
ANNUAL REPORT OF THE
DIRECTOR OF CHILD AND FAMILY SERVICES
2015-2016

INCLUDING THE YEARS 2006-2007 TO 2015-2016

If you would like this information in another official language, call us.

English

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French

Kĩspin ki nitawihtĩn ē nĩhĩyawihk ōma ācimōwin, tipwāsīnān.

Cree

Tłıchq yatı k'ëë. Dı wegodı newq dè, gots'ō gonede.

Tłıchq

ʔerihtł'ís Dēne Sų́íné yatı t'a huts'elkēr xa beyáyatı theʔą ʔat'e, nuwe ts'ēn yóftı.

Chipewyan

Edı gondı dehgáh got'je zhatié k'ëé edat'éh enahddhę nıde naxets'ę edahí.

South Slavey

K'áshshó got'ıne xadə k'é hederı ʔedıhtł'é yerııwę nıdė dúle.

North Slavey

Jii gwandak ızhıı ginjık vat'atr'ıjähch'uu zhit yınohthan jı', dııts'át gınohkhıı.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqłuta.

Inuvialuktun

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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

1-855-846-9601

October 1, 2016

The Honourable Glen Abernethy
Minister of Health and Social Services
Government of the Northwest Territories

Dear Mr. Minister,

I am pleased to provide you with the 2015-2016 Annual Report of the Director of Child and Family Services, as required under section 51(2)(g) the *Child and Family Services Act* and in accordance to the *Child and Family Services Regulations* under section 42(1).

During the 2015-2016 fiscal year, initiatives identified to transform child protection services continued to be a priority within the '*Building Stronger Families – An Action Plan to Transform Child and Family Services*'. It is truly remarkable to see the amount of work and accomplishments that have been achieved so far, and to recognize the dedication and contributions of the child and family services teams from all levels across the Territory.

This work could not have become a reality or have come to fruition without the leadership and support from you, the Deputy Minister and the Standing Committee members of Social Programs.

As we move forward into fiscal 2016-2017, I look forward to continuing to serve children, youth and their families across the Northwest Territories in my statutory role as Director, Child and Family Services, and continue to make positive enhancements to policy, programming and operations across the system.

Sincerely,

Patricia Ann Kyle
Director, Child and Family Services

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DATA SOURCES AND INTERPRETATION

This report presents a summary of child protection data from April 1, 2006 to March 31, 2016, extracted from the Department of Health and Social Services Child and Family Information System (CFIS). This system is currently used in daily child protection practice, and is continuously updated to improve the completeness of the data. As a result, the numbers presented in each annual report may change slightly from year to year. This report presents the most accurate iteration of the information to date.

In each figure, the unit of analysis is presented in the vertical axis. Data are presented in the form of raw counts, rates by 1,000 child population, and rates by 1,000 child protection statuses¹. Rates by child protection statuses are used to account for the fact that a child may hold more than one child protection status per year, which complicates population-based analysis of child protection statuses.

Data are presented on rates of suspected maltreatment for children aged 0 to 15 years. Prior to March 31, 2016, suspected maltreatment could only be reported and investigated when it involved children under the age of 16 under the *Child and Family Services Act*. During the same time period, children and youth were eligible to receive services only until the age of 19. Therefore, the data presented on rates of children with a child and family services status includes all children aged from 0 to 18 years. The statistical significance of change in rates over time was calculated using regression analysis. Where a statistically significant time trend was identified, trend lines included in the figure show the direction of the trend. Where there is no trend line, it can be assumed that there is no significant trend, or that trend analysis was not appropriate given the format of the data presented (i.e. raw counts).

¹“Status” refers to the arrangement under which services are provided. The major division is between voluntary status (e.g., Voluntary Service Agreement) and Court-Ordered status (e.g., Temporary Custody Order).

1. EXECUTIVE SUMMARY

This annual report of the Director of Child and Family Services presents data on the delivery of services under the *Child and Family Services Act* during the ten-year period between April 1, 2006 and March 31, 2016. This 2015-2016 report meets the requirement under the *Child and Family Services Act* to provide an annual report to the Minister of Health and Social Services.

Table 1 highlights the major trends described in this ten-year retrospective report.

Table 1: Major Trends

Indicator	10-Year Trend (2006–2016)		
	Increasing	No Change	Decreasing
Number of Children Receiving Services (0-15 years)		√	
Number of Children Receiving Services (16-18 years)	√		
Proportion of Children Receiving Services at Home		√	
Proportion of Children Removed from Home and Community		√	
Proportion of First Nations Children Receiving Services	√		
Rate of Voluntary Support Agreements		√	
Rate of Support Service Agreements	√		
Rate of Reports of Suspected Maltreatment	√		
Rate of Investigations of Suspected Maltreatment	√		
Rate of Apprehensions Less Than 72 Hours	√		
Rate of Apprehensions Greater Than 72 Hours		√	
Rate of Plan of Care Agreements		√	
Rate of Supervision Orders		√	
Rate of Interim Custody Orders		√	
Rate of Temporary Custody Orders		√	
Rate of Permanent Custody Orders			√
Rate of Children in Southern Placements		√	

Among the data included in this report is an overview of reports and investigations into child maltreatment², including an examination of the most common reasons that maltreatment was reported to the Department. The population-based rates of reports, including self-referrals for service, and investigations, have increased over the past ten years.

There are a number of Child and Family Services statuses under which a child may receive services. Statuses are examined in the following section. These include service statuses that are established *by agreement* with parents or youth (Voluntary Services Agreements, Support Service Agreements, and Plan of Care Agreements), and *court-ordered* service statuses (Supervision Orders, and Interim, Temporary and Permanent Custody Orders). The 2015-2016 data shows a general increasing trend over the past ten years in statuses by agreement, and a general decreasing trend in those statuses that are court-ordered.

In some circumstances when children are receiving services, a child may be placed outside of the family home. Placement of children is discussed in this report. Over the past ten years there has been an increase in children able to remain in their home while they and their family receive services and the number of children being removed from their home community has decreased. The integrity of the family and the possibilities for positive outcomes are increased when children are able to remain within their family home.

This annual report identifies a number of accomplishments achieved in the 2015-2016 fiscal year. The report also outlines next steps to continue to improve the services offered to families in the Northwest Territories.

² The predominant forms of child maltreatment include neglect, abuse (physical, emotional, sexual) and exposure to domestic violence.

2. INTRODUCTION

The Director of Child and Family Services report for 2015-2016 provides a summary of services delivered under the Northwest Territories *Child and Family Services Act* over the ten year period from April 1, 2006 to March 31, 2016.

There are a number of principles on which the *Child and Family Services Act* is built including promoting and protecting the best interest and well-being of the child, and protecting children from harm and abuse. Assessing the best interest of the child includes consideration of differing cultural values and practices and the child and family's capacity to participate in the planning and decision making. Promoting the integrity and continuity of the family is an essential measure when considering the best interest of the child.

The Department, in collaboration with six Health and Social Services Authorities and the Tlicho Community Services Agency (the Authorities) were responsible for the administration of Child and Family Services in the NWT. The Director of Child and Family Services is appointed by the Minister of Health and Social Services and is delegated duties and powers under the *Child and Family Services Act*. The Director's duties were supported by the appointment of the Chief Executive Officers of the Authorities as Assistant Directors of Child and Family Services. Assistant Directors were able to act on behalf of the Director at the regional level, bringing decision making closer to the delivery of services. Social services staff receives specialized training to become appointed as Child Protection Workers. This appointment affords the staff the authority, in compliance with the *Child and Family Services Act*, to provide services to children and families when child protection concerns are identified, and for voluntary access to services.

As of March 31, 2016, there were approximately 87 individuals with a child protection appointment.

Table 2: Child Protection Workers by Authority

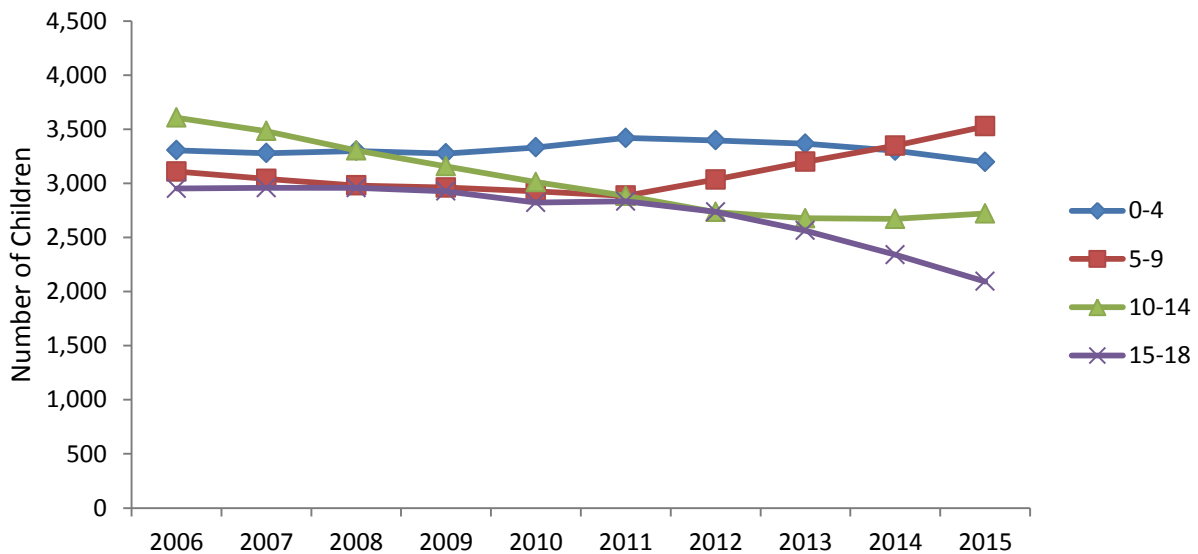
Authority	Number of Appointed CPW's
Beaufort-Delta	21
Sahtu	8
Deh Cho	8
Tlicho	10
Yellowknife	25
Hay River	4
Fort Smith	8
Head Quarters	5
Total	89

The work of a child protection worker is very challenging. Child Protection Workers have a complex role in the provision of services to children and families. They are responsible for assessing risk factors that impact a child’s safety and wellbeing. They make decisions based on a number of factors and a variety of information, all while keeping the best interest of the child first and foremost in their mind. The responsibilities and tasks of a Child Protection Worker require considerable skill, including strong leadership and teamwork abilities. Child Protection Workers are required to work with the child, family, and community in preventing and mitigating child protection issues. Collaborative processes with parents, family members and caregivers are keys to addressing conflicts and seeking the most appropriate solution while ensuring consideration is given to cultural and socio-economic influences.

CHILD POPULATION

According to the NWT Bureau of Statistics population estimates, between 2006 and 2015 the overall population in the Territories grew by 2.1% (from 43,178 to 44,088). However in that same ten year time period, the population aged 0 to 18 years of age decreased by 11.1%, dropping from 12,972 in 2006 to 11,535 in 2015. An overall decrease in the child population aged 10 to 18 was observed between 2006 and 2015, with a decrease of 24.6% in children aged 10-14 and 29.1% in children aged 15-18. The change in child population has not been consistent across all age groups; this can be observed in Figure 1.

Figure 1
NWT Child Population by Age Group



AUTHORITY AUDITS

In 2015-2016 the Department conducted audits in six of the seven Authorities, using a new audit tool and a new approach to the audit method - using audit teams and a peer review process.

One of the objectives of these audits was to be able to report on the same set of compliance measures that the Auditor General had reported on in 2014. This proved to be impossible. First, the Auditor General's audit methodology was not fully described in his report, and therefore the methodology could not be exactly replicated. Thus, there was no way to ensure comparability of findings between the Auditor General's 2014 report and the current Director's report.

A second complication arose from the fact that the Auditor General audited compliance against the standards contained in the 1998 version of the *NWT Child and Family Services Standards and Procedures Manual* (the Manual). Those standards were, and still are, being revised to reflect both contemporary practices and the introduction of Structured Decision Making®. Throughout 2015 new standards were introduced, section by section of the Manual. As a result, the 2015-2016 audits were made against "moving targets", and could not be considered as compliance audits; instead the results have utility as baseline measures, against which compliance can be measured in future years.

This was the first year that the new audit tool was used, and as with all new tools there was a learning curve for the audit teams to master the audit process. Deficiencies in the tool were identified and corrected on an ongoing basis throughout the year. As a result, audit results cannot be used for regional comparisons, since the quality of the tool and the proficiency of the teams changed significantly from the first audit to the last audit conducted during the year.

Finally, there is a major limitation in both the Auditor General's findings and the current Department audit findings, one that calls into question any conclusions drawn from the findings. Neither the Auditor General nor the Director of Child and Family Services were able to distinguish between "work not done" and "work not recorded" using the current methodology. While it is easy to say, from an audit perspective, that "work not recorded is work not done", from a management perspective there is a significant difference in the corrective actions necessary to deal with work

not done compared to work not recorded. This issue will be resolved by changing the audit methodology during the 2016–2017 fiscal year.

3. REPORTS AND INVESTIGATIONS

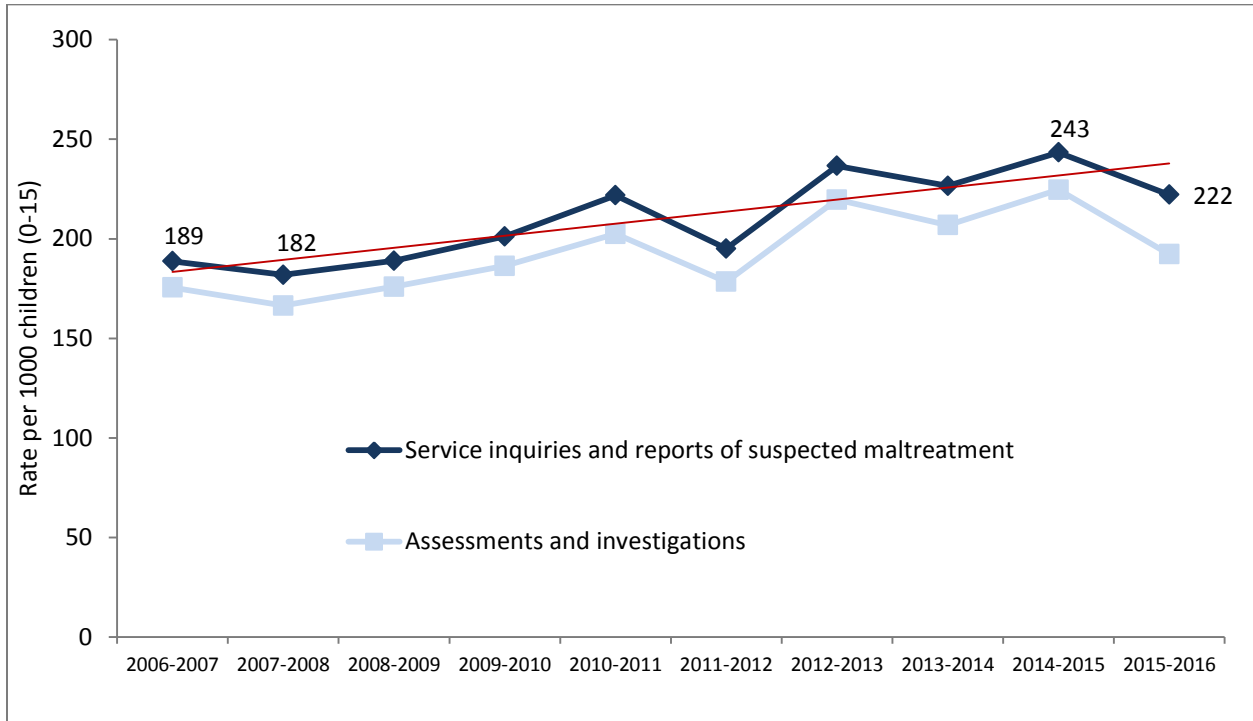
Children and families become involved with Child and Family Services in one of two ways. Some parents or caregivers come to Child and Family Services to ask about assistance, while others may be brought to the attention of Child Protection Workers by a third party report of suspected child maltreatment. In situations where families are seeking assistance, this could be provided through a number of ways such as financial assistance often sought for food or diapers, or respite care while a caregiver attends health, mental health or addictions treatment. Those seeking assistance are assessed to ascertain needs. An assessment may include meeting with the parents and/or child(ren) to identify resources within the household, resources required, and referrals needed to best meet long and short-term needs of the family.

If a third party reports suspected child maltreatment, a Child Protection Worker will investigate, often including a visit to the family and interviews with children, family members, and other community members (e.g. teachers, nurses), and observe the child's living situation in order to determine whether the child is, or children are, in need of protection. In accordance with the *Child and Family Services Act* all reports of child maltreatment must be investigated; however, some reports will be found, after an initial investigation, to not actually pertain to suspected child maltreatment, or to not contain enough identifying information for staff to be able to follow up with the family. As a result, the number of assessments and investigations performed is lower than the number of service inquiries and reports of suspected maltreatment each year.

There were an average of 2118 service inquiries and reports of suspected child maltreatment per fiscal year between April 1, 2006 and March 31, 2016, and an average of 1940 assessments and investigations per fiscal year.

Figure 2 displays the reports and inquiries received per 1,000 children aged 0 to 15 years in the population during each fiscal year.

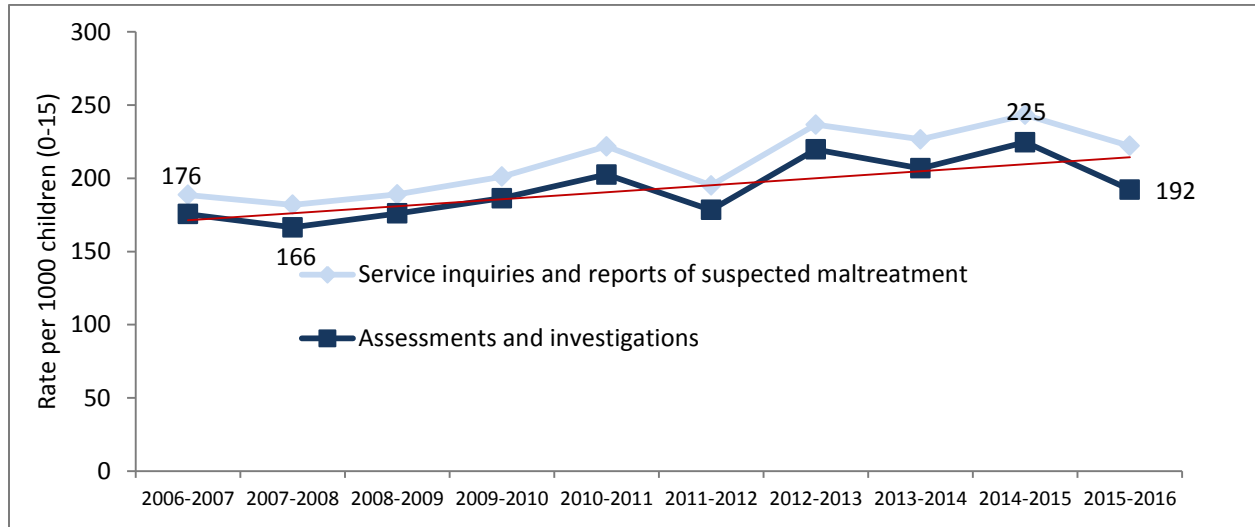
Figure 2
Service Inquiries and Reports of Suspected Maltreatment



There were a total of 2,201 reports to Child and Family Services, at a rate of 222 reports per 1,000 children (aged 0 to 15 years) in the population during the 2015-2016 fiscal year. There has been a significant increase over the past ten years in the per capita rate of service inquiries and reports of suspected maltreatment.

Figure 3 shows the rate of investigations conducted per 1,000 children aged 0 to 15 years in the child population.

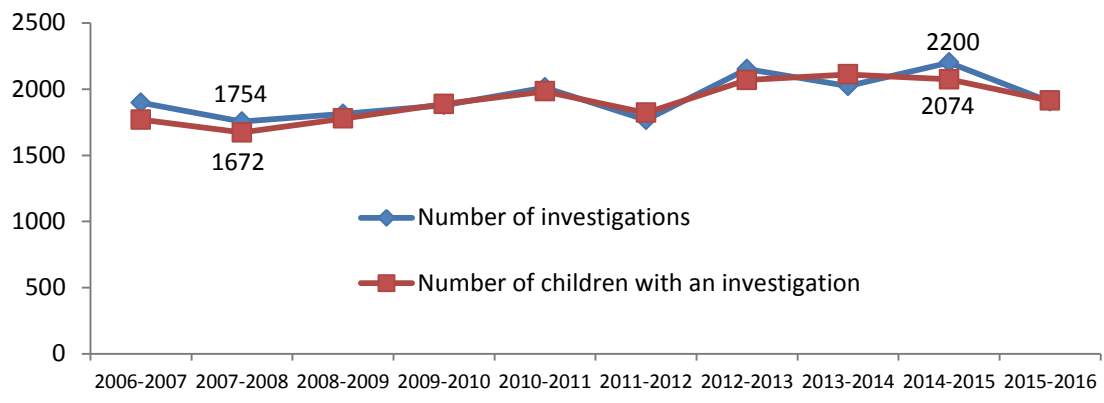
Figure 3
Investigations



There were a total of 1905 investigations, at a rate of 192 investigations per 1,000 children in the 2015-2016 fiscal year. There has been a statistically significant upward trend over the past ten years in the number of assessments and investigations.

When a Child Protection Worker undertakes an investigation it can involve multiple children, and each child could potentially be involved in more than one investigation per year. It is important to note that the number of investigations is therefore not equal to the total number of children that have one or more investigations per year, as illustrated in Figure 4.

Figure 4
 Number of Investigations and Number of Children with One or More Investigations, by Fiscal Year



REASONS FOR CHILD PROTECTION INVESTIGATIONS

Child and Family Services records a referral reason for every inquiry for service or report of suspected maltreatment. Within the Child and Family Information System, there are four categories of reasons for referral; “abuse”, “neglect”, “child’s behaviour”, and “parent’s behaviour”. They do not sufficiently describe the many reasons that families come into contact with Child and Family Services. For example, requests for financial assistance fall under the category of neglect, as this is classified as a failure to provide the necessities of life; however, it is recognized that this is not necessarily a fair depiction of northern realities. These deficiencies in the information system will be corrected when the system is replaced in 2016-2017.

The top reasons for referrals in the 2015-2016 fiscal year are shown in Table 3. In view of the fact that there can be more than one reason for each referral, the total number of reasons for referral is higher than the number of service inquiries and reports of suspected maltreatment for the same time period. Over half of reasons for referral were placed in the category of parent’s behaviour, with parent’s alcohol, drug or solvent use accounting for 30.6% of all reasons for referral. Neglect accounted for 18.2% of reasons for referral, with just under half of those (8.0% of total) being self-reported requests for financial assistance. Approximately 12.8% of referrals were for a child’s behaviour, such as for self-harm, or substance use issues. Finally, 6.2% of referral reasons were for allegations of abuse.

Table 3
Top Referral Reasons for 2015-2016 Fiscal Year

Referral Reason	Number of Referral Reasons	Percentage
Parent's Behaviour	1186	51.4%
<i>Parent's Alcohol, Drug or Solvent Problem</i>	707	30.6%
<i>Adult/Family Violence</i>	197	8.5%
Neglect	420	18.2%
<i>Financial Assistance</i>	184	8.0%
Child's Behaviour	295	12.8%
Abuse	143	6.2%
<i>Alleged Physical Abuse</i>	79	3.4%
<i>Alleged Sexual Abuse</i>	61	2.6%
Other	265	11.5%
Total	2309	100.0%

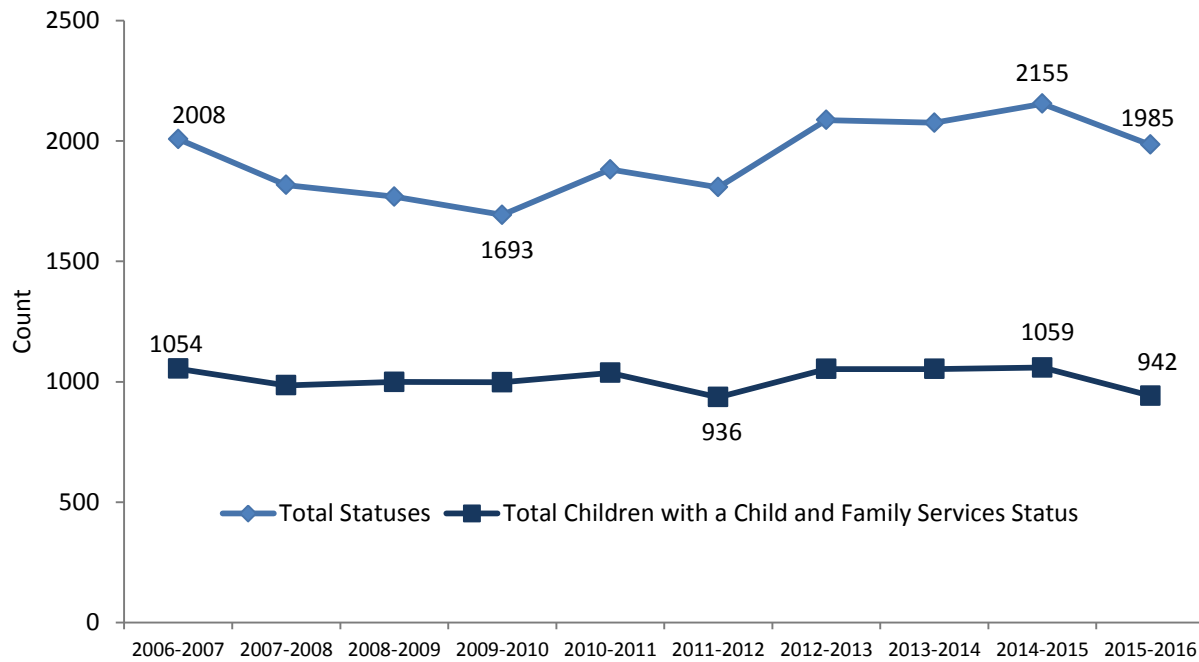
4. SERVICES FOR CHILDREN AND THEIR FAMILIES

NUMBER OF CHILDREN RECEIVING SERVICES

When a child is found to be in need of protection, or a family has requested support services, the child is given a Child and Family Services status. A status is required to enable Child and Family Services to provide support or services. The status is identified under the *Child and Family Services Act* which entitles the provision of child and family to services, and outlines the legal structure under which these services will occur (i.e. whether the parents retain care and custody of the child, and the duration of the service status). Three things identify the type of status; age of the child; whether the child is determined to be in need of protection; and whether the parents are willing and able to work with the Child Protection Worker on a plan of action. (Status types will be described in more detail later in this section.)

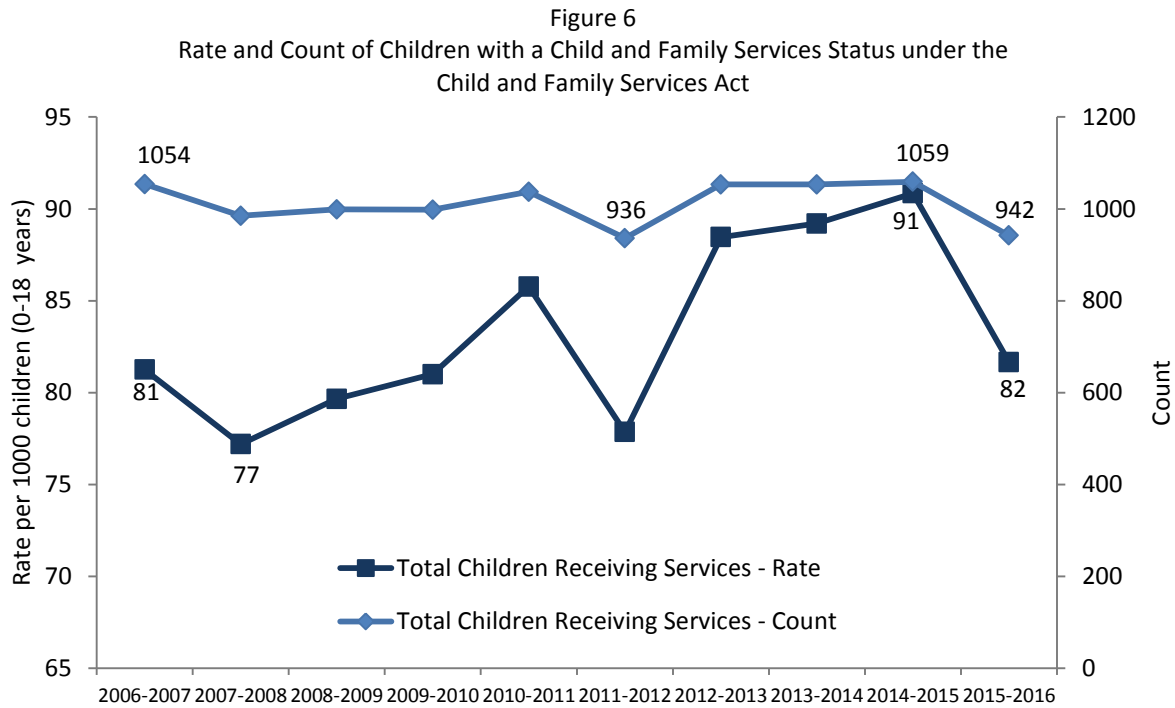
Figure 5 shows the number of Child and Family Services statuses each fiscal year, as well as the number of children who had a status during that fiscal year. As it is possible for each child to have more than one status within one fiscal year, the number of statuses is considerably higher than the number of children who had one or more statuses during the same fiscal year.

Figure 5
 Total Number of Children with a Child and Family Services Status, and Total Number of Statuses



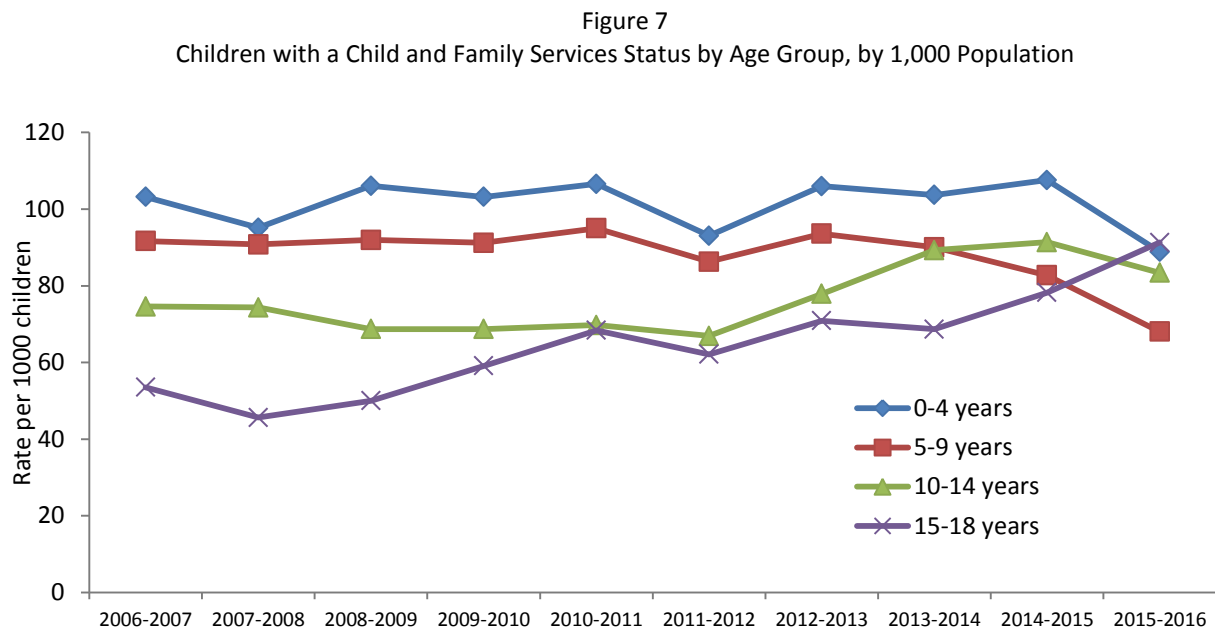
Over the past ten years the number of children with a Child and Family Services status has remained stable, with an average of 1,011 children having a Child and Family Services status each year. The number of statuses has varied from year to year but shows no significant trend, ranging between 1,693 and 2,155 statuses each fiscal year.

Figure 6 shows the total number of children with a Child and Family Services status during each fiscal year, along with the rate of children with a Child and Family Services status per 1,000 children.



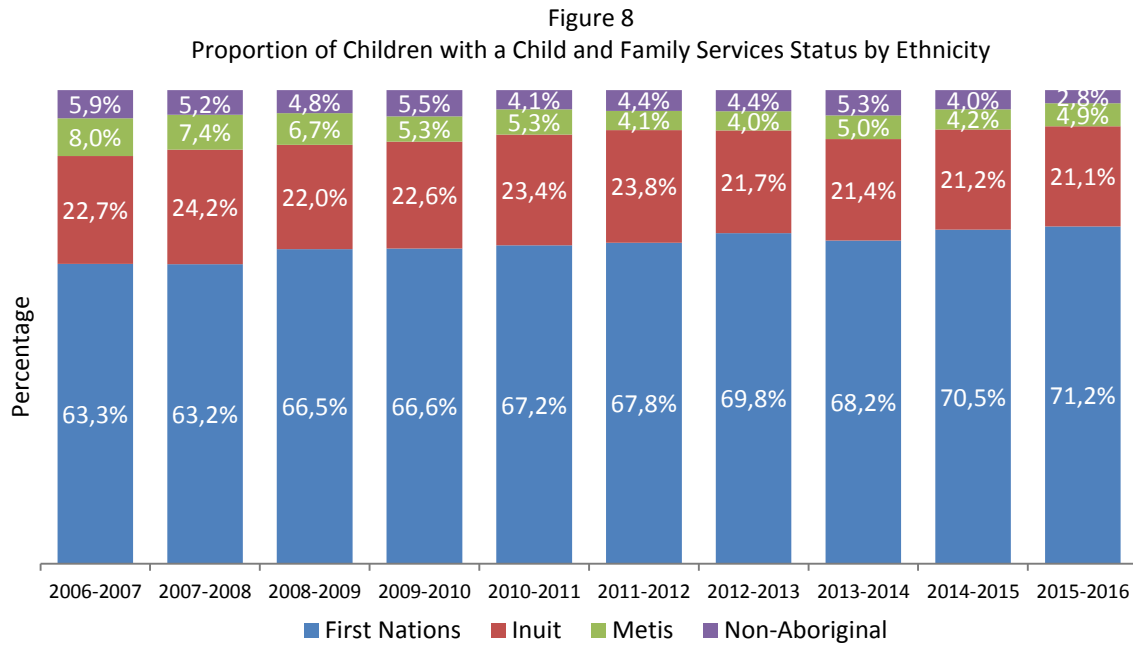
While the *number* of children with one or more status has remained relatively stable over the past ten years, there has been a statistically significant increase in the population-based *rate* of children with a Child and Family Services status. This is a result of the declining child population.

Figure 7 shows the rate of children with a Child and Family Services status, divided into four age groups.



There was a statistically significant decrease in the rate of children with a status in the 5-9 year age group, a statistically significant increase in the rate of children with a status in the 10-14 and 15-18 year age groups (trend lines not shown), and no significant change in the rate of children with a status aged 0-4 years.

Figure 8 shows the percentage of children with a Child and Family Services status by ethnicity.



As shown in Figure 8, there has been a statistically significant increase in the number of First Nations children among children with a Child and Family Services status, and a statistically significant decrease in the number of Metis and Non-Aboriginal children in the same group. The number of Inuit children has remained relatively stable over the same time period.

TYPES OF CHILD AND FAMILY SERVICES STATUSES

The *Child and Family Services Act*, identifies that services can be offered to children and families either by agreement between the Child Protection Worker and the family, or via court order. Services by agreement allow families to access supports and services to strengthen families and address or prevent child protection concerns. When child protection concerns cannot be adequately addressed in this way, a child protection order may be sought from the court to ensure the safety of the child.

SERVICES BY AGREEMENT

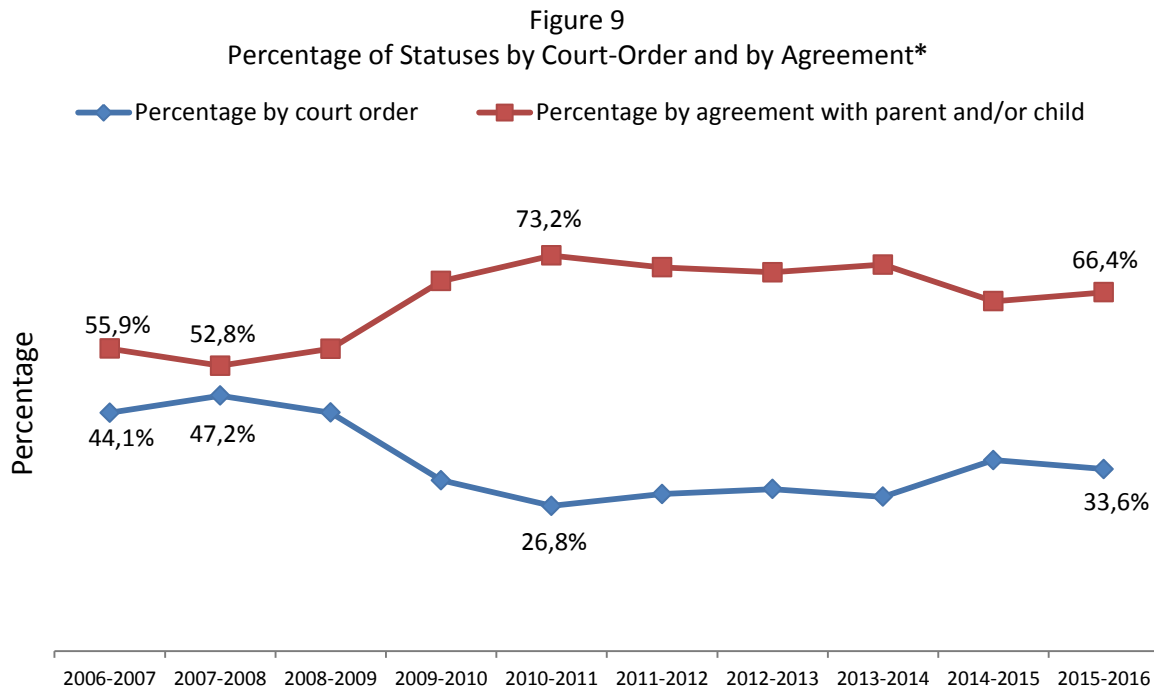
The three types of services by agreement are Voluntary Services Agreements and Plan of Care Agreements for children aged 0 to 15, and Support Services Agreements for youth aged 16 to 18. Voluntary Service Agreements are used when no child protection concerns are found to exist, but the child and family have the potential to benefit from services that will reduce the risk of child

protection concerns in the future. Plan of Care Agreements are used when child protection concerns are present, but the family and Child Protection Worker can develop and agree upon a collaborative plan to address these concerns. Examples of services provided under both Voluntary Services Agreements and Plan of Care Agreements include counselling, addictions treatment, temporary foster or respite care, and financial or material assistance such as food or diapers. Support Services Agreements address the needs of youth, who because of their age cannot be found in need of protection, but nevertheless require supportive services such as counselling, housing supports or addictions treatment.

COURT-ORDERED SERVICES

In circumstances where child protection concerns cannot be resolved to ensure the safety of the child, a court order may be sought. Court-ordered actions include Supervision Orders (under which the child remains in the home) and Interim, Temporary, and Permanent Custody Orders (under which the child is removed from the home).

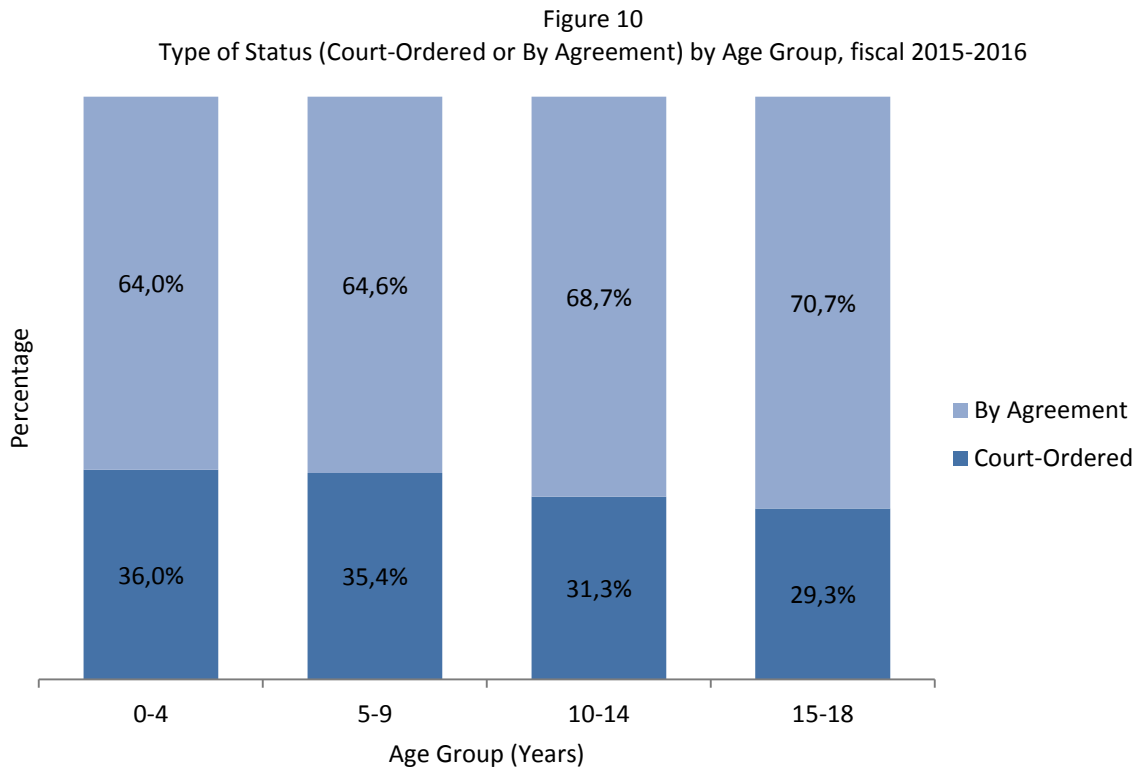
Figure 9 illustrates the percentage of children with a status by court order or by agreement.



*For analysis beginning in the 2014-2015, apprehensions have been removed from the statuses considered in this table. This is due to the fact that apprehensions can be a precursor to both statuses by court order and statuses by agreement, and therefore including them in the analysis as a "court ordered status" was inaccurate.

The majority of statuses are by agreement with the parent and/or child/youth. The percentage of statuses by agreement peaked at 73.2% in 2010-2011, and has fallen in the past few years, reaching 66.4% of statuses in 2015-2016. Statuses by court-order represented 33.6% of all statuses during the 2015-2016 fiscal year.

Figure 10 shows the percentage of statuses that are by agreement or by court-order, by age of the child.

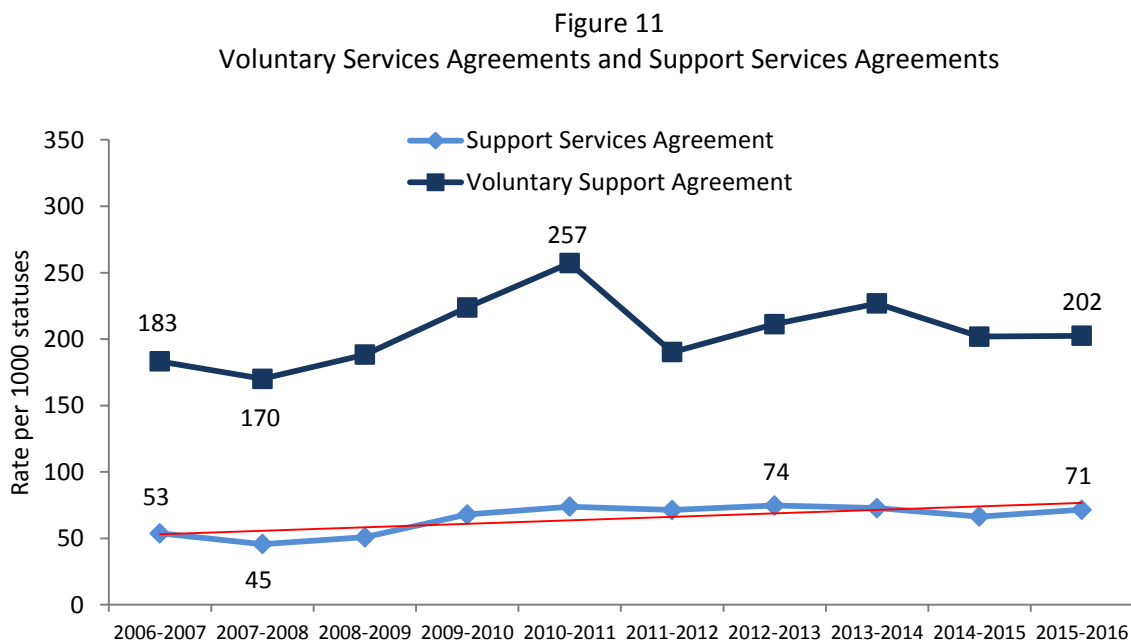


As can be seen in Figure 10, the proportion of statuses by agreement is higher in older age groups than in younger age groups, with 64% of statuses by agreement in the 0-4 age group, and approximately 68.7% of statuses by agreement in ages 10-14 and 70.7% of statuses by agreement in ages 15-18.

5. VOLUNTARY SERVICES AGREEMENTS AND SUPPORT SERVICES AGREEMENTS

Voluntary Services Agreements and Support Services Agreements are designed to strengthen families and prevent child protection concerns from arising. Under a Voluntary Services Agreement, the care and custody of the child remains with the parents and, as the service is voluntary, families may elect to end the Voluntary Services Agreement at any time. Youth aged 16-18 can similarly access assistance on a voluntary basis through a Support Services Agreement, under which the youth may be provided with supports such as housing, financial support and addictions treatment.

The rate of both Voluntary Services Agreements and Support Services Agreements per 1,000 statuses is displayed in Figure 11.



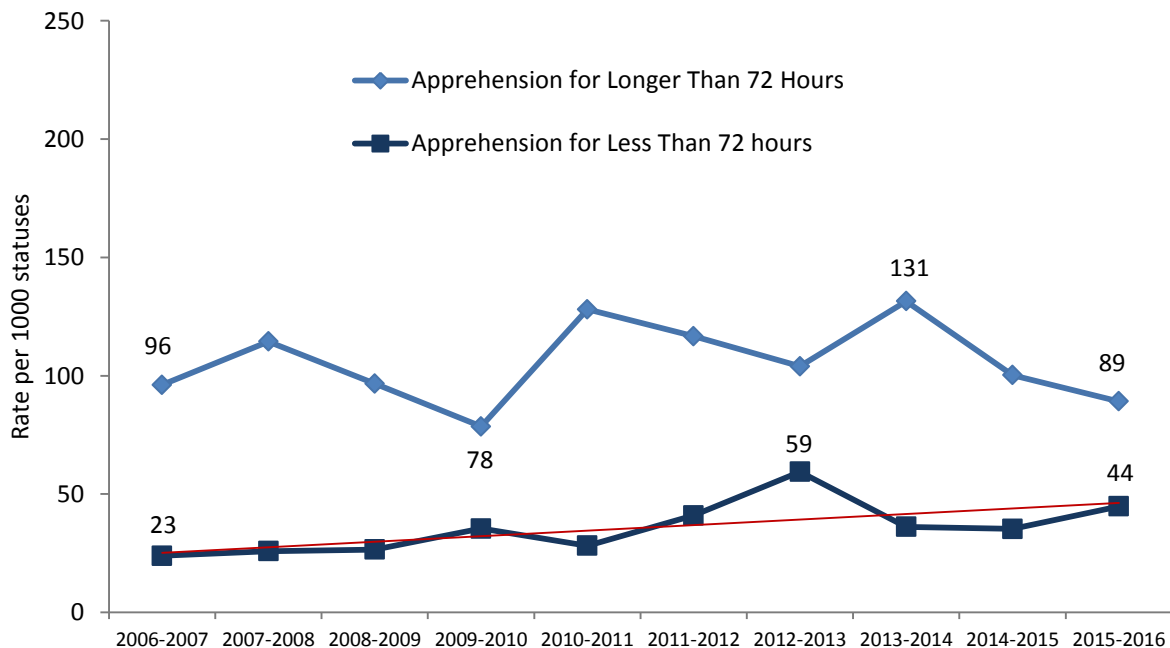
As can be seen in Figure 11, there has been a statistically significant increase in the proportion of Support Services Agreements over the past ten years. There has been no significant change to the proportion of Voluntary Support Agreements over the same time period.

6. APPREHENSIONS

Apprehensions occur when following a Child Protection Worker’s initial investigation it is deemed that there are reasonable grounds to believe that the safety or wellbeing of a child is in danger. The Child Protection Worker may decide to apprehend the child, removing them from the care of their parents or caregivers and placing them in the care and custody of the Director of Child and Family Services. The child may be returned to the parents within 72 hours if the safety concerns have been resolved; otherwise, the Child Protection Worker must apply to the court for a confirmation order within 14 days of the apprehension. If the court does not confirm the apprehension, the child must be returned to the custody of their parents. If the apprehension is confirmed, the child can remain in the care of the Director for up to 45 days. At any point following the apprehension, the Child Protection Worker may decide either to pursue a court order to obtain a custodial status, or to begin working with the family and to develop a plan in order to return the child to the home under a Plan of Care Agreement.

The annual rates for apprehensions longer than 72 hours and less than 72 hours are presented below in Figure 12.

Figure 12
Apprehensions

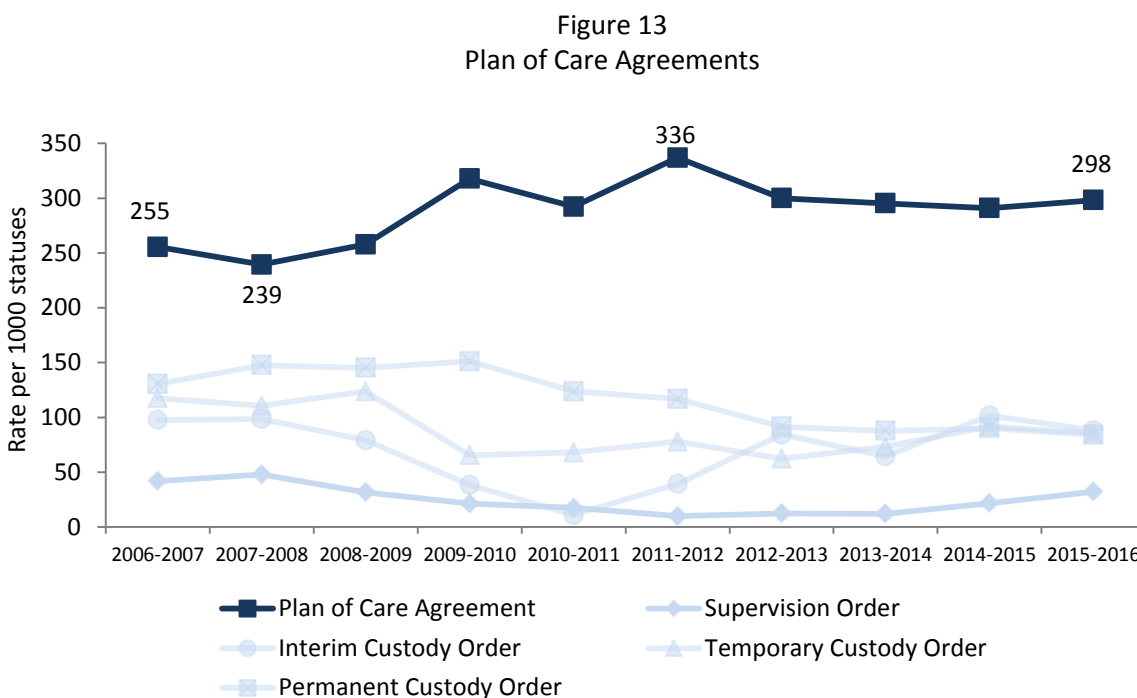


The proportion of apprehensions for longer than 72 hours does not show a significant change over the past ten years, while the proportion of apprehensions for less than 72 hours showed a statistically significant increase over this time.

7. PLAN OF CARE AGREEMENTS

Plan of Care Agreements enable parents to retain care and custody of their children while they work on the family issues that led to child protection concerns and to mitigate future risks. Child Protection Workers work collaboratively with the family to identify the strengths and needs of the family and create a plan of action to address the child protection concerns in the home.

Figure 13 presents the rate of Plan of Care Agreements per 1,000 statuses.



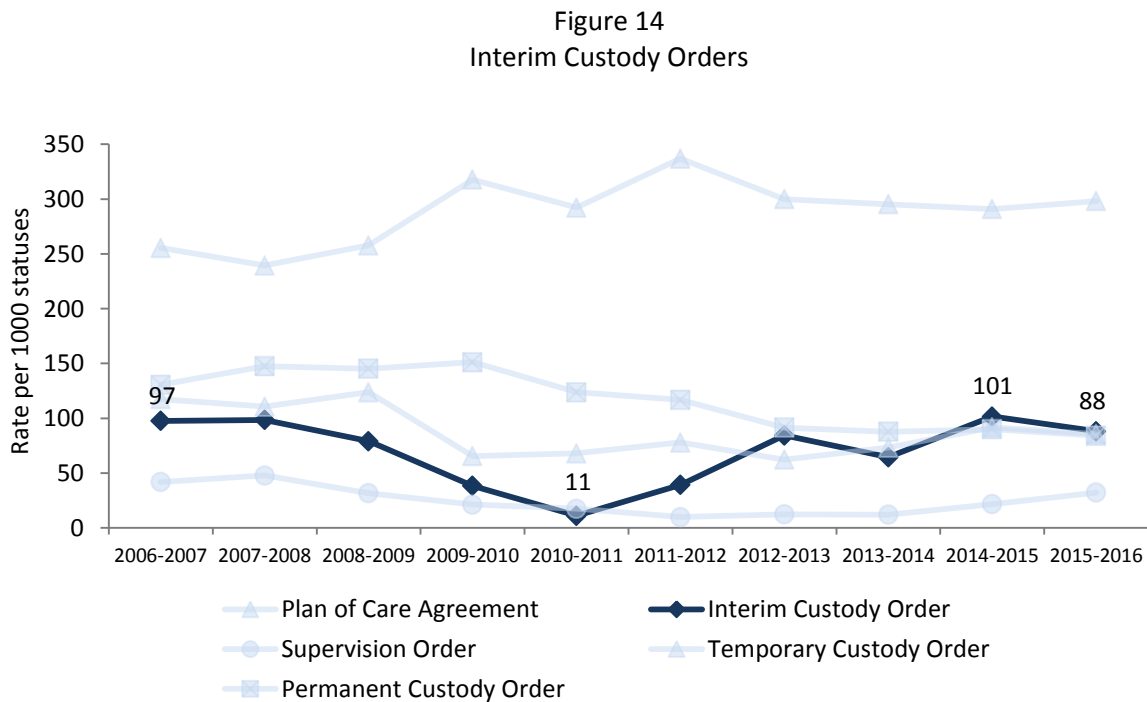
Despite showing a statistically significant increase in past reports, the proportion of statuses that are Plan of Care Agreements appears to have become stable, and there is now no statistically significant trend showing over the past ten years.

8. COURT ORDERS

In situations where a Plan of Care Agreement is not able to resolve and mitigate child protection concerns the matter may be referred to Territorial Court. Under the *Child and Family Services Act*,

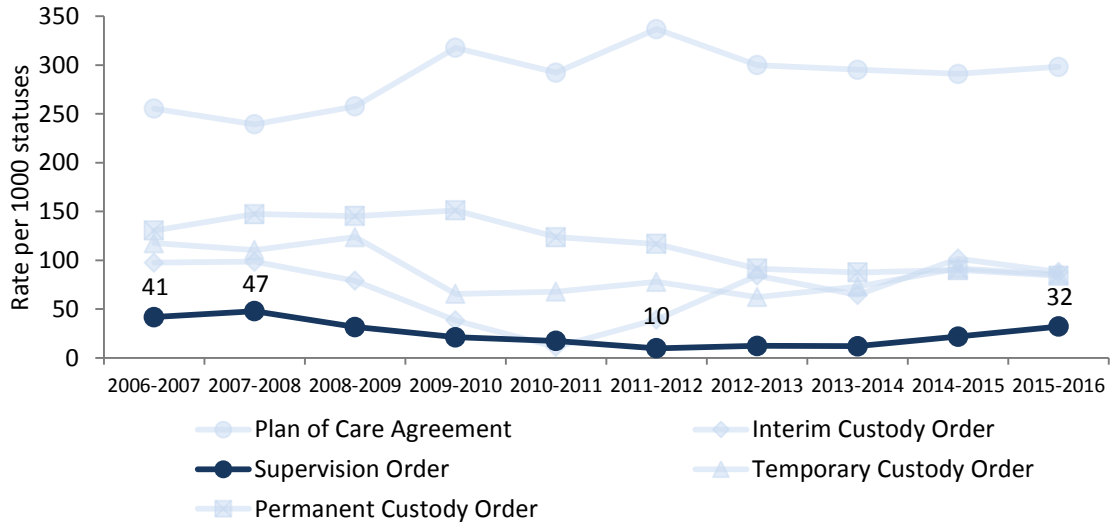
there are four different types of orders that may be sought; an *Interim Custody Order*, a *Supervision Order*, a *Temporary Custody Order*, a *Permanent Custody Order*. An *Interim Custody Order* is used to extend the allowable time period prior to a child protection hearing, for example to give the parents more time to consult with legal counsel. A *Supervision Order* allows the child to return home while remaining under the supervision of the Director of Child and Family Services, so that Child Protection Workers can continue to monitor child protection concerns in the home and act accordingly. A *Temporary Custody Order* allows for the Director to retain care and custody of the child for a period of up to two years, at which point the child may be returned to the custody of their parents, or the Director may seek permanent custody. A *Permanent Custody Order* places the child in the custody of the Director until they reach the age of 16, though this may be extended until the child's 19th birthday.

Figures 14 and 15 present the rates per 1,000 statuses for Interim Custody Orders and Supervision Orders.



While the rate of Interim Custody Orders can be seen to fluctuate over the past ten years, there is no statistical increase or decrease trend in the use of this status.

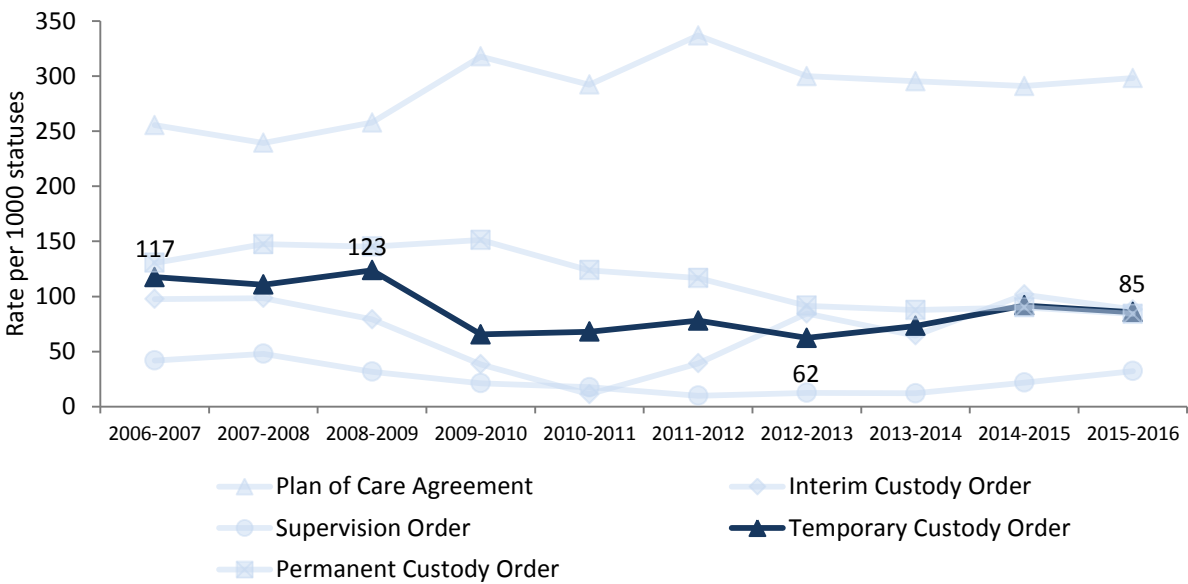
Figure 15
Supervision Orders



The rate of Supervision Orders has remained relatively stable over the past ten years, as can be seen in Figure 15. Supervision Orders are the least commonly sought court orders.

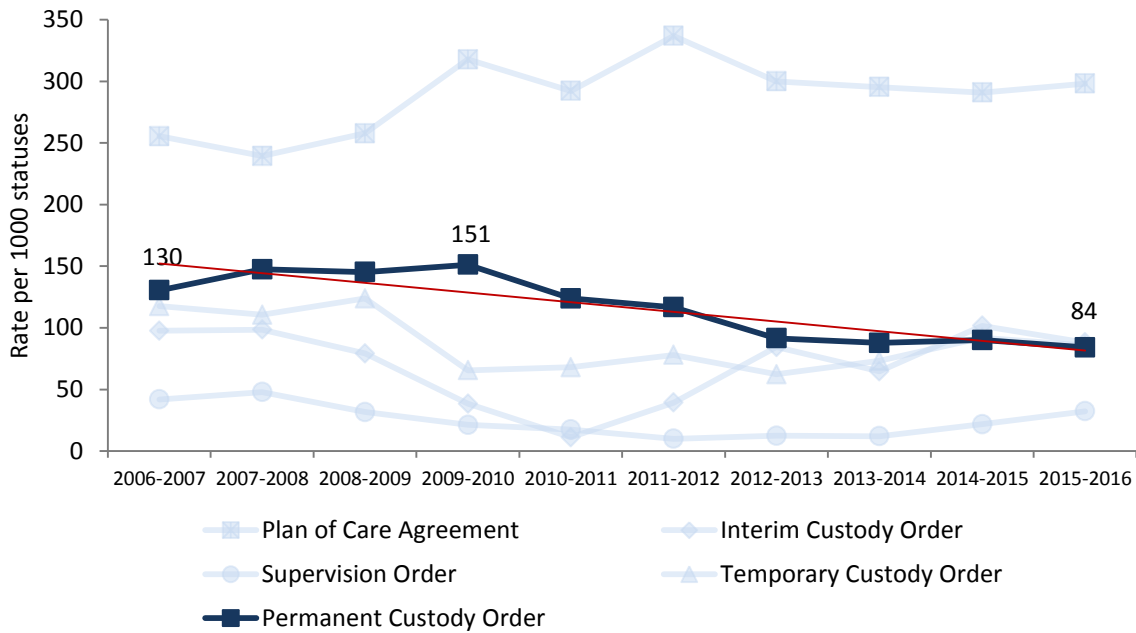
Figures 16 (below) and 17 (next page) present the rates for Temporary and Permanent Custody Orders.

Figure 16
Temporary Custody Orders



The rate of Temporary Custody Orders appears to have declined during the past ten years; however this change is not statistically significant and could potentially increase, as the last three years have seen an increase in the rate of this type of court-ordered status.

Figure 17
Permanent Custody Orders



There is a statistically significant decreasing trend in Permanent Custody Orders between 2006-2007 and 2015-2016, as can be seen in Figure 17.

Permanent Custody Orders may be rescinded by a court if the parent’s circumstances change significantly or of the youth makes an application to the court with a viable plan in place for themselves. Information on the rates of children in care under a Permanent Custody Order will be presented in the next section.

9. CHILDREN IN PERMANENT CARE AND CUSTODY

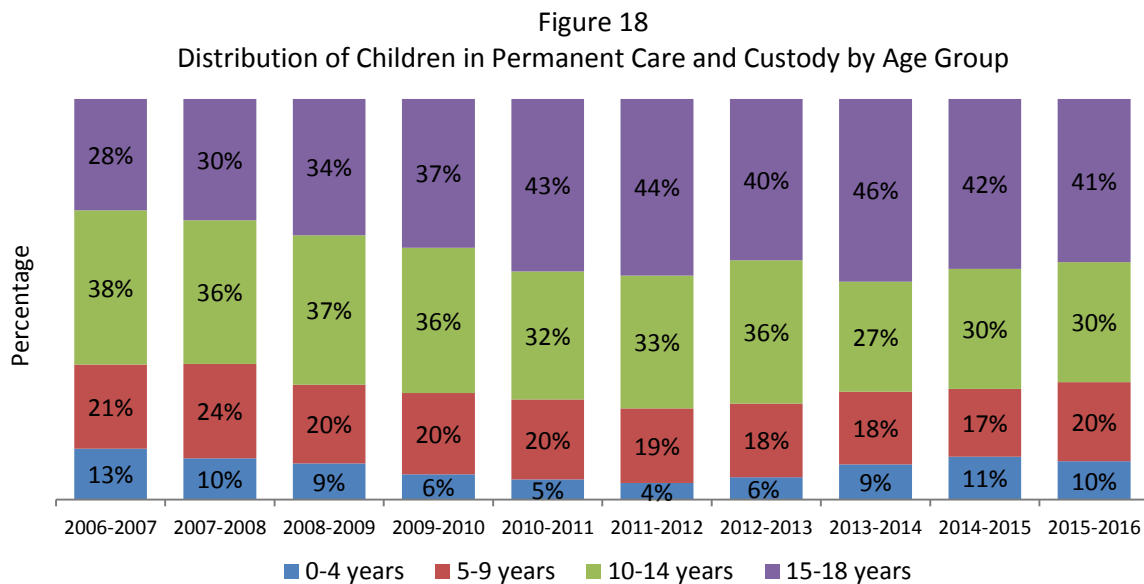
Table 4 and Figure 18 show the age distribution of children with Permanent Custody Orders.

Table 4: Children in Permanent Care and Custody by Age Group*

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
0-4 years	32	26	22	15	11	8	10	15	19	16
5-9 years	53	59	48	48	43	36	33	31	30	33
10-14 years	97	90	91	86	69	64	64	47	53	50
15-18 years	70	76	83	88	93	85	72	78	75	68
TOTAL	252	251	244	237	216	193	179	171	177	167

*Following the 2013-2014 report, numbers presented have been modified to include extensions of Permanent Custody Orders, which has increased the number and proportion of youth in permanent custody.

Over the past ten years the number of children in permanent care and custody has declined significantly. This trend appears to be driven by statistically significant decrease in the number of children in permanent custody in the 0-4 year, 5-9 year and 10-14 year age groups.



Though there were 167 children receiving services under a Permanent Custody Order in 2015-2016 fiscal year, many of these children were placed in the permanent custody of the Director in previous fiscal years; 16 new Permanent Custody Orders were issued during the 2015-2016 fiscal

year. The majority of children and youth in permanent care and custody are ten years or older, making up 71% of the children and youth in permanent custody in 2015-2016.

10. LOCATION OF CHILDREN RECEIVING SERVICES

Services are provided to children and families while the children are still residing in the parental home, whenever possible. However, children may require services outside of their parental home for a variety of reasons, including voluntary placement in care due to a temporary emergency, or non-voluntary placement due to an apprehension. When a child receives services outside of the parental home, the first placement option is the extended family. Additionally, it is important for the child to reside within their home community, when possible. Children who remain in their local community have reduced disruption to their lives as their social activities, friends, extended family, and cultural activities and traditions are less likely to change. Along with keeping their community supports, these children can be served by Child Protection Workers who are familiar with the community.

Figure 19 shows the distribution of children receiving services by location.

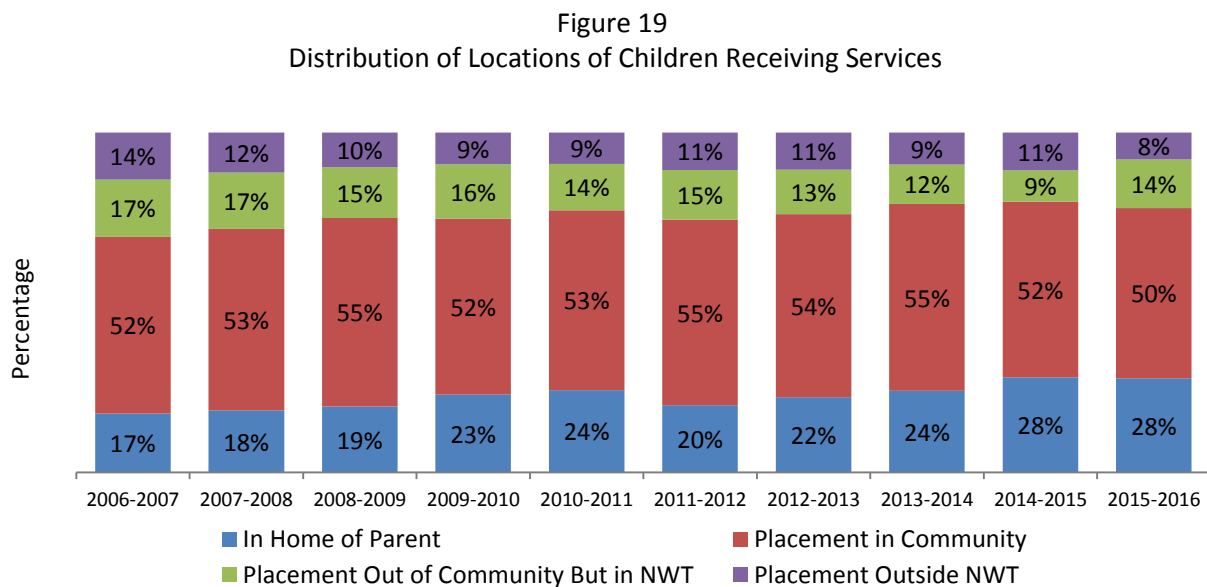


Figure 19 shows that over the past ten years, the percentage of children receiving services in the home of their parents has increased by 11%, from 17% in 2005-2006 to 28% in 2015-2016. Consistently, just over half of placements were outside the parent's home, but in the community (52%-55% across the ten year period). Combined, 78% of child placements were within the home community in 2015-2016. In the past fiscal year, the percentage of placements outside of the NWT

fell from 11% to 8%, and the number of placements outside of the home community, but within the NWT, rose from 9% to 14%.

PLACEMENT RESOURCES

FOSTER HOMES

Foster homes provide care for children who are unable to live in their family home. There are three types of foster homes in the NWT: regular, extended family, and provisional. Regular foster homes are able to provide care to any child or youth that is placed in foster care. Extended family and provisional foster homes, on the other hand, are extended family members or community members who are known to the child or youth, and are available specifically to accommodate that child, until that child no longer needs foster care. The approval processes for all types of foster homes are described in detail in the *NWT Child and Family Services Standards and Procedures Manual*.

GROUP HOMES

Group homes are sites where multiple children or youth live in a home-like setting, cared for by either house parents, or a staff of trained caregivers. There are three group homes that operate in the NWT: Polar Crescent Group Home, in Fort Smith; Inuvik Youth Group Home in Inuvik; and the Rycon Foster Family Shelter Home in Yellowknife. Polar Crescent Group Home and the Rycon Foster Family Shelter Home provide family-modeled care to between six and eight children, while the Inuvik Youth Group Home concentrates on life skill development for up to six youth as they prepare to transition out of care and into the community.

NORTHERN SPECIALIZED TREATMENT RESOURCES

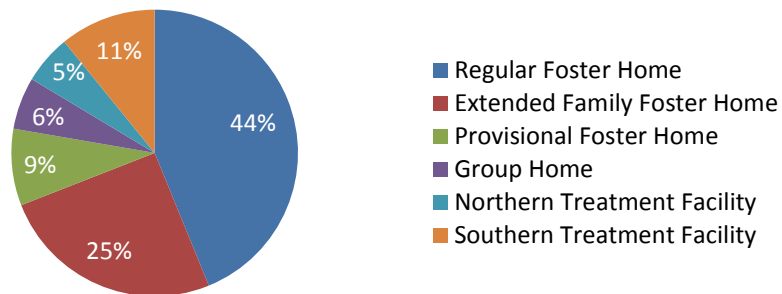
The Territorial Treatment Centre in Yellowknife provides diagnostic services and treatment for up to eight children aged 8 to 12 years and Trailcross, in Fort Smith, provides services for up to nine youth aged 12 to 18. These two residential treatment resources in the Northwest Territories provide services for children or youth with behavioural, emotional, psychological or psychiatric issues.

SOUTHERN SPECIALIZED PLACEMENT RESOURCES

Southern placement resources are used to provide children and youth with specialized residential treatment services that are not available in the NWT. The length of time that children or youth are in southern placements depends on the individual needs of the child or youth, and whether the child's or youth's needs may be met within the home community after their stay in a southern placement.

Figure 20 illustrates the proportion of usage of the different placement resources in 2015-2016.

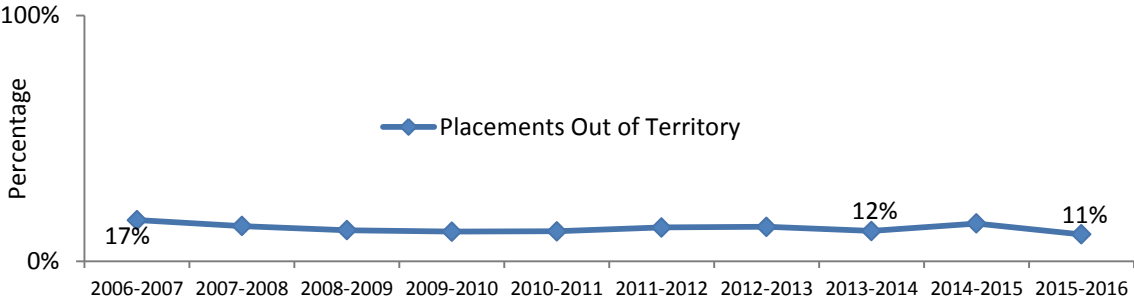
Figure 20
Placement Resource Use, 2015-2016



The percentage of individual children placed in each resource is represented in figure 20. This figure does not account for children receiving services within the family home, which is the most common placement site. As shown, 44% of out of home placements were in regular foster homes, 25% were in extended family foster homes, and 9% were in provisional foster homes. Group home placements were 6% of all placements. Northern Treatment Facilities were used for 5% of placements and 11% of placements were in Southern Treatment Facilities.

Figure 21 shows the percentage of placements in which children were placed outside of the NWT. These include both Southern Treatment Facility placements, and foster home placements outside of the Territories (usually with extended family).

Figure 21
Percentage of Out of Territory Placements



Over the past ten years there has been no significant change in the number of children placed outside of the NWT.

11. ADOPTION

As part of the Child and Family Services program, the Adoption program coordinates and manages registries of children available for adoptions, approved adoptive families, completed adoptions, and responds to information requests regarding adoption records.

In the Northwest Territories, there are four different types of adoptions: departmental, private, step-parent, and Aboriginal custom adoption. The first three types of adoptions are governed by the *Adoption Act*, while the *Aboriginal Custom Adoption Recognition Act* provides for the recognition of traditional Aboriginal custom adoption. Children become legal, permanent members of the adoptive family in all types of adoption.

Children may be surrendered by their parents for the purpose of adoption. From April 1, 2006 to March 31, 2016 there were 7 children voluntarily surrendered for purposes of adoption.

Figure 22 identifies the annual distribution of adoptions over the past ten years. The average number of adoptions per year was 58, with 67 adoptions taking place during the 2015-2016 fiscal year.

Figure 22
Total Adoption Orders Granted

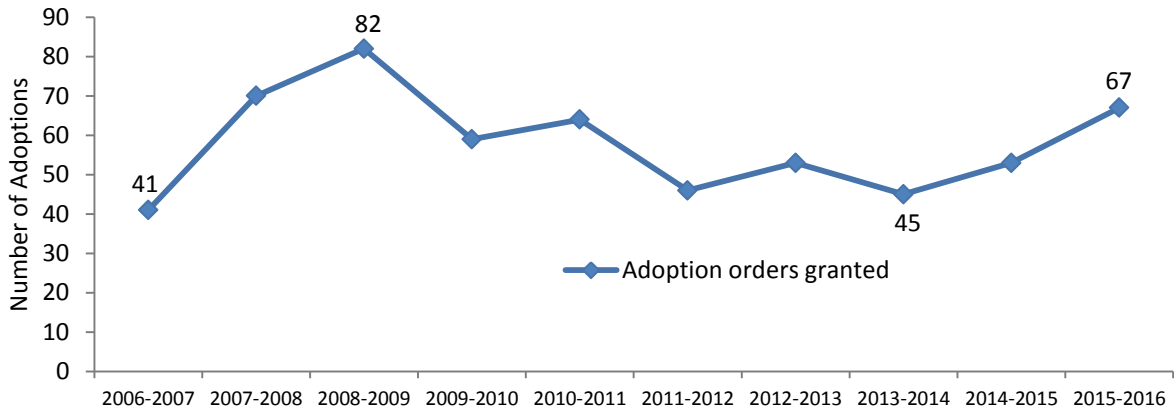
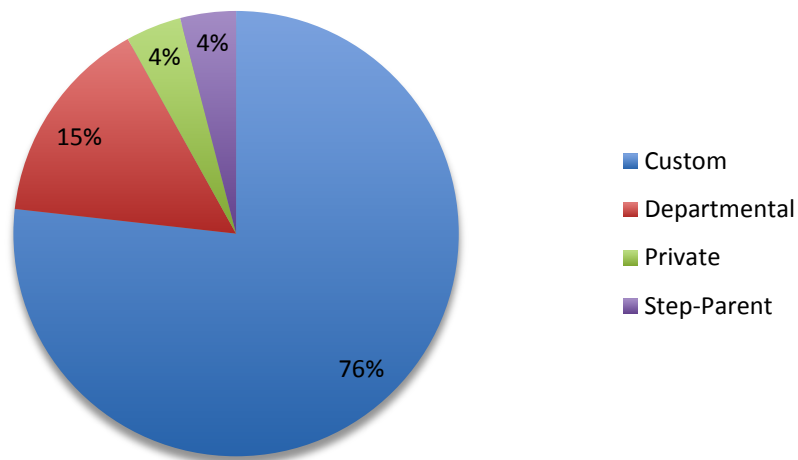


Figure 23 shows the percentage of adoptions between 2006-2007 and 2015-2016, by type of adoption.

Figure 23
Percentage of Adoptions by Adoption Type



Between April 1, 2006 and March 31, 2016, 580 children were adopted in the NWT. The majority of adoptions were custom adoptions at 76%, while 15% were departmental adoptions, 4% were step-parent adoptions, and 4% were private adoptions.

12. SUMMARY OF FINDINGS

The rates of reports of suspected child maltreatment and investigations for suspected maltreatment have increased over the past ten years; however, there are an increasing number of service inquiries from custodial parents that are included in the category of “reports”. As in previous years, the most common reason for reports of suspected maltreatment parental alcohol, drug or solvent use, accounting for more than 30% of all reports. Self-referrals from parents and caregivers seeking financial assistance made up 8% of reports, and referrals related to a child or youth’s behaviour, including referrals requesting assistance in obtaining substance misuse treatment for youth, made up nearly 13% of referrals.

The number of children under 16 years of age who were receiving services under the *Act* remained relatively stable, while the number of children aged 16 to 18 years increased over the past ten years. The 16 to 18 year age group saw a statistically significant increase in population-based rates of youth receiving services, as did the 10 to 14 year age group, with a statistically significant decrease in the number of children aged 5 to 9 receiving services. The proportion of First Nations children receiving services has continued to increase, with the proportion of Inuit children receiving services remaining stable, and a decreasing proportion of Metis and Non-Aboriginal children receiving services under the *Child and Family Services Act*.

In 2015-2016, approximately one-third of children receiving services had court-ordered statuses, and two-thirds of children receiving services did so through an agreement with the parent and/or child. This has been stable or higher since 2009-2010, prior to which court-ordered statuses made up just under half of all statuses every year.

Over the past ten years, the rates of Voluntary Support Agreements, Plan of Care Agreements, Supervision Orders, Interim Custody Orders and Temporary Custody Orders experienced no significant change. The rate of Support Service Agreements experienced a statistically significant increase, while the rate of Permanent Custody Orders experienced a statistically significant decrease.

An increasing percentage of children receiving services remain in the home of their parent(s), and 70% of children receiving services remain in their home community. The percentage of children who receive services in NWT communities other than their home community has decreased, while the number of children receiving services who are placed outside of the NWT (often in specialized treatment centres) has remained stable over the past ten years.

13. MAJOR DEVELOPMENTS AND FUTURE DIRECTIONS

The 2015–2016 fiscal year was the second year of the implementation of ***Building Stronger Families: An Action Plan to Transform Child and Family Services*** (the Action Plan), during which substantive improvements were made to the delivery and management of services provided under the *Child and Family Services Act*.

Service Delivery and Child Protection Practice

As noted in last year's report, there was executive support to adopt the Structured Decision Making® (SDM®) approach to child protection services. SDM® is an objective, evidence-based case management system that gives Child Protection Workers (CPW's) new tools to assist them in making decisions at critical points in dealing with child protection issues. Developed by the Children's Research Center in the United States, SDM® has been adopted by child protection agencies on an international scope, including a number of Canadian provinces and Australian states.

Adopting SDM® is a cornerstone to the transformation of Child and Family Services, as it represents a significant departure from current practices in responding to child protection concerns. It changes how CPW's screen and respond to reports of suspected abuse or neglect, it results in more objective and more consistent assessment of child safety needs, and it adds an assessment of future risk to the CPW's investigative process (which was entirely missing previously, as was noted by the Auditor General). When fully implemented over the next three years, SDM® will have been pivotal in moving child protection work toward evidence-based practice, with increased objectivity and consistency, a better focus on strengths rather than deficits, with needs-based rather than failure-based interventions. All of this should lead to less reliance on the court system, and increased cooperation and collaboration between parents, family, CPWs and care providers.

There are six assessment protocols in the SDM® system:

1. *Screening and Response Priority Assessment*
Assists the CPW in determining whether a report of concern for a child should be investigated as a child protection matter, and if so, how urgently it needs to be responded to.
2. *Safety Assessment*
Assesses the nature and extent of a child's immediate safety needs, and assists the CPW to determine whether an apprehension is necessary to protect the child.
3. *Risk of Future Harm Assessment*
Assesses the nature and magnitude of a child's risk of abuse or neglect in the short to medium term, and assists the CPW in determining the type of services the family needs.
4. *Family Strengths and Needs Assessment*
Assists the CPW in developing a strength-based plan, in collaboration with a child's caregivers, to alleviate any safety risks and to reduce any risks of future harm.
5. *Reunification Assessment*
Used in situations where a child has been taken into protective custody, this assessment helps the CPW make decisions about when and how a child can be safely reunited with his or her primary caregivers.
6. *Risk Reassessment*
Re-assesses the nature and magnitude of a child's risk of abuse or neglect in the short to medium term, and assists the CPW in determining when child protection services are no longer required.

During 2015–2016 the first three assessment tools were adapted for use in the NWT. With the assistance of staff from the Children's Research Centre, selected working groups of CPW's modified the assessment tools to make them relevant to practices in the NWT. All CPW's were trained on the proper use of the tools and subsequently each of the tools was sequentially adopted across all seven regions in the NWT. Use of the *Screening and Response Priority*, *Safety*, and *Risk of Future Harm* assessment instruments is now standard practice for all CPW's.

On other fronts, CPW's and their supervisors and managers received training on the upcoming amendments to the *Child and Family Services Act*, in anticipation of the changes coming into force on April 1, 2016. Major changes will include stronger provisions for mediation and alternate dispute mechanisms, extending the age at which a child can be found in need of protection from the current age of 15 to the age of majority, making provision to extend support services for youth with

permanent care and custody orders from the age of majority to age 23, and setting age-based time limits on temporary care and custody orders.

A review of all children and youth with permanent care and custody orders was completed this year, and work continues on revising the standards and procedures for permanency planning.

Risk Management and Quality Assurance

As reported in the Introduction Section of this report, audits were conducted in six of the seven Regional Authorities, with subsequent work plans developed to respond to identified deficiencies. In view the fact that some standards changed in April 2015, these audits were intended to provide baseline measures against which to audit compliance in future years. It was also noted during these audits that there is a need for improvement in the audit methodology.

Quarterly performance reporting by the Regional Authorities was initiated in April, 2015. The quarterly reports provide regional managers with regular, comparative utilization statistics, and allow the Director to monitor changes in program delivery.

The replacement of the out-dated Child and Family Services Information System carried on this year, with tendering of a Request for Proposals seeking an “off-the-shelf” solution to the program’s information needs. A Canadian firm, Vertical Software International (VSI) was the successful bidder, and work was initiated to re-configure its proprietary information system, called MATRIX, to the Child and Family Services business processes.

An internal working group of field staff and supervisors was established to identify core competencies for child protection work, which will inform changes to the statutory training program, extending the curriculum beyond the current focus on compliance to capture essential skills and abilities in the delivery of best-practice child protection services. In a related initiative, the inaugural training session for supervisors was held in December, 2015, and work continued subsequently to refine the curriculum for what is to become mandatory training for child protection supervisors.

Program Administration and Management

The Chief Executive Officers of the regional Authorities continued to be trained and appointed as Assistant Directors under the *Child and Family Services Act*, and were delegated all of the Director’s statutory duties and responsibilities that the *Act* allows. This enables executive decision-making much closer to the point of service delivery.

The Directors of Social Programs met via teleconference monthly, and twice face-to-face, during 2015–2016 to discuss issues of mutual concern in the delivery of child and family services, and to share transformational initiatives within the ***Building Stronger Families Action Plan***.

Further to the workload management study completed in the previous year by the Child Welfare League of Canada, additional work on caseloads and workloads was deferred pending the introduction of SDM®. It is anticipated that SDM® will have beneficial impacts on workloads, which will only become measureable once the SDM® case management practices have been fully embraced by front-line staff and their supervisors.

MOVING FORWARD IN FISCAL 2016-2017

It may be anticipated that 2016–2017 will be a challenging year, with the Department of Health and Social Services amalgamating five Authorities into a single Territorial Authority. It will be imperative that momentum achieved over the past two years in the implementation of ***Building Stronger Families*** be maintained in conjunction with system-wide change in the delivery of social programs.

Service Delivery and Child Protection Practice

Work will begin on the introduction of the fourth SDM® assessment tool – Family Strengths and Needs Assessment (FSNA). As with the first three assessment tools, this will entail adapting the existing SDM® FSNA to NWT business practices and operating procedures, field testing the adapted version to ensure functionality, then training all CPW's in its proper use. All of that should be accomplished within the fiscal year.

It is anticipated that the MATRIX information system will pass proof-of-concept testing, following which work will begin on re-configuring the system to meet Child and Family Services business practices. Once the system is reconfigured, attention will turn to user acceptance testing, and once that is complete all CPWs and their supervisors and managers will be trained on the new system. Roll out across the NWT is expected by April 1, 2017.

Amendments to the *Child and Family Services Act*, as previously described in this section, will come into force on April 1, 2016.

Quality Assurance and Risk Management

Work will continue on the development of competency-based CPW and Supervisor training, with a view to making the curriculum modular in nature and suitable for web-based delivery. This will make it easier for new CPW's to access training on an ongoing basis, and will allow for individualized, self-paced training plans to be developed in conjunction with supervisors.

Work will also continue on the development of the supervisor training program, which will become mandatory for all supervisors in 2017–2018.

The audit tool which was developed last year has been subject to rigorous field testing during the annual audits that took place (see the Introduction Section). There have been ongoing discussions as to how the tool might be improved, but these have been put on hold pending more fundamental discussions on how the methodology underlying the audits could be improved. Current methodology does not allow for distinguishing between “work not done” and “work not recorded”, which from a compliance audit perspective is simply unacceptable. The problem resides in the fact that there are effectively two information systems at present – a paper record (hard copy file) and an electronic record (CFIS record). Audits are performed on the former, but not cross-referenced to the latter. Thus, information missing from paper record is assumed to reflect non-compliance (work not done in compliance with standards) where in fact the information may be recorded electronically (in CFIS) but not placed in the paper record (work not recorded in the hard-copy file). This can be resolved by changing the audit methodology.

The data reported in the quarterly reports will be expanded in fiscal 2016–2017 to capture information acquired in the SDM® assessments; specifically the proportion of reports screened in and screened out, the outcomes of the Safety Assessment and the Risk of Future Harm Assessment.

Program Administration and Management

As the amalgamation of five Authorities into a single Territorial Authority progresses in 2016-2017, consequent changes in the structures and functions of the Department of Health and Social Services will occur. It is anticipated that the statutory functions associated with Assistant Directors (AD's) will remain within the Territorial Authority, at the regional level of Chief Operating Officers. While the AD's will continue to be accountable, in their statutory duties, to the Director of Child and Family Services they will acquire an administrative accountability to the Chief Executive Officer of the Territorial Authority. Care will be required to ensure that the relationship between the Director and the AD's which has developed over the past several years are not diluted in this process.

In a related change, the Director's statutory authorities vested in the Executive Director, Territorial Social Programs will be shifted to the Assistant Deputy Minister level.

14. APPENDIX 1

Conditions under which a child is considered to be in need of protection, as specified in the *Child and Family Services Act*.

7(3) A child needs protection where:

- (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's inability to care and provide for or supervise and protect the child adequately;
- (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's inability to care and provide for or supervise and protect the child adequately;
- (c) the child has been sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child;
- (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child;
- (e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;
- (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph;(e) and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm;
- (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;
- (h) the child has been subject to a pattern of neglect that has resulted in physical or emotional harm to the child;
- (i) the child has been subject to a pattern of neglect and there is a substantial risk the pattern of neglect will result in physical or emotional harm to the child;
- (j) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent of the child and the child's parent fails or refuses to obtain services, treatment or healing processes to remedy or alleviate the harm;

- (k) the child has been exposed to repeated domestic violence by or towards a parent of the child and there is a substantial risk that the exposure will result in physical or emotional harm to the child and the child's parent fails or refuses to obtain services, treatment or healing processes to prevent the harm;
- (l) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;
- (m) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm;
- (n) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of the treatment;
- (o) the child suffers from malnutrition of a degree that, if not immediately remedied, could seriously impair the child's growth or development or result in permanent injury or death;
- (p) the child has been abandoned by the child's parent without the child's parent having made adequate provision for the child's care or custody and the child's extended family has not made adequate provision for the child's care or custody;
- (q) the child's parents have died without making adequate provision for the child's care or custody and the child's extended family has not made adequate provision;
- (r) the child's parent is unavailable or unable or unwilling to properly care for the child and the child's extended family has not made adequate provision for the child's care or custody; or
- (s) the child is less than 12 years of age and has killed or seriously injured another person or has persisted in injuring others or causing damage to the property of others, and services, treatment or healing processes are necessary to prevent a recurrence, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, the services, treatment or healing processes.

15. GLOSSARY

DEFINITIONS CHILD AND FAMILY SERVICES STATUS TYPES:

1 VOLUNTARY AND SUPPORT SERVICES AGREEMENTS

Voluntary Services Agreement: under Section 5(1) of the *Child and Family Services Act*, "the Director may enter into a written agreement with a person who has lawful custody of a child to provide services or to assist others in providing services, or to assist that person's family in obtaining services, to support and assist that person's family to care for the child." The children may reside in their own home or elsewhere. The initial term of a Voluntary Services Agreement is for six months, with provision for additional six-month renewals until the child reaches the age of 16.

Support Services Agreement: under Section 6(1) of the *Child and Family Services Act*, "the Director may enter into a written agreement with a person who has attained the age of 16 years but has not attained the age of majority and cannot reside with his or her parents to provide services or to assist others in providing services, to support and assist that person to care for himself or herself." Support Services Agreements can be made for six months and can be renewed up until the age of majority.

2 PLAN OF CARE AGREEMENT

A Plan of Care Agreement is a written agreement made between the person(s) with lawful custody of the child and the Plan of Care Committee. The Agreement outlines a case plan for the child and family. The children may reside in their own home or elsewhere. The maximum term of a Plan of Care Agreement (including extensions) is two years. The Plan of Care Agreement is for children considered to be in need of protection as defined in the *Child and Family Services Act*.

3 APPREHENSION

Apprehension occurs when a child is removed from the care of the person with lawful custody or from the person having care of the child at the time of the apprehension. A community Child Protection Worker, a peace officer or a person authorized by the Director under Section 55(1) of the *Child and Family Services Act* can apprehend a child when he or she believes the child to be "in need of protection." Apprehended children are placed in the care and custody of the Director of Child and Family Services.

4 APPREHENSION LESS THAN 72 HOURS

After an apprehension, a child can be returned to parental care without the matter going to court when the protection issue is resolved in less than 72 hours.

5 INTERIM COURT ORDER

An Interim Court Order is issued by a judge when there is a delay in the court proceedings to another specified court date. This Order will state with whom the child will reside until the time of the next court date.

6 SUPERVISION ORDER

A Supervision Order is a court order under Section 28(1) (b) (ii) of the *Child and Family Services Act*, which directs a Child Protection 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.

7 TEMPORARY CUSTODY ORDER

Custody of a child is temporarily transferred by court order under Section 28(1)(b)(ii) of the *Child and Family Services Act*, to the Director of Child and Family Services. The Temporary Custody Order may be extended to the age of 18; however, under Section 47(3) "the court may not make an order that would result in the child being in the temporary custody of the Director for a continuous period exceeding 24 months".

8 PERMANENT CUSTODY ORDER

A Permanent Custody Order under Section 28(1) (b) (ii) of the *Child and Family Services Act* permanently transfers the custody of a child to the Director of Child and Family Services until the child attains the age of 16. The Director has all of the rights and responsibilities of a parent under Section 48 of the *Child and Family Services Act*. The Permanent Custody Order may be extended to the age of majority if the youth is in agreement.