Investigator's Report

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Introduction

Kenneth Richard and Tara Petti bring more than seventy years of combined experience in Indigenous child welfare throughout Canada. They were engaged as independent investigators reporting directly to the Commission.

This Report is provided to support the Inquiry Respecting the Treatment, Experiences and Outcomes of Innu in the Child Protection System. Its purpose is to inform and assist the Inquiry as it examines the systemic issues that emerged from the involvement of Innu children and their families, most notably those from the community of Natuashish, in child protection services as provided and administered by the Government of Newfoundland and Labrador.

Commissioners had called for and received applications from six families requesting investigations into the death of their loved ones. The Commission granted each of the six families' applications and issued Orders to confirm that an Investigation would be conducted into each of the six deaths and their relation to the services they received.

This Report synthesizes and discusses the findings. In total, six young people lost their lives. Of these, four deaths were determined to be suicide, while two resulted from hypothermia after being exposed to the elements on the ice. Among the deceased, five were young men, and one was a young woman, a mother of two children.

This Report delivers a high-level narrative on the themes that emerged at the conclusion of the Investigations. Child welfare exists as part of a larger system of services including mental health, voluntary supports provided through non-profits, treatment programs, and different approaches to residential care. The focus of the Investigations was not inclusive of all services within the system. This Investigation focused primarily on in-care and out of province placements.

At its highest and most difficult level the Investigations revealed a profound systemic failure in child welfare in its services to Innu, specifically Mushuau Innu from the community of Natuashish. Across all cases reviewed, a consistent and deeply interconnected pattern of harm emerged that is rooted in colonial legacies, current inequities, service gaps, cultural dislocation, and governance failures. While each child's experience is unique, the findings demonstrate that these harms are not isolated or accidental, but systemic, predictable, and preventable.

Mandate

In accordance with an approved and standardized investigation process, the Investigators worked with applicant families in telling their story to the Commission. The primacy of the family experience was a principal tenet underlying the investigation approach.

Each Investigation was unique in its area of specific inquiry. Unique questions, as outlined in distinct orders, comprised the Investigations across the six families. All questions were in relation to each individual family's experience; thus, each order was tailored to the family's unanswered questions about their child's experience in care.

Investigators conducted approximately seventy-eight interviews with witnesses, ranging from parents and siblings to specialized service providers having direct knowledge of the youth being investigated. Many perspectives were incorporated into our findings. Over 1000 vetted documents from related child welfare, medical, out of province service providers, RCMP, court and medical examiner files were reviewed that served to help understand the more formal and documented aspects of the service relationship.

Findings were provided at the conclusion of each Investigation through the identification and elaboration of the systemic issues of importance and relevance to the aims of the Inquiry. All interviews and document reviews were undertaken to help tell each unique story accurately and to help those left behind, especially families, to fully understand what happened to their son or daughter.

Each of the six families was the subject of discrete Reports to the Commission. Circle Hearings were held, inclusive of family members and service providers, to conclude the investigation process.

Innu cultural considerations and practices were incorporated within the process and helped conclude each Investigation in a good and proper manner.

Context

This Report is a cumulative summary of the common issues that prevailed in Natuashish at the time that these six tragedies came to pass. The Investigators were instructed to identify systemic issues contributing to the tragic deaths. Isolated incidents, professional conduct, family or community functioning, or individual actions by the youth, their family or the many service providers involved in their lives, were not reviewed by the Investigators.

Each of the six families was considered a distinct review. Each family had their own Investigation parameters with each having very specific questions, or orders, guiding the investigation process. Six unique Reports have been presented to the Inquiry.

The Investigators make no comments on matters falling outside their specific mandate. We are aware that the Inquiry has reached wide and long and understand that other areas of relevance to the Inquiry will be fully explored. We recognize that child welfare is interconnected within a broader system, rooted in history, contemporary issues, and a time of substantive change and possibilities.

The investigation time focus has broad range, with the six youth born between 1997-2004 and their deaths occurred between 2015-2020. Most of this period predates amendments to provincial child welfare legislation in 2019 where provisions were made to recognize Indigenous peoples regarding their rights and the responsibilities of Government.

More recently the passage of Bill C-92 by the Federal Government has prompted a swift acceleration of legislative and structural changes aimed at dismantling the current system of provincial authorities and constructing an alternative framework for First Nations. The

development of a unique sovereign Innu system of services to families and children is a work in progress.

The Common Experience

Far too often, the lives and character of the Innu youth whose lives were examined have been described solely in terms of their behaviors. This perspective has never been balanced and seldom positive. Rather than being seen as whole individuals, these young people were reduced, over time, to a set of symptoms and perceived liabilities.

The Investigators came to know these youth through details shared by their families and the professionals who got to know them. They shared common experiences and faced similar and challenging life prospects, prospects that were, by and large, bleak. Many began as children with special needs evident early in life, causing increasing concern for both their parents and the professionals involved in their care. Families sought different ways to manage their children's distress and many families struggled with their own issues. As the children grew older, their behaviours and their living situations became more troubling. Some withdrew inwardly, while others acted outwardly, each searching for ways to cope with a persistent and enveloping darkness. Although some eventually received formal diagnoses, this came too late to alter the trajectory of their lives. Parents grew desperate as their children reached adolescence and distress intensified. The system, rather than evolving to meet their needs, proved unable to change the course of their tragic paths.

Despite these adversities, we know that the youth whose lives we examined had dreams, ambitions, and a desire to live healthy lives. Among them, one aspired to become a musician, another strove to be a good mother against challenging odds, and yet another displayed extraordinary skill in living off the land. One youth was noted for the deep and powerful love he showed for his mother, a feeling powerfully evident throughout his records. These young people were far more than the difficulties they faced. They made efforts to lead ordinary teenage lives and, at times, succeeded in moving beyond their symptoms, experiencing fulfillment simply by embracing life and its possibilities.

Their collective story reminds us that the Innu youth were never simply problems to be solved or managed. They were individuals seeking understanding, good relations, and compassionate support in the only ways they knew. The failure to provide this understanding and care was not only a loss for them, but for all of us as well.

Each family interviewed brought forward a unique story, shaped by both their strengths and the difficulties they faced. Their experiences reflected the enduring resilience of the Innu people and, at the same time, revealed the deep impact of colonialism on their lives. Among the families, one grandfather stood out as a respected elder, offering wisdom and guidance to his community. Another father was recognized as a leader, holding a prominent position in the Innu political system. One mother experienced homelessness as a direct result of family violence, highlighting the vulnerability and hardship endured by some. Another father, although not an active parent, expressed profound and genuine grief, openly weeping throughout as he spoke of his son. Despite their individual circumstances, all families shared a common experience of trauma stemming from

their loss, and all continued to grapple with the ongoing process of grieving. All said their grieving was unfinished, and they looked to the Commission to help them complete their healing process..

Systemic Issues Explained

A systemic issue within child welfare is defined as a problem embedded within the structures, policies, practices, and culture of the system itself. Child welfare is a system of services bound by legislation, funding agreements, standards and practices with the mandate to ensure the health and safety of all children in the province.

Systemic issues in child welfare manifest as inequitable, harmful, or disproportionate outcomes, particularly for First Nations children and their families.

Systemic Issues

1. Colonial Legacy of Intergenerational Trauma

At the core of all findings is the enduring legacy of colonialism. The relocation of the Mushuau Innu, loss of land-based ways of life, the erosion of language and culture, and the imposition of western systems of governance, education and childcare have resulted in collective and intergenerational trauma. This trauma manifests in high rates of mental distress, substance use, family violence, child welfare involvement, incarceration, and suicide. In the cases examined, factors such as addiction, family violence, and the placement of Innu children in care due to neglect, mental health issues, or emotional challenges were observed. It was consistently observed that, across all indicators of child health, including both mental and physical well-being, First Nations children in Canada experienced the lowest levels of health status among all groups.

The Investigations consistently demonstrate that the experiences of the youth, their families, and their communities cannot be understood outside the legacy of colonialism and its ongoing structural effects. The evidence confirms that the conditions shaping child welfare involvement, including mental distress, addictions, family instability, and elevated suicide risk, are deeply connected to historical and intergenerational trauma, displacement from traditional land bases, cultural disruption, and longstanding inequities in access to services.

Across the individual Investigations, families, youth, and professionals consistently described conditions reflective of unresolved trauma and chronic systemic inequities. Youth histories frequently included early exposure to instability, repeated losses, disrupted caregiving relationships, and environments marked by adversity.

These experiences were not isolated circumstances, but patterns emerging within broader social and structural realities. Factors such as addiction, family violence, emotional dysregulation, suicidal ideation, and the placement of Innu children in care due to neglect, mental health issues, or behavioural distress were repeatedly observed. Importantly, these presenting concerns often emerged alongside documented gaps in access to preventative mental health, addictions, and family support services.

Witness accounts and family narratives repeatedly situate mistrust, fear, hypervigilance, and ambivalence toward state systems within this broader context. These responses are not irrational or isolated reactions; rather, they reflect lived experiences within systems historically associated with removal, cultural loss, and imposed authority.

Throughout the investigation period, colonial histories and present processes emerge not merely as background context but as active structural conditions influencing family well-being, service engagement, institutional trust, and risk trajectories. The Investigations reveal that child welfare systems, operating primarily within crisis-driven and compliance-focused frameworks, frequently intersected with communities already burdened by unresolved trauma and systemic under-resourcing.

This legacy acts as a system-level determinant, shaping both the vulnerabilities experienced by children, youth, and families, as well as the responses of the child welfare system.

2. Disempowerment of Innu Families and Youth

A pervasive theme throughout the Investigations is the ever-present disempowerment of Innu parents, caregivers, and youth in decisions that directly affected their lives. All families felt that they were routinely excluded from meaningful participation in case planning, placement decisions, and treatment choices. Parents were often inadequately informed about their children's experiences, behaviours, or care while in custody, and youth themselves were frequently not told where they were going until the moment of removal.

Parents often learned about critical incidents, medications, AWOLs, and other events affecting their children in care only after they happened or from third parties. Most felt poorly informed, relying solely on contact with their children for information.

In multiple cases, family knowledge, observations, and concerns were not consistently integrated into care planning. Critical information, including behavioral incidents, mental health concerns, and placement disruptions, was often communicated late, partially, or through third parties. While consent was frequently obtained, the Investigations raise concerns regarding the degree to which consent processes ensured full comprehension, shared understanding, and genuine participation. Consent often occurred within circumstances marked by crisis, urgency, fear for safety, and limited perceived alternatives.

Youth witnesses, siblings of the six, described removals occurring with limited explanation, consultation, or opportunity for informed engagement. They described experiences of being "put on the plane" without their consent or full understanding. Institutions and service systems held decision-making power, leaving youth and their families as passive recipients instead of active participants.

One sibling to a deceased compared treatment resources to jail, and another described youth removal without consent as human trafficking. Both were angry at a system they felt was responsible for their collective tragedy.

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These practices reflect systemic racism and a fundamental failure to respect Indigenous family autonomy, youth agency, and the inherent rights of Innu people to participate in decisions concerning their children.

3. The Persistence of Gasoline Sniffing

The Innu community of Natuashish faces ongoing challenges with gas sniffing, particularly among at risk children and youth, being both chronic and critical. Although it ebbs and flows, it persists, especially among those youth who are struggling with their mental health, their living conditions, their life circumstances, their unresolved trauma, and a host of intersecting issues.

Gasoline sniffing was common through Investigations as both a symptom and amplifier of distress. Substance misuse trajectories frequently intersected with emotional distress, identity disruption, peer dynamics, and limited access to culturally relevant addictions treatment. Gas sniffing provides a euphoric experience that culminates in an unending wish for more. It requires repeatedly "huffing" on a bag containing gas. It is often a group activity and is seen as one way to belong. Young people, those in distress or who have cognitive challenges and early psychiatric conditions, are especially vulnerable.

In several Investigations this type of solvent misuse began in childhood and escalated alongside deteriorating mental health. Evidence concluded that substance misuse functioned within a complex interplay of trauma, identity disruption, peer dynamics, social conditions, and limited preventative support. Health impacts include brain damage, risk of sudden death, organ damage including Fetal Solvent Syndrome, and mental health and behavioral issues. It literally destroys the brain.

It is associated with unresolved trauma, low self-worth, identity confusion, family instability and abuse, poverty and food insecurity, boredom, and a feeling of hopelessness. The collective nature of it, especially when encouraged by older teens, gives a vulnerable child a false sense of acceptance.

While widely recognized as harmful, responses remained largely reactive. Preventative, culturally grounded, community-based interventions were limited or absent. The Investigations further demonstrate that gasoline sniffing was often addressed primarily through removal and placement strategies rather than sustained addiction treatment frameworks embedded within community contexts.

Innu leadership has not been able to create a world free from this scourge. Despite multiple efforts, including research into the successes of others, notably the Indigenous people in Australia, gas sniffing continues. One witness stated that most youth in care would have been at least occasional, more often chronic, solvent misusers. Sadly, in at least one case a bag of gasoline was found at the place of one youth's death.

4. Service Gaps and Crisis-Driven Interventions

All cases reviewed revealed the absence or scarcity of accessible, preventative, and remedial services in Natuashish and the broader Labrador region. Mental health, addictions, developmental screening, early intervention, and family support services were either minimal, inconsistent, or entirely unavailable. Where services did exist, they were crisis-driven, reactive, and poorly coordinated. Early indicators of distress frequently emerged without corresponding preventative support capable of stabilizing youth and families prior to crisis escalation. Service responses were predominantly activated at crisis points, with child removal and residential placement functioning as primary interventions. Investigations documented missed opportunities for early intervention, including unacted clinical recommendations and unresolved educational or therapeutic planning needs.

CSSD staff faced constant pressure to manage and prevent harm to children and youth and did not have the resources to truly help. Structural instability, including staffing shortages, high turnover, and rotational workforce models, further constrained continuity of care and relationship-building, undermining trust and proactive support. In addition to high staff turnover and staffing shortages, limited training, and overwhelming caseloads severely constrained the capacity of frontline workers. While good intentions were present, they were rendered ineffective by systemic underinvestment and structural limitations. Early identification of mental health or cognitive issues rarely occurred, and comprehensive assessments were often delayed until crises had escalated.

CSSD in Natuashish implemented a distinctive system whereby professional staff were assigned to the community on a rotational basis, with each rotation lasting two weeks. This was to manage chronic staff turnover issues and resulting service gaps. While this approach may have solved one problem, it created another. Lack of service continuity worked against the formation of trusting relationships between Innu clients and their non-Innu helpers and without trust actions associated with problem amelioration become most difficult. This is especially true when previous relations were traumatic, which for Innu people, was most often the case.

It was observed that child removal was most often the primary intervention, particularly in response to gasoline sniffing, suicidal ideation, or behavioural distress. Child removal should always be the last option, yet all too often it was the first.

5. Overreliance on Out-of-Province Placements

A central finding in five out of six cases is the excessive reliance on out-of-province placements, including residential treatment programs and therapeutic foster homes in southern Ontario and Saskatchewan. The placements were deemed to be treatment in nature with CSSD staff stating that safety, suicide ideation, gas sniffing, and mental health crisis motivated their referrals. While these placements often provided physical containment, they sometimes resulted in prolonged separation

from family, community, language, and land, causing significant cultural harm and emotional trauma.

Rather than being therapeutic, these placements often exacerbated mental health symptoms. Behaviour management and structure regularly substituted for genuine treatment, and children's emotional distress was frequently misunderstood or minimized. The lack of culturally safe and clinically appropriate care undermined the stated goals of these placements.

The Investigators were informed by CSSD staff that placement out of province had become a routine practice for youth from Natuashish. While they hoped that treatment would prove effective, safety was the most dominant concern. They knew that gasoline sniffing would likely stop once youth left the community. Often youth had siblings already in the care of a specific out of province facility and that was seen as a reason to have them together.

The Investigators note that the southern Ontario residential treatment programs, Quinte Children's Home and Broken Arrow Residential Treatment Services, were for-profit enterprises that were costly and lacked the same level of accountability as publicly provided services. CSSD staff witnesses openly acknowledged that referrals were frequently made simply because a treatment bed was available, rather than due to a strong alignment between the youth's needs and the services offered. Nonetheless they were the first stop when CSSD sought safety for a youth in apparent distress.

Youth shared a burning desire to get back home, with one youth setting out to walk from Ontario to Natuashish on four occasions. Another promised to "live like good Innu boy again" if he was allowed to return to his family. Children placed out of province frequently experienced profound loneliness, being homesick, cultural dislocation, isolation, and confusion. Language barriers arose because they spoke Innu-aimun but were placed in English only settings. Cultural programming, where present, was often generic or based on other Indigenous cultures, failing to reflect Innu identity, values, or ways of knowing. The Investigations remind us that one Indigenous culture cannot substitute for another.

6. The Lack of, the Irrelevance to, and the Inappropriateness of CSSD Services to the Needs of Innu Families and Children

The child welfare legislation within the time frame of the Investigations was narrowly focused and primarily served to monitor the children and to act only when a problem was full-blown, with a child in need of obvious protection. This was the case for many youths and their families.

The forensic nature of child welfare, its focus on problems while ignoring family and community strengths, its lack of cultural safety, its Western orientation, and the fact that it was delivered by social workers often ill-prepared for the job, acted systemically to prohibit service quality and positive outcomes.

It was not a system that recognized Innu culture in its services except as a liability, a deficit. Instead of being helpful, the system served to alienate and assimilate Innu youth, much like the residential schools did in the generation before them.

Recent Human Rights Tribunals have pointed to the history of child welfare across Canada as being openly discriminatory in its form, function and funding.

7. Mental Health and Clinical Care Deficiencies

Significant deficiencies in mental health assessment, diagnosis, treatment, and continuity of care are documented throughout each case reviewed. Many youths exhibited clear signs of mental illness, cognitive impairment, trauma-related distress, or neurodevelopmental conditions, yet did not receive timely or appropriate psychiatric/psychological/educational assessments.

What typically triggered a service response was related to the youth behaving aggressively, or sniffing gas chronically, or manifestations of a developing psychosis. This usually began at the onset of adolescence, but risk factors and developmental issues needing attention manifested much earlier. All six cases reviewed showed that treatment services were not forthcoming until problems were full blown.

In several cases, Western-based psychiatric, cognitive or psychoeducational testing was relied on despite cultural and linguistic limitations, resulting in misinterpretation of needs. Mental health symptoms were often framed as behavioural problems rather than indicators of illness requiring treatment. Natuashish had very limited access to any children's mental health services in Labrador, and those based on the island were not culturally safe.

Medication was frequently prescribed without a clear treatment plan, consistent monitoring, or explanation as to its purpose and expected outcomes. Parents, driven by worry and urgency, agreed to medication for their children, but none believed it was effective. Indeed, most believed medication made things worse.

Trust issues abound given the historical relationship between Western medical practice and Innu people. Once youth exited care, medication management often collapsed entirely due to the absence of relationships, follow-up, or community-based supports.

The sad reality is that the RCMP and the criminal justice system repeatedly substituted for mental health services, leading to the criminalization of illness rather than care and healing. Towards the end of their lives most cases had no truly therapeutic relationships with "aging out" being the only rationale for service termination. All needed supports after discharge, a critical time, yet very little was available.

8. Governance, Oversight, and Accountability Failures

The Investigations revealed profound failures in governance, oversight, and accountability at multiple levels. Case management was fragmented and inconsistent, with legislated responsibilities sometimes delegated to out of province third-party and for-profit agencies not subject to child welfare standards or legislative oversight.

Monitoring of out-of-province placements was insufficient. Serious incidents, including AWOLs and an injury from physical restraint, were not reliably recorded or shared with families.

In one case, involving a group home, the Board of Directors failed to provide effective oversight of clinical standards, safety, and compliance. Investigators found no evidence of planning when the facility, lacking adequate child mental health expertise training, suddenly shifted its focus from corrections services to child welfare related residential care. Licensing deficiencies, safety concerns, and non-compliance persisted without enforcement, reflecting regulatory drift and normalization of unsatisfactory practices.

9. Communication Breakdowns

Across all cases, communication failures were persistent and damaging, often leading to distrust and anxiety. Information was fragmented, delayed, or lost entirely between agencies, service providers, families, and youth. Parents often learned of major developments, such as placement changes, and AWOLs, through third parties.

Language differences, varying cultural and professional perspectives, and decision-related anxiety hindered informed decision making, especially in prescribing psychoactive medications. Sustained and trusted relationships between professionals and families were difficult due to staffing issues and historical experiences. Consent was often obtained without ensuring families fully understood the implications of decisions being made.

This persistent lack of trust in CSSD was evident among families. The historical context of child removal remained at the forefront when social workers were involved, significantly affecting the helping process. CSSD workers appeared to at times avoid engagement with clients who were perceived as too hostile, and in one case, too politically to be properly involved. These interpersonal tensions were compounded by anxiety among both clients and staff, fueled by fears of adverse consequences. This atmosphere sometimes led to dysfunctional communication, undermining the relationship between families and service providers. Additionally, some clients chose not to engage with CSSD, fully aware that such involvement often resulted in negative judgement and real disempowerment, including the potential loss of parental rights.

These breakdowns eroded trust, undermined collaboration, and contributed directly to poor outcomes.

10. Reintegration, Aging Out, and Aftercare Failures

Reintegration planning for youth exiting care was consistently inadequate or nonexistent. Transition plans, where developed, were rarely implemented due to lack of resources, follow-up, or clearly assigned responsibility. Youth frequently returned to communities without stable housing, mental health care, addictions support, education, or employment pathways.

For those aging out of care, service gaps were particularly acute. Youth between 16 and 18 were left in limbo, without the protections available to children or vulnerable adults. Post-care supports were minimal, and relationships with service providers often ended abruptly at the point of discharge, despite ongoing and severe needs.

In multiple cases, the absence of sustained support following exit from care was identified as a contributing factor to deterioration, despair, and eventual death.

11. Cultural Disconnection and the Absence of Land-Based Healing

The failure to provide Innu-specific, land-based, and culturally grounded healing approaches is identified as a major systemic shortcoming. While the therapeutic value of land-based programs, elder involvement, language use, and cultural mentorship was widely recognized by witnesses, such services were not meaningfully available during the periods under review.

Cultural connection was often aspired to but rarely implemented in practice. Opportunities for youth to return home for the Gatherings, ceremonies, or time on the land were not consistently supported. This absence of culturally resonant care deprived youth of a critical source of identity, belonging, and healing.

12. Fiscal and Ethical Issues Related to For-Profit, Out-of-Province Placements of Innu Youth

It was not within the scope of the investigation to examine costs related to the provision of residential care, treatment or otherwise. It is within the scope of raising issues related to service quality. Several reviews from different regions have found that introducing profit motives into child treatment can negatively affect the quality of services. For-profit providers have a long and storied history in Ontario, where most of our youth were placed. They tend to employ less credentialed people than publicly funded services, pay considerably less salary, and experience high staff turnover. Therapists and clinical staff are often untrained to be responsible for youth with complex needs, especially Innu youth with suicide ideation.

For-profit centers are also very expensive and tend to get more so as time goes on. This stretches already tight budgets and forces investments in child services to pay disproportionate funds toward residential care, not services that could prevent children from coming into care in the first place.

Finally, there is an ethical issue with the way at least one widely used for profit agency conducted itself. Broken Arrow Residential Treatment Services was the most utilized of all out of province options available. The name, “Broken Arrow Residential Treatment Services” appropriates an Indigenous metaphor and likely had some influence on why BARTS figured so much in the services provided to Innu youth. To many, especially Indigenous people, the name implies that there is a cultural component to the services, which there is not. As a for-profit enterprise, BARTS was known to market itself heavily to northern and First Nation agencies. At one point there was a sub office in St. John’s that for a time, worked to facilitate the placement of NL youth, especially Innu youth. It cannot be known for certain how much the name “Broken Arrow” influenced the placements of Innu youth, but it is disconcerting to see this. The name is a clear distortion of a strong First Nations metaphorical statement. It creates a false impression of cultural competence and safety which did not exist.

Conclusion

The evidence demonstrates that the harms experienced by Innu children, youth, and families were not the result of isolated errors or individual misconduct. Rather, they arose from entrenched systemic failures rooted in colonial legacy, structural inequity, chronic underinvestment, a lack of cultural safety, poor communication and weak accountability.

The Investigators respectfully suggest that the prevention of future harms to Innu people will require structural reform, including early and culturally grounded intervention, genuine family and youth participation, strong clinical governance, accountable oversight, and sustained post-care support grounded in Innu culture and community.

It is our understanding that the Innu, through the Innu Round Table Secretariat (IRT), are in process of assuming control of their child welfare services. We trust that this Report will provide some guidance as to what might be done, and, conversely, what not to do, in the development of those services.

Gratitude

The Investigators came to this work as outsiders, with limited familiarity or understanding of Newfoundland and Labrador and the diversity of its peoples and their communities. Nevertheless, our experiences in both Natuashish and St. John's were marked by openness, generosity, and a shared commitment to honouring and serving the youth who left too soon. Despite their tragic deaths, the voices of these young people were powerfully present within their families, and the lessons drawn from their stories are invaluable for their honesty and authenticity. We hope this Report has honored these teachings, based on real-life experiences, and that they will make a valuable contribution to improving the Innu child and family well-being services system.