

So That No One Is Forgotten: Living the Spirit of Devon's Principle

Honouring Devon Freeman's Life Through the
Recommendations that Call Us to Care Differently

*A plain-language summary of the Jury's findings and
the vision for change inspired by Devon's Principle.*





In Loving Memory of Devon ... Muska'abo

Your kindness, humour, curiosity, playful spirit, and deep love for your mother, Jamie, made the affectionate name your grandmother gave you, "Boo Bear," the perfect fit.

And just like the Bear, you brought many important teachings to us all. Through ceremony and truth, we are beginning to learn from the message you left us. We will carry it forward, working to create opportunities for youth healing and change to the systems that failed you.

"Gdaa-naadamaago ji-bimaadiziyan."

We carry your spirit forward.



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Why An Inquest?

In October 2017, sixteen-year-old Devon Freeman went missing from a youth mental health home where he had been placed to receive care and support. Six months later, in April 2018, Devon was found in the backyard of that same group home. He had died by suicide. Devon's family received no answers about what happened the night he disappeared, nor any explanation for why it took so long to find him. His First Nation was never notified of his death. Heartbroken but determined, Devon's grandmother, Pam, reached out to the First Nation Band Representative, and together they began what would become a seven-year journey to find the truth. Their unwavering efforts led to a call for an Inquest into Devon's death—to uncover what really happened, to obtain the answers they deserved, and to ensure that no other family or child would ever have to experience such profound loss and silence again.



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Purpose of this Booklet

This booklet presents the Jury's recommendations arising from the Inquest into the death of Devon Freeman. The Inquest became more than a legal process; it was a profound moment of accountability in which colonial systems were challenged to adopt a Two-Eyed Seeing approach—blending Western legal frameworks with Indigenous ways of knowing. This approach allowed space for healing and growth grounded in Indigenous knowledge and worldview.

It was essential that Indigenous evidence and perspectives be fully integrated into the proceedings. Over several weeks, the Jury heard testimony from all involved parties and expert witnesses, including Dr. Cindy Blackstock, Dr. Barb Fallon, Elder John Rice, and Amber Crowe, among many others who offered vital insights into systemic failures and paths toward change.

The Jury ultimately delivered strong and transformative recommendations emphasizing collaboration between agencies, culturally rooted supports, improved crisis response, and the meaningful inclusion of First Nations in all decisions affecting their children. The following pages summarize these important recommendations and the vision they set for a more compassionate and accountable system of care.

**TO THE INSTITUTIONAL PARTIES
(CHIPPEWAS OF GEORGINA ISLAND FIRST
NATION, THE CHILDREN’S AID SOCIETY
OF HAMILTON (“the Society”), LYNWOOD
CHARLTON CENTRE (“LYNWOOD”) AND
HAMILTON POLICE SERVICES (“HPS”) AND
THE MINISTRY OF CHILDREN, COMMUNITY
AND SOCIAL SERVICES (“MCCSS”):**

1. Work with the Chippewas of Georgina Island First Nation to create and share a training program for children’s aid workers and group home staff. The training should teach lessons from Devon Freeman’s life and death, using

information from the official report (but without including any personal details or blaming anyone). Anyone who wants to use recordings from the inquest must first get approval from the Office of the Chief Coroner.

2. Use respectful and neutral language when talking about young people who leave their homes or care placements without permission. Avoid words that sound judgmental or negative.

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TO THE MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES:

3. Continue working with First Nations communities and Indigenous service organizations to create the rules needed to put recent changes to the Child, Youth and Family Services Act (CYFSA) into action. These changes, passed in 2022, are meant to clearly separate customary care (care based on Indigenous traditions and community involvement) from residential care (like group homes). Customary care arrangements should not have to follow the same licensing rules as residential care.

4. Notification and Communication with First Nations Communities The MCCSS should create a rule that makes children's aid societies and licensed residential homes tell a child or youth's Band or First Nation community if:

- The child or youth goes missing (leaves without permission) for more than 24 hours, and again when they return,
- The child or youth is seriously hurt, or
- The child or youth dies while in care or at the facility.

During the five-year review of the Child, Youth and Family Services Act (CYFSA), MCCSS should work closely with First Nations communities and Indigenous organizations to make these notifications a legal requirement in the Act itself.

5. As part of the Child Welfare Redesign Strategy, MCCSS should keep improving the child welfare system and funding model to better meet the needs of First Nations children and youth. This includes:

- a. Funding: Keep reviewing how the new annual funding (started in July 2020) supports prevention-focused customary care for First Nations communities.
 - b. Connection and Identity: Support care models that help children and youth stay connected to their families, communities, and cultures — so they have a sense of belonging, identity, safety, and well-being. Every care plan should reflect a child's physical, mental, emotional, spiritual, and cultural needs from the moment their case begins.
 - c. Needs-Based Approach: Review how children's aid societies decide who needs help (the Ontario Eligibility Spectrum) and move toward a needs-based approach rather than one that focuses on caregiver shortcomings. Indigenous experts should help guide this.
 - d. Navigators and Support People: Consider adding Navigators (along with resource people and adult allies) to help First Nations youth — both on and off reserve — find their way through systems like child welfare, mental health, and the justice system.
6. Work with the federal government to make sure children's aid societies have the support they need to meet their responsibilities under the federal Act respecting First Nations, Inuit and Métis children, youth and families.



So That No One Is Forgotten:

TO THE MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES AND THE MINISTRY OF HEALTH:

8. The government should work with Indigenous communities and service providers to make sure Ontario's Indigenous Healing and Wellness Strategy includes:

- a. More residential treatment programs in Indigenous communities for children and youth who need mental health support.
- b. Better coordination of services for children with complex trauma or multiple needs — to keep them safe, ensure consistent care, and prevent long wait times.
- c. Flexible, community-based programs that can respond to a wide range of physical, mental, emotional, spiritual, and cultural needs, including both ongoing and urgent issues.

9. Partner with First Nations and Indigenous organizations to create local, regional, and provincial roundtables where service providers, ministries, and community representatives can collaborate to improve care for children and youth with complex needs.

TO THE HAMILTON POLICE SERVICES:

10. Turn the current pilot role of Missing Persons Coordinator into a full-time, permanent position.

11. Establish a dedicated Missing Persons Unit to oversee and coordinate all missing persons investigations. The unit can still work with officers from other divisions when needed.

12. When creating the Missing Persons Unit (MPU), the Hamilton Police Service (HPS) should follow the guidance from Missing and Missed: The Report of the Independent Civilian Review into Missing Person Investigations. They should focus on:

- Making a clear strategic plan and updating investigation policies.
- Prioritizing missing persons cases and improving the culture around them.
- Ensuring consistent coordination and follow-through in investigations.
- Using civilian staff to help with coordination and family support.
- Sharing timely updates with the public and media.
- Partnering with youth and mental health organizations.
- Working with FOCUS tables and other community safety partners.
- Building and maintaining strong relationships with Indigenous and community groups.
- Creating a clear plan to put these recommendations into action.



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3. Provide specialized training for all officers involved in missing persons cases. Training should cover:

- Recognizing and challenging stereotypes about missing persons,
- Assessing risk levels,
- Gathering information effectively, and
- Using the right investigative tools and techniques.
- This training can include programs from other police services or from experienced HPS officers.

14. Update the system used to decide how serious a missing persons case is (Level 1 or Level 2) and when an urgent search is needed. The new process should be evidence-based and clearly defined, taking into account factors like:

- Any history of suicidal thoughts or attempts,
- Whether the person is in a mental health facility for children or youth, and
- Whether the missing person is an Indigenous youth.

15. After completing a risk assessment, make sure each missing persons case is triaged to decide the best response. This could involve police, community organizations, or a team approach. Community members or groups could also play a role during the investigation or in debriefing the person once they're found.

16. Upgrade how HPS tracks and reviews missing persons cases. Consider using systems like PowerCase or better alternatives to the Occurrence Enquiry Log. The system should also allow officers to flag specific reports involving suicidal behaviour, not just the person's name.

17. Work with residential homes and youth mental health facilities (like Lynwood) to create a shared protocol for what to do when a young person leaves a group or care setting without permission. The protocol should outline:

- When to file a missing persons report,
- What information to include,
- What staff should do before, during, and after reporting (like searching the property),
- The HPS's responsibilities during each stage, and
- Who should conduct the debrief or return interview once the youth is found — especially for youth who leave often — possibly involving trusted community organizations.

18. Work with organizations such as Hamilton Children's Aid Society and other youth-serving agencies to set up a joint review process for any missing youth from an out-of-home placement. The Missing Persons Coordinator should determine how often these reviews happen, based on the level of risk for each youth.

19. Create a permanent Indigenous Liaison position within the HPS. This role should be filled by an Indigenous officer and focus on outreach and engagement with First Nation and Indigenous communities.

20. Review the process for issuing media updates in missing persons cases to ensure they are timely and that decisions about releasing information are made within set timeframes during an investigation.



So That No One Is Forgotten:

21. Provide Indigenous-led cultural competency and cultural safety training to all officers.

22. Work in consultation with residential homes and child and youth mental health facilities like Lynwood to develop a living document for each youth in its care that can be readily shared with police if necessary, in the event that the youth is absent from the residence without permission and a missing person's report is being filed, and in accordance with the requirements under Part X of the CYFSA.

TO THE MINISTRY OF HEALTH (“MOH”):

23. Continue funding and supporting Indigenous programs to promote the safety and well-being of First Nations children and youth, including:

- Youth Life Promotion programs in schools and on the land,
- Indigenous Mental Health and Addiction Workers in communities,
- Mental Wellness Teams,
- Indigenous professional development, and
- Tele-mental health services.
- Regularly consult with Bands, First Nations communities, and Indigenous stakeholders about program delivery and report back in a timely manner.

24. Consider creating mental health teams for children and their families, including a case manager, to ensure continuous, comprehensive, and supportive care throughout childhood.

25. The MOH should fund and support Lynwood and similar facilities to work with Indigenous experts to develop and provide mental health services that meet the cultural and well-being needs of First Nations children and youth.

26. The MOH should provide additional funding to mental health services to make up for the multi-year freeze of Lynwood’s base funding, ensuring children and youth get the care they need.



So That No One Is Forgotten:

27. Provide funding for Indigenous-led mental health services and facilities in Hamilton and across Ontario to ensure culturally safe and restorative care for Indigenous children, youth, and families.

28. Provide sustainable and fair funding for community-based children's mental health services, including residential care and family support. Funding should help hire and retain multidisciplinary staff and support flexible, responsive programs that give the right care at the right time for children and youth with complex needs.

TO THE CHILDREN'S AID SOCIETY OF HAMILTON:

29. During intake, staff should collect and review all relevant information about a young person, including previous care plans and any history of suicidal thoughts or behaviour. If such information exists, it should be flagged so all staff are immediately aware.

30. Train staff to make sure that when a youth's file is passed from one worker to another, any history of suicidal thoughts or behaviour is clearly highlighted in all discussions and communications.

31. Consider creating a single care team for each family to improve communication, data sharing, and relationship-building, while taking workers' caseloads into account.

32. At intake, work with outside service providers to set clear responsibilities for sharing information about the young person, including self-harm incidents and leaving care without permission.

33. Continue running learning events and stay actively involved in the Youth with Complex Suicide Needs (YCSN) protocol, a coordinated approach to care for children and youth at high risk of suicide with complex needs.

34. Support all child protection staff in understanding the steps outlined in the internal policy



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35. Work with the urban Indigenous community to stay active on the Indigenous Child Welfare Collaboration Committee. This helps build relationships, create coordinated service pathways, and provide wraparound support for First Nations, Inuit, and Métis children and families in Hamilton.

36. Strengthen procedures for better communication and coordination between child welfare services and urban Indigenous agencies, including:

- De dwa da dehs neye>s (Aboriginal Health Centre)
- Hamilton Regional Indian Centre
- Niwasa Kendaaswin Teg
- Native Women's Centre
- Niagara Peninsula Aboriginal Area Management Board (NPAAMB)

37. Keep focusing on the Child Welfare Sector Commitments to Reconciliation by sharing data (without personal information) with Indigenous partners on:

- Reducing the number of First Nations children and youth in care,
- Reducing legal cases involving First Nations children and families, and
- Increasing the number of formal customary care agreements.

38. Stay accountable to the child, their family, and their First Nation community by ensuring that children in out-of-home placements remain connected to family, community, and culture. Regularly review care plans to reflect the child's physical, mental, and spiritual needs.

39. Strengthen policies and procedures to improve communication and planning with First Nations communities when serving Indigenous children, youth, and families. Build on existing initiatives like:

- The specialized Indigenous service team,
- Sharing Circles for Indigenous youth in care (in partnership with Catholic Children's Aid Society, Hamilton Regional Indian Centre, and Niwasa Kedaaswin Teg), and
- Recommendations from the Society's Child Death Update.

40. Recognize that the best practice is to consider Indigenous Dispute Resolution by connecting with the First Nation regarding any challenges faced by a First Nations young person and/or family.

41. Continue to ensure that all young people in care have reasonable access to cell phones or other technologies they may need to communicate with their family, their First Nation and others important to them.

42. Continue to prioritize the recruitment, hiring, and retention of workers with First Nations identity and from other equity-deserving groups, recognizing skills related to Indigenous knowledge and cultural identity alongside traditional mainstream credentials.

43. The Society should consult and communicate regularly with the Bands and First Nations communities of the children it serves. This includes offering to create a communication protocol and holding quarterly reviews for all children receiving services.

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TO LYNWOOD CHARLTON CENTRE:

44. To ensure the safety of the children in its care, Lynwood's psychiatric nurse practitioner shall meet with staff upon admission of each new client regarding any diagnosis and/or mental health needs.

45. When a youth discloses suicidal thoughts or behaviour, bring together everyone in their circle of care—including the youth's support people, guardian, First Nation (if applicable), medical team, and family—to assess the situation and create a safety plan.

46. Keep a current file for each youth in care that can be shared with the Hamilton Police Service if needed. Include a recent photo, history of suicidal thoughts or attempts, known triggers, and any bullying incidents.

47. At intake, work with the youth's guardian to set clear responsibilities for sharing information with the youth's circle of care, including any self-harm incidents or leaving care without permission.

48. Create more therapeutic programs that reflect a variety of youth interests. When possible, connect young people with external opportunities like sports, land-based learning, cultural activities, art, and other experiences to help them develop a positive future pathway.

49. Ensure that all safety plans are written down and shared with Lynwood staff, the young person's guardian, and other members of a young person's circle of care where appropriate and consistent with privacy legislation and rights.

50. Work with Hamilton Police Services, residential homes, and mental health facilities to create a shared protocol for handling youth who leave care without permission. The protocol should cover:

- When to file a missing persons report,
- What information to include in the report,
- Residential home responsibilities before, during, and after reporting (including property searches if needed),
- HPS responsibilities before, during, and after reporting, and
- Who conducts the debrief or return interview, especially for youth who frequently leave, possibly involving community organizations like Justice for Children and Youth.

51. Continue to train staff to identify and address suicidal ideations and risk factors (acute and chronic) associated with suicide.



So That No One Is Forgotten:

TO THE CHILDREN'S AID SOCIETY OF HAMILTON AND LYNWOOD CHARLTON CENTRE:

52. Create practices that help youth stay in regular contact with trusted adults in their circle of care, reducing times when their whereabouts are unknown.

53. Encourage youth to actively participate in services, tools, and programs about their wellness, such as the Wise Practices resources and Life Promotions toolkit, and apply tips from these resources in their lives.

54. When non-Indigenous providers care for Indigenous children, use the First Nation Mental Wellness Continuum Framework to guide service development and delivery.

55. Support the joint creation of programs like Promote Life Together (PLT) with Indigenous and non-Indigenous stakeholders, ensuring Indigenous voices are included from the start.

56. Include training on children's rights, including privacy rights, in all routine staff training.

TO THE OFFICE OF THE CHIEF CORONER OF ONTARIO:

57. Involve Families and Indigenous Communities in Death Reviews: When an Indigenous youth dies, offer to include their family and community in the Pediatric Death Committee Review, while respecting confidentiality.

58. Consider Mandatory Inquests for Children in Care: Review the current discretionary inquest process for children who die in care and consider advocating for a law requiring these deaths to be the subject of mandatory inquests.



So That No One Is Forgotten:

TO ALL INSTITUTIONAL PARTIES:

59. That the MCCSS and all institutional parties to this inquest work together in a collaborative manner towards ensuring that First Nations children have a right to return to their home communities when receiving services under the CYFSA. This should be adopted and developed as “Devon’s Principle”

TO THE MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES AND THE MINISTRY OF HEALTH AND THE GOVERNMENT OF CANADA:

60. Provide direct, fair, and sustainable funding from the ministries and federal government to:

- First Nations communities,
- Off-reserve Indigenous service providers, and
- Non-Indigenous providers serving off-reserve First Nations children and families.

This funding should increase collaboration in child welfare and mental health services.

61. Implement the Spirit Bear Plan: Work with MCCSS, MOH, and the federal government to put the Spirit Bear Plan into action.



So That No One Is Forgotten:

TO THE MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES:

62. Work with First Nations to provide direct, fair, and sustainable funding for:

- Prevention services,
- Cultural programs, and
- Band Representative Services.

This should support on- and off-reserve children, youth, and families in child welfare and mental health, using a needs-based approach that ensures equality.

63. Provide accessible funding to children's aid societies and residential service providers for:

- Indigenous-led cultural services,
- Culturally restorative practices,
- Cultural competency and education supports, and
- Other cultural supports in child welfare.

64. Support Bands, First Nations communities, and Indigenous stakeholders to collect and analyze data to see whether child welfare services are improving outcomes for children and youth.

65. Once data is analyzed, work with First Nations and Indigenous stakeholders to implement recommendations, including seeking funding or authority for legislative or regulatory changes to improve outcomes for children and youth.

66. Provide training and support for children's aid societies and residential facilities to meet consultation requirements with Bands and First Nations under the CYFSA, including enabling Indigenous children to return to their home communities for cultural safety.

67. Provide adequate, sustainable funding to ensure a variety of placement options and transition services, including independent and semi-independent living, for children and youth receiving services from children's aid societies and Indigenous well-being agencies.

68. Work with child rights and Indigenous rights experts to conduct a Child Rights Impact Assessment for all proposed CYFSA regulations and amendments.

69. Continue using the Child Welfare Redesign Strategy to improve funding and service delivery. This includes developing prevention and reunification processes that focus on:

- Family preservation and reunification,
- Kinship connections and family contact,
- Assessing strengths and needs of children, youth, and parents,
- Parenting skills, home management, routines, infant care, and
- Building and supporting family support networks.

70. Amend O. Reg. 156/18 to enhance service coordination, integration, and oversight under the Quality Standards Framework by:

- Creating an integrated Plan of Care that considers the social determinants of health for the child and family, follows them across community services and children's aid care, and includes the child's cultural and spiritual needs.
- Reviewing the 24-hour police reporting requirement for children who leave a licensed facility without permission.



So That No One Is Forgotten:

TO THE MINISTRY OF HEALTH AND TO THE MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES:

71. Work with Indigenous communities to create residential treatment options that are Indigenous-run and informed, with culturally specific programs. This keeps youth connected to family, culture, and local supports.

72. Partner with children's mental health residential providers to develop well-funded programs for youth with high-risk behaviors (like aggression or suicidal thoughts) and complex needs. Ensure smooth transitions so youth aren't placed on long waitlists when moving to a new community.

TO THE ONTARIO ASSOCIATION OF CHIEFS OF POLICE:

73. Consider extending the recommendations 10-22 to include all municipal police forces across Ontario.



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TO THE MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES:

74. Form a panel of Indigenous leaders, researchers, and child welfare experts (including from other provinces) to:

- Advise on revising the child welfare funding formula to meet Indigenous youth needs, and
- Identify funding priorities from existing resources to support Indigenous programs and First Nation communities.

75. The same panel should recommend outcome measures to track Indigenous youth's progress through the welfare system to independence and adulthood. Use quarterly key performance indicators (KPIs) to assess agency performance and support ongoing quality improvement.



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Acknowledgements

Miigwech

We wish to acknowledge the people who have never stopped sharing Devon's story—those who have carried his message from the very beginning and continue to pass it on so that his teachings endure.

Pam Freeman

Sarah Clarke

Shannon Crate

Kim Loiselle

Nicole O'Reilly

Elder John Rice

Your voices, courage, and love keep Muska'abo's spirit alive and moving forward. Miigwech for walking this journey of truth, healing, and change.



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The visual layout and design were created by **Dr. Marlyn Bennett**, with care and intention to honour the spirit of Devon's Principle.