



# **20-YEAR-OLD SULLIVAN**

## **AN INVESTIGATIVE REVIEW**

Office of the Child and Youth Advocate, Alberta  
**September 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 Sullivan. His circumstances meet the criteria for a **systemic review**. Sullivan 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.

Sullivan'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 Sullivan.

Respectfully,

[Original signed by Terri Pelton]

**Terri Pelton**

Child and Youth Advocate (Alberta)

## ABOUT SULLIVAN AND HIS FAMILY

Sullivan<sup>1</sup> was 20 years old when he was found deceased at a relative's home. The Office of the Chief Medical Examiner concluded that he died by suicide. Sullivan had received services through the **Transition to Adulthood Program (TAP)**<sup>2</sup> within two years of his passing.

Sullivan was an athletic, funny, and caring young First Nation man. He loved playing football and video games and had a close relationship with his siblings. Sullivan had significant trauma and loss, used substances, and became involved with the justice system.

Sullivan was part of a large, blended family and the third oldest of Rosalie and Callum's five children. His parents had histories of generational trauma that impacted their relationship and their capacity to care for their children. Rosalie died by suicide when Sullivan was 11 years old.

## SUMMARY OF SULLIVAN'S EXPERIENCES WITH GOVERNMENT SYSTEMS

### Sullivan from Birth to 12 Years Old

Sullivan was born healthy and received routine medical care for minor illnesses and injuries. When he was one year old, Child Intervention received a report about neglect related to an inappropriate caregiver and Sullivan being assaulted. The police were notified; the outcome of their investigation is unknown. Intervention involvement ended after Sullivan's parents agreed to access health services for him and not allow that person to care for their children.

Sullivan received routine care for childhood illnesses and injuries. Three times, he was admitted to the hospital for respiratory and ear infections, treated, and discharged home after his condition improved.

Between the ages of two and three years old, Child Intervention received two reports about neglect related to his parents' substance use and inadequate supervision. One was unsubstantiated, and during the other, it was determined that Callum was a sober caregiver. The family was provided with resources for community-based addiction services, and involvement ended.

When Sullivan was five years old, Child Intervention received a report about neglect

related to similar concerns. He and his siblings were **apprehended** and placed in kinship care; they subsequently became the subjects of a **Temporary Guardianship Order**.

Over the next two years, a support worker helped Rosalie and Callum develop parenting skills and connected them to addiction and therapeutic services. Initially, their engagement was poor; they struggled with their relationship and maintaining their sobriety. However, their engagement increased, and visits with their children became more consistent. A family group conference was held, and a safety plan and support network were developed. Sullivan and his siblings were returned home under an **Enhancement Agreement**. Intervention involvement ended at the conclusion of the agreement.

Sullivan started elementary school in his First Nation and remained there until Grade 4. Concerns were noted for his development and behaviours; he received speech and language services, accessed counselling, and his schoolwork was modified.

When Sullivan was nine years old, Child Intervention received three reports about neglect and emotional injury related to his parents' substance use, family violence, and unmet needs. Twice, involvements ended after safety plans were developed, and Callum and Rosalie agreed to access community-based services. However, their circumstances remained unchanged, and during the third involvement, Sullivan and his siblings were apprehended. He and his sister, Alora, were placed in one foster home while his other siblings were placed in other foster homes.

Sullivan had visits with his siblings and parents and took part in cultural and recreational activities. At 10 years old, caseworkers received concerns about the quality of care in his placement, and Sullivan and Alora were moved to another foster home. Soon after, his caregivers told caseworkers about inappropriate touching between the siblings. Additional respite care was provided along with therapeutic support for the children.

Sullivan's brothers, Delcan, Landon, and Ansel, were moved to kinship care with Blair and Maren. Several months later, he and Alora were moved there after their foster parents said that they could not meet the children's escalating needs. Blair and Maren received respite care, homemaker services, and cultural supports.

Sullivan changed schools; his accommodations continued, and he had an Individualized Program Plan (IPP) that included one-to-one supports and a literacy program. At ten years old, he had a neuropsychological assessment and was diagnosed with conduct disorder. Recommendations included a structured environment with clear rules and close supervision, and adapted learning in school, which were implemented.

Rosalie and Callum had a parenting assessment. Results indicated that reunification should only be considered if they demonstrated sustained sobriety, relationship stability,

1. All names in the report are pseudonyms.

2. Bolded terms are defined in Appendix A.

and the ability to consistently meet their children's needs. Their circumstances remained unstable, and shortly before Sullivan's 11<sup>th</sup> birthday, he and his siblings became the subjects of a **Permanent Guardianship Order**.

The following year, Sullivan's mother died by suicide along with an uncle. He continued to work with his therapist on trauma, grief and loss, and received cultural healing supports. Callum's visits with his children became inconsistent, and Ansel was moved to a foster home because Blair and Maren could not manage his behaviours. Regular sibling visits were arranged.

### Sullivan from 13 to 20 Years Old

Sullivan continued to receive routine health and therapeutic services, including art and animal-assisted therapy. During junior high school, he was supported by an IPP that offered adapted programming and small-group work. Teachers observed challenges with Sullivan following instructions, his peer relationships, and his ability to manage his emotions. They worked with his caregivers and caseworker, and provided Sullivan leadership roles and cultural support.

When Sullivan was 14 years old, caseworkers received concerns about Callum's inconsistency and inappropriate conversations during visits and cautioned him. Maren told caseworkers that she was worried about Sullivan and his brothers taking things without permission and not following house rules. Soon after, Delcan and Landon left home without permission to be with their father in a nearby city.

At 15 years old, Sullivan began associating with a negative group and using substances. He refused to follow rules at home and at school. After several incidents of emotional outbursts at school, educators, caseworkers and Sullivan's caregivers developed a behavioural contract to address the concerns. However, he had difficulty following it and began leaving home and school without permission for extended periods.

Several months later, Sullivan left home and was found with Callum in a nearby city. He refused to return to Maren's home or consider alternative placement options. Sixteen-year-old Sullivan, his father, and his brothers lived with various relatives and their circumstances were unstable. A courtesy caseworker assisted in meeting his basic needs, and the family was connected to a support worker, but their engagement was inconsistent.

Sullivan told caseworkers that he felt overwhelmed by his housing instability, but refused to leave Callum. Soon after, his older brother, Derek, along with several other family members, passed away unexpectedly. Caseworkers offered grief and loss support, but Sullivan refused. His substance use escalated, and mental health declined. He had physical and emotional outbursts and continued to be involved in high-risk activities. A youth worker was assigned to help expand his support network, develop life skills, and reconnect him with his culture, but his engagement was poor.

Shortly after turning 17 years old, Sullivan was found intoxicated in the community with a minor injury. He was taken to the hospital, assessed, and discharged. Recommendations included follow-up appointments, and hospital staff worked with caseworkers to arrange transportation to his relative's home.

Sullivan voiced a desire for a better life and began attending school. He had a behavioural assessment and was diagnosed with multiple mental health disorders. Recommendations included structure, routine, and classroom accommodations. When Sullivan went to classes, he was supported through an IPP; however, as his instability increased, his attendance declined, and he stopped going to school, making it challenging to provide support.

Sullivan continued to live with various relatives. Despite safety plans and multiple cell phones provided, he did not stay in contact with his case team. Sullivan was charged with assault and robbery and placed on a Release Order; however, he repeatedly breached his conditions and had limited contact with his probation officer.

Caseworkers noted that Sullivan required additional support after his 18<sup>th</sup> birthday and arranged for him to be assessed. Results indicated that he had significant deficits, including mental health challenges, and that his drug use may have caused additional brain damage. Sullivan qualified for adult disability services, including the Assured Income for the Severely Handicapped (AISH) and Persons with Developmental Disabilities (PDD). Additional recommendations included applications to the Office of the Public Guardian and Trustee, an addiction treatment program, a referral to adolescent psychiatry, and medications for anxiety and depression. Caseworkers helped Sullivan apply for AISH, PDD, and the OPGT, but he refused addiction support and further psychiatric services.

When Sullivan was 18 years old, he entered into a TAP Agreement and received support under the adult services stream. He began receiving AISH funding, but declined PDD services, and his aunt agreed to obtain trusteeship. OPGT services subsequently concluded.

Over the following year, Sullivan received additional charges, and he continued not to follow his Release Order despite his probation officer making several attempts to meet with him. Caseworkers scheduled meetings with Sullivan, but he did not follow through. He and his aunt were given information on how to re-engage TAP supports in the future before involvement ended at the conclusion of his agreement.

Sullivan continued to be involved in criminal activity and was incarcerated several times. When he was released, he had difficulty following his conditions. At 20 years old, he was again incarcerated. While in the facility, he received mental health and addiction services. Recommendations included addiction programs, support groups, and residential treatment, but he refused.

Several weeks after Sullivan's release, he was taken to the hospital twice for substance use and mental health-related concerns. Once, he was treated and discharged, and the second time, he left against medical advice. Several days later, Sullivan was found deceased at his relatives' home. The Office of the Chief Medical Examiner concluded that he died by suicide. A funeral was held in his honour, and Sullivan continues to be greatly missed by those who knew and loved him.

# TIMELINE OF SIGNIFICANT EVENTS

| Birth to 12 Years Old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13 to 20 Years Old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <ul style="list-style-type: none"> <li>• <b>1 - 4 Years Old</b> <ul style="list-style-type: none"> <li>· Child Intervention involved 3 times</li> <li>· Several hospital visits                             <ul style="list-style-type: none"> <li>· Admitted 3 times</li> </ul> </li> </ul> </li> <li>• <b>5 – 8 Years Old</b> <ul style="list-style-type: none"> <li>· Child Intervention involvement                             <ul style="list-style-type: none"> <li>· Apprehended                                     <ul style="list-style-type: none"> <li>· Kinship care</li> </ul> </li> <li>· Temporary Guardianship Order</li> <li>· Enhancement Agreement</li> </ul> </li> <li>· Returned to parents' care</li> <li>· Started school in his First Nation                             <ul style="list-style-type: none"> <li>· Speech and language services</li> <li>· Counselling</li> </ul> </li> </ul> </li> <li>• <b>9 – 10 Years Old</b> <ul style="list-style-type: none"> <li>· Child Intervention involved 3 times                             <ul style="list-style-type: none"> <li>· Apprehended                                     <ul style="list-style-type: none"> <li>· 2 foster care placements</li> <li>· Placement concern assessment</li> <li>· Therapeutic support</li> </ul> </li> <li>· Kinship care</li> </ul> </li> <li>· Individualized Program Plan (IPP)</li> <li>· Assessed                             <ul style="list-style-type: none"> <li>· Diagnosed with conduct disorder</li> </ul> </li> <li>· Permanent Guardianship Order</li> </ul> </li> <li>• <b>11 – 12 Years Old</b> <ul style="list-style-type: none"> <li>· Mother and uncle passed away</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>13 – 14 Years Old</b> <ul style="list-style-type: none"> <li>· Therapeutic support</li> <li>· IPP continued into junior high school</li> </ul> </li> <li>• <b>15 – 17 Years Old</b> <ul style="list-style-type: none"> <li>· Substance use began</li> <li>· Escalating behaviours</li> <li>· Refused to return to placement; lived with father                             <ul style="list-style-type: none"> <li>· Housing instability</li> <li>· Declining mental health</li> <li>· Youth worker</li> </ul> </li> <li>· Brother passed away</li> <li>· Hospital visit for substance use-related injury</li> <li>· Returned to school                             <ul style="list-style-type: none"> <li>· Assessed                                     <ul style="list-style-type: none"> <li>· Diagnosed with multiple mental health disorders</li> <li>· IPP continued into high school</li> </ul> </li> </ul> </li> <li>· Justice involvement                             <ul style="list-style-type: none"> <li>· Release Order</li> </ul> </li> <li>· Assessed                             <ul style="list-style-type: none"> <li>· Adult disability services applications</li> </ul> </li> </ul> </li> <li>• <b>18 – 20 Years Old</b> <ul style="list-style-type: none"> <li>· Transition to Adulthood Program (TAP) Agreement                             <ul style="list-style-type: none"> <li>· Additional criminal charges</li> <li>· TAP ended</li> <li>· Incarcerated several times</li> <li>· 2 hospital visits for substance use and mental health-related concerns</li> </ul> </li> </ul> </li> </ul> <p><b>20-Year-Old Sullivan passed away</b></p> |

# FINDINGS

## Children and Family Services

Child Intervention first became involved with Sullivan and his family when he was one year old because of neglect. Over the next nine years, they had six involvements related to his parents' substance use, family violence, inadequate supervision, and ability to meet their children's needs. At times, the family was supported through agreements and orders, but their circumstances remained unstable, and interventions remained unchanged. Sullivan and his siblings would have benefited from a robust assessment of the effectiveness of safety plans and community-based supports, along with the impacts of trauma on their overall well-being. Since this time, the Ministry of Children and Family Services has strengthened its policy and practice guidance related to assessment and case planning.

At 10 years old, Sullivan became the subject of a Permanent Guardianship Order. As his needs evolved, he was connected to therapeutic supports. During his adolescence, he began using substances, and his circumstances became increasingly complex. Caseworkers offered additional support, had him assessed, and submitted applications to adult disability services to assist with his transition into adulthood. However, his engagement was poor, or he refused services, making service delivery challenging.

## Health

Throughout his infancy and childhood, Sullivan was taken to the hospital multiple times for minor illnesses and received prompt medical care. As concerns about his mental health, cognitive functioning, and substance use emerged in his adolescence, he had specialized assessments, and appropriate recommendations were made. However, Sullivan's engagement with supports was poor, and he often refused services. In adulthood, Sullivan received timely medical care when he presented at the hospital.

## Education

Sullivan attended school in his First Nation until Grade 4. When concerns emerged with his speech, he received timely support and services, and had an Individualized Program Plan (IPP) that included targeted literacy and small-group interventions, as well as modified programming. When Sullivan moved schools, his supports continued.

Throughout his early adolescence, Sullivan continued to receive educational supports through IPPs tailored to his learning, behavioural, and emotional needs. Educators worked collaboratively with caregivers and caseworkers to provide adaptive programming and cultural support. As Sullivan's instability increased, his attendance declined, making it difficult to implement educational services.

## Justice

Sullivan became involved with the youth justice system when he was 17 years old. He was charged with several offenses and placed on a Release Order; however, his chronic instability and mental health concerns made it challenging for him to adhere to his conditions. In his adulthood, he received several new charges and was incarcerated. It is unknown if his charges were resolved before his passing.

## Assisted Living and Social Services

Sullivan was eligible for adult disability services and began receiving the Assured Income for the Severely Handicapped when he turned 18 years old. He declined Persons with Developmental Disabilities and was approved for supports through the Office of the Public Guardianship and Trustee. After his aunt agreed to be his trustee soon after his 18<sup>th</sup> birthday, their involvement ended.

# THEMES TO TRACK

## 1. Assessment

In his first nine years, Sullivan and his siblings required robust assessments of the effectiveness of safety plans and community-based supports, along with the impacts of trauma on their overall well-being.

## 2. Mental health and addiction

Sullivan began using substances in his adolescence and had significant instability and mental health challenges. The Advocate is deeply concerned about the number of young people impacted by substance use.

## 3. Suicide

Sullivan experienced significant trauma, grief and loss from a young age and died by suicide when he was 20 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.

### **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.

### **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.

## 20-YEAR-OLD SULLIVAN • AN INVESTIGATIVE REVIEW



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