

Standing Committee on
Social Development



Report on the *Child and Family Services Act* -
Lifting NWT Children,
Youth and Families: An All
of Territory Approach to
Keeping Families Together

19th Northwest Territories Legislative Assembly

Chair: Ms. Caitlin Cleveland

MEMBERS OF THE STANDING COMMITTEE ON SOCIAL DEVELOPMENT

Caitlin Cleveland
MLA Kam Lake
Chair

Katrina Nokleby
MLA Great Slave

Ron Bonnetrouge
MLA Deh Cho

Lesla Semmler
MLA Inuvik Twin Lakes
Deputy Chair

Rocky Simpson
MLA Hay River South

Jane Weyallon
Armstrong
MLA Monfwi

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MLA Nunakput

Rylund Johnson
MLA Yellowknife North

Frieda Martselos
MLA Thebacha

March 29, 2022

SPEAKER OF THE LEGISLATIVE ASSEMBLY

Mr. Speaker:

Your Standing Committee on Social Development is pleased to provide its report on the *Child and Family Services Act - Lifting NWT Children, Youth and Families: An All of Territory Approach to Keeping Families Together* and commends it to the House.



Ms. Caitlin Cleveland
Chair, Standing Committee on Social Development

STANDING COMMITTEE ON SOCIAL DEVELOPMENT

REPORT ON THE *CHILD AND FAMILY SERVICES ACT* - LIFTING NWT CHILDREN, YOUTH AND FAMILIES: AN ALL OF TERRITORY APPROACH TO KEEPING FAMILIES TOGETHER

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
CALL TO CHAMPIONS & MESSAGE TO CHILDREN AND YOUTH	7
INTRODUCTION	7
COMMITTEE APPROACH	9
ENGAGEMENT PROCESS	11
WHAT WE HEARD.....	12
Sources of Support.....	13
Challenges.....	14
RECOMMENDATIONS	18
Culture	18
System Supports- Health and Social Services System Change	19
Recommendation 1	19
Moms and Birthing Persons.....	19
Recommendation 2:	20
Children and Youth	20
Recommendation 3:	20
Recommendation 4:	20
Parents, Caregivers and Families.....	21
Recommendation 5	21
Recommendation 6:	21
Grandparents and Elders.....	22
Recommendation 7:	22
Community	22
Recommendation 8:	22
System Supports- Health and Social Services System Change	22
Recommendation 9:	23
Recommendation 10:	23
Recommendation 11	23
Recommendation 12:	24
Recommendation 13	24
Recommendation 14:	24
Recommendation 15:	25
Recommendation 16	26
Fetal Alcohol Syndrome Disorders	26
Recommendation 17:	26
Recommendation 18:	26
Recommendation 19:	26
CONCLUSION.....	27
Written Submissions	Appendix A

STANDING COMMITTEE ON SOCIAL DEVELOPMENT**REPORT ON *CHILD AND FAMILY SERVICES ACT*****Lifting NWT Children, Youth and Families: An All of Territory Approach to Keeping Families Together****EXECUTIVE SUMMARY**Call to Champions & Message to Children and Youth

All children are sacred. NWT children and youth are talented, unique and powerful. But not all children have access to what they need. Over 98% of children and youth in care in the NWT are Indigenous, even though just 57% of the population of children and youth are Indigenous¹. The extent of destruction and trauma on Indigenous peoples, families and communities due to colonization, residential school and the Sixties Scoop, and the resulting overrepresentation of Indigenous children and youth in care in the child welfare system is a territorial crisis that requires an all of territory response.

We call for champions at all levels of governments, Indigenous governments and groups, non-governmental organizations, and allies to work together to provide a broader continuum of care, including supports and resources for all children and youth across the NWT.

Thank you to the children and youth in the territory who shared courageously with the Committee. We hear you. We respect you. We value you. From you, we learn and take your lead. We hope you see your thoughts, insights and brilliance reflected within the following report and its recommendations. Once again, thank you to each and everyone one of you.

Introduction

The Standing Committee on Social Development (the “Committee”) is mandated by the *Child and Family Services Act (CFSA)* to review the Act and its implementation every five years. Thus, the Standing Committee on Social Development of the 19th Assembly of the Northwest Territories commenced a review in April 2021 to meet this requirement. In plain language, the review may include the *CFSA* itself, directives, policies, plans, guidelines and implementation such as programs and services.

Committee focused the scope of the *CFSA* review on prevention strategies, and reviewed areas of child welfare put forward by stakeholders. The recommendations that follow are

¹ Department of Health and Social Services, Child and Family Services Division. (2021). *Director of Child and Family Services Annual Report 2020-2021*. Yellowknife, NWT. Retrieved from: <https://www.hss.gov.nt.ca/sites/hss/files/resources/2020-2021-cfs-director-report.pdf>

informed by feedback provided to Committee through the engagement process, internal research and Committee direction. The recommendations reflect prevention, early intervention and targeted supports.

Committee Approach

With the passing of Bill C-92: *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* and the *Child and Family Services Act*'s expected amendments to align with the (federal) legislation, Committee is completing its statutory review at a time of change for Canadian child welfare. Together, the 19th Legislative Assembly of the Northwest Territories priority to implement the United Nations Declaration on the Rights of Indigenous Peoples, the 2015 Truth and Reconciliation Calls to Action and the 2019 Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls strengthen the long-needed momentum for change required in the Canadian child welfare system.

The Committee has selected two lenses of analysis for this report. First, Committee has taken an equity-oriented approach to prioritize recommendations with the greatest positive impact for Indigenous children, youth and families and those with lived experiences with child welfare. Second, Committee has taken a trauma-informed care approach. A trauma-informed approach recognizes a person holistically and acknowledges that a person may have or is currently experiencing trauma. A trauma-informed approach also considers how frontline staff in organizations deliver policies, structures and services.

Engagement Process

From April 2021 to January 2022, more than 50 people stepped forward to participate in the *Child and Family Services Act* statutory review. Participants represented themselves individually, and as territorial governments, Indigenous government and non-governmental organizations through public presentations, in-camera private listening sessions, written submissions and online surveys. The presentations and written submissions are included in Appendix A.

The Committee would like to thank everyone who offered their expertise to this statutory review and subsequent report. Committee would also like to thank the Department of Health and Social Services for the in-camera briefings and information.

Challenge: Overrepresentation of Indigenous People in Child and Family Services & the History of Colonization:

According to the Department of Health and Social Services, over 98% of children and youth receiving care from CFS are Indigenous, even though just 57% of children and

youth in the Northwest Territories are Indigenous². Indigenous children and youth are virtually all of the children and youth receiving care in the territory and represent most of the 1044 protection and prevention services provided by CFS in 2020-2021³. The historic and ongoing overrepresentation of Indigenous children and youth in care in the NWT is staggering. The overrepresentation of Indigenous children and youth in Child and Family Services has long been documented and is rooted in Canada's history of genocide, colonization, residential school system, the Sixties Scoop and the modern-day child and family services systems. All stakeholders described the harmful impacts of these legacies and the ongoing trauma of those familial and community experiences including the death of family members, addictions, abuse, family breakdowns, loss of cultural knowledge, poverty and displacement within their communities.

Recommendations

Committee heard the voices of children and youth and children and youth want to be with their families. Committee recognizes that to raise healthy and well children and youth, supports and resources must be made available throughout their entire lives through parents, caregivers, family and even the broader community. The intention is to support the family and community so children and youth can remain with their families and within their communities.

Culture

Culture is a source of strength, healing and positive identity. Over time, culture changes and innovates. Therefore, respectful incorporation of culture must be made to implement the recommendations made below.

Recommendation 1

The Standing Committee on Social Development recommends the Government of the Northwest Territories declare the overrepresentation of Indigenous children and youth in Child and Family Services a crisis and develop a whole of government response in partnership with Indigenous governments.

Recommendation 2

The Standing Committee on Social Development recommends the Department of Health and Social Services provide birthing support that is holistic, client-centred and culturally safe with doula and midwife services staffed in each regional center.

² Department of Health and Social Services, Child and Family Services Division. (2021). *Director of Child and Family Services Annual Report 2020-2021*. Yellowknife, NWT. Retrieved from: <https://www.hss.gov.nt.ca/sites/hss/files/resources/2020-2021-cfs-director-report.pdf>

³ Department of Health and Social Services, Child and Family Services Division. (2021). *Director of Child and Family Services Annual Report 2020-2021*. Yellowknife, NWT. Retrieved from: <https://www.hss.gov.nt.ca/sites/hss/files/resources/2020-2021-cfs-director-report.pdf>

Recommendation 3

The Standing Committee on Social Development recommends the Department of Health and Social Services establish a territorial treatment addictions recovery program or treatment supports specifically for youth to remain in the territory and maintain their support systems.

Recommendation 4

The Standing Committee on Social Development recommends the Department of Health and Social Services create a pan-territorial youth homelessness plan that expands safe community-based housing options by collaborating with communities and non-governmental organizations.

Recommendation 5

The Standing Committee on Social Development recommends the Department of Health and Social Services tailor the Healthy Family Program for vulnerable families to access culturally safe and affirming child-rearing practices and expand the program to all 33 communities.

Recommendation 6

The Standing Committee on Social Development recommends Municipal and Community Affairs lead an all-of-government approach to ensuring access to recreational programming by providing additional funding for recreational facilities and programming, so all families have increased access to these spaces outside regular business day hours and additional funding specifically for those children and youth in care to participate in extracurricular activities.

Recommendation 7

The Standing Committee on Social Development recommends the Department of Health and Social Services establish family mentorship pilot projects that pair vulnerable parents with grandparents or elders to share encouragement, child-rearing practices and Indigenous knowledge.

Recommendation 8

The Standing Committee on Social Development recommends the Department of Health and Social Services increase funding to Indigenous governments, communities and organizations to deliver addictions recovery on the land healing options specifically tailored to youth.

Recommendation 9

The Standing Committee on Social Development recommends that the Department of Health and Social Services lead work with communities to establish culturally safe and gender-inclusive family violence emergency shelters in each NWT community with sustainable funding.

Recommendation 10

The Standing Committee on Social Development recommends the Department of Health and Social Services deliver and make mandatory culturally safe and trauma-informed training for foster families.

Recommendation 11

The Standing Committee on Social Development recommends that the Department of Health and Social Services establish a recruitment strategy to increase the number of Indigenous foster families, including encouraging extended families to care for children by providing additional financial resources and support.

Recommendation 12

The Standing Committee on Social Development recommends that the Department of Health and Social Services develop a Child and Family Services evaluation and monitoring framework, including a data profile on children and youth in care.

Recommendation 13

The Standing Committee on Social Development recommends that the Department of Health and Social Services establish an Indigenous Advisory Body sub-committee specifically for Child and Family Services.

Recommendation 14

The Standing Committee on Social Development recommends that the Department of Health and Social Services audit all Child and Family Services resources, ensuring they are all plain language, culturally safe and easily accessible online, including a plain language summary of the *Child and Family Services Act*.

Recommendation 15

The Standing Committee on Social Development recommends that the Department of Health and Social Services provide legal services to parents as early as the plan of care stage with Child and Family Services.

Recommendation 16

The Standing Committee on Social Development recommends that the Department of Health and Social Services make legislative changes to the *Child and Family Service Act* to support the readiness of Indigenous governments to draw down jurisdiction for child welfare, using trauma-informed language that centers children and youth as individuals with rights, ensures cultural continuity for Indigenous children and youth, and affirms the unique political relationship with Indigenous groups and peoples.

Recommendation 17

The Standing Committee on Social Development recommends that the Department of Health and Social Services establish a comprehensive spectrum of services available to children, youth and adults with Fetal Alcohol Spectrum Disorders and their parents and/or caregivers to prevent developmental delay and mobilize support for families.

Recommendation 18

The Standing Committee on Social Development recommends the Department and Health and Social Services annual Quality Improvement Plan reporting include progress on the Committee's recommendations.

Recommendation 19

The Standing Committee on Social Development recommends the Government of the Northwest Territories provide a response to this report in 120 days.

Conclusion

The Committee respectfully puts these recommendations forward in the hopes that it will benefit all children, youth and families in the Northwest Territories.

CALL TO CHAMPIONS & MESSAGE TO CHILDREN AND YOUTH

All children are sacred. NWT children and youth are talented, unique and powerful. But not all children have access to what they need. Over 98% of children and youth in care in the NWT are Indigenous, even though just 57% of the population of children and youth are Indigenous⁴. The extent of destruction and trauma on Indigenous peoples, families and communities due to colonization, residential school and the Sixties Scoop, and the resulting overrepresentation of Indigenous children and youth in care in the child welfare system is a territorial crisis that requires an all of territory response.

We call for champions at all levels of governments, Indigenous governments and groups, non-governmental organizations and allies to work together to provide a broader continuum of care, including supports and resources for all children and youth across the NWT.

Thank you to the children and youth in the territory who shared courageously with the Committee. We hear you. We respect you. We value you. From you, we learn and take your lead. We hope you see your thoughts, insights and brilliance reflected within the following report and its recommendations. Once again, thank you to each and everyone one of you.

INTRODUCTION

Child and Family Services Act Review

The Committee is mandated by the *Child and Family Services Act (CFSA)* to review the Act and its implementation every five years. Thus, the Standing Committee on Social Development of the 19th Assembly of the Northwest Territories commenced a review in April 2021 to meet this requirement.

The legislation states in a Review of the Act, Section 88.1⁵:

- (1) Within five years after this section comes into force, and every five years after that, the Legislative Assembly or one of its committees shall commence a comprehensive review of the provisions and operation of this Act, and any other related legislation, policies, guidelines, plans or directives as the Legislative Assembly or the committee considers appropriate.

⁴ Department of Health and Social Services, Child and Family Services Division. (2021). *Director of Child and Family Services Annual Report 2020-2021*. Yellowknife, NWT. Retrieved from: <https://www.hss.gov.nt.ca/sites/hss/files/resources/2020-2021-cfs-director-report.pdf>

⁵ Child and Family Services Act S.N.W.T. 1997, c.13, In force October 30, 1998; SI-017-98. Retrieved from: <https://www.justice.gov.nt.ca/en/files/legislation/child-family-services/child-family-services.a.pdf>

- (2) The review must include an examination of the administration and implementation of this Act and the effectiveness of its provisions and may include recommendations for changes to this Act.

In plain language, the review may include the *CFSA* itself, directives, policies, plans, guidelines and implementation such as programs and services. The *CFSA* is the principal piece of legislation that sets out the protection, supports and well-being of children and youth in the territory. The Department of Health and Social Services (the “Department”) is the lead department and is primarily responsible for implementing the *CFSA* within the division of Child and Family Services (CFS). The Northwest Territories Health and Social Services Authority, Hay River Health and Social Services Authority, and Tłıchq Community Services Agency provide frontline service delivery to NWT residents.

Committee focused the scope of the *CFSA* review on prevention strategies, and reviewed areas of child welfare put forward by Indigenous governments, non-governmental organizations and residents of the NWT. Where appropriate, the report will reference respondents specifically and/or use the term “stakeholders” to refer to the group as a whole. Committee heard from people directly impacted by CFS including children and youth. Committee thanks everyone who stepped forward to share their lived experiences, perspectives and stories. A special thank you is extended to all of the children and youth who spoke with Committee. The recommendations that follow are informed by feedback provided to Committee through the engagement process, internal research and Committee direction. The recommendations reflect prevention, early intervention and targeted supports.

Definitions

Prevention: Strengthen parents, caregivers, communities’, Department of Health and Social Services territorial capacity of care for children and youth’s health and well-being, and thereby reduce the possibility of maltreatment.

Early Intervention: Strengthen parents, caregivers and communities’ with supports and services when vulnerabilities to care for youth and children are first identified.

Targeted Supports: For children, youth and families after maltreatment has occurred.

Culturally Safe: An outcome where Indigenous peoples feel safe and respected, free of racism and discrimination, when accessing health and social services programs and services⁶

⁶ Department of Health and Social Services, Community, Culture and Innovation Division. (2019). *Caring for Our People: Cultural Safety Action Plan 2018-2020*. Yellowknife, NWT. Retrieved from: <https://www.hss.gov.nt.ca/sites/hss/files/resources/cultural-safety-action-plan.pdf>

COMMITTEE APPROACH

With the passing of Bill C-92: *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* and the Child and Family Services Act's expected amendments to align with the (federal) legislation, Committee is completing its statutory review at a time of change for Canadian child welfare. Together, the 19th Legislative Assembly of the Northwest Territories Priority to implement the United Nations Declaration on the Rights of Indigenous Peoples, the 2015 Truth and Reconciliation Calls to Action and the 2019 Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls strengthen the long-needed momentum for change required in the Canadian child welfare system.

In response to the magnitude of work in progress by the Federal government, Indigenous governments and non-governmental organizations to address the overrepresentation of Indigenous children and youth, the Committee has selected two lenses of analysis for this report. First, Committee has taken an equity-oriented approach to prioritize recommendations with the greatest positive impact for Indigenous children, youth and families and those with lived experiences with child welfare. Second, Committee has taken a trauma-informed care approach. A trauma-informed approach recognizes a person holistically and acknowledges that a person may have or is currently experiencing trauma. One way that Committee incorporates a trauma-informed approach is by centering the voices of children, youth, elders, families and those with lived experiences in child welfare. Another way Committee has incorporated a trauma-informed approach is to avoid terminology, like “apprehend”, and use the term “in care” to refer to children and youth in Child and Family Services’ care. A trauma-informed approach also considers how frontline staff in organizations deliver policies, structures and services.

The following legislation, reports and concept were foundational for the *Child and Family Services Act* Statutory Review Report:

Child and Family Services Act⁷- the principal piece of legislation that sets out the protection, supports and well-being of children and youth in the NWT.

An Act Respecting First Nations, Inuit and Métis Children, Youth and Families⁸- federal legislation in the area of Indigenous child welfare that recognizes Indigenous People’s jurisdiction over child and family services as an inherent right to self-government.

⁷ Child and Family Services Act S.N.W.T. 1997, c.13, In force October 30, 1998; SI-017-98. Retrieved from: <https://www.justice.gov.nt.ca/en/files/legislation/child-family-services/child-family-services.a.pdf>

⁸ An Act Respecting First Nations, Inuit and Métis Children, Youth and Families, S.C. 2019, c. 24. Retrieved from: <https://laws.justice.gc.ca/eng/acts/F-11.73/page-1.html>

United Nations Declaration on the Rights of Indigenous Peoples⁹- the international human rights framework for Indigenous Peoples, as declared a priority to implement in the 19th Legislative Assembly of the Northwest Territories. Specific references to youth are made in:

- Article 7(2) Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.
- Article 14(2) Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination.
- Article 22(1) Particular attention shall be paid to the rights and special needs of Indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration. (2) States shall take measures, in conjunction with Indigenous peoples, to ensure that Indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

Truth and Reconciliation Commission to Canada: Calls to Action¹⁰- 2015 Report to address the legacy of residential school and advance reconciliation in Canada. Specific references to Child Welfare include:

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
 - i. Monitoring and assessing neglect investigations
 - ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside
 - iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools
 - iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide for more appropriate solutions to family healing.
 - v. Requiring that child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.
2. We call upon the federal government, in collaboration with the provinces and territories, to prepare and publish annual reports on the number of Aboriginal

⁹ United Nations Declaration of the Rights of Indigenous Peoples, In force 2007, article 7, section 2, article 14, section 2, article 22, section 1-2. New York, USA. Retrieved from: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

¹⁰ Truth and Reconciliation Commission of Canada, National Centre for Truth and Reconciliation. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg, MB. Retrieved from: https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

children (First Nations, Inuit, Metis) who are in care, compared with non-Aboriginal children, as well as the reasons for apprehension, the total spending on preventative and care services by child welfare agencies and the effectiveness of various interventions.

3. We call upon all levels of government to fully implement Jordan's Principle.
4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that:
 - i. Affirm the right of Aboriginal governments to establish and maintain their own child-welfare agencies.
 - ii. Require all child-welfare agencies and courts to take residential school legacy into account in their decision making.
 - iii. Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate.
5. We call upon the federal, provincial, territorial and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.

Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls¹¹- 2019 Report shares the lived experiences of Indigenous women, girls and 2SLGBTQQIA people have faced as a Canadian issue and calls to end the disproportionately high levels of violence through legal and social changes.

Social Determinants of Indigenous Health- The conditions in which Indigenous peoples are born, grow, work, live and age are critical to supporting children, youth and families' health and well-being¹². In addition to the standard list of Social Determinants of Health (income, education, unemployment, food security, housing, etc.), Social Determinants of Indigenous Health includes colonization/de-colonization, racism, self-determination and cultural continuity¹³.

ENGAGEMENT PROCESS

From April 2021 to January 2022, more than 50 people stepped forward to participate in the *Child and Family Services Act* statutory review. Participants represented themselves individually, and as territorial governments, Indigenous government and non-

¹¹ National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. Retrieved from <https://www.mmiwg-ffada.ca/final-report/>

¹² World Health Organization, Pan American Health Organization. *Social Determinants of Health*. Retrieved from <https://www.paho.org/en/topics/social-determinants-health>

¹³ Reading, C & Wein, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health. Retrieved from: <https://www.ccnsc-nccah.ca/docs/determinants/RPT-HealthInequalities-Reading-Wien-EN.pdf>

governmental organizations through public presentations, in-camera private listening sessions, written submissions and online surveys. Participants included:

- Aimagunga Women + Emergency Foster Care Shelter
- Alternatives North
- Association of Social Workers in Northern Canada
- Aurora College and Aurora Research Institute
- FYRE Youth
- Inuvialuit Regional Corporation
- Members of the public who made virtual presentations
- Members of the public who submitted anonymous online surveys
- Northern Birthwork Collective
- Nunavut Representative for Children and Youth
- RCMP G Division
- Status of Women Council of the NWT
- Yellowknife Women's Society
- Yukon Child and Advocate Office
- YWCA NWT

The presentations and written submissions are included in Appendix A.

Out of the lived experiences, perspectives and stories shared with Committee emerged truths, pain, resiliency, knowledge, wisdom and hope. Committee would like to thank everyone who offered their expertise to this statutory review and subsequent report.

Committee would also like to thank the Department of Health and Social Services for the in-camera briefings and information.

Committee incorporated trauma informed approaches to engagement by offering the option for private and confidential listening sessions, providing counsellor and elder support and mental health and wellness resources. An anonymous survey was also made available for those who wanted to provide feedback without having to interact directly with Committee. These efforts were made to respect the confidentiality of individuals and create safe spaces for people to share. One of the limitations of engagement was lack of travel to communities outside of Yellowknife due to the Covid-19 pandemic. In response, the Committee invested in virtual approaches with public communications and one-on-one outreach in the communities. The confidential virtual listening sessions and anonymous survey is the result of those investments.

WHAT WE HEARD

Children, youth, elders, families, foster families, Indigenous government, territorial governments, the Royal Canadian Mounted Police, non-governmental organizations and front-line workers helped inform the entire *Child and Family Services Act* Statutory

Review Report, including the Sources of Support, Challenges and Recommendations sections below. Committee centred the voices of children, youth, elders, families and those with lived experiences with Child and Family Services. The report shares quotes from stakeholders to honour the feedback that was provided to Committee as well as from Committee Members themselves as they work firsthand with constituents.

Sources of Support

The Standing Committee on Social Development asked stakeholders what places of support that exist in their communities. The following list reflects the programs, services, physical spaces and organizations that stakeholders viewed as positive when reaching out for help, receiving emergency support and overall improving their lives:

1. On the Land Programs
2. Counselling Programs
3. Royal Canadian Mounted Police
4. Emergency Shelters from Family Violence
5. Foster Family Coalition of the Northwest Territories

1. On the Land Programs:

On the land programs that center healing and wellness were the number one cited source of support by stakeholders. Stakeholders described the importance of learning Indigenous knowledge, practicing land-based skills and revitalizing culture and tradition in these programs, especially for youth, children and families, those who want to overcome addictions and substance abuse, and those wanting to re-connect with their cultural identities and heritage. Stakeholders want more on the land programs available in their territorial region.

2. NWT Community Counselling Programs:

Stakeholders shared that counsellors were an important source of mental health and wellness support. There is a desire to see more Indigenous counsellors and greater availability of counsellors in all communities.

3. Royal Canadian Mounted Police:

The Royal Canadian Mounted Police was cited several times by stakeholders as a source of emergency support for stakeholders. No additional details were provided.

4. Family Violence Emergency Shelters:

Family violence emergency shelters are an important source of support for victims of domestic violence including children, youth and families. Stakeholders stated a need for shelters for gender-inclusive and culturally safe family violence in all communities.

5. Foster Family Coalition of the Northwest Territories & Home Base Yellowknife:

“Kind workers” at Home Base - Youth

The Foster Family Coalition of the Northwest Territories (FFC) is a non-governmental organization that exists to meet the needs of foster and adoptive families¹⁴. Home Base Yellowknife is a non-governmental organization that provides safe and supportive housing to youth. FFC and Home Base Yellowknife are separate organizations but work together to provide services to children and youth. Children and youth overwhelmingly shared from the youth engagement held in December 2021 that FFC and Home Base Yellowknife, including their staff, were critical support places. One youth stated that the only place they felt safe was in their bedroom at Home Base. Another youth said the couch at Home Base Yellowknife was their safe place. These two non-governmental organizations are vital to children and youth in care and those needing housing support.

Challenges

1. Overrepresentation of Indigenous People in Child and Family Services & the History of Colonization
2. Lack of Integrated Health Service Approaches, Food Insecurity & Poverty
3. Lack of Adequate and Affordable Housing
4. Addictions and Substance Abuse, Violence and Lack of Mental Health Supports
5. Social Workers and Foster Families
6. Youth Agency, Teen Homelessness and Lack of Targeted Supports
7. Absence of Care for Birthing Persons

1. Overrepresentation of Indigenous People in Child and Family Services & the History of Colonization:

“As a Dene leader, I know our people are skeptical of Child and Family Services as they take children away from their families- it’s like the residential school experiences all over again.”– MLA Ronald Bonnetrouge, Member for Deh Cho

In the Northwest Territories, there is a severe overrepresentation of Indigenous children, youth and families within the child welfare system. According to the Department of Health and Social Services, over 98% of children and youth receiving care from CFS are Indigenous, even though just 57% of children and youth in the Northwest Territories are Indigenous¹⁵. Indigenous children and youth are virtually all children and youth receiving care in the territory and represent most of the 1044 protection and prevention services

¹⁴ Foster Family Coalition of the Northwest Territories. Retrieved from: <https://www.ffcnwt.com/>

¹⁵ Department of Health and Social Services, Child and Family Services Division. (2021). *Director of Child and Family Services Annual Report 2020-2021*. Yellowknife, NWT. Retrieved from: <https://www.hss.gov.nt.ca/sites/hss/files/resources/2020-2021-cfs-director-report.pdf>

provided by CFS in 2020-2021¹⁶. For the last ten years, Indigenous children and youth in care have been 95% or more of the children and youth receiving care¹⁷. The historic and ongoing overrepresentation of Indigenous children and youth in care in the NWT is staggering. The overrepresentation of Indigenous children and youth in Child and Family Services has long been documented and is rooted in Canada's history of genocide, colonization, the residential school system, the Sixties Scoop and the modern-day child and family services systems. All stakeholders described the harmful impacts of these legacies and the ongoing trauma of those familial and community experiences including the death of family members, addictions, abuse, family breakdowns, loss of cultural knowledge, poverty and displacement within their communities. Many stakeholders cited mistrust of Child and Family Services due to this history and current experiences of racism, including on behalf of social workers was cited by many of the stakeholders as a barrier for support.

2. Lack of Integrated Health Service Approaches, Food Insecurity & Poverty:

“As we have advanced through this review, I’ve been struck by how much poverty is mistaken as neglect. If we want to truly improve things for children, we must shift to a prevention-focused model. We must ensure families succeed instead of punishing them for the failure of the government to set them up properly.” -MLA Katrina Nokleby, Member for Great Slave

Service delivery across departments is fragmented, making it difficult for all families to successfully navigate the different departments for support. For example, there are no easy pathways from the Department of Health and Social Services, the entry point for Child Family Services, to other departments and an overall lack of accountability to coordinate support for children, youth and families. Many stakeholders shared that they struggle to provide their families with enough food (and “nutritious” food) due to high prices at the store, especially in remote communities. Indigenous respondents said they wanted more traditional foods for cultural connection and to offset food costs at the store. Stakeholders described burdens of poverty including hunger and food insecurity, lack of housing and homelessness and financial difficulties. The impact of this was expressed in different ways, including grief, sadness, and hopelessness.

3. Lack of Adequate and Affordable Housing and Teen Homelessness:

“A home is a foundation for everyone, including youth. How can you think about going back to school, dealing with addiction, finding a job...when you do not know where you are going to sleep tonight?” -MLA Jane Weyallon Armstrong, Member for Monfwi

¹⁶ Department of Health and Social Services, Child and Family Services Division. (2021). *Director of Child and Family Services Annual Report 2020-2021*. Yellowknife, NWT. Retrieved from:

<https://www.hss.gov.nt.ca/sites/hss/files/resources/2020-2021-cfs-director-report.pdf>

¹⁷ Department of Health and Social Services, Child and Family Services Division. (2019) *Director of Child and Family Services Annual Report 2018-2019*. Yellowknife, NWT. Retrieved:

<https://www.hss.gov.nt.ca/sites/hss/files/resources/2018-19-cfs-director-report.pdf>

Housing is inaccessible. There is a severe lack of adequate and affordable housing available across the NWT, but it is particularly felt in small communities where there is often an absence of a private rental market. Committee members shared that families in their regions who do not have stable housing then often become involved with Child and Family Services, which creates a myriad of other barriers including stress, delayed reunification with family, homelessness, and other risks for well-being. Research also consistently shows a link between homelessness and Indigenous and other racialized being overrepresented in child welfare¹⁸. Committee is deeply concerned because of the number of people who struggle to find housing and impacts this has on a family and community. Youth face additional challenges as many youth are moving between different foster families, shelters and other places with many ending up homeless because of the lack of stability¹⁹. Nationally, linkages have been made between those children and youth who have aged out of care with homelessness, higher rates of incarceration²⁰ and less educational attainment. There is a lack of resources and supports for youth experiencing homelessness.

4. Addictions and Substance Abuse, Violence and Lack of Mental Health Supports:

Addictions and substance abuse are destructive to children, youth and families. By and large, stakeholders did not talk about these direct experiences, but rather, the devastating impact on the community and the lack of recovery supports and resources, long wait time for treatment, and a lack of NWT-based youth treatment programs for those struggling with addictions and substance abuse. Youth shared that they do not want to travel outside of the NWT for treatment. They often lose their support networks and connections when they leave the community. Many end up “on the streets” and become victims adding to their trauma.

Violence, in particular exposure to family violence, was described as prevalent and normalized within families and communities. According to the Department, exposure to family violence is the second most reported form of child maltreatment²¹. Individual respondents, particularly those from the small communities, stated the need for more counsellors, Indigenous counsellors and availability of mental health supports in all communities.

¹⁸ Nichols, N., Schwan, K., Gaetz, S., Redman, M., French, D., Kidd, S. & O’Grady, B. (2017). *Child Welfare and Youth Homelessness in Canada: A Proposal for Action*. Toronto: Canadian Observatory on Homelessness Press. Retrieved from: https://homelesshub.ca/sites/default/files/ChildWelfare-PolicyBrief-final_0.pdf

¹⁹ Nichols, N., Schwan, K., Gaetz, S., Redman, M., French, D., Kidd, S. & O’Grady, B. (2017). *Child Welfare and Youth Homelessness in Canada: A Proposal for Action*. Toronto: Canadian Observatory on Homelessness Press. Retrieved from: https://homelesshub.ca/sites/default/files/ChildWelfare-PolicyBrief-final_0.pdf

²⁰ Lee, J.S., Gimm, G., Mohindroo, M. *et al.* Assessing Homelessness and Incarceration Among Youth Aging Out of Foster Care, by Type of Disability. *Child Adolescent Social Work Journal* (2022). <https://doi.org/10.1007/s10560-022-00817-9>

²¹ Department of Health and Social Services, Child and Family Services Division. (2021). *Director of Child and Family Services Annual Report 2020-2021*. Yellowknife, NWT. Retrieved from: <https://www.hss.gov.nt.ca/sites/hss/files/resources/2020-2021-cfs-director-report.pdf>

5. Social Workers and Foster Families:

“I didn’t know, then one day someone just said I was in permanent care.” -Youth

The most numerous concerns raised were about social workers and foster families. Children, youth, elders, families, those with lived experiences and staff working on the frontlines of child welfare in non-governmental agencies, explicitly expressed challenges about the following:

- Number of times social workers change – youth do not want their social workers to change as these are essential relationships
- Lack of compassion and empathy
- Mistrust of social workers as a result of racist experiences and/or judgmental attitudes
- Lack of communication/care including unreturned calls, unable to reach, unclear communication
- Lack of knowledge on the history of colonization and residential school
- Lack of training in cultural safety, anti-racism and trauma-informed approaches
- Concern with adhering to standards and legal practices more than providing care and managing services

All stakeholders in the Northwest Territories shared that most Indigenous children and youth in care are fostered by non-Indigenous families. Many of those families do not have the knowledge, training or supports needed to adequately provide care and understanding to Indigenous children and youth who have experienced trauma, struggle with addiction and/or have disabilities. Some foster families have also expressed a similar desire for training and additional resources to support children in their care. Some youth said that they felt their foster families were more concerned with getting a pay cheque than them. Children and youth want to be cared for. A major concern cited by all stakeholders, including youth, was the number of placements. Youth want to have a stable home. Many non-Indigenous families struggle to ensure cultural continuity for their Indigenous foster children, including access to traditional food, on the land opportunities and cultural activities.

6. Lack of Youth Agency:

“I didn’t have no say, because I am just a kid.”-Youth on wanting to get their ears pierced

Youth expressed that they want the ability to make their own decisions and to understand the scope of their decision-making capacity when in care. They want to be part of decision-making and not be told after decisions are made without their input. Youth want to play sports and participate in recreational activities and have access to training for the arts. Above all, they want to spend time with their family of origin and reunite with their families.

7. Absence of Care for Birthing Persons:

Women and birthing persons have little choice about their prenatal and birthing care. There is no territorial doula program or active midwifery program in the territory outside of the communities of Hay River and Fort Smith. As a result, women and birthing persons have limited options for prenatal or birthing care programs and services. For women and birthing persons in the small communities, they are often uprooted from families and support networks to give birth alone with one escort in regional hospitals. Northern Birthwork Collective described this as “disruptive” because mothers and birthing persons have no connection to care providers outside of their communities and are often housed in hotels or boarding homes. The care provided by frontline workers in health centres and hospitals is medical. Holistic care is generally not available or equitably accessible.

RECOMMENDATIONS

Committee Question: “If you could have one wish, what would it be?”

Youth: “Family”

Committee heard the voices of children and youth and children and youth want to be with their families. Committee recognizes that to raise healthy and well children and youth, supports and resources must be made available throughout their entire lives through parents, caregivers, family and even the broader community. The intention is to support the family and community so children and youth can remain with their families and within their communities. As an example, in many families, grandparents and elders are spending valuable time with their grandchildren- passing on knowledge and wisdom- and at the same time modeling childrearing practices for parents and caregivers. Communities also play a valuable role in delivering community-based programming like the Department of Health and Social Services’ Healthy Family Program. These are just some examples of why supports and resources are vital to the family and community throughout a person’s life. For this reason, the recommendations are themed below by family roles reinforced by the community and system supports.

Culture

Culture is a living, breathing embodiment of a people expressed in all aspects of life, beginning before birth and present throughout a person’s entire journey. Culture isn’t static. It is an interplay of tradition and innovation. Committee recognizes culture is in the land, community values, languages, histories, knowledge systems, arts and justice practices. Culture is a source of strength, healing and positive identity. Over time, culture changes and innovates. Therefore, respectful incorporation of culture must be made to implement of the recommendations made below.

System Supports- Health and Social Services System Change

“This system is a system that I think does a great deal of harm to children and families. What I saw was a system that bullies children and families who have already been traumatized by colonialism and residential schools. And what I am saying is not new.”
-Neesha Rao, Executive Director of Yellowknife Women’s Society

All stakeholders talked about the history of genocide, colonization, residential school system, the Sixties Scoop and the modern-day child and family services systems and its impact on Indigenous people, families and communities. Stakeholders talked about how this has led to addictions, abuse, family breakdowns, loss of cultural knowledge, poverty and displacement within their communities. Committee believes the extent of the destruction and trauma on Indigenous peoples, families and communities and the subsequent overrepresentation of Indigenous children and youth in care is a territorial crisis. A whole of government approach that invests in supportive social programs that addresses the root causes of involvement with Child and Family Services is key. Neesha Roa, Executive Director of the Yellowknife Women’s Society, said that the social programs including counselling and housing availability must be incorporated in coordinated approaches between departments. To address the crises of the overrepresentation of Indigenous children and youth in care, governments, Indigenous governments and non-governmental agencies need to share resources and provide programming and services to prevent Indigenous children, youth and families from entering the system.

Recommendation 1: The Standing Committee on Social Development recommends the Government of the Northwest Territories declare the overrepresentation of Indigenous children and youth in Child and Family Services a crisis and develop a whole of government response in partnership with Indigenous governments.

Moms and Birthing Persons

“Increasing the health of our people, starts with a healthy community and when a birthing parent is supported through perinatal care and given traditional teachings regarding pregnancy and after birth they are better equipped with knowledge for a healthier lifestyle. With birthworkers and midwives, this will be possible in our Northern Indigenous communities.”-Dehga Scott, Co-Founder of the Northern Birthwork Collective

Committee wants moms and birthing persons to have choices regarding the prenatal and birthing care they receive. Providing holistic, client-centred and culturally safe care is important to recognize that residents of the Northwest Territories have different needs and want to seek out various services on their birthing journey. Establishing doula and active midwifery programs in each region allows mom, birthing persons and their families to stay within their respective regions, provides greater continuity of care and affirms Indigenous practices during birth.

Recommendation 2: The Standing Committee on Social Development recommends the Department of Health and Social Services provide birthing support that is holistic, client-centred and culturally safe with doula and midwife services staffed in each regional center.

Children and Youth

“Do not send people to Ranch Ehrlo (Society).” -Youth speaking out about their experiences receiving addictions recovery care in Regina, Saskatchewan

Committee heard directly from children and youth that Ranch Ehrlo Society, based in Regina, Saskatchewan, was not seen as a positive place to receive care for addictions recovery. One reason was that children and youth are removed from their homes in the Northwest Territories and placed in a major city in another province far from their families, friends and support networks. Staff from the Foster Family Coalition and Home Base Yellowknife echoed this concern and added that many children and youth become separated and “end up on the streets”. Committee recognizes the additional challenges and barriers placed on children and youth to re-locate to another city and province to receive treatment and believes that addictions recovery services and programs should be made available in the Northwest Territories to nurture children and youth health and well-being.

Recommendation 3: The Standing Committee on Social Development recommends the Department of Health and Social Services establish a territorial treatment addictions recovery program or treatment supports specifically for youth to remain in the territory and maintain their support systems.

In fall 2021, Home Base Yellowknife purchased a ten-unit apartment complex to provide housing and support for youth experiencing homelessness in Yellowknife. This complex is in addition to the Home Base Youth Dorms that provide emergency shelter for youth aged 12-24 years old. These are the only youth housing options targeted to children and youth experiencing homelessness in Yellowknife and the NWT. Children and youth at risk of homelessness and experiencing homelessness need more options for adequate and affordable housing. Committee believes a pan-territorial plan to expand housing options for children and youth at risk for homelessness or those already homeless requires that the Department of Health and Social Services partner with the City of Yellowknife, other communities in the territory and non-governmental organizations.

Recommendation 4: The Standing Committee on Social Development recommends the Department of Health and Social Services create a pan-territorial youth homelessness plan that expands safe community-based housing options by collaborating with communities and non-governmental organizations.

Parents, Caregivers and Families

Committee received ample feedback from stakeholders citing the importance and need for culturally safe parenting programs within all 33 NWT communities. Committee acknowledges and affirms the importance of these programs being strength-based and rooted in cultural practices unique to specific communities. Currently, the Department offers the Healthy Family Program for expectant parents and families with young children in select communities. Committee would like to see the Healthy Family Program delivered by the Northwest Territories Health and Social Services Authority, Hay River Health and Social Services Authority, and Tłıchǫ Community Services Agency in each community inclusive of all people.

Recommendation 5: The Standing Committee on Social Development recommends the Department of Health and Social Services tailor the Healthy Family Program for vulnerable families to access culturally safe and affirming child-rearing practices and expand the program to all 33 communities.

“More outings with other youth, more options with sports, more culture education.”
-Youth

Committee heard from children and youth that they want more opportunities to socialize with their peers, play sports, have access to cultural activities and do art. Other stakeholders also talked about the importance of having family-oriented events where people could gather and be with one another. Recreational activities support the health and well-being of children, youth and families in various ways, including learning new knowledge and skills, connecting with family and friends, promoting healthy living through physical activity and simply having fun. Committee knows the value of recreational activities for children, youth and families and understands that a barrier in many of the communities is that recreational facilities are closed to the public after the regular business day. Committee also acknowledges that the ability of children and youth to participate equitably in activities has financial barriers. For children in care, access to financial support depends on Child and Family Services. However, access to activities for children and youth not in care often relies on income support through KidSport, Canadian Tire JumpStart and Income Assistance through the Department of Education, Culture and Employment. Completing these forms can present barriers to children participating in activities.

Recommendation 6: The Standing Committee on Social Development recommends Municipal and Community Affairs lead an all-of-government approach to ensuring access to recreational programming by providing additional funding for recreational facilities and programming so all families have increased access to these spaces outside regular business day hours and additional funding specifically for those children and youth in care to participate in extracurricular activities.

Grandparents and Elders

Committee recognizes the critical role grandparents and elders have in raising and caring for children and youth in families and communities. Elders are often referred to as the knowledge keepers because they share traditional knowledge and speak Indigenous languages. In many communities, including Indigenous communities, the relationship between grandchildren and elders with children and youth is considered special because of the constant source of love, support and connection to culture. Stakeholders across the board spoke about the need for mentorship, role models and elders' critical role in the community. Dr. Pertice Moffat, Aurora College, talked about improved health and wellness outcomes for children, youth and families when exposed to strong, Indigenous female role models. Committee believes that one way to support first-time parents or youth parents who may already be in care to help them transition to parenthood is to develop formal mentorship programs with grandparents and/or elders.

Recommendation 7: The Standing Committee on Social Development recommends the Department of Health and Social Services establish family mentorship pilot projects that pair vulnerable parents with grandparents or elders to share encouragement, child-rearing practices and Indigenous knowledge.

Community

Committee noted that on the land programs that center healing and wellness were the number one source of support shared by stakeholders. Stakeholders described the importance of learning Indigenous knowledge, practicing land-based skills and revitalizing culture and tradition in these programs as critical to their overall health and well-being. Committee wants to see further expansion and development of on the land programs tailored to youth, children and families who want to re-connect with their cultural identities and heritage. On the land programs should be made with targeted support for those seeking addictions and substance abuse recovery. Committee wants to re-iterate the importance of on the land programs and the availability to children, youth and families throughout all of the regions in the territory.

Recommendation 8: The Standing Committee on Social Development recommends the Department of Health and Social Services increase funding to Indigenous governments, communities and organizations to deliver addictions recovery on the land healing options specifically tailored to youth.

System Supports- Health and Social Services System Change

Stakeholders described existing family violence emergency shelters are tailored toward women, but there is also a need for them to be inclusive of 2SLGBTQQIA people and men who require support. Committee wants all individuals who access emergency shelters to escape family violence to be in gender-inclusive culturally safe spaces where they are welcomed and protected.

Recommendation 9: The Standing Committee on Social Development recommends that the Department of Health and Social Services lead work with communities to establish culturally safe and gender-inclusive family violence emergency shelters in each NWT community with sustainable funding.

Committee recognizes the critical role foster families play in the care of NWT children and youth under the guardianship of Child and Family Services. The responsibilities of caring for children and youth are many, including but not limited to, preparing nutritious meals, ensuring timely arrival to and from school and creating nurturing home environments. Sometimes stays are temporary and other times children and youth stay for extended periods and develop lifelong relationships. Committee wants to support the foster families' critical role with mandatory culturally safe and trauma-informed training. Tammy Roberts, Executive Director of the Foster Family Coalition of the Northwest Territories and Home Base Yellowknife, shared that every time a child is moved between foster homes, that is trauma. Foster families that understand this and how to care for children and youth who have other kinds of trauma will be better prepared and situated.

Recommendation 10: The Standing Committee on Social Development recommends the Department of Health and Social Services deliver and make mandatory culturally safe and trauma-informed training for foster families.

Committee values the critical role of NWT foster families. The majority of NWT foster families are non-Indigenous, while virtually all children and youth in care are Indigenous. Committee sees the importance of increasing Indigenous foster families and wants a territorial recruitment strategy to increase the number of Indigenous foster families. Committee would like to see increased financial resources and supports provided to extended families to increase the number of Indigenous foster families in the territory. Indigenous foster families can nurture positive cultural identity and cultural continuity in ways that non-Indigenous foster families cannot.

Recommendation 11: The Standing Committee on Social Development recommends that the Department of Health and Social Services establish a recruitment strategy to increase the number of Indigenous foster families, including encouraging extended families to care for children by providing additional financial resources and support.

The impacts on children and youth who have received care from Child and Family Services are not tracked by the Department of Health and Social Services. However, many of the stakeholders who spoke with Committee, including children and youth, described experiences with Child and Family Services as "traumatic". Evaluation and monitoring frameworks are fundamental to program design, data analysis and goal setting. Committee would like to see the Department of Health and Social Services develop an evaluation and monitoring framework specifically for the Child and Family Services division. Data collection should include information that provides a data profile of children and youth in care, including a data profile for Indigenous children and youth in care. This will answer important questions about who Child and Family Service clients are and how to serve them better.

Recommendation 12: The Standing Committee on Social Development recommends that the Department of Health and Social Services develop a Child and Family Services evaluation and monitoring framework, including a data profile on children and youth in care.

Committee believes that the Indigenous Advisory Body at the Department of Health and Social Services is an important source of guidance and advice. Further, Committee believes an Indigenous Advisory Body sub-committee specifically for the Child and Family Services division can positively impact the outcomes of children and youth in care, specifically the overrepresentation of Indigenous children and youth in care in the territory. As more Indigenous governments draw down jurisdiction and go into coordination agreements under Bill C-92: *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*, connectivity with Indigenous governments is essential.

Recommendation 13: The Standing Committee on Social Development recommends that the Department of Health and Social Services establish an Indigenous Advisory Body sub-committee specifically for Child and Family Services.

Committee wants the *Child and Family Services Act (CFSA)* to be accessible to the general public. Currently, a plain language summary of *CFSA* is not publicly available. Committee would like to see a plain language summary of *CFSA*, plain language documents, forms and resources be available on the Department of Health and Social Services website to support parents, caregivers and foster families. Committee sees this as especially important for those interfacing with Child and Family and directly impacted by the Act. A plain language summary should be shared in clear language so people can easily understand and use this information to help them and their families. In addition to the *CFSA* plain language summary, Committee sees the importance of transparency and requests a complete audit of Child and Family Services forms, family resources and supports, and communication material on the Health and Social Services website.

Recommendation 14: The Standing Committee on Social Development recommends that the Department of Health and Social Services audit all Child and Family Services resources, ensuring they are all plain language, culturally safe and easily accessible online, including a plain language summary of the *Child and Family Services Act*.

“The importance of legal support for families dealing with Child and Family Services must be provided from the start as Indigenous families have a history of having their children being removed by governments. This has created a huge distrust and there is a major power imbalance between Child and Family Services and the family involved. What we heard from families is they have no one to help them or turn to and don’t know their rights. They are at their most vulnerable when asked to sign documents they don’t understand.”-
MLA Lesa Semmler, Member for Inuvik Twin Lakes

To address the distribution of power and support equitable access to justice, Committee recommends that automatic pathways to legal representation for parents, caregivers and

families interfacing with Child and Family Services should be made available. These legal services must be housed outside the Department of Health and Social Services and the Government of the Northwest Territories to remain free from real or perceived influence and conflict of interest. Providing legal representation to parents, caregivers and families is a matter of equity and justice.

Recommendation 15: The Standing Committee on Social Development recommends that the Department of Health and Social Services provide legal services to parents as early as the plan of care stage with Child and Family Services.

“The need to protect the sanctity of the child and family cannot be left to chance, ambiguities, or personal biases, but must be imbedded into legislation that will provide a framework of protections.” -MLA Rocky Simpson, Member for Hay River South

The *Child and Family Services Act* is the principal piece of legislation in the Northwest Territories that sets out the protection, supports and wellbeing of children and youth. Momentum for change to child welfare is occurring territorially and nationally with the passing of federal legislation Bill C-92: *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*. The 19th Legislative Assembly of the Northwest Territories Priority to implement the United Nations Declaration on the Rights of Indigenous Peoples, and the 2015 Truth and Reconciliation Calls Reclaiming Power and the 2019 Place: The Final Report of the National Inquiry into Missing. Committee believes this is an opportune time to make amendments and provisions to the CFSA that reflect contemporary recognition of Indigenous peoples and the rights and needs of all children and youth, including Indigenous children and youth including:

- Provision that requires the Department of Health and Social Services to meet with Indigenous governments on coordination agreement discussions every five years, if the Indigenous government has not already initiated a coordination agreement
- Provision that requires the Department of Health and Social Services to support the readiness of Indigenous governments with a funding commitment, drawing down on coordination agreements and exercising jurisdiction of child welfare
- Utilize the Division of Community, Culture and Innovation expertise to determine trauma informed language in the legislation
- Remove the word “apprehend” and related wording and replace with trauma informed language in the legislation
- Include trauma informed language in the legislation that centers children as individual with rights, affirms Indigenous children and youth, and recognizes the unique political relationship with Indigenous groups and peoples including UNDRIP, TRC Calls to Action and Jordan’s Principle
- Remove the word “Aboriginal” and use “Indigenous”
- In an effort to align with Bill C-92: An Act respecting First Nations, Inuit and Metis children, youth and families include in the Child and Family Services Act the following:
 - Principle of cultural continuity
 - An explicit hierarchy of placement for Indigenous children in the legislation

- Establishing that no child shall be apprehended solely on the basis of socioeconomic conditions
- Affirming Indigenous people's jurisdiction over child and family services
- Incorporating Indigenous governing bodies into notice provisions and the CFSA Regulations

Recommendation 16: The Standing Committee on Social Development recommends that the Department of Health and Social Services make legislative changes to the *Child and Family Service Act* to support the readiness of Indigenous governments to draw down jurisdiction for child welfare, using trauma-informed language that centers children and youth as individuals with rights, ensures cultural continuity for Indigenous children and youth, and affirms the unique political relationship with Indigenous groups and peoples.

Fetal Alcohol Syndrome Disorders

"Families need a system that meets them where they are at with the support they need. Not a fractured system that tries to fit them in where it works for the system. All Northerners have unique strengths. Person-centred, wrap-around care celebrates our residents' strengths while providing them with the support they need to thrive."- MLA Caitlin Cleveland, Member of Kam Lake and Chair of the Standing Committee on Social Development

The Child and Adult Fetal Alcohol Syndrome Disorders (FASD) Diagnostic Clinics is an important support in the territory for adults who have had prenatal alcohol exposure. Committee sees the value in expanding the services using the Adult FASD Diagnostic Clinic beyond assessment. Each person and family is unique. Comprehensive services tailored to each person are vital to a person's quality of life. Supporting parents with FASD and cognitive behavioral disabilities is critical to the success of Northern families and communities.

Recommendation 17: The Standing Committee on Social Development recommends that the Department of Health and Social Services establish a comprehensive spectrum of services available to children, youth and adults with Fetal Alcohol Spectrum Disorders and their parents and/or caregivers to prevent developmental delay and mobilize support for families.

Recommendation 18: The Standing Committee on Social Development recommends the Department and Health and Social Services implement annual Quality Improvement Plan reporting which includes progress on the Committee's recommendations.

Recommendation 19: The Standing Committee on Social Development recommends the Government of the Northwest Territories provide a response to this report in 120 days.

CONCLUSION

Committee is grateful to everyone who stepped forward to share their lived experiences, perspectives and stories to inform the findings and recommendations in this report. A special thank you is extended to all of the children and youth who spoke with Committee, especially to those Indigenous children and youth who are overrepresented in the system. Committee recognizes the challenges Indigenous children and youth face are more complex with intergenerational trauma from colonization, residential school and the Sixties Scoop and the resulting removal, separation and destruction to family relationships, community belonging, traditional, cultural practices, languages, histories and overall sense of “home”. At the same time, this narrative also overshadows the resilience and promise of Indigenous children and youth who are leading the way. We believe in you and thank you for sharing your thoughts, insights and brilliance with Committee. Committee respectfully puts these recommendations forward to compel change that benefit all children, youth and families across the Northwest Territories.

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Appendix A:

2021-2022 *Child and Family Services Act* Review Submissions:

No.	Organization	Location	Type of submission
1	Yukon Child and Youth Advocate Office	Yukon	Presentation and written submission
2	Aimayunga Women + Emergency Foster Care Shelter	Tuktoyaktuk	Written Submission
3	YWCA	Yellowknife	Public Presentation
4	Yellowknife Women's Society	Yellowknife	Public Presentation
5	Aurora College and Aurora Research	Yellowknife	Public Presentation
6	Association of Social Workers in Northern Canada	NWT WIDE	Written submission
7	Northern Birthwork Collective	Yellowknife	Public Presentation
8	Status of Women Council of the NWT	Yellowknife	Written submission
9	Alternatives North	Yellowknife	Written submission
10	Nunavut Representative for Children and Youth	Nunavut	Written submission
11	RCMP G Division	Yellowknife	Written submission
12	Inuvialuit Regional Corporation	Inuvialuit Settlement Region	Presentation
13	Public Presentations	NWT Wide	4 Virtual Presentations
14	FYRE Youth	Yellowknife	In-person engagement with approximately 20 youth
15	Public Listening Session	Inuvik and Tuktoyaktuk	4 Virtual engagement
16	Public Survey	NWT Wide	12 written submissions



Yukon Child & Youth Advocate Office (YCAO)

Presentation to Northwest Territories

June 2021

Agenda

- About Yukon Child and Youth Advocate Office(YCAO)
- Public Education
- Children's Rights
- Individual Advocacy
- Systemic Advocacy



Who we are: YCAO Staff



- **Annette King**, Child and Youth Advocate
- **Bengie Clethero**, Deputy Child and Youth Advocate
- **Julia Milnes**, Individual Advocacy Caseworker
- **Iris Binger**, Individual Advocacy Caseworker (not pictured)
- **Christopher Tse**, Systemic Advocacy and Communications
- **Angelica Fairclough**, Admin Assistant (not pictured)
- **Rachel Veinott-McKeough**, Intake Caseworker
- Also pictured: **Lynda Silverfox** and

What Drives Us



Mission: What is our purpose? 

We commit to upholding the rights and amplifying the voices of children and youth throughout the Yukon.

Vision: How do we know when our job is done?

We work towards a society that hears, includes, values, and protects the rights and voices of children and youth.

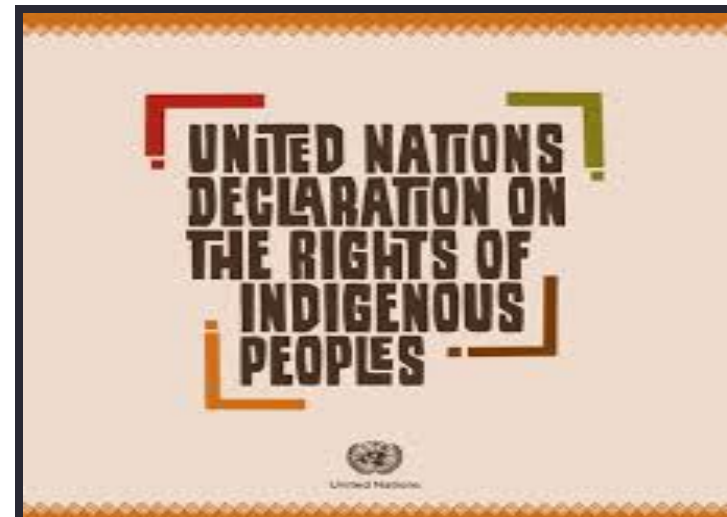
Review of the Child and Youth Advocate Act (CYAA)



YCAO is engaging youth to lead a stakeholder review of the CYAA.

Within 5 years of the CYAA coming into force, the Members' Services Board must establish a process, including terms of reference, for the review of the Operations of the Act (s. 30).

What guides YCAO



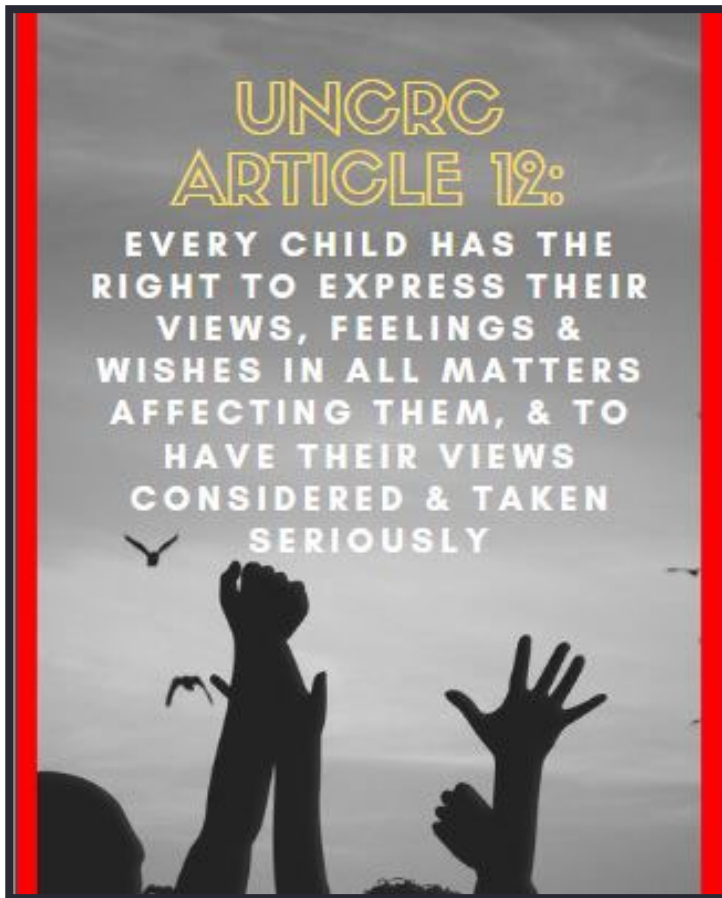
Human rights for children



- Ratified by Canada in 1991
- An obligation of governments to uphold



Article 12 – The Right to Be Heard



- The **views of the child** shall be given **due weight** in accordance with the age and maturity of the child
-

Child Rights Impact Assessments (CRIA)



- Jurisdictions in Canada and the world are using CRIA to ensure children' rights are implemented into policy, **preventing unintended consequences**
- Governments are obligated to consider children's rights in all policy decisions.
- YCAO has recommends government-wide CRIA implementation



Individual Advocacy

support, assist, inform and advise children and youth with respect to Yukon government services including:



- effectively access services and review decisions;
- Ensuring children and youth's views and preferences are heard and considered;
- Promote the rights and interests of the child or youth;
- Find resolutions that satisfy the rights and interests of children.



YCAO Individual Advocacy Process

YCAO checks referral to mandate (Child and Youth Advocate Act)

- Is the referral for a child or youth?
- Is the child/youth eligible to receive services within a designated YG department?
- Is the referral appropriate & in good faith?

Clarify advocacy issue and notify the department

- YCAO meets the child, caregivers, & natural advocates (where appropriate)
- YCAO notifies the designated YG department (initial request for information)
- YCAO notifies the First Nation (unless there is an objection)

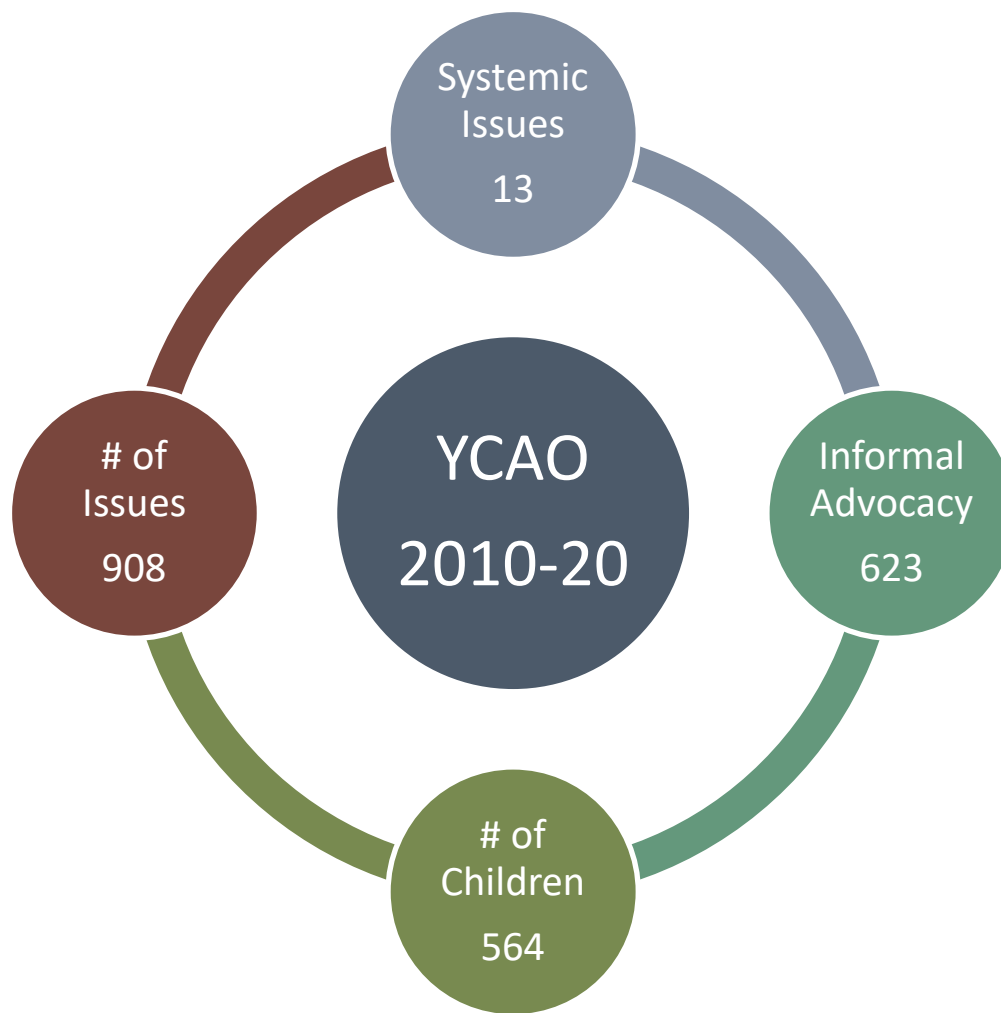
Resolution

- YCAO follows up with the child/youth/interested person
- YCAO follows up with designated service and notifies them of the resolution of the issue

Advocacy Action

- YCAO assists the child/youth in presenting their views
- YCAO communicates children's rights and interests to the designated service, and provides advice to the YG department
- YCAO may provide a written request, with a deadline to produce records

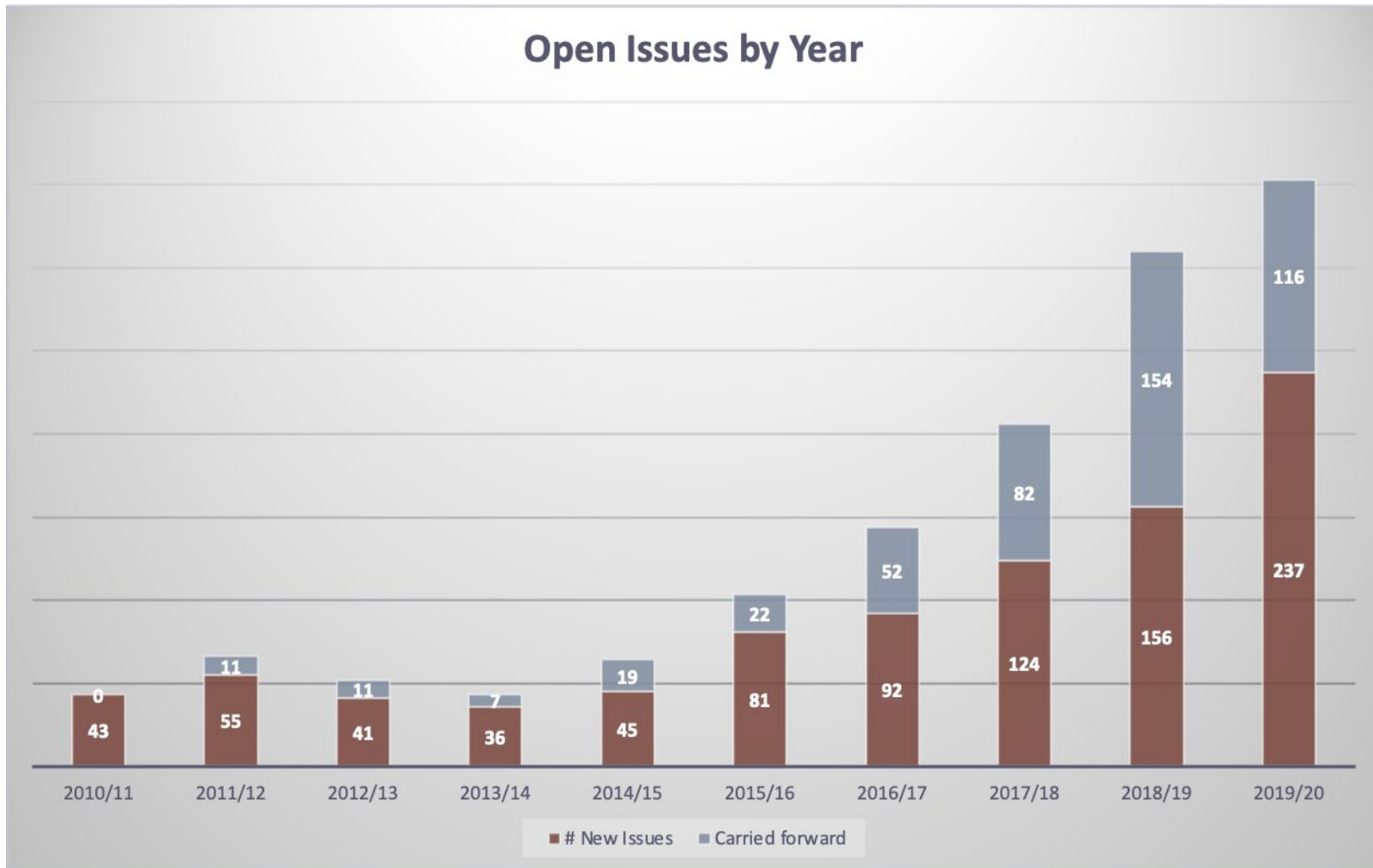
Number of individual cases:



Advocacy Issues



Open Issues by Year



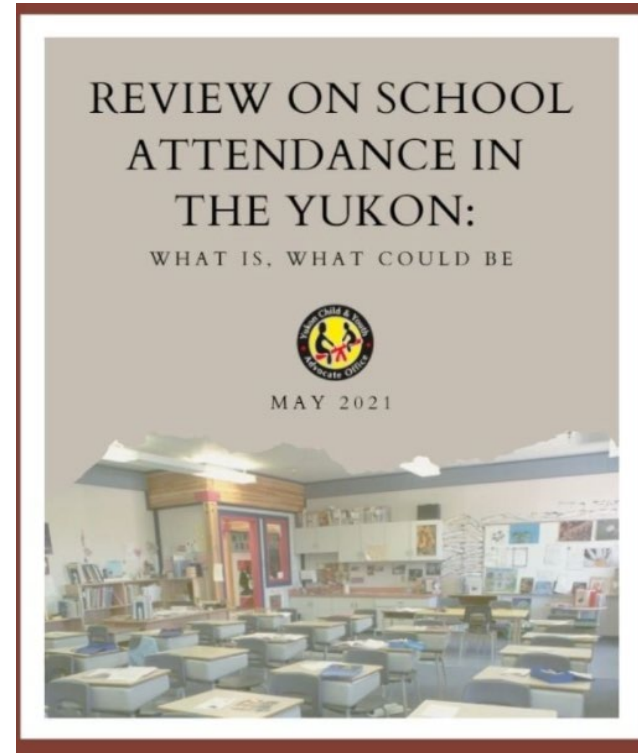
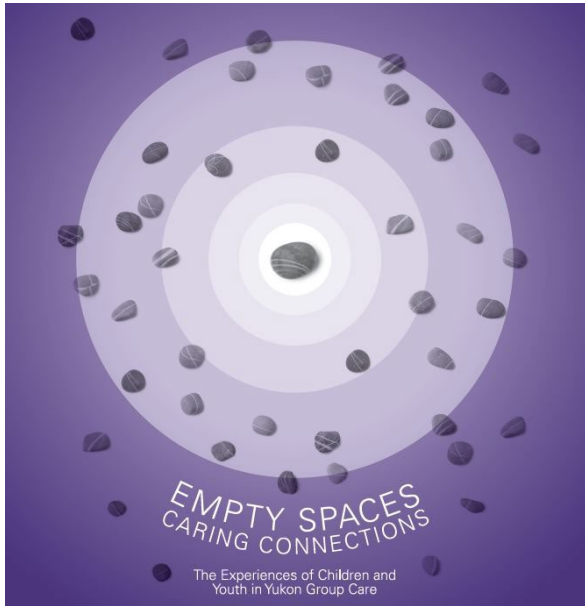
Systemic Advocacy (CYAA s.12)



If over the course of individual advocacy, the Advocate becomes aware of trends that point to a policy or systemic issue with respect to designated services, the Advocate may review and provide advice to the Department (s. 12 CYAA)

- Examples of systemic advocacy issues include: **Out of territory treatment** (closed), **Ageing out** (ongoing), **School attendance** (current), **Extended family care agreements** (current)
- CYAA s.15: The Legislative Assembly or a Minister may refer to the Advocate for review and report any matter relating to the provision of designated services that involves the interests and well-being of children and youth

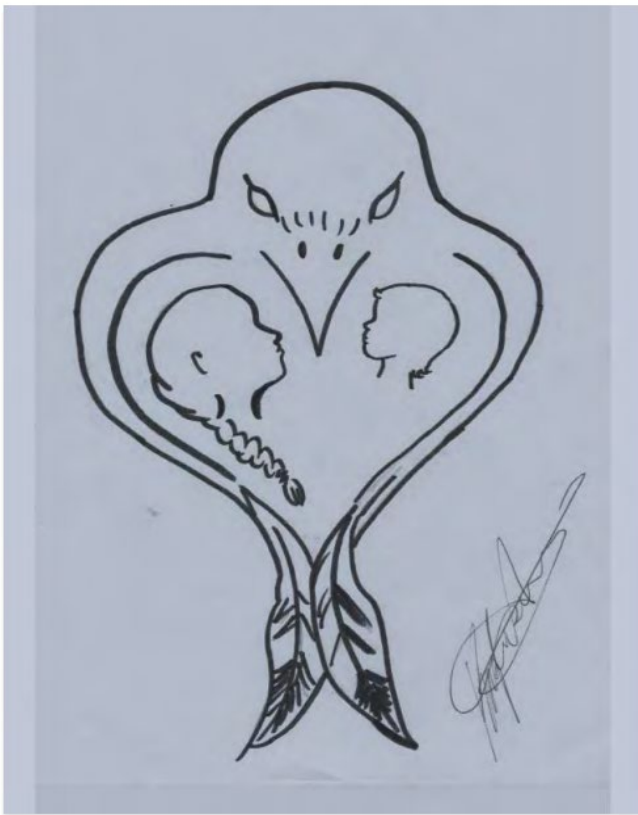
Systemic Advocacy



Review of *Child and Family Services Act*



Embracing the Children
of
Yesterday, Today and Tomorrow

A yellow graphic titled "Youth Voice" featuring several speech bubbles with children's quotes and two feathers. The quotes are: "I'm happy. I never felt like I belonged before." - age 14; "Contact with family is important." - age 13; "I want to be a kid while it lasts." - age 12; "I like staying with mom and dad." - age 5; "I have a voice. I want to talk." - age 11; "I want information." - age 13; "I'm gonna try my hardest!" - age 16; "I am ready for help." - age 14; "I love school!" - age 8; "I feel safe now." - age 15.

Youth Voice

FAQs



- Does YCAO need consent from parents or guardians to provide advocacy?
- Does YCAO have to meet the child?
- What are the ages of children that YCAO can advocate for?
- Can YCAO advocate for children who cannot express their view due to their development?
- Can YCAO provide a lawyer? Can YCAO represent kids in court?
- Does YCAO advocate for parents?



Contact Us



Yukon Child & Youth Advocate Office

2070 – 2nd Ave. Unit 19, Whitehorse, Y1A 1B1

Phone: 867-456-5575

Fax: 867-456-5574

E-mail: info@ycao.ca

Website: www.ycao.ca

Facebook: Yukon Child and Youth Advocate Office

Twitter and Instagram: @ytycao

From: Executive Director <aimayunga@tukcommunitycorp.com>

Sent: April 6, 2021 8:45 AM

To: Erin Shea <Erin_Shea@ntassembly.ca>

Subject: Re: Standing Committee on Social Development - Child and Family Service Review - Aimayunga Women and Emergency Foster Care Shelter

EXTERNAL: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender's **name and email address** and know the content is safe.

Good Morning Erin,

My name is Sandra Elias, I am the Executive Director for the Aimyaunga Women's Shelter in Tuktoyaktuk.

1. Some of the challenging needs for families to be involved with child and family service that I think are Alcohol and Drug addictions which often leads to family violence.
2. some of the supports given to families are counselling and wellness sessions. I think these are both working great.
3. I think having a alcohol center in the community would help a lot and people would be comfortable going to speak to an alcohol councilor. Also more family activities in the community would benefit everyone, just having something to do in the evenings.

Regards,
Sandra Elias
Executive Director
Aimayunga Women's Shelter
Box 350 Tuktoyaktuk, NT X0E-1C0
Phone: 867-977-2000

On Thu, Apr 1, 2021 at 10:55 AM Erin Shea <Erin_Shea@ntassembly.ca> wrote:
Hi there,

I am hoping to connect with the Executive Director – I believe it was Jocelyn Noksana about the Child and Family Service review the Standing Committee on Social Development will be undertaking. Standing Committee on Social Development is required by the Child and Family Services Act to do a review of the Act every five years.

This review will look at what prevention activities exist to help families and children through Child and Family Services and what other programs or resources are needed. Your organization should have received a stakeholder letter inviting you to provide feedback on the review, if not please let me know and I will make our Clerk aware.

The Committee would like to hear from the Aimayunga Women and Emergency Foster Care Shelter about the current prevention activities and where improvements can be made. Some questions Committee would like to know more about include:

1. What are the most challenging needs for families in the NWT that cause them to be involved with Child and Family Services?
2. What are some examples of support given to families in need? What are some examples that are working well?
3. How can the government improve supports for families in need?

Committee would benefit from hearing about some of the issues the families you work with and your thoughts on how to better support families by the government.

I would be happy to discuss in more detail when you have time!

Mársı | Kinanāskomitin | Thank you | Merci | Hąj' | Quana | Qujannamiik | Quyanainni | Máhsı | Máhsı | Mahsi

Erin Shea

Legislative Assembly Advisor | Conseillère de l'Assemblée législative

Northwest Territories Legislative Assembly
L'Assemblée Législative des Territoires du Nord-Ouest
PO Box 1320 | Yellowknife, NT | X1A 2L9
Phone: (867) 767-9132 ext. 12053
Fax: (867) 920-4735

WWW.ASSEMBLY.GOV.NT.CA
WWW.ASSEMBLY.GOV.NT.CA/FR



YWCA
NWT

A TURNING POINT
FOR WOMEN

Child And Family
Services Review



Vision: Equality for women and girls in a safe Northern society

Mission: To build safe and equitable communities where women, girls and families can realize their full potential.

Originally known as YWCA Yellowknife, the organization was founded in 1966 to provide housing for single working women. Since then, the YWCA has offered a variety of services to women, girls and families in Yellowknife and beyond. Housing is still a key component of the YWCA mandate, along with shelter from family violence, afterschool care for children and empowerment programs. In 2017, YWCA Yellowknife became YWCA NWT - a name change reflecting the broader services and reach across the territory.

YWCA NWT is one of 33 member organizations that comprise YWCA Canada, the country's oldest and largest women's organization. In turn, YWCA Canada is affiliated with the World YWCA with its headquarters in Geneva, Switzerland.

PROGRAMS

Family Violence Shelters

The YWCA NWT operates 2 family violence shelters:

Alison McAteer House in Yellowknife is a secure and anonymous family violence shelter for women and women with children to receive support while they are fleeing violence. This shelter has six bedrooms with a capacity of 12 beds. Alison McAteer house also helps people to get Emergency Protection Orders over the phone. The majority of EPOs granted across the NWT are done through Alison McAteer.

YWCA also operates Sutherland House in Fort Smith, which is an 8 bed facility.

Second Stage Shelter

Lynn's Place is for women who need safe housing after leaving a violent relationship, or who are ready to find stability in a safe environment. The building has 24 hour staffing and security, and men aren't allowed in the building. It contains 18 suites on three floors. Rent is affordable, using CMHC affordability guidelines. Tenants may stay for up three years.

PROGRAMS (CONTINUED)

Transitional Family Housing

The Transitional Housing Program (THP) has many years' experience successfully supporting NWT families in crisis. Families that we house are unable to get housing on their own due to a myriad of circumstances such as significant financial barriers, family breakdown, addictions or mental health challenges, or unforeseen emergencies that they couldn't bounce back from. One of our goals with THP is that we help to create a stronger and more resilient community for residents, and offer programs designed to help residents thrive.

We previously operated out of the Rockhill apartment complex, until a fire in 2018. At Rockhill we had some rental units in the community as well, where we housed lower acuity residents. After the fire, our program never fully recovered, though we continue to operate with a scattered-site model, where we rent units for our clients with private landlords, who in turn rent from us. The quality of our program has suffered somewhat, and it's harder to help the most vulnerable families. Also, the liability is much greater because we hold so many leases.

PROGRAMS (CONTINUED)

Child and Youth Programs

After-School Program: Provides after-school care from dismissal until 5:30 for school children up to age 11, and operates out of all Yellowknife schools. They also offer full-day care during PD days.

The Family Centre: is a free drop-in program for families with young children up to age 5. They provide fun outings on a regular basis, and an enriched environment that focuses on mental and physical wellness for families.

Dudes Club: Operates under Project Child Recovery and is a proactive program that promotes healthy coping strategies for children and youth, focuses on creating strong and resilient young leaders by creating a safe place for youth to explore their passions and gifts and ensures they have the support and services they need. It also provides supportive peer group sessions to address common concerns and promote choices that are non-violent. It is a free program accessible for youth ages 8 to 14.

Girls Space: Operates under the same mandate as Dudes Club and is a free leadership program for girls ages 8 to 17. The program runs during the school year and often has special programming during March break and the summer.

Note: The programs that we offer are designed to follow a wrap-around service delivery model. Also, with the exception of After-School, and the Anti-Violence Shelters, these programs were offered at Rockhill. Being housed in the same building made it easy to them to compliment each other, and they were easily accessible to clients.



WHY DO FAMILIES GET INVOLVED WITH CHILD PROTECTIVE SERVICES?

Poverty is the most significant factor that sees families end up involved with the child protection system. Poverty is about more than just income, it's also about peoples' ability to fully participate in society. Poverty is economic, social, and psychological.

It's easier for poor people to loose their kids to the state than middle-class or wealthy people. More obvious factors include having access to food, clothing, housing, transportation, and reliable child care. Poverty is implicated in addictions for people across the NWT, as well as having more volatile relationships. Implicit bias can factor into a Social Worker's decision, but the ways that poverty can lead to involvement with CPS is deeply entrenched. It is much more than simply parents not able to meet a child's material needs.

Is the problem behaviour, or is it poverty?



THE DESERVING VS. UNDESERVING POOR



This critique about poverty and involvement with CPS has been around since its inception, and exists across the western world. It is the legacy of the English Poor Law of 1834, which distinguished between the 'deserving' and the 'undeserving poor'. The 'deserving' poor were conceived of as being poor through no fault of their own, be it disability, age, or sickness, and couldn't provide for themselves. The 'undeserving' poor were seen as lazy and having a weak moral character. They were considered a burden on their communities and undeserving of any but the harshest of treatment from good hardworking people and the instruments of the state. (Golightley & Holloway, p. 3)

This ideology is far-reaching, and is deeply entrenched in how all social welfare programs are delivered to this day.

THE DESERVING VS. UNDESERVING POOR (CONTINUED)

Influenced by the English poor laws, early forms of public assistance in Canada was intentionally punitive and demeaning so as to separate the few 'deserving' from the many 'undeserving' poor. Neglected children were among the few groups characterized as deserving, and the mothers were mostly viewed as undeserving. In 1901, a coalition of charitable and church groups petitioned the government to enact legislation to facilitate their work with neglected and abandoned children. In support of the proposed legislation, a Supreme Court justice offered this comment:

[T]he children of drunken and immoral parents should have protection by law so as to enable them to grow up to live a useful life and not by force of their surroundings becoming untruthful, unclean and immoral and add to the pauper and criminal class of the community. (Strega et al p. 176)

Canada's first Child Protection legislation was intended to 'break the cycle' through separating children from their parents rather than by providing support to needy families.

WHAT DOES THIS MEAN FOR THE PRESENT?

- A CPW's client isn't the family or the parents, it's the individual child.
- Categories of deserving and undeserving continue to devolve along lines of individual pathology.
- A lack of much-needed support systems for families.
- The system is stigmatizing and punitive
- We've been stuck in false a dichotomy for one-hundred+ years; balancing a scale between conservative and progressive social values.

OPINIONS FROM YWCA STAFF, CLIENTS, AND CPW'S

To answer the question of what are the most challenging needs for families in the NWT that cause them to be involved with Child and Family Services, I asked that to staff at our family violence shelters, Transitional Housing Program, clients and former clients, as well as CPW's. Many of their responses focused on a lack of resources and support services. Those responses include:

- Safe affordable access to housing
- Addictions and mental health challenges
- Trauma
- Family violence
- High cost of living
- Lack of safe and affordable childcare services,
- Lack of employment options
- Lack of Educational attainment
- No timely access to treatment options or after-care
- Lack of adequate housing supports and policies when family violence is a factor

OPINIONS (CONTINUED)

Highlights from my conversations include:

People most often fall into CPS involvement because of struggles with addictions and trauma. While that's happening, they may also be experiencing family violence, and don't have a strong support network to help them.

We need more support for people who have experienced trauma. The lack of comprehensive support when people get back from treatment is a barrier. People need sustained helping relationships and time to build trust, but counselors don't always stay in their positions for long.

There is no trust of CFS and other support programs. So where do people go for help? The way we see it, clients tend to come back to [the Transitional Housing Program] over and over because they build trust with us. We don't judge them, where as a CPW is mandated to judge people.

Women in domestic violence situations are made to be responsible for their own abuse in so many ways, despite the fact that they are victims.

SUPPORTS THAT WORK WELL

Overwhelmingly, responses to the question of what supports are working well for families in need focused on helping families to meet their basic needs. These supports included

- subsidized rent in public housing
- supports from Indigenous Governments and organizations for food with food cards or assistance with living expenses
- food bank/soup kitchen in some communities
- EPO's
- Support Service Agreements that help people to meet their basic needs
- getting people into treatment services with elders and counselors.
- Women's Shelters
- Victim Services
- Legal aid



ROCKHILL



Rockhill previously housed our Transitional Housing Program. Staff and clients worked at creating an environment that was welcoming and informal. We helped people with what they needed in an open and non-judgemental way. Also, we could be gate-keepers. We had 24 hour staffing and security. Security staff were also good with people, and they helped people to manage challenges they had with guest management. The strength of the Transitional Housing Program was that we could focus on developing a healthy and positive community in the building, with different services available, but also be able to provide security to residents to avoid the challenges that come along with managing a household.

ROCKHILL (CONTINUED)

In a program evaluation we had done by an outside evaluator, the evaluator noted that:

[Transitional Housing Program] staff say that programming and staff-client relationships are designed to stabilize and help families to “learn how to be in their own home and be together in a safe place.” This is done by providing:

- Short-term, no cost emergency housing or transitional housing that is about \$300 cheaper than market rent. “That \$300 is literally peoples’ food money for the month.”
- On-site evening and weekend security.
- Close association with the RCMP and child protection/YHSSA in the event of an incident (although in these cases, staff are not allowed to enter a unit without one of these parties present).
- On-site food and clothing, when they are available.
- Regular on-site nurse practitioner visits.
- One-on-one assistance to find employment, participate in social/recreation activities, receive family services such as through Family Preservation Workers, or secure income assistance and public housing.
- On-site one-on-one and group activities to strengthen parenting, cooking, computer, and literacy skills and provide opportunities for staff-client interaction.

Collective celebrations (e.g., of holidays) to foster a sense of community and relationships of mutual support.

ROCKHILL (CONTINUED)

Aftercare: When clients leave the Transitional Housing Program, they frequently return and can continue to access services. This includes dropping in for coffee, getting help with food or other material supports, help with advocacy, attending social gatherings, or to refer friends and family to the program.

In addition, many clients needed the program multiple times. Clients who were unsuccessful in stabilizing their family situations and exited the program and the building were given second, third, and fourth chances to help get their lives back on track. The trust that we were able to develop with these clients was integral.

IMPACTS OF THE FIRE

When we lost our building in Oct. 2018, our impact was diminished. The in-house services we provided were foundational, and we no longer have the space to provide many of those services. Though we continue to house families and respond to community need, we can't reach the most vulnerable families. These very vulnerable families may be dealing with family breakdown, addictions, recovering from domestic abuse, or families being reunited after a separation or child apprehension.

This work has become more challenging without a building, as we can't provide 24-hour security or the depth of support that in-house services provides compared to a mixed-site model. We continue to provide non-judgemental services, and hundreds of families continue to go through our program every year. However, currently we are less able to help families with complex needs. Having to rely on private landlords means that we're vulnerable to the whim of the landlord. Some landlords are supportive and flexible, though some are not. Our goal is always to help our residents to have secure independent housing, but if we house a client in a unit that we rent, often times we can't get the lease transferred into the client's name, despite having a good tenancy record with us. For clients that may have RCMP or CPS involvement, we are less able to help them through that, because we can no longer act as a gatekeeper for them, and their situation can derail quickly. The Child Protection is now involved with our families quite a bit more than it was when we had Rockhill.

CURRENT SUPPORTS PROVIDED BY YWCA NWT

- Affordable housing and scattered site housing structure since the loss of Rock Hill
- Affordable afterschool childcare program
- Children & Youth empowerment programming
- Programming for parents with young children
- Violence prevention programming and safe shelters
- Food security program
- Ongoing support to clients (both current and past) as needed

Overall, our program delivery methods have been successful due to the approaches we employed and the wrap-around supports offered to the clients. We're fortunate to have many long-term and dedicated staff team that value the work and the impact we have in the community.

WHAT HAVE WE LEARNED?



- If 54% of children were involved in CPS because of neglect, and 31% because of family violence for the 2019-2020 fiscal year, then 85% of the Child Protection investigations could have been avoided.
- Everyday social care is the glue that binds us. It connects us to each other, and allows us to build trusting relationships.
- Being a good carer needs to be good for the giver and the receiver. It brings us closer together as people. It is non-stigmatizing and inclusive.

WHAT CAN THE GNWT DO?

Some suggestions include:

- A support benefit for survivors of abuse who are trying to separate from their partners
- Collect and publish data about parental income sources
- More advocates for families
- Get opinions from clients about the services they're receiving
- Move the Income Assistance Program back to Health and Social Services
- Non-profit services are on the front-line; they know how to help and what people need.

ADVICE FOR PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS

To have more successful outcomes for families who are or may become involved with CPS, communities need more support services for families. CPWs are in positions where they need to do it all, and no amount of accountability is going to make that better. Only the GNWT can serve the whole territory, but within communities our strengths need to be leveraged.

These partnerships can help in several ways:

- Community-based organizations can roll-out programs quicker and cheaper
- It's easier for community-based organizations to form trusting relationships with clients
- It's easier for families to seek help from community-based organizations
- We can respond more quickly to community needs
- We can provide more informal help, which people often prefer
- We can also help inform CPS because we can often see a family's needs and goals more clearly.

IN SUMMARY

The child welfare system as it stands simply doesn't have the capacity to meet the needs of families. You can't help people by transforming them from something you don't value into something you're willing to value. No matter how compassionate a CPW is, or an administrator, they can't change the system.

By supporting more innovative community-based organizations and programs, we can increase capacity for the sector. More diverse forms of support will help fill the gaps and restore dignity to families affected by poverty, addictions, and family violence.

REFERENCES

Malcolm Golightley, Margaret Holloway, Editorial, *The British Journal of Social Work*, Volume 46, Issue 1, January 2016, Pages 1–7,
<https://doi.org/10.1093/bjsw/bcw001>

Strega, S., Callahan, M., Rutman, D., & Dominelli, L. 'Undeserving Mothers: Social policy and disadvantaged mothers'. *Canadian Review of Social Policy*. No. 49-50, 2002. Pages 175-197

April 9, 2021

To: Committee Members, Standing Committee on Social Development

Enclosed are three research reports that are important to social development when considering the child and family service needs and government direction in the Northwest Territories (NWT). They include:

- Moffitt, P., Fikowski, H., Little S., Forbes, A., & Abel, E. (2020). *Community wisdom: Creating a comprehensive approach to end family violence in the Northwest Territories*. Yellowknife, NT: Aurora Research Institute
- Moffitt, P., Fikowski, H., Little, S., & Forbes, A. (2019). *Exploring strategies to reduce family violence in the Northwest Territories: A scoping review*. Yellowknife, NT: Aurora Research Institute.
- Moffitt, P., & Fikowski, H. (2017). *Northwest Territories research project report for territorial stakeholders: rural and northern community response to intimate partner violence*. Yellowknife: Faculties of Nursing and Social Work, Aurora College

We are requesting an oral presentation to the Standing Committee to respond to the areas that the Standing Committee prioritized for stakeholders. We will be identifying prevention and harm reduction ideologies through a critical feminist lens. This means consideration of theoretical perspectives of intersectionality and social determinants of health that are the root causes of family needs. We will provide evidence-based strategies for frontline workers and families as well as recommendations for service, policy and legislative action.

Sincerely,



Dr. Pertice Moffitt PhD RN
Heather Fikowski MSW
Sandy Little MSW

NWT CHILD & FAMILY SERVICES SOCIAL DEVELOPMENT COMMITTEE REVIEW

Pertice Moffitt, Heather Fikowski and Sandy Little

April 26, 2021

NEEDS FOR CHILDREN AND FAMILIES

Contributing Factors	Family Needs
Poverty	Universal basic income, universal quality childcare, food security
Housing & homelessness	Safe, stable and affordable housing and transitional housing
Substance abuse	Healing and harm reduction strategies
Historical trauma, intergenerational trauma and collective trauma	Healing
Systemic racism	Socially just and culturally safe services, policies and legislation
Intimate partner violence	Safety and non-violence

WORKING WELL

- Integrated Case Management
- On-the-Land Programming and being on the land
- Arctic Indigenous Wellness Camp
- Healthy Families Program
- Rockhill Transitional Housing Model*
- Community Inter-Agency Meetings

"Just like that he felt good about himself, you know. He felt he was worth something instead of [how he felt] during drinking...the land has a purpose and the land takes away all his stuff that is in him. You go sit there in peace. You feel it."

Community Member
Moffitt et al., 2020

IMPROVEMENTS: "DREAM BIG"



IMPROVEMENTS: EDUCATION AND AWARENESS AT COMMUNITY LEVEL

Build community cohesion (Wuerch et al., 2019)

Take community approach to engagement and awareness
(Burnette & Sanders, 2017)

- Campaigns that
 - De-normalize violence and encourage community members to speak out against it
 - Reflect uniqueness of communities, are developed within and supported by each community

(Fikowski & Moffitt, 2018)
 - Improve awareness and understanding of helpful responses and healthy relationships using programming, workshops
- (Duley et al., 2019)
- Family-centered interventions (McCalman et al., 2017)

"We understate [violence] and that was the way I was taught."

Community Member
(Moffitt & Fikowski, 2017)

"The communities' needs are different. You can't just use a blanket approach. You know, you have Inuit, you have Dene. They all have different processes and ways of healing; they all have variations to their experience. I think you cannot ignore that."

Shelter Worker
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: EDUCATION AND AWARENESS FOR CHILDREN AND YOUTH

Child and youth prevention programs and to incorporate Indigenous teachings

(Burnett & Saunders, 2017; Crooks et al., 2019; Giles, 2018; Guggisberg, 2019; Moffitt & Fikowski, 2017; Nixon et al., 2017; Ramus et al., 2014; Wuerch et al., 2019)

- Goal to change knowledge, attitudes, behaviours
- Child-focused prevention and education strategies, particularly targeting youth
(Burnette & Sanders, 2017; Wuerch et al., 2019)
- In-school programs most effective with program delivery extending beyond classroom setting
(Crooks et al., 2019)

"Start with the young people...in a stronger way and building up that strong confidence in the youth. Give these young women the tools that they need so that they can know that whatever violence happened in their family as they grew up, it isn't the norm and shouldn't happen to them."

RCMP Officer
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: EDUCATION AND AWARENESS FOR PROFESSIONALS

- Impacts of colonization, historical oppression and ongoing marginalization

(Braithwaite, 2018; Fong et al., 2019; Guggisberg, 2019; Hunter, 2008)

- Competency-specific interdisciplinary training to enhance collaboration and knowledge of family violence, IPV

(Burnette & Sanders, 2017)

- Theoretical understanding of family violence and unique northern and remote contextual factors.
- IPV, risk for domestic homicide and child impacts of exposure to violence
- Interventions to better detect family violence and effectively address it

(Hughes, 2010; Jeffery et al., 2018; Moffitt & Fikowski, 2017; Turner et al, 2017)

“I think it’s misunderstood by the service providers in that if you don’t understand the cycle of violence, it’s very hard to stay non-judgmental when you’re dealing with the victim and the perpetrator.”

Community Health Nurse
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: EDUCATION AND AWARENESS FOR PROFESSIONALS

- Education that helps create a paradigm shift from blaming mothers to recognizing their efforts and desire to protect their children

(Gussiberg, 2019; Hughes et al., 2016; Nixon et al., 2017)

- Develop skills for co-creating safety plans with women and their children

(Miller et al. 2012)

- Compassion fatigue and vicarious trauma

(Fikowski & Moffitt, 2018)

Speaking about frontline work they were currently engaged in, *"It just seems so wrought with traumatic experiences and that [these experiences] almost seem like, not the norm, but kind of the norm."*

Healthcare Provider
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: CULTURAL INTEGRATION & COMMUNITY HEALING

Active role for Elders

- Facilitate or co-facilitate prevention and intervention programs
- Incorporate use of Indigenous cultural and spiritual healing practices
- Benefits found in programs to reduce violence with men, women's healing interventions, youth education programs about healthy relationship

(Duley et al., 2017; Goulet et al., 2016; Guggisberg, 2019; Lester-Smith, 2012; Matamonasa-Bennett, 2015; Memmott, 2010; Puchala et al., 2010; Rasmus et al., 2014; Rowan et al., 2015; Varcoe et al., 2017, 2019)

"For me, it is an honour to be in the presence of Elders, sharing their wisdom. And I think it would be great for the youth. And take that knowledge, that wisdom, that experience. It is also good for healing. We all experience things different, but the experiences the Elders bring in and how the youth will take it and make it their own."

Community Member
(Moffitt et al., 2020)

IMPROVEMENTS: CULTURAL INTEGRATION & COMMUNITY HEALING

Integrate Elder women as an effective support for women

- Improved outcomes when exposed to strong, Indigenous female role models
- Significant longer-term positive outcomes when Elder women a part of intervention program

(Lester-Smith, 2012; Varco et al., 2017, 2019)

Two-eyed seeing approaches

- Integrate western and Indigenous worldviews

(Rowen et al., 2015; Tłıchq Community Services Agency, 2005)

Reconnect youth (Etter et al., 2019; Rasmus et al., 2014)

IMPROVEMENTS: CLINICAL RESPONSES

Address historical trauma through trauma-informed, strength-based, culturally safe approaches

(Brownridge et al., 2017; Guggisberg, 2019; Moffitt et al., 2013; Nixon et al., 2017; Varco et al., 2017; Wilson et al., 2016)

Multidisciplinary teams (Moffitt & Fikowski, 2017)

- Significant differences in
 - Use of mental health services and improved trauma symptoms
 - Increased child protection responses
 - Increased referrals to medical services
- Co-locate mental health services

(Herbert & Bromfield, 2019)

(Macvean et al., 2018; Mason et al., 2012)

"It was interesting to watch professionals talk to each other, working with this same family who didn't know they were working with the same family. There's something wrong with doing it that way."

Focus Group Participant
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: CLINICAL RESPONSES

Utilize routine and repeated screening for IPV

(Fleming et al., 2015; Hughes, 2010; Kingston et al., 2016; Messing & Thaller, 2015; Paterno & Droughton, 2016; Taft et al., 2015)

- AAS, HARK, WAST (Arkins et al., 2016)
- Trusting relationship
- Requires clear guidelines, policy, procedures; safety planning, support and referrals
- Every woman of child-bearing age (Paterno & Droughton, 2016)
- Occurring across health care settings

(Arkins, Begley & Higgind, 2016; Enges, Liden & Lundgren, 2012, Fikowski & Moffitt, 2018; Spangaro et al., 2016, 2019; Taft et al., 2012)

Supporting disclosure

- Consistent provider
- Trust, sense of safety in relationship, free from shame and blame

(Enges et al.,; Kingston et al.; Spangaro et al.)

Participant 1: "If [a woman] says yes, what are you going to do about it?"

Participant 2: "So you'd better have something in place if you're going to ask that question at a health center."

Focus Group Discussion about use of IPV screening questions

(Moffitt et al., 2020)

IMPROVEMENTS: CLINICAL RESPONSES

Self-assessment tools (iSafe)

- Interactive web-based safety decision tool for women experiencing IPV
- Supports decision-making and safety planning

(Koziol-McClain et al., 2018)

Risk assessment tools (ODARA, DA, SARA, DVSI)

- Facilitates interdepartmental and interprofessional communication
- Aids in safety planning and interventions
- Ensure reliability, validity, appropriate fit for practice setting and skill of user

(Graham et al., 2019; Messing, 2019; Messing & Thaler, 2015)

IMPROVEMENTS: CLINICAL RESPONSES

Strengths-based, not deficit-oriented approach

- Relationships that are non-judgmental, supportive
- Acknowledge women's strengths, skills, efforts at keeping their children safe
- Incorporating mother's risk-reduction strategies into case plans
(Hughes et al., 2016; Nixon et al., 2017; Wilson et al., 2016)

Target mother's mental wellness

- Most significant predictor of improving children's functioning
- Early interventions to treat mother's depression and traumatic stress
- iHEAL program
(Fong et al., 2019; Graham-Bermann et al., 2015; Graham-Bermann et al., 2009; Tutty et al., 2017; Varcoe et al., 2017; Varcoe et al., 2019)

"For example, the child protection system... in spite of the best intentions that I've seen of the workers themselves, I think that the system might have some flaws that work in a way that can be very coercive and can end up replicating the abuse that women have experienced."

Shelter Worker
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: CLINICAL RESPONSES

Address, acknowledge the double-bind experience

- Women's fear that accessing safety, support leads to CFS involvement
(Nixon et al., 2017; Wilson et al., 2016)
- Leaving relationship may also mean leaving shelter, food, resources.

Non-abusive parent interventions

- Targets effective parenting strategies and promotes parenting warmth
(Fong et al., 2019; Graham-Bermann et al., 2009)
- MOVE program (Rizo et al., 2016)

"There's a lot of people, especially in the smaller communities, who have no alternatives whatsoever except to continue to live with the person who may be abusive towards them."

RCMP Member
(Moffitt & Fikowski, 2017)

"Well just recently we hear on the news 'Mother practically almost died because what her common-law did to her and social services right there taking her, trying to take her kids away'. Like that's the sort of thing that happens and, it is a scary reality that, I don't know. But it's just something that needs to be address. here's a lot of people, especially in the smaller communities, who have no alternatives whatsoever except to continue to live with the person who may be abusive towards them."

Community Member (Moffitt et al., 2020)

IMPROVEMENTS: CLINICAL RESPONSES

Mental health monitoring and support for children

- “Sleeper effect” with children exposed to IPV (Vu et al., 2016)
- Recommend ongoing mental health and health assessments (Hunter, 2008)
- Therapeutic support (Graham-Bermann et al., 2009)
- Long-term support (Hunter, 2008; Wendt & Baker, 2013)

Safety plans developed with children and in partnership with mothers

(Miller et al., 2012)

- Without coercion but with collaboration
- Incorporating mother’s skills, strategies
- Identify and develop skills and strategies to reduce risk
- Safety planning with elders (Holkup & Salois, 2017)

(Hughes et al., 2015; Nixon et al., 2017)

IMPROVEMENTS: JUSTICE RESPONSES

Specialized Domestic Violence Courts

- Provides early intervention for low risk offenders and strong prosecution for serious repeat offenders
- Improved collaboration and IPV understanding within justice system and counselling system
- Expedient referrals from probation

(Tutty & Babins-Wagner, 2019)

Emergency Protection Orders

- Relocation when greater risk factors or severe abuse
- Breaches taken seriously
- Multi-sectoral response to support safety when EPOs in place

(Diemer et al., 2017)

Implement Death Review Committee (Moffitt & Fikowski, 2017)

"I think anytime there is a homicide or suicide, I think we need to be paying really close attention...What I would love to see is a death review committee that looks at those and says, 'Okay, so what was going on in that woman's past.' and it is not to blame service providers to say, 'oh, you didn't do your job.'...but to review and say how could we have made it better for this woman so that this doesn't happen in the future....we are losing a lot of people in the north due to suicide and what they've experienced as a kid"

Victim Services Worker
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: POLICY & LEGISLATION

“Whole of government” approach to alcohol-related harms

- Establish minimum prices for alcoholic drinks purchased
 - Regulate and limit the physical availability of alcohol purchases
 - Restrictions on quantities of alcohol an individual can purchase
 - Create a territorial alcohol strategy that is reviewed at least every 5 years with independent monitoring of its implementation
 - Track and publicly report on alcohol-related harm indicators
- (Stockwell et al., 2019)

“This [community] has such huge potential, so many good things about it. But it is mired in addictions and violence, where people can’t get a step above that.”

Counsellor
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: POLICY & LEGISLATION

“Whole of government” approach to community wellness

- Collaborative, intersectoral
- Share policy responses
- Improve communication between sectors
- Strengthen intersectoral relationships

(Hunter, 2008; Macvean, 2018; Mason et al, 2018;
Moffitt & Fikowski, 2017; Zorn et al, 2017)

Address underlying causes of violence, such as
colonization and trauma, and work to improve social
determinants of health that impact family stress

Affordable stable housing and transitional housing
programs

(Wendt & Baker, 2013)

*“...the length of wait for a
home is another gap...I
think the average wait for a
home is somewhere
between 9 and 10 months,
which if you really need to
be out of a dangerous
situation, is a long time.”*

Community Health Nurse
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: POLICY & LEGISLATION

- Hire appropriately trained professionals to the unique dynamics of northern practice

(Wuerch et al. 2019)

- Sustainable funding for programs

(Hunter, 2008; Moffitt et al., 2020)

- Effective organizational responses to help prevent, mitigate and address the compassion fatigue and vicarious trauma experienced by frontline workers

(Fikowski & Moffitt, 2018)

"When we get funding to do creative things, give it to us for 10 years so that we can actually know if it made a difference. These two-year models, we are just barely getting going and then we are shutting down."

RCMP Member
(Moffitt & Fikowski, 2017)

CONCLUDING THOUGHTS



- Early education and in-school programming that targets younger children and youth are effective preventative and intervention strategies.
- More purposefully and effectively move towards multi-sectoral approaches and the co-location of services.
- Screening, assessment, and intervention strategies need to be evidence-based with integrated cultural approaches to healing including Indigenous Elder women.
- Many northern contextual factors, fear of judgment or a double-bind experience may be a barrier to mothers accessing preventative or crisis-oriented support ... and there is a significant link between a mother's mental health and their child's wellness and functioning.
- Frontline workers are passionate about their work and compassionate to children and families, but there is a cost to their caring.

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Caitlin Cleveland, Chair
Standing Committee on Social Development
Legislative Assembly of the Northwest Territories

via Email: Mr. Gerry Burla, Committee Clerk, Social Development Gerry_Burla@ntassembly.ca

RE: *NWT Child and Family Service Review - Prevention Activities*

Dear Ms. Cleveland,

Thank you for your March 15, 2021 letter providing an opportunity to give feedback on the Child and Family Services program in regard to Prevention Activities. Many members of the Association of Social Workers in Northern Canada, in the Northwest Territories, work in the area of Child and Family Services (CFS). We appreciate the ability to comment on this program and note that CFS is often the primary program through which families receive social programming, and in some of the smaller communities, may be the sole program families can access support through. Therefore we acknowledge the importance of this program's ability to respond across the spectrum of family's needs from prevention, a variety of family supports and crisis management.

What are the most challenging needs for families causing involvement...

The majority of the children involved with the Child and Family Services program in the Northwest Territories are Indigenous. To understand their family-based challenges, one must consider that Indigenous families and communities have continued to live amidst over 150 years of European-colonization. The goals of the Euro-colonial society are to have a successful population as per European ways of thinking and living. For Indigenous peoples this has meant the imposition of societal norms about family life and parenting practices. These norms were acted out by European settlers through government policies including residential school, the 'Sixties Scoop', Federal Indian Hospitals (parents and children with tuberculosis hospitalized for years at a time in southern Canada), and other policies that lead to the shift from nomadic, land-based living to community, wages-based living. The imposition of these norms has been violent in obvious and insidious ways. Indigenous cultural practices of community-based child rearing have been impacted by Euro-Canadian society which views good parents as those who carry out day to day decision making and caregiving, as one example. Indigenous family life has often involved multi-generational households and raising children by various members of the extended family. Many Indigenous people and families today are grappling with the combination of intergenerational traumas and the exploration of what it means to be an Indigenous person, and parent, in today's world. Intergenerational trauma can involve emotional distress, disruptions to mental functioning, physical symptomatology, and spiritual unease. Assessing a parent's risk for neglect and abuse often looks at the individual parent's present "issues" while failing to recognize the colonial context of how they are created.

Governmental "helping systems" are typically designed by and for Euro-Canadians who need support that is not on the level or type of issues that Indigenous families and communities who are surviving

what the Canadian government defined as a “genocide” (The Murdered and Missing Indigenous Women and Girls Inquiry, 2019). ^[i]The Canadian initiatives named-above to “remove the Indian from the child” (Campbell-Scott, 1920), ^[ii]interfered with cultural knowledge for creating home environments which are nurturing to children. In its place, many families are left with poverty, addiction, Fetal Alcohol Spectrum Disorder (FASD), and domestic and lateral violence. It is likely near impossible for non-Indigenous Child Protection Workers to imagine what it is like to have, not one relative struggling with these things, but nearly everyone you know in your family and close-knit community.

Families are often expected to know how to navigate the welfare state on their own and how to assist their various helpers in collaborating with one another. Without sufficient support, the expectation seems to be that families will magically be able to muster the know-how and resources needed based primarily on the motivation that comes from fear of the CFS staying involved with their “case”; surveilling their family for years, having their children removed from their care, and being deemed permanently unable to parent their children. Child Protection workers are not set up to provide therapeutic themselves; instead being case managers for other services and any legal CFS processes. Many times, social workers see that there are insufficient services available to help families make change, and are still left in a position of having to assess the parents as good-enough caregivers, or not.

How can the government improve supports for families in need?

How can services designed by the Euro-Canadian welfare state understand and fit the needs of Indigenous families and communities? Prevention and wellness initiatives need to actively counter colonial harm and the structures that enable it. Adequate For Prevention Activities to prevent future harm, we must understand the nature of the challenges present now. We know that social determinants of health and wellbeing [AW1] interact with one another and must be assessed holistically when developing programming to address family well-being. One main challenge for child-caregivers who are struggling is that help means accessing and navigating numerous systems which can be impossible. housing, income and culturally appropriate foods are child abuse prevention. Ensuring sufficient connection to social and cultural supports are child abuse prevention. Families and Communities are the best experts on what they need in order to do well within the contexts of their lives (Mental Health Commission of Canada, Guidelines for Recovery-Based Practice 2015^[iii]). More comments on this below.

In 2005, the Touchstones of Hope movement was initiated by several advocates of reconciliation within the child welfare field. One of its primary champions in Canada is the First Nations Child and Family Caring Society (FNCS) who “*works to ensure the safety and well-being of First Nations youth and their families through education initiatives, public policy campaigns and providing quality resources to support communities. Using a reconciliation framework that addresses contemporary hardships for Indigenous families in ways that uplift all Canadians, the Caring Society champions culturally based equity for First Nations children and their families so that they can grow up safely at home, be healthy, achieve their dreams, celebrate their languages and culture and be proud of who they are. The Caring Society proudly works with our partners in Canada and around the world to promote the rights of Indigenous children.*”

The Principles to Guide Reconciliation in Child Welfare include: ^[iv]*Self-Determination, Culture and Language, Holistic Approach, Structural Intervention and Non-Discrimination.*” The FNCS has developed the Touchstones of

Hope Toolkit; a “How-To Guide” in embracing reconciliation within the child welfare system and “promotes the Touchstones of Hope principles and process in grassroots control, preparing community based facilitators to work with communities and organizations, and developing culturally-driven plans and next steps which are meant to inform child welfare practice and policies specific to regions and Nations.”

Further details on the Principles of the Touchstones of Hope can be found on the image below. These principles form a solid foundation from which to engage in culturally considerate program development within Child and Family Services. They can also be used to assess cultural safety within program development.

Prevention Activities are considered and suggested by communities already through their **Community Wellness Plans**. [v] Priorities and initiatives from the CWP’s could be viewed as part of providing Prevention Activities to families who are or who may become involved with CFS.

Also important are culturally relevant treatment plans that are actually family-driven and stem from accurate assessments that maintain a view of the root causes of problems.

Family Group Conferencing is an example of this with much success in New Zealand (Aotearoa). “A Family Group Conference (FGC), is a mediated formal meeting between **family** members and other **officials** such as **social workers** and **police** in regards to the care and protection or **criminal** offending of a **child** or adolescent. FGCs originated in **New Zealand**, and were originally used to allow **social work** practice to work with and not against **Māori** values and culture. The **Children, Young Persons, and Their Families Act 1989** made them a central part of practice and services where serious decisions about children are to be made. The Family Group Conference is where the whole **whānau** (family & extended family members), can help and make decisions about the best way to support the family and take care of their child. It is a formal meeting in which the family, the whānau of the child, and professional practitioners work closely together to make a decision that best meet the needs of the child. The process has four main stages, which includes a meeting where professionals inform the family of the concerns they have, followed by private family time, where the family alone can develop a plan that addresses the concerns that have been raised. The plan is then presented to the professionals who should support it if the concerns have been addressed and it does not put the child at risk. The meetings are facilitated and co-ordinated by people independent of casework decisions in the **agency** working with the family.” **Further information can be found here:**

<https://cwrp.ca/sites/default/files/publications/FGC77E.pdf>

And here: <https://www.mamawi.com/family-group-conferencing/>

What are examples for support given ... what worked well...

- Actively support family and community members to help each other, proactively, not as a last resort in crisis.
 - Encourage parents to access a network of support and recognize the resourcefulness of obtaining help vs. seeing the shared caregiving in itself as a reason to open a CFS investigation.

- Many family members would be willing to help care for children in their families if they had more support: respite, financial, food, help with appointments, help managing family relationships.
 - Providing access to family-based treatment programs.
 - More support for families where one family member wishes to go to treatment but cannot because of the responsibilities it would leave on other members.
- Culturally appropriate supports for gender-based violence.
 - For families who desire it, more support for families experiencing incarceration.
 - Increased support for community-based Wellness activities. Supporting Indigenous government and grassroots organizations in developing their own programming.
 - More support –and more accessible support–for parents who are separating and need help determining custody, co-parenting and child support.
 - Culturally appropriate programming that nurtures parenting skills across different developmental stages.
 - Implement the initiatives of the **Anti-Poverty Strategic Framework** ^[vi] including the Child and Family Support initiatives on p. 12 which include:
 - Access to ECE programming and child care.
 - Expand early intervention and assessment aimed at infants and new parents, and better coordinate and integrate services

Some communities have **Family Preservation Workers** who have non-investigatory, support roles in supporting families. They provide practical support to families such as transportation to appointments, navigating health systems, building parenting skills and household management skills.

The **Healthy Families Program** has been helpful for families as it is based on working with families, in their homes (going to them) and building off of their strengths.

Other successes have been providing resources and support for **initiatives of Indigenous Governments** (i.e. funds and equipment for families to engage with on-the-land activities during covid-19), and **Community-organizations**, i.e. the Arctic Indigenous Wellness Foundation, the NWT Literacy Council's family based –programming, prenatal groups, cultural programming that supports multi-generational sharing of knowledge and kinship-building etc.

The newer programs at the FFC which provide interventive services for youth involved with helping systems, aiming to disrupt inter-generational involvement with Corrections and CFS.

- GLOW Program: The GLOW (Gaining Lifeskills Our Way) Program started in Yellowknife in July 2020. This program runs daily, Monday - Friday, and is open to youth ages 12+ who have experience with social services. For more information head to the GLOW Program page.
- 4Y Program - The 4Y Program is a support and navigation program for youth in the Yellowknife area who may have or are diagnosed with Fetal Alcohol Spectrum Disorder (FASD), and need additional one on one support to learn life skills

and transition into adulthood. This program has been running in Yellowknife since June 2019.

- 4Y Program - Justice Stream
- Volunteer Mentorship Program: connects community volunteers with a child or youth in a mentorship role. Volunteers will work with one youth for 1 - 4 hours a week, doing fun things and working on things they need to work on. This program gives children and youth an opportunity to develop a meaningful relationship with one more caring adult.^[1]

[1] <https://www.ffcnwt.com/programs>

[i] https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Supplementary-Report_Genocide.pdf

[ii] Duncan Campbell Scott, Deputy Superintendent of Indian Affairs, 1920, as cited at <https://senCanada.ca/en/senators/mccallum-mary-jane/interventions/535577/36>

[iii] https://www.mentalhealthcommission.ca/sites/default/files/MHCC_RecoveryGuidelines_ENG_0.pdf

[iv] <https://fncaringsociety.com/reconciliation-child-welfare>

[v] <https://www.hss.gov.nt.ca/en/services/community-wellness-plans>

[vi] <https://www.hss.gov.nt.ca/sites/hss/files/anti-poverty-summary.pdf>

[AW1] Citation here



May 26 2021

Standing Committee on Social Development
Child and Family Services Review

Dear Caitlin,

Firstly, I'd like to thank you and the other members of the Standing Committee on Social Development for taking the time to hear our presentation and the kind words of support shared for the Northern Birthwork Collective. We are so grateful for the opportunity to build a relationship with the committee and hope that we can continue to work together to build more just, equitable and safe reproductive health and wellness spaces for families in the NWT. I will share in this letter some other examples of projects across Canada that are relevant to this work in hopes that we can figure out what might work in the NWT.

[BC Doulas for Aboriginal Families Grant Program](#)

This is a great program out of BC with the health authority and the friendship centre that awards families with a \$1000 grant to access doula support. I am in the process of planning a meeting with the program lead to learn more about how the program works.

[Birth Mark](#)

Birth Mark is a Toronto and Hamilton, ON. based charity that has one core funder. They provide access to doula support to underserved communities. The way they prioritize who they provide care to is working in partnership with specific health professionals who have access to pregnant people and they get referrals for clients through them. They have many doulas they hire on staff and offer other programming like access to pelvic floor physio, childbirth education, therapy, yoga etc. Last I checked, their doulas are only paid around \$500 which I don't think is sustainable. A lot of the doulas who work for them also work outside of the charity/have other jobs.

[Nesting Doula Collective](#)

The Nesting Doula Collective is a lovely group of birthworkers who are living in Victoria, BC and are good friends of the Northern Birthwork Collective. Dehga and I recently explored taking their BIPOC Doula Training to learn more about facilitating our own training. They are a grassroots project operating mainly off of fundraising efforts, grants and the BC Doulas for Aboriginal Families Grant. They offer doula support and also have funding to cover groceries and supplies for families. We have formed a coalition with them to work together on fundraising efforts and help both our projects grow.

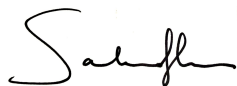
[Manitoba Urban Indigenous Doula Research project](#)

This research project was awarded a large sum of money to look into the effect that Indigenous Doulas have on Indigenous families. We have met with the research team to hear more about the project and have built a relationship with them. The doula program they are researching will have doulas trained by Melissa Brown and Candace Neumann of [Zaagi'idiwin](#), a very well regarded Indigenous Doula Training.

The NBC is currently in the process of bringing this training to the NWT in July. We are waiting to hear back from some funding but will be launching this opportunity for Indigenous members of the community to take part in at a sliding scale/pay what you can and the collective will cover the rest. We are doing this because our own training will not be ready until sometime in 2022, and we acknowledge the need for more Indigenous doulas in the NWT to have a successful program here.

I hope that all of this information is helpful in writing your statement. Please do not hesitate to reach out with any questions, comments or concerns.

Sincerely,



Sabrina Flack
Project Director // Doula
The Northern Birthwork Collective
867 688 7616

Accessible and Culturally Appropriate Birthwork —

by Sabrina Flack & Dehga Scott



Who We Are

Sabrina Flack
Project Director

- Certified Full Spectrum Doula
- Advocate for pregnant, birthing and postpartum people
- I am a mixed-race Black woman
- Passionate about just and equitable care for BIPOC and 2SLGBTQ+ folks



Dehga Scott
Research and Development

- I am Tlichó Dene
- Mother
- Indigenous Governance Degree Student at Yukon U
- Passionate about revitalizing Indigenous birth practices in the north

VISION

Our collective vision is for all families, pregnant and birthing people from underserved communities to have access to holistic and dignified support, that is respectful and free of oppression and racism.

MISSION

Our mission is to provide cost supported programming and services for all stages of the reproductive journey including conception, pregnancy, birth, postpartum, miscarriage, loss, abortion, and parenting.

We intend to provide continuous education to members of our community and grow a territory wide network of birthworkers who are able to provide collective care that is grounded in our values.

We acknowledge that colonization has had a great impact on our bodies and traditions, and believe that revitalizing traditional knowledge is a crucial step in our collective healing.

VALUES

Advocacy

Anti-Racism

Inclusivity

Cultural Safety

Client and Family Centred

Holistic

Respect

What is a Doula?

A Doula (or Birthworker) is a trained professional who supports individuals and families throughout their pregnancy, labour, and birth as well as providing additional support during the postpartum period and through abortion, miscarriage and loss.

Doulas are trained to provide emotional, informational, and physical (non-medical) support, as well as to advocate for their clients. Their priority is to support the birthing person but they also support partners, other children, and other members of the family going through the transition.



The Racist History of Obstetrics and Gyneacology ———

- "Father of American Gyneacology" John Marion Sims experimented on slaves
- Our Canadian Healthcare System stems from these practices
- Black and Indigenous birthers have worse outcomes and experience more harm than White birthers
- It's not just historical



The Importance of Trust and Continuity of Care ———

- The effects of fear and judgement on labour are detrimental to the health of parents and babies
- Many Indigenous and Black folks have distrust in the system, with good reason
- Not being able to express difficult feelings due to worry around being seen as "hysterical" and having your child taken away is one of the many ways this fear and distrust manifests
- Having a trusted companion through this process can help to create feelings of safety and trust for the birth giver



How Birthwork Can Help Children and Families ———

- Doulas provide continuous care through pregnancy and all pregnancy outcomes
- Doulas can be trained to practice harm reduction and have trauma informed practice
- Doulas are advocates, know their clients history, wishes and meet them where they are at
- Doulas continue to support postpartum when the stress from bringing a baby home can take a toll



Indigenous Doulas and Revitalizing Traditional Knowledge ———

- There are very few Indigenous Doulas in the NWT
- NBC in the process of developing an Indigenous Doula Training specific to the NWT
- Important to see yourself reflected in your care providers
- The reproductive and family building journey is a time to gain a great sense of belonging and healing
- Doulas trained with traditional knowledge, and the families supported by them connect more to their cultural practices



Valuing Care Work and Emotional Labour ———

- Doulas are not covered by health insurance
- Access to services that promote healing is crucial
- Care work, or work traditionally seen as "feminine" has gone undervalued for too long
- The NBC exists to bridge this gap. Provide families with access to doula and other reproductive wellness support as well as compensate doulas fairly



Thank you for listening to our presentation.

QUESTIONS?

NORTHERNBIRTHWORKCOLLECTIVE@GMAIL.COM

Standing Committee on Social Development
Northwest Territories Legislative Assembly

April 29, 2021

Dear Mr. Burla:

Re: NWT Child and Family Service Review – Prevention Activities



*Status of Women Council
of the N.W.T.*

The Status of Women Council of the Northwest Territories is committed to advocating on behalf of women and girls. We particularly want to comment on the following line from the review invitation letter that: “About 50% of the Child and Family Services files that were reviewed, identified domestic violence as the main reasons children were at risk.” We know that the rates of family violence in the NWT are the second highest in the country. We know that female children and youth represent 72% of the victims of family violence in the NWT and experience it at 5 times the national rates. Male children and youth represent 28% of the victims of family violence in the NWT and experience it at 3 times the national rate. We are equally concerned about their well-being as mothers, grandmothers, aunts, and sisters care for and about their male relatives and friends, too. The other alarming fact we recently learned was that the NWT saw an overall 12 increase in the rate of violence against children and youth from 2018 to 2019. (Source: Statistic Canada, Family violence in Canada: A statistical profile, 2019).

These statistics are consistent with what we hear, have heard for many years, and with our recent research. Accordingly, we identified twenty-one (21) recommendations through our territorial-wide intimate partner violence project that are relevant to the review of the NWT Child and Family Service – Prevention Activities. Please see attached a copy of our recommendations report, *We Hear You: a call for caring co-action to improve services for women experiencing intimate partner violence*, with the knowledge that many of these recommendations include and/or impact children and youth and are relevant to primary, secondary, and tertiary prevention activities; (attached are two Family Violence Prevention documents for more information). Below are the twenty-one (21) recommendations from our recommendations report, *We Hear You*:

Recommendation 1: Encourage government leaders and policy-makers in the Northwest Territories to identify intimate partner violence as a public health issue and adopt a public health approach to address, reduce, and prevent intimate partner violence in the territory.

Recommendation 2: Encourage government leaders and policy-makers, in collaboration with relevant partners and stakeholders, including the women's organizations, to develop and implement a family violence strategy and action plan for the Northwest Territories.

Recommendation 3: Encourage the Government of the Northwest Territories to establish a multi-sectoral working group, consisting of relevant service providers, women's organizations, government and community representatives and decision-makers, and Elders, to review practices and models from other jurisdictions that could be adopted and adapted to the Northwest Territories to reduce the stigma and improve intimate partner violence services.

Recommendation 4: Encourage the service providers, who are involved across the intimate partner violence service continuum, to adopt a collaborative, long-term, holistic approach to the provision of services to women experiencing intimate partner violence and their children.

Recommendation 5: Encourage relevant stakeholders, partners, women's organizations, and governments to adopt a collaborative, inter-agency approach to ensure that women experiencing intimate partner violence have timely access to safety resources. These resources should include safe phones, safe transportation, and safe homes or family violence shelters in all communities in the territory. These efforts should also ensure that women and their male children aged fifteen (15) or older have access to safe shelter when leaving a violent home.

Recommendation 6: Encourage governments to increase the availability of second stage housing, public housing, and affordable housing so that women and their children are not forced to return to their abuser out of the necessity for shelter.

Recommendation 7: Encourage relevant service providers and women's organizations to collaborate to improve the accuracy, timeliness, as well as the safe and discrete accessibility of safety planning information. This information should include, but should not be limited to, information that helps to improve the safety of women and their children in their home, when they are planning to leave their home, and once they have left their home. Consideration should also be given to piloting a Circles of Safety and Support approach to safety planning for

women who are at a high risk of intimate partner violence.

Recommendation 8: Encourage stakeholders and partner organizations to work together to provide consistent and coordinated intimate partner violence training and trauma- and violence-informed training to service providers. Consistent and coordinated training supports a comprehensive and similar understanding of intimate partner violence and the consistent and informed use of trauma- and violence-informed approaches when interacting with women and their children experiencing intimate partner violence. This training should impress upon the service providers the need to maintain the privacy and confidentiality of the women they are helping, and support providing services in a non-judgmental manner. This training must be complemented by community-based cultural safety and cultural competency training to reflect the diverse cultures, cultural practices, and norms of those living in the Northwest Territories.

Recommendation 9: Pilot collaborative, inter-agency response teams to intimate partner violence and to intimate partner violence involving children in the territory's larger centres. The proposed inter-agency response teams could involve RCMP and Victim Services responding jointly to intimate partner violence or RCMP, Social Services, and Victim Services responding jointly to intimate partner violence involving children. Alternatively, consideration should be given as to whether a Specialized Response Unit to domestic violence, sexual violence, and child welfare might be a better fit with the resources and needs of the Northwest Territories. The Yukon RCMP adopted this type of mobile response unit in 2013 and it continues to operate with four (4) plains-clothed police officers who have received specialized training.

Recommendation 10: Provide specialized services to women who have experienced intimate partner violence; services that are women-centred, trauma- and violence-informed, and holistic. These services should include access to specialized counsellors/mental health professionals. Consideration should also be given to incorporating navigational and advocacy services to negotiate the various government systems including justice, securing housing, income support, education, and training, as well as access to childcare to support these efforts. Women may also require long-term, wrap-around services and support to aid their healing and ability to lead full and productive lives.

Recommendation 11: Mitigate the effects of exposure to intimate partner violence and/or experiencing family violence on children and youth, and help children and youth heal, to lead

full and productive lives, and to end the cycle of violence by:

- Identifying, implementing, and evaluating early intervention activities to prevent and/or mitigate trauma to children and youth.
- Providing specialized, trauma- and violence-informed counselling/mental health services to children and youth to support healing and breaking the cycle of violence.

Recommendation 12: Ensure families who have experienced family violence have access to specialized family counselling/mental health services so that they can heal as a family unit.

Recommendation 13: Encourage the Government of the Northwest Territories to establish an independent, non-partisan Child and Youth Advocate Office to support and protect our young people, to ensure their voices are heard, and to promote the rights of our young people especially in relation to government programs, services, and legislation.

Recommendation 14: Enhanced intimate partner violence awareness, education, and prevention efforts across the territory to be undertaken at the local and territorial level by community partners, service providers, and government entities. These efforts should include, but are not limited to:

- Awareness and education activities to address victim blaming, shaming, and to counter the normalization of intimate partner violence.
- Engaging with the general public, including men and boys, and decision-makers to create greater awareness and understanding of intimate partner violence, its causes, and the solutions as a means of creating individual and social change to reduce violence and create equality.
- Providing healthy relationship, conflict resolution, and violence awareness and prevention education to children and youth within the education system and through other community-determined means to empower them to live violence free and healthy lifestyles and in doing so, to break the cycle of violence.

Recommendation 15: Encourage the following activities to mitigate the fear of losing one's child or children as a barrier to leaving a violent relationship:

- The development and implementation of pre-charging police interventions.
- The development and implementation of primary aggressor policies to help police identify the primary offender.

- Factoring in which parent is the primary offender and the actual intimate partner violence into child custody and visitation decisions.

Recommendation 16: Conduct further research to identify what the justice system can do to provide supports and services to woman who have experienced intimate partner violence with the intent of meeting their needs and to balance the supports and services offered to the offender

Recommendation 17: Conduct further research and related efforts focused on improving the coordination of the criminal, family, and child protection systems.

Recommendation 18: Conduct further research to evaluate the effects of the current justice system on the victim* and the efficacy of the justice system from the perspective of the victim. (*Please note that the use of the term victim is used here to reflect the terminology of our laws and the justice system.)

Recommendation 19: Conduct further research with women who have experienced intimate partner violence and the justice system continuum to identify the specific gaps in the continuum, to determine how to address these gaps and improve services and how best to factor in relationships dynamics and coercive control in separation, divorce, and custody proceedings.

We are recommending that a gender lens, a trauma and violence-informed lens, and an Indigenous lens are incorporated into the research efforts identified in Recommendations 16, 17, 18, and 19.

Recommendation 20: Encourage a collective effort to build the body of knowledge regarding intimate partner violence in the Northwest Territories through data collection and dissemination, and further research through the following activities:

- Data collection and dissemination of relevant statistics to an agreed to group of government and non-government entities, including women's organizations, to increase awareness and understanding, to improve relevant programs, services, and strategies, and to engage decision-makers.

- Conduct further research in the Northwest Territories with women who have experienced intimate partner violence, but at the five (5) year or ten (10) year mark from when they escaped their violent situation. Such research could provide valuable information about the gaps and challenges along the service continuum as it relates to helping women lead whole and independent lives and identify necessary changes to legislation, policies, and procedures.

Recommendation 21: Collectively explore, develop, and continue to offer opportunities, support, and activities that promote the social, political, and economic empowerment of women and girls – to address root causes and prevent violence in the Northwest Territories.

Thank you for the opportunity to provide feedback on the NWT Child and Family Services Review – Prevention Activities. Please feel free to contact us for more information or clarification and we look forward to learning the outcomes of this much-needed review.

Sincerely,

A handwritten signature in cursive script that reads "Louise Elder".

Louise Elder
Executive Director
Status of Women Council of the Northwest Territories

FAMILY VIOLENCE PREVENTION

Moving from Awareness to Action

Awareness programs are programs that increase knowledge and share information and resources. Prevention programs are those that are intended to stop violence before it occurs.

Prevention is about actioning our intention; it requires commitment and collaboration.

Family Violence Prevention can be classified three ways*

1

2

3

Primary Prevention

Primary prevention aims to stop family violence before it starts. These are the activities that take place before violence occurs to prevent initial perpetration or victimization.

Secondary Prevention

Secondary prevention aims to reduce the impact of family violence that has already begun. These are immediate responses after violence has occurred to deal with short-term consequences and prevent future perpetration or victimization.

Tertiary Prevention

Tertiary prevention aims to lessen the long-term negative effects after family violence has occurred. These are long-term responses after violence has occurred to address the lasting consequences of violence for the victim-survivor and offender treatment interventions.

Family Violence is a Public Health Issue — Let's take action together!



Status of Women Council of the NWT

4th Floor Northwest Tower, PO Box 1320
5201 Franklin Avenue
Yellowknife, NT X1A 2L9
www.statusofwomen.nt.ca

*Adapted from The Commission on Chronic Illness (1957) disease prevention classification scheme

Categorizing actions into the levels of prevention helps focus efforts. Each of the three approaches has an important role to play in family violence prevention. Upstream approaches, e.g. primary prevention, generally tend to be cheaper and more efficient, but often more difficult to measure.

Ultimately, a balance in the three prevention approaches is necessary to create long term, sustainable change.

Primary Prevention

These are the activities that take place before violence occurs to prevent initial perpetration or victimization.

- Access to affordable housing, education, employment, healthcare, healthy food, and safe spaces for play
- Healthy relationship education
- Gender equity
- Legislative changes
- Living wages
- Healthy expressions of masculinity
- Building communication and conflict resolution skills

Secondary Prevention

These are immediate responses after violence has occurred to deal with short-term consequences and prevent future perpetration or victimization.

- Safety planning
- Protective orders
- Home visitation programs
- Trained front-line workers
- Safe homes and shelters

Tertiary Preventions

These are long-term responses after violence has occurred to address the lasting consequences of violence and offender treatment interventions.

- Ongoing support for victims
- The justice system
- Short-term housing
- Specialized counselling
- Peer support groups
- Culturally responsive addictions and treatment programs

Family violence is a significant and complicated public health issue that requires a significant and comprehensive response. We call for caring collaboration.



FAMILY VIOLENCE PREVENTION

Reducing the likelihood and frequency of family violence

THERE'S A LIFE SAVING DIFFERENCE BETWEEN PREVENTION AND AWARENESS

Awareness programs are programs that increase knowledge and share information and resources. Prevention programs are those that are intended to stop violence before it occurs. Prevention is about actioning our intention; it requires commitment and collaboration. Awareness and outreach remain a key part of the approach but must be combined with prevention to create truly long-term sustainable change to the beliefs, patterns, and actions that are part of family violence.

Family Violence Prevention can be classified three ways*

1

Primary prevention aims to stop family violence before it starts.

2

Secondary prevention aims to reduce the impact of family violence that has already begun.

3

Tertiary prevention aims to lessen the long-term negative effects after family violence has occurred.

*Adapted from The Commission on Chronic Illness (1957) disease prevention classification scheme. A comprehensive approach to family violence involves all three types of prevention. ([PreventConnect Wiki](#))

STATUS OF WOMEN COUNCIL NWT

WE HEAR YOU

A call for caring co-action to improve
services for women experiencing
intimate partner violence

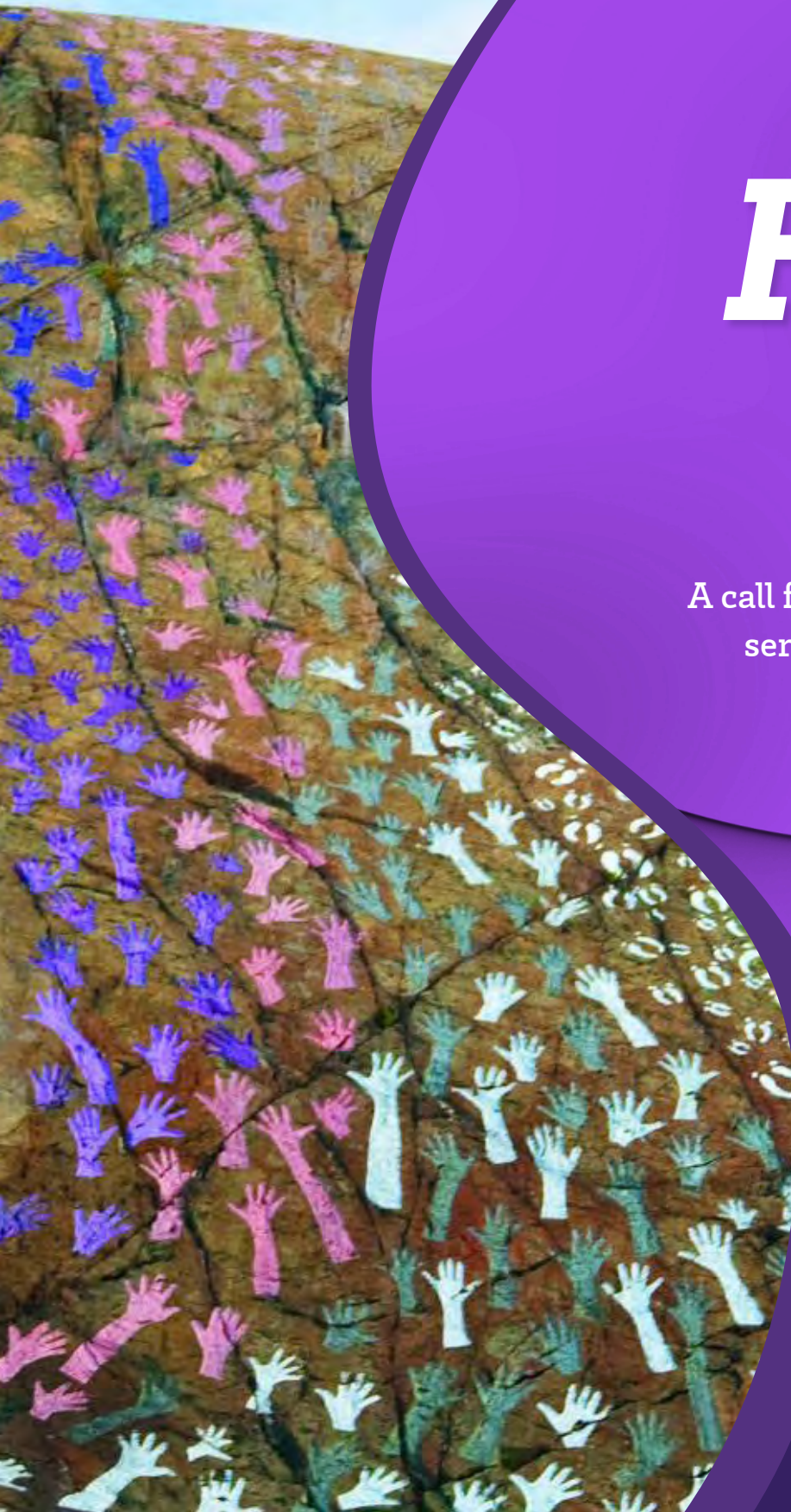


Table of Contents

Acknowledgements	4
Background	5
The Research Project	6
Research Questions	7
Challenges.....	8
Additional Challenges	8
Research Findings	10
Ways That Women Keep Themselves And Their Children Safe At Home	10
The Supports And Services That Women Have Used And Their Reasons For Not Using If Applicable.	11
Suggestions For Additional Supports And Services That The Women Would Find Useful	12
Changes To Existing Services That Women Felt Could Help Women In A Violent Situation	14
Women Identified Ways They Had Received Information And Ways To Share Information They Believed Would Be Safe And Effective	15
Additional Findings Of Note.....	16
Common Themes In Research Findings	16
Research Conclusions	18
Intimate Partner Violence Is A Public Health Issue.....	18
Women Experiencing Intimate Partner Violence Need Understanding And Support From Their Families And Friends, Their Community, And The System.....	20
Women Need Help To Be Safe.....	21
The Mental Health And Wellness Of Women Experiencing Intimate Partner Violence Must Be Addressed Immediately And Over The Long-Term.....	22
Children Are Hurt In Many Ways By Intimate Partner Violence And Need Help Too.....	23
Our Recommendations For Caring Collaboration In Actioning Outcomes	24
Glossary	28
References And Additional Resources	30
Appendix 1: Summary Of Findings	32
Appendix 2: Summary Of Conclusions	34

Acknowledgements

The Status of Women Council of the Northwest Territories ('SWCNWT') would like to acknowledge that the lands we conducted this research on are the traditional lands of the Dene, Inuvialuit, and Métis of the Northwest Territories.

Women with lived experience sat down with our research team and shared their experiences, insights, and suggestions for change. We are extremely grateful to these women for their courage, strength, and their willingness to share and be part of this research project. We are committed to honouring their truths and working to reduce the stigma associated with intimate partner violence and improving intimate partner violence service provision in the territory.

Many organizations and individuals have supported and provided input into our research project. We would like to extend an additional thank you to NWT women's organizations, supportive Elders, and the social justice community for providing input and guidance. We would also like to thank the NWT Department of Justice, Department of Health and Social Services, and the RCMP for providing relevant information and supporting this research project. Research of this nature truly requires an entire community, or in our case, a territory working together.

Thank you to Women and Gender Equality Canada and the Government of the Northwest Territories for providing the financial resources to conduct this research.

The contents of this report are solely the responsibility of the Status of Women Council of the Northwest Territories and do not necessarily represent the official views of our funders.



Background

IN THE NWT:

- The rate of family violence in the NWT is the second highest in the country; second only to Nunavut.
- The rate of police-reported intimate partner violence is ten (10) times the national average. Of these victims, 81% are female.
- The rate of police-reported family violence against child and youth victims is four and a half (4.5) times the national average. Of these children and youth, 69% are female.
- The rate of police-reported family violence against seniors is more than twenty-two (22) times the national average.

Source: Conroy, S., Burczycka, M. and Savage, L. (2019). *Family violence in Canada: A Statistical Profile, 2018*. Ottawa: Statistics Canada.

Statistics indicate that there were five hundred and fifty-one (551) admissions to the five (5) emergency women's shelters in the NWT in the 2018 – 2019 fiscal year. Women represented three hundred and thirty-eight (338) of these admissions and two hundred and

thirteen (213) were children. These numbers represent the totals for emergency shelter use and are not unique numbers. Statistics for shelter use outside of the NWT are not available. However, it is known that some women travel south to emergency shelters.

Source: Mental Health and Addictions Division, Department of Health and Social Services, GNWT

The Research Project

The purpose of the research project was to provide an opportunity for women who had experienced intimate partner violence to speak to;

- the barriers or reasons why women living with intimate partner violence are not using the services available to them,
- women's experience when trying to access these services,
- suggestions for improvement to these services, and
- input into increasing awareness and understanding within the service provider community and within the general public.

The project gave a voice to women who historically have been voiceless in the development and delivery of services designed for those experiencing intimate partner violence. Their opinions and lived experiences are important to consider when looking at changing or adding services within a community.

Due to the sensitive nature of the project, the research team committed to ensuring the anonymity and safety of the women who participated. Community acceptance of the research project was through a thorough consultative process.

A Community of Practice Advisory Group was established to provide guidance and feedback on the research approach and to receive the findings.

Women with lived experience of intimate partner violence need to be heard.



Research Questions

Conversations took place with women with lived experience to identify the following:

- ways that women keep themselves and their children safe at home
- the supports and services that women have used and their reasons for not using if applicable
- suggestions for additional supports and services that the women would find useful
- changes to existing services that women felt could help women in a violent situation
- ways women had received information about IPV and options for help/support
- safe and effective ways women thought the above information could be shared with other women

The ways women keep themselves and their children safe at home.

This theme was intended to identify the things that a woman already does to keep herself safe and how or ways these strategies could be enhanced, supported by a service or developed as a service for women in the same situation.

The existing supports and services available to women in their home community.

This was intended to identify women's knowledge of the existing services available. It would also identify situations/communities where there are few, if no, services available. Existing services that

require more promotion and outreach could also be identified. This theme was also intended to identify barriers that women faced in using existing services.

The additional supports and services women wish they had in their community to keep themselves and their children safe.

The goal was to identify safe places, supports, and services in the community that a woman felt she could access to keep herself and her children safe.

Suggested changes to the supports and services that would help women in a violent situation.

Women were asked to identify what supports and services women felt could be changed or developed based on the women's own experiences within the system.

Effective and safe ways of receiving and sharing information about where to get help.

This theme was intended to identify which methods of communication and outreach have been effective in sharing information with women and which haven't. It was also intended to identify what women felt were the most safe, effective methods of communication, promotion, and outreach.

CHALLENGES

The nature of the project included some inherent challenges.

Connecting with potential participants

The research team worked directly with shelter staff to reach women experiencing intimate partner violence.

Relying on frontline workers to promote the project

The research team met with frontline workers to educate them

on the project intent and to gain their support in advance.

Difficult to talk to women who have recently experienced intimate partner violence

The research team set up and maintained emotional boundaries and encouraged self-care throughout the project.

Building trust

The process of anonymity helped participants place trust in the research team. In addition, face-to-face interviews helped participants feel safe that their words would be recorded as expressed. No promises were made that were outside the authority of the researchers.

ADDITIONAL CHALLENGES

Many of the women interviewed had not had time to reflect on their experience and next steps before participating in the research project, as they had recently fled violence. Some may have been hesitant to speak about any current challenges in case it affected their living situation.

These realities impacted the suggestions for changes to the system and as such, further studies with women who have experienced intimate partner violence in the past, but are not in the midst of it or recently escaped from it would be helpful.

This research is meant to share the women's own truths which will have been shaped by their need's status. The research design acknowledges this inherent bias. For example the truths of those participants low on Maslow's Hierarchy of Needs (focused primarily on immediate

physical and/or safety needs), may have been dictated by their need's status.

Further studies with women who have experienced intimate partner violence in the past, but are not in the midst of it or recently escaped from it, would be helpful.





Research Findings

These findings are based on the lived experiences of the participants and reflect their thoughts, feelings and own truths. These findings did not make any attempt to interpret or reflect on the intent of the comments shared but rather present the information gained.

WAYS THAT WOMEN KEEP THEMSELVES AND THEIR CHILDREN SAFE AT HOME

Women do many things to try to keep themselves safe at home as well as things that give them a feeling of protection.

Some women reported that they had informal plans and strategies on how to stay safe and that these helped.

"My family checks on me if I don't call them for a few days"

"I always kept a bag packed and ready to go if he was drinking."

Women often identified threatening their partner with the RCMP as a means of preventing or mitigating violence.

"I had my phone in my hand and pretended I had the cops on the line."

While no one indicated that they had a formal safety plan, women reported that they did have actions they would put in to place when needed that would commonly be found in a personal safety plan.

"I hid from him. I knew if he even saw me it would be a trigger, or if he didn't get his way."

Another woman reported that during the violence she would give her partner a reason why she needed to stay alive, in this case, reminding him that she was raising his children.

The women did what they thought they needed to do to reduce or avoid violence and to keep their children and themselves safe.

THE SUPPORTS AND SERVICES THAT WOMEN HAVE USED AND THEIR REASONS FOR NOT USING IF APPLICABLE.

Women expressed shame, fear, and feeling trapped and unsure how to build a new life as personal barriers to leaving their abusers.

Women identified seeking help from family and friends, the RCMP, Victim Services, Shelters, Elders, and Counselling Services. At the same time, they identified numerous reasons for not accessing or being reluctant to access these services which are as follows:

- Uncertainty as to whom to turn to for help
- Concerns that they would be blamed for the violence and that reporting it might result in an escalation of violence
- A fear that they would lose custody of their children
- Concerns around the location of services and a belief that their privacy and confidentiality would not be maintained

Many women said that leaving a violent situation, knowing whom to turn to and how to navigate the system, was overwhelming.

"When you're going through this, it's amazing how much you're on your own. Instead of being told shortcuts of how to get somewhere, or who to talk to, you have to figure it out all on your own ... you're not eating, you're not sleeping, you're scared, you're a mess and you have to do everything yourself. I was just in sheer survival mode."

Woman shared varied levels of response and support from family,

friends, and their community. Some women said they hid the violence because they were ashamed. A few women indicated that they felt pressure from their community to remain silent about the violence while others felt they were blamed or judged for it.

"Women keep silent about violence and they often hide their injuries, even from their closest friends and family. They feel they are expected to; there are consequences for speaking out."

"...sometimes you feel embarrassed to tell a friend ... women feel that everyone is judging them."

Some women talked about not having support from their parents and therefore going to their home when fleeing violence was not an option. Some women told us that they did not have family support but wished they did.

Everyone in my husband's family ... kept convincing me to let it go, just let it go, that it was a family matter."

"I have family here, but they won't help me. I wish they were there for me..."

Some of the women indicated that they had strong support from family. One (1) woman knew that she could go to her parents for safety and that she could stay with them as long as she needed. The majority of the women said that

they were reluctant to report intimate partner violence or seek help from service providers because they feared that if the violence in their home was discovered and reported to the authorities, their children would be apprehended by Child Protection workers/Social Services.

"When you take a woman's children away, you take away her reason for keeping herself together."

Privacy and confidentiality concerns were a barrier, but ultimately did not prevent most women from accessing counselling services when and where available.

Women shared their thoughts on counselling and privacy although viewpoints differed on this depending on the community and the woman, and the location of the services.

Some women "... liked having the counselling at the hospital because you could be going there for lots of reasons and people don't have to know you're talking to someone. It's more confidential."

While others felt that ... "It's a big issue that counselling is only available at the hospital and everyone knows why you're there. There's no privacy. Some women are ashamed to be seen there. It should be in a more private location."



“My community needs a shelter.”

SUGGESTIONS FOR ADDITIONAL SUPPORTS AND SERVICES THAT THE WOMEN WOULD FIND USEFUL

All participants want emergency shelters or safe homes to be available in all communities.

“Every remote community needs some kind of emergency safe home or a shelter, where women don’t have to make decisions to leave right then, they can just breathe. When you’re going through abuse like that, it’s difficult to think when I’m going to do a week from now or two weeks from now. You need time to sit down and talk to your parents, your siblings, and your friends. It’s hard; sometimes he’s kept you away from the for a long time.”

“My community needs a shelter.”

Most women reported that the lack of affordable housing and availability of public housing units are important factors they think about when wanting to leave the home. Women many times expressed a wish for safe second stage housing- safe, affordable, longer term housing for women who did not want to return to the family home with their children after seeking safety at a shelter or with family and friends. They would like to see access to services provided at second stage housing so that they could continue services such as counselling in a safe place.

“We need second stage housing. The 6 weeks stay in the shelter can be extended if a woman is waiting for

housing. Not all women will qualify for housing immediately and may not have any choice but to return to their abuser.”

Women did not necessarily have their own means of transportation and were not always aware of safe means of transportation to get them to a shelter, a safe place, or another community. A few women indicated that they were concerned about using taxis and that taxi drivers talk.

“When ladies take cabs to and from shelters, it’s not confidential. The cabdrivers talk, and sometimes they tell the abusive partners about giving the women rides.” Women shared that they did not

always have access to a phone. In some cases, the abusive partner would take the phone from the woman as the situation escalated. In other cases, the woman simply did not have her own phone, or it wasn't safe to phone from home and possibly be overheard. One woman told us that she "has an Elder friend and goes to use her phone."

Women said they want a system where they can have access to affordable, independent housing when leaving a violent situation. Most women reported that the lack of affordable housing and availability of housing units results in long wait lists for housing and that this is an important factor for women who are experiencing intimate partner violence and want to leave the home or not return home.

"Women may have nowhere to go, but back to the relationship when they come back from a shelter."

All the women shared their concerns about the children who have seen or experienced violence at home. The women would like to see more help available for the children.

"What I regret is having my kids witnessed it. My kids saw all of that."

Women expressed concerns about the impact of witnessing violence on their children. They want would like to see more specialized help for their

children and youth who are or have experienced and witnessed violence at home.

"Sometimes children keep everything inside and all of a sudden it's like an explosion and they don't know how to deal with it or manage it."

"Someone to talk to kids after they experienced trauma or witnessed violence, because they remember it. Someone who could relate to what they're going through and to help them overcome or deal with it."

Women want counsellors who have specialized intimate partner violence training.

Women also shared their concern for youth and that youth need a safe place to seek help and a safe place to stay when fleeing violence in the home.

"Kids need a safe place to go and someone to tell if they're being abused"

"We need a youth centre for teens where they could stay at night too. Because the kids are abused too sometimes, and they need a place to go."

Until full-service family violence counselling programs are available in the NWT, women said they would like to be able to attend family violence counselling programs outside the NWT. A few women had attended those family violence counselling programs and found them to be helpful. Others expressed their interest in attending, but said they experienced challenges in getting information about the programs and support and approval to attend.

When leaving a violent situation and considering options for the future, women said that they need support to explore the options open to them. They said they need to access services and go to appointments, participate in activities to become healthier, and may need to take training or other education towards employment to earn the income required to be self-sufficient. One support identified by many of the women is childcare. Women need to know that their children are in a reliable and safe situation that supports the healthy development of children.



CHANGES TO EXISTING SERVICES THAT WOMEN FELT COULD HELP WOMEN IN A VIOLENT SITUATION

Women want direct and immediate in-person access to victim services when they are in crisis.

Women stated that access to specialized and stable counselling services should be provided and that the current waiting lists are a barrier to healing.

Women want relevant service providers to be knowledgeable about intimate partner violence and relevant approaches and practices.

All the women want family violence shelters or safe homes to be available to all women and children escaping intimate partner violence, regardless of whether the violence is physical or another type of abuse. Some were concerned that mothers

with sons who were 15 years of age and over, were turned away from shelters.

All the women who have experienced violence said they needed immediate help, ideally in person. They want to be able to access victim services when they need it, not when it is available. Victim Services is not located in all communities, is not available 24/7, and as such, there may be delays in their response and it may not be provided in person.

"I tried calling Victim Services a bunch of times, but nobody would ever answer."

Some women expressed frustration with waiting lists for counsellors and staff turn-over. Many women

wanted counsellors to have specialized training in intimate partner violence and related approaches.

"When you always have new counsellors coming into the community, it's hard to trust."

"They should have a few counsellors who know about intimate partner violence. When you're living in a situation where you're living in fear, it's a little different than trying to get over arachnophobia. It's a different kind of counselling."

Women often identified a lack of intimate partner violence understanding when talking about their experiences with relevant services providers. They identified that intimate partner violence training and related approaches would improve their experience in and with the system as they want to be treated with respect, kindness, and compassion not indifference, judgement, and blame. They also identified cultural training, specific to their communities, as important to improving their experience with relevant service providers.

WOMEN IDENTIFIED WAYS THEY HAD RECEIVED INFORMATION AND WAYS TO SHARE INFORMATION THEY BELIEVED WOULD BE SAFE AND EFFECTIVE

Women had received intimate partner violence information from friends and family and then from service providers once they had reached out for help. Women said they need to receive information in a safe way, not in a public space and not as a take home brochure.

"When the abuse is extreme, you're not allowed to go to certain places, you're not allowed to visit for more than an hour, they have to know where you're going and what you're going to do."

Many women said it is not safe to stop and read an intimate partner violence poster at the grocery store or rec centre and the abuser may prohibit the woman from attending events or going to public places on her own. It is not safe to pick up a brochure at a health fair and take it home where the abuser may discover it and become violent. Women suggested many discreet ways to share information about intimate partner violence and relevant services. These included social media, bingo ticker tape, radio advertising, community news, buy & sell, and classified ads. They also suggested brief, but informative posters on the back of the stalls in public bathrooms.

Women identified many different types of women-only groups that they felt would provide support and a safe place to share information. These groups included sewing, cooking, and church groups and sharing circles. Attending these groups would be easy to conceal

from an abuser as they are typical activities for many women. Some women also expressed an interest in intimate partner violence support groups.

Some women also stated that children and youth should be educated about intimate partner violence and healthy behaviors in the school system.

"A lot of the violence is behind closed doors, and no one even knows. And the bruises are so often on the arms or other places where people can't see. Some women and kids are so battered that they just think it's normal."

A few women told us that they would like all children and youth to learn the risk factors for, and signs of family violence and abuse, and about where and how to access help.

"We need to reach young girls and women, so they don't fall into an abuse pattern".

Other ideas shared included "healthy relationships and mental health courses for all young people."

ADDITIONAL FINDINGS OF NOTE

Nearly all the women indicated that the physical violence they experienced at the hands of their partners was but one part of a whole set of coercive behaviours used by their partners to control them.

Most women felt that abusive partners often enlisted others, knowingly or unknowingly, to help them exert power and control over their partners.

Physical violence is but one part of a whole set of coercive behaviors used by their partners to control them.

Drugs and alcohol were identified as making the women's situation worse.

Women want to be protected from violence in their homes.

There was an evident general feeling from the participants that the criminal justice continuum is focused on the law, not the victim.

COMMON THEMES IN RESEARCH FINDINGS

Common themes emerged from the conversations with women as follows:

- The need for greater awareness, understanding, and support for women experiencing intimate partner violence – across all relevant services, governments, friends, families, and communities. This would extend to everyone offering victim support and understanding rather than blaming the victim.
- The need for accurate information regarding intimate partner violence and relevant services to be safely available to women experiencing intimate partner violence From relevant services providers; and In the communities and across the territory.
- The need for safety planning to help women escape violent situations; safe phones, safe transportation, and safe homes/shelters was stressed by the women interviewed
- Confidentiality concerns (in some cases this included concerns around the colocation of services).
- The need for services to be examined for effectiveness from the point of view of the user not just the system.

The following themes were also identifiable, but not with the same frequency as above:

- A system navigator and/ or legal advocate would be helpful as the system is overwhelming, complex, or not victim focused.
- Women were concerned that they would lose their children as the children had been exposed to violence in the home; the women then feel twice victimized.



Women want to
be protected from
violence in their
homes.



RESEARCH CONCLUSIONS

This project points to the need for a greater understanding of the following in programs and services for women who have experienced intimate partner violence.

1. Intimate partner violence is a public health issue.

The women who spoke to us about their experiences described many risk factors for intimate partner violence that are linked to the determinants of health and social determinants of health.

Determinants of health are the broad range of interrelated personal, social, economic and environmental factors that determine individual and population health. They include:

- income and social status
- education and literacy
- physical environments
- healthy behaviors
- access to health services
- culture
- gender
- race/racism
- social supports and coping skills
- biology and genetic endowment
- employment and working conditions
- childhood experiences

"Social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians."

Reference: *Government of Canada. (2019). Social determinants of health and health inequalities.*

Public health is the organized efforts of society to keep people healthy and prevent injury, illness and premature death and covers a combination of programs, services, and policies that protect and promote the health of all Canadians. As a preventable, complex public health issue that causes a range of short-term and long-term physical, mental, and developmental health problems up to and including death, part of the solution to reducing levels of intimate partner violence is to consider a public health approach which starts with involvement and commitment across all levels of government.

Reference: *Government of Canada. (2008). The Chief Public Health Officer's report on the state of public health in Canada 2008 – What is public health?*

Part of the solution is to consider a public health approach.





2. Women experiencing intimate partner violence need understanding and support from their families and friends, their community, and the system.

Abuse against women is normalized and people do not understand what a woman experiencing intimate partner violence is going through.

Abusers often convince people that the women they abuse deserve punishment and abuse because they are not sufficiently obedient, or they did not act like 'proper' women.

People don't understand that intimate partner violence includes a spectrum of behaviours that includes physical, sexual, and emotional abuse as well as controlling behaviors.

When intimate controlling conditions are ongoing, victims are oppressed on a daily basis, and these conditions provide critical context for physical violence. The episodes of physical violence were often described as a consequence to a woman's resistance to other forms of control, efforts to assert herself, or

if she tried to leave.

There is no single factor that can explain or predict why intimate partner violence happens, to whom it will happen, or when

Women may have nowhere to go, but back to the relationship when they come back from a shelter.

it will happen. What leads to intimate partner violence is a mix of individual, family, social, community, and societal factors. Accordingly, everyone has a role to play in stopping intimate partner violence. Changing beliefs and attitudes; building safe and supportive communities;

supporting youth, healthy families, and relationships; and targeting populations at risk are all ways to work towards preventing family violence.

Women experiencing intimate partner violence are not helped by criticism and blame. They are helped by compassion and support. Women who are being abused need their families, friends, neighbours, community, and leaders to be informed about intimate partner violence so that they experience meaningful support and help. They need allies.

Women often feel an overall lack of understanding and safety when accessing services. Women accessing intimate partner violence services need service providers who understand intimate partner violence, are knowledgeable about available relevant services, and who treat them with kindness and respect.

When confidentiality is broken or a woman feels judged or disrespected, she is afraid to confide in the people who are there to help her; whether it be service providers, family, or friends. All service providers who serve women experiencing violence must strive to create a safe environment and ensure safety for their client by protecting confidentiality and privacy, providing a non-judgmental approach, and culturally appropriate services where women FEEL safe and ARE safe.

The meaningful involvement of women who have experienced intimate partner violence,

other women, men, Elders, relevant agencies, and all levels of government is necessary to reduce the stigma associated with intimate partner violence and to improve the relevant services. The Promising Practices Inventory developed by the Alberta Council of Women's Shelters identifies a list of practices to help keep women and children safe which may be helpful to guide this conversation in the NWT. These promising practices are women-centred, trauma- and violence- informed, inclusive, safety focused, child focused, and utilize a gendered lens and an Indigenous lens. The inventory of promising practices is organized around the following

seven (7) themes: cross-sectoral collaboration; systemic risk assessment, safety planning and screening; intersectional practices; accessible and responsive legal and justice systems; wrap-around, supportive responses for women; protection and support for children exposed to domestic violence; and a focus on prevention and awareness.

Reference: *Alberta Council of Women's Shelters (2016). Safety from domestic violence: Using evidence-based practices to keep women safe.*

3. Women Need Help To Be Safe.

"The stark fact is that the rate of police-reported family violence in the NWT is the second highest in the country, second only to Nunavut. Police-reported intimate partner violence increased by 12% from 2017 to 2018 in the NWT with associated rates being ten (10) times higher than the national average. Women represent 81% of the victims of intimate partner violence in the NWT. Children and youth are also at a higher risk of experiencing family violence in the NWT than their southern counterparts. The rate of police-reported family violence against children and youth in the NWT increased by 21% from 2017 to 2018. Females represent 69% of the victims of family violence against

children and youth in the NWT. Women need to know how to make and use a personal safety plan."

Reference: *Conroy, S., Burczycka, M. and Savage, L. (2019). Family violence in Canada: A Statistical Profile, 2018. Ottawa: Statistics Canada.*

Safety plans can help a woman and her children feel some protection at home. They can also help a woman and her children quickly leave a volatile situation in their home, even if temporarily. Safety plans can empower a woman and have her feeling that she has some control

and is protecting herself and her children.

Women need to have access to safe phones and safe transportation, so they can reach out for help and escape violent situations.

Women need access to shelters or safe houses in their community, so that they can leave abusive or violent situations and know that shelter will be available and provided.

Women also need to be able to access affordable housing when they are ready to leave the safe house or shelter.



4. The mental health and wellness of women experiencing intimate partner violence must be addressed immediately and over the long-term.

Intimate partner violence is psychologically devastating, and women expressed frustration with accessing appropriate and/or specialized mental health services in a timely manner. Victim Services or counsellors are not typically part of the immediate team helping a woman experiencing intimate partner violence.

Victim Services is not located in each community and it is not a 24/7 service. Victim services may not be provided in-person.

Women identified frustration with waiting lists to see counsellors and a desire to access specialized and culturally appropriate services (appropriate to Indigenous and non-Indigenous women). Counsellors are not located in every community.

Women who have experienced intimate partner violence may require long-term wrap-around services to support their healing and ability to lead productive and full lives. These services should be women-centered, holistic, and trauma - and violence-informed.

5. Children are hurt in many ways by intimate partner violence and need help too.

According to the Annual Report of the Director of Child and Family Services (2018 – 2019), GNWT, police accounted for thirty-two percent (32%) of reports of suspected child maltreatment, followed by community (18%), and a relative (17%). Reports from relatives, custodial parents, non-custodial parents, and children accounted for 29% of all reports received. Exposure to intimate partner violence accounted for twenty-nine percent (29%) of suspected child maltreatment reports, and physical and emotional abuse accounted for an additional thirteen percent (13%).

Children are removed from the custody of a non-abusing parent if NWT Child and Family Services determines that the parent is unable or unwilling to adequately protect her child or children from

witnessing violence. Women identified the fear of losing their children as a factor in daily decision-making, whether they would leave a violent situation, whom they would turn to for help, and if they felt they could leave at all.

Children can be exposed to the abuse of their mothers in many ways - seeing their mother assaulted and demeaned, hearing loud conflict and violence or seeing the aftermath. Violence has a profound impact on the lives of children. If a child lives with abuse or is exposed to violence in the home, the effects on health can last a lifetime and manifest itself as anxiety, behavioural problems, failure at school, and problems with friendships and relationships. A child who has been exposed to intimate partner violence or experienced violence in the

home has an increased likelihood of experiencing or perpetuating abuse over the course of their lifetime. Accordingly, children exposed to intimate partner violence need access to specialized counselling/ mental health services to break the cycle of violence.

The effects on a child of being exposed to violence can last a lifetime.



Our recommendations for caring collaboration in actioning outcomes

The Status of Women Council of the Northwest Territories recognizes that no single entity, group, or individual can alone improve the services available to women experiencing intimate partner violence nor reduce the stigma.

There are many service providers involved across the intimate partner violence service continuum including:

- Health care workers, counsellors, social workers, and mental health workers
- RCMP, victim services, shelters, and other women's organizations
- Housing and income support

We know that caring collaboration cannot merely be a tagline or a dream; instead, it must become the reality in the Northwest Territories. To make this a reality, here are twenty-one (21) recommendations for everyone to consider.

RECOMMENDATION 1:

Encourage government leaders and policy-makers in the Northwest Territories to identify intimate partner violence as a public health issue and adopt a public health approach to address, reduce, and prevent intimate partner violence in the territory.

RECOMMENDATION 2:

Encourage government leaders and policy-makers, in collaboration with relevant partners and stakeholders, including the women's organizations, to develop and implement a family violence strategy and action plan for the Northwest Territories.

RECOMMENDATION 3:

Encourage the Government of the Northwest Territories to establish a multi-sectoral working group, consisting of relevant service providers, women's organizations, government and community representatives and decision-makers, and Elders, to review practices and models from other jurisdictions that could be adopted and adapted to the Northwest Territories to reduce the stigma and improve intimate partner violence services.

RECOMMENDATION 4:

Encourage the service providers who are involved across the intimate partner violence service continuum to adopt a collaborative, long-term, holistic approach to the provision of services to women experiencing intimate partner violence and their children.

RECOMMENDATION 5:

Encourage relevant stakeholders, partners, women's organizations, and governments to adopt a collaborative, inter-agency approach to ensure that women experiencing intimate partner violence have timely access to safety resources. These resources should include safe phones, safe transportation, and safe homes or family violence shelters in all communities in the territory. These efforts should also ensure that women and their male children aged fifteen (15) or older have access to safe shelter when leaving a violent home.

RECOMMENDATION 6:

Encourage governments to increase the availability of second stage housing, public housing, and affordable housing so that women and their children are not forced to return to their abuser out of the necessity for shelter.

RECOMMENDATION 7:

Encourage relevant service providers and women's organizations to collaborate to improve the accuracy, timeliness, as well as the safe and discrete accessibility of safety planning information. This information should include, but should not be limited to, information that helps to improve the safety of women and their children in their home, when they are planning to leave their home, and once they have left their home. Consideration should also be given to piloting a Circles of Safety and Support approach to safety planning for women who are at a high risk of intimate partner violence.

RECOMMENDATION 8:

Encourage stakeholders and partner organizations to work together to provide consistent and coordinated intimate partner violence training and trauma- and violence-informed training to service providers. Consistent and coordinated training supports a comprehensive and similar understanding of intimate partner violence and the consistent and informed use of trauma- and violence-informed approaches when interacting with women and their children experiencing intimate partner violence. This training should impress upon the service providers the need to maintain the privacy and confidentiality of the women they are helping, and support providing services in a non-judgmental manner. This training must be complemented by community-based cultural safety and cultural competency training to reflect the diverse cultures, cultural practices, and norms of those living in the Northwest Territories.

RECOMMENDATION 9:

Pilot collaborative, inter-agency response teams to intimate partner violence and to intimate partner violence involving children in the territory's larger

centres. The proposed inter-agency response teams could involve RCMP and Victim Services responding jointly to intimate partner violence or RCMP, Social Services, and Victim Services responding jointly to intimate partner violence involving children. Alternatively, consideration should be given as to whether a Specialized Response Unit to domestic violence, sexual violence, and child welfare might be a better fit with the resources and needs of the Northwest Territories. The Yukon RCMP has effectively used this type of mobile response unit since 2013 and it continues to operate with four (4) plain-clothed police officers who have received specialized training.

RECOMMENDATION 10:

Provide specialized services to women who have experienced intimate partner violence; services that are women-centred, trauma- and violence-informed, and holistic. These services should include access to specialized counsellors/mental health professionals. Consideration should also be given to incorporating navigational and advocacy services to negotiate the various government systems including justice, securing housing, income support, education and training, as well as access to childcare to support these efforts. Women may also require long-term, wrap-around services and support to aid their healing and ability to lead full and productive lives.

RECOMMENDATION 11:

Mitigate the effects of exposure to intimate partner violence and/or experiencing family violence on children and youth, and help children and youth heal, to lead full and productive lives, and to end the cycle of violence by:

- Identifying, implementing, and evaluating early intervention activities to prevent and/or mitigate trauma to children and youth.
- Providing specialized, trauma- and violence-informed counselling/mental health services to children and youth to support healing and breaking the cycle of violence.

RECOMMENDATION 12:

Ensure families who have experienced family violence have access to specialized family counselling/mental health services so that they can heal as a family unit.

RECOMMENDATION 13:

Encourage the Government of the Northwest Territories to establish an independent, non-partisan Child and Youth Advocate Office to support and protect our young people, to ensure their voices are heard, and to promote the rights of our young people especially in relation to government programs, services, and legislation.

RECOMMENDATION 14:

Enhance intimate partner violence awareness, education, and prevention efforts across the territory to be undertaken at the local and territorial level by community partners, service providers, and government entities. These efforts should include, but are not limited to:

- Awareness and education activities to address victim blaming, shaming, and to counter the normalization of intimate partner violence.
- Engaging with the general public, including men and boys, and decision-makers to create greater awareness and understanding of intimate partner violence, its causes, and the solutions as a means of creating individual and social change to reduce violence and create equality.
- Providing healthy relationship, conflict resolution, and violence awareness and prevention education to children and youth within the education system and through other community-determined means to empower them to live violence free and healthy lifestyles and in doing so, to break the cycle of violence.

RECOMMENDATION 15:

Encourage the following activities to mitigate the fear of losing one's child or children as a barrier to leaving a violent relationship:

- The development and implementation of pre-charging police interventions.

- The development and implementation of primary aggressor policies to help police identify the primary offender.
- Factoring which parent is the primary offender and the actual intimate partner violence into child custody and visitation decisions.

RECOMMENDATION 16:

Conduct further research to identify what the justice system can do to provide supports and services to woman who have experienced intimate partner violence with the intent of meeting their needs and to balance the supports and services offered to the offender.

RECOMMENDATION 17:

Conduct further research and related efforts focused on improving the coordination of the criminal, family, and child protection systems.

RECOMMENDATION 18:

Conduct further research to evaluate the effects of the current justice system on the victim* and the efficacy of the justice system from the perspective of the victim. (*Please note that the use of the term victim is used here to reflect the terminology of our laws and the justice system.)

RECOMMENDATION 19:

Conduct further research conducted with women who have experienced intimate partner violence and the justice system continuum to identify the specific gaps in the continuum, to determine how to address these gaps and improve services and how best to factor in relationships dynamics and coercive control in separation, divorce, and custody proceedings.

We recommend that a gender lens, a trauma- and violence-informed lens, and an Indigenous lens are incorporated into all research efforts, and especially those identified in Recommendations 16, 17, 18, and 19.

RECOMMENDATION 20:

Encourage a collective effort to build the body of knowledge regarding intimate partner violence in the Northwest Territories through data collection and dissemination and further research through the following activities:

- Data collection and dissemination of relevant statistics to an agreed to group of government and non-government entities, including women's organizations, to increase awareness and understanding, to improve relevant programs, services, and strategies, and to engage decision-makers.
- Conduct further research in the Northwest Territories with women who have experienced intimate partner violence, but at the five (5) year or ten (10) year mark from when they escaped their violent situation. Such research could provide valuable information about the gaps and challenges along the service continuum as it relates to helping women lead whole and independent lives and identify necessary changes to legislation, policies, and procedures.

RECOMMENDATION 21:

Collectively explore, develop, and continue to offer opportunities, support, and activities that promote the social, political, and economic empowerment of women and girls – to address root causes and prevent violence in the Northwest Territories.

We must collectively promote the social, political and economic empowerment of women and girls to address the root causes of and prevent intimate partner violence in the Northwest Territories.



Children who witness violence between parents may also be at risk of being violent in future relationships or being victims of violence.

Glossary

CHILD EXPOSURE TO DOMESTIC VIOLENCE

“Research has indicated that exposure to domestic violence can suppress a child’s IQ, lead to premature aging, and influence the functioning of the brain’s emotional systems in ways that can increase vulnerability to psychopathology.

Research also showed that exposure to family violence (i.e., domestic violence and child maltreatment) was associated with heightened neural activity in children’s brains similar to that of soldiers exposed to violent combat situations.”

COERCIVE CONTROL

Coercive control occurs when one partner in a relationship uses coercive control and power over the other partner using threats, intimidation, and isolation. It relies on severe psychological abuse for controlling purposes, when physical abuse occurs it too is severe. In such cases one partner controls virtually every aspect of the victim’s life.

CULTURAL SAFETY

Cultural safety is a means for people to feel free of racism and discrimination based on their culture. They are supported to draw strengths from their identity, culture and community.

FAMILY VIOLENCE SHELTERS

Family Violence Shelters are 24/7 emergency shelters for women and their children who are victims of family violence. These shelters provide basic emergency and crisis services. They provide a high security environment. The maximum length of stay is six (6) weeks, although shelters in the NWT have discretion to extend the length of stay.

INTIMATE PARTNER VIOLENCE

Intimate partner violence is domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner. It can take a number of forms including physical, verbal, emotional, economic and sexual abuse and controlling behaviors. Couples may be dating, cohabiting, or married, and violence can occur in or outside the home.

MASLOW'S HIERARCHY OF NEEDS

Maslow categorized basic human needs in a pyramid starting with physiological at the bottom, then safety needs, social needs, esteem needs, with self-actualization at the top of the pyramid. These needs motivate human behaviour and higher-order needs can only be fulfilled after lower-order needs have been met.

SAFETY PLAN

A safety plan as a plan on how to escape in a crisis and get to a safe place. In addition to physical safety planning, plans may also address the emotional, mental and spiritual aspects of being and keeping safe.

SECOND STAGE HOUSING

Second stage housing are housing units designed to provide women and children with a safe, stable living environment when they decide to leave an emergency shelter but not return to the family home. Lynn's Place in Yellowknife is the only second stage housing option in the NWT.

TRAUMA – AND VIOLENCE – INFORMED APPROACHES

Trauma- and violence-informed (TVI) approaches “(expand) the concept of trauma-informed care to emphasize the intersecting impacts of systemic and interpersonal violence and structural inequities on a person’s life. This shift acknowledges both historical and ongoing interpersonal violence and their traumatic impacts and helps to emphasize a person’s experiences of past and current violence so that problems are not seen as residing only in their psychological state but also in social circumstances. The specification of violence in TVI approaches therefore draws direct attention to the broader structural and social conditions, as well as forms of ongoing and/or “institutional violence,” and the need for service providers to conduct their work in full recognition of these contexts.

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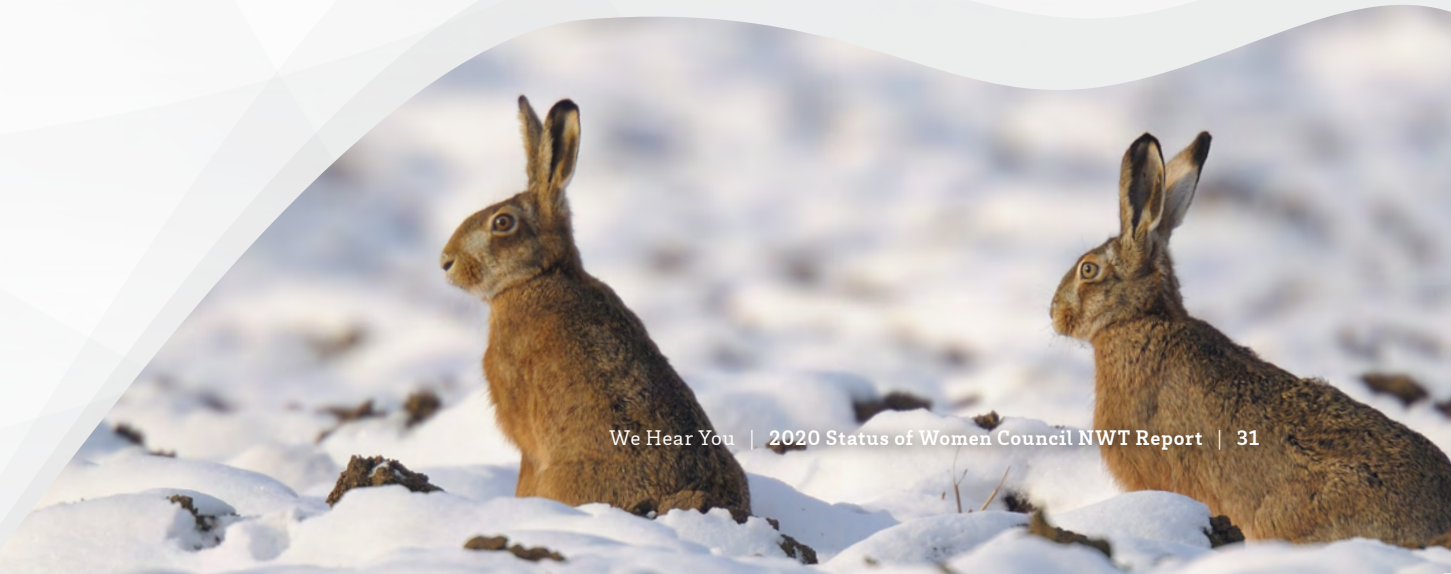
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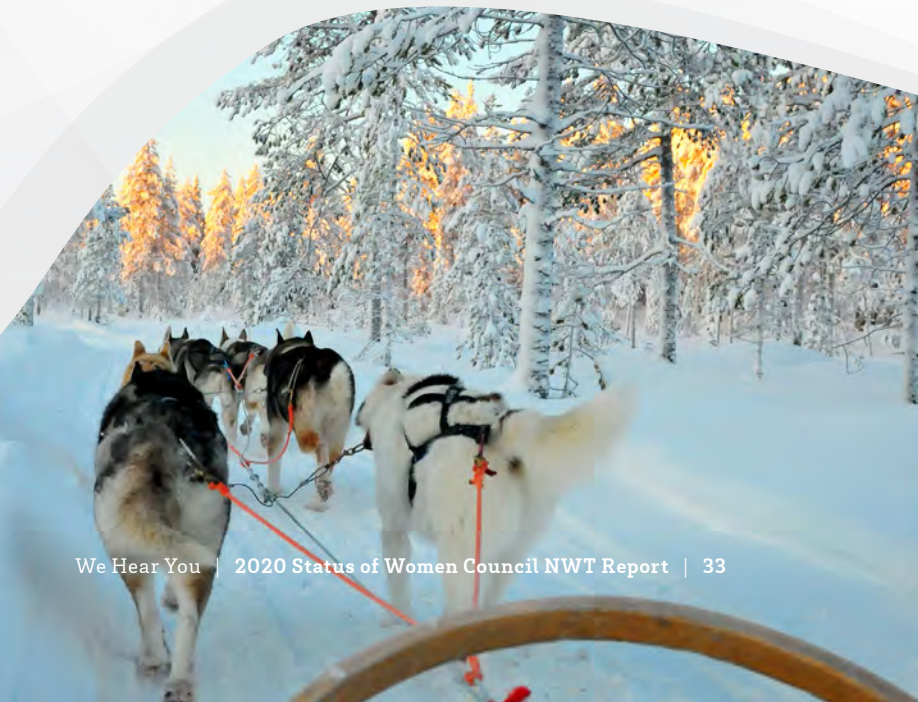
Appendix 1:

Summary of Findings

These findings are based on the lived experiences of the participants and reflect their thoughts and feelings. This project did not make any attempt to interpret or reflect on the intent of the comments shared, but rather present the information gained.

- Women who are or were actively experiencing intimate partner violence do many things to try to keep themselves safe at home as well as things that give them a feeling of protection.
- Women seek help from family and friends, the RCMP, Victim Services, Shelters, Elders, and Counselling Services.
- Women often didn't know about all of the relevant services and what services were provided by whom.
- Women want service providers to have accurate information about programs and services available locally, regionally and territorially.
- Women identified shame, fear and feeling trapped and unsure of how to build a new life as personal barriers to leaving their abusers.
- Some women identified a lack of support from family, friends and their community, and/or victim blaming as barriers to accessing relevant services.
- Women fear losing their children.
- Some women expressed concerns about accessing counselling because they did not want the community knowing about their situation.
- All the women wanted emergency shelters or safe homes to be available in all communities.
- Women want to have ready access to safe transportation in their community on a 24/7 basis.
- Women would like to have the security of knowing that there is a phone in a safe location in the community that they can use any time of the day or night.
- Most women reported that the lack of affordable housing and availability of public housing units are important factors for women who are experiencing intimate partner violence and want to leave the home.
- Women believe children are suffering long-term effects from the violence they experience and witness in their homes. Women want appropriate and specialized counselling/mental health services made available to their children and youth.
- A few women said they would like to be able to access family violence counselling programs either in the NWT or elsewhere.
- Women want direct and immediate in-person access to victim services when they are in crisis.

- Women want to receive information about services in a safe way, not in a public space and not as a take home brochure.
- Women suggested many discreet ways to share information about intimate partner violence and relevant services.
- Women identified women-only groups as a safe space where intimate partner violence and relevant service information could be shared.
- Women want children and youth to be educated about appropriate behaviors and healthy families in the school system.
- Nearly all the women indicated that the physical violence they experienced at the hands of their partners was but one part of a whole set of coercive behaviours used by their partners to control them. Most women felt that abusive partners often enlist others, knowingly or unknowingly, to help them exert power and control over their partners.
- Drugs and alcohol were identified as making their situation worse.
- Women want to be protected from violence in their homes.



Appendix 2:

Summary of Conclusions

Results of this research project point to the need for a greater acknowledgment of the following in programs and services for women who have experienced intimate partner violence:

1. Intimate partner violence is more than a women's issue, it's a Public Health issue.
2. Women experiencing intimate partner violence need understanding and support from their families and friends, their community, and the system.
3. Women need help to be safe.
4. The mental health and wellness of women experiencing intimate partner violence must be addressed immediately and over the long-term.
5. Children are hurt in many ways by intimate partner violence and need help too.

Caring collaboration can
improve women's lives.





*Status of Women Council
of the N.W.T.*

STATUS OF WOMEN COUNCIL OF THE NWT

4th Floor, Northwest Tower, PO Box 1320

5201 Franklin Avenue Yellowknife, NT X1A 2L9

STATUSOFWOMEN.NT.CA



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada



THIS PROJECT HAS BEEN FUNDED BY WOMEN AND GENDER EQUALITY CANADA.



Alternatives North

Alternatives North Submission for NWT Child and Family Service Review

The invitation to participate in the review of NWT Child and Family Services explained “the social issues caused by alcohol and drug misuse, family violence, poverty, lack of housing and the effects of trauma may put children and families at risk and may require intervention by Child Protection and Family Services.”

Our submission will focus on helping to improve the socioeconomic conditions of the Indigenous families that are served by the program. We recognize that many NWT families are recovering from multi-generational trauma related to colonial impacts and support the need to help families heal and not be further divided.

The first step is to lay a strong foundation for resiliency by offering support to women during their pregnancies to promote healthy births and healthy infant development. This could mean assistance with nutrition, adequate income, information on pregnancy and birthing and the importance of early childhood education and care, smoking cessation programs, trauma-recovery programs that address alcohol and drug abuse, and decreasing stress for pregnant women. It also involves supporting women facing domestic violence by providing them with a safe home or place to go and offering healing programs for men who commit acts of violence. An innovative and comprehensive healing program for men who use violence in relationships was developed by the GNWT in partnership with community service providers. Unfortunately, it was shelved in favour of a scaled back version that was recently deemed to not meet the needs of this group.

The next step is to offer a safe and responsive environment for early childhood development. A child’s brain develops and grows most quickly during the first three years of life. The brain has around 100 billion cells at birth but they are not yet connected. However, 700-1000 new synapses (or connections) between

neurons develop every second during this time and form pathways.¹ There is then a period of pruning, making some brain pathways stronger and more efficient. A child's early experiences determine which circuits are reinforced and which are pruned through lack of use. So adequate nutrition, social interactions with responsive caregivers and lack of exposure to toxic experiences help a developing brain to function well under many circumstances.

Without going further into neurodevelopmental growth, let's discuss the role that stress can play. Supportive caregivers provide children with a powerful stress-protection mechanism. They help reduce a child's release of stress hormones and help the child develop their own capacity to cope with life stresses. While some stress is a normal experience for a child, learning to resolve that stress helps develop a resilience that serves them throughout their life. The Center of the Developing Child at Harvard University outlines that there are three types of stress: positive stress, tolerable stress and toxic stress. Positive stress is part of life and brings brief stress responses like increased heart rate and blood pressure and a mild increase in stress hormones. An example might be the response to getting a needle. Tolerable stress makes the body respond more because it comes from a more serious or longer lasting threat, such as loss of a loved one or being in an accident. But supportive relationships can help the child recover and adapt. Toxic stress occurs when:

“a child experiences major, frequent and/or prolonged adversity such as recurrent physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, repeated exposure to violence and accumulated burdens of family economic hardship – without adequate support or worse, where the adult is the source of both support and fear.”²

Toxic stress can actually hinder the normal development of the brain and cause the child to get stuck using a stress response of defensiveness and survival orientation for dealing with life. Imagine if you were dealing with life from the perspective of always being under attack. That is what it is like for a young child exposed to toxic stress. This reality demands that a positive environment be

¹ From Best Practices to Breakthrough Impacts: A science-based approach to building a more promising future for young children and families. Centre on the Developing Child; Harvard University. May 2016.

² Ibid

provided from the start, and more specifically, the elimination of the experience of toxic stress in a child's life.

This requires broad based programs that serve families, especially Indigenous families that have poor socioeconomic conditions working against them because systems across the North still often operate from a colonial framework. Specifically, these are programs that provide key early support to enhance the opportunity for development of healthy family relationships of young families by addressing the stress and consequences of poverty, family violence, or poor lifestyle decisions. These consequences are known to commonly derive from the multigenerational impacts of the residential school program and traumatic cultural loss in the North.

Programs and early childhood intervention for the first three years of a child's life, additional services for children with special needs, and preschool programs are all important programs to meet children's needs. The Healthy Families Program offers a positive example of the work needed. It would be better if it was situated in community rather than in government. We support the geographic extension and increased support of this service across the NWT. Given the recent investment by the Federal government in early childhood programs, this is a prime time to get going in developing more early childhood programs and enhancing the ones that exists.

The GNWT may want to consider adopting the Nurturing the Seed program, a national Indigenous designed early mental health assessment and intervention program developed by Sick Kids Hospital in partnership with Indigenous communities across the country³. Child and Family Services may also consider adopting the Aboriginal Children's Health and Well-being Measure (ACHWM)⁴ designed by and for Indigenous youth and led by Laurentian University. It is a tablet-based wellness assessment tool for Indigenous children and youth that helps them talk about wellness while also screening for risk. It provides each child with an opportunity to access local support and services. Additionally, it combines

³ [The Infant and Early Mental Health Hub for Training, Resources, & Tools \(IEHMF Hub\) – Kids Brain Health Network – Réseau pour la santé du cerveau des enfants](#)

⁴ [Home - Welcome | ACHWM](#)

results across children to determine health within each community and inform local health service planning.

More targeted support is required for families with low levels of education and low income, conditions that put them at higher risk. This may be in the form of life skills training, parenting education and peer coaching by people with lived expertise, programs for infants and toddlers (and caregivers when possible), nutritional assistance, and programs that provide adequate income. Too many families have fallen into dysfunction in the face of trying to pay arrears and manage on inadequate incomes. Instead of having the stress from such situations lead to the removal of the child from the family home, support should be provided to the family to prevent it.

Early childhood programs play a key role, but must always recognize the heritage of the children. The Indigenous Early Learning and Childcare Framework (IELCF) outlines that

“High-quality, culturally-specific and well-supported early learning and childcare (ELCC) programs, services and supports that are specifically designed for and with Indigenous families and communities will make a genuine difference in the early experiences of children. This, in turn, will support children’s development and life outcomes. High-quality Indigenous ELCC programming empowers young children with a strong sense of identity. It provides educational opportunities and school readiness and contributes to their overall health and wellness from early years into adulthood.”⁵

Early childhood programs can play a part in helping young children connect to their culture and heritage. Involving elders who can share stories, games and traditional language and practices is a good idea.

However, there are often barriers for families to participate in such programs. IELCF noted that

“Regardless of where families live, there are often social, economic and logistical realities that pose significant challenges in accessing Indigenous ELCC programs and services. Barriers identified through engagement include: an absence of culturally-appropriate facilities or programming; lack of transportation; lack of knowledge about available programming; intimidating or unclear bureaucracies and processes; providers’ lack of awareness of Indigenous cultures and families; as well as mental

⁵ <https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning/2018-framework.html>

health challenges, poverty, social isolation, and the loss of connection to Indigenous identity. These challenges need to be addressed and will rely on the continued work, collaboration and advocacy of all levels of government (including Indigenous governments), organizations, communities and individuals.”⁶

Our specific recommendations include:

- Expand the geographic coverage and financial resources of the Healthy Families Program and work with communities to offer the program to provide key early supports to families to avoid later consequences such as having to remove the child from the family.
- Explore adopting the Nurturing the Seed program and the Aboriginal Children's Health and Well-being Measure tool to provide mental health support to children at their earliest age and to address mental health and addictions among pre-teens and teens.
- Expand the availability of assistance for pregnant women for nutrition, adequate income, information on pregnancy and birthing, smoking cessation programs, trauma-recovery programs that address alcohol and drug use, and support for having a safe home or place to go. All of this would help decrease the stress for pregnant women.
- Increase the availability of programs that support parents of young children through coaching, toy lending libraries, and offering fun family activities that create *quality* experiences for young children and their parents.
- Ensure that *quality* early childhood programs that support Indigenous parents of children age 0-3 exist in all communities and are designed by and for Indigenous families.
- Decrease the cost of childcare by providing funding assistance to early childhood programs that allow an improved child-to-caregiver ratio. This should be possible given the recent increase in funding from the Federal government promising a \$10 per day rate.
- Add a supplement to Income Assistance for families with children age 0-3 years old.
- Ensure that removing a family from the Income Assistance program does not result in the removal of a child from a family.

⁶ Ibid

We thank you for your attention to our recommendations and look forward to reviewing your report.

A handwritten signature in black ink that reads "Suzette Montreuil". The signature is written in a cursive style with a large initial 'S' and a long, sweeping underline.

Suzette Montreuil
For Alternatives North



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NUTAQQANUT INULRAMIRNULLU
UQAQTIKHAANIK

REPRÉSENTANT DE
L'ENFANCE ET DE LA JEUNESSE

REPRESENTATIVE FOR
CHILDREN AND YOUTH

PO Box 488, Iqaluit, Nunavut, X0A 0H0 | 867-975-5090 (1-855-449-8118) | contact@rcynu.ca | www.rcynu.ca

**Submission to the Northwest Territories Standing Committee on Social Development for the
NWT Child and Family Services Review – Prevention Activities**

April 30, 2021

As the Representative for Children and Youth in Nunavut, I am pleased to provide this submission to the Standing Committee on Social Development. Please note that I do not have any jurisdiction over the Northwest Territories or its *Child and Family Services Act*.

Mandate

The Representative for Children and Youth (Representative) is an independent officer who reports to the Legislative Assembly of Nunavut and the public.

The Representative's mandate is to ensure legislation, policies, procedures, programs, and services put in place by Government of Nunavut (GN) departments and designated authorities (departments) provide ethical, equitable, and consistent outcomes that meet the needs and support the rights of young Nunavummiut, and the families, who rely on them. Some of the Representative's duties, as outlined in section 3 of the *Representative for Children and Youth Act (RCYA)*, include:

- Protecting and advancing the rights and interests of young Nunavummiut, as individuals and as a whole;
- Ensuring government departments hear and consider young Nunavummiut's views on matters that affect them;
- Ensuring young people can access government services;
- Informing the public about the rights and interests of children and youth, and the roles and responsibilities of the Representative for Children and Youth's Office (RCYO); and
- Making recommendations to government departments on child and youth-related legislation, policies, programs and services.

In addition to the RCYA, the Representative's work is also guided by the United Nations *Convention on the Rights of the Child*, Inuit societal values, the voice of the child, and national advocacy standards set by the Canadian Council of Child and Youth Advocates.

The United Nations *Convention on the Rights of the Child* is an international human rights agreement, which describes all of the rights young people have, as well as the obligations governments, including territorial governments, have in connection to these rights. When Canada signed the United Nations *Convention on the Rights of the Child* in 1991, Canada promised to make sure that all young people and their families across the country, would have access to all of the rights explained in the United Nations *Convention on the Rights of the Child*.

Program Areas

The RCYO currently has three operational program areas, including Individual Advocacy, Systemic Advocacy, and Communications and Public Awareness. The individual advocacy team works one-on-one with children, youth, and their families to review complaints brought to our attention regarding GN department's services. The systemic advocacy team works to identify gaps and suggests improvements to legislation, policies, and programs to better meet the needs and support the rights of young people. Our communications and public awareness program works to increase awareness of child rights and the work of the RCYO. More information about the work of my office is available on our website, www.rcynu.ca.

Establishing an independent Child Rights Advocacy Office in the Northwest Territories.

As our office is experienced in children's rights and the realities young people face living in remote, northern communities, I would suggest that an independent child rights advocacy office be established in the Northwest Territories.

Every other Canadian jurisdiction has an office tasked with child rights advocacy. These offices work to improve the health, social, and economic outcomes of their young people by safeguarding their rights and best interests. They also work to ensure that the voices and opinions of young people are heard and considered by their provincial or territorial government when decisions are being made about them. These offices also identify deficiencies or gaps in their respective government's legislation, policies, programs, or services, and make recommendations to improve their effectiveness, responsiveness, and relevance. All child rights advocacy offices across Canada work collaboratively through the Canadian Council of Child and Youth Advocates to identify concerns of national significance, share advocacy best practices, and uphold national advocacy standards.

Conclusion

I make this suggestion in the spirit of collaboration and in support of child rights and our commitment to the United Nations *Convention on the Rights of the Child*, particularly:

Article 3: The right to the protection of the best interests of the child;

Article 4: The right to the protection of children's rights;

Article 12: The right to have your opinion heard and considered;

Article 19: The right to be protected from all forms of abuse and neglect;

Article 24: The right to the highest attainable standard of health;

Article 39: The right to help if hurt, neglected, or abused;

Article 42: The right to know your rights.

Thank you for the opportunity to contribute to this important work.

Yours sincerely,



Jane Bates

Representative for Children and Youth



Royal Canadian Mounted Police Gendarmerie royale du Canada

Commanding Officer Commandant divisionnaire

C/Supt. Jamie Zettler
Commanding Officer "G" Division
5010 Veterans Memorial Drive, Bag Service 5000
Yellowknife, NT
X1A 2R3

May 3, 2021

Mr. Gerry Burla
Committee Clerk, Social Development
Northwest Territories Legislative Assembly
PO Box 1320
4570 – 48th Street
Yellowknife, NT X1A2L9

Dear Mr. Burla:

The safety of children remains a priority for the Northwest Territories RCMP. The RCMP plays an important role in ensuring the health and well being of children across the Territory.

The primary mandate of the RCMP in the NWT is to preserve the peace, protect life and property, prevent crime and offences against the laws of Canada and the Northwest territories.

In the course of our duties, the RCMP are often one of the first agencies that discovers possible child welfare investigations. When RCMP have a concern about the welfare of a child, RCMP notify the local Child and Family Worker. RCMP, like any member of the public, has a duty to report child welfare neglect under the Child and Family Services Act. In 2020, the Northwest Territories RCMP made 913 referrals to Child Welfare Workers. In 2020, the Northwest Territories RCMP responded to 2,230 calls for service relating to family violence. Family violence includes intimate partner violence and violence involving close or extended family members. Please keep in mind that not all reports of family violence includes families with children or with children that are under the age of 16 years old as per the definition of a child in the Child and Family Services Act. Alcohol use was involved in 67% of those calls for service. In the same year, Northwest Territories RCMP investigated 410 complaints of Sexual Assault offences.

Since 1996, the RCMP and Health and Social Services having been working under a formal child abuse protocol. This protocol has seen several revisions with the modernization and evolution of society. In general, under this agreement, Health and Social Services is responsible for the safety of children and for investigating whether a child is in need of protection as stated in the Child and Family Services Act. The RCMP is responsible for investigating alleged violations of the Criminal Code with regard to complaints of child abuse. When the RCMP enters into a criminal investigation, a Child and Family Worker

.../2

Canada

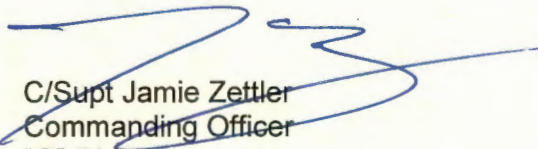
~ 2 ~

may assist the RCMP during child interviews when requested. The assistance during the interview is at RCMP discretion in relation to the known information of the complaint, time sensitivity in relation to protection/evidence gathering and availability of a Social Worker. Whether or not the RCMP responds to a child welfare call for service, any police officer has the ability to make a referral to Social Services based on their observation during the course of their duty. In several communities in the Northwest Territories, there are Indigenous Social Services programs and Non Governmental Organizations that are often engaged by the local RCMP detachments to support child welfare based on local programs and resources in the community.

Currently, the NWT RCMP provides specialized forensic interviewing training to members who are involved in investigating complaints of child abuse. The 'Step-Wise Child Interviewing Course' provides investigators with a structured interview technique which assists in interviewing child victims of abuse. NWT Child and Family workers have been provided the opportunity to be included in this training with the RCMP.

Thank you for including us in your stakeholder engagement. The RCMP is committed to working with its Territorial partners with the aim of improving our service delivery and specifically keeping children safe.

Sincerely,



C/Supt Jamie Zettler
Commanding Officer
"G" Division

FYRE YOUTH, December 2021

In-person engagement with approximately 20 youth

Held at Yellowknife Youth Centre, Homebase YK

If you could have one wish in the world,
what would it be?

Don't like my
social workers
changing

Family

Xbox Money
Card

Being able to
go to
school/receive
training to be
an artist

I wish that the
world could
solve world
hunger

I wish that
there was no
need for social
services/foster
care

Family
back together

I wish for a
nice vape

FYRE YOUTH, December 2021

In-person engagement with approximately 20 youth

Held at Yellowknife Youth Centre, Homebase YK

What are the positives and/or negatives with Child and Family Services?

Positive: I've met people who really care about me.

Negative: Choices taken away from me, not always supported.

My worker picks me up to get groceries, get clothing

I think foster care is like the new residential and similar to juvi in some ways

Things that have gone well: Foster Family Coalition
Things that have not gone well: not being able to see family

Positives: get money, like my social worker
Negatives: choices removed about hanging out with family, people say they care but don't feel like they really do

#1

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Started: Wednesday, December 08, 2021 6:41:46 PM
Last Modified: Wednesday, December 08, 2021 6:50:47 PM
Time Spent: 00:09:00
IP Address: 199.247.206.52

Page 1

Q1

What community supports, services or programs are available in your community for families and children?

CPNP, Social Workers, Elders, Early Childhood Programs, youth n family workers, Counseling

Q2

What are the strengths in your community that support family bonds and the well-being of children?

Family/Extended family, aboriginal foster homes

Q3

What do families need to stay together as a family?

Good education on healthy lifestyles, living without violence, parenting skills, on the land programs that are year round

Q4

Where is a safe place in your community for families and children to get help?

Shelters, sober extended family friends. Need a little booklet of all available resources that can be accessed

Q5

What does the government need to do a better job of doing to support families and children?

Listen to each community needs, go to the remote communities and do home visits as all regions and communities have different needs

#2

COMPLETE

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Last Modified: Thursday, December 09, 2021 9:00:55 AM
Time Spent: 00:02:58
IP Address: 216.108.108.191

Page 1

Q1 Respondent skipped this question

What community supports, services or programs are available in your community for families and children?

Q2 Respondent skipped this question

What are the strengths in your community that support family bonds and the well-being of children?

Q3 Respondent skipped this question

What do families need to stay together as a family?

Q4 Respondent skipped this question

Where is a safe place in your community for families and children to get help?

Q5
What does the government need to do a better job of doing to support families and children?

Have more indigenous employees working with families since most families affected are of indigenous background. They need to be more in tune with the needs of the families to keep them together while offering support.

#3

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Last Modified: Thursday, December 09, 2021 10:15:44 AM
Time Spent: 00:09:37
IP Address: 174.90.223.146

Page 1

Q1

What community supports, services or programs are available in your community for families and children?

On the land programs, concellers

Q2

What are the strengths in your community that support family bonds and the well-being of children?

On the land programs, counselling,

Q3

What do families need to stay together as a family?

The on the land programs that can have counselling and teaching of being a good parent

Q4

Where is a safe place in your community for families and children to get help?

Counselling, rcmp, school

Q5

What does the government need to do a better job of doing to support families and children?

On the land programs that last at least 2 weeks to a month. Some are to short.

Ece money assistance are being spent on drugs and alcohol where the families run out of food and good clothing. Should be like long ago where they have credit in stores and the bills are paid instead of getting the money. Teach how to save for a rainy day instead of spending all at once

#4

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Last Modified: Thursday, December 09, 2021 8:32:49 PM
Time Spent: 00:02:37
IP Address: 207.189.225.21

Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Healthy families whatever that means.

Q2

What are the strengths in your community that support family bonds and the well-being of children?

GTC programming

Q3

What do families need to stay together as a family?

Family events

Q4

Where is a safe place in your community for families and children to get help?

None

Q5

What does the government need to do a better job of doing to support families and children?

Offer parenting courses/counselling

#5

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Last Modified: Thursday, December 09, 2021 8:42:34 PM
Time Spent: 00:02:53
IP Address: 199.247.206.52

Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Counselling but no help then families reach out for help

Q2

What are the strengths in your community that support family bonds and the well-being of children?

Not much

Q3

What do families need to stay together as a family?

Support and real councilors who care and not just in to for the money

Q4

Where is a safe place in your community for families and children to get help?

Women shelter if they take you in

Q5

What does the government need to do a better job of doing to support families and children?

To much barriers when asking for help and no help for troubled youth.

#6

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Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Social Services and some foster care

Q2

What are the strengths in your community that support family bonds and the well-being of children?

Families that believe in families

Q3

What do families need to stay together as a family?

They need communication and bonding and food security.

Q4

Where is a safe place in your community for families and children to get help?

RCMP and Social Services

Q5

What does the government need to do a better job of doing to support families and children?

They need to care more, and keep them services identified to be of assistance to families active and transparent

#7

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Time Spent: 00:15:35
IP Address: 199.247.206.52

Page 1

Q1

What community supports, services or programs are available in your community for families and children?

We have the women's shelter, social services, justice committee, healthy babies programs, local community bands

Q2

What are the strengths in your community that support family bonds and the well-being of children?

The strengths I see are the families and MLA's who choose to help families and children.

Q3

What do families need to stay together as a family?

They need the opportunity to get back to their roots, their tradition along with educated in what is normal in a home and what is not. There are so many parents today that have had parents leave them as a child themselves to gamble or drink that they repeat the same cycle. These families need to have quick access to help rather than being put on the shelf until the list goes down for counseling. Some families get frustrated and give up waiting.

Q4

Where is a safe place in your community for families and children to get help?

Women's shelter

Q5

What does the government need to do a better job of doing to support families and children?

There has to be no judgement and tone of voice is important. Allow the parent to feel just as safe as the child and the are working on keeping them together.

#8

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Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Healthy family program
Income assistance

Q2

Respondent skipped this question

What are the strengths in your community that support family bonds and the well-being of children?

Q3

Respondent skipped this question

What do families need to stay together as a family?

Q4

Respondent skipped this question

Where is a safe place in your community for families and children to get help?

Q5

What does the government need to do a better job of doing to support families and children?

Take action and actually return phone calls of concern parents for their children in need of assistance and understand more of the single parent seeking help to get away from an abusive relationship. Actually take concerns seriously and protect innocent children (social services).

Help single mothers/fathers when trying to leave an abusive relationship all the supports which were attempted to use we're not helpful. Make something available financially for them to be solo and successful during the divorce process.. As a single mother no help was given leaving a new mom and child to sleep on a couch for 8 months with no money while being denied financial assistance having no funds. Trying to rebuild their life and working to pay for a lawyer. Very unfortunate.. I am not alone there are ALOT of woman in yk that has had this happen to with no help.. While trying to seek help

#9

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Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Soccer, hockey, figure skating

Q2

What are the strengths in your community that support family bonds and the well-being of children?

Sports

Q3

What do families need to stay together as a family?

More affordable child care so parents can afford to our children in activities

Q4

Where is a safe place in your community for families and children to get help?

Home

Q5

What does the government need to do a better job of doing to support families and children?

More affordable childcare

#10

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Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Jordan's Principle Programs
Healthy Families Program
School programs

Q2

What are the strengths in your community that support family bonds and the well-being of children?

When there's no Covid restrictions there's a lot of community events for families to enjoy.

Today, everything is restricted and it's sad and hard on families.

Families come together to support each other.

Q3

What do families need to stay together as a family?

Education
Addictions support
Counselling services

Q4

Where is a safe place in your community for families and children to get help?

School
Church
Community programs
Social services

Q5

What does the government need to do a better job of doing to support families and children?

Get more workers, we've been short social workers for a couple years. Burn out for the one we have.

Support existing programs that are successful, don't recreate.....

Talk to people in person, listen, hear what we have to share and work with us.

#11

COMPLETE

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Time Spent: 00:23:33
IP Address: 199.247.206.53

Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Inuvialuit Regional Corporation and GTC has a family support workers. IRHSS has counseling. Residential School support programs and some On the land programs

Q2

What are the strengths in your community that support family bonds and the well-being of children?

The Arctic Family Wellness Centre has counselors both adults and young mothers. I think they should reach out or have Social Services refer them there.

Q3

What do families need to stay together as a family?

A home and for traditional food always to offset the cost of having to but meats from stores. Child rearing and life skills

Q4

Where is a safe place in your community for families and children to get help?

Inuvik Transition House Society and IHSS counseling

Q5

What does the government need to do a better job of doing to support families and children?

Remove all known drug dealers and bootleggers out of subsidized housing and help the families with children to keep their homes, so the children can go to school. In private rental the landlords won't house these people who sell drugs or booze. The root problem

#12

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, December 15, 2021 6:26:58 AM
Last Modified: Wednesday, December 15, 2021 6:44:58 AM
Time Spent: 00:17:59
IP Address: 199.85.233.202

Page 1

Q1

What community supports, services or programs are available in your community for families and children?

Social Services and Family.

Q2

What are the strengths in your community that support family bonds and the well-being of children?

The bond is with the immediate Family. It works for only a short period of time until the Family involved is clear of drinking for the day (s) until the next Income Support is received by client. Happens to often. Bootleggers and Drug dealers (some live in Social Housing) are the BIG WINNERS.

Q3

What do families need to stay together as a family?

Good question, it need to begin in the home. The Residential School has destroyed the lives of family members because the abuse and is brought down to family members. How does one deal with this? Support, support, support.

Q4

Where is a safe place in your community for families and children to get help?

In Tuk we have a shelter but is it working? Does the hired staff have experience in counselling? Why is this shelter only for Women, Men are abused by Spouses.

Q5

What does the government need to do a better job of doing to support families and children?

All the money applied to Family Services will not correct the wrong. Individuals need to ask themselves, do I want a better life for myself and the Family. It starts at home, Child and Family Services and Social Services are there for protection of Children. Maybe it is time for Government to take a harsher stand on issuance of Income Support.
