



DIRECTOR OF CHILD AND FAMILY SERVICES

ANNUAL REPORT 2021- 2022

DIRECTRICE DES SERVICES À L'ENFANT ET À LA FAMILLE

RAPPORT ANNUEL 2021- 2022

Le présent document contient un sommaire en français.

Government of Northwest Territories
Gouvernement des Territoires du Nord-Ouest



Message from the Territorial Executive Director of Child and Family Services

The Honourable Julie Green

Minister of Health and Social Services
Government of the Northwest Territories

Dear Minister Green,

I am pleased to provide you with the 2021-2022 Annual Report of the Director of Child and Family Services.

Through the Annual Report, we monitor our approach to service delivery across the Northwest Territories. This report provides an opportunity to reflect on system improvements and guide our way forward in continuing to reform the system to better meet the needs of children, youth, and families.

To address the overrepresentation of Indigenous children and youth receiving Child and Family Services, we remain committed to implementing the federal *Act respecting First Nations, Inuit and Métis children, youth and families* and working with Indigenous governments and communities to advance reconciliation, and support program and service delivery by Indigenous governments. We will continue to use various platforms, such as the Director's Report, to hold space for the voices of those we serve; acknowledge their experiences and answer their calls for a more culturally safe and anti-racist approach to the delivery of Child and Family Services.

I am grateful for the Child and Family Services staff, foster caregivers, community partners, and Indigenous governments and community leaders for their passion and unwavering dedication to the wellbeing of children, youth, and their families.

Sincerely,

Colette Prevost

Territorial Executive
Director of Child and Family Services

Table of Contents

Executive Summary	5
Sommaire	6
Introduction.....	7
Section 1: Northwest Territories’ Child and Family Services System	8
Section 2: Continued Response to the COVID-19 Pandemic	9
Section 3: Initial Involvement with Child and Family Services.....	10
Section 4: Types of Services for Children, Youth and Families.....	12
Section 5: Children and Youth Who Receive Child and Family Services	14
Section 6: Promoting Wellbeing	17
Section 7: Reporting and Investigating Suspected Maltreatment	19
Section 8: Plan of Care Committees and Agreements	24
Section 9: Temporary Custody Orders and Permanent Custody Orders.....	26
Section 10: Placement Resources.....	28
Section 11: Extended Support Services Agreements.....	30
Section 12: Specialized Services	32
Section 13: Adoptions.....	34
Section 14: Quality Improvement Plan.....	35
Section 15: Moving Forward in 2022-2023.....	37
Appendix A: Glossary	39

Executive Summary

The 2021-2022 Report of the Director of Child and Family Services (CFS) provides a detailed summary of services delivered in the Northwest Territories (NWT) between April 1, 2021, and March 31, 2022.

Examining CFS data from the past twelve months enables us to build on promising practices and highlight areas requiring more attention. The data is presented similarly to previous reports and identifies ways to enhance service delivery for children, youth, and families of the NWT. It is important to note that CFS delivery, and therefore the data, for 2020-2021 and 2021-2022 is situated in the context of the COVID-19 pandemic and its related public health measures. The CFS system and staff modified many processes to safely provide services in line with the *Public Health Act* and the *Child and Family Services Act*. Throughout the pandemic, one of our priorities was to have children, youth, and families experience minimal disruption in their ability to access supports and services.

In 2021-2022, a total of 1,221 children and youth received either a protection or prevention service through CFS. Promising data and trends are detailed in this report. Prevention services represent 50% of the services delivered through CFS. Furthermore, the Family Preservation Program continued to expand throughout the NWT and 86 families were supported through this program. Most children/youth receiving services remained in their home (75%) or home community (17%). The proportion of regular placement resources (foster placements) is steadily decreasing as the proportion of extended family placement resources is increasing. This means more extended family members are caring for children/youth when they must be placed outside their home.

Other data reveals where we must examine our services further to better serve children, youth, and families. There continues to be an overrepresentation of Indigenous children and youth in both prevention and protection services. Disparities in income and housing security are two of the most common reasons why families and youth are requesting voluntary services. Only 23% of youth who turned 19 during 2021-2022 chose to continue receiving services through an Extended Support Services Agreement.

These voluntary agreements provide supports and services to youth who were in the permanent care and custody of the Director of CFS upon their 19th birthday to help them transition to adulthood.

CFS is committed to improving our relationship and integration with the diverse programs that support children, youth, and families. Access to safe housing, mental wellness supports, recreational opportunities, prenatal and postnatal care are all foundational in supporting the wellbeing of families and communities. Furthermore, families and communities are best positioned to know what is needed to support their children and youth. As such, we are dedicated to supporting any Indigenous government who is developing and enacting a child and family services law under the federal *Act respecting First Nations, Inuit and Métis children, youth, and families* or through a self-government agreement. Over 2022-2023, CFS will continue to work with Indigenous governments and communities by sharing data and information, engaging in ongoing dialogue on service delivery, and by supporting Indigenous governments in planning for children and youth.

A renewed plan on reforming the CFS system will be released in 2023-2024. CFS is committed to maintaining the momentum gained through the Quality Improvement Plan and implementing a culturally safe and anti-racist approach to improve outcomes for children, youth, and families who access and receive services.

Sommaire

Le rapport 2021-2022 de la directrice des Services à l'enfance et à la famille (SEF) présente un résumé détaillé des services fournis aux Territoires du Nord-Ouest (TNO) pour la période allant du 1^{er} avril 2021 au 31 mars 2022.

L'examen des données des SEF des douze derniers mois nous permet de nous appuyer sur les pratiques prometteuses et de mettre en évidence les domaines qui demandent plus d'attention. Présentées de la même manière que dans les rapports des années précédentes, ces données visent à déterminer les façons d'améliorer la prestation des services offerts aux enfants, aux jeunes et aux familles des TNO. Il est important de noter que les services offerts en 2020-2021 et en 2021-2022, et par conséquent les données présentées dans ce rapport, s'inscrivent dans le contexte de la pandémie de COVID-19 et des mesures de santé publique connexes. Le personnel des SEF a modifié beaucoup de ses processus pour offrir des services sûrs et conformes à la *Loi sur la santé publique* et à la *Loi sur les services à l'enfance et à la famille*. Tout au long de la pandémie, une de nos priorités a été de faire en sorte que les enfants, les jeunes et les familles accédant à nos services soient le moins perturbés possible.

En 2021-2022, un total de 1 221 enfants et jeunes ont bénéficié de services de protection ou de prévention par l'intermédiaire des SEF. Des données et des tendances prometteuses sont détaillées dans ce rapport. Les services de prévention représentent 50 % des SEF. De plus, le Programme de préservation des familles a continué de se développer aux TNO, apportant ainsi un soutien à 86 familles. La plupart des enfants et des jeunes bénéficiant de nos services vivent encore chez eux (75 %) ou dans leur collectivité d'origine (17 %). La proportion de placements ordinaires (en famille d'accueil) diminue progressivement tandis que la proportion de placements en famille élargie augmente. Cela signifie qu'il y a plus de familles élargies disponibles pour s'occuper des enfants et des jeunes lorsqu'ils doivent être placés hors de leur foyer.

Comme nous l'indiquent d'autres données, nous devons remettre en question certains de nos services pour mieux servir nos clients. Les services de prévention et de protection comptent toujours plus d'enfants et de jeunes autochtones que de non-autochtones. Les disparités de revenus et la sécurité liée au logement sont deux des causes les plus fréquentes pour lesquelles les familles et les jeunes font appel à des services de soutien volontaires. Seuls 23 % des jeunes qui ont eu 19 ans en 2021-2022 ont choisi de continuer à recevoir des services et ont conclu un accord de services de soutien prolongés. Les services de soutien volontaires permettent aux jeunes qui étaient sous l'autorité parentale permanente du directeur des SEF jusqu'à leur 19^e anniversaire de bénéficier de soutien et de services pour faciliter leur passage à l'âge adulte.

Les SEF s'engagent à améliorer leur relation avec les responsables des différents programmes venant en aide aux enfants, aux jeunes et aux familles. L'accès à un logement sûr, à des services de soutien en santé mentale, à des possibilités de loisirs et à des soins prénataux et postnataux est fondamental pour favoriser le bien-être des familles et des collectivités. De plus, les familles et les collectivités sont les mieux placées pour cerner les besoins des enfants et des jeunes. C'est pourquoi nous nous engageons à soutenir l'ensemble des gouvernements autochtones souhaitant élaborer et adopter une loi sur les services à l'enfance et à la famille en vertu de la *Loi fédérale concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis* ou d'une entente sur l'autonomie gouvernementale. En 2022-2023, le personnel des SEF continuera de travailler avec les gouvernements et les communautés autochtones en partageant les données et les informations, en engageant un dialogue sur la prestation de services et en aidant les gouvernements autochtones à planifier des programmes pour les enfants et les jeunes.

Un plan sur la réforme du système des SEF mis à jour sera publié en 2023-2024. Les Services à l'enfance et à la famille s'engagent à maintenir l'élan acquis grâce au Plan d'amélioration de la qualité et à utiliser une approche qui lutte contre le racisme et respecte la culture afin de continuer à améliorer les résultats pour les bénéficiaires de nos services.



Introduction

The 2021-2022 Annual Report of the Director of Child and Family Services (CFS) provides a summary of services delivered in the Northwest Territories (NWT) under the *Child and Family Services Act*, *Adoption Act*, *Aboriginal Custom Adoption Recognition Act*, and the federal *Act respecting First Nations, Inuit and Métis children, youth and families* between April 1, 2021, and March 31, 2022.

Throughout 2021-2022, the COVID-19 pandemic and its related shutdowns and isolation requirements were once again a challenge for many residents and service providers across the NWT. Despite these challenges, CFS staff and community partners continued to be flexible, creative, and dedicated in ensuring children, youth, and families did not experience an interruption to supports and services. Promising data, practices, and initiatives from 2021-2022 are highlighted in **Section 2: Continued Response to the COVID-19 Pandemic**, **Section 6: Promoting Wellbeing**, **Section 10: Placement Resources** and **Section 15: Quality Improvement Plan**.

The *Child and Family Services Act* requires that a report on CFS delivery in the NWT be submitted to the Minister of Health and Social Services on the first of October of every year. To remain accountable and transparent, the Annual Report is shared publicly. This is an opportunity for residents of the NWT to see the types of supports and services delivered through CFS and why. It identifies trends, where the CFS system can do better and where there has been a positive impact on the people served.

Section 1: Northwest Territories' Child and Family Services System

The Child and Family Services (CFS) system is responsible for delivering services designed to promote the best interests of children, youth, and families; maintain family unity; and promote the strength of communities. Prevention supports, family preservation programs and protection services are available and provided to each of the 33 communities throughout the Northwest Territories (NWT).

Children, youth, and families receive services and supports from frontline CFS staff including Community Social Service Workers¹, Family Preservation Workers, and Foster Care and Adoption Workers¹. Specialized training is provided to all staff to ensure they have the required knowledge and Statutory Appointments to provide these services.

The CFS system is comprised of staff from the Department of Health and Social Services, and Health and Social Services Authorities.

CHILD AND FAMILY SERVICES SYSTEM

Department of Health and Social Services

- Develops practice standards and training curriculums
- Monitors overall system performance and compliance to legislated responsibilities
- Supports access to out-of-territory specialized services
- Facilitates and registers departmental, private, and step-parent adoptions
- Facilitates the appointment, training, and compensation (via honorarium) of Custom Adoption Commissioners
- Receives inquiries, collects, and discloses information from NWT records under both the *Child and Family Services Act* and the *Adoption Act*

Northwest Territories Health and Social Services Authority

Tłı̄chǫ Community Services Agency

Hay River Health and Social Services Authority

- Provides direct services to children, youth, and families
- Responsible for system staff recruitment and retention activities
- Provides ongoing clinical support and training to staff
- Monitor system performance

¹ Community Social Services Workers receive specialized training to become statutorily appointed as "Child Protection Workers" under the *Child and Family Services Act*. Foster Care and Adoption Workers are also Community Social Services Workers who receive specialized training and are appointed under the *Adoption Act*.

Approximately
129
staff supported children,
youth, and families
through CFS in
2021-2022

Section 2: Continued Response to the COVID-19 Pandemic

The Minister of Health and Social Services extended the territory-wide Declared State of Public Health Emergency under the Northwest Territories' (NWT) *Public Health Act* throughout 2021-2022. Emerging Wisely Child and Family Services (CFS) continued to inform the approach to CFS delivery throughout 2021-2022 in alignment with the recovery phases in the Government of the Northwest Territories' (GNWT) Emerging Wisely Plan². Emerging Wisely CFS also provided direction on personal protective equipment for staff, contact guidelines to use with children/youth/families, and other supportive resources. CFS worked with key partners, such as the Foster Family Coalition of the NWT, RCMP, and health professionals to support the safety and wellbeing of children and youth. The approach to such services was adapted to suit the particular needs and profiles of communities and regions.

EXTENDING SUPPORT SERVICES FOR YOUTH/YOUNG PERSONS

At the onset of the pandemic, a Ministerial Directive was issued that allowed CFS to extend support services to youth and young persons who would ordinarily age out of receiving CFS. Throughout 2021-2022, the Ministerial Directive continued to be in effect.

The Ministerial Directive supported youth and young persons in continuing to access familiar services and to work with their Community Social Service Worker to navigate complexities related to a pandemic and social isolation. This Ministerial Directive was scheduled to expire on June 30, 2022 – 90 days after the end of the Declared State of Public Health Emergency.

BRIEF SERVICE AGREEMENTS

Recognizing increased financial stress during the COVID-19 pandemic, CFS continued providing Brief Service Agreements for families to receive short-term or one-time financial assistance for necessities, such as for diapers, food, or fuel. Families were also supported through various community programs to access supports to go out on the land – a level of support which was met with a positive response from numerous families across the NWT.

In 2021-2022, there were

263

requests for a Brief Services Agreement.

² Government of the Northwest Territories (2020). Emerging Wisely: Continued public health response to COVID-19 in the Northwest Territories. Retrieved from: www.gov.nt.ca/sites/flagship/files/documents/emerging_wisely.pdf.

Section 3: Initial Involvement with Child and Family Services

Child and Family Services (CFS) provides a continuum of services to children, youth, families, and expectant parents, ranging from preventative supports that promote wellbeing through to protection focused services. CFS is typically accessed through two different ways:

1. PREVENTION SERVICES

CFS provides prevention services including referrals to supports when a youth, family, or expectant parent identifies a need for assistance. Where appropriate, the Community Social Services Worker collaborates with other service providers to ensure a holistic approach in supporting youth, families, and expectant parents.

Community Social Services Workers endeavor to provide access to support services that are personalized to meet the unique needs of a youth, family, or expectant parent(s). During the initial meeting, Community Social Services Workers strive to use family-centered and anti-oppressive approach to identify culturally responsive and relevant services that promote the individual/family's resilience and strengths.

Examples of requests under prevention services:

- Respite care
- Housing advocacy
- Short-term financial assistance
- Support in accessing counselling services
- Referrals to prenatal services

In 2021-2022,
211
requests for prevention
services were made.

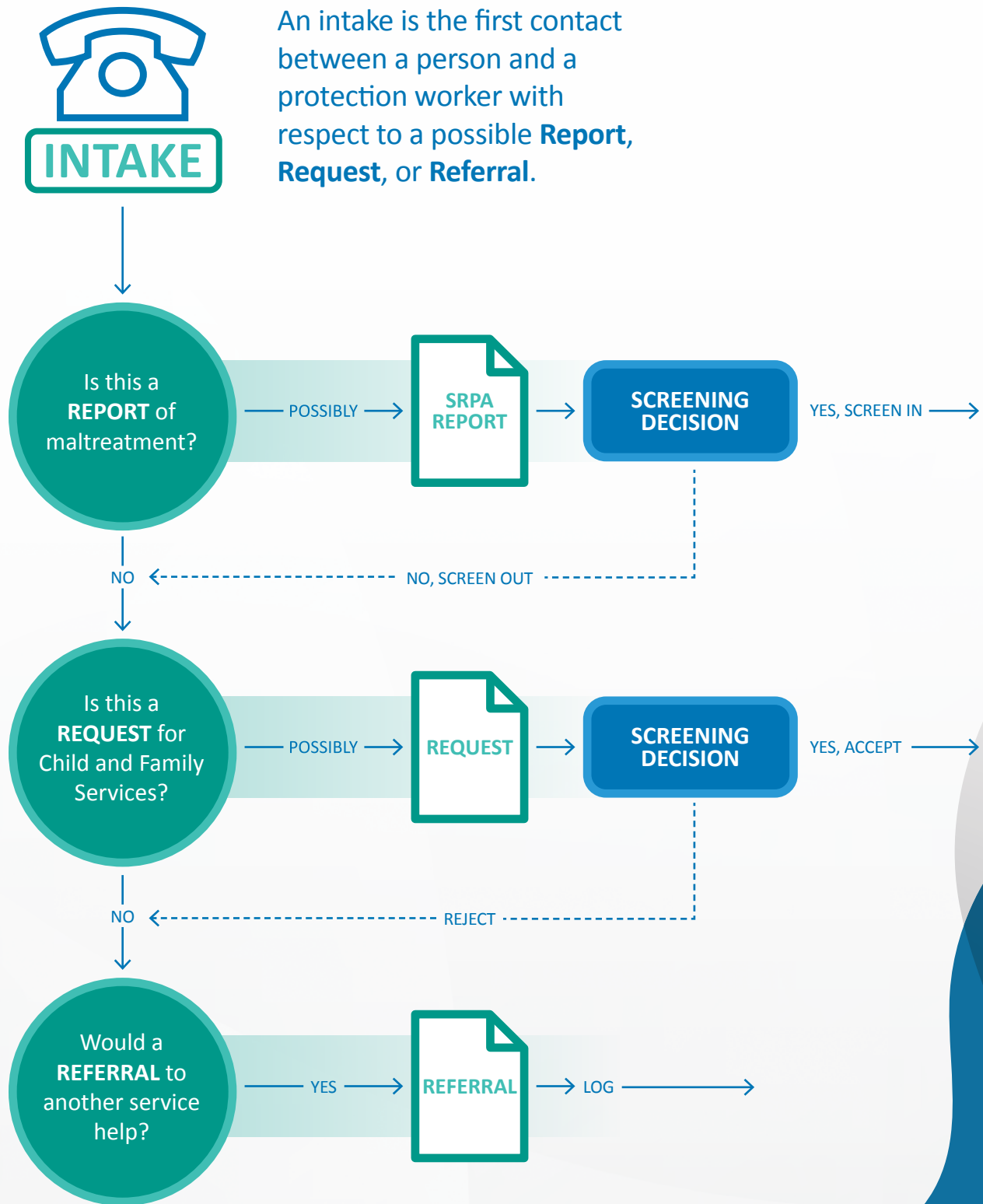
2. PROTECTION SERVICES

In situations where there is a concern that a child/youth may be at risk of maltreatment, a report is made to the Community Social Services Worker³. The Community Social Services Worker gathers information to determine if further action is required to support the safety and wellbeing of the children/youth. The Community Social Services Worker will speak with the child(ren), youth, parents and any other individuals that may be helpful in better understanding the family's circumstances. Depending on the outcome of the information gathered by the Community Social Services Worker, families and children/youth may be offered prevention supports or require protection services to ensure their safety and wellbeing.

In 2021-2022,
1,600 reports of
suspected
maltreatment
concerns were brought to the
attention of Child and
Family Services.

³ The *Child and Family Services Act* requires any person who has information of the need of protection of a child or youth shall, without delay, report the matter to their local Child and Family Services office, peace officer or authorized person.

Figure 3.1 outlines the processes at the stage of initial contact with Child and Family Services:



Section 4: Types of Services for Children, Youth and Families

Between April 1, 2021, and March 31, 2022, there were 1,221 children and youth who received either prevention or protection services through Child and Family Services (CFS).

PREVENTION SERVICES

Voluntary Services Agreements (VSA): Support families with children/youth between the ages of 0-18 (inclusive) and expectant parent(s) who may require assistance with a variety of needs, as identified by the individual/families.

Support Services Agreements (SSA): Support youth, ages 16 to 18 (inclusive) who need help in their transition to adulthood.

Extended Support Services Agreements (ESSA): Support young persons in their transition to adulthood. This service is offered to young persons who were in the permanent care and custody of the Director of Child and Family Services on their 19th birthday and until they turn 23.

Brief Services Agreements: Short-term or one-time financial assistance to families in response to the COVID-19 pandemic.

PROTECTION SERVICES

Plan of Care Agreement (POCA): Provides an alternative to the court process when there is an ongoing protection concern involving children under 16 years of age. POCAs collaboratively identify the strengths and needs with the family. Supports and services are offered as an approach to family preservation. Depending on the situation, the child may remain in the family home or be cared for outside the home.

Supervision Order (SO): Enables the child to remain in their family home with the supervision from a Community Social Services Worker. SOs do not apply to youth.

Temporary Custody Order (TCO): Transfers the custody of the child/youth temporarily to the Director of Child and Family Services. Work is continued with the family to reunite the child/youth in their family home and parents are supported to maintain a meaningful relationship with their child(ren)/youth.

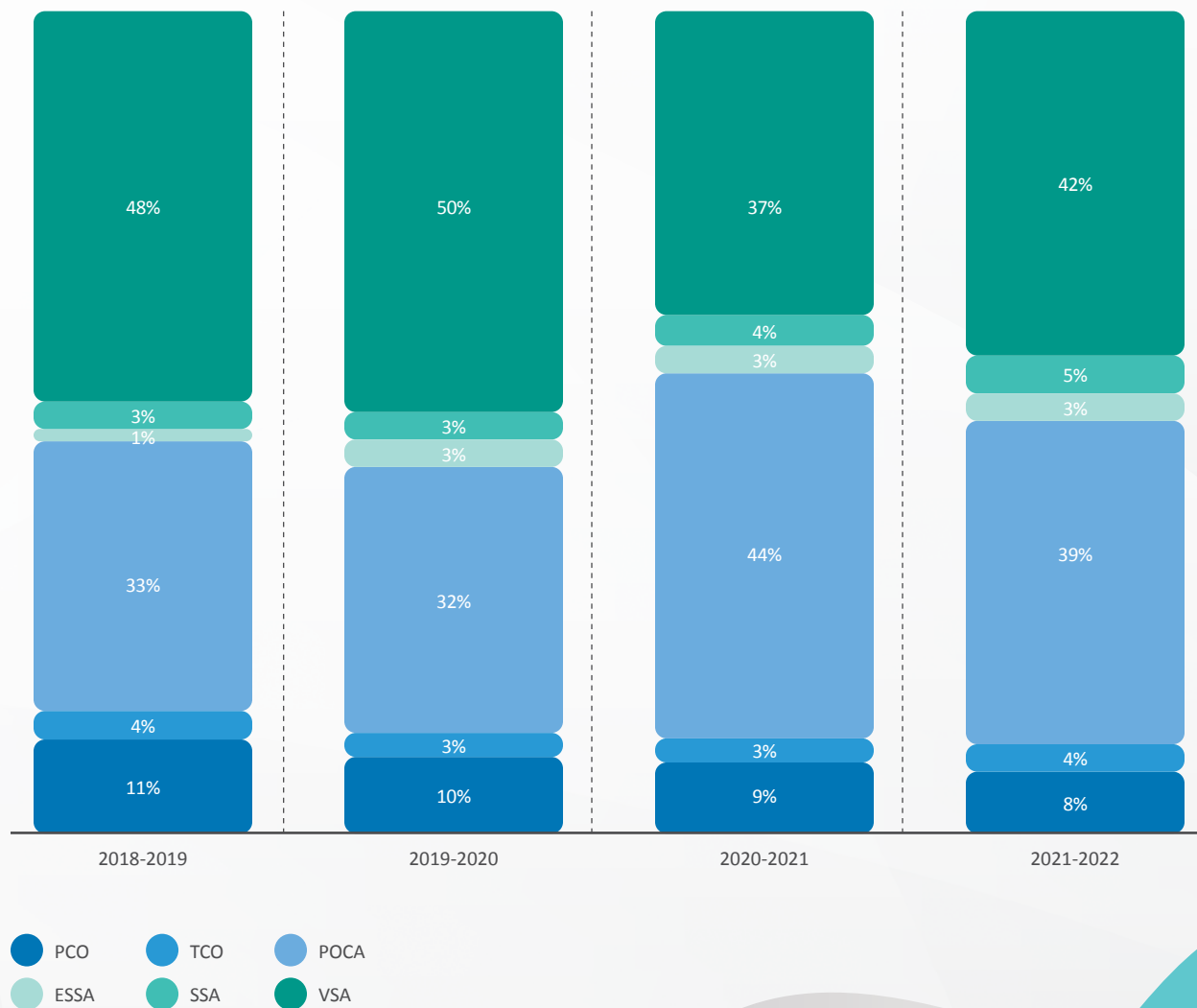
Permanent Custody Order (PCO): Transfers the custody of the child/youth permanently to the Director of Child and Family Services. The goal is to find the child/youth a permanent home, either through extended family members or adoption.

Overall, the proportion of children/youth receiving services under an Extended Support Services Agreement, Support Services Agreement, Permanent Custody Order, and Temporary Custody Order is comparable between 2018 and 2022 (Figure 4.1).

However, in 2021-2022, the proportion of Voluntary Services Agreements decreased while Plan of Care Agreements increased. This past year

(2021-2022) showed that services are trending towards similar proportions from 2018-2020, which typically showed approximately 50% of services being voluntary. Subsequent years of data will need to be monitored to determine what might be underlying the changes in service use, such as the impact of the COVID-19 pandemic, approach to service delivery, etc.

Figure 4.1 Proportion of child and family services provided to children, youth, and families, by type

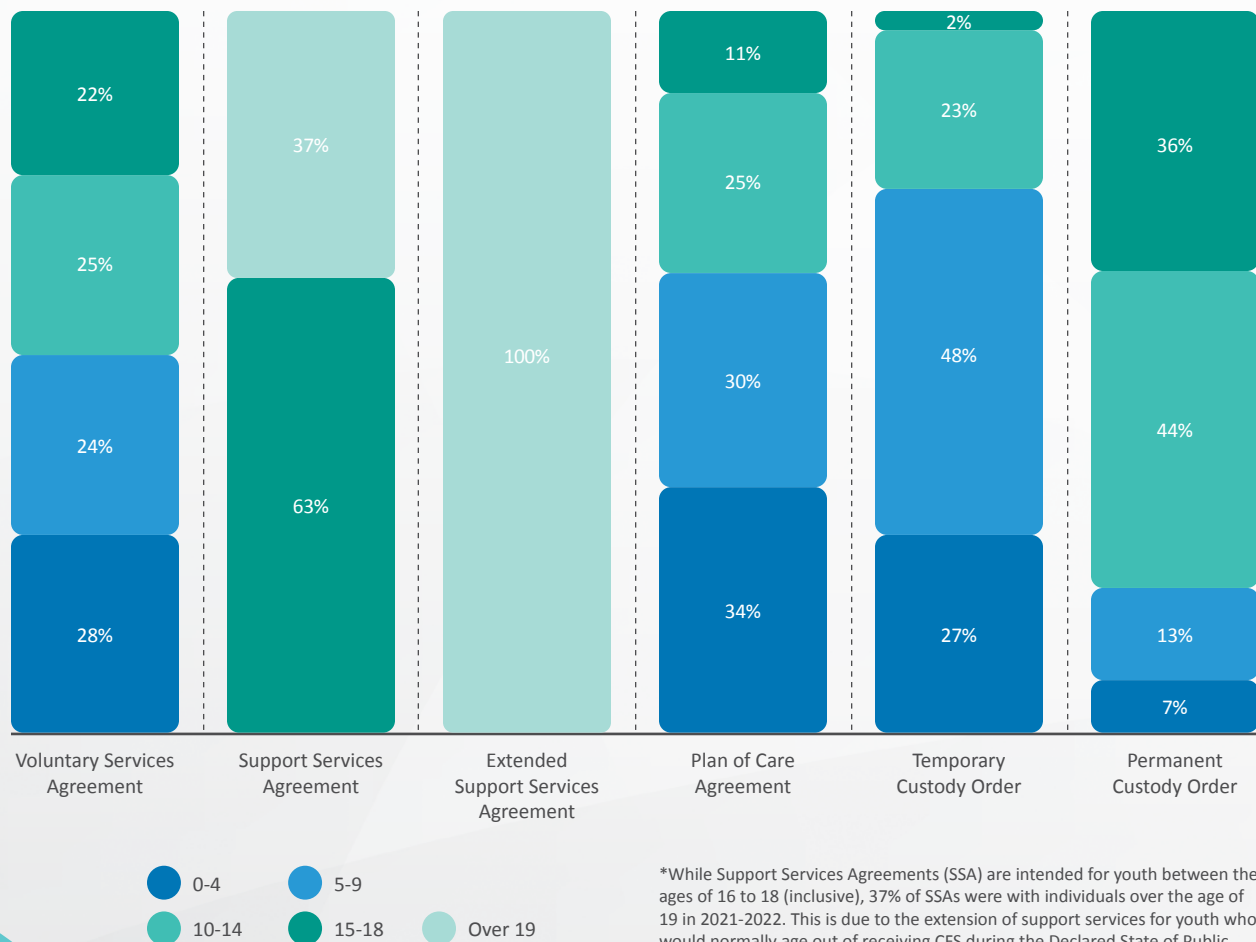


Section 5: Children and Youth Who Receive Child and Family Services

HOW OLD ARE CHILDREN/YOUTH RECEIVING SERVICES?

The type of service provided through Child and Family Services (CFS) depends on the child/youth's age and family situation. Knowing these differences can help to develop and tailor age-related supports and services for children/youth and families (Figure 5.1).

Figure 5.1 Child and Family Services provided according to age



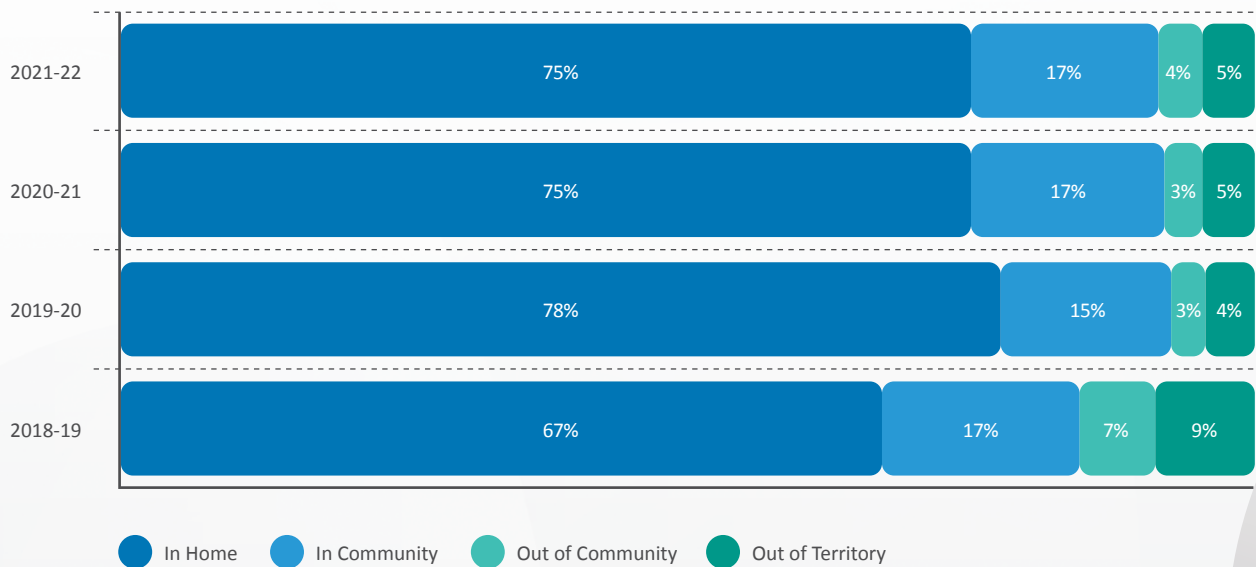
*While Support Services Agreements (SSA) are intended for youth between the ages of 16 to 18 (inclusive), 37% of SSAs were with individuals over the age of 19 in 2021-2022. This is due to the extension of support services for youth who would normally age out of receiving CFS during the Declared State of Public Health Emergency. More information on the extension of support services is available in **Section 2: Continued Response to the COVID-19 Pandemic**.

WHERE ARE CHILDREN AND YOUTH LIVING WHEN RECEIVING SERVICES?

Whenever possible, children/youth are supported to live in their family home or within their home community. Maintaining connections with culture, community, friends, and family supports overall wellbeing and healthy development of the child/youth. Keeping children/youth within their own community and providing community-based supports and services is an integral part of CFS delivery.

In 2021-2022,
92%
 of children/youth who received CFS were residing in the home or within their home community.

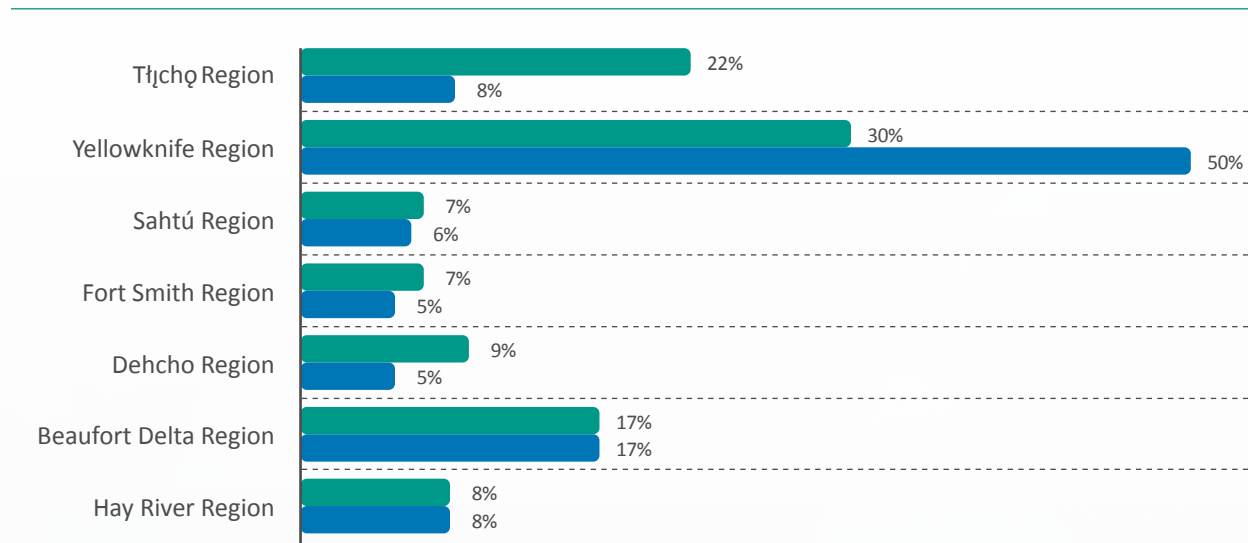
Figure 5.2 Locations of where children/youth received Child and Family Services



CHILDREN AND YOUTH RECEIVING SERVICES BY REGION

Understanding the level of services in each region can help shape the development of community-based programs to better support children, youth, and families. Services can then be tailored to include regional differences, community strengths and pressures.

Figure 5.3 Percentage of children/youth by region who are receiving services through CFS compared to the total child/youth NWT population, by region



● Percentage of Children/Youth Receiving Services ● Percentage of Total Child/Youth Population

Children and Youth Receiving Services by Ethnicity:	
First Nations	75%
Inuit	18%
Métis	4%
Non-indigenous	2%

REDUCING THE NUMBER OF CHILDREN AND YOUTH IN CARE

Child and Family Services (CFS) in the NWT encompasses both prevention services and protection services. In 2021-2022, the vast majority (98%) of children and youth receiving CFS in the NWT identified as Indigenous. The overrepresentation of Indigenous children and youth is informing the need to shift the structure and delivery of CFS in the NWT and across Canada. It is important we acknowledge the ongoing impacts of colonial systems and systemic racism that maintain inequities for Indigenous families, particularly as we continue to transform CFS to a system that promotes cultural safety and anti-racism.

Provisions under the NWT *Child and Family Services Act* and federal *Act respecting First Nations, Inuit and Métis children, youth and families* are intended to invite the participation of Indigenous governments and organizations in planning for children/youth. An integrated approach that involves families and communities is essential in supporting the wellbeing of children and youth.

Section 6: Promoting Wellbeing

All families require some level of support from family, friends, and community. For those who do not have access to such supports, early intervention and prevention services are crucial when promoting the wellbeing of families. Child and Family Services (CFS) supports the delivery of early intervention and prevention services through voluntary support services agreements, connections to other programs/ services (such as the Healthy Family Program) and the Family Preservation Program. These services are available to children, youth, families, and expectant parents. The aim is to build on the strengths and resiliency of families, and support connections to resources, community and culture that promote family unity and wellbeing.

VOLUNTARY SUPPORT SERVICES

Voluntary support services are available in circumstances where there are no child or youth protection concerns. There are three types of agreements that fall under voluntary support services:

Voluntary Services Agreements: Support families with children/youth between the ages of 0-18 (inclusive) and expectant parent(s) who may require assistance with a variety of needs, as identified by the individual/families.

Support Services Agreements: Support youth, ages of 16 and 18 (inclusive), who need help in their transition to adulthood.

Extended Support Services Agreements: Support young persons in their transition to adulthood. This service is offered to young persons who were in the permanent care and custody of the Director of Child and Family Services on their 19th birthday and until they turn 23 (for more information refer to **Section 11: Extended Support Services Agreements**).

These agreements are tailored for each youth, family or expectant parent(s) to meet their unique needs. The Community Social Services Worker incorporates a philosophy of maintaining family, culture, and community connections. As part of this approach, youth, families, and expectant parent(s) may be encouraged to involve their Indigenous government(s) and/or cultural organization for support in case planning to integrate Indigenous knowledge and ways of helping and healing.

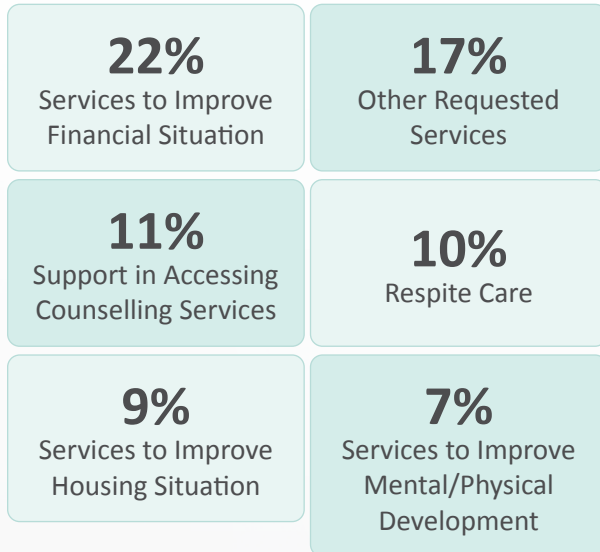
In 2021-2022, 679 children/youth* were receiving prevention services in the NWT.

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

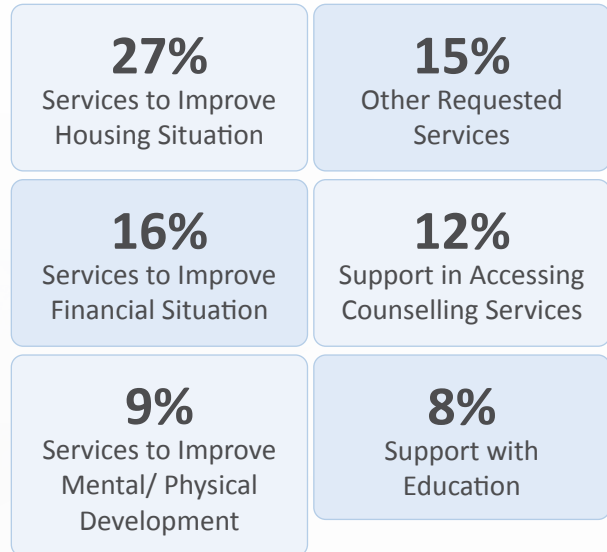
10%
of youth receiving services were under a Support Services Agreement.

90%
of children/youth receiving services were under a Voluntary Services Agreement.

MAIN REASONS FOR VOLUNTARY SERVICES AGREEMENT REQUESTS



MAIN REASONS FOR SUPPORT SERVICES AGREEMENT REQUESTS



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

FAMILY PRESERVATION PROGRAM

The Family Preservation Program supports families receiving protection or prevention services. Through an approach which promotes family choice, family ownership, and family self-determination, wraparound services are tailored to the needs of each distinct family. The family is the active decision maker – invited to define their strengths and needs, and to gather trusted team members (i.e., community members, extended family, and Elders) to be part of their circle of support. The Family Preservation Program utilizes the Wrap Around Model, a team-based planning process intended to provide coordinated care to meet the needs of children, youth, and their families.

The core services offered through the Family Preservation Program include:

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

In 2021-2022,
86 families were supported by the Family Preservation Program.

Section 7: Reporting and Investigating Suspected Maltreatment

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

MALTREATMENT, ABUSE AND NEGLECT

The term "maltreatment" is an overarching term that encompasses both "abuse" and "neglect". In the NWT, most suspected cases of abuse and neglect are based upon reports made by service providers or members of the community. Based on the *Child and Family Services Act*, harm to a child/youth is categorized into five main areas:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Exposure to family violence
- Neglect

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

In instances where an investigation is needed to further assess the immediate safety to the child/youth, the Community Social Services Worker will complete the investigation and use the SDM® Risk Assessment tool to determine, through consultation with the family, what supports (if any) they may require to ensure the child/youth's safety and wellbeing.

REDEFINING NEGLECT

An important distinction within CFS is being able to assess child/youth protection concerns due to neglect versus the inability of a family to meet the basic needs of a child/youth due to socio-economic conditions.

Socio-economic conditions, such as poverty, are not reflective of the family's capacity to care for themselves or their children/ youth. This distinction begins with redefining the term "neglect" and giving more training and tools to Community Social Services Workers to assess the root cause of why a child or youth's basic needs are not being met.

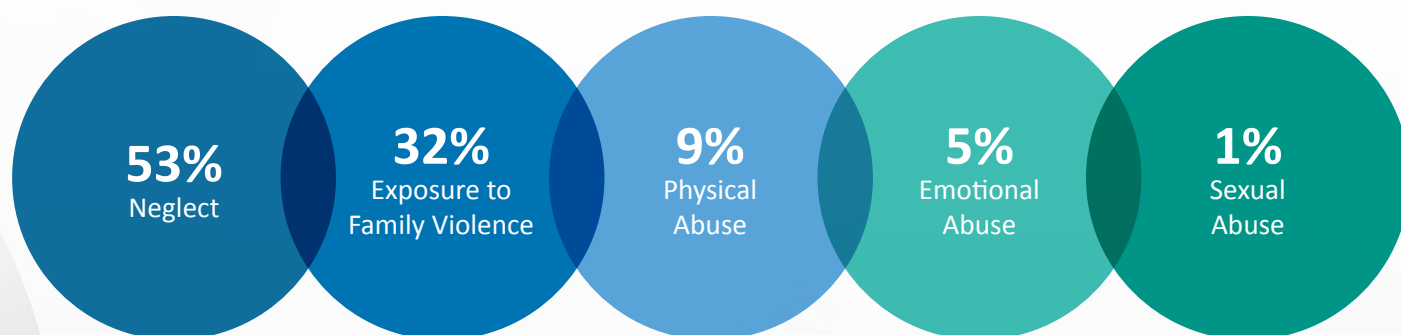
Indigenous governments, families, and Community Social Services Workers have recommended the need to define neglect more clearly as separate from the socio-economic conditions a family may be experiencing, as they warrant different supports and services. CFS will prioritize redefining its approach to neglect and support changes in standards, training, and practice.

In 2021-2022, the most common sources of reports of suspected child maltreatment were RCMP, family members, community members, school staff, and custodial parents.

In 2021-2022, there were
1,862*
suspected child maltreatment concerns reported.

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

Reports of suspected maltreatment (by type) in 2021-2022



In 2021-2022, neglect was the most reported form of maltreatment in the NWT, followed by exposure to family violence.

Neglect and exposure to family violence are often the result of complex intersections of the social determinants of health, including systemic racism, and intergenerational trauma resulting from colonialism, experienced by parents/caregivers. Social determinants of health can be described as non-medical factors that influence health outcomes. Awareness and knowledge of the root causes impacting child maltreatment is a key step towards developing interventions designed to better promote the safety and wellbeing of children and youth. Furthermore, CFS recognizes the importance of supporting women who have experienced intimate partner violence as an integral part of preventing child/youth maltreatment. For example, CFS will often act as a bridge to other support service providers, such as the RCMP and counsellors.

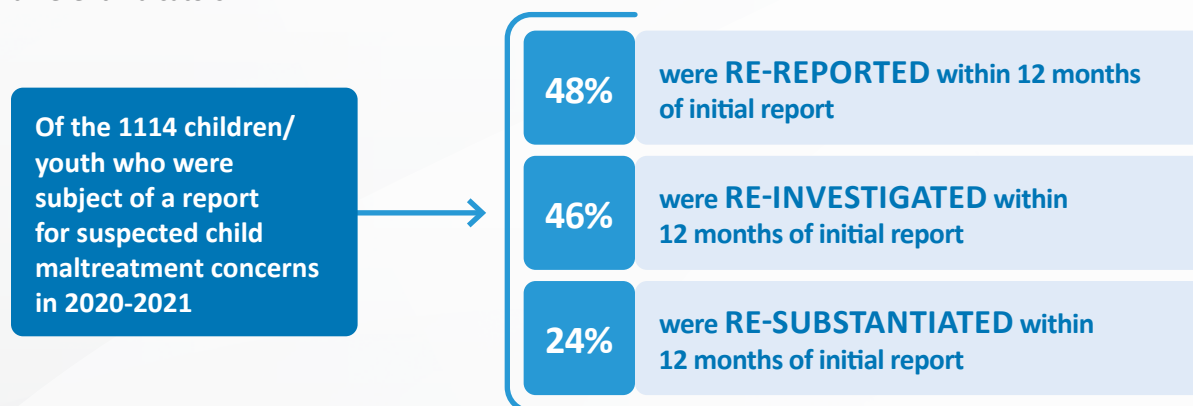
What happens when a report of suspected child maltreatment is brought forward to Child and Family Services?



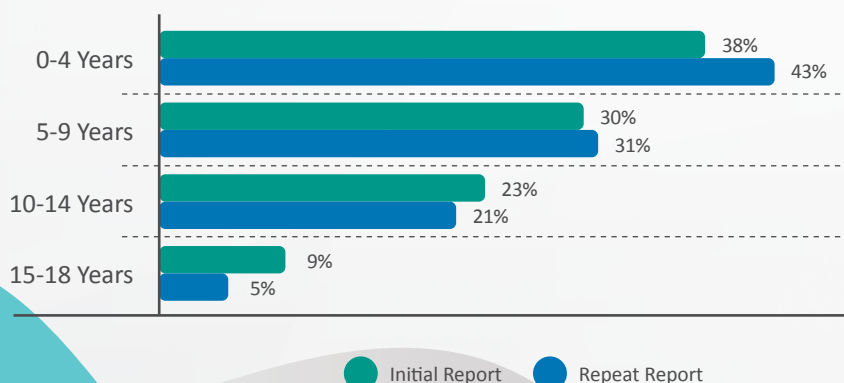
RECURRENCE OF MALTREATMENT

Monitoring the recurrence of child maltreatment supports Child and Family Services (CFS) in knowing whether children, youth, and families are re-entering into services. High recurrence of child maltreatment may mean that the family was not provided with adequate supports to meet their unique needs and situation – it may also mean they did not have the right supports after they stopped receiving services through CFS. Conversely, high recurrence may also be a reflection that CFS is part of the network of supports for a particular community and, as such, is a common source for supports. Recurrence of maltreatment can be understood through three different indicators:

- What proportion of reported children were re-reported within twelve months of the initial report?
- What proportion of investigated children were re-investigated within twelve months of the initial report?
- What proportion of children with substantiated allegations of maltreatment had other allegations re-substantiated within twelve months of the initial report?



Differences between genders, age groups and maltreatment types were examined for initial and repeat reports of suspected maltreatment. Understanding these differences in the recurrence of maltreatment helps CFS be more responsive to the needs of families and tailor interventions accordingly.

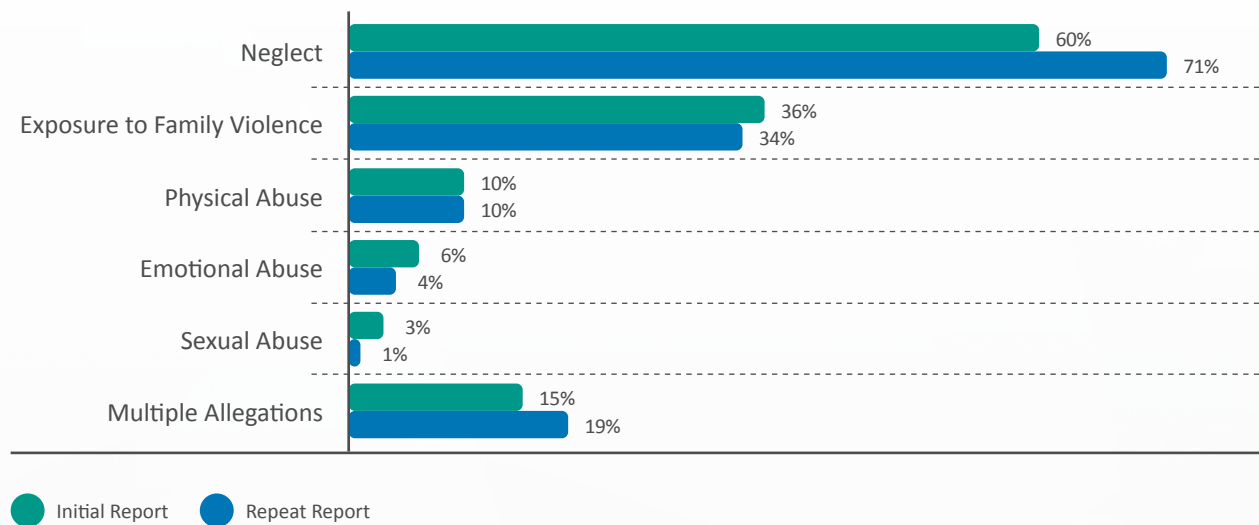


Younger children between the ages of zero and ten years old are more likely to be the subject of a report of suspected maltreatment. This is consistent between initial and repeat reports. People may be more alert to the risk of maltreatment for young children when compared with adolescents. Younger children may also be more vulnerable to maltreatment.

There were no notable differences for gender – female and male genders were both equally represented in initial and repeat reports. Non-binary identities were also explored, but the numbers were too small to be reflected in the proportions.

Within initial and repeat reports, suspected neglect and exposure to family violence were most commonly reported to CFS. Neglect can be mistaken with socioeconomic factors, such as poverty, housing

insecurity, and financial instability. Furthermore, these factors may intersect with the impact of intergenerational trauma, which can contribute to the overrepresentation of Indigenous children and youth in both prevention and protection services. It is important that CFS re-examines how neglect is defined and how we can better support families through prevention and family preservation services, outside of a child protection context.



Suspected neglect and exposure to family violence were more likely to be re-reported to CFS. This speaks to the complexity of addressing the underlying socio-economic factors and intergenerational trauma. This further highlights the need to support families using an integrated and holistic approach through a variety of social supports and services.

Section 8: Plan of Care Committees and Agreements

An engaging approach to family preservation is sometimes achieved through a Plan of Care Agreement (POCA), which provides an alternative to the court process. A POCA is a written agreement created by a select group of participants known as the Plan of Care Committee. POCA's are meant to bring together the family, the Community Social Services Worker, and any other individuals/organizations identified by the family to develop a plan with supports and services that builds on the strengths and needs of the family. When possible, and in accordance with the best interests of the child, efforts are made to ensure children continue to live in their parental home while the family receives services.

In 2021-2022, **628** children* had a Plan of Care Agreement.

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

82%

Plan of Care Agreement –
Children **remain in the home**

18%

Plan of Care Agreement –
Children cared for **outside of the home**

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

When services are required, Child and Family Services (CFS) makes every effort to provide these services in the child/youth's parental or family home. In some cases, a child/youth cannot reside safely within the parental or family home and an out-of-home placement is needed. In this instance, a Community Social Services Worker discusses appropriate placement options with the parent and the child/youth in attempt to find a home where the child/youth feels most comfortable and secure. In alignment with the federal *Act respecting First Nation, Inuit and Métis children, youth and families*, Community Social Services Workers follow "Placement Priorities" to ensure all efforts are made to maintain the connection between a child/youth and their family, community, and culture (for more information refer to **Section 10: Placement Priorities**).

Of the 18% of children who were being cared for outside of the family home through a POCA, 14% remained in their family community, 3% involved a child relocating to another community, and 1% received services out-of-territory.

RIGHTS OF PARENTS AND CAREGIVERS

Parents, legal caregivers, youth, and children are entitled to be informed of their right to be represented by legal counsel throughout the protection process, including the plan of care stage. These rights are enshrined under the *Child and Family Services Act*. To the extent that it is practicable, the Act also requires the Director of Child and Family Services to facilitate access to legal counsel and, where appropriate, the services of an interpreter.

It is not uncommon for parents to experience increased stress and anxiety when they discuss the care of their children or youth with a Community Social Services Worker; therefore, it is important that Community Social Services

Workers demonstrate empathy and compassion, and ensure every effort is made to help parents navigate their options and assert their rights.

Additionally, a Community Social Services Worker may offer referrals to mediation services to parents, legal caregivers, youth, and children in an effort for dispute resolution outside of the formal court system. Through mediation, parents, legal caregivers, youth, and children can design their own solutions based on a collaborative and non-adversarial approach. In general, these processes are intended to ensure that the rights of the parents, legal caregivers, youth, and children are upheld and protected during the Plan of Care process.



Section 9: Temporary Custody Orders and Permanent Custody Orders

From time to time, it may be safer and preferable to care for children/youth outside the home setting, especially during times when families are undergoing difficult life challenges. In these situations, a child may be placed in the temporary or permanent care and custody of the Statutory Director of Child and Family Services (CFS). Children/youth brought into temporary or permanent care are placed in an alternate placement until they can return home. Placement priorities are followed by the Community Social Services Worker to help maintain cultural and familial connections (for more information refer to **Section 10: Placement Priorities**). The goal is for children/youth be placed in the most homelike environment available and as close to the child/youth's own home as is possible. In those unfortunate instances where a reunification with the family home is not possible, a permanent home can be found through adoption. More information related to adoptions is found in **Section 13: Adoptions**.

In the NWT, **143** children/youth were in permanent or temporary care in 2021/2022.

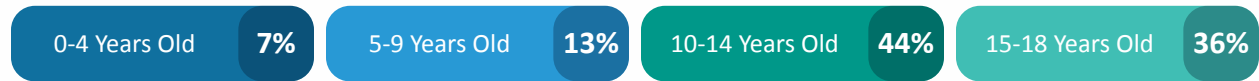
33%

of children/youth (47) were in Temporary Care

67%

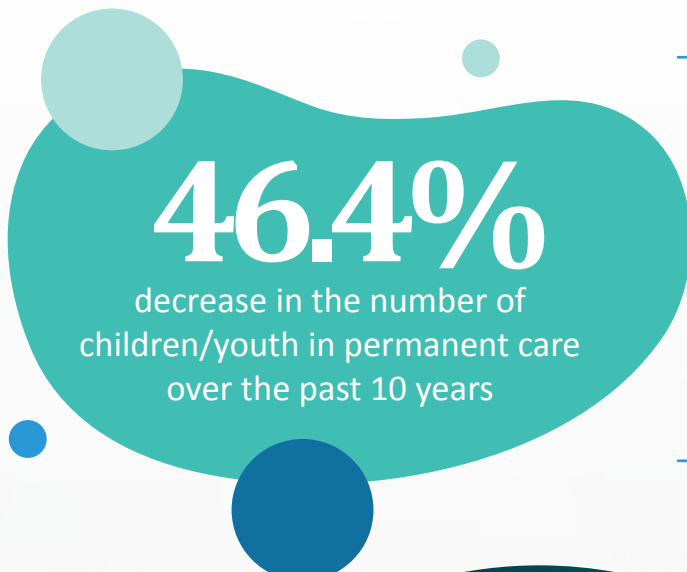
of children/youth (96) were in Permanent Care

Children/Youth in Permanent Care by Age:



Eighty percent (80%) of children/youth in permanent care are over the age of ten. As children/youth in care are aging, we must support them in maintaining a connection to their community, culture, language, and identity. Opportunities for family reunification for children/youth are continuously assessed, while supports are simultaneously being offered to the child/youth and family.

The decrease in the number of children/youth in permanent care speaks to the resiliency of families and communities and a shared dedication to maintaining nurturing and supportive environments in which a child/youth can grow. When children/youth stay in the care of their family and extended support network, it allows them to remain rooted in their community and culture. The reduction in the number of children/youth in permanent care may represent the broader systemic change currently being undertaken by CFS through system reform initiatives. It also reflects the changes in practice which promote family unity and the collaboration of community members, Indigenous governments, and families in the care and support of children/youth.



Number of children/youth in Permanent Care over time:

179
children/youth
2012-2013

96
children/youth
2021-2022

Section 10: Placement Resources

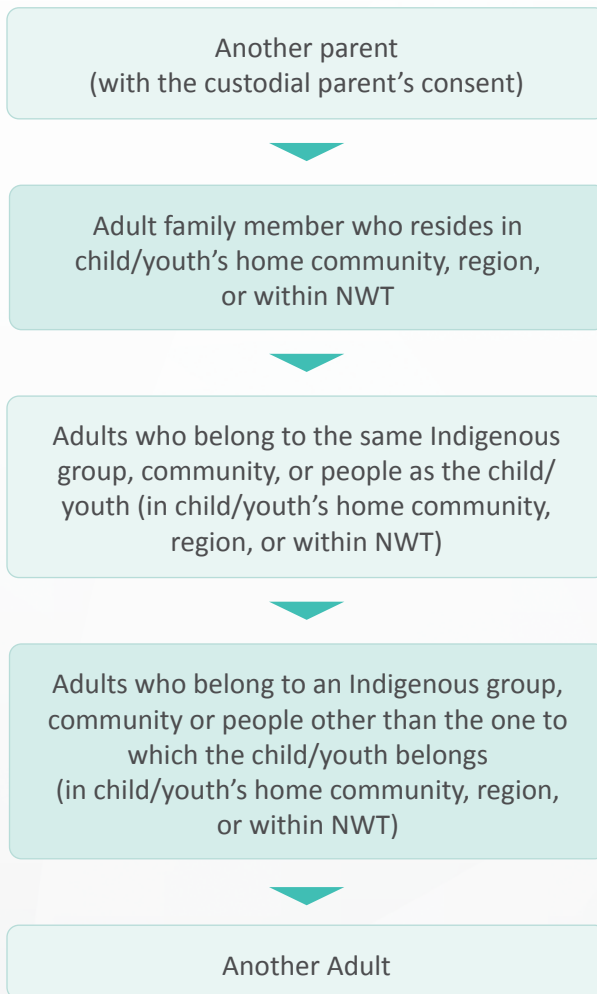
Home, family, community, and cultural connections are all integral parts of a person's identity and wellbeing. Child and Family Services (CFS) recognizes that efforts must be made to protect and promote the social and cultural integrity of a child/youth's life. Community ties are about extended family,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

PLACEMENT PRIORITIES

When services are requested or required, CFS makes every effort to provide them in the child/youth's parental or family home. In some cases, a child/youth cannot safely reside in the parental or family home, and an out-of-home placement is needed. In this instance, a Community Social Services Worker discusses appropriate placement options with the parent and the child/youth in attempt to find a home where the child/youth feels most comfortable and secure. For any child/youth who requires an out-of-home placement, possible placements must be assessed in the order of priority (Figure 10.1).

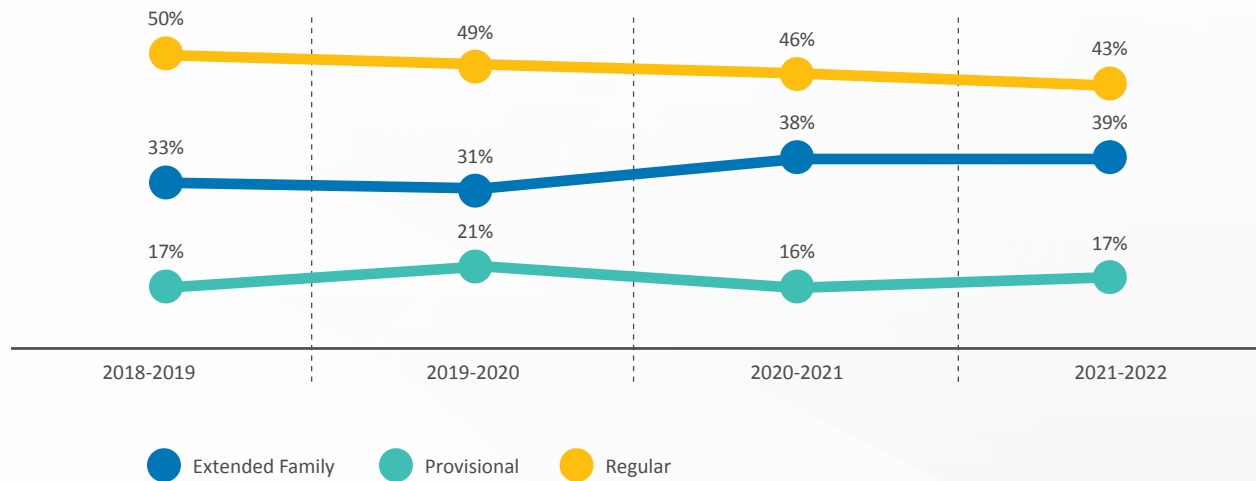
Placement priorities ensure all efforts are made to maintain the connection between a child/youth and their family, community, and culture. The early and diligent outreach to extended family members helps maintain parent-child/youth connections during out-of-home care. It also contributes to reunification efforts that include returning the child/youth to the parental home and permanency through placement with relatives.

FIGURE 10.1 PLACEMENT CONSIDERATIONS IN ORDER OF PRIORITY:



In 2021-2022, there were 152 out-of-home placement resources across the NWT. The proportion of regular placement resources is steadily decreasing as the proportion of extended family placement resources is increasing (Figure 10.2). When children/youth are placed with extended family members, they can better maintain cultural and familial connections.

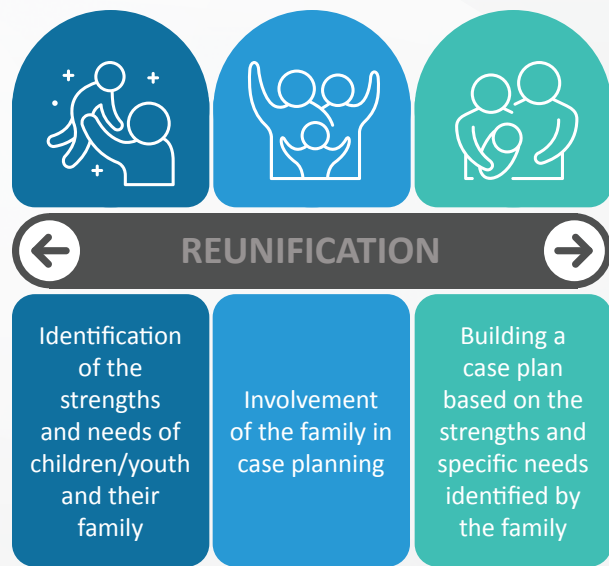
Figure 10.2 Overall proportion of out-of-home placement resources, by placement type



REUNIFICATION EFFORTS

Family reunification refers to the process of returning a child/youth from an out-of-home placement, back to their families. It is the primary goal for short-term and long-term case planning. As such, it is important to focus on practices that help achieve successful reunification. For example, family team meetings can help to facilitate reunification efforts, which promote active involvement of both parents, extended family, and others.

CFS recognizes the unique nature of extended family relationships, and the data in the 2021- 2022 Annual Report suggest evidence of concerted efforts to keep children/youth in their home communities and situated within their larger support network.



Section 11: Extended Support Services Agreements

Extended Support Service Agreements (ESSA) are offered to young persons who were in the permanent care and custody of the Director of Child and Family Services (CFS) on their 19th birthday and until they turn 23. The purpose of an ESSA is to support the young person in becoming an independent and healthy adult through various supports and services. Recognizing the uncertainties of this transitional period, the ESSA is completely voluntary and can be opted in and out of at the young person's discretion.

Children/youth between the ages of 15 and 18 (inclusive) represent approximately a third (36%) of those in permanent care. It is important for Community Social Services Workers to work together with the youth to develop a transition plan that incorporates the youth's goals, what services they need and establish a network of supports as they approach their 19th birthday.

In 2021-2022, a total of

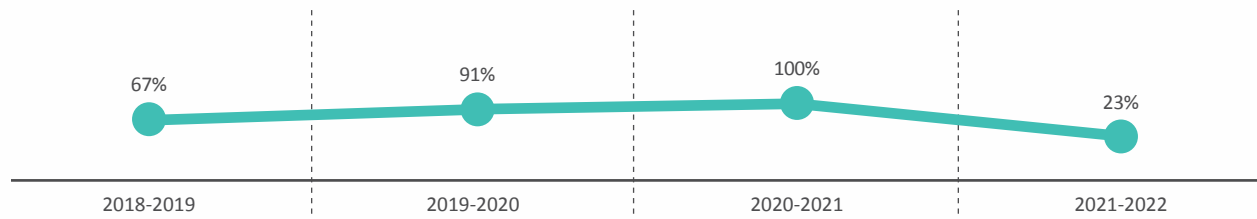
33

young persons received services under an ESSA

CONSIDERATIONS FOR THE TRANSITION PLAN INCLUDE:

- Independent living skills
- Accessing education
- Educational materials and supports
- Housing supports
- Financial supports
- Finding employment
- Mental wellness supports
- Cultural opportunities
- Connections to community-based programs

Figure 11.1 Percentage of youth who reached the age of majority (19 years) that signed an ESSA



The percentage of youth who chose to sign an ESSA is lower than previous years (Figure 11.1). In 2021-2022, there were seven (7) young persons who were eligible to sign an ESSA and their reason(s) for signing or not signing an ESSA is unique to them. The young person may have established supports elsewhere (i.e., employment, income assistance, student financial assistance, adult services, etc.) and/or they want to distance their relationship with the CFS system. It is important to note that support offered through an ESSA will continue to be available to these youth until their 23rd birthday, as they can opt-in and out of these services voluntarily.



Section 12: Specialized Services

Meeting the diverse needs of children, youth, and families requires Child and Family Services (CFS) to provide a range of specialized services. CFS strives to meet these specialized needs by working in tandem with community partners to identify local, northern options for children and youth. Community-based programming is the first option to assist children/youth with their individual counselling or treatment needs. If those needs cannot be met in-territory, out-of-territory specialized services may be explored. Below is a brief description of the different services offered.

TERRITORIAL TREATMENT CENTRE

Located in Yellowknife, the Territorial Treatment Centre (TTC) provided services for children between the ages of 8 and 12 years with complex needs. Due to staff capacity issues from the contracted service provider, the TTC ceased operations in October 2021. The children attending TTC at the time of closure were found local supports and services to meet their needs within the Northwest Territories (NWT). The Northwest Territories Health and Social Services Authority is assessing the impact of this closure and how best to locally support children between the ages of 8 and 12 year with complex needs.

TRAILCROSS TREATMENT CENTRE

Located in Fort Smith, the Trailcross Treatment Centre is an eight bed, residential care and treatment facility for children/youth aged 12 to 18. Trailcross is a place for children/youth who are seeking direction and clarity in their lives, and who require a high level of supervision and support that they can not access in their home nor within their community. Counsellors at Trailcross aim to create meaningful connections with children/youth and help them develop life skills. Trailcross has hired an Indigenous Liaison Worker to assist them in implementing cultural activities and incorporating a cultural lens to the supports provided to youth and their families.

In 2021-2022, there were a total of **46** children and youth receiving specialized services outside the NWT.

91% of children/youth in out-of-territory specialized services were supported through an **Individual/Group Treatment program**

OUT-OF-TERRITORY SPECIALIZED SERVICES

The Out-of-Territory Specialized Services Program provides children, youth, and families from the NWT with access to specialized services in British Columbia, Alberta, and Saskatchewan. These specialized services are available for children, youth, and their families who have needs that go beyond the capacity of NWT programs and services. Children/youth are individually assessed and matched with specialized services that will best meet their identified level of care and service needs.

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

9%

of children/youth
in out-of-territory
specialized services
were supported
through a Family
Treatment program



Section 13: Adoptions

Adoptive families have an important role in providing a safe, nurturing, loving and permanent home for children/youth whose birth parent(s) are unavailable or unable to raise them.

In the Northwest Territories (NWT), there are four (4) types of adoption:

- 1. Custom Adoption** is a long-standing practice amongst Indigenous people of the NWT and is the most common type of adoption. Under the *Aboriginal Custom Adoption Recognition Act* (ACARA), Custom Adoption Commissioners are nominated by their local Indigenous governments and organizations based on their knowledge of Indigenous customary law.
- 2. Departmental Adoption** only applies to a child/youth placed in the permanent custody of the Director of CFS through a court order which is granted under the following circumstances:
 - a. The court has determined the child/youth needs protection, has made a declaration that a child/youth needs protection, and has determined it is in the child/youth's best interests. Family reunification is always the first priority, but when that option is not possible, adoption can be one way to meet their essential needs. With the consent of the parent(s) and child if 12 years of age or older, their Indigenous government(s) and/or cultural organization would be notified and asked to engage and collaborate in the planning process for the child/youth prior to an adoption being finalized.

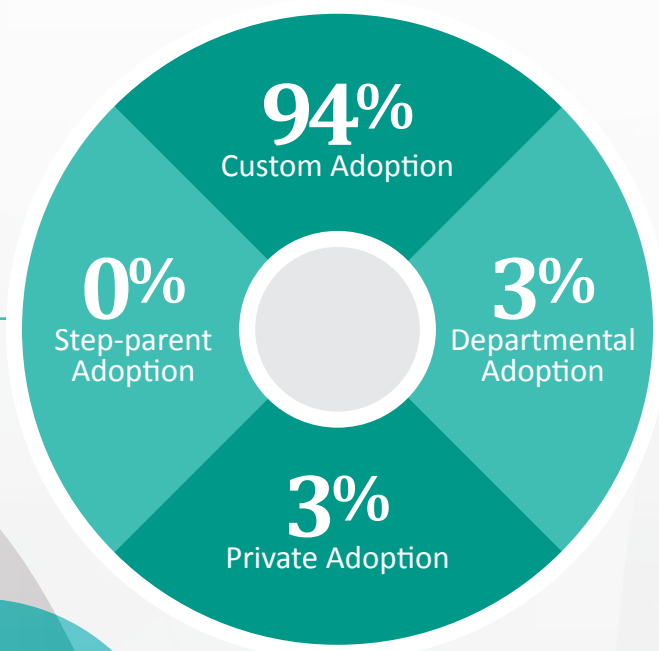
- b. With the consent of a parent, the court has determined it is in the best interests of the child/youth to place the child/youth in the permanent care of the Director of CFS for the purposes of adoption.

- 3. Step-Parent Adoption** refers to an adoption by a non-biological parent wishing to adopt the children/youth of their spouse or common-law partner.
- 4. Private Adoption** refers to adoption arranged between two families. In these adoptions, the birth parent(s) choose the adoptive family.

From 2012-2022, the average number of adoptions per year is

43

In 2021-2022, 29 of 31 adoptions in the NWT were custom adoptions.



Section 14: Quality Improvement Plan

The 2019-2021 Quality Improvement Plan (QIP) is a comprehensive action plan that guided service delivery and system improvements within Child and Family Services (CFS). Key areas for improvements were identified through previous CFS action plans, engagement activities, and internal and external quality assurance processes.

In the interest of transparency, the Department of Health and Social Services (DHSS) publicly communicated progress updates on a quarterly basis for each of the 70 action items. The majority (57.1%) of action items from the QIP were completed. Those defined as “on track” (38.6%) are areas where the core work was completed and, as the work is continuous, is now embedded as part of ongoing system features of CFS. Despite challenges presented by the COVID-19 pandemic and the dynamic responses required, there has been steady progress made in transforming the CFS system over the past three years to better meet the needs of children/youth.

KEY ACCOMPLISHMENTS FROM THE 2019-2021 QUALITY IMPROVEMENT PLAN

HUMAN RESOURCE PLANNING

- Key investments in the CFS system introduced 56 new positions focused on frontline capacity, family preservation, placement services, supervisory support, and training and cultural safety.
- CFS actively engaged in activities to recruit and retain a representative workforce at all levels of the system.
- CFS began collecting and tracking data related to workforce capacity, such as vacancy rates and caseload measurement.
- The Northwest Territories Health and Social Services Authority (NTHSSA) completed changes to the organizational structure to promote a consistent approach to CFS delivery across the NWT.

BUILDING STAFF CAPACITY

- NTHSSA and DHSS created and filled two positions responsible for working closely with CFS to ensure principles of cultural safety and anti-racism are integrated within the CFS reform.
- CFS created a streamlined approach to re-appoint Child Protection Workers returning to the system following a leave of absence. This continues to alleviate delays related to the Appointment process and assist with retention of qualified staff.
- CFS delivered a series of mandatory refresher training on 12 training topics for all staff based on key internal audit findings.
- An online learning platform was established to ensure CFS training resources and virtual training opportunities are accessible to all staff.
- An enhanced Adoption Worker training was developed and implemented.

CULTURE OF QUALITY

- CFS expanded prevention supports to include expectant parent(s). Expectant parent(s) can now receive support throughout the prenatal period, allowing for continuous support that can extend after the birth of the child.
- The Family Preservation Program was developed and implemented. This program provides families with wraparound supports to promote family unity and wellbeing. New funding allowed for family preservation worker(s) to be introduced in every region of the NWT.
- CFS continues to update practice standards to align with the principles of the federal *Act respecting First Nations, Inuit and Métis children, youth and families*.

“
The *Quality Improvement Plan* guided initiatives that led to a stronger, more consistent and accessible system that is responsive to the needs of children, youth and families.
”

ENGAGEMENT

- CFS leadership met with several Indigenous governments to provide information on the GNWT's implementation of the federal *Act respecting First Nations, Inuit and Métis children, youth and families*, share data on children/youth receiving services, and identify ways to strengthen partnerships in the best interests of children.
- Staff engagement activities were successfully implemented, including regular all-staff meetings, implementation of an anonymous staff feedback mechanism, and recurring staff satisfaction surveys.
- In collaboration with the Department of Municipal and Community Affairs, CFS co-funded the Foster Family Coalition of the NWT to pilot a youth in care network virtually through the GLOW (“Gaining Life Skills OUR Way”) over a two-year period.
- A Foster Caregiver Survey implemented by the Foster Family Coalition of the NWT to understand the impact of the respite program that was developed in response to the COVID-19 pandemic was completed. Results indicated:
 - The respite program reduced stress for families;
 - Children/youth formed positive relationships with workers;
 - Staff were trusted, knowledgeable, and became part of the child, youth, and caregiver's support network; and
 - Caregivers valued the support they received and believed this contributed to their ability to continue to welcome children/youth into their homes.

Section 15: Moving Forward in 2022-2023

While Child and Family Services (CFS) made progress on numerous initiatives throughout 2021-2022, there is still significant work to promote the wellbeing of families and communities. Several key initiatives are being planned for 2022-2023 that align with system reform efforts: better meet the needs of children/youth.

INTEGRATING SERVICES

Improving the wellbeing of the children, youth and families compels us to take into consideration the complexity of socio-economic conditions and the impacts of colonization and systemic racism. As such, this work cannot be done without the collaboration between and within the Government of the Northwest Territories (GNWT), Indigenous governments and organizations, communities, and non-governmental organizations. One of the priorities for 2022-2023 is improving CFS' relationship and integration with the diverse programs areas that support children, youth, and families. CFS will continue its commitment in advancing an integrated approach to service delivery through cross system collaborations and initiatives. Access to safe housing, mental wellness supports, recreational opportunities, prenatal and postnatal care are all foundational in supporting the wellbeing of families and communities.

ENGAGING WITH INDIGENOUS GOVERNMENTS

Over 2022-2023, Child and Family Services will continue to work with Indigenous governments and communities by sharing data and information, engaging in ongoing dialogue on service delivery, and by supporting Indigenous governments in planning for children and youth. Collaboration includes identifying innovative ways to work together for the best interests of children and youth. CFS is developing an engagement process

with Indigenous governments on the collection and interpretation of CFS-related data to better meet the needs of Indigenous governments and communities.

AMENDING THE CHILD AND FAMILY SERVICES ACT (CFSA)

The CFSA includes some terminology and definitions that are outdated and may not support inclusiveness, reconciliation, and principles of cultural safety. This in-turn sets the tone of standards and service delivery. Therefore, future amendments to the CFSA provide an opportunity to update language and align terminology with the federal *Act respecting First Nations, Inuit and Métis children, youth and families*. Shifting language, resources and consequently practice throughout an entire system and workforce reform requires a measured and thoughtful approach. This is important work that will positively impact the lives of children, youth, and families. CFS is committed to advancing this work in a way that welcomes critical conversations that will set a foundation for better practice.

SUPPORTING STAFF

Supporting the wellbeing of staff is essential in creating a stable and consistent quality of service for communities. Over 2022-2023, DHSS and Authorities will focus on strengthening recruitment and retention efforts for a skilled and representative CFS workforce. Training and mentorship will be offered to staff, including Cultural Safety and Anti-Racism training that will be tailored specifically for CFS. A variety of feedback mechanisms will be used with staff to increase engagement and inform ways to improve staff retention and wellbeing.

TRAINING FOR CAREGIVERS

Over 2022-2023, DHSS will initiate work with the Association of Native Child and Family Services Agencies of Ontario to determine how to best implement the HEART and SPIRIT training and assessment tools for all placement caregivers, adoptive parents and Foster Care and Adoption Workers in the NWT. HEART and SPIRIT tools and manuals will also be reviewed and customized to meet the needs of caregivers and First Nations, Métis, and Inuit children in the NWT. The phased adaptation and implementation of the HEART and SPIRIT training and tools will take place over the next three years.

REFOCUSING OUR PATH FORWARD

CFS is committed to maintaining the momentum gained through the Quality Improvement Plan (QIP) and continuing to work towards embedding principles of cultural safety and anti-racism to improve outcomes for those who access and receive services. An in-depth analysis of initiatives actioned under the 2019-2021 QIP will be completed over the next year. This analysis will include reviewing key indicators and data gathered through quality assurance processes and feedback from families, Indigenous governments and organizations, communities, staff, and stakeholders over the last three-years. A renewed plan on reforming child and family services will be released in 2023-2024.

Together, these key initiatives will work towards reforming a system that prioritizes the best interests of children, youth, and families through a trauma informed practice, and cultural safety and anti-racism approaches.

Appendix A: Glossary

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

Anti-racism

Anti-racism is the ongoing action to identify, address and prevent racism in all its form.

Applicable Aboriginal⁴ Organization

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

⁴ The term "Aboriginal" in the context of "applicable Aboriginal organization" reflects the terminology currently used in the Child and Family Services Act and the Adoption Act. DHSS will propose that this outdated terminology is revised when each Act is amended in the future.

Apprehension

Apprehension occurs when a child is removed from the care of the parent/care provider or from the person having care of the child at the time of the apprehension. Children who are apprehended are placed in the care of the Director of Child and Family Services. After an apprehension, a child can be returned to their parent/care provider/person having care of the child without the matter going to court when the protection issue is resolved in less than 72 hours.

Apprehension less than 72 hours

Apprehension less than 72 hours means that a child is returned to their parent/care provider/person having care of the child without the matter going to court when the protection issue is resolved in less than 72 hours.

Care Provider*

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

or traditions of the Indigenous group, community, or people to which the child/youth belongs.

Caregiver (placement resource)

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

A caregiver can be:

- Extended Family Caregiver: the child/youth's extended family
- Provisional Caregiver: a community member who is known to the child/youth/family
- Regular caregiver: someone who is not known to the child/youth/family

Case Plan

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

A Case Plan generally provides details on:

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

Child

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

Child Protection Order

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

Community Social Services Worker

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

Community Social Services Workers receive specialized training to become statutorily appointed as "Child Protection Workers" under the *Child and Family Services Act*. Foster Care and Adoption Workers are also Community Social Services Workers who receive specialized training and are appointed under the *Adoption Act*. Once appointed, they have very specific duties and responsibilities when providing child and family services.

Safety

Cultural safety is defined as an outcome where Indigenous peoples feel safe and respected, free of racism and discrimination when accessing health and social services.

Cultural Support Plan

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

Director of Adoptions

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

Director of Child and Family Services

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

Emotional Abuse

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

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

Extended Support Services Agreement

Extended Support Services Agreements is a written agreement that supports young persons in their transition to adulthood. This service is offered to young persons who were in the permanent care and custody of the Director of Child and Family Services on their 19th birthday and until they turn 23.

Exposure to family violence

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

Family*

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

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

Family Mapping

A technique used to create a visual representation of a person's family and relationships between members. This technique helps identify family members who may be able to provide support to the child, youth, and family.

Indigenous Governing Body*

A council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people that holds rights recognized and affirmed by section 35 of the *Constitution Act, 1982*.

Neglect

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

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

Out-of-Home Placement Resources

Out-of-Home Placement Resources provide care for children/youth who are unable to live in their family home. See definition for “caregiver” for more information on the types of placements.

Out-of-Territory Specialized Services

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

Permanent Custody Order

Permanent Custody Order permanently transfers the custody of a child to the Director of Child and Family Services until the child attains the age of 16 or until they can be reunited with their family or found a permanent home through adoption. The Director has all the rights and responsibilities of a parent.

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

Physical Abuse

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

Plan of Care Agreement

Plan of Care Agreement (POCA) is a written agreement made by the Plan of Care Committee where child protection concerns exist. The POCA outlines a case plan for the child and family. The children may reside in their own home or elsewhere.

The maximum term of a POCA (including extensions) is two years. The Plan of Care Agreement is for children and cannot be used beyond a child's 16th birthday.

Plan of Care Committee

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

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

Sexual Abuse

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

Significant Measure (s.12 notice)

Section 12 of the federal *Act respecting First Nations, Inuit and Métis children, youth and families* requires the child and family services providers to provide notice to the child/youth's parent(s), care provider(s), and Indigenous governing body or bodies prior to taking the significant measure with the goal of engaging and collaborating on the planning for the child or youth.

Supervision Order

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

The Order may be for a period of up to one year. A supervision order does not apply to youth.

Support Services Agreement

Support Services Agreements is a written agreement that supports youth, ages 16 to 18 (inclusive) who need help in their transition to adulthood. Support Services Agreements can be made for six months and can be renewed up until the age of majority (19).

Systemic Racism

Systemic racism describes how organizations normalize and condone, often unintentionally, long standing racist ideas and beliefs into policies, practices, and norms. There is increasing acknowledgement and recognition of systemic racism within health and social services in the NWT and Canada, particularly Indigenous-specific or anti-Indigenous racism. In addition to the outcomes above, systemic racism for Indigenous peoples manifests as, but is not limited to, fear and distrust; late or missed diagnoses; chronic stress; and death. Systemic racism also impacts Indigenous staff representation across the GNWT and the privileging of western knowledge over Indigenous approaches and ways knowing.

Temporary Custody Order

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

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

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

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

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

Unique child / youth (data)

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

Voluntary Services Agreement

Voluntary Services Agreements is a written agreement that supports families with children/youth between the ages of 0-18 (inclusive) and expectant parent(s) who may require assistance with a variety of needs, as identified by the individual/families. The child/youth may reside in their own home or elsewhere. The initial term of a Voluntary Services Agreement is for six months, with the option for additional six-month renewals until the child/youth reaches the age of 19 (age of majority).

Youth

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

Youth Protection Order (16 - age of majority)

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

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

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

- The youth cannot reside with his or her parent/care provider/person having care of the child/youth(s).
- The youth is unable to care for and protect themselves.

- The youth is unable or unwilling to enter into a Support Services Agreement due to developmental, behavioral, emotional, mental or physical incapacity or disorder, or the effects of the use of alcohol, drugs, solvents or other similar substances.
- The youth is living in circumstances of a child who needs protections under subsection 7(3) of the *Child and Family Services Act*.





