INQUIRY RESPECTING THE TREATMENT, EXPERIENCES AND OUTCOMES OF INNU IN THE CHILD PROTECTION SYSTEM

FAITH NALIN RICH (1999-2021)

Final Submissions

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Summary of Findings from the Inquiry

1. Faith's family are grateful for the efforts of Tara Petti and Kenn Richard, who devoted their time, skill and compassion to investigating and producing a report about Faith's life and her experiences with the child protection system, both as a child and a parent. Faith's case is unique among others which were the subject of this inquiry in that it provides an opportunity to examine the systemic issues from the perspective of a parent. Faith's experience as a child, however, inform her subsequent experiences as a parent.

2. This inquiry has allowed us to examine Faith's life and passing through the lens of systemic failures within the child protection system. Her experiences are intrinsically linked to the longstanding structural inequities affecting other Innu families and the community at large.

3. From infancy, Faith experienced instability. She was repeatedly moved among relatives and informal caregivers, often without proper vetting, support or sustained oversight by child protection authorities. Although concerns about her safety and development were frequently reported, institutional responses, when initiated, were inconsistent and largely reactive.

4. During adolescence, the risks in Faith's life intensified. She experienced periods of disengagement from school and escalating substance use, including solvent abuse. While she was eventually placed in residential treatment programs outside the province where she demonstrated the capacity to benefit from structured and supportive settings these gains were largely ineffectual. Planning for her return to Natuashish was minimal. Recommended supports in areas such as mental health, education, and addiction treatment were either absent or insufficient. As discussed at Faith's circle in March 2026, the supports recommended upon discharge from residential treatment programs were unrealistic and were made without regard to the realities of Faith's home life or the resources available in her community. As a result, Faith re-entered the same conditions that had contributed to her earlier difficulties.

5. Faith's transition into adulthood did not bring stability. Although she formed meaningful attachments to certain caregivers, particularly Mary Ann Montague who provided culturally grounded support, these placements were not adequately resourced or sustained by the child protection system. As a young mother, Faith encountered further systemic barriers. While she showed moments of attentiveness and care toward her children, her ability to parent effectively was undermined by unresolved trauma, addiction, and a lack of coordinated support. Her first child, Quinn, came to be raised by Faith's grandmother, Christine Rich. While this reflects the resilience of her family, it also reflects the child protection system's reliance on informal solutions. Her second child, Ann Philomena was apprehended and placed in foster care. This was done despite the presence of family members willing to assume care for Ann Philomena because they were deemed unsuitable under existing policies.

6. The effect on a mother of having a child taken away at birth and placed outside the family cannot be overstated, particularly for a young mother with the vulnerabilities experienced by Faith. These vulnerabilities were largely the result of her experiences in the child protection system. However, upon 'aging out' Faith was left largely unsupported. The Rich family believes that Faith's experiences with the child protection system as a young parent, who was herself a product of that system, were a significant factor contributing to her death.

7. In the period leading up to her death, Faith's situation deteriorated further. She experienced ongoing substance use, exposure to violence, and significant mental health challenges, including strong indications of postpartum depression. Her contact with services was sporadic, and efforts to maintain relationships with her children were hindered by organizational failures and poor communication. A disrupted visitation shortly before her death compounded her sense of isolation. Shortly thereafter she was reported missing and found deceased.

8. The Report produced in relation to Faith attributes these outcomes not to isolated errors, but to entrenched systemic deficiencies. These include a pattern of crisis-driven intervention, inadequate investment in community-based and culturally relevant services,

insufficient support for kinship caregivers, and a failure to meaningfully involve youth and families in decision-making. As noted above, these shortcomings are further embedded within broader historical and social dynamics, including the enduring effects of colonialism, intergenerational trauma, and persistent substance use challenges within the community.

9. The trajectory of Faith's life underscores the necessity of a fundamentally different approach to Innu child protection—one that prioritizes stability, better communication among stakeholders, cultural continuity and empowerment of the Innu.

DISEMPOWERMENT: THE CENTRAL THEME

10. For Faith's family, the main theme arising from the proceedings at this Inquiry is disempowerment. This Inquiry has revealed for them the actions, inactions and systemic failures which gave rise to their feelings of disempowerment. Not only have their feelings of disempowerment been justified, they now see how their disempowerment led to negative outcomes for Faith, her family and other Innu in the child protection system.

11. The documents reviewed in the course of the investigation and the information shared at Faith's circle confirm the Rich family's lived experience with the child protection system. The record at this Inquiry discloses a pattern of communication failures that operated at multiple levels, both between CSSD and Faith's parents/caregivers and between CSSD and Faith herself. It is clear that these were not isolated breakdowns in communication, rather they were systemic failures. These systemic failures in communication were one of the greatest factors contributing to the disempowerment of Faith, her family and the Innu community.

12. The Rich family maintain that a recurring issue with CSSD was its failure to provide timely and transparent information to family members. The investigation and information shared at the circle corroborates these claims. It was found that caregivers frequently learned of significant developments in Faith's life and care indirectly or after the fact. The Rich family feels that this undermined their ability to participate meaningfully in Faith's life. This created distrust and made Faith's family feel excluded from the decision-making process. This was particularly so when it came to out-of-province placements. Progress reports, recommendations and reintegration plans were rarely, if ever, shared with Faith's family. The result of this was that Faith's family and caregivers were sidelined, despite at times being central to her day-to-day care and integral to her long-term stability. A failure to communicate in the Innu language only served to exacerbate these feelings of isolation.

13. Inconsistent and delayed information-sharing resulted in Faith's family and caregivers not being treated as collaborative partners in Faith's care. Faith's family and caregivers were treated as parties on the periphery rather than key players in Faith's life. These feelings

were clearly justified as this theme is evident throughout the investigation and was the topic of considerable discussion at the circle. For example, Mary Ann Montague, Faith's key foster caregiver, reported both to investigators and at Faith's circle as having "no voice" in decisions affecting Faith. The removal of Faith from her home by taxi, without escort and without a documented explanation, highlights how CSSD viewed Faith's family and caregivers as being on the periphery and merely the subject of CSSD's unilateral decisions. This is true disempowerment: no voice and no power. CSSD's decisions were not to be questioned and were carried out with force or the threat of force in coordination with the RCMP.

14. Faith's family and caregivers were dismayed and frustrated when Faith was frequently moved between placements and programs without meaningful explanation. Her sister Mary Angela reported at Faith's circle that nothing was explained to the children as they were moved between homes and treatment facilities. It is reasonable to conclude that Faith had the same experience. This contributed to the lack of trust and sense of disempowerment felt by Faith and her family.

15. When communication did occur, the Rich family reports that it was adversarial and emotionally charged. The result of this was demotivation to communicate on both sides, causing even more decreased and less effective communication overall. Rather than adapting communication strategies, the evidence at this inquiry suggests that CSSD appeared to further disengage from Faith and her family, increasing the sense of isolation. This corroborates the reports of the Rich family.

16. While Faith's family was glad to hear at the inquiry that Faith had some successful interventions in out-of-province placements, they were disheartened to learn how communication failures undermined this progress. Discharge plans and recommendations were not implemented and were not clearly communicated to Faith or her family. This left Faith without effective guidance and support upon her return home.

17. Faith's family observed effect of these systemic failures follow Faith into adulthood. At this time, the child protection system shifted responsibility onto Faith and imposed the strict adherence demanded of the child protection system. For Faith, the most acute breakdowns in communication occurred in relation to access with her children. The investigation found that planned visits in 2020-2021 were derailed by "miscommunication and logistical breakdowns". Communication failures directly impacted Faith's ability to maintain relationships with her children. This was evident to her family. Missed and poorly coordinated access visits caused Faith to feel like she wanted to give up on reunification with her children. Again, the child protection system did nothing to ameliorate this sense of hopelessness for her as a parent.

18. Faith's final attempt at access in 2021 resulted in cancellation because it was alleged that she had consumed alcohol. The long-awaited visit with her children was cancelled, without follow-up or support. Faith was stranded, vulnerable and alone. CSSD failed to communicate a plan to Faith or her family about what steps needed to be taken, or about what had happened. Unfortunately, no documentation was produced memorializing the actions of CSSD at this time or the rationale for its decision. The fact that no documents exist is, in itself, telling. These communication failures clearly had a direct emotional and psychological impact on Faith. She took her own life shortly thereafter.

19. Of the investigations at this Inquiry, Faith's is unique in that we given a opportunity to examine the experiences of a young Innu parent in the child protection system who was herself a child who experienced that system. Many parallels can be seen between Faith's experience as a parent in the system and that of Faith's mother, Mary Agathe Rich.

20. For each of them, their experience as a parent was shaped by a system that emphasized risk management and procedural compliance over cultural and relational continuity and support. Ineffective communication, fragmented services and failures in access coordination inhibited their ability to maintain a meaningful role as a parent. In short, they, their family and community, were disempowered.

21. From the perspective of Faith's family, the child protection system at the time did not appear to prioritize family-based care arrangements, particularly for the Innu. For example, the Rich family expresses great regret that while extended family members expressed a readiness to assume care of Ann Philomena they were not approved due to regulatory or policy constraints. The Innu perspective seemed undervalued, if valued at all.

22. Faith was a young parent with complex needs. Her parenting occurred in the context of addiction, trauma and mental health challenges. The Rich family believes that these challenges existed, in large part, due to Faith's experiences as a child in the child protection system, including at times being separated from her Innu culture and community. As a parent, that same system failed to provide the sustained, integrated support she needed to succeed for herself and her children. A comprehensive, long-term parenting support plan was needed. All parties, including Faith's family, witnessed clear indications of postpartum depression, struggles with substance abuse and other mental health challenges. However, there was little to no communication surrounding this, other than the reactionary measures taken by the child protection system in relation to Faith's children. There were no consistent therapeutic or community-based interventions to address these issues in the context of parenting. CSSD's passive approach to these issues was a problem. The system appeared to place the burden of engagement on the parent in need of support, rather than encouraging and facilitating engagement. Faith's family sees this as a failure of the child protection system to address a problem of its own creation.

23. At Faith's circle, Investigator Tara Petti observed that:

> Giving birth to a child and raising a child is the most sacred ceremony. It is creation.

Commissioner Qupee noted that:

> Having a child is a big change for your body, and a big change for your mind . . . how can you provide mental health supports if you don't have a relationship with the family, if there is no trust between the family and entity providing support.

24. The relationship that existed between the child protection system and Faith and her family was not one characterized by trust. It was instead characterized by tremendous imbalance of power. It was adversarial, fractured and reactionary. For mental health and other social supports to be effective in the future, deliberate efforts must be made to build, foster and maintain the relationship between the child protection system and the Innu. Such supports must be designed and offered from an Innu perspective and administered by, or at least in conjunction with, the Innu community.

A Suggested Practical Solution to a Complex Problem

25. Mental health and addictions programs, parenting education and family support programs are things which can always be developed or made more robust. This is well-trodden territory for Provincial and Federal Governments. These programs, however, must be developed in consultation with the Innu and involve the Innu in their deployment. The history of effectively addressing these issues from an Innu-centric perspective must be recognized. Such programs, of course, address the underlying issues that arise in child protection. They represent more long-term solutions.

26. In reflecting on the reports filed and the information shared at Faith's Circle, it is clear that something is needed for Innu parents *at the time* of contact with the child protection system. Something to ensure there is consistent and transparent communication between the child protection system and Innu families. Something to ensure Innu families can receive information and engage in dialogue with an Innu community member who speaks their language and understands their perspective. Something to act as a buffer between the parents and the child protection system in high conflict situations, including when CSSD is removing a child from an Innu home or from the hospital when an Innu mother is still recovering from labour. Establishing an Innu Parent Advocate would serve these purposes and address the core issue of disempowerment highlighted at this Inquiry.

27. At Faith's circle, Mary Agathe described in vivid detail what transpired when her children were removed from her care. She described the trauma, confusion, anger and helplessness she felt at the time. These justifiable feelings would cause her to understandably react negatively. This would simultaneously disincentivize child protection workers from having frequent and transparent communications with her. When such communications did occur, they were often adversarial in nature. The same experience was had by Faith when she was a parent dealing with the child protection system. What was needed at the time was a buffer between the parties and an advocate for the disempowered parent. In circumstances like these, the inherent imbalance of power in the relationship between the child protection system and the Innu becomes more evident, leading to negative outcomes.

28. An Innu Parent Advocate represents a practical solution to this complex problem. Establishing the office may require legislation outlining statutory reporting/responding requirements between CSSD and the Innu Parent Advocate. The Innu Parent Advocate would also need to be authorized to receive and be entitled to request the same information from CSSD that a parent would be able to receive and request. Practically, it allows a parent involved with the child protection system to avoid dealing directly with the system with which they are in conflict. It is someone they could turn to in a time crisis who understands them and can communicate with them. This would be particularly helpful following removal of a child, concerns over access, inaction on the part of CSSD in response to complaints regarding foster care homes etc. It would allow Innu parents involved with child protection to receive advice, receive it in their own language and have someone convey their concerns to the state through the appropriate channels. In turn, the benefits reaped by CSSD would likely include decreased rates of burnout, increased incentive to maintain communication, mitigation of confirmation bias and increased understanding of the Innu perspective. The Innu Parent Advocate could also play an integral role in connecting parents with supports being offered by CSSD and integrating these programs into the community.

29. The overarching issue at the root of this inquiry from the perspective of Faith's family is disempowerment. An Innu Parent Advocate would empower Innu families as they navigate the child protection system. The advocate would not just be another community worker. They would be a dedicated advocate for Innu parents in contact with the child protection system, with statutory authority and a professional relationship with CSSD. It could only result in better outcomes for children and families in the child protection system.

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