

Public Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System

James J. Igloliorte Commissioner Dr. Michael Devine Commissioner Anastasia Qupee Commissioner

# CALL FOR APPLICANTS - DEADLINE OCTOBER 31, 2022

**ST. JOHN'S (October 25, 2022)** – The Inquiry into the Treatment, Experiences and Outcomes of Innu in the Child Protection System (the "Inquiry") Commissioners are calling for applications from anyone requesting the Inquiry to investigate the death of child or youth who experienced time in the child protection system.

The Inquiry will review, analyse and assess the treatment, experiences and outcomes of Innu in the child protection system and make recommendations for a new path forward. The Inquiry will also examine the underlying social, economic, cultural, institutional, and historical causes that contribute to the overrepresentation of Innu in that system.

**Investigations into the death of a child or youth:** On the request of family members, the Inquiry will conduct investigations into the deaths of children or youth whose experience in the child welfare system is believed to have contributed to their death if the meet certain criteria. Families wanting the Inquiry to investigate the death of a child or youth must complete the attached application form by Monday October 31<sup>st</sup>, 2022. If you have any difficulty in completing the form, please contact Ruth Steele at <u>RuthSteele@inniuna.ca</u> or Caitlin at 709-327-6480.

**Truth sharing from Innu with experience of the child protection system:** Those wishing to share with the Inquiry about their experience with the child protection system may do so through public or private meetings, art, songs, audio or video recordings, letters and more. The Inquiry is in the process of establishing its healing services to promote the safety and well-being of all participants and details on when and how you can share your experience will be available once healing services are in place. No application is needed at this time.

**Stakeholders:** Organizations or individuals with an interest in the subject matter of the Inquiry and seeking general standing must advise the Inquiry no later than October 31, 2022. Brief written submissions in support of applications for standing will be accepted until November 14<sup>th</sup>, 2022 and oral submission on standing are expected to be heard thereafter.

For a copy of the Rules of Procedure or any further information, please check our website <u>www.inniuna.ca</u>

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# **Application for Investigation**

The Public Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System shall investigate the deaths of a child, youth or adult where the Commissioners are satisfied that the following criteria are met:

- a) The child, youth or adult experienced time in care or custody in the Child Protection System;
- b) The child, youth or adult was under the age of 25 at the time of death;
- c) The child, youth or adult died on or after September 30, 2007;
- d) A parent or, where appropriate, other next of kin of the child, youth or adult consents to the investigation; and
- e) a parent or, where appropriate, other next of kin of the child, youth or adult attests to the belief that the child's, youth's or adult's time in care or custody contributed to their death.

The contents of the *Application for Investigation* will remain confidential; however, the Inquiry may provide some of the information contained herein to the Department of Children, Seniors and Social Development in order to confirm its accuracy.

A parent or next of kin of a child whose death will be the subject of a Investigation shall be granted Investigation Standing and, therefore, will be entitled to funding to participate. However, anyone granted Investigation Standing and who wishes to have standing for any other part of the Inquiry including other Investigations must apply for General Standing pursuant to Rule XII of the Rules of Procedure.

| tl | I: The Application of the Applicant(s) states that:  |            |  |  |  |
|----|--|------------|--|--|--|
|    | The name of the Applicant is The Applican  |            |  |  |  |
|    | email address and telephone numbers are:   |            |  |  |  |
|    | Does the Applicant have legal representation? Yes No   |            |  |  |  |
|    | If yes, please provide name and contact information below:   |            |  |  |  |
|    | Name:  |            |  |  |  |
|    | Firm:  |            |  |  |  |
|    | Address:   |            |  |  |  |
|    | Telephone:   |            |  |  |  |
|    | Email:   |            |  |  |  |
|    | The Applicant seeks an order that the Inquiry will investigate the death   | of         |  |  |  |
|    | was born on  |            |  |  |  |
|    | died on  |            |  |  |  |
|    | The Mother of and she resid  | es         |  |  |  |
|    | at   |            |  |  |  |
|    | The Father of is and he resides  | at         |  |  |  |
|    | Where the Applicant is not the father or the mother, please describe the relationsh between the Applicant and the deceased.                          | ip         |  |  |  |
|    | The Applicant believes that experienced time in care   | <br><br>or |  |  |  |
|    | custody in the child protection system of Newfoundland and Labrador. The time in care  |            |  |  |  |
|    | or custody was on or about   |            |  |  |  |
|    | The Applicant believes that the time that spent in care custody in the child protection system of Newfoundland and Labrador contributed their death. |            |  |  |  |

12. The Applicant believes that the time that \_\_\_\_\_\_ spent in care or custody contributed to their death because: (Please keep this very brief)

#### Part II: The Consent of the Applicant:

13. The Applicant understands that the Inquiry will gather information about the experience and treatment of \_\_\_\_\_\_ while they were in care or custody. The information will be gathered through interviews and the production of documents.

Initial \_\_\_\_\_ Witness\_\_\_\_\_

14. The Applicant understands that the Inquiry may also gather information about the life of \_\_\_\_\_\_\_before and after \_\_\_\_\_\_ was in care or custody. The information will be gathered through interviews and the production of documents.

Initial \_\_\_\_\_ Witness\_\_\_\_\_

15. The Applicant understands that some of the information gathered by the Inquiry about the experience and treatment of \_\_\_\_\_\_ while in care and custody will be released to Parties who have been granted standing.

Initial \_\_\_\_\_ Witness\_\_\_\_\_

Initial \_\_\_\_\_ Witness\_\_\_\_\_

17. The Applicant understands that some of the information gathered by the Inquiry about the experience and treatment of \_\_\_\_\_\_ while in care and custody may become public through testimony at a Formal Hearing or become public as an exhibit at a Formal Hearing.

Initial \_\_\_\_\_ Witness\_\_\_\_\_

18. The Applicant understands that some of the information gathered by the Inquiry about the life of \_\_\_\_\_\_\_before and after \_\_\_\_\_\_was in care or custody may become public through testimony at a Formal Hearing or become public as an exhibit at a Formal Hearing. Initial \_\_\_\_\_ Witness\_\_\_\_\_

### Part III: Acknowledgements

19. Where necessary, the contents of this Application and Consent were translated into Innuaimun by \_\_\_\_\_\_.

| Initial |  | Witness |  |
|---------|--|---------|--|
|---------|--|---------|--|

20. Where necessary, the contents of this Application and Consent were explained to me by \_\_\_\_\_\_ who is \_\_\_\_\_\_.

Initial \_\_\_\_\_ Witness\_\_\_\_\_

## Part IV: Supports

21. The Applicant believes that the Applicant and other may need support during the course of the Investigation Hearing and Formal Hearing and the Applicant believes that they may need the following types of support:

Elder support

Mental Health and/or Emotional Support \_\_\_\_\_

Community Support \_\_\_\_\_

Religious Support \_\_\_\_\_

Professional Support \_\_\_\_\_ (Please specify the type \_\_\_\_\_\_)

Other Types of Support\_\_\_\_\_(Please specify the type \_\_\_\_\_\_)

Applicant

Date

Counsel for the Applicant

Date