



16-YEAR-OLD HAMOOD

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(2)(d) of the *Child and Youth Advocate Act (CYAA)*, the following is an individual investigative review regarding Hamood. His circumstances meet the criteria for a **systemic review**. Hamood and his family were receiving Child Intervention through an Intake at the time 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.

Hamood'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 Hamood.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT HAMOOD AND HIS FAMILY

Hamood¹ was 16 years old when he was found unresponsive in his home. Emergency medical services (EMS) responded and transported him to the hospital, where he passed away. The Office of the Chief Medical Examiner concluded that he died from carfentanil toxicity. Hamood and his family were receiving Child Intervention through an **Intake**² at the time of his passing.

Hamood was an intelligent adolescent who enjoyed learning, especially math. He was the youngest of Noura and Hadi's children and had a close relationship with his family. They immigrated to Canada when Hamood was two years old.

SUMMARY OF HAMOOD'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Hamood from Birth to 11 Years Old

Hamood was born in another country, and little is known about his circumstances while there. After his family moved to Canada, Hamood received routine medical care for minor illnesses and injuries.

Hamood was an above-average student throughout elementary school. In Grade 1, his attendance declined, which impacted his grades. Efforts by teachers to engage him and his parents in his education were unsuccessful. The following year, he began to receive English as a Second Language support. By Grade 4, his language skills had improved, and these services ended. He returned to regular school programming, but his attendance remained poor. Efforts to engage him in his education were unsuccessful.

Hamood from 12 to 16 Years Old

In junior high school, Hamood's attendance continued to decline. He told his parents that he was bored and was not academically challenged. Noura and Hadi met with teachers, but alternative programming was not explored. His attendance remained sporadic, and educators could not assess his progress. Noura, Hadi, and the school staff continued to encourage Hamood to attend, but he refused.

At 14 years old, Hamood was diagnosed with attention-deficit/hyperactivity disorder (ADHD) and prescribed medication. He told his parents that he felt depressed; he saw his doctor and received additional diagnoses of depression, bipolar disorder, and hypomania.

Hamood was prescribed medication, and a family meeting was held to explain his diagnoses and care plan.

When Hamood was 15 years old, he began to use cannabis. Concerns with his attendance continued into high school, and he was moved to a Knowledge and Employability program. He struggled with his mental health and substance use, which impacted his education. The following school year, Hamood transitioned to homeschooling. His engagement remained low and his grades did not improve.

Hamood's mental health concerns escalated, and he was referred to a psychiatrist and a specialized assessment unit, but he did not attend the appointment. Two weeks later, 16-year-old Hamood was found unresponsive at home. EMS responded and transported him to the hospital, where he was placed on life support. During this time, Child Intervention received a report about neglect. Four days later, Hamood passed away with his parents at his side. The Office of the Chief Medical Examiner concluded that he died from carfentanil toxicity. A funeral was held in his honour, and he is deeply missed by those who knew and loved him.

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

TIMELINE OF SIGNIFICANT EVENTS

Birth to 11 Years Old	12 to 16 Years Old
<ul style="list-style-type: none">• Born in another country• 2 Years Old<ul style="list-style-type: none">· Immigrated to Canada• 6 – 8 Years Old<ul style="list-style-type: none">· Attendance concerns began· English as a Second Language (ESL) support in Grade 2<ul style="list-style-type: none">· Language skills improved, ESL support ended in Grade 4	<ul style="list-style-type: none">• 12 - 14 Years Old<ul style="list-style-type: none">· Attendance concerns· Diagnosed with attention-deficit/hyperactivity disorder, depression, bipolar disorder, hypomania<ul style="list-style-type: none">· Prescribed medication• 15 – 16 Years Old<ul style="list-style-type: none">· Cannabis use began· Attendance concerns<ul style="list-style-type: none">· Knowledge and Employability program· Homeschooling· Mental health declined<ul style="list-style-type: none">· Referred to psychiatrist and specialized assessment unit <p>16-year-old Hamood passed away</p>

FINDINGS

Children and Family Services

When Hamood was 16 years old, Child Intervention received a report about neglect. He had been found unresponsive at home and was taken to the hospital, where he passed away. Hamood and his family did not receive direct child intervention services.

Health and Mental Health

Hamood received routine medical care for illnesses and injuries. In his adolescence, as his mental health began to decline, he received timely services that included several diagnoses and medication. He was appropriately referred to psychiatric supports, but did not attend the appointment and passed away two weeks later.

Education

In elementary school, Hamood was an above-average student. He received specialized English as a Second Language supports as concerns emerged, and by Grade 4, he did not require these services.

Concerns about Hamood's attendance began in Grade 1, and attempts by the school staff to engage him and his family in his education were unsuccessful. In junior high school, Hamood told his parents that he was bored and was not academically challenged. Educators were informed, but alternative programming was not discussed. Hamood would have benefited from exploring educational programming that was suited to his level of functioning.

In high school, Hamood transitioned to a Knowledge and Employability program because of poor attendance. The concerns persisted, and in Grade 11, he transitioned to homeschooling. His attendance continued to be low and his grades did not improve. Hamood would have benefited from an exploration of barriers to his engagement in his education.

THEMES TO TRACK

1. Educational supports

In junior high school, Hamood required an exploration of educational programming that was suited to his level of functioning.

In high school, Hamood required an exploration of barriers to his engagement in his education.

2. Toxic drug supply

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

APPENDIX A: GLOSSARY

Intake

A report completed when Child Intervention Services receives a community or professional concern about possible risk to a child as per the *Child, Youth and Family Enhancement Act*.

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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