and an educational assistant. Her attendance

declined, and efforts to engage both Thea and Linda were unsuccessful. She transferred to a high school in her First Nation; however, her mental health challenges and substance use continued to impact her attendance. She was offered additional supports to increase her engagement in her education, but she refused.

Child Intervention received a report about neglect, abandonment, and physical injury. Linda said that she did not have the capacity to meet Thea and Sheri's escalating needs. She was encouraged to confine Thea under the *Protection of Children Abusing Drugs Act (PChAD)* but did not receive help to do so.

When Thea was 15 years old, she and Sheri were apprehended, and they became the subjects of a second PGO. Thea was placed in a specialized group home, and Sheri in a separate one. Thea often left her placement without permission, used substances, and had suicidal ideation. Program staff had difficulty meeting her needs, and she was moved to a new group home. Shortly after, she was charged with theft and referred to an alternative measures program. Attempts by justice staff to contact Thea and her caseworker were unsuccessful, and the matter was returned to court because she could not be located.

Thea was confined twice in a **secure services** facility, where her medication was adjusted, and she stabilized. Assessments indicated that her substance use and impulsiveness increased her risk of suicide. Recommendations included therapy, addiction treatment, and placement in a structured environment. She was discharged to staff from a rural group home that specialized in mental health and addiction treatment. She went to weekly addiction and mental health counselling, and a safety plan was developed that focused on harm reduction. Thea's behaviours gradually improved.

Two months later, there was a fire at her placement, and she was moved to a similar specialized group home in the city. She frequently left without permission, continued to use substances, and stayed between her boyfriend's and her relative's homes.

At 16 years old, Thea was hospitalized under the *MHA* 3 times and was taken to the emergency room twice because of suicide attempts, self-harm, and substance use-related concerns. Assessments indicated that she was at an elevated risk of suicide when intoxicated. She was discharged with a recommendation for confinement under *PChAD*, but placements were not available, and it was not pursued further.

Thea said that she wanted to stop using substances but found it difficult to do while she lived with relatives who had similar challenges. She repeatedly asked for a placement that would support her sobriety, but her instability made it challenging to find one. She briefly stayed at a shelter. Thea's mental health and substance use worsened, and she repeatedly asked for help to access community-based supports, but they were not arranged. A family friend helped her schedule counselling appointments, which she frequently missed.

At 17 years old, Thea was referred back to an alternative measures program for her previous charge. She received conditions to complete counselling, which was in progress at the time of her passing. Caseworkers spoke to Thea about applying for the Assured Income for the Severely Handicapped, but she declined. An application for Persons with Developmental Disabilities was submitted, and a referral for an FASD specialized support worker was made. These supports were not in place prior to her passing.

Thea wanted help to remain safe and sober and asked to be confined in a secure service facility, which did not occur. Over the following two weeks, she became increasingly difficult to contact, and her family reported her missing. Shortly after, Thea was found deceased in the community. The police investigated, and charges were not laid; her death was determined to be a suicide. The Office of the Chief Medical Examiner continues to investigate. A funeral was held in her First Nation, and she is deeply missed by those who knew and loved her.

# TIMELINE OF SIGNIFICANT EVENTS

Birth to 11 Years Old	12 to 13 Years Old	14 to 17 Years Old
<ul style="list-style-type: none"> <li>• <b>5 – 7 Years Old</b> <ul style="list-style-type: none"> <li>· Child Intervention involvement               <ul style="list-style-type: none"> <li>· Enhancement Agreements (EA)</li> <li>· Supervision Order (SO)</li> <li>· Apprehended</li> <li>· Temporary Guardianship Order</li> <li>· Kinship care</li> <li>· Foster care</li> </ul> </li> <li>· Individualized Program Plan (IPP)               <ul style="list-style-type: none"> <li>· Education assistant and school counsellor</li> </ul> </li> </ul> </li> <li>• <b>8 – 9 Years Old</b> <ul style="list-style-type: none"> <li>· 1<sup>st</sup> Permanent Guardianship Order (PGO)</li> <li>· Grandmother obtained guardianship               <ul style="list-style-type: none"> <li>· Child Intervention involvement ended</li> <li>· Supports for Permanency (SFP)</li> </ul> </li> </ul> </li> <li>• <b>10 – 11 Years Old</b> <ul style="list-style-type: none"> <li>· Assessed               <ul style="list-style-type: none"> <li>· Diagnosed with learning disorder</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>12 – 13 Years Old</b> <ul style="list-style-type: none"> <li>· Substance use began</li> <li>· Child Intervention involvement               <ul style="list-style-type: none"> <li>· EA</li> <li>· Apprehended</li> <li>· SFP involvement ended</li> <li>· Kinship care</li> <li>· Group care</li> <li>· SO</li> </ul> </li> <li>· Hospitalized under the <i>Mental Health Act (MHA)</i></li> <li>· Fetal alcohol spectrum disorder (FASD) assessment               <ul style="list-style-type: none"> <li>· Diagnosed with FASD, intellectual disability, and impairments in memory, executive functioning, and adaptive behaviours</li> </ul> </li> <li>· Hospital visits for mental health concerns</li> <li>· Child Intervention involvement ended               <ul style="list-style-type: none"> <li>· SFP involvement resumed</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>14 – 15 Years Old</b> <ul style="list-style-type: none"> <li>· Hospitalized under the <i>MHA</i> 2 times</li> <li>· Child Intervention involvement               <ul style="list-style-type: none"> <li>· Apprehended</li> <li>· SFP involvement ended</li> <li>· 2<sup>nd</sup> PGO</li> <li>· Multiple placement moves</li> </ul> </li> <li>· Addiction and mental health counsellor</li> <li>· Confined in secure services facility 2 times</li> <li>· Criminally charged               <ul style="list-style-type: none"> <li>· Alternative measures program</li> </ul> </li> </ul> </li> <li>• <b>16 – 17 Years Old</b> <ul style="list-style-type: none"> <li>· Hospitalized under <i>MHA</i> 3 times</li> <li>· Hospital visits for mental health and substance use</li> <li>· Persons with Developmental Disabilities application</li> </ul> </li> </ul> <p><b>17-year-old Thea passed away</b></p>

# FINDINGS

## Children and Family Services

Child Intervention first became involved with Thea when she was five years old. Her behavioural and mental health concerns were identified early, and at 12 years old, she was diagnosed with an intellectual disability and fetal alcohol spectrum disorder (FASD). Thea began using alcohol and marijuana at that time, and her substance use escalated to include methamphetamine use by 13 years old.

Thea's mental health declined throughout her adolescence, and she often asked for support. At times, referrals were made to address the concerns, but services were not consistently implemented. She moved often because caregivers did not have the capacity to meet her needs, and placements that could provide the level of care she required were difficult to find. Thea would have benefited from case planning that reflected her voice in decision-making, was informed by her level of functioning, and directly addressed her mental health and substance use needs.

## Health and Mental Health and Addiction

Thea was prenatally exposed to substances and received routine medical care throughout her childhood. At 12 years old, she was diagnosed with an intellectual disability, FASD, and significant impairments. She had timely assessments to identify her specific needs and the supports she required.

In her adolescence, Thea was hospitalized under the *Mental Health Act* six times and taken to the emergency room multiple times because of mental health and substance use-related concerns. She was assessed, stabilized, and referred to community-based supports, which she struggled to access. Thea required addiction and mental health services that were informed by her level of functioning.

## Education

Thea primarily attended school in her First Nation. It was identified early that she had difficulties with her academics and concentration. In elementary school, she had timely assessments that helped clarify her needs and the supports she required. She had ongoing Individualized Program Plans that included accommodations, an educational assistant, and a school counsellor.

Thea's school attendance was often poor, and efforts by educators to engage her and her family were unsuccessful. In her adolescence, Thea's declining mental health and substance use made it difficult for her to attend consistently. She was offered additional supports to increase her engagement in her education, but she refused.

## Justice

At 15 years old, Thea was charged with theft and appropriately referred to an alternative measures program, which she was in the process of completing at the time of her passing.

## Assisted Living and Social Services

When Thea was 17 years old, an application for Persons with Developmental Disabilities was submitted, which remained in progress at the time of her passing.

# THEMES TO TRACK

## 1. Case planning

Thea required Child Intervention case planning that reflected her voice in decision-making, was informed by her level of functioning, and directly addressed her mental health and substance use needs.

## 2. Mental health and addiction services

Thea began using substances when she was 12 years old, which worsened throughout her adolescence. She was diagnosed with significant impairments and required addiction and mental health services that were informed by her level of functioning.

## 3. Suicide

In her adolescence, Thea's mental health deteriorated, and she died by suicide at 17 years old. The Advocate is deeply concerned about the number of young people dying by 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.

## **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.

## **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.

## **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.

# 17-YEAR-OLD THEA · AN INVESTIGATIVE REVIEW



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