



DIRECTOR OF CHILD AND FAMILY SERVICES

ANNUAL REPORT 2020 - 2021

DIRECTRICE DES SERVICES À L'ENFANCE ET À LA FAMILLE

RAPPORT ANNUEL 2020-2021

Le présent document contient la traduction française du sommaire.

Government of Northwest Territories Gouvernement des Territoires du Nord-Ouest



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French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

Tł̄ichö yatı k'èè. Dı wegodi newö dè, gots'o gonede.

Tłąchǫ

Perihtl'is Dëne Sųłiné yati t'a huts'elkér xa beyáyatı thepä pat'e, nuwe ts'ën yólti.

Chipewyan

Edi gondı dehgáh got'je zhatié k'ée edat'eh enahddhé nide naxets'é edahví.

South Slavey

K'áhshó got'ıne xədə k'é hederı ɂedıhtı'l'é yeriniwę nídé dúle.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijahch'uu zhit yinohthan jì', diits'at ginohkhìi.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnagtun, uyaptinnut hivajarlutit.

Inuinnagtun

Indigenous Languages:

1-855-846-9601

French:

867-767-9348

866-561-1664 Toll Free

Message

from the Territorial Executive Director of Child and Family Services

October 1, 2021

The Honourable Julie Green
Minister of Health and Social Services
Government of the Northwest
Territories

Dear Minister Green,

I am pleased to submit the 2020-2021 Annual Report of the Director of Child and Family Services. The 2020-2021 Annual Report reflects the progress the Child and Family Services (CFS) system has made throughout the past year while demonstrating the creative, innovative, and nimble response during the COVID-19 pandemic to ensure the continuity of quality services for children, youth, and their families.

Between April 1st, 2020 and March 31st, 2021, CFS implemented the new principles and standards for service provision under the federal government's *Act respecting First Nations, Inuit and Métis children, youth and families*, increased momentum in the strengthening of relationships with Indigenous governments, and shifted priorities within the CFS system to bolster and expand prevention and family

preservation services. Together, along with other key initiatives, this work supports the advancement of reconciliation efforts, promotes the importance of engaging and collaborating with Indigenous governments in CFS delivery, and continues to target and address the long-standing overrepresentation of Indigenous children and youth in care.

The 2020-2021 Annual Report highlights the many areas where CFS has aligned its practice with the principles and standards set out in the *Act respecting First Nations, Inuit and Métis children, youth and families* and provides the opportunity to reflect on the impact these changes have had on the lives of children, youth, and families. The 2020-2021 Annual Report also incorporates the experiences of families who have received services and reflections from frontline staff on the impacts of key initiatives in our CFS system's reform.

Throughout the upcoming year, I look forward to continuing to build on the momentum of CFS system improvement initiatives. I am confident that the actions taken to engage and collaborate with Indigenous governments,

the continued enhancement of prevention services, and changes to practice that promote children and youth's connection to family, community, and culture will continue to enhance the quality of CFS services.

I wish to thank all CFS staff for their continued efforts in providing diligent and responsive services. The commitment to children, youth, and families throughout this unprecedented year is a strong reflection of their dedication to the profession. I would also like to thank the Indigenous governments who have helped shape our CFS delivery so far and our stakeholders for their ongoing contributions to supporting the work of CFS to meet the needs of residents across the Northwest Territories.

Sincerely,

Colette Prevost
Territorial Executive Director
Child and Family Services

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Executive Summary

The 2020-2021 Report of the Director of Child and Family Services (CFS) provides a detailed summary of services delivered in the Northwest Territories (NWT) between April 1, 2020 and March 31, 2021.

2020-2021 was an unprecedented year that required flexibility, adaptation, and creative responses to the challenges presented by the COVID-19 pandemic. In March 2020, a territory-wide Declared State of Public Health Emergency was ordered by the Minister of Health and Social Services under the NWT's *Public Health Act* to manage responses to the COVID-19 pandemic. This had a significant impact on the way CFS services were delivered and demanded a rapid response to ensure the safety of children, youth, young persons, families, caregivers, and staff while maintaining legislated responsibilities under the *Child and Family Services Act*. This response included the development and implementation of a detailed plan, *Emerging Wisely Child and Family Services*, which was guided by the Government of the Northwest Territories' (GNWT) response to COVID-19, including the *Emerging Wisely* plan.

In 2020-2021, a total of 1044 children/youth received either a protection or prevention service through CFS.

As of December 2020, CFS expanded the scope of prevention services offered to include expectant parent(s) who requested support during the prenatal period. The family preservation program was also implemented with the introduction of one family preservation worker position in each region.

In instances where a child/youth required an out-of-home placement, CFS focused efforts on ensuring the child/youth experienced minimal disruption.

In 2020-2021, there was an increase in the number of extended family members providing care to a child/youth within their home community, indicating that when a child/youth required an out-of-home placement, they were placed with a known and trusted family member in a familiar environment and maintained familial, community, and cultural relationships.

Each of these are important highlights as they demonstrate CFS's progress in strengthening the delivery of prevention and preservation services and efforts to

support family unity, wellbeing, and cultural continuity.

In January 2020, the GNWT began implementing the federal government's *Act respecting First Nations, Inuit and Metis children, youth and families* (Federal Act). The CFS system is committed to working to advance the mandate of the Federal Act and improve services and supports for Indigenous children, youth, and families through collaboration with Indigenous governments. In 2020-2021, CFS representatives offered briefings to all Indigenous governments in the NWT on the GNWT's implementation of the Federal Act. While COVID-19 response activities delayed many of these briefings, those that were provided offered the opportunity to initiate an open, ongoing dialogue on the delivery of CFS in communities, regions, and across the NWT. Data relevant to CFS service delivery in communities was also shared with a commitment by CFS to provide this information on a more frequent and ongoing basis.

Briefings, information sharing, and discussions with Indigenous governments will continue into 2021-2022 in the interest of strengthening relationships for the purpose of collaboration and enhancement of CFS services across the NWT.

In December 2020, two CFS practice standards directly related to CFS's commitment to Indigenous children, youth, and families and to providing notice under s.12 of the Federal Act were developed and implemented. These practice standards were distributed to frontline staff and shared with Indigenous governments in the NWT. Seven (7) existing CFS practice standards were also revised to align with the Federal Act and were implemented in practice in December 2020. CFS practice standards will continue to be updated to reflect new practices and further incorporate the principles of the Federal Act.

Over the past year, the Northwest Territories Health and Social Services Authority Child, Family & Community Wellness Division made changes to its organizational structure so that CFS could have a greater focus and be brought under one team. This restructuring was complete as of February 2020 and resulted in the creation of one CFS team which includes the Beaufort-Delta, Sahtu, Dehcho, Fort Smith, and Yellowknife regions. Child and Family Services delivered in the Tłı̨chǫ and in Hay River continue to be delivered by their respective Community Services Agency and Health and Social Services Authority with ongoing collaboration with the Northwest Territories Health and Social Services Authority for continuity and consistency of service purposes. Efforts to recruit and retain staffing within each region continue to be prioritized using resources received through year two of a three-year funding investment. It is anticipated that new positions will be added to the CFS system in 2021-2022, including a Senior Advisor, Culturally Safe CFS, who will inform future CFS initiatives through a culturally safe lens.

Initiatives within the Quality Improvement Plan also continued to be advanced over the past year. As of March 31st, 2021, 55.7% of actions items were complete and 42.8% were on track. An important number of initiatives completed as part of system improvements have now been embedded within standards of operations and will continue to guide the ongoing quality improvement for the system. Quality reviews completed by the Northwest Territories Health and Social Services Authority continue to be conducted on a quarterly basis and act as one of several tools used to monitor the effectiveness of initiatives and their impact on the CFS system.

Moving forward, CFS is committed to the ongoing improvement of service delivery using a culturally safe approach and supporting children, youth, families, caregivers, staff, communities, and Indigenous governments as we work together in the best interests of children and youth across the NWT.

Sommaire

Le rapport 2020-2021 de la directrice des Services à l'enfance et à la famille (SEF) présente un résumé détaillé des services fournis aux Territoires du Nord-Ouest (TNO) pour la période allant du 1^{er} avril 2020 au 31 mars 2021.

Année sans précédent, 2020-2021 a nécessité de la flexibilité et des réponses créatives aux défis présentés par la pandémie de COVID-19. En mars 2020, la ministre de la Santé et des Services sociaux a proclamé l'état d'urgence sanitaire publique à l'échelle du territoire en vertu de la *Loi sur la santé publique* des Territoires du Nord-Ouest afin de gérer la réponse à la pandémie. Cette situation a grandement influencé la prestation des SEF et a exigé un ajustement rapide pour assurer la sécurité des enfants, des jeunes, des jeunes adultes, des familles, des soignants et du personnel tout en honorant les responsabilités prévues par la *Loi sur les services à l'enfance et à la famille*. Cette réponse comprenait l'élaboration et la mise en œuvre d'un plan détaillé relatif aux services à l'enfance et à la famille, guidé par la réponse du gouvernement des Territoires du Nord-Ouest (GTNO) à la COVID-19, notamment le plan *Une reprise avisée*.

En 2020-2021, un total de 1 044 enfants et jeunes ont bénéficié de services de protection ou de prévention par l'intermédiaire

des SEF. En décembre 2020, les SEF ont élargi la portée des services de prévention offerts pour inclure le ou les futurs parents ayant demandé un soutien pendant la période prénatale. Le programme de préservation des familles a également été mis en œuvre avec l'introduction d'un poste d'intervenant en protection de la famille dans chaque région. Quand un enfant ou un jeune devait être placé à l'extérieur du foyer, les SEF s'efforçaient de veiller à ce que l'enfant ou le jeune subisse le moins de perturbations possible. En 2020-2021, on a constaté une augmentation du nombre de membres de la famille élargie fournissant des soins à un enfant ou à un jeune dans la collectivité d'origine de ce dernier : cela laisse supposer que les enfants ou les jeunes ayant dû être placés à l'extérieur du foyer l'ont été auprès d'un membre de la famille connu et de confiance, dans un environnement familial, et qu'ils ont pu maintenir leurs relations familiales, communautaires et culturelles. Il s'agit là de faits majeurs, car ils démontrent les progrès réalisés par les SEF dans le renforcement de la prestation

de services de prévention et de protection, et des efforts visant à soutenir l'unité familiale, le bien-être et la continuité culturelle.

En janvier 2020, le GTNO a lancé la mise en œuvre de la *Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis du Canada* (Loi fédérale). Le système des SEF s'engage à tout mettre en œuvre pour faire avancer le mandat de la Loi fédérale et améliorer les services et les soutiens aux enfants, aux jeunes et aux familles autochtones en collaborant avec les gouvernements autochtones. En 2020-2021, les représentants des SEF ont offert des séances d'information à tous les gouvernements autochtones des TNO au sujet de la mise en œuvre de la Loi fédérale par le gouvernement des Territoires du Nord-Ouest. Bien que les mesures de lutte contre la COVID-19 aient retardé bon nombre de ces séances d'information, celles qui ont eu lieu ont permis d'entamer un dialogue ouvert et continu sur la prestation des SEF dans les collectivités, les régions et l'ensemble des TNO. Les données relatives à

la prestation de ces services dans les collectivités ont également été diffusées et les SEF se sont engagés à fournir cette information plus fréquemment et de façon continue.

Les séances d'information, le partage de données et les discussions avec les gouvernements autochtones se poursuivront en 2021-2022 pour renforcer les relations et la collaboration et ainsi améliorer les SEF aux Territoires du Nord-Ouest.

En décembre 2020, deux normes de pratique des SEF directement liées à l'engagement des SEF envers les enfants, les jeunes et les familles autochtones, ainsi qu'à la fourniture d'un avis en vertu de l'article 12 de la Loi fédérale, ont été élaborées et mises en œuvre. Ces normes de pratique ont été distribuées au personnel de première ligne et aux gouvernements autochtones des TNO. Sept normes de pratique des SEF existantes ont également été révisées pour s'aligner sur la Loi fédérale et ont été mises en œuvre dans la pratique en décembre 2020. Les normes de pratique des SEF continueront d'être mises à jour pour refléter les nouvelles pratiques et intégrer davantage les principes de la Loi fédérale.

Au cours de la dernière année, la division du mieux-être des enfants, des familles et des collectivités de l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest a apporté des changements à sa structure organisationnelle afin que les SEF puissent être mieux ciblés et placés

sous la responsabilité d'une seule équipe. Cette restructuration a été achevée en février 2020 et a donné lieu à la création d'une seule équipe de services à l'enfance et à la famille qui comprend les régions de Beaufort-Delta, du Sahtu, du Dehcho, de Fort Smith et de Yellowknife. Les services à l'enfance et à la famille offerts dans les régions des Tłı̨chǫ et de Hay River continuent d'être assurés par les agences de services communautaires et les administrations des services de santé et des services sociaux locales respectives, avec la collaboration continue de l'ASTNO pour assurer la continuité et la constance des services. On accorde toujours la priorité aux efforts de recrutement et de maintien en poste du personnel dans chaque région, et ce à l'aide des ressources obtenues au cours de la deuxième année au moyen d'un investissement financier triennal. De nouveaux postes devraient être ajoutés au système des SEF en 2021-2022, notamment celui de conseiller principal pour des SEF adaptés à la réalité culturelle, qui s'assurera que les futures initiatives des SEF sont respectueuses de la culture.

Les initiatives du plan d'amélioration de la qualité ont également avancé au cours de l'année écoulée. Au 31 mars 2021, 55,7 % des mesures de suivi étaient terminées et 42,8 % étaient en bonne voie. De nombreuses initiatives réalisées dans le cadre de l'amélioration du système ont été intégrées aux normes de fonctionnement et continueront à guider l'amélioration continue de la qualité du système. Les examens

de la qualité effectués par l'ASTNO sont toujours menés sur une base trimestrielle et constituent l'un des nombreux outils utilisés pour surveiller l'efficacité des initiatives et leurs retombées sur le système des SEF.

À l'avenir, les SEF s'engagent à continuer d'améliorer la prestation des services, notamment en assurant le respect des réalités culturelles, et à soutenir les enfants, les jeunes, les familles, les soignants, le personnel, les collectivités et les gouvernements autochtones, alors que nous œuvrons tous ensemble dans l'intérêt fondamental des enfants et des jeunes des Territoires du Nord-Ouest.

Introduction

The 2020-2021 Annual Report of the Director of Child and Family Services (CFS) provides a summary of services delivered in the Northwest Territories (NWT) under the *Child and Family Services Act*, *Adoption Act*, *Aboriginal Custom Adoption Recognition Act*, and the federal government's *Act respecting First Nations, Inuit and Métis children, youth and families* between April 1st, 2020 and March 31st, 2021.

2020-2021 was an unprecedented year that required the CFS system to adapt to a wide variety of challenges. Responding to the COVID-19 pandemic was at the forefront of this work; however, this year also emphasized the need to enhance efforts to reform CFS and address the impacts of colonization on the approach to service delivery. The CFS system's response to these challenges are detailed throughout the Annual Report, specifically under **Section 2: Reducing the Number of Indigenous Children and Youth in Care** and **Section 3: Response to the COVID-19 Pandemic**.

Despite the many challenges, CFS had many successes in 2020-2021. CFS staff and partners across the NWT have been innovative and dedicated, and the system has made great strides in implementing new principles, standards, and structures that better represent and serve children, youth and their families.

Section 8: Prevention Services and **Section 12: Placement Resources** highlight good examples of where changes have been successfully implemented.

In the past, Annual Reports were closely tied to the 12-month reporting year. For the 2020-2021 year, certain metrics from April 2017 to the end of 2019 will be reported on to provide a more comprehensive picture of the broader systemic changes currently underway.

The *Child and Family Services Act* requires that the Director of Child and Family Services present a report on CFS delivery in the NWT every October 1st. The Annual Report is also shared publicly, as this helps ensure transparency and accountability. This is an opportunity for residents of the NWT to see the kinds of services the CFS system provides and why. It identifies where the CFS system can do better, where there has been a positive impact on the people served and identifies trends over time.

Section 1:

Northwest Territories' Child and Family Services System

The Child and Family Services (CFS) system is responsible for delivering prevention, family preservation, and protection services to each of the 33 communities throughout the Northwest Territories (NWT). These services and supports are guided by requirements set out under the *Child and Family Services Act*, *Adoption Act*, *Aboriginal Custom Adoption Recognition Act*, and the federal government's *Act respecting First Nations, Inuit and Métis children, youth and families*. The mandate of CFS is to provide support to children, youth, and their families with the goal of maintaining family unity and promoting strong and healthy communities.

The CFS system is comprised of staff from the Department of Health and Social Services (DHSS), as well as from the Northwest Territories Health and Social Services Authority (NTHSSA), Tłı̨chǫ Community Services Agency (TCSA), and Hay River Health and Social Services Authority (HRHSSA). The NTHSSA, TCSA, and HRHSSA are responsible for the day-to-day operations and delivery of CFS, while the DHSS is responsible for developing standards of practice, creating training curriculums for staff and caregivers, and monitoring overall system performance.

Children, youth, and families are supported by a number of frontline CFS staff including Family Preservation Workers, Case Aide Workers, Community Social Services Workers, and Foster Care and Adoption Workers. Community Social Services Workers receive specialized training to become statutorily appointed as "Child Protection Workers" under the *Child and Family Services Act*, while Foster Care and Adoption Workers receive specialized training to become statutorily appointed as "Adoption Workers" under the *Adoption Act* in addition to their appointment under the *Child and Family Services Act*.

APPROX.
149 staff
supported
the CFS
system in
2020-2021

CHILD AND FAMILY SERVICES SYSTEM

Department of Health and Social Services (DHSS)		Northwest Territories Health and Social Services Authority (NTHSSA)	
Develops practice standards and training curriculums	Facilitates the appointment, training, and compensation (via honorarium) of Custom Adoption Commissioners	Provide direct services to children, youth, families	Provide ongoing clinical support and training to staff
Monitors overall system performance and compliance to legislated responsibilities	Receives inquiries, collects, and discloses information from NWT records under both the <i>Child and Family Services Act</i> and the <i>Adoption Act</i>	Responsible for system staff recruitment and retention activities	Monitor system performance
Supports access to out-of-territory specialized services			
Facilitates and registers departmental, private, and step-parent adoptions			

In June 2020, as part of a three-year funding plan, the CFS system received an investment of \$3.7 million dollars to support system improvement initiatives.

As part of system improvement initiatives, beginning in February 2021, the NTHSSA revised its organizational structure to bring regional staff (excluding HRHSSA and TCSA) under the NTHSSA Child, Family, and Community Wellness Division. The purpose of this restructuring was to promote more streamlined processes for staff and improve collaboration and consistency in service delivery across the regions, while respecting the regional differences in practice. While the TCSA and HRHSSA remain independent of the NTHSSA, all three work together to fulfill the shared visions and goals for quality service provision and system improvement, with oversight and support from DHSS.



Section 2:

Reducing the Number of Indigenous Children and Youth in Care

Child and Family Services (CFS) in the Northwest Territories (NWT) encompasses both prevention services and protection services, both of which include an overrepresentation of Indigenous children and youth. As this 2020-2021 Annual Report shows, the vast majority (98%) of children and youth receiving CFS in the NWT are Indigenous.

In the NWT and across Canada, a shift is occurring in the structure and delivery of CFS services.

CFS reform has been influenced by the following:

- *The Final Report of the Truth and Reconciliation Commission of Canada* and the Truth and Reconciliation Commission of Canada's Calls to Action;
- *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* and Calls for Justice;
- the 2019-2023 Mandate of the Government of the Northwest Territories and the 19th Legislative Assembly's priority to implement the *United Nations Declaration on the Rights of Indigenous Peoples*, and
- the coming into force of the federal government's *Act respecting First Nations, Inuit and Métis children, youth and families*.

REFORMING CHILD AND FAMILY SERVICES

The commitment to address inequities spans across many areas of CFS, including the strengthening of prevention and family preservation services, a focused effort on maintaining family, community, and cultural connections at the onset and throughout the case-planning process, and ensuring CFS standards of practice are updated to include culturally safe practices.

The federal government's *Act respecting First Nations, Inuit and Métis children, youth and families* came into force on January 1st, 2020 and has set the foundation for how CFS systems across Canada deliver services and supports to Indigenous children, youth, and families. The Act sets out a series of principles which relate to the best interests of the child, cultural continuity, and substantive equality and establishes new standards for service provision that apply when providing CFS services to Indigenous children, youth, and families.

Ways in which CFS is reforming their services are identified throughout the Annual Report, particularly in **Section 7: Socio-Economic Conditions and the Role of the Child and Family Services System**, **Section 8: Prevention Services**, and **Section 12: Placement Resources**.

NEW AND REVISED PRACTICE STANDARDS

In 2020-2021, CFS developed and implemented two new practice standards that guide frontline services providers on meeting the new national principles and standards for service provision set out in the *Act respecting First Nations, Inuit and Métis children, youth and families*:

- **Standard 10.15: Commitment to Indigenous children, youth, and families** is an overarching standard that informs many aspects of CFS delivery; and
- **Standard 10.16: Requirement to provide notice before taking a significant measure in relation to an Indigenous child/youth** is dedicated to providing notice to parents, care providers, and Indigenous governing bodies.

These two new practice standards are meant to be living documents and will be revised on an ongoing basis based on feedback from Indigenous governments, families, and service providers. Seven (7) key practice standards were also revised to align with CFS practice under the Act.

NOTICE PRIOR TO TAKING A SIGNIFICANT MEASURE

The *Act respecting First Nations, Inuit and Métis children, youth and families* requires that CFS provide notice to a child or youth's parent, care provider, and Indigenous governing body prior to taking a significant measure in relation to an Indigenous child or youth.

This notice is meant to give those affected by the proposed significant measure an opportunity to have their views considered before the measure is taken. Providing notice to an Indigenous governing body promotes involvement and participation in earlier stages of planning for the child or youth. By promoting this engagement and collaboration with Indigenous governing bodies, the case planning process becomes more collaborative, and there are increased supports available to the child, youth, and family.

The Act does not define "significant measures", but CFS has chosen to interpret significant measures as being quite broad. To date, the following significant measures have been identified in the NWT:

- Court proceeding
- Withdrawal from court proceeding
- Apprehension
- Out-of-home living arrangement, new placement, or change in placement
- Plan of Care Committee/Agreement placing a child out of the home

• Reunification following a significant measure (return of child/youth from out-of-home placement)

• Interim placement (for the purpose of adoption)

• Placement/consent for Departmental adoption.

CFS invites families, CFS staff, and Indigenous governments to identify additional or different significant measures where notice should be provided.

Indigenous governing bodies currently receiving s.12 notice in the NWT are identified on the DHSS website - <https://www.hss.gov.nt.ca/en/services/child-and-family-services-standards-and-procedures-manual/indigenous-governing-bodies-nwt>.

As a general practice, CFS encourages children, youth, and families to invite their Indigenous government or organization to participate in case planning for non-significant measures, as well. For example, for the planning related to prevention services (Voluntary Services Agreements and Support Services Agreements) or a Plan of Care Agreement where the child remains in the home. For non-significant measures, CFS requires the consent of the child/youth or family prior to inviting the Indigenous government or organization to participate. This practice has been included in updated CFS practice standards and communicated to Indigenous governments, children, youth, and families.

ENGAGEMENT AND COLLABORATION WITH INDIGENOUS GOVERNMENTS AND ORGANIZATIONS

This Report highlights the achievements over 2020-2021, as well as future actions that support our commitment to system reform. Our work on shared priorities and ongoing information sharing with Indigenous governments contributes significantly to these systemic changes. CFS reform is influenced by open and ongoing discussions with Indigenous governments, and the achievements to date would not have been possible without this collaboration. CFS recognizes that in order for healthy and effectual change to occur in a child and youth's life, a coordinated and interconnected approach to community collaboration must be in place.

CFS has been meeting with Indigenous governments to provide a briefing on the GNWT's implementation of the *Act respecting First Nations, Inuit and Métis children, youth and families*, share information (i.e., data) on children/youth receiving services in communities/regions, and to identify ways to work together for the best interests of children and youth. Due to COVID-19 response activities, briefings during the 2020-2021 were often delayed, so communication with Indigenous governments was primarily through correspondence during this time. It is anticipated that GNWT representatives will provide several more briefings during the 2021-22 fiscal year.

SUPPORTING SELF-GOVERNMENT IN RELATION TO CHILD AND FAMILY SERVICES

Recognizing the impact of colonization and residential schools, culturally safe services are critical in effectively delivering CFS to children, youth, and their families and essential to reducing the number of Indigenous children and youth in care. A large part of this work revolves around the commitment by CFS to strongly support the inherent rights of Indigenous peoples in relation to self-government, either through the pathways established under the *Act respecting First Nations, Inuit and Métis children, youth and families* or through a final self-government agreement. CFS has been actively sharing information and data with Indigenous

governments to help inform and support this work and remain available to provide any additional supports where possible.

MOVING FORWARD

Reducing the number of Indigenous children and youth in care is not the responsibility of any one person, program, project, or division of government. It must, by necessity, include all communities, residents, and levels of government to bring about authentic and lasting systemic change that will translate into healthier outcomes for children, youth, their families, and all residents of the NWT. The CFS system changes will continue to work towards addressing inequities and the overrepresentation of Indigenous children and youth within the CFS system.



KEY HIGHLIGHTS

- Two new practice standards were developed and seven (7) existing practice standards were revised to align with the principles and standards for service provision set out in the *Act respecting First Nations, Inuit and Métis children, youth and families*.
- Prior to taking a significant measure in relation to an Indigenous child or youth, CFS is required to provide notice to the parent, care provider, and Indigenous governing body with the goal of engaging and collaborating on the planning for the child or youth.
- CFS encourages the participation of Indigenous governments and organizations in case planning for non-significant measures, with the consent of the child/youth and family.
- CFS strongly supports inherent rights in relation to self-government and is committed to sharing information on CFS in communities/regions on a more frequent and ongoing basis to support self-government work.

Section 3:

Response to the COVID-19 Pandemic

In March 2020, the Minister of Health and Social Services ordered a territory-wide Declared State of Public Health Emergency under the Northwest Territories' (NWT) *Public Health Act*. This had a significant impact on the way Child and Family Services (CFS) was delivered and demanded a rapid response to ensure the safety of children, youth, families, caregivers, and staff while maintaining legislated responsibilities under the *Child and Family Services Act*.

The Department of Health and Social Services worked with provincial and territorial governments, legal counsel, non-governmental organizations, and policy experts to ensure that decisions made to adapt areas of service provision remained responsive to the safety and the needs of children, youth, and families. A CFS Planning Table, which included the Foster Family Coalition of the NWT, was created to ensure a nimble and proactive response throughout the COVID-19 pandemic.

REPORTING SUSPECTED MALTREATMENT

At the onset of the COVID-19 pandemic, it was anticipated that social isolation would create challenges in reporting concerns of suspected child/youth maltreatment. Letters were sent to partners and

stakeholders asking them to be aware of safety concerns in their communities and to report any suspected child/youth maltreatment to their local CFS office. In June 2020, social media ads were launched encouraging residents of the NWT to be aware of signs of child/youth maltreatment and provided information on how a report could be made.

EMERGING WISELY CFS

In alignment with the Government of the Northwest Territories' (GNWT) COVID-19 response plan, *Emerging Wisely*, CFS developed its own plan known as *Emerging Wisely CFS*.

Emerging Wisely CFS outlined the approach to CFS delivery in each of the five distinct phases of recovery set out in the GNWT's *Emerging Wisely* and provided direction on personal protective equipment for staff, contact guidelines for staff, children/youth/families, and community members, and supportive resources.

During the Containment Phase of the GNWT's *Emerging Wisely* plan, CFS maintained ongoing contact with children/youth and families through virtual services, with particular attention paid to their safety and wellbeing. In many instances, CFS purchased cell phones and prepaid the service for youth and families

for safety purposes and to maintain communication. Additionally, CFS worked with key partners, such as the Foster Family Coalition of the NWT, RCMP, and health professionals to support the safety of children and youth. The approach to such services was adapted to suit the needs and profiles of communities and regions.

In Phase 1 and Phase 2 of the GNWT's *Emerging Wisely* plan, NWT residents' social circles expanded. This change may have decreased some of the risks to child/youth maltreatment associated with social isolation and increased the likelihood that children and youth had more contact with typical reporting sources, such as extended family and school personnel. CFS will continue to monitor suspected child/youth maltreatment reporting levels throughout the COVID-19 pandemic.

BRIEF SERVICE AGREEMENTS

Recognizing there was increased financial stress during the COVID-19 pandemic, CFS introduced Brief Service Agreements for families to receive short-term or one-time financial assistance for necessities, such as for diapers, food, or fuel. Families were also supported through various community programs to access supports to go out on the land—a level of support

which was met with a positive response from a number of families across the NWT.

IN 2020-2021, THERE WERE 125 REQUESTS FOR A BRIEF SERVICE AGREEMENT.

EXTENDING SUPPORT SERVICES FOR YOUTH/ YOUNG PERSONS

In April 2020, a Ministerial Directive was issued that allowed CFS to extend support services to youth and young persons who would ordinarily age out of receiving CFS. The Ministerial Directive supported youth and young persons in continuing to access familiar services with support from their Community Social Service Worker while learning to navigate new public health measures and cope with increased social isolation. The Ministerial Directive extending support services will not expire until 90 days after the expiry of

the Declared State of Public Health Emergency Order to allow time for adequate transition planning.

MODIFIED PLACEMENT RESOURCE APPROVAL PROCESS

A modified process to approve out-of-home placement resources was required in the early stages of the COVID-19 pandemic, as the standard steps and timelines were not feasible with the implementation of the public health measures. The type of placement resource determined which modified approval process was used and which safety checks were required prior to the placement of a child or youth. Extended family placement resources were actively recruited to provide care to a child or youth requiring an out-of-home placement.

INTERAGENCY COLLABORATION DURING THE COVID-19 PANDEMIC

Recognizing the need for increased support for youth transitioning out of care, CFS increased its collaborative work with the Foster Family Coalition of the NWT to bring awareness of the specific resources needed to navigate this important life milestone during the pandemic. This collaboration has supported both the Foster Family Coalition of the NWT and CFS initiatives and strengthened support services and opportunities available for youth and young persons who have experience in the permanent care of the Director of CFS.



KEY HIGHLIGHTS

- In partnership with the Foster Family Coalition of the NWT, a respite program was implemented to support caregivers of children/youth in out-of-home placements.
- Brief Service Agreements provided families with short-term financial support to purchase necessities such as diapers, food, and fuel.
- Support services were extended for youth and young persons who would ordinarily age out of receiving CFS during the Declared State of Public Health Emergency Order.
- *Emerging Wisely CFS* was created for frontline staff to align with the phases of the GNWT's *Emerging Wisely* plan.
- Comprehensive virtual training was developed to ensure new staff could fulfill their duties as Community Social Services Workers and that the CFS system could continue to fill vacancies.
- Regular teleconferences were held to ensure staff was provided with updated information and to get their feedback in the development of *Emerging Wisely CFS*.

Section 4:

Initial Involvement with Child and Family Services

A child, youth, family, or expectant parent who is in need of support can access Child and Family Service (CFS) through two different ways:

1. PREVENTION SERVICES

When a youth, family, or expectant parent identifies a need for help, they may contact CFS to seek support. The need(s) identified by the person(s) making the request guides what support is offered.

CFS can provide prevention services through a Voluntary Support Agreement (available to families with children/youth up to the age of majority and to expectant parents) or a Support Service Agreement (available to youth aged 16 to age of majority).

In 2020-2021, 194 requests for Prevention Services were made

Examples of requested services under a Voluntary Support Agreement or a Support Services Agreement include:

- Respite care
- Housing advocacy
- Short-term financial assistance
- Counseling
- Prenatal services

Community Social Services Workers are responsible for providing comprehensive prevention supports and services that are tailored and responsive to the youth, family, or expectant parent's needs. There is an initial meeting with the youth, family, or expectant parent that utilizes a family-centered practice to identify individualized, culturally responsive, and relevant services while strengthening the youth, family, or expectant parent's potential for carrying out their responsibilities.

In some instances, a youth, family, or expectant parent may require additional support that exceeds the scope of services available through the CFS system. In these cases, a Community Social Services Worker acts a bridge between service providers and will refer the youth, family, or expectant parent to their appropriate agency to support their short-term and long-term needs.

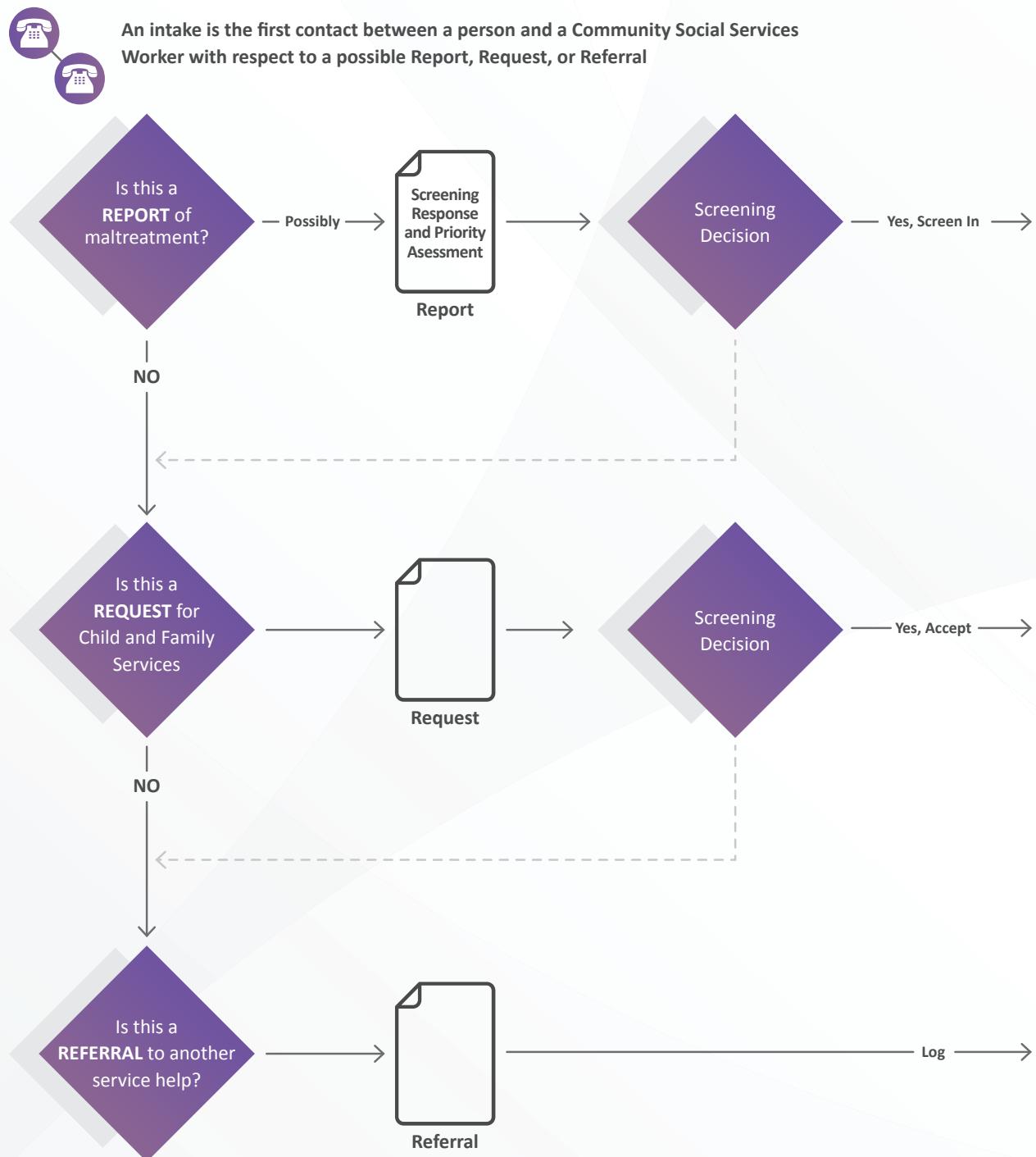
2. PROTECTION SERVICES

In situations where someone suspects a child/youth is being maltreated, a report is made to the Community Social Services Worker. A standardized assessment tool is used to support the decision-making process to determine the response required.

If maltreatment is suspected after the initial screening, further investigative processes are initiated to determine if protection services should be offered.

In 2020-2021, 1,964 unique reports of suspected maltreatment were brought to the attention of Child and Family Services

Figure 4.1 outlines the processes at the stage of initial contact with CFS:



Section 5:

Types of Services for Children, Youth and Families

Prevention Services	Protection Services
<ul style="list-style-type: none"> Voluntary Services Agreements (VSA): Support families with children between the ages of 0-18 (inclusive) and expectant parent(s) by providing financial support for a variety of needs and helping them connect with other support services.* 	<ul style="list-style-type: none"> Plan of Care Agreement (POCA): Provides an alternative to the court process when there is an ongoing protection concern. POCAAs collaboratively identify the strengths and needs with the family. Supports and services are offered as an approach to family preservation. Depending on the situation, the child may remain in the family home or be cared for outside the home. **
<ul style="list-style-type: none"> Support Services Agreements (SSA): Support youth, ages 16 to 18 (inclusive) who need help in their transition to adulthood.* 	<ul style="list-style-type: none"> Supervision Order (SO): Enables the child to remain in their family home with the supervision from a Community Social Services Worker.**
<ul style="list-style-type: none"> Extended Support Services Agreements (ESSA): Support young persons in their transition to adulthood. This service is provided to young persons who were in the permanent custody of the Director on their 19th birthday until they turn 23.* 	<ul style="list-style-type: none"> Temporary Custody Order (TCO): Transfers the custody of the child/youth temporarily to the Director of Child and Family Services. Work is continued with the family to reunite the child/youth in their family home.**
<ul style="list-style-type: none"> Brief Service Agreements: Short-term or one-time financial assistance to families in response to the COVID-19 pandemic.* 	<ul style="list-style-type: none"> Permanent Custody Order (PCO): Transfers the custody of the child/youth permanently to the Director of Child and Family Services. Efforts are made to find a long-term home for the child/youth, either through extended family members or adoption.**

* Prevention Services: CFS encourages the youth/family to involve their “applicable Aboriginal organization”, Indigenous governing body, or cultural organization to participate in prevention services and provide additional support. Consent from the family or youth is required prior to this participation.

** Protection Services: If the protection service is a significant measure in the NWT, CFS is required to provide advance notice to the parent, care provider, and Indigenous governing body if the measure is in relation to an Indigenous child or youth.

1 The term “Aboriginal” in the context of “applicable Aboriginal organization” reflects the terminology currently used in the *Child and Family Services Act* and the *Adoption Act*. DHSS will propose that this outdated terminology is revised when each Act is amended in the future.

Between April 1st, 2020 and March 31st, 2021, 1,044 children and youth received either prevention or protection services through the Child and Family Services (CFS) system.

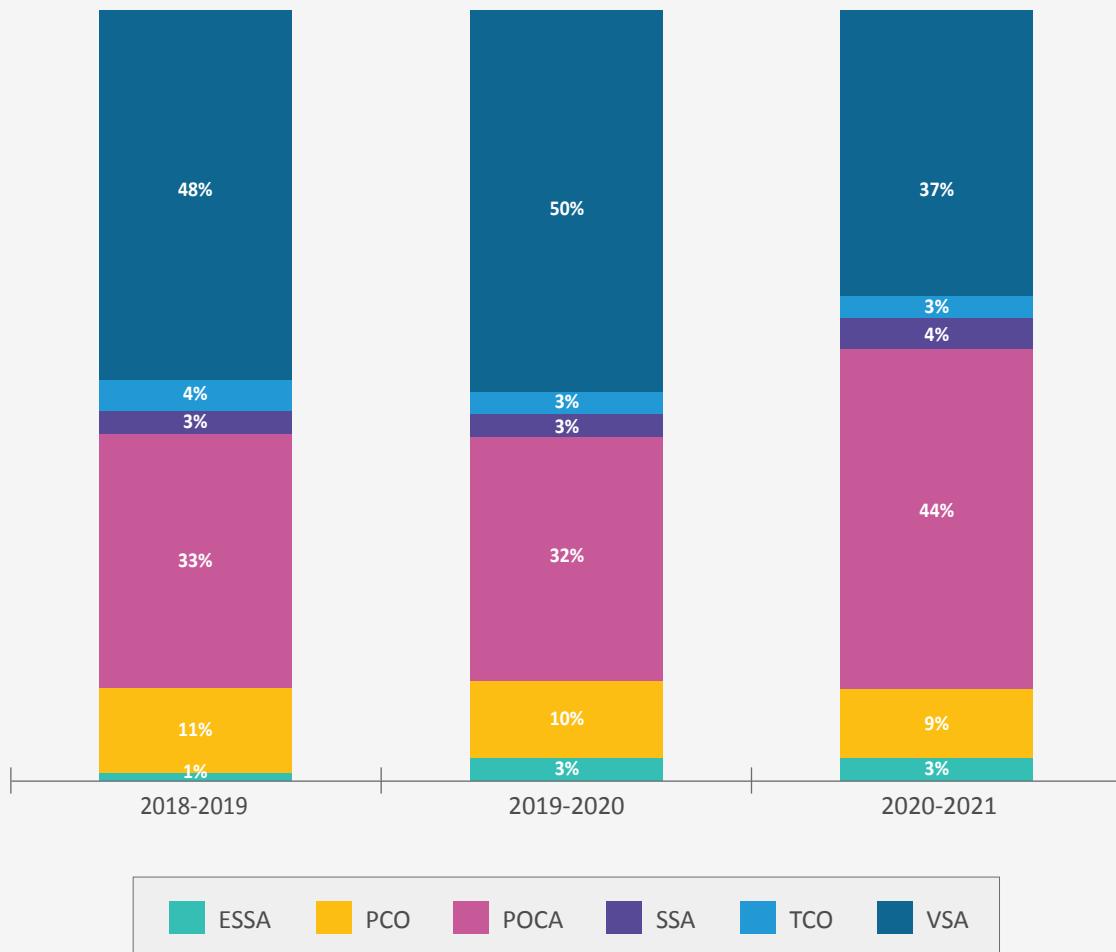
In 2020-2021, there was a decrease in the proportion of children, youth, and families receiving services under a Voluntary Service Agreement when compared to previous years (Figure 5.1). A possible explanation for this

is the introduction of Brief Service Agreements, which was a response to increase support to families during the COVID-19 pandemic. In instances where families required a one-time financial support, a Brief Service Agreement was offered rather than a Voluntary Services Agreement as the needs of the family did not require ongoing services.

Additionally, the proportion of children and families receiving services under a Plan of Care Agreement increased from 32% to 44% in 2020-2021 (Figure 5.1). While this may be attributed to several factors, it is reasonable to suggest that the impact of the COVID-19 pandemic combined with CFS’s efforts to increase communication around suspected child maltreatment reporting requirements were at the core of this increase. More information related to this can be found under **Section 10: Plan of Care Committees and Agreements**.

The proportion of children and youth receiving services under an Extended Support Services Agreement, Support Services Agreement, Permanent Custody Order, and Temporary Custody Order are comparable from 2018-19, 2019-20, and 2020-21 (Figure 5.1).

Figure 5.1 Proportion of child and family services provided to children, youth, and families, by type



KEY HIGHLIGHTS

- Brief Service Agreements provided families with short-term financial support to purchase necessities such as diapers, food, and fuel to meet their basic needs during the COVID-19 pandemic.
- The number of youth and young persons receiving services under Extended Support Services Agreements and Support Services Agreements was similar over the last three annual reporting periods (2018-2021).
- The number of children and youth receiving services under Temporary Custody Orders and Permanent Custody Orders was similar over the last three annual reporting periods (2018-2021).
- The number of children and families receiving services under a Plan of Care Agreement increased from 32% to 44% in 2020-2021, likely due to the impact of the COVID-19 pandemic.

Section 6:

Children and Youth Who Receive Child and Family Services

OVERREPRESENTATION OF INDIGENOUS CHILDREN AND YOUTH RECEIVING SERVICES

Between April 1st, 2020 and March 31st, 2021, 57% of children and youth residing in the Northwest Territories (NWT) identified as Indigenous. However, children and youth who identified as Indigenous and who were receiving services through Child and Family Services (CFS) accounted for 98% of total number of service users.

While the overrepresentation of Indigenous children and youth within the CFS system is not unique to the NWT, the NWT CFS system is committed to taking action to address this inequity experienced by Indigenous families and communities. More information on our commitment to address the overrepresentation of Indigenous children and youth receiving services is included in **Section 2: Reducing the Number of Indigenous Children and Youth in Care**.

HOW OLD ARE THE CHILDREN AND YOUTH RECEIVING SERVICES?

The type of service a child/youth accesses through CFS differs according to their age and family situation. Examining these differences is helpful in understanding how we can improve our CFS system in the areas that require the most attention (Figure 6.1).

WHERE ARE CHILDREN AND YOUTH LIVING WHEN RECEIVING SERVICES?

Whenever possible, children and youth are supported to live in their family home or within their home community. Keeping children and youth within their own community and utilizing community-based supports and services is an integral part of best practice in CFS service delivery. A child/youth centered system of care prioritizes the promotion of a nurturing, supportive community that can guide child/youth placement and family resource building. It also prioritizes engaging the community in decision-making processes. These processes help the child and youth maintain connections with culture, friends, family, and other supports.

CFS maintains the commitment to ensuring that children and youth remain in their family home or within their community network, and the statistics for 2020-2021 speak to the ongoing efforts to meet this commitment.

In 2020-2021, the majority (75%) of children/youth received CFS services while living in their family home. The trends seen in 2020-2021 are comparable to 2019-2020, with most service provision occurring either within the child/youth's home (78%), or within their community (15-17%) (Figure 6.2).

Children and Youth Receiving Services by Ethnicity:

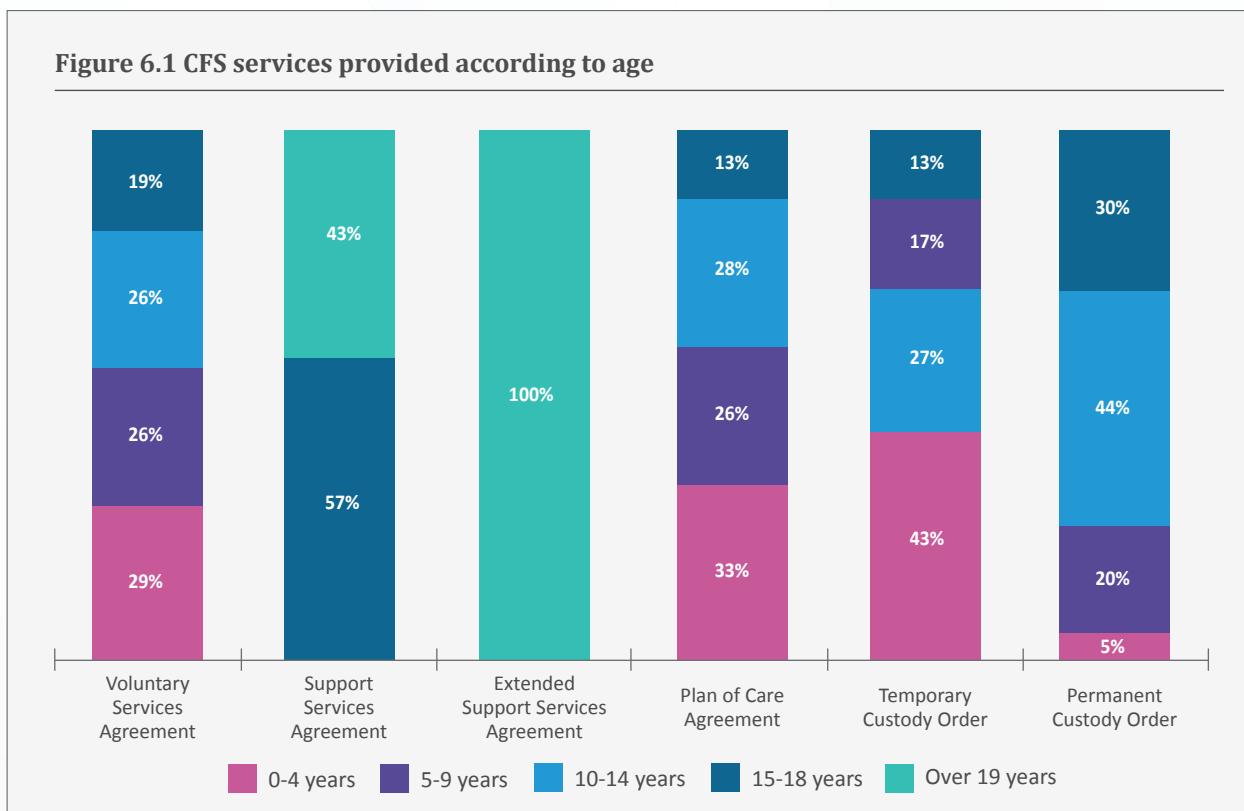
FIRST NATIONS **74%**

INUIT **20%**

MÉTIS **4%**

NON-INDIGENOUS **2%**

Figure 6.1 CFS services provided according to age



*While Support Services Agreements support youth between the ages of 16 to 18 (inclusive), 43% of Support Services Agreements were with individuals over the age of 19 in 2020-2021. This is due to the extension of support services for youth who would normally age out of receiving CFS during the Declared State of Public Health Emergency. More information on the extension of support services is available in **Section 3: Response to the COVID-19 Pandemic**.

43%

of youth receiving services under a Support Services Agreement signed an extension of services during the COVID-19 response.

Youth are a particularly vulnerable population due to limited community resources available. During the COVID-19 pandemic, CFS recognized the importance of providing youth with a sense of safety and security to promote their wellbeing during uncertain times.

43%

of children under a Temporary Custody Order were between 0 and 4 years old.

These years are critical in early childhood development and speak to the importance of early efforts to maintain family, community, and cultural connections and in establishing a sense of safety.

CHILDREN AND YOUTH RECEIVING SERVICES BY REGION

Understanding the type and frequency of services in each region supports the development of community-based programs to better meet the needs of children, youth, and families. It is recognized that a single approach may not best support all children, youth, and families.

IN 2020-2021

92%

of children and youth who received CFS services were residing in the home or within their home community.

The ways that services are designed and delivered must take into consideration community and regional differences and individual/family strengths and pressures. CFS continues to actively seek opportunities to engage with community members, establish community-based partnerships, and strengthen relationships with Indigenous governments to expand community-based resources for children, youth, and families.

As shown in Figure 6.3, there is a disproportionate percentage of children/youth receiving prevention and protection services in a number of regions throughout the NWT. Most notably, in the Tłı̨chǫ region, where children/youth represent 9% of the population and account for 19% of children/youth receiving services.

While it is difficult to pinpoint a reason as to why there would be an overrepresentation in some regions, it may be attributed to:

- A lack of affordable and adequate housing, which may lead to overcrowding, increased stress, and financial pressures. This can result in an increased risk of child/youth vulnerabilities.
- Limited community resources to support parents in caring for their children and youth, such as parenting programs, respite, and in-home supports, which can increase need for CFS services.

CFS is actively working towards building stronger relationships with Indigenous governments and community partners in an effort to improve service delivery to children, youth, and their families.

Figure 6.2 Distribution of locations of children/youth who receive CFS services

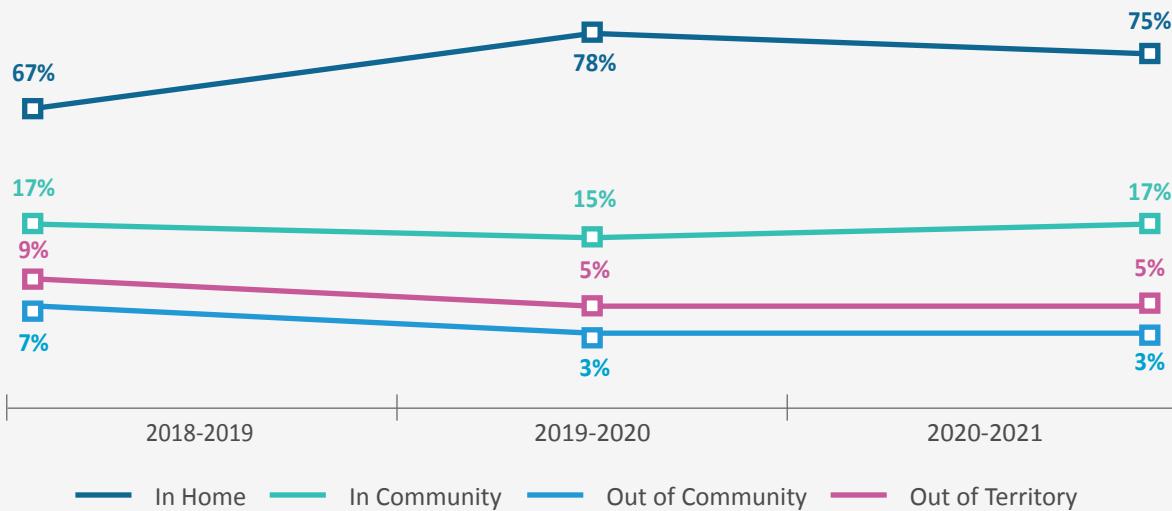
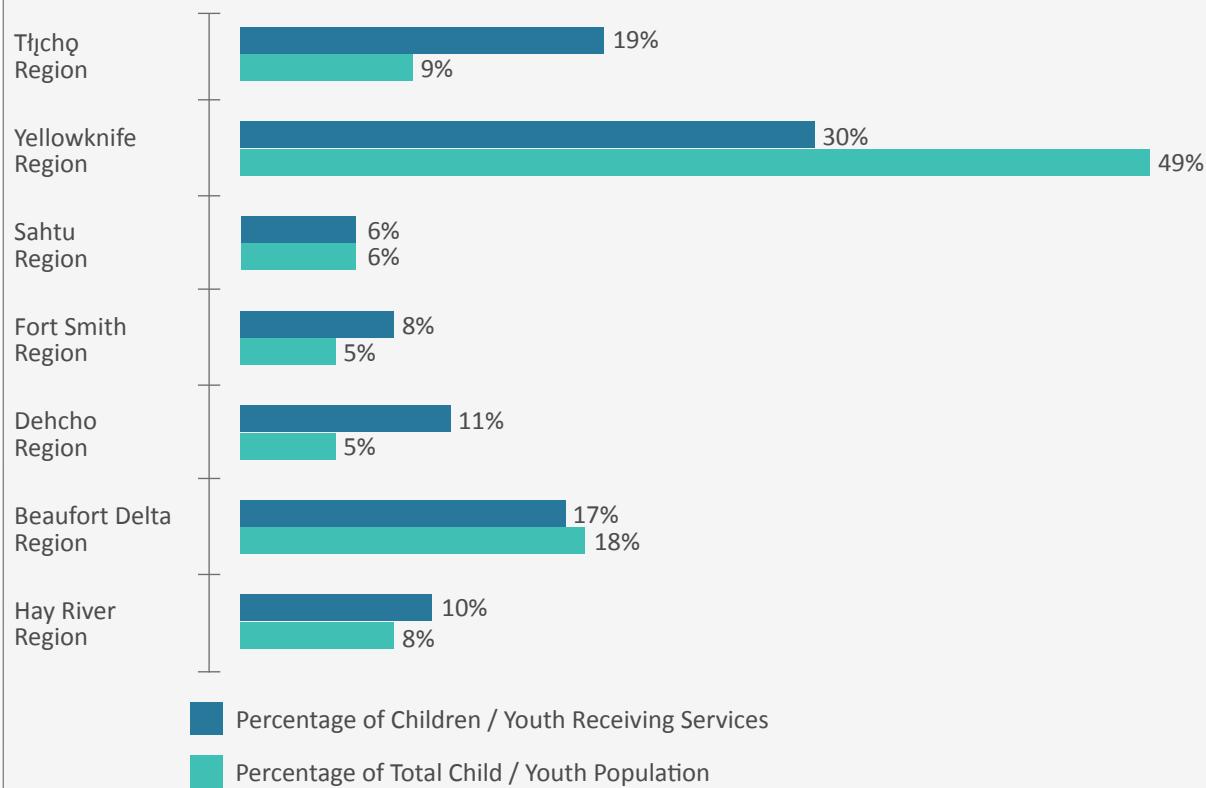


Figure 6.3 Percentage of children/youth (by region) who are receiving services through CFS as compared to the total child/youth NWT population (by region)



KEY HIGHLIGHTS

- 98% of the total number of children and youth receiving CFS services are Indigenous.
- CFS is committed to reducing the number of Indigenous children and youth in care (see **Section 2** for more information on this commitment).
- In 2020-2021, the majority (75%) of children and youth received CFS services while living in their family home.
- There is a disproportionate percentage of children/youth receiving prevention and protection services in a number of regions throughout the NWT, most notably in the Tłı̨chǫ region.

Section 7:

Socio-Economic Conditions and the Role of the Child and Family Services System

Socio-economic conditions, including poverty, lack of adequate housing or infrastructure, or the state of health of a parent can affect the wellbeing of children and youth. There is a common perception that Child and Family Services (CFS) will become involved with families solely due to conditions like poverty. This is a perception CFS is working to change.

REDEFINING NEGLECT

As Section 9: **Reporting and Investigating Suspected Maltreatment** sets out, neglect is one of the five main categories of maltreatment of a child or youth in the Northwest Territories (NWT). It is defined as “the lack of action by a parent in providing for the adequate care and attention of the child/ youth’s needs, resulting in harm or substantial risk of harm to the child/ youth”.

In 2020-2021, neglect was the most reported form of child/youth maltreatment. In cases where there is a pattern of neglect that has resulted in, or there is a substantial risk the pattern of neglect will result in, physical or emotional harm to the child or youth, CFS has a responsibility to ensure the safety and wellbeing of that child or youth. This is an important and valuable function of the CFS system.

An important distinction within CFS, however, is being able to assess child/youth protection concerns due to neglect versus the inability of a family to meet the basic needs of a child/youth due to socio-economic conditions. Socio-economic conditions such as poverty are not reflective of the family’s capacity to care for themselves or their children/ youth. This distinction begins with redefining the term “neglect” and giving more training and tools to Community Social Services Workers to assess the root cause of why a child or youth’s basic needs are not being met. Indigenous governments, families, and Community Social Services Workers have recommended the need to more clearly define neglect as separate from the socio-economic conditions a family may be experiencing, as they warrant different supports and services.

CFS has identified the redefining of neglect as a priority and will propose amendments to the CFS legislative framework to further support the changes in practice set out in our practice standards and training. In addition, CFS is committed to meeting the national standard set out under the *Act respecting First Nations, Inuit and Métis children, youth and families* that CFS will not apprehend a child based solely on their socio-economic conditions.

ROLE OF CHILD AND FAMILY SERVICES

The CFS system recognizes that the inequity of access to basic needs is not inherently a child or youth protection concern. The best interests of the child or youth, however, is the primary consideration in the making of any decisions or the taking of any actions by the CFS system. If the basic needs of a child/youth are not being met, and it is in the child/youth’s best interests for CFS to provide services, CFS will provide this support.

Many services and supports are available through CFS, including those set out in **Section 8: Prevention Services**. In this context, a flexible, culturally safe, and strengths-based approach is key in providing meaningful services to address the unique needs of individuals and families.

To address concerns related to the socio-economic conditions of a family in a substantial and meaningful way, the NWT needs an approach that creates cooperation amongst GNWT Departments, Indigenous governments, and non-governmental organizations with a focus on service integration. Ideally, a family can access the services and supports they need before ever seeking assistance from CFS. Where CFS is needed, Community Social Services Workers can act as a bridge to these services and supports. This, above all else, will ensure a distinction between socio-economic conditions and neglect as a child/youth protection issue.

MOVING FORWARD

No single sector, department, policy, or initiative can address the complexity of socio-economic conditions, such as poverty, on their own. The Government of the Northwest Territories (GNWT) is taking a whole-of-government approach to this important issue, and CFS is participating in these changes. For example, the GNWT is committed to finding a different way of doing business through the Integrated Service Delivery Framework. Integrated Service Delivery will facilitate greater integration among all departments, starting with the social envelope departments (such as health and social services/CFS).

The GNWT is also taking initiatives through the Anti-Poverty Round Table, Anti-Poverty Fund, and the Territorial Anti-Poverty Action Plan to address poverty in key areas like income support, food security, and poverty reduction targets. CFS continues to participate in these initiatives, to help voice the concerns and needs of families receiving supports, and work to effect real change through CFS service delivery across the NWT.



KEY HIGHLIGHTS

- Neglect is distinctly different than the socio-economic conditions, such as poverty, a family may experience.
- CFS has a responsibility to intervene if a pattern of neglect presents a risk of harm to a child or youth.
- To the extent that it is in the child's best interests, CFS will not apprehend a child solely on the basis of their economic conditions.
- A whole-of-government approach is needed to address the complexity of socio-economic conditions, such as poverty. CFS can act as a bridge for families to access services and supports to improve socio-economic conditions.

Section 8:

Prevention Services

Prevention services are provided when there are no child or youth protection concerns. They are meant to offer help when children, youth, families, and expectant parents need it most. Prevention services are also referenced in **Section 4: Initial Involvement with Child and Family Services** and **Section 5: Types of Services for Children, Youth, and Families**.

There are two types of agreements that fall under Prevention Services: *Voluntary Services Agreements* and *Support Services Agreements*. These agreements are tailored to meet the needs of the youth, family, or expectant parent(s). Regardless of the type of service offered, Child and Family Services (CFS) incorporates a distinct philosophy of protecting and maintaining family, culture, and community connections. As part of this approach, youth, families, and expectant parent(s) are often encouraged to involve their Indigenous governments and/or cultural organization for support in their case planning process. There are many benefits to involving Indigenous governments and/or cultural organization in prevention services as they provide additional support for the youth, family, and expectant parent(s) and have a strong knowledge of both community resources and cultural activities that may benefit the youth, family, or expectant parent(s).

In 2020-2021, 650 children/youth* were receiving prevention services in the NWT.

92%

of children and youth receiving prevention services were under a Voluntary Services Agreement

8%

of youth receiving prevention services were under a Support Services Agreement

*This refers to the number of unique children/youth who received prevention services in the fiscal year.

VOLUNTARY SERVICES AGREEMENT (VSA)

A Voluntary Services Agreement (VSA) is available to families with children/youth between the age of 0 and 18 (inclusive), as well as expectant parent(s). Services are provided upon request by the family/expectant parent(s) and are offered

according to the self-identified needs. Some examples of services offered through a VSA include respite care, assistance in improving financial situation, advocacy to improve housing situation, counselling, treatment for substance use, prenatal services to expectant parent(s), and any other service agreed to by the Director of CFS.

Other services agreed to by the Director of CFS include, but are not limited to, ongoing support for transportation, food security, and items to meet basic needs of infant/young children (formula, diapers, furniture, clothing, etc.).

Voluntary Services Agreement Requests:

19% Services to Improve Financial Situation

17% Any other service agreed to by the Director of CFS

11% Services to improve Housing Situation

10% Counselling

8% Services to Improve Mental/Physical Development

8% Respite Care

*Note there can be multiple types of services identified within 1 request.

“If I did not have the support I needed, I would have been in a shelter and my family would have been separated. I would not be where I am at right now.”

– Family who is receiving support through a Voluntary Services Agreement

SUPPORT SERVICES AGREEMENT (SSA)

Support Services Agreements (SSA) address the needs of youth between the ages of 16 and 18 (inclusive), who require supportive services such as counselling, housing support/ advocacy, room and board, and any other service agreed to by the Director of CFS.

Other services agreed to by the Director of CFS include, but are not limited to, support for transportation and food security. The Community Social Services Worker will offer a youth support and services when they cannot live at home or when they are living at home, but the parents are unwilling or unable to be involved in their case planning.

The overarching goal of an SSA is to identify the youth's strengths and needs to build individual resiliency and a community network of support as the youth reaches adulthood.

Support Services Agreement Requests:

18% Services to Improve Housing Situation

17% Services to Improve Financial Situation

16% Any other service agreed to by the Director of CFS

13% Education

12% Counselling

12% Services to Improve Mental/ Physical Development

* Note there can be multiple types of services identified within 1 request.

FAMILY PRESERVATION PROGRAM FRAMEWORK

CFS introduced a new Family Preservation Program Framework, which provides supports so that children and youth remain with their family and maintain their connection to community and culture.

This Framework complements other prevention services offered through CFS. It was developed with input from the Healthy Family Program renewal project, as well as the Department of Health and Social Services' Indigenous Advisory Body.

Key Family Preservation Program principles and approaches include:

- Family and community-centered
- Relationship-based
- Culturally safe service delivery

- Trauma-informed
- Harm reduction approaches
- Strengths-based
- Evidence-informed practice
- Family violence-informed

Going forward, family preservation program services will continue to be adapted to reflect the values, principles, and priorities of families and of northern Indigenous cultures and communities.

Embedded within the Family Preservation Program Framework is the concept of “wraparound” services, which aim to improve the lives of children, youth, and families with complex and multiple needs. The philosophy of wraparound services advocates for family choice, family ownership, and family determination. The primary goal is for children, youth, and families with complex and multiple needs to benefit from an integrated system of care. Wraparound is a team-based planning process intended to provide coordinated care that will meet the needs of children, youth, and their families.

The core services offered through the Family Preservation Program include:

1. Wraparound supports based in community and culture.
2. Providing support with concrete needs, such as household routines and management, housing, food security, etc.
3. Parenting and family support, such as culturally informed parenting education and family support, service coordination, and informal counselling.

In June 2020, a Family Preservation Worker position was established in each region of the Northwest Territories (NWT) and staff training began in March 2021. Referrals to the Family Preservation Program have been observed in a number of communities with others anticipated as the program evolves.



KEY HIGHLIGHTS

- Voluntary Services Agreements are now offered to expectant parent(s).
- Most prevention services were offered through Voluntary Services Agreements, indicating that services are being provided to the entire family to support them in maintaining the wellbeing of the family unit.
- The Family Preservation Program Framework was developed to provide supports so that children and youth remain with their family and maintain their connection to community and culture.
- A full-time family preservation worker position was established in each region of the NWT.
- “Wraparound” services aim to improve the lives of children, youth, and families with complex and multiple needs. These services advocate for family choice, family ownership, and family determination.

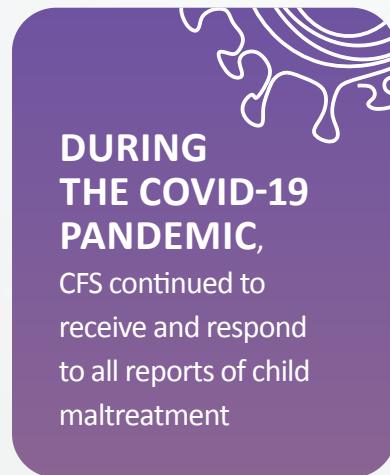
Section 9:

Reporting and Investigating Suspected Maltreatment

The safety and wellbeing of children and youth is a shared responsibility of all residents of the Northwest Territories (NWT). When a person suspects that a child or youth's safety may be at risk as a result of maltreatment, it is their responsibility and legal obligation to report this concern to their local Child and Family Services (CFS) office or to their local RCMP detachment. The contact information for CFS offices throughout the NWT is available on the Department of Health and Social Services' website at www.hss.gov.nt.ca/report-child-neglect.

MALTREATMENT, ABUSE, AND NEGLECT

The term "maltreatment" is an overarching term that encompasses both "abuse" and "neglect".



In the NWT, the majority of suspected cases of abuse and neglect are based upon reports made by service providers or members of the community.

Harm to a child/ youth can be categorized into five main areas:

- neglect,
- physical abuse,
- emotional abuse,
- sexual abuse, and
- exposure to family violence.

When an initial report is made regarding abuse or neglect, a Community Social Services Worker collects the referral information and uses the Structured Decision Making (SDM) Screening and Response Priority Assessment tool to determine if an investigation, a non-investigatory intervention, or no further CFS involvement is required.

In instances where an investigation is needed to further assess the immediate safety to the child or youth, the Community Social Services

In 2020-2021

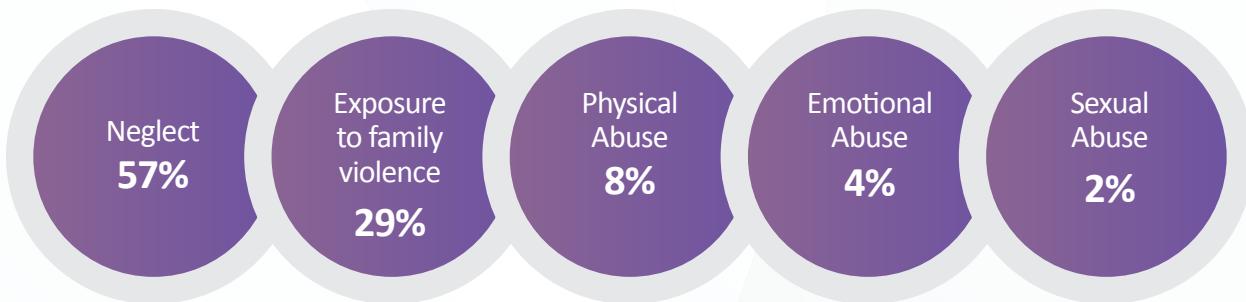


the most common sources of reports of suspected child maltreatment were RCMP, family members, community members, school staff, and custodial parents.

In 2020-2021, there were 2,215* suspected child maltreatment concerns reported

*This differs from the total number of unique child maltreatment reports received as more than one person may call about concerns they have about a specific child or youth and there can be multiple children and types of child maltreatment within one report.

Reports of suspected maltreatment (by type) in 2020-2021



Worker will complete the investigation and use the Risk Assessment tool to determine, through consultation with the family, what supports (if any) they may require to protect the child/youth's wellbeing.

In 2020-2021, neglect was the most reported form of maltreatment in the NWT, followed by exposure to family violence.

Within the SDM® assessment model, neglect is defined as "the lack of action by a parent in providing for the adequate care and attention of the child/youth's needs, resulting in harm or substantial risk of harm to the child/youth".

A significant challenge in assessing neglect is establishing the root cause of why a child/youth's basic needs are not being met. From the onset of a report of any suspected abuse or neglect, Community Social Services Workers play a vital role in assessing the needs of a family and what supports/interventions are necessary to protect the safety of a child/youth.

The next most reported form of child maltreatment in 2020-2021 was a child/youth's exposure to family

violence, which is defined as a form of emotional abuse in the SDM® model. This is consistent with data from the 2019-2020 Annual Report, and there was minimal change in the rate of reports despite extremely different social contexts between both years. CFS recognizes the importance of supporting women who have experienced intimate partner violence as an integral part of preventing child and youth maltreatment. For example, CFS will often act as a bridge to other support service providers, such as the RCMP and counsellors.

SOCIAL INDICATOR MONITORING AND CHILD AND FAMILY SERVICES

As referenced under **Section 3: Response to the COVID-19 Pandemic**, it was anticipated that public health measures, such as social isolation, could create increased risk for maltreatment. CFS attempted to maintain an active understanding of the level of risk to children and youth through tracking data on a monthly basis. This data was monitored for any changes to the reporting of child or youth maltreatment concerns, which supported the understanding of who

may be at increased risk as a result of the public health measures as well as the ability to take action to ensure the necessary supports were put in place to address this increased risk.

Despite increased social isolation due to the COVID-19 pandemic, there was not a significant change in the number of referrals CFS received for suspected maltreatment compared to 2019-2020.

What happens when a report of suspected child maltreatment is brought forward to Child and Family Services?

STEP ONE ►



A concern about suspected child maltreatment is received by the Child and Family Services System. **In 2020-2021, 1,964 calls were received.**

STEP TWO ►



The Community Social Services Worker will collect screening information to determine if an investigation should be opened. **In 2020-2021, 1,144 investigations were opened.**

STEP THREE ►



During an investigation, the Community Social Services Worker will visit the family home and interview the children/youth, parents and any other individuals that may be helpful to the investigation. **In 2020-2021, 646 unique households and 1,713 unique children/youth were interviewed.**



STEP FOUR

The Child and Family Services will support the child, youth, and/or family by offering services to ensure the safety and wellbeing of the child/youth.

KEY HIGHLIGHTS



- All residents of the NWT have a responsibility and legal obligation to report concerns related to a child/youth's safety to their local CFS office or RCMP detachment.
- Community Social Services Workers use the Structured Decision Making (SDM) model to guide their assessment and response during the intake and investigation processes.
- Neglect was the most reported form of child/youth maltreatment in the NWT, followed by exposure to family violence.

Section 10:

Plan of Care Committees and Agreements

The Northwest Territories' (NWT) *Child and Family Services Act* sets out an alternative to court proceedings when there is a child protection concern and Child and Family Services (CFS) intervention is needed. This alternative option is known as a Plan of Care Agreement (POCA).

A POCA is a written agreement created by a Plan of Care Committee. POCAAs are meant to bring the family, Indigenous governing body, the Community Social Services Worker, and any other individuals or organizations identified by the family

together to case plan and determine what supports and services can be offered to the family to support family reunification.

POCAAs apply to children only (aged 15 and under).

POCAAs allow the parent to retain legal custody and decision-making responsibilities of the child. When possible, and in accordance with the best interests of the child, efforts are made to ensure children continue to live in their parental home while the family receives services.

In some instances, for a variety of reasons, the child may be temporarily placed outside the home with extended family or in a provisional or regular out-of-home placement resource. Reasons for an out-of-home placement can include safety concerns in the home, parent attending an out-of-territory treatment program, or a parent requesting to have the child/youth stay with family while they seek support for themselves.



In 2020-2021, 604 children* had a Plan of Care Agreement

*This refers to the number of unique children with a Plan of Care Agreement in the fiscal year.

79%

Plan of Care Agreement - Children remain in the home

21%

Plan of Care Agreement - Children cared for outside the home

The overall proportion of children and families receiving services under a POCA increased from 32% to 44% in 2020-2021.

This increase may be attributed to several factors including:

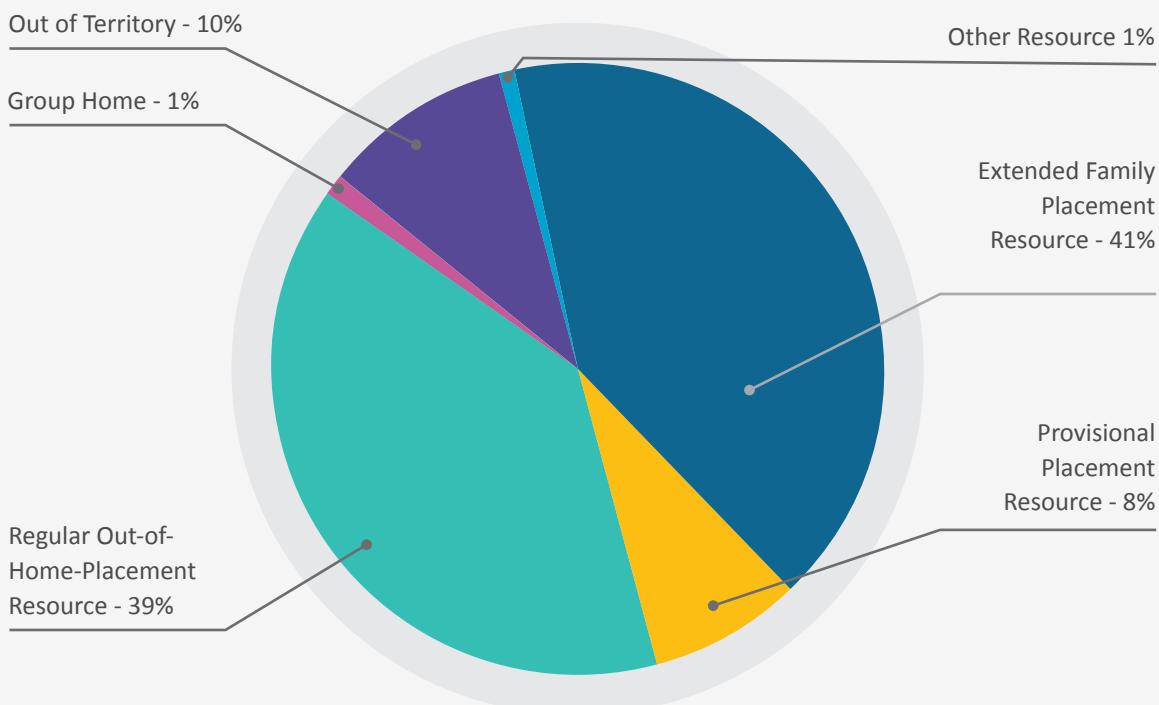
- The COVID-19 pandemic has been demonstrated to have a negative impact on the mental health and wellbeing of families. Increased social isolation, loss of income, overcrowding in the home, and

reduced supports all contribute to the elevated risk of maltreatment.

- More families are opting to receive CFS services through a POCA rather than go through the court process to receive support to mitigate child protection concerns.
- Social media campaign efforts were made at the onset of and throughout the COVID-19 pandemic to highlight the elevated risk of maltreatment

due to increased social isolation. The campaign also provided direction on how to make a report of suspected maltreatment. It is possible that these efforts resulted in a stronger understanding of the duty to report, particularly during the pandemic period, and thus increased substantiated reports of maltreatment and services under a POCA.

Figure 10.1 Proportion of placement resource for a child placed out-of-the-home, by type



PLAN OF CARE AGREEMENTS PLACING THE CHILD OUT-OF-HOME

Of the 21% of children who were being cared for outside of the family home through a POCA, 10% remained in their family community, 5% involved a child relocating to another community, and 2% received services out-of-territory.

When a child was placed outside of the home, the most common placement was with extended family (41%), followed by a regular out-of-home placement resource (39%) (Figure 10.1).

Combined, this data is reflective of the efforts CFS has made over the past year to ensure children who require an out-of-home placement maintain their familial relationships and connection with their community and culture. These efforts include family mapping at the onset of case planning, as well as throughout the case planning process, recruitment of caregiving homes within communities, and ongoing reassessment to determine if family reunification would be in the child's best interest.

SERVICES AND SUPPORTS UNDER A PLAN OF CARE AGREEMENT

Every POCA is required to have a case plan which requires input and guidance from both the child (where possible) and the family. In instances where a child is placed out of the home, a cultural support plan is also completed to ensure the child maintains connection to their community and culture. Both the case plan and the cultural support plan are tailored to the unique strengths and needs of each child and family. The family guides what services they receive.

SIGNIFICANT MEASURE IN THE NWT

A POCA placing the child out of the home is a significant measure. CFS must provide notice to the parent, care provider, and Indigenous governing body prior to taking a significant measure in relation to an Indigenous child or youth. This applies to establishing a Plan of Care Committee, entering into a POCA, reviewing a POCA, extending a POCA, or terminating a POCA. Reunification following any out-of-home placement is also considered a significant measure.

For a POCA where the child remains in the home, which is not a significant measure, CFS will encourage the family to involve their “applicable Aboriginal organization”¹, Indigenous governing body, and/or other cultural organization in the case planning. Consent of the parent or care provider is required prior to this participation.

¹ The term “Aboriginal” in the context of “applicable Aboriginal organization” reflects the terminology currently used in the *Child and Family Services Act* and the *Adoption Act*. The Department will propose that outdated terminology is revised when each *Act* is amended in the future..



KEY HIGHLIGHTS

- Plan of Care Agreements provide an alternative to court proceedings when CFS intervention is needed. They allow the parent to retain legal custody and decision-making responsibilities in relation to the child.
- 79% of children remained in their home while the family received services through a Plan of Care Agreement.
- When a child was placed outside of the home, the most common placement was with extended family (41%).
- A Plan of Care Agreement placing the child out of the home is a significant measure in the NWT. CFS must provide notice to the child’s parent, care provider and Indigenous governing body prior to establishing a Plan of Care Committee and prior to entering into, reviewing, extending, or terminating a Plan of Care Agreement with the goal of engaging and collaborating on the planning for the child or youth.

Section 11:

Temporary Custody Orders and Permanent Custody Orders

A child or youth can only be placed in the temporary or permanent custody of the Director of Child and Family Services (CFS) by a court order. When delivering CFS, the best interest of the child and youth is at the forefront of each decision-making process. Temporary and permanent custody orders are considered when there are ongoing child/youth protection concerns and other CFS supports are not addressing the concerns.

Permanent custody orders are also considered when a parent chooses to place their child for adoption with the Director of CFS. More information related to adoptions is found in **Section 15: Adoptions.**

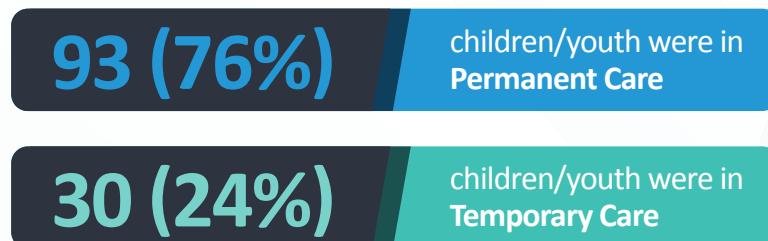
CFS recognizes how displacement may impact the child or youth in the short and long term, as separation from a parent is understood to have lasting developmental impacts. In instances where a child or youth requires an out-of-home placement due to safety concerns in the parental home, every effort is made at the onset of this placement to minimize disruption to the child or youth and their family, community, and cultural relationships.

NUMBER OF CHILDREN AND YOUTH IN TEMPORARY AND PERMANENT CUSTODY

In 2020-2021, a total of 123 children and youth were in the temporary or permanent care and custody of the Director of CFS, with over 75% being in permanent care. The majority of children and youth in permanent care were between 10 and 14 years of age, followed by age 15-18 (inclusive). There is close to 70% of children and youth in permanent care who are over the age of 10.

As children and youth in care are aging, it is critical that we recognize the importance in helping them maintain a connection to their community, culture, language, and identity while in the care of the Director of CFS. Opportunities for family reunification for children and youth are continuously assessed, while supports are simultaneously being offered to the child/youth and family.

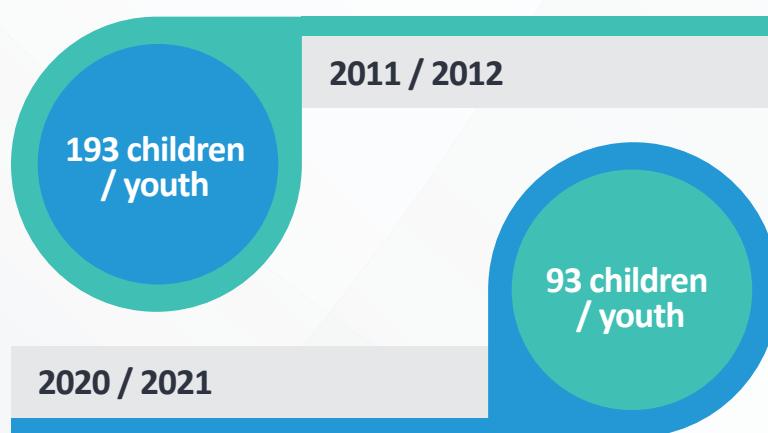
In the NWT, 123 children/youth were in permanent or temporary care in 2020/2021.



TRENDS OVER TIME

Over the past ten (10) years, the Department of Health and Social Services has observed a decrease of the number of children and youth in the permanent care and custody of the Director of CFS.

Number of children/youth in Permanent Care over time



Since 2011-2012, there was a reduction from 193 children and youth in permanent care to 93. This decrease is important because it speaks to the resiliency of families and communities and a shared dedication to maintaining nurturing and supportive environments in which a child and youth can grow.

When children/youth stay in the care of their family and extended support network, it allows them to remain rooted in their community and culture. The reduction in the number of children and youth in permanent care represents the broader systemic change which CFS is currently undertaking through system reform

Children/Youth in Permanent Care by Age:



51.8% Decrease

in the number of children/ youth in permanent care over the past 10 years

initiatives. It also reflects the changes in practice that promote family unity and the collaboration of community members, Indigenous governments, and families in the care and support of children and youth.

SUPPORT OF CHILDREN AND YOUTH WHILE IN TEMPORARY AND PERMANENT CARE

When a child or youth requires a placement outside of the family home, every effort is made to have the child or youth cared for by extended family or in their home community to ensure that cultural and family connections are nurtured and protected. When this is not a viable option, every effort is made to maintain cultural continuity and connection to the child or youth's family and larger support network.

If a child or youth is in the temporary or permanent care and custody of the Director of CFS, opportunities for family reunification are continuously reassessed as part of the case review process. In the event a new family member is identified or if a family member's situation has changed leading to their ability to offer increased support to the child or youth, this information is incorporated into placement-related decisions.

For any child or youth in the temporary and permanent care and custody of the Director of CFS, the goal is to have opportunities to continue building lifelong relationships and maintain connections to their community and culture, as well as strengthening their sense of identity. Each child or youth is involved in the development and personalization of their case plan and cultural support plan upon entering into the care of the Director of CFS. Parents are also encouraged to participate in this process. Opportunities for reunification with family are assessed on an ongoing and regular basis, while supports also continue to simultaneously be offered to the parent.

TRANSITION PLANNING

Life changes and the transition to a life of adult independence can be very demanding and present specific challenges for youth who have spent time in care. Specifically, a lack of critical family supports, mental health, behavioral, or substance use challenges, developmental delays, as well as knowing when and how to reflexively engage various life skills when adversity arises, can leave youth and young persons particularly vulnerable.

Youth who reach the age of majority (19 years of age) and are leaving the permanent care and custody of the Director "of CFS" (i.e. Director of CFS) are encouraged to work with Community Social Services Workers to develop a transition plan to ensure they continue to receive any necessary supports as they enter adulthood. In some instances, youth may opt to continue receiving CFS services through an Extended Support Service Agreement (see **Section 13: Extended Support Service Agreements**).

2020-2021

54%

of out-of-home placements were extended family members or individuals known to the child/youth.

46%

of out of home placements were regular foster homes*.

*Regular foster homes are caregivers who are unknown to the child/youth.

The importance of family mapping and thorough case planning early on and during a youth's teenage years is noticeable during this transition planning process. Individuals and community programs/resources the youth has identified as a support throughout the case planning process are incorporated into this transition plan to establish an ongoing support network independent of CFS.

When a transition plan does include an Extended Support Services Agreement, the Community Social Services Worker supports youth to describe and define their goals and ambitions by identifying concrete steps that they can follow, as well as what they will need to meet their goals.

CFS encourages the youth or young person to involve their “applicable Aboriginal organization”², Indigenous governing body and, cultural organization to participate in the development of a transition plan or an Extended Support Services Agreements, as they can identify and provide additional supports. Consent from the youth or young person is required prior to this participation.

SIGNIFICANT MEASURE IN THE NWT

Court processes involving a temporary or permanent custody order are significant measures. CFS must provide notice to the parent, care provider, and Indigenous governing body prior to taking a significant measure in relation to an Indigenous child or youth. This applies to applications to the court for the following orders:

- child/youth temporary custody order;
- child/youth permanent custody order;
- extension of a child/youth temporary custody order;
- extension of a child/youth permanent custody order; and
- discharge of a child/youth temporary or permanent custody order.

These processes also require CFS to provide notice to the “applicable Aboriginal organization” if the child/youth is an Indigenous child/youth. This notice of a court proceeding is a requirement under the *Child and Family Services Act* and is in addition to the requirement to provide notice prior to a significant measure. The “applicable Aboriginal organization” may be the same as the Indigenous governing body, in which case dual notification is required.

² The term “Aboriginal” in the context of “applicable Aboriginal organization” reflects the terminology currently used in the *Child and Family Services Act* and the *Adoption Act*. DHSS will propose that this outdated terminology is revised when each *Act* is amended in the future.

Key areas CFS promotes during case planning



KEY HIGHLIGHTS



- Over the past ten (10) years, the Department of Health and Social Services has observed a decrease in the number of children and youth in the permanent care and custody of the Director of CFS.
- Court processes involving a temporary or permanent custody order are significant measures in the NWT and require that CFS provide advance notice to the parent, care provider, and Indigenous governing body with the goal of engaging and collaborating on the planning for the child or youth.
- A child or youth can only be placed in the temporary or permanent custody of the Director of Child and Family Services (CFS) by a court order.
- When a child or youth requires a placement outside of the family home, every effort is made to have the child or youth cared for by extended family or in their home community to ensure that cultural and family connections are nurtured and protected.

Section 12:

Placement Resources

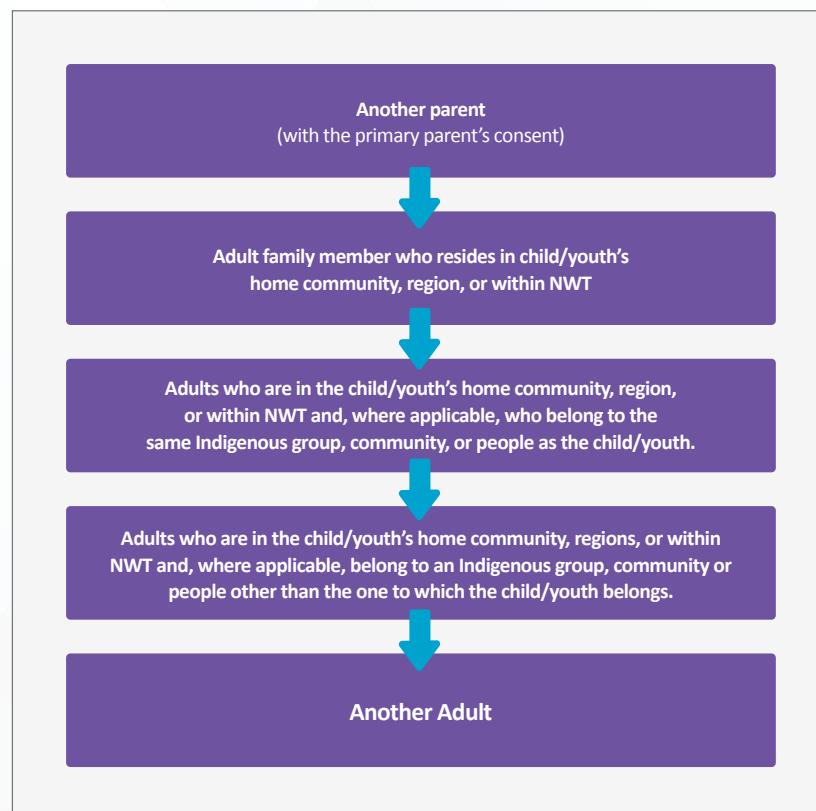
Home, family, community, and cultural connections are all integral parts of a person's identity. Child and Family Services (CFS) recognizes that efforts must be made to protect and promote their presence in a child and youth's life. Community ties are about extended family, friends, and cultural activities which form a child/youth's social world. These relationships are best maintained within the child or youth's home community, particularly when services are being provided through CFS.

PLACEMENT PRIORITIES

When services are requested or required, CFS makes every effort to provide these in the child/youth's parental or family home. In some cases, a child/youth cannot reside safely within the parental or family home and an out-of-home placement is needed. In this instance, a Community Social Services Worker discusses appropriate placement options with the parent and the child or youth in attempt to find a home where the child or youth feels most comfortable and secure. For any child/youth who requires an out-of-home placement, possible placements must be assessed in the following order of priority:



Placement considerations in order of priority:



This placement priority ensures all efforts are made to maintain the connection between a child or youth and their family, community, and culture. The early and diligent search for extended family members supports maintaining parent-child/youth connections during an out-of-home placement and contributes to reunification efforts that include return of the child/youth to the parental home or alternate care

arrangement through placement with relatives or guardianship. Placement priorities also align with the national standards when providing services to Indigenous children, youth, and families, as set out under the *Act respecting First Nation, Inuit and Métis children, youth and families*.

SIGNIFICANT MEASURE IN THE NWT

An out-of-home living arrangement, new placement, or change in placement is a significant measure.

CFS must provide notice to the parent, care provider, and Indigenous governing body prior to taking any of these measures in relation to an Indigenous child or youth. Reunification following any out-of-home placement is also considered a significant measure.

If an out-of-home placement is being considered as a prevention service, such as through a Voluntary Support Agreement, CFS encourages the family to involve their “applicable Aboriginal organization”, Indigenous governing body, or cultural organization to participate in the

process and provide additional support. In this case, consent from the parent/care provider and/or child/youth is required prior to participation.

OUT-OF-HOME PLACEMENTS

In 2020-2021, there was an increase in the total number of out-of-home placement resources compared to previous years: 150 in 2020-2021 compared to 136 in 2019-2020 (Figure 12.1).

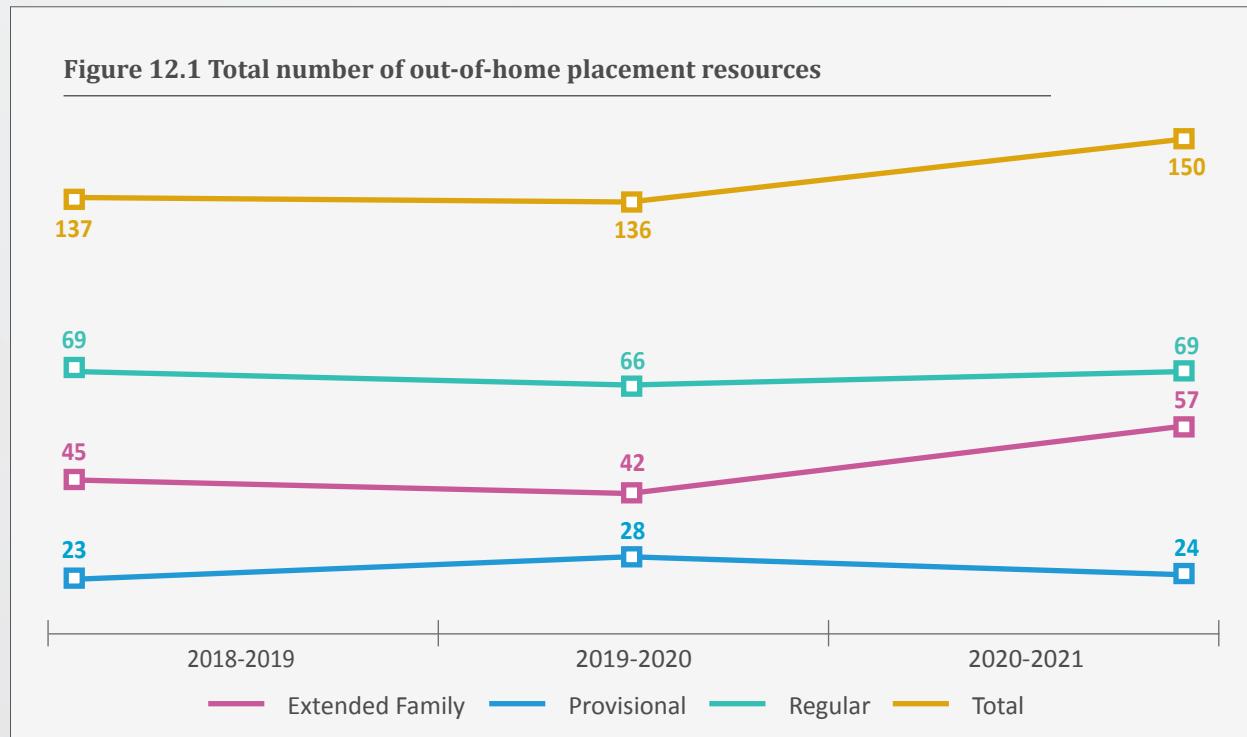
While we notice an increase in the number of regular out-of-home placement resources (Figure 12.1), the overall proportion has decreased from 49% to 46% as shown in Figure 12.2. Additionally, the proportion of provisional placement resources

(individuals known to the child/youth) also decreased (Figure 12.2), meaning that caregivers who were familiar with but did not have a close relationship with the child/youth, were less utilized over the past year.

Alternatively, there was an increase in the overall proportion of extended family out-of-home placements (38% in 2020-2021 compared to 31% in 2019-2020) (Figure 12.2), indicating that when a child/youth required an out-of-home placement, there were more extended family available to care for them.

The increase in proportion of extended family out-of-home placements can be attributed to several factors:

Figure 12.1 Total number of out-of-home placement resources

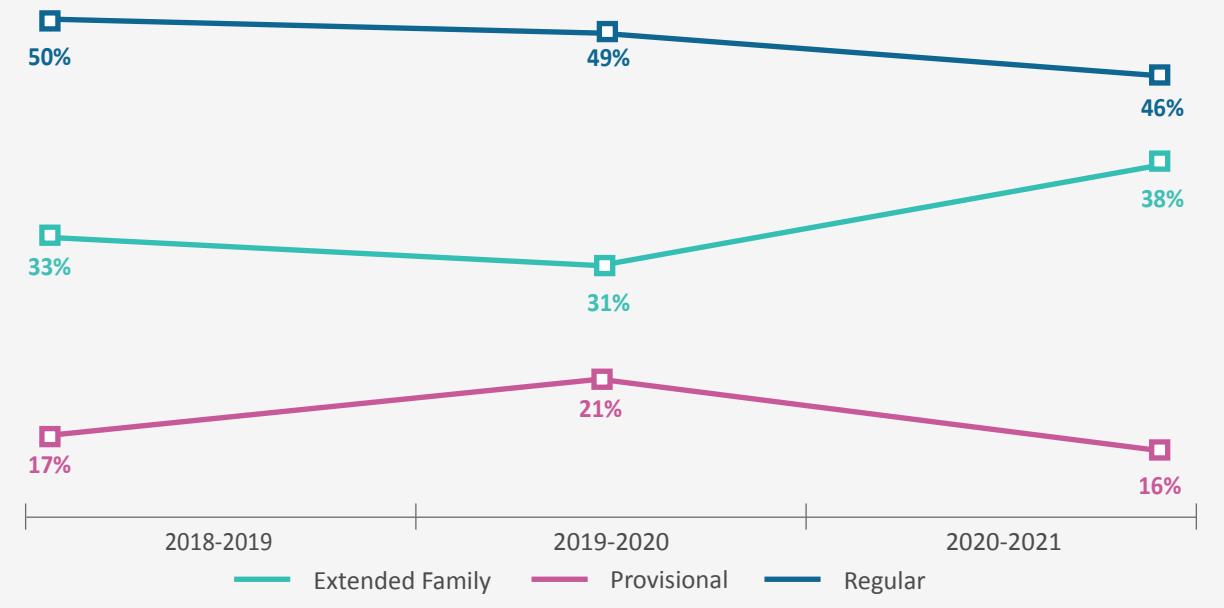


1. Revision of CFS Standards:

In December 2020, CFS revised seven (7) existing practice standards to align with the *Act respecting First Nations, Inuit and Métis children, youth and families* and current best practices. While these practice standards applied to several areas of service delivery, each reflected updated practices to protect the child/youth's fundamental right to maintain connection to family, community, and culture, as well as preserve their cultural, racial, linguistic, and religious heritage and sense of identity. These practices include, but are not limited to:

- a) A "family map" is required for any child/youth who is placed out of the home under a protection status. Completing a family map assists in identifying possible family members who could provide care or who may be available to provide general support to the family. This family map complements the child/youth's cultural support plan.
- b) For any child/youth in an out-of-home-placement, Community Social Services Workers are required to continuously reassess opportunities for family reunification on a regular basis.
- c) Out-of-home placements must be assessed in a specific placement priority order, beginning with the child/youth's parent and extended family.
- d) CFS's responsibility to provide notice to the child/youth's Indigenous governing body prior to taking a significant measure in relation to an Indigenous child/youth. In instances where non-significant measures are being considered, such as prevention services, CFS encourages the participation of Indigenous governments and cultural organizations with the family's consent.

Figure 12.2 Overall proportion of out-of-home placement resources, by placement type



2. Revised definition of “family” under the *Act respecting First Nation, Inuit, and Metis children, youth, and families*:

- “Family” is now defined more broadly to respect and recognize Indigenous customs, traditions, and practices. This means that someone who was formerly a provisional caregiver (placement with someone known to the child) could now be considered a placement with family.
- CFS has implemented this revised definition of family to apply to both Indigenous and non-Indigenous families receiving services through CFS.

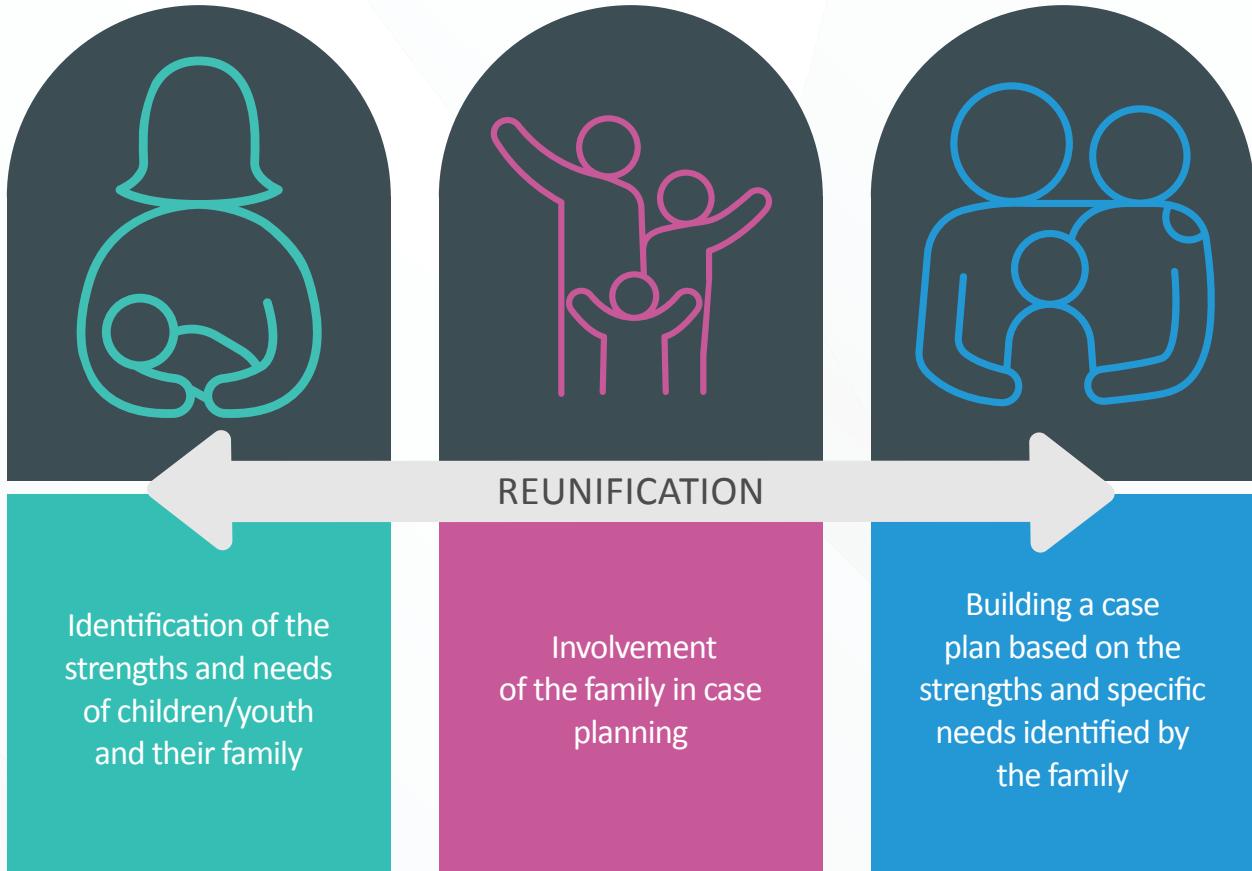
3. Modified placement resource approval process in response to the COVID-19 pandemic:

- As noted in **Section 3: Response to the COVID-19 Pandemic**, a modified process to approve out-of-home placement resources was required. Extended family placement resources were actively recruited to provide care to the child/youth requiring an out-of-home placement.

REUNIFICATION EFFORTS

Family reunification refers to the process of returning a child/youth in an out-of-home placement to their families. It is the primary goal for short-term and long-term case planning. As such, it is important to focus on practices that help achieve successful reunification. For example, the use of family team meetings (e.g., Family Group Conferencing, Family Group Decision Making) to facilitate reunification efforts promotes active involvement of both parents, extended family, and others.

The early and diligent search for identification of extended family members and use of kinship care helps maintain parent-child/youth connections during out-of-home care. It also contributes to reunification efforts that include returning the child/youth to the parental home and permanency through guardianship and placement with relatives. CFS recognizes the unique nature of extended family relationships, and the statistics relayed in the 2020-2021 Annual Report capture a concerted effort to keep children/youth in home community placements and situated within their larger support network.



KEY HIGHLIGHTS

- There is an increase in the number of extended family members providing care to children and youth in out-of-home placements.
- Out-of-home living arrangements, new placements, or change in placements are significant measures. CFS must provide notice to the parent, care provider, and Indigenous governing body prior to taking these measures with the goal of engaging and collaborating on the planning for the child or youth.
- Multiple CFS Standards were revised to promote the child/youth's fundamental right to maintain connection with family, community, and culture (*Standard 7.1: Placement Priorities, Standard 9.1: Concurrent Planning, and Standard 9.5: Long Term Planning*).

Section 13:

Extended Support Services Agreements

Extended Support Service Agreements (ESSA) are available to young persons who, upon their 19th birthday, were in the permanent care and custody of the Director of Child and Family Services (CFS).

The purpose of an ESSA is to support the young person preparing to enter adulthood with access to needed supports anytime until their 23rd birthday. Recognizing the uncertainties of this transitional period, the ESSA is completely voluntary and can be opted in and out of at the young person's discretion.

Some of the services offered through an ESSA include skill building opportunities, financial supports to further their education, and assistance in locating stable and affordable

housing. The services listed are a small example of what support can be accessed through an ESSA. Youth and young persons determine what supports they need to meet their goals.

In 2020-2021, 30% of children/youth in permanent care and custody of the Director of CFS were between the ages of 15 and 18 (inclusive). Therefore, working with youth to understand their goals, what services they need and establishing a network of supports are important as they approach the age of 19.

EXTENDING SUPPORT SERVICES FOR YOUNG PERSONS DURING COVID-19

In 2020-2021, a Ministerial Directive was issued that allowed CFS to extend support services to young persons who would ordinarily age out of receiving CFS. The Ministerial Directive supported young persons in continuing to access familiar services with support from their Community Social Services Worker while learning to navigate new public health measures and cope with increased social isolation. The Ministerial Directive extending support services to young persons will not expire until 90 days after the expiry of the Declared State of Public Health Emergency Order to allow time for adequate transition planning.

100% OF YOUTH
who reached the age of majority (19 years) chose to continue receiving services through an ESSA

A TOTAL OF 35
young persons received services under an ESSA in 2020-2021

SERVICES OFFERED:

- Accessing Education
- Educational materials and supplies
- Housing Support
- Financial Support Resources
- Obtaining Employment
- Cultural opportunities



KEY HIGHLIGHTS

- In 2020-2021, 30% of children and youth in permanent care and custody of the Director of CFS were between the ages of 15 and 18 (inclusive).
- Transition plans are developed for any young person receiving services under an Extended Support Services Agreement.
- Extended Support Services Agreements provided needed supports to a young person anytime until their 23rd birthday.
- In response to the COVID-19 pandemic, CFS extended support services to youth (Support Services Agreements) and young persons (Extended Support Services Agreements) who would ordinarily age out of care or out of receiving services and would no longer be eligible to receive support services.

Section 14:

Specialized Services



Child and Family Services (CFS) provides a continuum of specialized services for children, youth, and families. An important consideration for the Northwest Territories (NWT) is that CFS frameworks are frequently designed for southern and urban contexts and, therefore, do not reflect the realities of Northern, rural, and remote communities. CFS must provide services, including those to meet the complex needs of a child or youth, over a large geographical area. As such, community-based programming is the first option to assist children and youth with their individual and unique counselling or treatment needs. Below is a brief description of the different services offered.

TERRITORIAL TREATMENT CENTRE

The Territorial Treatment Center is located in downtown Yellowknife and provides services for children between the ages of 8 and 12 who struggle with emotional, behavioral, and/or psychiatric challenges. Programs are family-centered and delivered with the safety and well-being of the child/youth in mind with a high level of supervision. The program integrates a multi-modal approach which is integrated and culturally sensitive, encompassing assessment, intervention, education/training, skills development, and relapse prevention. Families are given support in developing plans for after discharge. As part of the transition back into their family and community, Territorial Treatment Centre staff provide follow-up through phone conversations and face to face visits.

TRAILCROSS TREATMENT CENTRE

Another option within the NWT is the Trailcross Treatment Center, located in Fort Smith. The Trailcross Treatment Centre is an eight bed, residential care and treatment facility for children and youth aged 12 to 18 from all over the NWT. This treatment center is a place for children and youth who are seeking direction and clarity in their lives. Built around a framework that meaningfully engages children and youth, Trailcross interweaves modern clinical care approaches with experiential and outdoor learning, framed around a model of care that is rooted in the various Indigenous cultures of the region. Trailcross counselors work to form meaningful and relevant relationships with children and youth and develop life skills which will carry into many different facets of their life.

**IN 2020
- 2021**

there were a total of eight (8) children and youth receiving specialized services within the NWT.

OUT-OF-TERRITORY SPECIALIZED SERVICES PROGRAM

The Out-of-Territory Specialized Services Program provides children, youth, and families from the NWT with access to specialized services in British Columbia, Alberta, and Saskatchewan. These specialized services are available for children, youth, and their families who have needs that go beyond the capacity of NWT programs and services, such as: significant developmental and physical disabilities, genetic disorders, acquired brain injuries, psychiatric illness, psychological

disorders, addictions issues, and complex behaviour issues secondary to trauma. Children or youth are individually assessed and matched with specialized services that will best meet their identified level of care and service needs.

Family therapeutic treatment services are offered as an option through the out-of-territory specialized services program in Saskatchewan. The Family Treatment Program is for the whole family to work towards the goal of improving family safety, family functioning, and parent and child wellbeing.

All children, youth, and families receiving out-of-territory specialized services benefit from a case plan that include permanency and cultural support plans that could include reunification, repatriation, and/or guardianship outcomes. Families who attend treatment typically reside together for one year at the treatment resources to allow significant time to meet their goals.

IN 2020-2021

there were a total of 65 children and youth receiving specialized services outside the NWT.

77%
OF CHILDREN

or youth in the out-of-territory program received services in an Individual/Group Treatment program

23%
OF CHILDREN

or youth in the out-of-territory program received services in a Family Treatment program

Section 15:

Adoptions

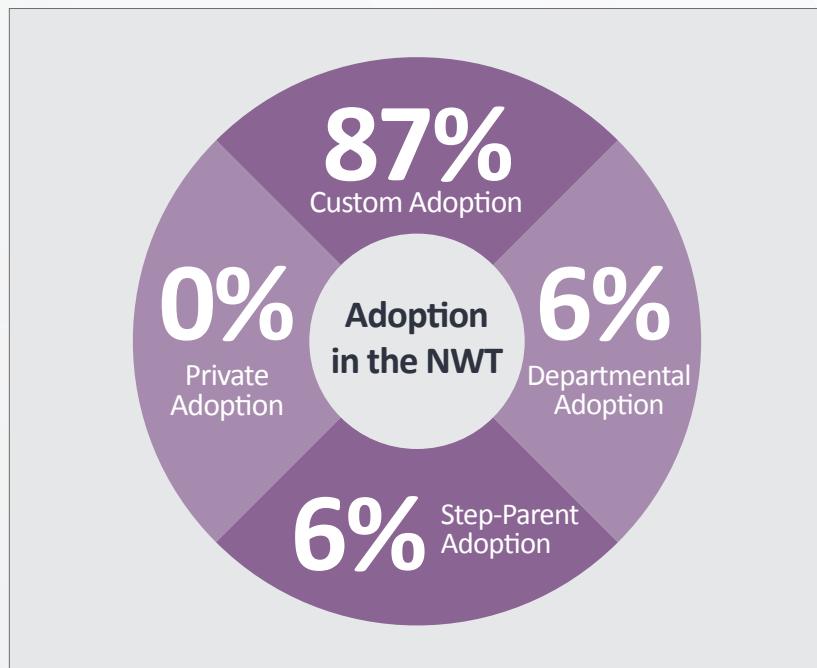
Family reunification is always the first priority for children and youth in the permanent care of the Director of Child and Family Services (CFS). When that option is not possible, adoption can be one way to meet the long-term care needs of a child or youth.

Adoptive families play an essential role in our communities and in the lives of children, youth, and families. One of these roles is to provide a safe, nurturing, loving and permanent home for children/youth whose birth parent(s) are unavailable or unable to raise them. All children/youth have basic needs that contribute to their healthy development and wellness. Adoptive families can play a crucial role in fulfilling these needs for children and youth. Adult adoption is also available in accordance with the *Adoption Act*.

There are different types of adoption that can occur in the Northwest Territories (NWT):

- *Departmental Adoption*
- *Private Adoption*
- *Step-Parent Adoption*
- *Custom Adoption*

In 2020-2021, 27 of 31 adoptions in the NWT were custom adoptions.



FROM 2011 - 2021

the average number of adoptions per year is 45.

During the 2020-2021 fiscal year, **31 adoptions** were completed in the NWT.

CUSTOM ADOPTION

Custom adoption is a long-standing practice among Indigenous peoples of the NWT. CFS does not guide, direct, or otherwise interfere with custom adoptions, outside of facilitating the appointment of Custom Adoption Commissioners and facilitating the formal recognition and registration of custom adoptions as set out under the *Aboriginal Custom Adoption Recognition Act*.

Indigenous governments within the NWT can nominate Custom Adoption Commissioners. Persons nominated to be Custom Adoption Commissioners have knowledge and understanding of customary law in the community or region in which they reside. Custom Adoption Commissioners assess any applications they receive by using their knowledge and understanding of their communities or region's customary practices and determine whether or not

a custom adoption occurred. Custom Adoption Commissioners are appointed by the Minister of Health and Social Services for a term of three years and individual(s) may be reappointed.

DEPARTMENTAL ADOPTION

Under the *Child and Family Services Act* and *Adoption Act*, a child/youth who is placed in the permanent custody of the Director of CFS can be adopted. This is known as a “departmental adoption”. A departmental adoption differs from a custom adoption, private adoption, or step-parent adoption as the child/youth must be placed in the permanent care of the Director of CFS to be considered for adoption. A child/youth can only be placed in the permanent custody of the Director of CFS through a court order which is granted under the following circumstances:

1. The court has determined the child/youth needs protection, has made a declaration that a child/youth needs protection, and has determined it is in the child/youth's best interests. For this court process, known as a “child protection hearing” or “youth protection hearing”, the Court must invite and consider representations on a case plan for the child/youth from the parent(s), the child/youth (if age 12 or older), the “applicable Aboriginal organizations”³, and Indigenous governing bodies if the child/youth is a First Nation, Inuit or Métis child/youth. A “child protection hearing” or “youth protection hearing” is the very final stage of a child/youth protection process and only occurs

if serious protection concerns remain unresolved for an extended period of time and alternatives to permanent custody are not in the best interests of the child/youth. These alternatives include temporary placement with extended family, as well as options or alternatives identified by Indigenous governing bodies, “applicable Aboriginal organizations”, community members, and CFS.

2. With the consent of a parent, the court has determined it is in the best interests of the child/youth to place the child/youth in the permanent care of the Director of CFS for the purposes of adoption

A Community Social Services Worker is responsible for planning for the child/youth in the permanent care of the Director of CFS. If family reunification is not possible, children/youth in the permanent care of the Director of CFS should be provided with the opportunity to be assessed for an adoption placement on an on-going basis. However, while every child/youth in the permanent custody of the Director of CFS is entitled to be considered for an adoption placement, adoption may not be in the best option for all children/youth. The *Adoption Act* requires that decisions concerning adoption are made in accordance with the best interests of the child/youth, recognizing that different cultural values and practices must be respected in those decisions. Every child/youth and their best interests will be unique and are assessed as such. Section three (3) of the *Adoption Act*, for example, sets out the factors that must be considered

before making any adoption placement decisions, which include the child/youth's cultural, linguistic and spiritual or religious ties or upbringing and the importance of the family environment that will respect linguistic heritage and traditions and religious or spiritual background.

DEPARTMENTAL ADOPTIONS AND ENGAGEMENT WITH INDIGENOUS GOVERNMENTS

With the consent of the parent and child (if 12 years or older), the *Adoption Act* requires the Director of Adoptions to engage with the “applicable Aboriginal organization” before placing an Indigenous child/youth with an approved applicant. There is currently no requirement under the *Adoption Act* addressing the consent of an “applicable Aboriginal organization” to proceed with an adoptive placement of an Indigenous child/youth. However, voluntary interim placements, placements for the purposes of adoption, and the consent of the Director of CFS to an adoption are also considered significant measures in the NWT. As such, the Indigenous governing body acting on behalf of the child/youth's group, community, or people would be notified prior to any of these measures being taken with the goal of engaging and collaborating on the planning for the child/youth long before an adoption is finalized.

Departmental adoptions can also include an Inter-provincial adoption. Inter-provincial adoptions would occur

³ The term “Aboriginal” in the context of “applicable Aboriginal organization” reflects the terminology currently used in the *Child and Family Services Act* and the *Adoption Act*. DHSS will propose that this outdated terminology is revised when each *Act* is amended in the future.

if, for example, a family member resided outside of the NWT. Inter-provincial adoptions are only considered if they are in the best interests of the child/youth. Similar to departmental adoptions within the NWT, the “applicable Aboriginal organization” and Indigenous governing body would be provided notice prior to any voluntary interim placements, placements for the purposes of adoption, and the consent of the Director of CFS to the adoption to ensure the collaboration prior to an inter-provincial adoption.

STEP-PARENT ADOPTION

Step-parent adoption refers to an adoption by a non-biological parent wishing to adopt the children/youth of their spouse or common-law partner. In step-parent adoptions, the interests of the family are served by a Family Union Report that documents the parent(s) ability to meet the needs of the child/youth. An Adoption Worker prepares a Family Union Report for the Director of Adoptions' review. The Director of Adoptions then prepares an Affidavit setting out the views and

recommendations with respect to the adoption and provides the family with the Affidavit and a copy of the Family Union Report.

PRIVATE ADOPTION

Private adoption refers to adoption arranged between two families. In these adoptions, the birth parents choose the adoptive family. Private adoptions are incorporated into the *Adoption Act* under Sections 6-13. The Director of Adoptions must approve the family suitable to adopt a child/youth in the NWT and the proposed placement of a child/youth. This process also includes inter-country adoption when the child/youth being adopted resides outside of Canada.

BUILDING STAFF CAPACITY TO IMPROVE SERVICE DELIVERY

To better support Foster Care and Adoptions Workers in the NWT, a new enhanced Adoption Worker Statutory Training was developed by the Department of Health and Social Services and delivered from December

2020 to February 2021. Due to the COVID-19 pandemic, the delivery of the training was a combination of pre-core readings and videos, self-directed learning through pre-recorded sessions, developmental meetings with Northwest Territories Health and Social Services Authority Practice Leads; assignments and quizzes; and virtual sessions with Northwest Territories Health and Social Services Authority Practice Leads and Department of Health and Social Services Practice Specialists.

The Adoption Worker Statutory Training was targeted to enable all frontline Adoption Workers including CFS Supervisors and Managers and Northwest Territory Health and Social Services Authority Training Leads to understand and complete all of the duties required by the *Adoption Act*, and to understand adoption-related duties under the *Child and Family Services Act*. As a result of this training initiative, nine (9) new Adoption Workers across the NWT received an appointment under the *Adoption Act* in 2020-2021.

KEY HIGHLIGHTS

- An enhanced Adoption Worker Statutory Training was developed and delivered between December 2020 and February 2021.
- 27 out of 31 adoptions in the NWT were custom adoptions.
- Voluntary interim placements, placements for the purposes of adoption, and the consent of the Director of CFS to an adoption are significant measures. CFS must provide notice to the parent, care provider, and Indigenous governing body prior to taking any of these measures with the goal of engaging and collaborating on the planning for the child or youth.



Section 16:

Quality Improvement Plan

In August 2019, the Child and Family Services (CFS) Quality Improvement Plan (QIP) was released. The QIP guides system improvement initiatives over a three-year period. While the COVID-19 pandemic impacted aspects of the QIP, action towards improving the quality of services to positively impact outcomes for children/youth was taken.

CONTINUED IMPLEMENTATION OF THE QUALITY IMPROVEMENT PLAN

Actions to advance quality improvement initiatives have been taken with the goal of enhancing CFS delivery to children, youth, and families through a culturally safe lens. This includes the strengthening of prevention and preservation services, delivering both prevention and protection services through a culturally safe approach, and adapting practice to further support children and youth in maintaining connection to their community, culture, and family.

There has been steady progress in transforming CFS to better meet the needs of children and youth through the development and implementation of the QIP. The QIP takes action on issues identified through internal audits, the 2018 Auditor General Report, Standing Committee on

Government Operations, and feedback from staff, Indigenous governments, the Foster Family Coalition of the NWT, and others. CFS is committed to publicly reporting updates on a quarterly basis.

The QIP consists of 70 action items focused on improving different areas of the CFS system. As of March 31, 2021, 39 (55.7%) items were complete, while 30 (42.8%) were on track, and one (1) (1.4%) action item was temporarily suspended. This item is related to the implementation of two (2) SDM® assessment tools and is on hold while the Department of Health and Social Services completes an assessment paper to evaluate the risks and benefits of implementing them within the system.

Of the 30 action items that are on track, 24 (80%) of these items are ongoing initiatives. While the core of the work has been completed, these initiatives are continuous and will become embedded within future CFS quality improvement and assurance processes.

SYSTEM IMPROVEMENTS: MOVING FORWARD

In 2021-2022, a new QIP will be developed and will identify key objectives based on current internal audit findings of areas for system improvement, actions carried over from the current QIP, and partner/stakeholder feedback. Tangible outcomes that demonstrate the impact on how system change objectives impact service delivery will be clearly established. This plan will guide CFS projects over the course of the next several years and updates will be publicly reported on a regular basis.

Key Highlights of Quality Improvement Plan Initiatives

HUMAN RESOURCE PLANNING

- Year two of a three-year funding initiative saw an additional 20 positions to the CFS system in June 2020. Thirteen of these positions were front-line and seven were at the Department of Health and Social Services and Northwest Territories Health and Social Services Authority leadership levels.
- As a result of this new funding received in June 2020, there is now one funded family preservation position in every region of the NWT.
- On February 1, 2021, the Northwest Territories Health and Social Services Authority changed its organizational structure so that CFS staff could be brought under one team. This change allowed for more streamlined processes for staff, better collaboration and more consistent delivery of CFS across the NWT.
- Vacancy rates within the CFS system continue to fluctuate. As of March 31, 2021, the vacancy rate was 17%, which was a 1% decrease from 18% in January 2021.

BUILDING STAFF CAPACITY

- CFS staff participated in training so they can refer children, youth and families for mental health supports through the Strongest Families Institute and refer children/youth to the Sick Kids TeleMental Health Services.
- Adoption Worker Statutory Training was delivered to staff between December 2020 and February 2021. As a result of this training, nine (9) new Adoption Workers across the NWT received an appointment under the *Adoption Act*.
- New specialized training for Family Preservation Workers and Foster Care Workers was developed.
- Between October 2020 and March 2021, the Northwest Territories Health and Social Services Authority facilitated a series of mandatory refresher trainings for all staff based on the key internal audit findings. A total of 12 training topics were covered.

Key Highlights of Quality Improvement Plan Initiatives

ENGAGEMENT

- In collaboration with the Foster Family Coalition of the NWT and the Department of Municipal and Community Affairs, a youth in care network was piloted for a second year through the GLOW (“Gaining Life Skills OUR Way”) program. This network provided youth with opportunities to speak out on important issues about their experience in care and their transition to young adulthood.
- Continued engagement and collaboration with Indigenous governments around the implementation of the *Act respecting First Nations, Inuit and Métis children, youth and families* and the impact on CFS service delivery.
- Expanded engagement opportunities for staff by holding regular all-staff meetings, implementing an anonymous staff feedback mechanism, completing two staff satisfaction surveys, and providing opportunities for a caregiver survey.

CULTURE OF QUALITY

- Developed and implemented practice standards to guide frontline service providers on meeting the new principles and standards for service provision set out in the *Act respecting First Nations, Inuit and Métis children, youth and families*. These practice standards will be revised on an ongoing basis based on feedback from Indigenous governments, families, and frontline staff.
- In December 2020, the Minister of Health and Social Services shared copies of the two new practice standards related to the implementation of the *Act respecting First Nations, Inuit and Métis children, youth and families* with Indigenous governments in the NWT.
- The two new practice standards, along with seven (7) practice standards that were also revised, and were released to staff in December 2020. Training occurred in February and March 2021.
- The Northwest Territories Health and Social Services Authority, Tłı̨chǫ Community Services Agency, and Hay River Health and Social Services Authority developed action plans to address internal audit findings. Strategies to improve system quality and compliance were integrated in the quality review process.
- In June 2020, the Northwest Territories Health and Social Services Authority completed and received accreditation through Accreditation Canada. Child and Family Services was included as part of the accreditation process.

Section 17:

Moving Forward in 2021-2022

Despite being confronted with uncertainty during an unprecedented year, Child and Family Services (CFS) made significant progress on a variety of initiatives in 2020-2021.

In addition to the progress outlined in the Annual Report, it is recognized that there continues to be many systemic issues within the CFS system that contribute to the inequities of services delivered to families and the overrepresentation of Indigenous children and youth in care. CFS recognizes and affirms the need for active participation in the movement towards reconciliation. The larger goal of system reform has been long identified, including the need to address impacts of colonization on the approach to service delivery while still protecting the safety and best interests of children and youth. In 2021-2022, there are several key initiatives that align with system reform efforts:

ENGAGEMENT AND COLLABORATION WITH INDIGENOUS GOVERNMENTS

CFS recognizes the need for increased engagement and collaboration with Indigenous governments. CFS will continue to extend meeting invitations to Indigenous governments to engage in discussion of CFS service provision to their community members. Children and youth are our shared priority, and the best services will be those provided

in partnership and/or in collaboration with each other. It is the goal of CFS to engage in open and honest dialogue with each Indigenous government and share information on a more frequent and ongoing basis. This will strengthen relationships and further promote the best interests of children and youth across the NWT.

A large part of the *Act respecting First Nations, Inuit and Métis children, youth and families* is the provision that affirms the inherent right of self-government, which includes jurisdiction in relation to CFS. CFS leadership believes their role is to provide support to Indigenous governments who want to, or who are interested in, exercising jurisdiction over CFS. Indigenous governments will lead the process, and CFS will assist where appropriate.

ENGAGEMENT WITH STAFF, STAKEHOLDERS, AND THOSE WITH LIVED EXPERIENCE

Efforts to increase engagement with key stakeholders, staff, and children, youth, and families with lived experience with CFS will also be prioritized. Amplifying the voices of those with lived experience is critical in understanding the strengths and challenges in current service delivery models.

CFS also anticipates future collaborations with the Foster Family Coalition of the NWT to support initiatives that encourage children and youth to express their experiences of receiving CFS services in a safe and supported way.

CFS staff engagement strategies will continue into 2021-2022. It is anticipated that opportunities will be provided to staff through invitations to participate on various working groups to inform new initiatives, ongoing communication through all-staff meetings, and opportunities to share experiences of working within the CFS system for the purpose of publicly released reports and documents.

CHILD AND FAMILY SERVICES PRACTICE STANDARDS

CFS practice standards that require updates to align with the *Act respecting First Nations, Inuit and Métis children, youth and families* will continue to be identified and revised. Strong efforts will be made to strengthen prevention and family preservation services while ensuring protection services are provided using a trauma-informed, strengths-based, and culturally safe approach. Revisions and updates to standards will be made through consultation with the Senior Advisor for Culturally Safe CFS to promote the inclusion of culturally safe practices throughout CFS service delivery.

INTEGRATED SERVICE DELIVERY FRAMEWORK

The Government of the Northwest Territories is in the process of developing an Integrated Services Delivery Framework throughout NWT. The Integrated Services Delivery Framework is based on a strengths-based, person-centered, trauma-informed, culturally safe, evidence-based inclusive service delivery model. CFS will continue to participate in integrated service delivery working groups and support inter-departmental action plans to address gaps in CFS delivery.

HUMAN RESOURCES AND TRAINING

Over the course of the next year, CFS will continue to offer support to staff through the following actions:

- enhancing core training for new workers;
- providing specialized training on assessment tools and interviewing techniques; and
- expanding virtual learning opportunities on a variety of topics.

An online learning platform has been secured as a training hub so all CFS training resources can be available and accessible as needed by staff for ongoing training purposes.

Hiring will also be completed for the position of Senior Advisor, Culturally Safe CFS. This position will inform the development and updating of practice standards and policies as well as strategic initiatives to promote the inclusion of culturally safe practices within CFS.

PAN-TERRITORIAL DATA PROJECT

The Pan-Territorial Data Project is a collaborative project between the Public Health Agency of Canada, Government of Yukon, Government of Nunavut, and the Government of the Northwest Territories to collaboratively develop meaningful CFS indicators based on administrative data. This project aims to improve the Yukon, Nunavut, and NWT's capacity to collect and report on Northern Indigenous data to improve service delivery and better understand the outcomes of children and youth supported through CFS.

In the next year, CFS will work with the Community, Culture and Innovation Division with funding from the Public Health Agency of Canada to develop an engagement plan for Indigenous governments in all three territories to discuss the development, reporting, and ownership of data.

CFS INDICATORS: RESPONSES BY CHILD WELFARE SERVICES, SUBSTANTIATED CHILD/YOUTH MALTREATMENT, AND RECURRENCE OF CHILD/YOUTH MALTREATMENT

A key focus by the Pan-Northern Data Project team is on finalizing three indicators:

1. **Responses by Child Welfare Services:** Rate of response by child welfare services, by type of alleged maltreatment.
2. **Substantiated Child/Youth Maltreatment:** Rate of substantiated

child/youth maltreatment, by type of maltreatment.

3. **Recurrence of Child/Youth Maltreatment:**

- a. Proportion of reported children/youth who have a subsequent report within twelve months of an initial report;
- b. Proportion of investigated children/youth who have a subsequent investigation within twelve months of an initial report; and
- c. Proportion of children/youth with substantiated allegations that are re-substantiated within twelve months of an initial report.

These indicators will inform the work of CFS moving forward. For example, monitoring the recurrence of maltreatment supports the CFS system in knowing whether or not children, youth, and families are re-entering into services. This is important as high recurrence of maltreatment indicates that the child, youth, and/or family may not be receiving the resources or supports needed to meet their needs after they stop receiving CFS.

CFS aims to include a section dedicated to these indicators in the 2021-2022 Annual Report.

MOVING FORWARD

Together, these key initiatives which will be implemented over the next year will work towards reforming a system that promotes principles of substantive equality and prioritizes the best interests of children, youth, and families through a culturally safe lens.

Appendix A:

Glossary

Applicable Aboriginal Organization

An Indigenous government or organization set out in accordance with the NWT's Child and Family Services Regulations. A list identifying applicable Aboriginal organizations is maintained by the Director of Child and Family Services and can be found here - <https://www.hss.gov.nt.ca/sites/hss/files/resources/applicable-aboriginal-organizations.pdf>

Apprehension

Apprehension occurs when a child is removed from the care of the parent/care provider or from the person having care of the child at the time of the apprehension.

Children who are apprehended are placed in the care and custody of the Director of Child and Family Services.

Youth are not apprehended.

After an apprehension, a child can be returned to their parent/care provider/person having care of the child/youth without the matter going to court when the protection issue is resolved in less than 72 hours.

Apprehension less than 72 hours

Apprehension less than 72 hours means that a child is returned to their parent/care provider/person having care of the child/youth

without the matter going to court when the protection issue is resolved in less than 72 hours.

Care Provider*

When providing services to an Indigenous child or youth, a care provider means a person who has primary responsibility for providing the day-to-day care of an Indigenous child/youth, other than the child/youth's parent, including in accordance with the customs or traditions of the Indigenous group, community, or people to which the child/youth belongs.

Caregiver (placement resource)

A caregiver is an individual providing a service on behalf of the Director of Child and Family Services, such as a placement resource for the child or youth when they must be placed outside of the home.

A caregiver can be:

Extended Family Caregiver: the child's/youth extended family

Provisional Caregiver: a community member who is known to the child/youth/family

Regular caregiver: someone who is not known to the child/youth/family

Case Plan

Case Plan is a plan that must be established for a child/youth by a Community Social Services Worker.

A Case Plan generally provides details on:

- where and with whom the child/youth will live;
- support services to make the child/youth's home safe for the child/youth;
- counseling;
- visits with the child/youth by a parent/care provider/person having care of the child/youth where the child/youth will not be living with them;
- the child/youth's education;
- the child/youth's social and recreational activities; and
- any other matter or thing the Community Social Services Worker considers necessary and in the best interests of the child/youth.

Child

A child means a person who is under 16 years of age (i.e. 0-15 years, inclusive).

* Definition is in accordance with the *Act respecting First Nations, Inuit and Métis children, youth and families*.

Child Protection Order

Child Protection Order ensures the protection, health and safety of a child by providing care for the child while the parent/care provider(s)/ person having care of the child are unable or unavailable to care for the child. The Community Social Services Worker can apply to the courts for a Supervision Order, Temporary Custody Order or a Permanent Custody Order.

Community Social Services Worker

Community Social Services Workers support children, youth, and families in the NWT.

Some Community Social Services Workers receive specialized training to become statutorily appointed as "Child Protection Workers" under the *Child and Family Services Act*. Foster Care and Adoption Workers are also Community Social Services Workers who received specialized training and were also appointed under the Adoption Act. Once appointed, they have very specific duties and responsibilities when providing child and family services. For example, only a Community Social Services Worker who has been appointed can:

- Be a Plan of Care Committee member;
- Apprehend a child;
- Apply for a child or youth protection order.

Cultural Support Plan

The Cultural Plan supports a child or youth in connecting with their identified community or organizations and facilitate cultural supports. Furthermore, the Cultural Support Plan contains the child/ youth's details, kinship circles, cultural links and significant family information.

Director of Adoptions

Director of Adoptions is appointed by the Minister of Health and Social Services under the NWT's *Adoption Act*.

Duties and powers of the Director of Adoptions are set out under the Act.

Director of Child and Family Services

Director of Child and Family Services is appointed by the Minister of Health and Social Services under the NWT's *Child and Family Services Act*.

Duties and powers of the Director of Child and Family Services are set out under the Act.

Emotional Abuse

Emotional abuse is a pattern of negative behaviour, repeated destructive interpersonal interactions, or a single, significant destructive interaction by the parent/care provider/person having care of the child/youth toward the child/youth.

The impact on the child/youth of being exposed to these emotionally harmful behaviours may include depression, significant anxiety or withdrawal, self-destructive or

aggressive behaviour, or delayed development.

Extended Support Services Agreement

Extended Support Services Agreement is a written agreement between the Director of Child and Family Services and a youth who was in the permanent custody of the Director immediately before attaining the age of majority (19). The agreement continues to provide services, to assist others in providing services, or to assist that person in obtaining services after that person attains the age of majority (19) until they attain 23 years of age.

Services to support and assist the person to transition to adulthood and independent living include: education; counselling, training, and other assistance to obtain employment; programs to assist in the person's mental or physical development; and any other service agreed to by the Director of Child and Family Services and the person.

Exposure to family violence

Exposure to family violence is considered a form of child/youth maltreatment.

Exposure to family violence is considered when there is evidence of family violence between two or more adults in the household, and the child/youth's safety is of immediate concern.

* Definition is in accordance with the *Act respecting First Nations, Inuit and Métis children, youth and families*.

Family*

When providing services to an Indigenous child or youth, family includes a person whom a child/youth considers to be a close relative or whom the Indigenous group, community, or people to which the child/youth belongs considers, in accordance with the customs, traditions, or customary adoption practices of that Indigenous group, community, or people, to be a close relative of the child/youth.

This broad definition of “family” is also being applied, where applicable, when providing services to non-Indigenous children/youth.

Family Mapping

A technique used to create a visual representation of a person’s family and relationships between members.

This technique helps identify family members who may be able to provide support to the child, youth, and family.

Group Homes

Group homes are sites where multiple children or youth live in a home-like setting, cared for by either “house parents”, or a staff of trained caregivers.

There are three group homes that operate in the NWT. They are located in Fort Smith, Inuvik, and Yellowknife.

Indigenous governing body*

A council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people that holds rights recognized and affirmed by section 35 of the *Constitution Act, 1982*. Indigenous governing bodies in the NWT are identified on the Department of Health and Social Services’ website here - <https://www.hss.gov.nt.ca/en/services/child-and-family-services-standards-and-procedures-manual/indigenous-governing-bodies-nwt>.

Neglect

Neglect is the lack of action by a parent/care provider/person having care of the child/youth in providing for the adequate care and attention of the child/youth’s needs, resulting in harm or substantial risk of harm to the child/youth.

Neglect is different than a parent/care provider/person having care of the child/youth being unable to provide basic needs due to socio-economic conditions, such as poverty or lack of adequate housing.

Northern Specialized Treatment Resources

Northern Specialized Treatment Resources provide services for children and youth with behavioural, emotional, psychological, or psychiatric challenges.

Out-of-Home Placement Resources

Out-of-Home Placement Resources provide care for children/youth who are unable to live in their family home.

See definition for “caregiver” for more information on the types of placements.

Out-of-Territory Specialized Services

Out of Territory Specialized Services are used to provide children/youth with specialized residential treatment services that are not available in the NWT.

Permanent Custody Order

Permanent Custody Order permanently transfers the custody of a child to the Director of Child and Family Services until the child attains the age of 16.

The Director has all the rights and responsibilities of a parent.

The Permanent Custody Order may be extended to the age of majority (19) if the youth is in agreement.

Physical Abuse

Physical abuse is action by the parent/care provider/person having care of the child/youth that caused or is likely to cause a child/youth to sustain a physical injury.

* Definition is in accordance with the *Act respecting First Nations, Inuit and Métis children, youth and families*.

Plan of Care Agreement

Plan of Care Agreement or POCA is a written agreement made by the Plan of Care Committee where child protection concerns exist.

The POCA outlines a case plan for the child and the family.

The children may reside in their own home or elsewhere. A POCA is only considered a significant measure if the child is residing outside their own home.

The maximum term of a POCA (including extensions) is two years.

The Plan of Care Agreement is for children and cannot be used beyond a child's 16th birthday.

Plan of Care Committee

Plan of Care Committee prepares a Plan of Care Agreement for a child considered to be in need of protection. The Plan of Care Committee is composed of:

- at least one person who has lawful custody of the child,
- the Indigenous governing body/bodies;
- the “Applicable Aboriginal organization/organizations” (when applicable);
- other support individuals identified by the family;
- the child (if 12 years of age or older), and
- one Community Social Services Worker.

Sexual Abuse

Sexual abuse is any sexual act on a child/youth by the parent/care provider/person having care of the child/youth, adult in the household, intimate partner of a parent/care provider/person having care of the child/youth, or, adult or household member who is unable to be ruled out as an alleged abuser.

Significant Measure (s.12 notice)

A significant measure is an intervention child and family services takes after making a decision based on information gathered to put in place a plan or course of action for an Indigenous child or youth.

In accordance with s.12 of the *Act respecting First Nations, Inuit and Métis children, youth and families*, notice must be provided to the child/youth's parent(s), care provider(s), and Indigenous governing body or bodies prior to taking the significant measure with the goal of engaging and collaboration on the planning for the child or youth.

Supervision Order

Supervision Order is a court order which directs a Community Social Services Worker to supervise the home of a child according to the terms and conditions of the Order.

The Order may be for a period of up to one year.

A supervision order does not apply to youth.

Support Services Agreement

Support Services Agreement is a written agreement between the Director of Child and Family Services and a person who has attained the age of 16 years but has not attained the age of majority (19) to provide services or to assist others in providing services to support and assist that person to care for himself or herself.

Support Services Agreements can be made for six months and can be renewed up until the age of majority (19).

Services to support and assist a youth include counselling; parenting programs; services for improving the youth's financial situation; services for improving the youth's housing; drug or alcohol treatment and rehabilitation; mediation of disputes; and any other services agreed to by the Director and the youth.

Temporary Custody Order

A temporary custody order is when the custody of a child or youth is temporarily transferred by the court to the Director of Child and Family Services. Temporary Custody Orders are age specific.

A Community Social Services Worker may not make an application for an order for temporary custody of a child/youth that results in a continuous period during which the child/youth is in temporary custody exceeding:

- 12 months, in the case of a child under 5 (five) years of age;
- 18 months, in the case of a child 5 (five) years of age or over but

- under 12 years of age; or
- 24 months, in the case of a child 12 years of age or over.

Also, a court may not make or extend an order that would result in a child being in the temporary custody of the Director for a continuous period exceeding:

- 15 months, in the case of a child under five years of age when the order was made;
- 24 months, in the case of a child five years of age or over but under 12 years of age when the order was made; or
- 36 months, in the case of a child 12 years of age or over when the order was made.

Unique child / youth (data)

The term “unique” means that a child/youth is only counted once within a particular dataset. For example, a child/youth may have received different types of CFS services throughout the year; however, only the most recent service type for a child/youth may be included in the analysis. This allows for the determination of the number of individual children/youth who received a service through child and family services in that timeframe.

Voluntary Services Agreement

Voluntary Services Agreement is a written agreement between the Director of Child and Family Services and a parent/care provider/ person having care of the child/youth to provide services or to assist others in providing services, or to assist that person's family in obtaining services, to support and assist that person's family to care for the child/youth.

The child/youth may reside in their own home or elsewhere.

The initial term of a Voluntary Services Agreement is for six months, with the option for additional six-month renewals until the child/youth reaches the age of 19 (age of majority).

Services to support and assist the family include counselling, in-home support, respite care, parenting programs, services for improving the family's financial situation, services for improving the family's housing, drug or alcohol treatment and rehabilitation, mediation for disputes, services to assist the family to deal with the illness of a child or a family member, and any other services agreed to by the Director of Child and Family Services and family.

Youth

Youth means a person who has attained 16 years of age but not attained the age of majority (i.e., 16 – 18 years, inclusive).

Youth Protection Order (16-age of majority)

Youth Protection Order ensures the protection, health and safety of a youth by providing care for the youth while the parent/care provider(s) / person having care of the youth are unable or unavailable to care for the youth.

The Community Social Services Worker can apply to the courts for a Temporary Custody Order or Permanent Custody Order. An apprehension is not required.

Circumstances where a Youth Protection Order may be appropriate, are as follows:

- The youth cannot reside with his or her parent/care provider/ person having care of the child/youth (s).
- The youth is unable to care for and protect themselves.
- The youth is unable or unwilling to enter into a Support Services Agreement due to developmental, behavioral, emotional, mental or physical incapacity or disorder, or the effects of the use of alcohol, drugs, solvents or other similar substances.
- The youth is living in circumstances of a child who needs protections under subsection 7(3) of the *Child and Family Services Act*.

Appendix B:



Government of
Northwest Territories

NOTICE OF SIGNIFICANT MEASURE TO PARENT(S), CARE PROVIDER(S) AND INDIGENOUS GOVERNING BODY (FORM 10.16.1)

You are receiving this notice because child and family services might be taking a significant measure that will affect a child or youth who you might know.

Your views matter. We believe your involvement and participation is in the best interests of the child or youth.

This form includes the information you need to participate in decisions and planning for the child or youth. We invite you to ask questions, make suggestions, and let us know about your concerns. Everything you say will be considered before a significant measure is taken.

If it is in the child or youth's best interests to take the proposed significant measure or another significant measure immediately, we will contact you about the significant measures taken as soon as possible. We will tell you why we could not wait. Your views are still important, and we want to discuss them with you as soon as possible to work together as we continue to plan for the child or youth.

The personal information on this form has been collected under the authority of the *Child and Family Services Act* and/or *Access to Information and Protection of Privacy Act*, and is used for the purpose of administering the *Child and Family Services Act*. This information is being disclosed under the federal legislation *An Act respecting First Nations, Inuit, and Métis children, youth and families*.

Any questions about the collection, use, or disclosure of information should be directed to:

Insert name of Regional Manager/Supervisor and contact information

Notice Significant Measure to Parent(s), Care Provider(s), and Indigenous Governing Body

Note: A separate form is required for each child/youth, even if more than one child of the same household is subject to significant measure(s).

Name of child/youth:

Date of Birth (yyyy-mm-dd):

Name of Parent(s):

Name of Care Provider(s):

Name of Indigenous Governing Body:

Date of Notice of Significant Measure (yyyy-mm-dd):

Date to Respond to the Notice of Significant Measure (yyyy-mm-dd):

As authorized by the Director of Child and Family Services, under s.51(3)(c) of the NWT's *Child and Family Services Act*, **I intend to take the significant measure as outlined below** in relation to the above listed child/youth.

If you would like to provide your views about the proposed significant measure, please contact me or my Supervisor/Manager at the contact information listed below.

Intended Significant Measure(s)

Plan of Care Committee and Agreement placing a child/youth out of the home

- A Plan of Care Committee is being established (s.10(1)(c), 11(3)(c), or 14)
- A Plan of Care Agreement is being entered into under s.19
- A Plan of Care Agreement is being reviewed under s.20(1)
- A Plan of Care Agreement is being extended under s.20(2)
- Plan of Care Agreement is being terminated under s.13(2)(a)

Apprehension

- Apprehension of a child (s.10)
- Apprehension of a child (s. 11)
- Apprehension of a child (s.31)

Court Process

- An application to confirm an apprehension (s.12.1)
- An application for a child protection order (s.28)
 - Supervision order
 - Temporary custody order
 - Permanent custody order
- An application for a youth protection order (s.29.2)
 - Temporary custody order
 - Permanent custody order
- An application for an extension of a child or youth temporary custody order (s.47(3))
- An application for an extension of a child or youth permanent custody under (s.48(2))
- Discharging temporary custody (s.28(9)(c))
- Discharging permanent custody (s.49)

Withdraw from a court proceeding

- Withdrawal of application before apprehension hearing (s.12.6 or 13(2)(b))

Reunification following a significant measure

- Return of a child/youth from an out of home placement (apprehension less than 72 hours, POCA out of the home, TCO, PCO)

Out-of-home living arrangement, new placement, or change in placement

- A child/youth is being placed in an out-of-home living arrangement, is starting a new placement, or is changing placement

Interim Placement (for the purpose of adoption)

- Voluntary interim placement of a child/youth 30 days after the Permanent Custody Order (s.88) is granted for the purpose of adoption

Adoption

- The Director of Adoptions is placing a child or youth with an approved applicant for a departmental adoption (s.18(2) of the Adoption Act)
- The Director of Child and Family Services is consenting to a departmental adoption (s.21 of the *Adoption Act*)

Child and Family Services Contact Information

Name of Child Protection Worker or Authorized Person (acting on behalf of the Statutory Director):

Business Phone Number:

After-Hours Emergency Phone Number:

Email / Fax Number:

Business Address:

Name of Manager / Supervisor:

Manager / Supervisor Phone Number:

Signature of Child Protection Worker or Authorized Person:

If you would like this information in another official language, contact us at 1-855-846-9601.

