



16-YEAR-OLD KELLAN

AN INVESTIGATIVE REVIEW

Office of the Child and Youth Advocate, Alberta
June 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 Kellan. His circumstances meet the criteria for a **mandatory review**. Kellan and his family had received Child Intervention through an Enhancement Agreement 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.

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.

Kellan'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 Kellan.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton

Child and Youth Advocate (Alberta)

ABOUT KELLAN AND HIS FAMILY

Kellan¹ was 16 years old when he was found deceased in his community. The Office of the Chief Medical Examiner concluded that he died by suicide. Kellan and his family had received Child Intervention through an **Enhancement Agreement (EA)**² within two years of his passing.

Kellan was a kind and playful youth. He enjoyed hockey and spending time with his friends; he was an avid learner. He was passionate about music and dreamed of working in the music industry. Kellan was part of Leon and Helena's large, blended family.

SUMMARY OF KELLAN'S EXPERIENCES WITH GOVERNMENT SYSTEMS

Kellan from Birth to 6 Years Old

Kellan was born in another province, and shortly after his first birthday, he was diagnosed with a genetic disorder that could cause tumours and a potential for learning and behavioural concerns. He had medical testing that indicated he did not require immediate interventions.

When Kellan was three years old, his family moved to Alberta. Shortly after, Helena had her sixth child, Milo. A few months later, Child Intervention received a report about neglect related to inappropriate supervision. The police and caseworkers met with Leon and Helena to discuss safety and proper supervision; intervention involvement ended.

Seven months later, Child Intervention received a report about neglect related to Milo being underweight. Leon and Helena said that they had financial challenges and were connected to community-based resources. They sought medical treatment, and Milo was referred to a specialist; his weight increased. Intervention involvement ended.

When Kellan began school, teachers noted that he was difficult to understand. He received considerable support but struggled to meet academic expectations. Kellan was assessed and diagnosed with a cognitive and severe language delay. He had an Individualized Program Plan (IPP) that followed him into Grade 1, and included a teacher's aide, speech and language therapy, and physical and occupational therapy.

Over the following year, Child Intervention received two reports about neglect. The first concern was related to Kellan's older brother, Bruno's, medical needs not being met.

The family was supported to apply for a subsidy for medical treatment, and involvement ended. The second report was about the condition of the home, inappropriate discipline, and the children's poor hygiene. Helena was pregnant and said that she felt overwhelmed. She and Leon entered into an EA, and over nine months, they worked with in-home supports to increase their parenting skills, address their mental health challenges, and develop strategies to consistently meet their children's medical needs. Although they received intensive support from the case team, their ability to maintain progress was inconsistent. They refused further services, and it was determined that the original concerns had been sufficiently addressed. A safety plan was developed that included accessing ongoing community-based supports and involvement ended.

Between three and six years old, Kellan was taken to the hospital three times for childhood injuries. He was assessed, treated, and discharged to his parents' care. He did not require follow-up.

Kellan from 7 to 16 Years Old

Kellan's IPP continued into Grade 2 and was modified to meet his evolving needs. Educators noted concerns with his behaviours and attendance and worked with his parents to address them.

When Kellan was eight years old, Child Intervention received a report about neglect. Concerns were related to inadequate clothing, poor hygiene, lack of food, and the children's physical and emotional outbursts. Caseworkers met with Leon and Helena to develop strategies to address the concerns. It was noted that they continued to be supported by community-based service providers; intervention involvement ended.

Five months later, Kellan was taken to the hospital after he had a significant fall at home. He was assessed and discharged to Leon's care with a recommendation to follow up within two weeks. Soon after, Child Intervention received a report about medical neglect related to Kellan's injury. It was confirmed that he had received medical treatment, and involvement ended.

Kellan attended the same elementary school from Kindergarten through Grade 6. Although his IPP ended, he continued to receive additional support. Teachers noted that he had a positive attitude, a strong work ethic, and was prepared for class; he met his learning expectations. During this time, Kellan received routine medical care for minor illnesses and injuries.

Before Kellan's 12th birthday, Child Intervention received a report about neglect. Concerns were related to inadequate food, clothing, and that Helena was using substances with

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

Kellan's older siblings, Rowan and Bruno. Child Intervention spoke with all of the children and they did not express concerns. A meeting was arranged with caseworkers, Leon and Helena, and staff from their community-based supports. Kellan's parents acknowledged the concerns and shared that they had stopped using substances. Addiction treatment was recommended for Rowan and Bruno, but they refused. It was agreed that the family would continue to access services and that agency staff would notify Child Intervention if the concerns persisted. Rowan and Bruno were waitlisted for counseling support, and Intervention involvement ended.

When Kellan was in Grade 7, IPP supports were reinitiated because of his declining academic performance. He had accommodations that included extra time to complete work, an educational aide, and access to a mental health therapist. His attendance was inconsistent; attempts to engage him and his parents to address the concerns were unsuccessful.

Kellan met with a pediatric neurologist yearly for his genetic disorder. It was noted that he had learning and developmental delays but did not have neurological concerns. His parents were encouraged to speak with his school about the effectiveness of supports and doctors recommended a psycho-educational assessment. A letter of support for the assessment was offered, but they did not follow through. Genetic testing and X-rays were arranged, but Kellan did not attend. His parents were informed that a new referral would be made when they were ready.

Kellan had two school moves between Grades 8 and 10. His IPP continued, but supports were difficult to implement due to his poor attendance. Attempts to engage him and his parents to address the concerns were unsuccessful. He was transitioned to an outreach school, where he remained until his passing.

At 14 years old, Kellan was taken to the hospital twice for alcohol-related concerns. He was assessed and discharged to his parents' care. He did not receive additional substance use supports.

Soon after, Child Intervention received a report about neglect. Concerns were related to the condition of the home, lack of supervision, Rowan's use and sale of substances, and Helena's declining mental health. She and Leon entered into an EA, and over nine months, they received in-home supports and accessed community-based services.

Soon after, the family was evicted and moved in with friends. Support workers continued to work with Leon and Helena to address issues and secure housing, and Rowan moved in with his older sister, Tara. Involvement ended after it was determined that the concerns had been sufficiently addressed and a safety plan was developed.

When Kellan was 15 years old, he was charged after an altercation with a peer. He completed extrajudicial sanctions and received an in-school suspension. He attended regular appointments with his pediatric neurologist, who encouraged his parents to work

with school staff to review Kellan's supports and have an educational assessment, but they did not follow through.

The following year, 16-year-old Kellan was found deceased in the community. The Office of the Chief Medical Examiner concluded that he died by suicide. A service was held for him, and Kellan is deeply missed by those who knew and loved him.

TIMELINE OF SIGNIFICANT EVENTS

Birth to 6 Years Old	7 to 16 Years Old
<ul style="list-style-type: none">• 1 Year Old<ul style="list-style-type: none">· Diagnosed with genetic disorder• 3 – 4 Years Old<ul style="list-style-type: none">· Child Intervention involved 2 times· Started school<ul style="list-style-type: none">· Diagnosed with cognitive and severe language delays• 5 Years Old<ul style="list-style-type: none">· Child Intervention involved 2 times· Enhancement Agreement (EA)	<ul style="list-style-type: none">• 8 Years Old<ul style="list-style-type: none">· Child Intervention involved 2 times• 11 Years Old<ul style="list-style-type: none">· Child Intervention involvement• 14 Years Old<ul style="list-style-type: none">· Substance use began<ul style="list-style-type: none">· Taken to hospital 2 times for alcohol-related concerns· Child Intervention involvement<ul style="list-style-type: none">· EA• 15 Years Old<ul style="list-style-type: none">· Criminal charges<ul style="list-style-type: none">· Extrajudicial sanctions <p>16-year-old Kellan passed away</p>

FINDINGS

Children and Family Services

Child Intervention was involved with Kellan and his family eight times because of neglect. Concerns included inadequate supervision, medical neglect, the condition of the home, and Helena's declining mental health. Although interventions addressed the presenting concerns, Leon and Helena had difficulty maintaining the progress they had made after involvement ended, and the issues persisted. Kellan would have benefited from a robust assessment to determine his parents' capacity to maintain the gains made, the effectiveness of community-based supports, and the impact of the persistent nature of the concerns on him and his siblings' well-being.

Health and Mental Health and Addiction

Kellan received timely medical care for minor illnesses and injuries. In his first year, he was diagnosed with a genetic disorder and was supported by a pediatric neurologist, whom he met with yearly. Doctors recommended that his parents work with educators to assess Kellan's supports and arrange an educational assessment, but they did not follow through. Kellan would have benefited from further exploration of the barriers to his parents' ability to follow up on the recommendations.

At 14 years old, Kellan was taken to the hospital twice because of his alcohol use. Each time, he was discharged to his parents' care without supports. Kellan would have benefited from substance use intervention and supports.

Education

When Kellan began school, concerns were noted with his development, and he was promptly assessed. Recommendations were implemented through Individualized Program Plans (IPP) that continued until Grade 2. For the remainder of elementary school, he received informal supports as his needs evolved.

In junior high school, Kellan's IPP was reinitiated when challenges emerged. Services were difficult to implement because of his poor attendance. Efforts by educators to engage him and his parents in his education were unsuccessful.

Justice

At 15 years old, Kellan became involved with the justice system and appropriately received extrajudicial sanctions, which he completed.

THEMES TO TRACK

1. Assessment

Kellan required a robust assessment from Child Intervention to determine his parents' capacity to maintain the gains made, the effectiveness of community-based supports, and the impact of the persistent nature of the concerns on the children's well-being.

Kellan required further exploration by health professionals into the barriers his parents faced in following recommendations.

In his adolescence, Kellan required substance use intervention and supports.

2. Education services

Kellan had an IPP that was adapted to meet his needs. When his IPP ended, he received informal supports for continuity of services.

APPENDIX A: GLOSSARY

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.

16-YEAR-OLD KELLAN · AN INVESTIGATIVE REVIEW



NORTH OFFICE

600, 9925 109 Street NW
Edmonton AB T5K 2J8

SOUTH OFFICE

2420, 801 6 Avenue SW
Calgary AB T2P 3W3



ocya.alberta.ca · 1-800-661-3446