

SOCIAL INDICATORS

COVID-19 PANDEMIC

DECEMBER | 2022

Government of
Northwest Territories

English

French

Cree

Tłchq

Chipewyan

South Slavey

North Slavey

Gwich'in

Inuvialuktun

Inuktitut

Inuinnaqtun

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Introduction

The COVID-19 pandemic is severely impacting individuals, communities, and governments across the globe. The response to prevent COVID-19 harms includes a wide range of societal and public health measures to prevent exposures and reduce transmission. Some of these measures, however, may have directly, or through complex interactions, produced unintended consequences including social isolation, loss of employment, diminished quality of life, or harms related to substance use throughout and beyond the ending of public health measures. The Government of the Northwest Territories is committed to monitoring and working to prevent any harms from COVID-19, especially any harms introduced by actions initiated by public health or government.

In May 2020, the Department of Health and Social Services established a working group to describe, monitor, and interpret a variety of Northwest Territories (NWT) specific social indicators. Social indicators are succinct measures that aim to describe and understand the well-being of NWT residents. Ultimately, social indicators aim to provide evidence for policies, program planning, and resource allocation to improve wellbeing of NWT residents during the COVID-19 pandemic.

On April 1, 2022 all public health orders were lifted in response to high vaccination rates in the territory, and the availability to lessen the severity of COVID-19 infection. As a result, legally binding measures meant to protect residents of the NWT were shifted to recommendations, allowing residents to make choices based on their own risk assessments. However, the end of the public health emergency does not mean the end of COVID-19, and impacts of the disease, and the recommended public health guidance can and may still impact residents.

Ultimately, the ongoing measurement of social indicators aims to provide continuous evidence for service and system changes to improve wellbeing of NWT residents.

Data Limitations

The social indicators aim for validity—they should measure what we believe they measure. Threats to validity include small numbers related to NWT’s relatively small population, changes in measurement of outcomes due to COVID-19 and its response, information misclassification and intermixing of effects. For example, where child maltreatment reports may predominantly originate from school attendance, the lack of school attendance may lead to fewer reports of child maltreatment. This represents reduced participation in school rather than less child maltreatment. Alternatively, a health care provider may be more likely to ask about “anxiety” since the onset of the pandemic compared to previous years resulting in an apparent pandemic-related increase.

The multiple threats to validity may mean that an easily measured social indicator may not truly measure what we believe it is measuring. At best, these limitations render the data meaningless. At worst, the indicators, if not valid and interpreted incorrectly, could be dangerous, for instance if they suggest that alcohol harms are not occurring when they truly are.

With each indicator, the social indicator working group will attempt to determine whether the indicator is truly measuring what we believe it is measuring, and how this impacts the interpretation.

Child Maltreatment and Neglect

WHAT IS THE POTENTIAL RISK FOR CHILDREN AND YOUTH?

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.

WHAT IS THE DATA TELLING US?

A child/youth may be the subject of multiple reports and types of suspected child maltreatment. Therefore, determining if there are significant changes to the number of unique children/youth who are the subject of these reports can help in understanding the number of children/youth who were at higher risk during the COVID-19 pandemic. **Figure 1** shows the number of unique children who were the subject of a report of suspected child maltreatment between 2019 and 2021.

Between 2019 and 2022, there were few drastic differences between the number of children who were the subject of a report of maltreatment between each month and year.

The most notable comparisons exist for March 2020 /2021/2022; June and July 2020/2021/2022; and January and February 2021/2022.

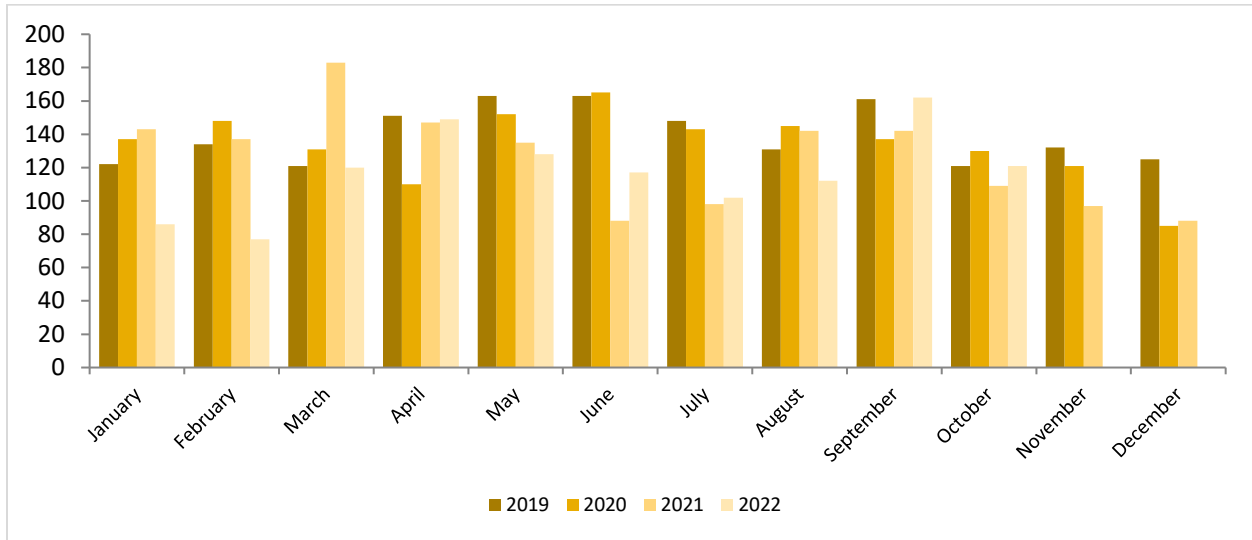
In March 2021, there was a large increase in the number of children who were reported to Child and Family Services to be at risk of maltreatment compared to March 2020/22.

In June/July 2021 and 2022, there was a large decrease in the number of children/youth who were reported to CFS compared to June/July 2019 and 2020.

In January and February 2022, there was a substantial decrease in the number of children reported to be at risk of maltreatment compared to the same month in the previous year.

August 2022 saw the lowest number of children/youth reported to be at risk of maltreatment, when compared to 2019-2021.

Figure 1: Unique Children with a Report of Suspected Child Maltreatment by Month, 2019-2022 Compared

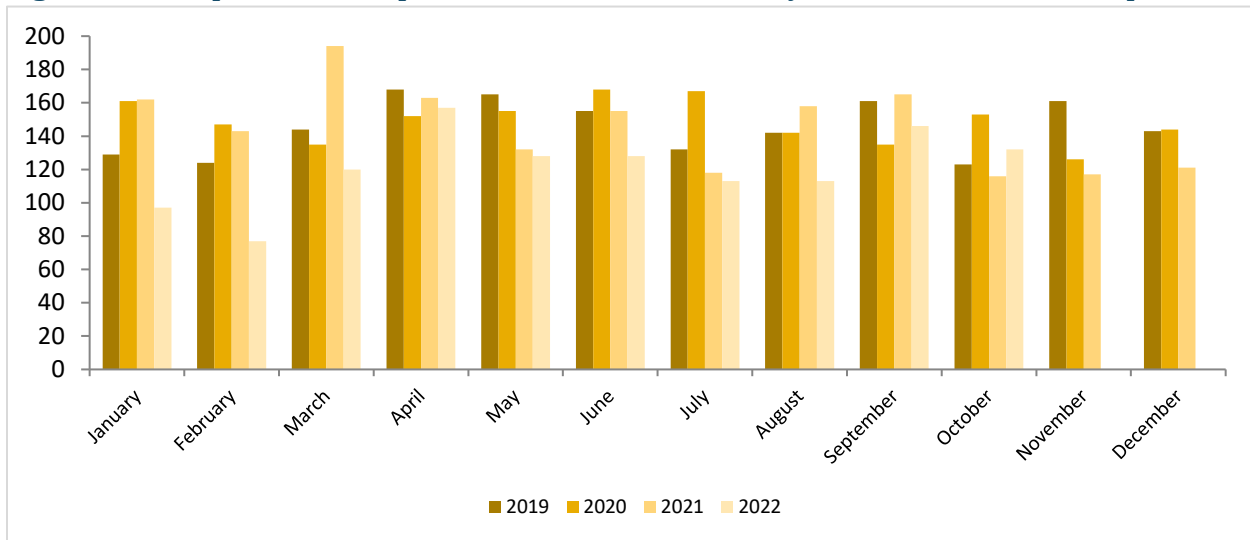


Any individual can make a report of suspected child maltreatment. Before and throughout the pandemic, the most common reporting sources continue to be RCMP, relatives, and non-relatives/community members.

Figure 2 depicts a monthly comparison of all reporting sources of suspected child maltreatment between 2019 and 2022. Overall, the number of reported suspected maltreatment has remained largely comparable before and throughout the pandemic. The most significant increase in reports occurred in March 2021 when compared to March 2020 and March 2022. Public health restrictions and the pathways of CFS service provision may have influenced the significant changes in data observed.

Between October 2021 and March 2022 there was a decrease in the number of reporters of suspected child maltreatment compared to previous years. It is difficult to ascertain the reason for these results, however it may be due to the enforcement of public health restrictions during that period of time.

Similarly, to the number of unique children/youth with a report of suspected maltreatment, August 2022 had the lowest number of reporters of suspected maltreatment when compared to 2019-2022.

Figure 2: All Reporters of Suspected Child Maltreatment, by Month, 2019-2022 Compared

WHAT HAVE YOU DONE TO MITIGATE RISK?

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. Some contacts were increased to as much as two to three times a week. In many instances, CFS purchased cell phones and prepaid minutes 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 community and regions.

Beginning in the Containment Phase of the GNWT's *Emerging Wisely* plan, a Ministerial Directive came into effect in April 2020 that allowed for Child and Family Services to extend support services to youth/young adults who would otherwise no longer be eligible to receive services. This Ministerial Directive expired on June 30, 2022 – 90 days after the end of the Declared State of Public Health Emergency. To reduce financial stress during the COVID-19 situation, Child and Family Services also implemented short-term financial support services to help families meet their basic needs in instances where they have exhausted all other resources. Families were also supported through various programs, including Child and Family Services, to access supports to go out on the land. Child and Family Services has received feedback about that positive impact this funding has had for children and families.

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 will have more contact with typical reporting sources, such as extended family and school personnel. CFS continued to monitor suspected child/youth maltreatment reporting levels throughout the COVID-19 pandemic.

In March 2022, the Child and Family Services system moved to Phase 3 of the *Emerging Wisely CFS* plan. Phase 3 allowed for the large majority of services to be provided according to pre-pandemic processes.

Upon the end of the NWT Public Health Emergency in April 2022, Child and Family Services transitioned from the guidance of the *Emerging Wisely CFS* plan and all services began to be delivered as they were pre-pandemic.

WHAT CAN I DO IF I SUSPECT A CASE OF CHILD MALTREATMENT AND NEGLECT?

Anyone who suspects child abuse and/or neglect has a responsibility to report these concerns to their local Child and Family Services office. Contact information for these offices is available on the Department of Health and Social Services website at www.hss.gov.nt.ca/report-child-neglect.

The number one priority for Child and Family Services is protecting the health and safety of children and families. During COVID-19, the Child and Family Services system continues to receive and respond with urgency to all reports of child abuse and neglect.

KEY CONSIDERATIONS FOR THE FUTURE

Parents are responsible for their child/youth's health and well-being, including protecting them from vaccine-preventable diseases. Delaying or refusing some or all vaccines for your child/youth may put their health and life at risk. It may also risk the health of other children/youth that they are in contact with. Vaccination status for vaccine-preventable diseases is not normally an element that is captured within the Child and Family Services system. However, with increased emphasis on vaccinations due to the COVID-19 pandemic, it will be interesting to see if schools and/or other parents/care giver(s) will be reporting to CFS about children/youth who are not vaccinated. This will be an area that CFS will monitor over the coming months.

Mental Health and Addictions

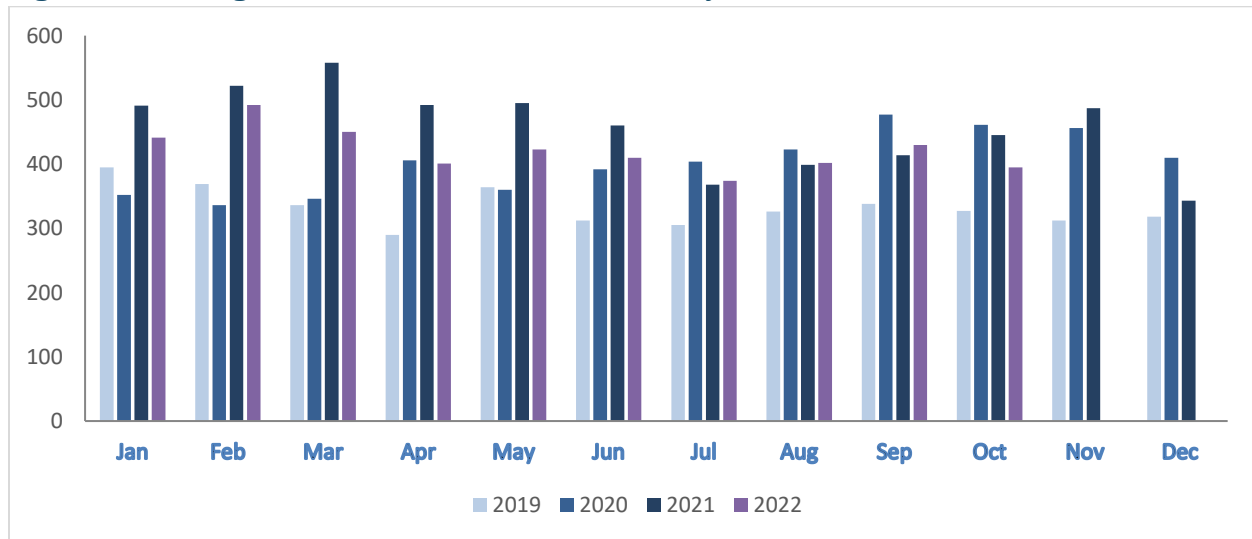
WHAT IS THE POTENTIAL RISK TO MENTAL HEALTH?

The pandemic has impacted all of us. Lengthy periods of time not being able to see friends and family, not being able to travel, not being able to gather for pivotal life events like the birth of a baby, wedding, or death of a loved one are all factors which impact on our mental health. However, when taken alongside the length of time these restrictions were in place and the lack of certainty as to when, or if, things may go back to “normal”, the likelihood of more serious impacts becomes a reality. For individuals who have existing concerns with mental health or substance use, these factors may have caused a worsening of those concerns.

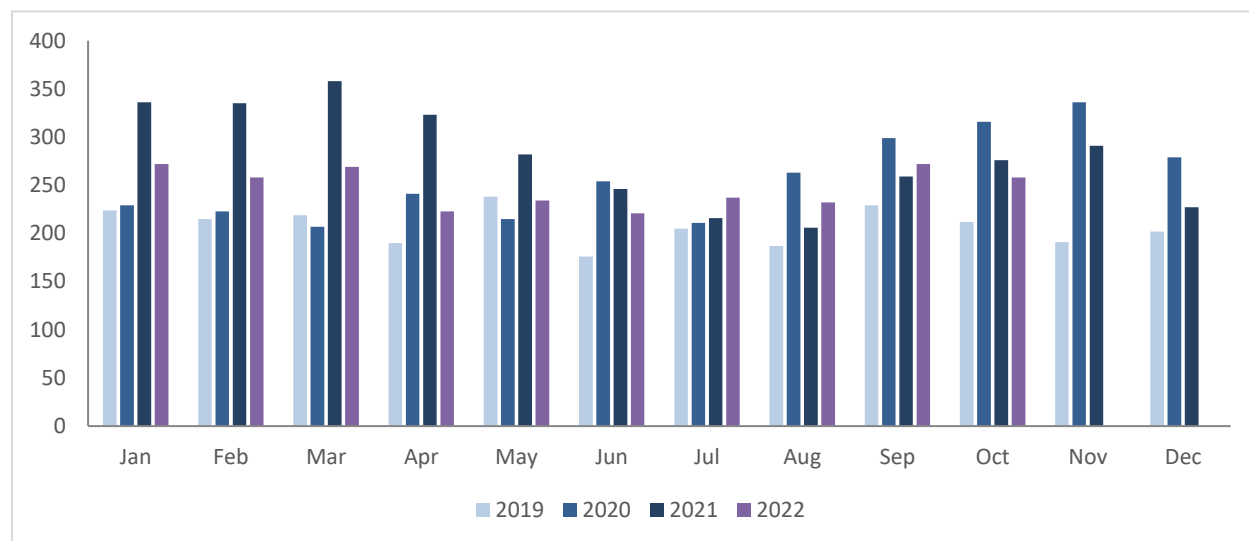
WHAT IS THE DATA TELLING US?

Using Electronic Medical Record (EMR) data, it is possible to compare the total number of visits to community health centers and primary care clinics for mental health related issues. With some exceptions, the absolute numbers of visits relating to depression and anxiety rose since the onset of pandemic restrictions in 2020 until peaking with the highest number of visits in both categories in March of 2021. The number of visits related to anxiety in August – October 2022 were similar to those in the same months in 2021 (Figure 3).

Figure 3: Non-Urgent Health Center Visits for Anxiety, NWT EMR

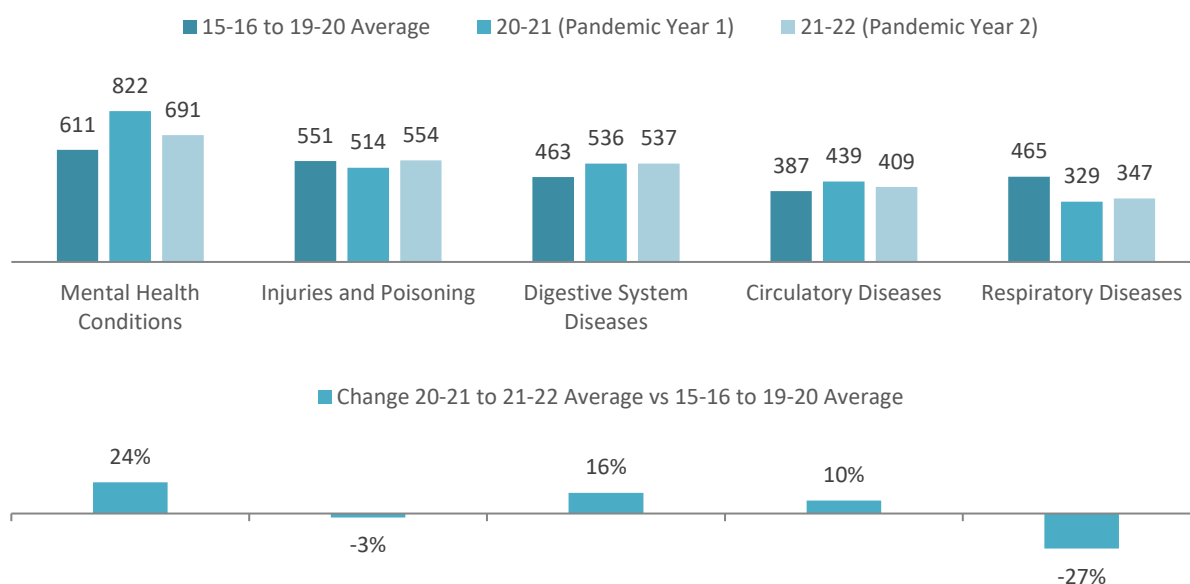


The number of visits related to depression were similar in August - October 2022 to the same months in 2021 (Figure 4).

Figure 4: Non-Urgent Health Center Visits for Depression, NWT EMR

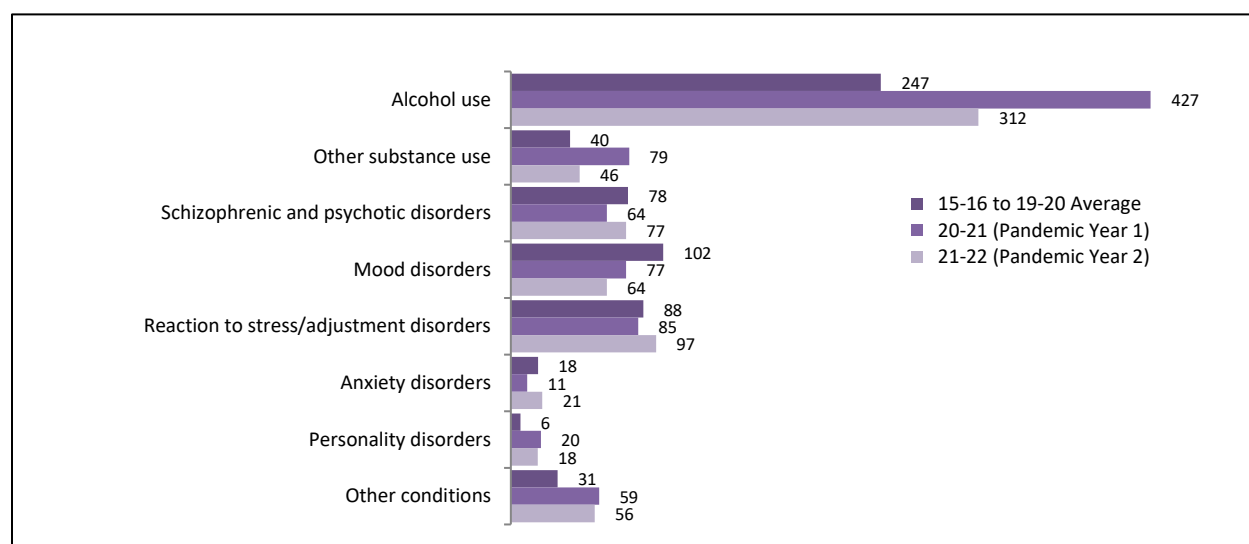
The following chart presents the top five reasons most responsible for hospitalizations for NWT residents (excluding pregnancy and childbirth related hospitalization and excluding hospitalizations where the diagnosis was not clear or where the patient was hospitalized for other reasons such as convalescence or rehabilitation).

During the first two years of the pandemic, there was a 24% increase in the number of mental health hospitalizations compared to the average of the five previous years (pre-pandemic), much larger than the five percent increase in hospitalizations overall. Most of the increase in mental health hospitalizations occurred in the first year of the pandemic. In contrast, the number of hospitalizations for respiratory diseases (including COVID-19 hospitalizations) declined by 27%.

Figure 5: Top Five Reasons for Hospitalizations

The following chart shows the change in hospitalization by groups of mental health issues between the pre-pandemic and pandemic periods. Hospitalizations due to alcohol use increased by 50% during the first two years of the pandemic compared with the average of the five previous years. Most of the increase came in the first year of the pandemic. Hospitalizations due to the use of other substances (e.g., cocaine/crack, marijuana, and opioids) increased by 58% between the same time periods. Hospitalizations due to alcohol and/or drug use represented 57% of all mental health hospitalizations during the 20-21 and 21-22 pandemic period compared to 47% during the pre-pandemic period.

Figure 6: Mental Health Hospitalizations by Condition Type

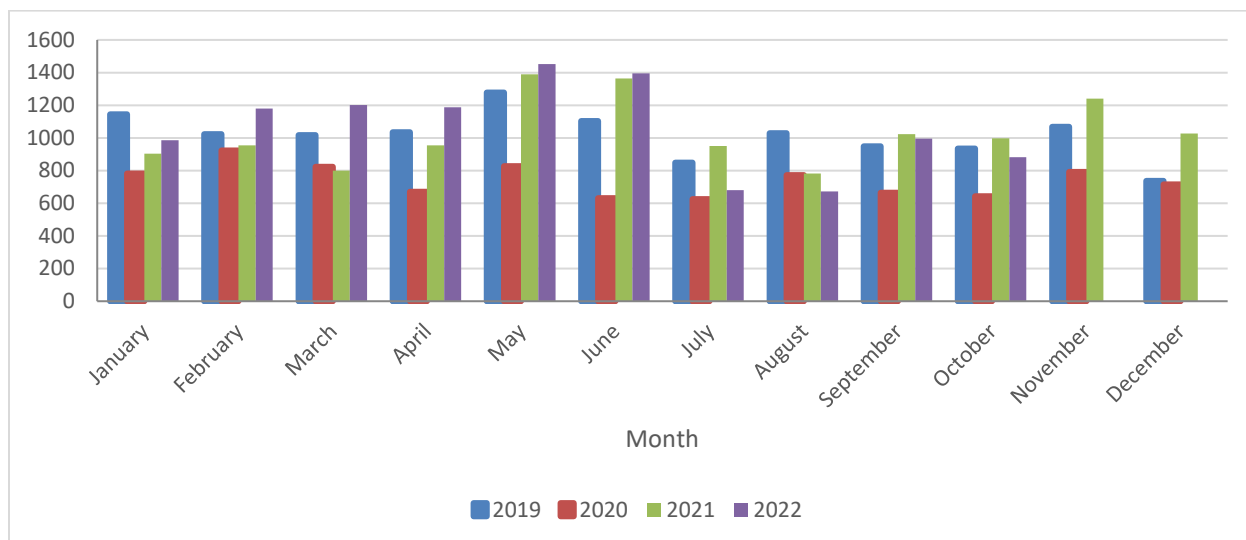


The NWT Health and Social Services System continues to monitor monthly data from the Community Counselling Program (CCP) to determine changes in both the reasons for and rates at which residents are accessing counselling services. Overall access to mental health and addictions counselling services in the NWT initially fell during the first year of the pandemic but during 2021, access seems to be returning to levels similar to the pre-pandemic period and in the last quarter, access seems to have increased.

At the time of reporting, there is missing data for July-October 2022. Figures 7-12 have been updated with the data that is available at this time.

Figure 7: Number of Unique Service-Users

The following chart represents the number of unique service-users presenting to the Community Counselling Program (CCP) in all regions of the NWT.



The figures below illustrates counselling access by area of concern. The concerns of stress management and substance use initially showed an increase but have generally decreased through 2021 and are now more aligned with pre-pandemic levels.

Figure 8: Percentage (%) of All Concerns Related to Stress Management

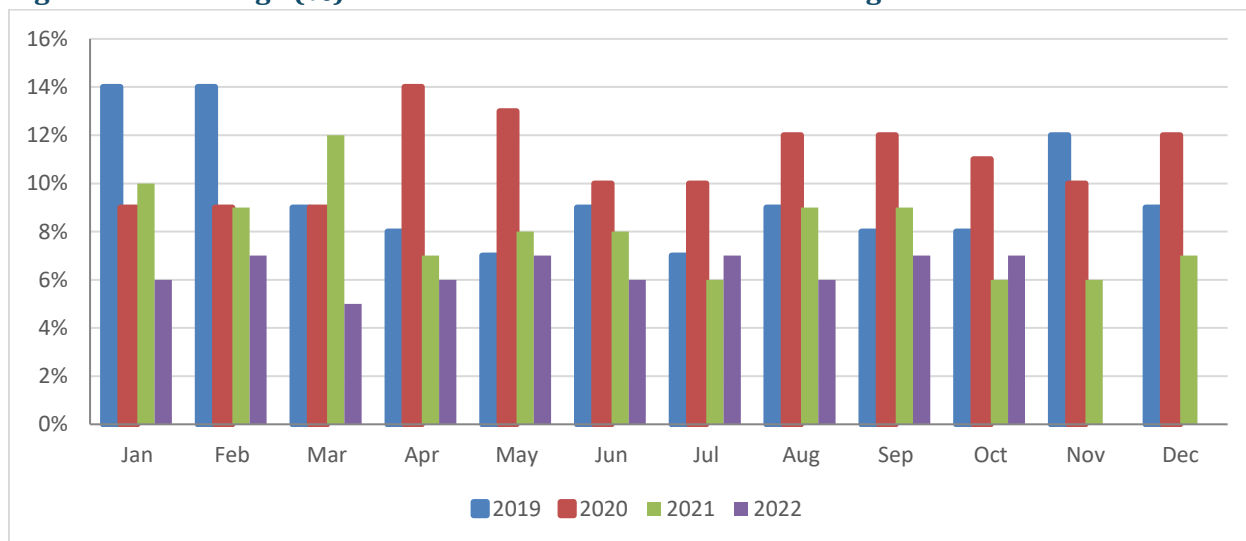
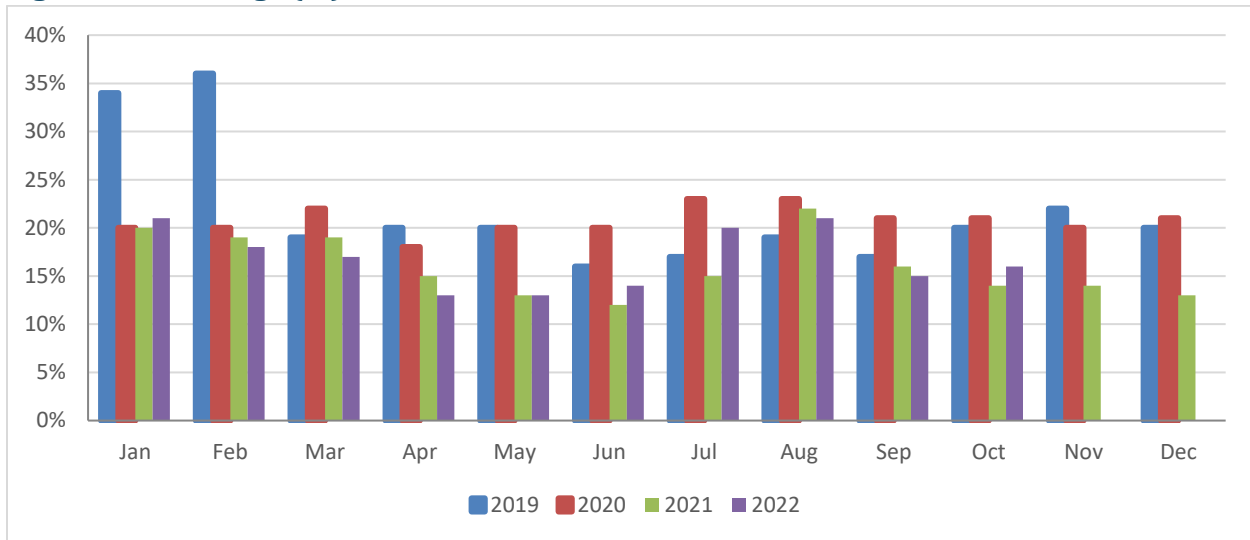


Figure 9: Percentage (%) of All Concerns Related to Substance Use

The figures below illustrate access for concerns related to undiagnosed and diagnosed mental illness. While initially stable in the first year of the pandemic, concerns of undiagnosed mental illness have shown an increase for much of 2021 and 2022. In contrast, access for concerns of diagnosed mental illness seems to be decreased in comparison to 2019 through 2022.

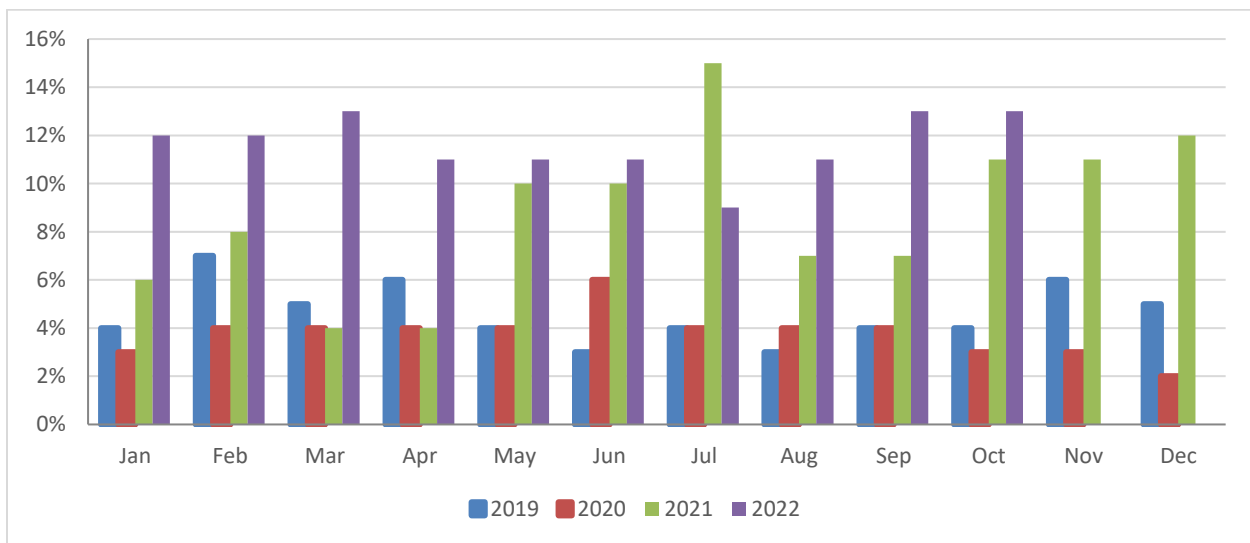
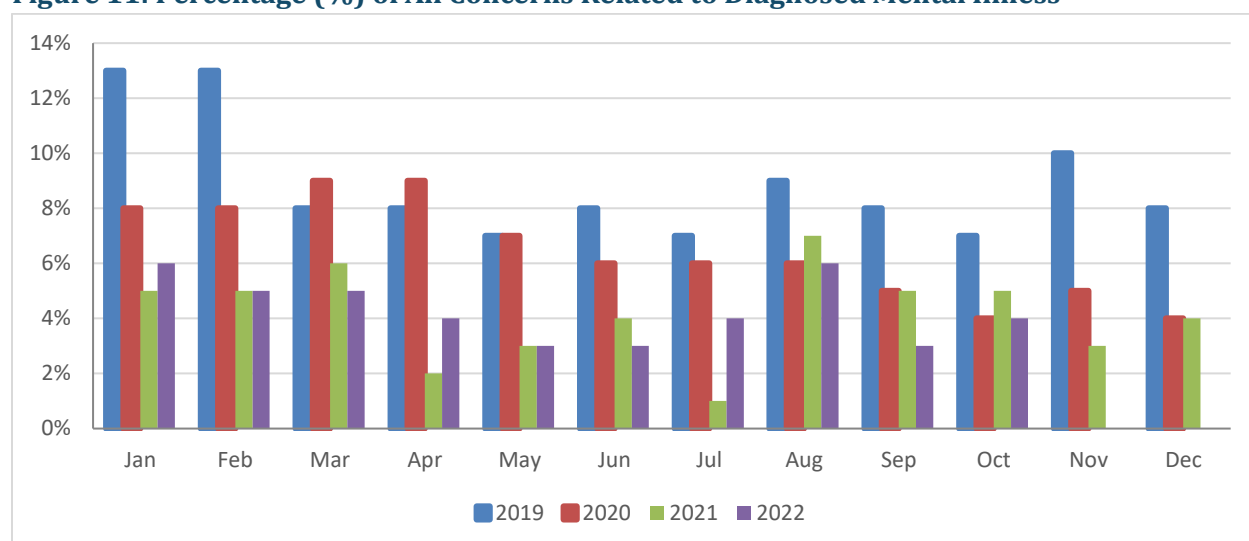
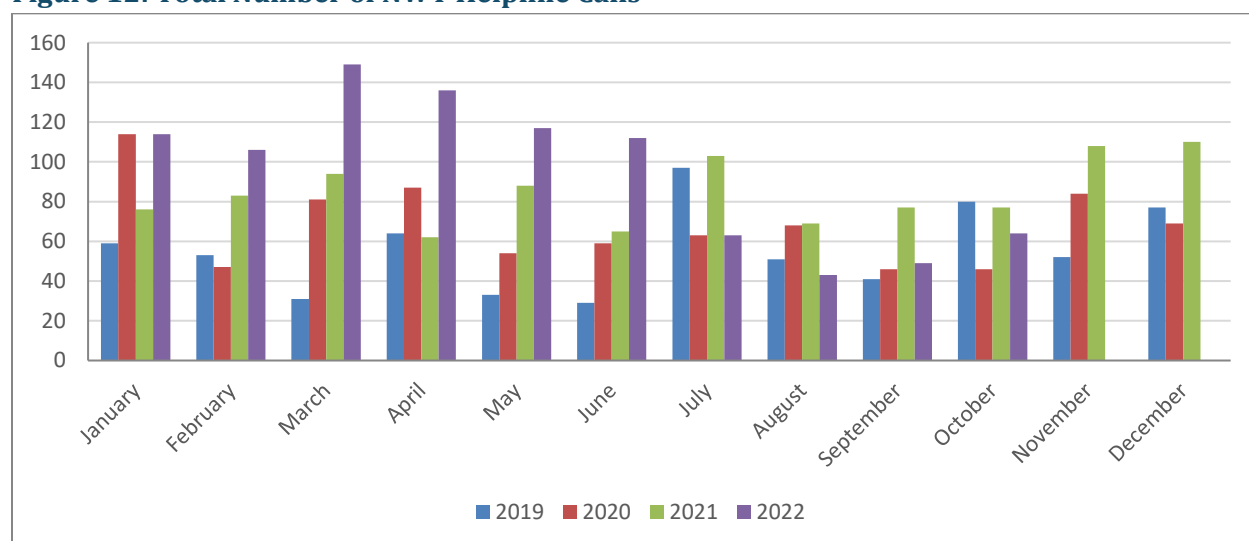
Figure 10: Percentage (%) of All Concerns Related to Undiagnosed Mental Illness

Figure 11: Percentage (%) of All Concerns Related to Diagnosed Mental Illness

The Health and Social Services system continues to monitor use of the NWT Helpline. The figures below illustrate call volume and the percentage of calls related to anxiety and mood symptoms. In general, call volume was higher throughout the pandemic period, however, it has been decreasing since March 2022.

Figure 12: Total Number of NWT Helpline Calls

Calls for concerns related to anxiety symptoms seem to be decreasing since the beginning of the pandemic. Calls for concerns related to mood disorder symptoms continue to fluctuate from the onset of the pandemic.

Figure 13: Percentage (%) of NWT Helpline Calls Related to Anxiety Symptoms

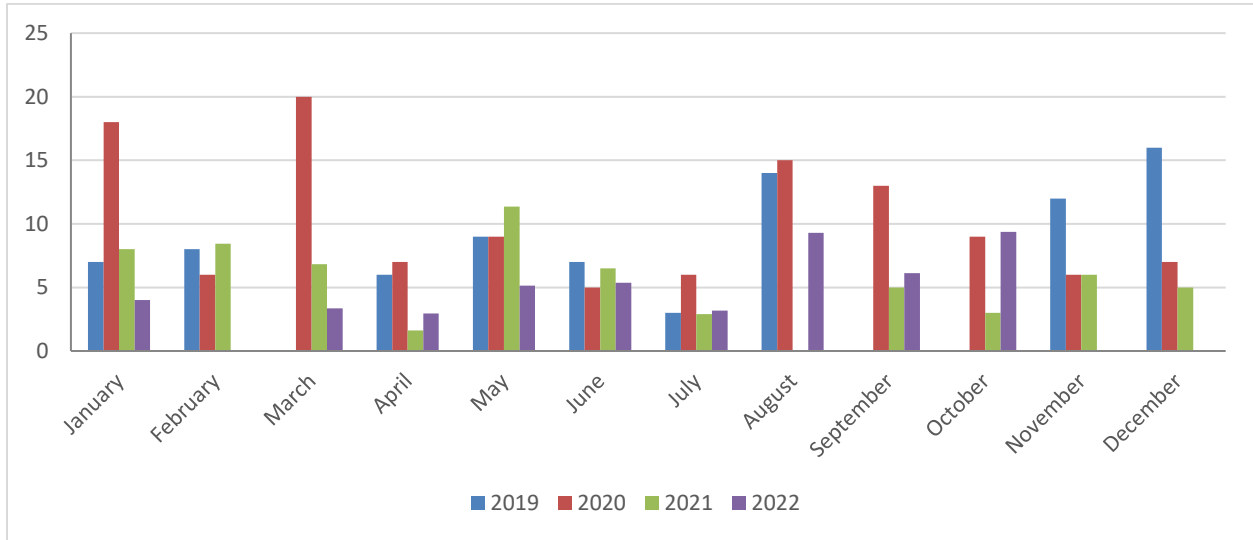
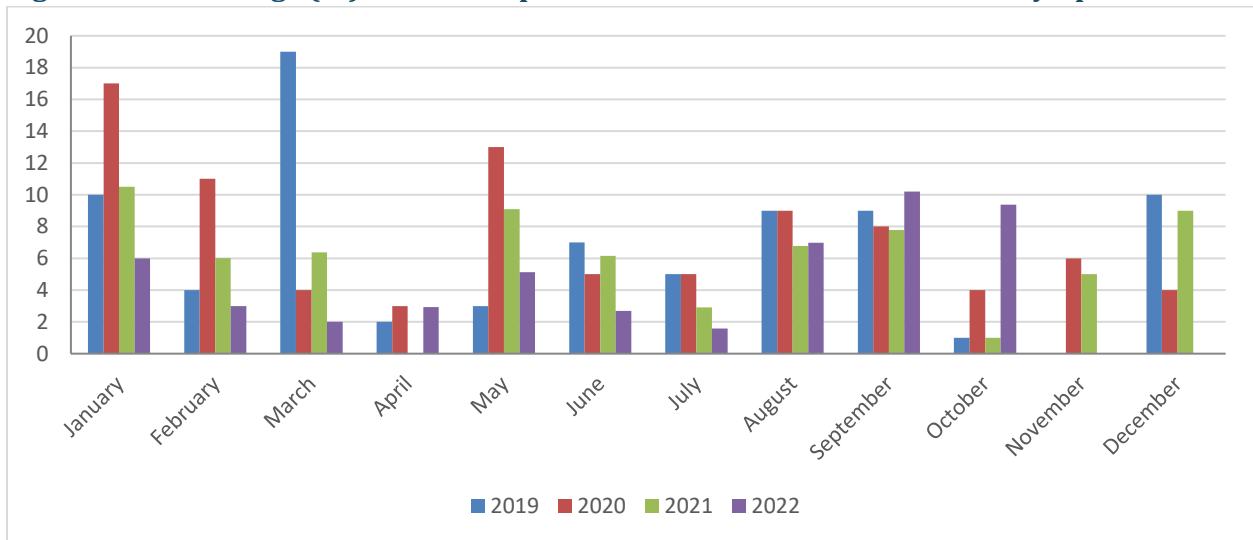


Figure 14: Percentage (%) of NWT Helpline Calls Related to Mood Disorder Symptoms



WHAT HAVE YOU DONE TO MITIGATE RISK?

The Health and Social Services System continues to provide regular communications to the public to ensure up to date information on available services and how they can be accessed. Same day/drop in access for mental health and addictions counselling is available across the NWT. Policies and Procedures are in place to enable timely pivots between in person and virtual services in alignment with outbreaks and public health restrictions. New e-mental health programs have also expanded access to mental wellness and addiction recovery services. NWT residents can access a range of supports through Strongest Families Institute, Breathing Room, and EHN Wagon as well as other apps and services through Wellness Together Canada.

Throughout much of pandemic assessment processes were put in place to guide access to facility based addictions treatment which remained available at reduced capacity. The assessment process ensured that the risks and benefits of accessing an out of territory service during the pandemic were considered and that those in greatest need are prioritized for the resource. As of April 2022, with the ending of the NWT Public Health Emergency, the facility based addictions treatment removed the need for pandemic assessment processes and returned to pre-pandemic processes.

WHAT CAN I DO IF I OR SOMEONE I KNOW IS STRUGGLING?

If you or someone you know is facing a mental health or addictions issue, help is available. Individuals can reach out to their local or regional counselling office to request an appointment. You do not need a referral. Counsellors can offer direct support but can also act as a link to more specialized services like psychiatry and addictions treatment. Contact information for counselling offices can be found at:

- <https://www.hss.gov.nt.ca/en/en/services/nwt-community-counselling-program-ccp>

Individuals can also reach out the NWT Helpline at 1-800-661-0844 for free support that is 100% free and confidential. Trained responders can help with any number of concerns, including stress management, suicidal thoughts, abuse, sexual assault, depression, and anxiety.

- <https://www.hss.gov.nt.ca/en/services/nwt-help-line>

Alcohol Related Harms

WHAT ARE THE ALCOHOL RELATED RISKS DURING THE PANDEMIC?

At this time, data related to alcohol related risks is inconsistent, figures 15 through 18 have been updated with the data that is available at this time.

Across Canada, 18% of Canadians report consuming more alcohol due to COVID-19, attributing the increase to a lack of a regular schedule, boredom, and stress. Canadians in the 18 to 34 (21%) and 35 to 54 (25%) age groups were more likely to report increased alcohol consumption than Canadians 55 and over (10%).¹ Alcohol use, particularly excessive or high-risk alcohol use, can weaken the immune system, increasing the risk of severe illness due to COVID-19 infection. Alcohol consumption can also exacerbate feelings of loneliness and isolation associated with physical distancing, increase symptoms of anxiety and depression, and increases the risk of intimate partner and family violence, as well as child neglect.²

WHAT IS THE DATA TELLING US?

The availability of alcohol varies by community in the Northwest Territories, with retail sales of alcohol available in only six out of thirty-three communities. According to alcohol sales data spending on alcohol across the territories increased in 2020 and 2021, compared to the same months in 2019, but returned to pre-pandemic levels as of August 2021 (Figure 15). From April 2020 to April 2021, most months saw an average increase in sales of 12% with the smallest sales increase in August 2020 (8.7%) and the largest sales increase in July 2020 (22.5%). May 2021 was the first month where alcohol sales were lower than those of the same month in the previous year, and sales have remained lower than the same month in the year previous through to July 2022; while sales increased slightly in September and October 2022 over September and October 2021, sales were still lower than in the same months in 2020 (Figure 16). This could indicate that sales are returning to pre-pandemic levels, which could be due to more people travelling and purchasing alcohol outside of the territory or could reflect decreased consumption.

¹ Nanos for the Canadian Centre on Substance Use and Addiction. COVID-19 and Increased Alcohol Consumption: NANOS Poll Summary Report. April 2020. <https://www.ccsa.ca/sites/default/files/2020-04/CCSA-NANOS-Alcohol-Consumption-During-COVID-19-Report-2020-en.pdf>

² World Health Organisation Europe. Alcohol and COVID-19: what you need to know. WHO 2020. http://www.euro.who.int/_data/assets/pdf_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf?ua=1

Figure 15: Monthly Alcohol Sales Data

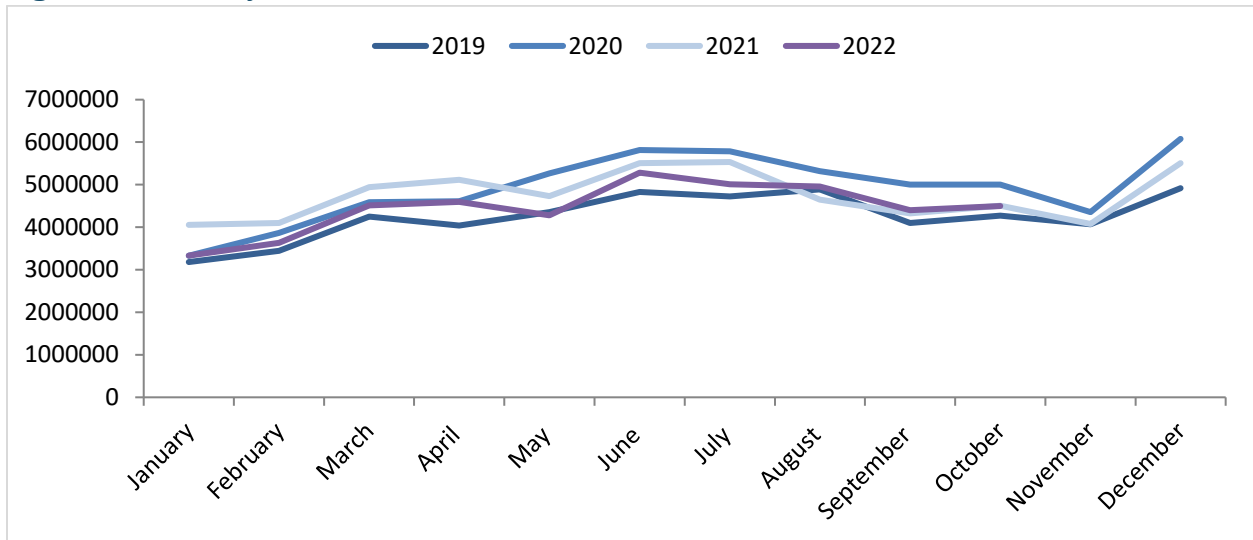
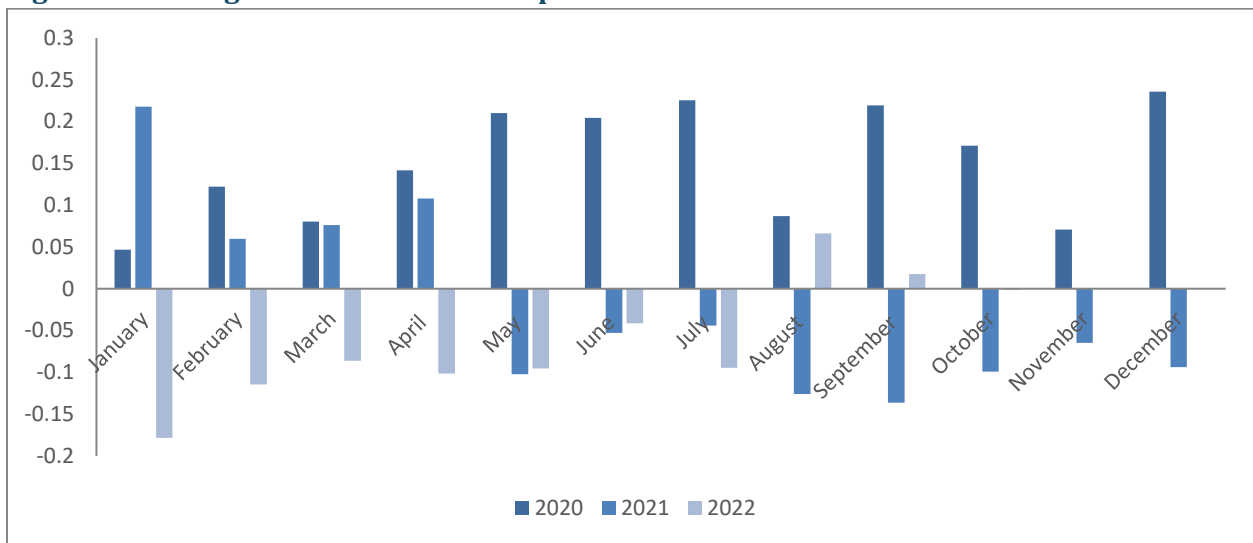


Figure 16: Change in Alcohol Sales Compared to Previous Years

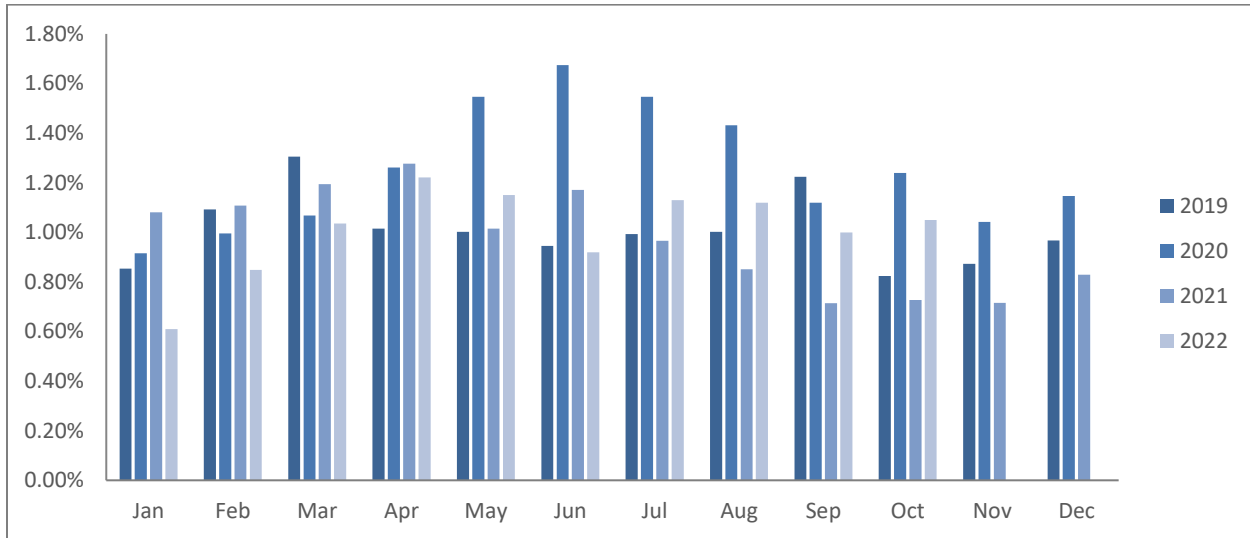


While it was initially hypothesized that the increase in alcohol sales may have been due to stockpiling of alcohol, in response to fears that liquor stores would be closing due to the COVID-19 pandemic, it appears instead to represent an ongoing, sustained increase in alcohol sales. It has been suggested that at least a portion of this change can be attributed to the border closure, as individuals who may have purchased alcohol in Alberta, British Columbia or the Yukon would have been less able to do so; however, it is not possible to say at this time what proportion may be attributable to this change.

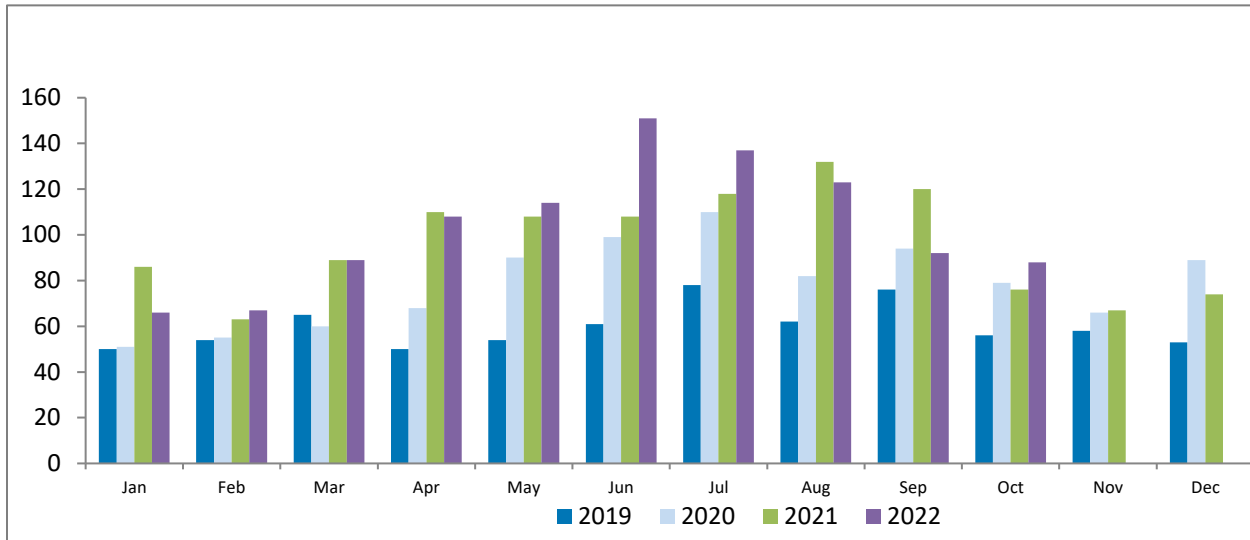
Timely data on alcohol related harms in the Northwest Territories is limited at this time. The health system's Electronic Medical Records (EMR) showed that the proportion of medical visits in the first half of 2022 was lower than or similar to the same months in 2021. This trend reversed

during the summer of 2022, and from July to October 2022, the proportion of alcohol-related medical visits was higher than the same months in 2021 (**Figure 17**).

Figure 17: Medical Visits Related to Alcohol, NWT



It is difficult to ascertain from territory-wide 911 data how many calls are associated with alcohol use, as this information is not collected in the database unless it is known to and disclosed by the caller. However, Yellowknife Emergency Medical Services (EMS) does keep records of how many calls are alcohol related. In April of 2020, the Sobering Centre and Day Shelter in Yellowknife converted into an isolation shelter. As this reduced the number of locations intoxicated individuals could be taken by the Street Outreach Van, calls to EMS were expected to increase. However, once the Sobering Centre and Day Shelter converted back to their usual operations, the number of alcohol related calls continued to increase in Yellowknife, with more calls related to alcohol in every month since the beginning of the pandemic, peaking in June 2022 (**Figure 18**). This could be due to both an increase burden of alcohol-related emergency calls, and the reduced capacity of the Street Outreach van, which has limited the number of individuals transported at one time and introduced cleaning protocols between rides, reducing the number of rides it can provide each day. Calls related to alcohol fell in September and October 2022 but remain higher than pre-pandemic numbers.

Figure 18: EMS Calls Related to Alcohol, Yellowknife

Preliminary data indicates that alcohol consumption in the Northwest Territories may have increased, as experienced in the rest of Canada, due to the stress, boredom and isolation related to the COVID-19 pandemic response.

WHAT HAVE WE DONE TO MITIGATE RISK?

Prior to the COVID-19 pandemic, alcohol possession restrictions were in effect in eleven communities, and alcohol was prohibited in five communities, as well as on the K'atl'odeeche First Nation territory. Five additional communities have introduced temporary liquor prohibitions during the COVID-19 pandemic.

On April 3, 2020, Dene Nation leadership passed a resolution requesting limitations on the sale of liquor and cannabis during the pandemic.³ The Inuvialuit Regional Corporation released a similar recommendation on April 7th, citing concerns about illegal alcohol resale in communities and community safety.⁴ On April 9th the Department of Finance announced reduced hours of sale at all alcohol retailers,⁵ and on April 16th, announced a limit on alcohol sales in all retail sales establishments, with a maximum purchase of \$200, and a maximum of six 375ml bottles of liquor, per day.⁶ On May 8th, however, territorial regulations were changed to allow restaurants and bars

³ Dene National/Assembly of First Nations Office (NWT). April 3, 2020. <https://denenation.com/wp-content/uploads/2020/04/April-5-2020-FOR-IMMEDIATE-RELEASE-Dene-Nation-Restriction-of-Liquor-Cannabis.pdf>

⁴ <https://www.irc.inuvialuit.com/sites/default/files/IRC%20on%20illegal%20alcohol%20re-sale.pdf>

⁵ https://www.gov.nt.ca/sites/flagship/files/documents/backgrounder_for_restrictions_of_liquor_sales.pdf

⁶ <https://www.gov.nt.ca/en/newsroom/restrictions-northwest-territories-liquor-sales>

to deliver alcohol to private homes.⁷ In November 2020, Fort Simpson voted to remove its liquor restrictions, which were previously more restrictive than the limit set by the territorial government.⁸ On July 8th, 2021, the \$200 limit on liquor purchases was lifted, while the six mickey per person limit remains in effect.⁹

WHAT CAN I DO IF I KNOW SOMEONE WHO IS IMPACTED BY ALCOHOL?

If you or someone you know is struggling with problematic use of alcohol, or has been harmed by someone else's alcohol use, help is available. Individuals can self-refer to the Community Counselling Program. A referral is not needed. Counsellors can help provide support, addictions counselling and can also assist in accessing facility based addictions treatment.

- <https://www.hss.gov.nt.ca/en/en/services/nwt-community-counselling-program-ccp>
- <https://www.hss.gov.nt.ca/en/services/mental-wellness-and-addictions-recovery-supports-getting-help>
- <https://www.hss.gov.nt.ca/en/services/addictions/nwt-facility-based-treatment-options-addictions>

⁷ <https://www.gov.nt.ca/en/newsroom/gnwt-amends-liquor-regulations-allow-liquor-delivery>

⁸ <https://www.cbc.ca/news/canada/north/fort-simpson-liquor-plebiscite-results-1.5801708>

⁹ <https://www.cbc.ca/news/canada/north/limit-on-alcohol-sales-1.6095339>

Family Violence

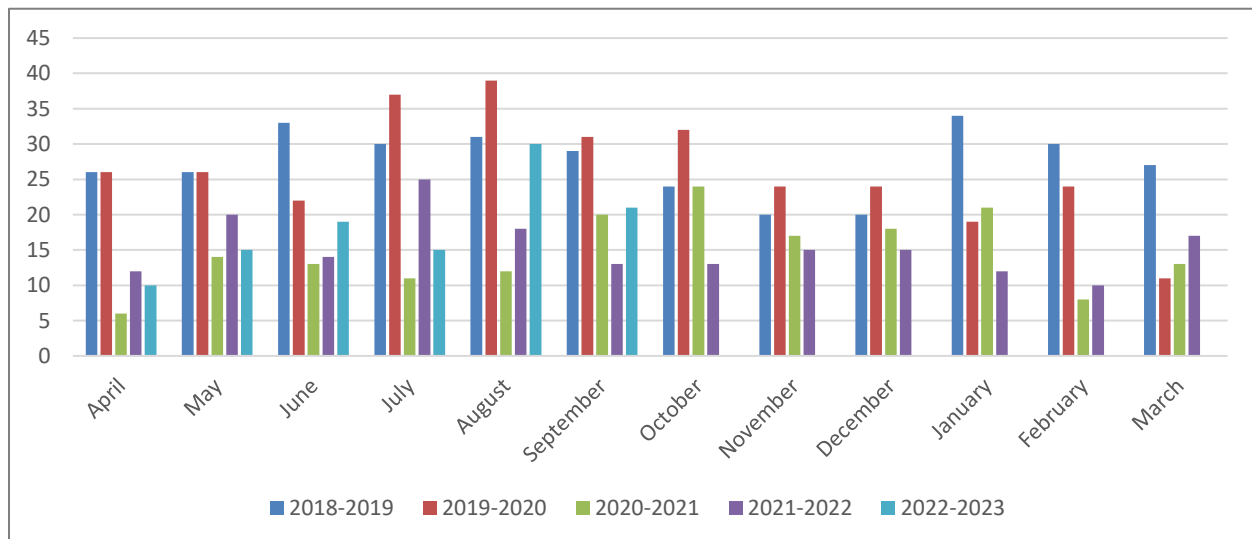
WHAT ARE THE FAMILY VIOLENCE RISKS DURING THE PANDEMIC?

The stress associated with the COVID-19 pandemic may be compounded for many families by financial hardship, job loss, and caring for aging parents and children full-time. This stress in combination with isolation may increase the risk of family violence and elder abuse. Stay at home orders may have made it difficult for women or others who are impacted to reach out for assistance due to the constant presence of the abuser. Being isolated in the home may also mean that informal supports such as friends and family may have been less willing to assist or to notice signs of abuse.

WHAT IS THE DATA TELLING US?

The Health and Social Services System continues to monitor monthly data received from family violence shelters. Most shelters continue to report decreased admissions during the pandemic period. Decreases in admission the 2020-21 and 21-22 can be attributed to the fact that shelters were operating at reduced capacity because of public health orders but it may also be influenced by several other factors: uncertainty regarding ability to leave the home to access a shelter in the face of stay-at-home orders; isolation from friends and family who may witness signs of abuse and offer help; difficulty in finding reasons to leave the home during stay-at-home orders. It was anticipated that admissions would return to pre-pandemic levels with the end of the NWT Public Health Emergency in April 2022 however this has not been the case.

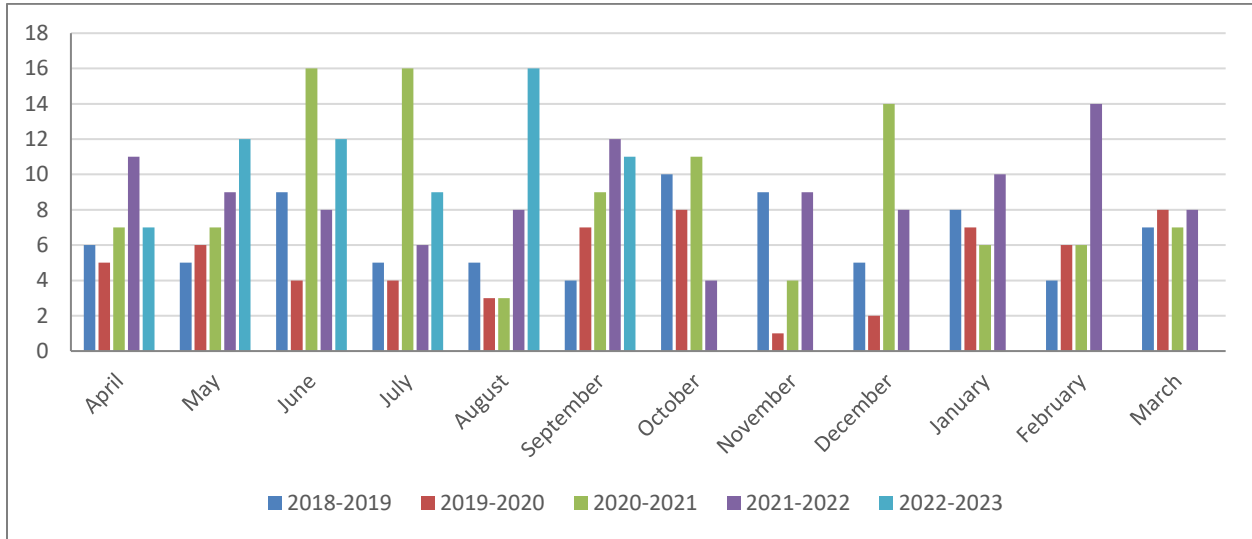
Figure 19: Total Number of NWT Residents Who Accessed Family Violence Shelters¹⁰



¹⁰ Figure 19 is missing data for April 2022

The Health and Social Services System also monitors Emergency Protection Order (EPO) applications facilitated by the Alison McAteer House Shelter in Yellowknife. An EPO is a legal order that provides emergency protection to victims of family violence for up to 90 days and can order the abusive person to stay away from the victim and children, allow the victim to remain in their home without the abusive person there and/or require the RCMP to take away any weapons that the abusive person may have. EPOs may represent an important safety net for women who are unable to access shelter services to the same degree as before the pandemic. There has been a general increase in EPO applications throughout the pandemic period.

Figure 20: Total Number of EPOS Facilitated by Alison McAteer House



WHAT HAVE WE DONE TO MITIGATE RISK?

The Health and Social Services System has prioritized communications to residents notifying them that family violence shelters remain open and that no permission is required to leave an unsafe situation to stay at a shelter or in the home of a trusted friend or family member.

In addition, the Department of Justice has distributed 150 cell phones to Victim Services providers. These phones can be provided to residents at risk of abuse, so they have a means with which to call for help if necessary.

WHAT CAN I DO IF I KNOW SOMEONE IMPACTED BY FAMILY VIOLENCE?

If you know someone who is experiencing violence in their home, let them know that supports are available. Family Violence shelters remain open 24 hours a day, 7 days a week. Travel is provided for women and children who do not have a shelter in their community. Other supports include Victim Services, the Community Counselling Program, and the NWT Help Line.

The Shelter Network 24/7 crisis line is available whenever you need it at: 1-866-223-7775, they will help keep you or someone you know safe or provide you with the support you need.

More information can be found at the following links:

- <https://www.hss.gov.nt.ca/en/services/family-violence>
- <https://www.justice.gov.nt.ca/en/victim-services-contacts/>
- <https://www.hss.gov.nt.ca/en/en/services/nwt-community-counselling-program-ccp>
- <https://www.hss.gov.nt.ca/en/services/nwt-help-line>

Intersection of Social Indicators

The data contained in this document are important indicators as to the impacts of the pandemic on the health and well-being of NWT residents. They have been extremely valuable during the course of the pandemic to inform action and mitigation response by the Health and Social Services system. However, the data presented does have some limitations. As such, beyond the ending of public health measures, more data is needed to draw any definitive conclusions and to inform longer term planning and action. The Department will continue to work to monitor these indicators as well as others that may be identified as relevant.

Next steps include a plan to focus specifically on some key areas of intersection between indicators that are important during this pandemic period but that can also inform ongoing program planning and service delivery beyond the pandemic. Specific areas of focus include:

- Intersections between access to family violence shelters and Child and Family Services data around exposure to domestic violence and injury related data from health centres and hospitals;
- Intersections between rates of substance use/alcohol related harms and Child and Family Services data; and
- Intersections between rates of access of the Community Counselling Program and health centres for concerns of anxiety and depression

It is the intention of the Health and Social Services System to continue to report on these and other indicators and intersections as time goes on and to work closely with our partners in other GNWT Departments to promote a holistic and wrap around picture of the social situation within the NWT to inform collaborative and integrated actions in the immediate and long term.