



Government of Northwest Territories / Gouvernement des Territoires du Nord-Ouest



2017-2018

ANNUAL REPORT OF THE
Director of Child and Family Services
(including years 2007-2008 to 2017-2018)

RAPPORT ANNUEL DU DIRECTEUR DES
Services à l'enfance et à la famille
(Y compris les exercices allant de 2007-2008 à 2017-2018)
Le présent document contient un résumé en français

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

English

Si vous voulez ces informations dans une autre langue officielle, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

Tł̄chq̄ yatı k'èè. Dı wegodı newq̄ dè, gots'ō gonede.

Tł̄chq̄

ʔerihł'ıs Dēne Sų́nė yatı t'a huts'elkēr xa beyáyatı theʔą ʔat'e, nuwe ts'ēn yółtı.

Chipewyan

Edı gondı dehgáh got'ıe zhatıé k'éé edat'éh enahddhę nıde naxets'é edahłı.

South Slavey

K'áhshó got'ıne xədə k'é hederı ʔedıhtł'é yerınwę nıde dúle.

North Slavey

Jii gwandak izhii ginjik vat'atr'ijáhch'uu zhit yinothtan jı', diits'at ginohkhıi.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Ĉ'bd< n n^{sb}bΔ^c Λ<LJΔ^rc Δ^ob n > c^{sb}γL> n^b, > Δ^c n^a > c^o > Δ^{sb}c < Δ^a < Δ^{sb} > n^c.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

1-855-846-9601

MESSAGE FROM THE DIRECTOR, CHILD AND FAMILY SERVICES

October 1, 2018

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

Dear Minister Abernethy,

I am pleased to provide you with the 2017-2018 Annual Report of the Director of Child and Family Services, as required under Section 51(2)(g) of the *Child and Family Services Act*.

It is a privilege and an honour to know and work with many dedicated child and family services professionals and partners throughout the NWT in order to support children, families and communities. This past year, significant efforts were made in order to enhance the Child and Family Services System, through the continued implementation of the Building Stronger Families Action Plan, which included such initiatives as Structured Decision Making® and the implementation of a new child and family information system (Matrix NT). While there has been significant work completed across the NWT, we know that there is work still to be done in order to further improve services for children and families and to address, in collaboration with our partners, some of the core issues that drive the need for child and family services.

It is a pleasure to present the 2017-2018 Annual Report of the Director of Child and Family Services, which provides a ten year analysis of trends in the delivery of services. By understanding the direction that we have taken over the past decade, we can take proactive steps that can help to shape a better future for children, youth, families and communities served by the Child and Family Services System.

In closing, I want to personally recognize the hard work and dedication of our staff, our foster parents, and all of our various partners and stakeholders who supported children and families. I also want to recognize the leadership, support and guidance provided by the Deputy Minister over the past year to the Child and Family Services System. We look forward to continuing to work together with our many stakeholders to improve the quality of services for our clients over the long term.

Sincerely,

Les Harrison
Statutory Director, Child and Family Services

TABLE OF CONTENTS

MESSAGE FROM THE DIRECTOR, CHILD AND FAMILY SERVICES.....	i
DATA SOURCES AND INTERPRETATION.....	iii
1. EXECUTIVE SUMMARY.....	1
1. RÉSUMÉ.....	3
2. INTRODUCTION.....	5
NWT Child Population.....	7
3. INITIAL INVOLVEMENT WITH CHILD AND FAMILY SERVICES.....	8
Requests for Voluntary Services.....	9
Reports of Suspected Child Maltreatment.....	12
Investigations.....	14
4. SERVICES FOR CHILDREN AND THEIR FAMILIES.....	15
Number of Children Receiving Services.....	15
Types of Child and Family Services Statuses.....	20
5. VOLUNTARY SERVICES.....	24
6. APPREHENSIONS.....	26
7. PLAN OF CARE AGREEMENTS.....	27
8. COURT ORDERED SERVICES.....	28
9. CHILDREN IN PERMANENT CARE AND CUSTODY.....	30
10. LOCATION OF CHILDREN RECEIVING SERVICES.....	32
Placement Resources.....	33
Out of Territory Placements.....	35
11. ADOPTION.....	36
12. SUMMARY OF FINDINGS.....	38
13. CHILD AND FAMILY SERVICES SYSTEM AUDITS.....	39
14. MAJOR DEVELOPMENTS AND FUTURE DIRECTIONS.....	43
Moving Forward in 2018-2019.....	45
APPENDIX A: CHILD PROTECTION.....	47
GLOSSARY.....	49

DATA SOURCES AND INTERPRETATION

This report presents a summary of child protection and voluntary services data from April 1, 2008 to March 31, 2018. The data from 2017-2018 contains information from both the Child and Family Information System and the Matrix NT system. As data is not always comparable, dates are clearly noted above each figure. This report presents the most accurate presentation of the available data.

The legacy Child and Family Information System (CFIS) was put into read-only mode on September 30, 2017 and the new information system, Matrix NT, was launched October 10, 2017. Files that were active as of September 30 were transferred from CFIS to Matrix NT. Where appropriate, ten year trends have continued to be analyzed. As Matrix NT is a much more comprehensive case management system, new indicators have been, and will continue to be, added to subsequent annual reports.

In each figure, the unit of analysis is presented in the vertical axis. Data is presented for children aged 0 to 18 years¹ in the form of raw counts, rates by 1,000 child population, and rates by 1,000 child voluntary or protection statuses². Raw counts are used to review the overall number of children involved in the Child and Family Services System whereas rates are used to compare an indicator across different populations. This is necessary when the denominator (child population or child voluntary statuses and protection statuses) changes from year to year. Rates by child protection and voluntary statuses are used to account for the fact that a child may hold more than one child protection and/or voluntary status per year, which complicates population-based analysis of child protection and voluntary statuses.

The statistical significance of change in rates over time was calculated using Poisson regression with a p-value of 0.05³. In other words, statistical testing was done to see if the data has increased or decreased significantly over the ten year period. If the change was statistically significant, a trend line is added to the figure to demonstrate the direction of the trend. If there is no trend line, the data has not changed significantly over time, or trend analysis is not appropriate given the format of the data presented (i.e. raw counts).

A trend line demonstrates that the data has statistically increased or decreased. Depending on the indicator, this can be a positive change or a negative change. If there is no statistically significant change, this can also be viewed as positive (or negative) depending on the situation. The information provided in this report describes the basic features of the data, however it is not possible to interpret the data or draw conclusions as to why these changes are being seen.

¹ For the purposes of this report, the term 'child' refers to both children and youth ages 0-18.

² "Status" refers to the arrangement under which services are provided. The major division is between voluntary status (e.g., Voluntary Services Agreement) and Court-ordered status (e.g., Temporary Custody Order).

³ Poisson regression is a form of statistical analysis for examining the number of events and determining the likelihood that a change in the number of events over time is due to random variation. If it is extremely unlikely that the change observed could have occurred by chance, the conclusion is that this represents a true ("statistically significant") change over time.

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, 2008 and March 31, 2018. This 2017-2018 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 in Child and Family Services Statuses (2008-2018)

Indicator	10-Year Trend (2008 – 2018)		
	Increasing	No Change	Decreasing
Rate of Children Receiving Services (0-15 years)			✓
Rate 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 Services Agreements	✓		
Rate of Support Services Agreements		✓	
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-Out of Territory Placements		✓	
Rate of Children in Permanent Care			✓

There are a number of Child and Family Services statuses under which a child may receive services. These statuses include services that are established *by agreement* with parents or youth (Voluntary Services Agreements, Support Services Agreements, and Plan of Care Agreements), and *court-ordered* services (Supervision Orders, and Interim, Temporary and Permanent Custody Orders). The 2017-2018 data shows an increasing trend over the past ten years of statuses by agreement, and a decreasing trend of those statuses that are court-ordered.

In some circumstances, a child may be placed outside of the family home by agreement or by court order. The placement of children while receiving services is discussed in this report. Over the past ten years, there has been an increase from 19% in 2008-2009 to 30% in 2017-2018 of children remaining in their home while they and their family receive services. A second noteworthy trend is that the number of children being removed from their home community has been decreasing. The integrity of the family and the possibilities for positive outcomes are increased when children are able to remain within their family home, and/or maintain very close ties with their family and community.

Between May and August 2017, the Department conducted an internal audit across the Child and Family Services System in collaboration with the Health and Social Services Authorities. A strong methodology for conducting auditing processes was developed and audit teams included staff from the Department and the Authorities. The audit results indicated that, while there were some audit items in which there was a high degree of compliance, there were a number of audit items in which there was a low rate of compliance, and immediate steps are being taken in order to improve the quality of services. In addition to our internal auditing process, the Office of the Auditor General of Canada also initiated its second audit of the Child and Family Services System in 2017, and this report is to be tabled in 2018-2019.

This annual report identifies a number of accomplishments achieved in the 2017-2018 fiscal year. The report also outlines next steps to continue to improve the services offered to children, youth and their families in the Northwest Territories.

1. RÉSUMÉ

Ce rapport annuel du directeur des Services à l'enfance et à la famille présente les données sur la prestation des services en vertu de la *Loi sur les services à l'enfance et à la famille* au cours de la décennie allant du 1^{er} avril 2008 au 31 mars 2018. Le rapport 2017-2018 répond aux exigences de la *Loi sur les services à l'enfance et à la famille* qui prévoit qu'un rapport annuel soit présenté au ministre de la Santé et des Services sociaux.

Le tableau 1 souligne les tendances principales décrites dans ce rapport rétrospectif sur dix ans.

Tableau 1

Tendances principales relativement aux statuts des Services à l'enfance et à la famille (2008-2018)

Indicateur	Tendance des 10 dernières années (2008 à 2018)		
	Augmentation	Aucun changement	Diminution
Nombre d'enfants bénéficiant des services (de la naissance à 15 ans)			✓
Nombre d'enfants bénéficiant des services (de 16 à 18 ans)	✓		
Nombre d'enfants recevant des services à la maison	✓		
Nombre d'enfants retirés de leur foyer et de leur collectivité			✓
Nombre d'enfants autochtones bénéficiant des services		✓	
Nombre d'ententes de service volontaire	✓		
Nombre d'accords de services de soutien		✓	
Nombre de prises en charge de moins de 72 heures		✓	
Nombre de prises en charge de plus de 72 heures		✓	
Nombre d'accords concernant les projets de prise en charge		✓	
Nombre d'ordonnances de surveillance			✓
Nombre d'ordonnances de garde provisoire		✓	
Nombre d'ordonnances de garde temporaire			✓
Nombre d'ordonnances de garde permanente			✓
Nombre de placements d'enfants dans un établissement à l'extérieur des TNO		✓	
Nombre de placements d'enfants sous garde permanente			✓

Un enfant peut recevoir des services en fonction d'un certain nombre de statuts des Services à l'enfance et à la famille. Il s'agit de services prévus par des ententes avec les parents ou avec les jeunes (services de soutien volontaires, accords de services de soutien et accords concernant les projets de prise en charge), et des services ordonnés par le tribunal (ordonnances de surveillance, et de garde provisoire, temporaire et permanente). Les données pour 2017-2018 indiquent une

tendance à la hausse au cours des dix dernières années dans les services prévus par des ententes, et une baisse dans les services faisant l'objet d'une ordonnance du tribunal.

Il peut arriver qu'un enfant soit retiré de son domicile en raison d'une entente ou d'une ordonnance du tribunal. Le présent rapport aborde le placement des enfants. Au cours des dix dernières années, on a constaté une hausse du nombre d'enfants qui ont pu rester dans leur foyer pour recevoir des services (19 % en 2008-2009, comparativement à 30 % en 2017-2018), et une baisse du nombre d'enfants retirés de leur collectivité d'origine. L'intégrité de la famille et les perspectives de résultats positifs augmentent quand les enfants peuvent rester avec leur famille, ou lorsqu'ils conservent des liens très étroits avec leur famille et leur collectivité.

Entre mai et août 2017, en collaboration avec les administrations des services de santé et des services sociaux, le Ministère a effectué une vérification interne de l'ensemble du système des Services à l'enfance et à la famille. Une méthodologie de vérification interne solide a été mise au point, et les équipes de vérification ont fait appel à du personnel du Ministère et des administrations. Les résultats de la vérification indiquent que, si certains éléments de la vérification présentent un degré élevé de conformité, le degré de conformité d'un certain nombre d'éléments est faible, ce qui indique la nécessité d'une planification de l'amélioration de la qualité. Le Bureau du vérificateur général du Canada a également lancé sa deuxième vérification du système de Services à l'enfance et à la famille en 2017 et son rapport doit être déposé au cours de l'exercice 2018-2019.

Le présent rapport annuel souligne un certain nombre des réalisations de l'exercice 2017-2018. Il présente également les grandes lignes à suivre pour continuer d'améliorer les services offerts aux familles ténoises.

2. INTRODUCTION

The Director of Child and Family Services report for 2017-2018 provides a summary of services delivered under the Northwest Territories (NWT) *Child and Family Services Act* over the ten-year period from April 2008 to March 2018.

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

It should be noted that effective August 1, 2016, a planned, major restructuring of the Health and Social Services Authorities (HSSAs) was achieved, resulting in the integration of six former Authorities (the Beaufort Delta HSSA, Yellowknife HSSA, Sahtu HSSA, Fort Smith HSSA, Dehcho HSSA, and Stanton Territorial Hospital) into a single Authority, the Northwest Territories Health and Social Services Authority (NTHSSA). The Tłı̨chǫ Community Services Agency (TCSA), and the Hay River HSSA, continued as separate entities. While the restructuring of the six HSSAs occurred in 2016, significant enhancements were still being made in 2017, and this work is expected to continue beyond 2018-2019, in order for us to continue to expand on the opportunities associated with system integration.

The Director of Child and Family Services is appointed by the Minister of Health and Social Services and has delegated duties and powers under the *Child and Family Services Act*. The Director's duties are supported by Deputy Directors, who are appointed by the Director to carry out certain decision making functions in the NWT. Assistant Directors can also be appointed for specific NWT regions and/or communities. Assistant Directors are able to act on behalf of the Director at the regional level, in accordance with their appointed duties. Frontline Managers, Supervisors and Child Protection staff, receive specialized training in order to become appointed as "Child Protection Workers". The appointment of Deputy Directors, Assistant Directors, and Child Protection Workers ensures that Child and Family Services is able to provide appropriate supports and services to children and families, who are served under the *Child and Family Services Act*.

As of April 1, 2018, there were 77 individuals across the territory appointed by the Director of Child and Family Services under the *Child and Family Services Act*. Individuals who are able to receive an appointment include: Child Protection Workers, Supervisors, Managers, Directors, Assistant Directors, and Departmental Specialists.

Table 2
 Number of Individuals with Statutory Appointments by Authority/Region

Authority/Region	Number of individuals with a child protection appointment	Number of individuals with an assistant or deputy director appointment
Beaufort-Delta	17	1
Sahtu	4	1
Deh Cho	7	1
Tłıchǫ	9	1
Yellowknife	20	1
Hay River	6	1
Fort Smith	4	1
Headquarters	1	2
Total	68	9

Child Protection Work in the North

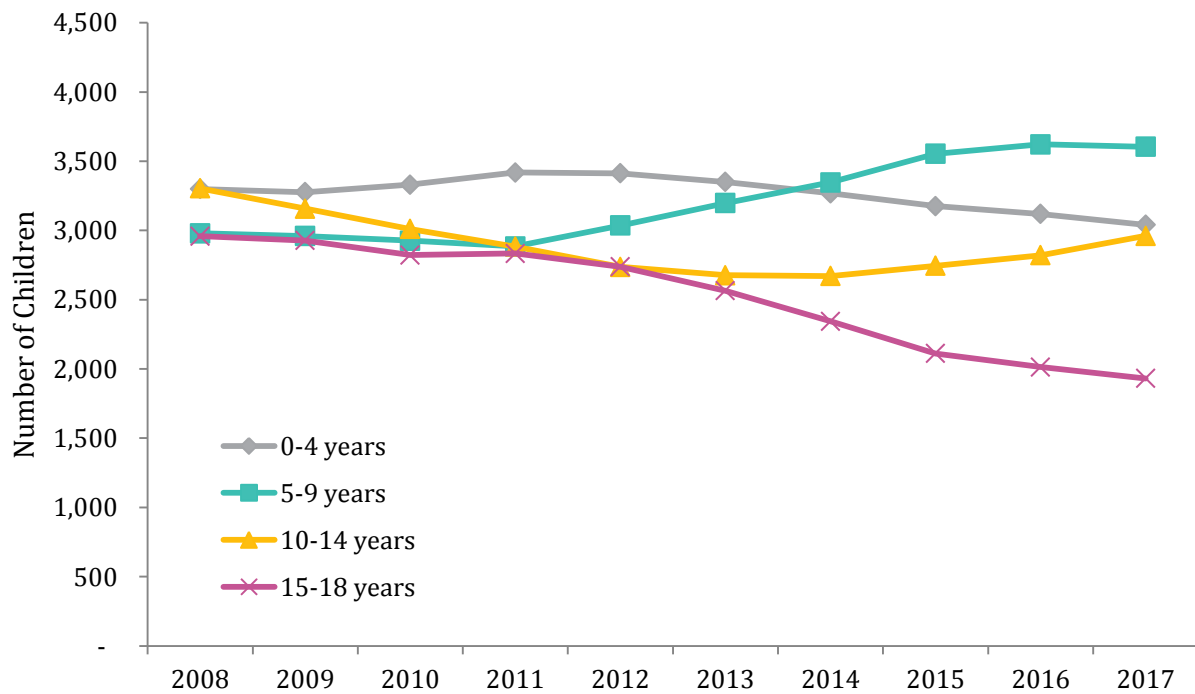
The work of Child and Family Services is highly sensitive, complex, and challenging. Child Protection Workers are required to take great care in ensuring the protection of children from abuse and/or neglect, while paying close attention to many other critically important considerations for children (including but not limited to the preservation of the child’s connection to their family, extended family, community and culture) that are necessary for healthy growth and development. In the process of carrying out their work, Child Protection Workers are expected to successfully manage and navigate relationships and communication with multiple stakeholders, each with their own vested interests and perspectives.

The responsibilities and tasks of a Child Protection Worker require specialized skills including strong leadership, communication, and collaboration skills. 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 key to addressing conflicts and seeking the most appropriate solution while ensuring consideration is given to cultural and socio-economic influences.

NWT Child Population

According to the NWT Bureau of Statistics population estimates, between 2008 and 2017 the overall population of the Northwest Territories grew by 2.7% (from 43,350 to 44,520). However, in that same ten year time period, the population aged 0 to 18 years of age decreased by 8.0%, dropping from 12,540 in 2008 to 11,537 in 2017. An overall decrease in the child population aged 0 to 4 and 10 to 18 was observed between 2008 and 2017, with a decrease of 7.8% in children aged 0 to 4, 10.4% in children aged 10 to 14 and 34.7% 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



3. INITIAL INVOLVEMENT WITH CHILD AND FAMILY SERVICES

Children and families become involved with Child and Family Services in one of two ways. Some parents, caregivers or youth contact Child and Family Services to ask for help, while others may be brought to the attention of Child Protection Workers by a report of suspected child maltreatment.

In situations where families or youth are requesting assistance, this could be provided in a number of ways such as assisting with access to a range of social services, providing financial assistance to improve the family's household situation for food or child care, or respite care while a caregiver attends addictions treatment. Those seeking assistance are assessed to ascertain needs. An assessment may include meeting with the parent(s) and/or child(ren) to identify resources within the household, resources required and referrals needed to address short and long term needs of the family. Youth aged 16 to 18 can also apply for these services as an individual.

When a report of suspected child maltreatment is received, a Child Protection Worker will complete an initial screening to assess and prioritize the concern. Child maltreatment is any situation where a child is found to be in need of protection according to the conditions that are set out in Section 7 (3) of the *Child and Family Services Act* (Appendix A). During the initial screening, the Screening Response and Priority Assessment tool is used to assist the Child Protection Worker in responding appropriately. If child maltreatment is suspected after the initial screening, a full investigation is launched.

Table 3 shows the total number of reports of suspected child maltreatment and requests for voluntary services through Voluntary Services Agreements (children 0-18 years) and Support Services Agreements (youth 16-18 years). Information on these services is provided in Section 3. As this information has only become available with the launch of Matrix NT, tables in this section include data from October 10, 2017 to March 31, 2018.

Table 3
Total Reports of Suspected Maltreatment and Voluntary Services
October 10, 2017 – March 31, 2018

	Number	Percentage
Report of Suspected Maltreatment	591	80%
Request for Support Services Agreement	32	4%
Request for Voluntary Services Agreement	114	16%
Total	737	100%

The majority of instances where Child and Family Services initiates involvement are through a report of suspected maltreatment (80%), however this can include multiple reports for the same instance of suspected maltreatment. The requests for Voluntary Services Agreements (16%) and Support Services Agreements (4%) are individual requests.

Requests for Voluntary Services

There are a variety of reasons why a caregiver or youth may request voluntary services. In order to gain a deeper understanding of the type of assistance families and individuals need, this information is now collected in Matrix. There can be more than one reason for each request, therefore the total number of reasons is higher than the total number of requests.

The reasons for requests for Voluntary Services Agreement (children 0-18) and Support Services Agreement (youth 16-18) are shown in Table 4 and Table 5.

Table 4
Reason(s) for Voluntary Services Agreement Request
October 10, 2017 – March 31, 2018

Reason for Request	Number of Requests	Percentage
Services to Improve Financial Situation	57	29%
Counselling	31	16%
Any Other Service Agreed to by the Director	21	11%
Drug or Alcohol Treatment	17	9%
Services to Improve Housing Situation	18	9%
Respite Care	14	7%
In-Home Support	14	7%
Parenting Programs	10	5%
Services to Improve Mental/Physical Development	6	3%
Education	x*	2%
Illness of a Family Member	x*	1%
Mediation of Dispute	x*	1%
Total	195	100%

*Data has been suppressed

The majority of caregivers seeking assistance through a Voluntary Services Agreement are requesting services to improve their financial situation (29%) with the second most common reason being for counselling (16%). The two top reasons for youth seeking assistance through a Support Services Agreement are for counselling (20%) and for services to improve their housing situation (20%).

Table 5
Reason(s) for Support Services Agreement Request
October 10, 2017 – March 31, 2018

Reason for Request	Number of Requests	Percentage
Counselling	14	20%
Services to Improve Housing Situation	14	20%
Drug or Alcohol Treatment	8	11%
Education	8	11%
Services to Improve Financial Situation	8	11%
Services to Improve Mental/Physical Development	8	11%
Any Other Service Agreed to by the Director	6	9%
Mediation of Dispute	x*	3%
Counselling, Training, or other Assistance to Obtain Employment	x*	3%
Total	70	100%

*Data has been suppressed

There are some instances when a caregiver or youth do not meet the requirements for the services that they are seeking. In these circumstances, families and individuals are provided with information on and referral to other programs and services that might better meet their needs.

The accepted reasons for requests for Voluntary Services Agreement (children 0-18) and Support Services Agreement (youth 16-18) are shown in Table 6 and Table 7. Of all the requests for voluntary services, 76% of requests for Voluntary Services Agreements and 86% of Support Services Agreements were accepted. As there can be multiple reasons per request, there are also multiple accepted reasons per request.

The top accepted reasons for requested Voluntary Services Agreement were illness of a family member (100%), drug or alcohol treatment (94%), counselling (90%), and parenting programs (90%). There were 155 individual children associated with the 149 accepted requests for voluntary services.

The top accepted reasons for requested Support Services Agreements were any other service agreed to by the Director (100%), counselling, training, or other assistance to obtain employment (100%), education (100%), and services to improve their housing situation (93%). There were 25 youth associated with the 60 accepted requests for support services.

Table 6
Accepted Voluntary Services Agreement Requests
October 10, 2017 – March 31, 2018

Reason for Request	Number of Requests	Number of Accepted Requests	Percentage of Requests Accepted
Illness of a Family Member	x*	x*	100%
Drug or Alcohol Treatment	17	16	94%
Counselling	31	28	90%
Parenting Programs	10	9	90%
In-Home Support	14	12	86%
Services to Improve Housing Situation	18	15	83%
Respite Care	14	11	79%
Education	x*	x*	75%
Any Other Service Agreed to by the Director	21	14	67%
Services to Improve Mental/Physical Development	6	4	67%
Services to Improve Financial Situation	57	35	61%
Mediation of Dispute	x*	x*	50%
Total	195	149	76%

*Data has been suppressed

Table 7
Accepted Support Services Agreement Requests
October 10, 2017 – March 31, 2018

Reason for Request	Number of Requests	Number of Requests Accepted	Percentage of Requests Accepted
Any Other Service Agreed to by the Director	6	6	100%
Counselling, Training, or other Assistance to Obtain Employment	x*	x*	100%
Education	8	8	100%
Services to Improve Housing Situation	14	13	93%
Counselling	14	12	86%
Drug or Alcohol Treatment	8	6	75%
Services to Improve Financial Situation	8	6	75%
Services to Improve Mental/Physical Development	8	6	75%
Mediation of Dispute	x*	x*	50%
Total	70	60	86%

*Data has been suppressed

Reports of Suspected Child Maltreatment

Any concerned individual has a duty to report to Child and Family Services if they suspect child maltreatment. Each report undergoes an initial assessment before being closed or before an investigation is launched. It is important to note that this table is capturing the number of reports – it does not capture the possibility that more than one report may be received for the same child.

Table 8 shows the source of the report of suspected child maltreatment.

Table 8
Source of Report of Suspected Child Maltreatment
October 10, 2017 – March 31, 2018

Source of Report	Number of Reports	Percentage
Police	134	23%
Relative	111	19%
School	74	13%
Non-Relative / Community Member	64	11%
Custodial Parent	41	7%
Unknown	34	6%
Hospital	29	5%
Non-Custodial Parent	22	4%
Community Health Center	22	4%
Child Protection Service	15	3%
Community Counselling Program	16	3%
Child (Subject of Referral)	14	2%
Shelter	6	1%
Residential Treatment Program	x*	1%
Income Support	x*	1%
Total	591	100%

*Data has been suppressed

The most common source of reported suspected maltreatment was the police (23%), followed by a relative (19%), and then the school (13%). Reports from relatives, custodial parents, non-custodial parents, and children accounted for 32% of all reports received.

There are 20 conditions set out in Section 7(3) of the *Child and Family Services Act* (Appendix A) where a child may be found to be in need of protection. These conditions are classified into four common categories: Neglect, Physical Abuse, Emotional Abuse, and Sexual Abuse. Exposure to intimate partner violence is included in Emotional Abuse.

Table 9 shows the number of reports of suspected child maltreatment by type. As there can be multiple children with more than one type of suspected maltreatment within the same report, the total number of reported suspected maltreatment types (687) is higher than the total number of reports (591).

Table 9
Type of Suspected Child Maltreatment Reported
October 10, 2017 – March 31, 2018

Type of Suspected Child Maltreatment Reported	Number of Reported Types	Percentage
Neglect	406	59%
Emotional Abuse	213	31%
Physical Abuse	60	9%
Sexual Abuse	8	1%
Total	687	100%

Neglect accounted for 59% of suspected child maltreatment reports. Emotional abuse, including exposure to intimate partner violence, accounted for 31% of suspected child maltreatment reports, followed by physical abuse (9%) and sexual abuse (1%).

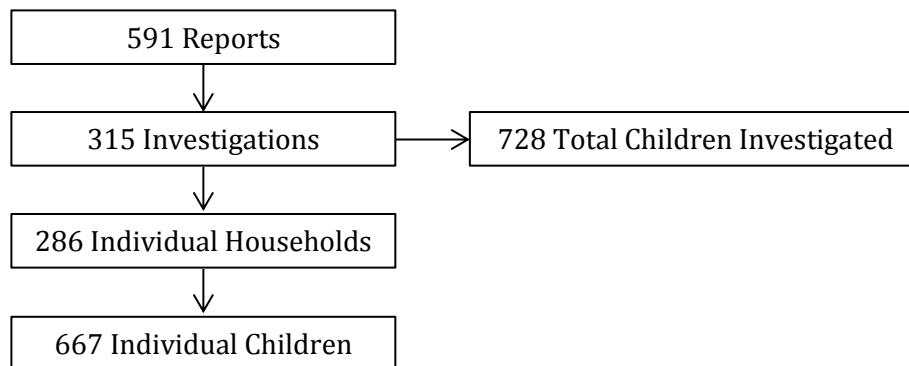
Child Protection Workers also receive reported concerns that do not meet the conditions of child maltreatment. In those instances, the report is closed after the initial screening and a full investigation is not conducted. Voluntary services may be offered to these families.

Investigations

When a report has been initially screened and there is reason to suspect child maltreatment, an investigation is launched. Investigations include a visit to the family home, interviews with the child(ren), family members, community members (eg. teachers, nurses), and observation of the child's living situation in order to determine whether the child(ren) is in need of protection. In order to ensure objective and consistent practice, Safety Assessments and Risk of Future Harm Assessments are completed as part of the investigation. These assessments assist the Child Protection Worker in determining the child's immediate safety needs as well as their risk of abuse or neglect in the short to medium term.

Chart 1 shows the number of individual children who have been investigated between October 10, 17 and March 31, 2018.

Chart 1
Investigations
October 10, 2017 – March 31, 2018



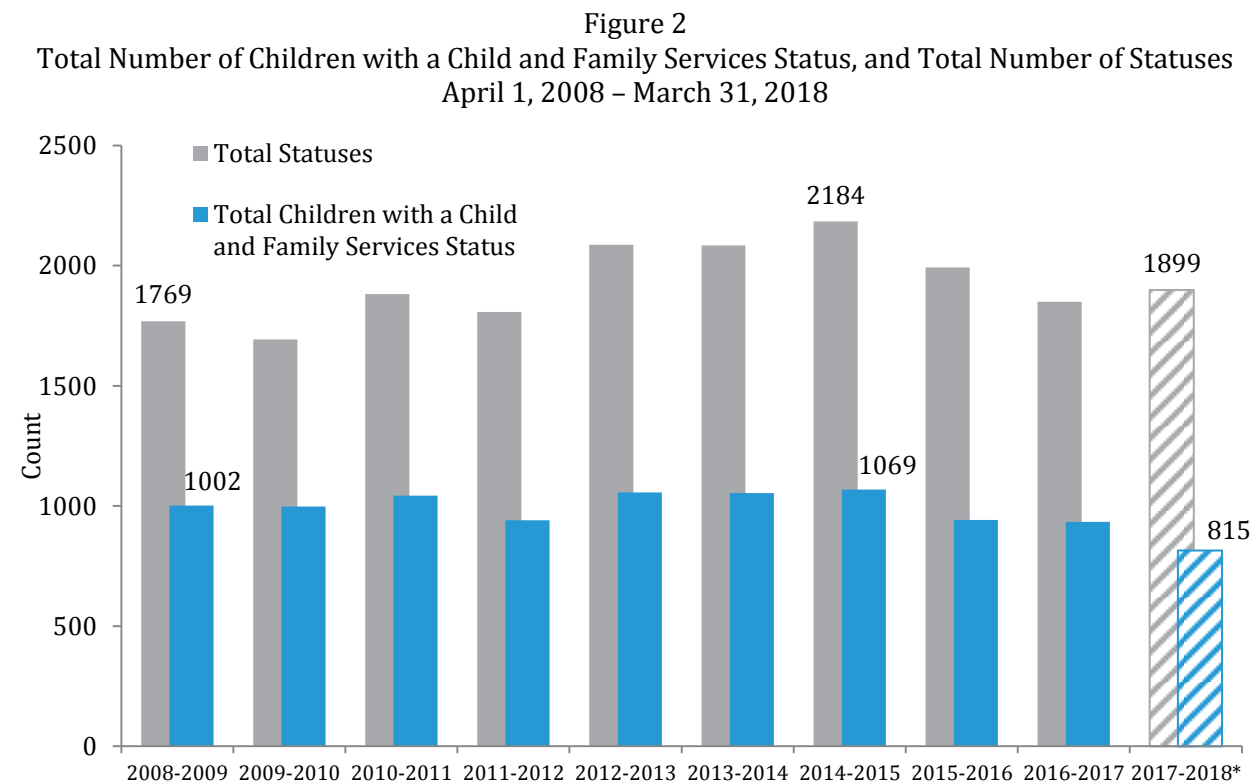
As multiple reports of suspected child maltreatment can lead to a single investigation, the number of reports is higher than the number of investigations started between October 10, 2017 and March 31, 2018. Households can also be investigated multiple times if there are reports that come in throughout the year. This explains why the number of investigations is higher than the number of individual households. Finally, there were 728 children associated with the 315 investigations, resulting in 667 unique children investigated throughout the year.

4. SERVICES FOR CHILDREN AND THEIR FAMILIES

Number of Children Receiving Services

When a family has requested voluntary services, or a child is found to be in need of protection, the child is given a type of Child and Family Services status. A service status is required to enable Child and Family Services to provide support or services. The status is identified through the *Child and Family Services Act* which entitles the provision of the child and family to services, and outlines the legal structure under which these services will occur (i.e. the type of support available, 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 voluntary or protection services; 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.)

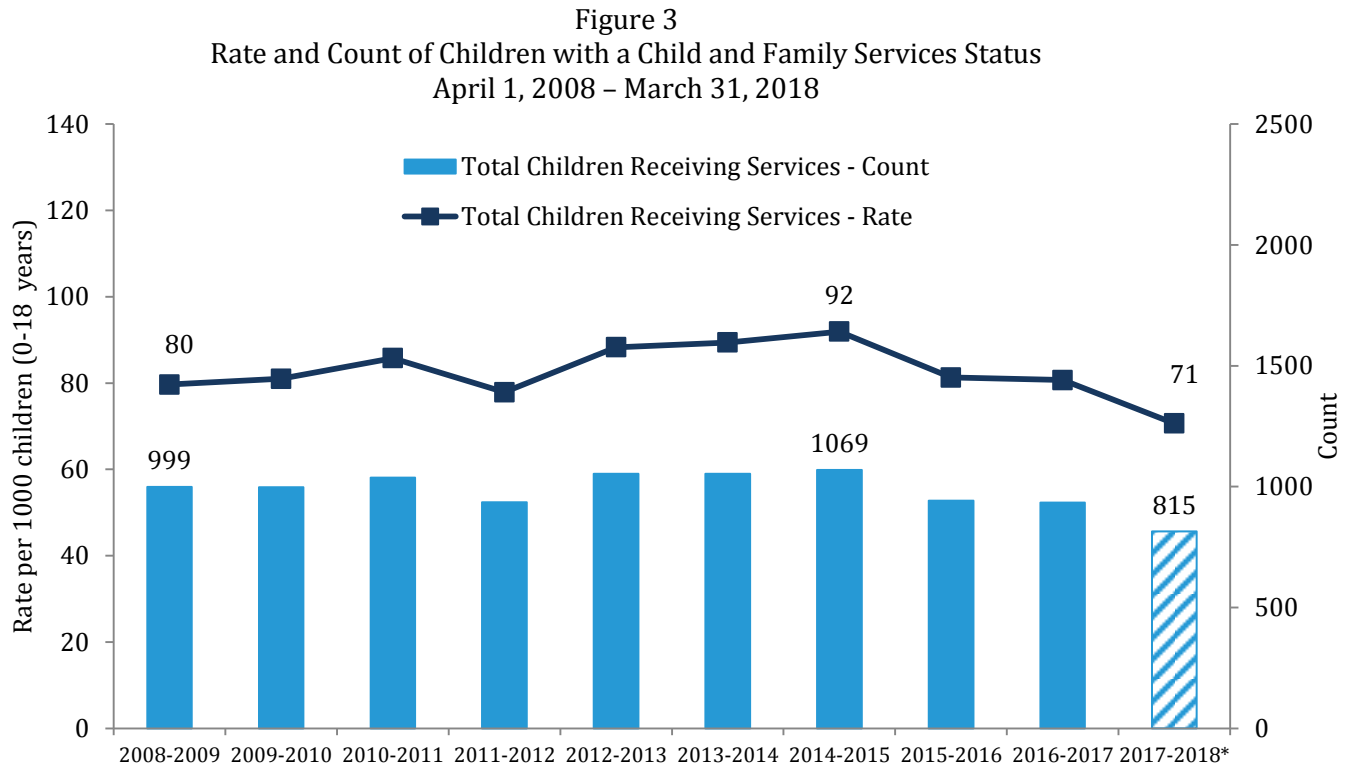
Figure 2 shows the number of Child and Family Services statuses each fiscal year, as well as the number of children who had a status during that fiscal year. As it is possible for each child to have more than one status within one fiscal year, the number of statuses is considerably higher than the number of children who had one or more statuses during the same fiscal year.



*2017-2018 data is extrapolated from a six month period to a twelve month period. Comparison to previous years should be done with caution.

Over the past ten years, the number of children with a Child and Family Services status has remained stable, with an average of 984 children having a Child and Family Services status each year.

Figure 3 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.

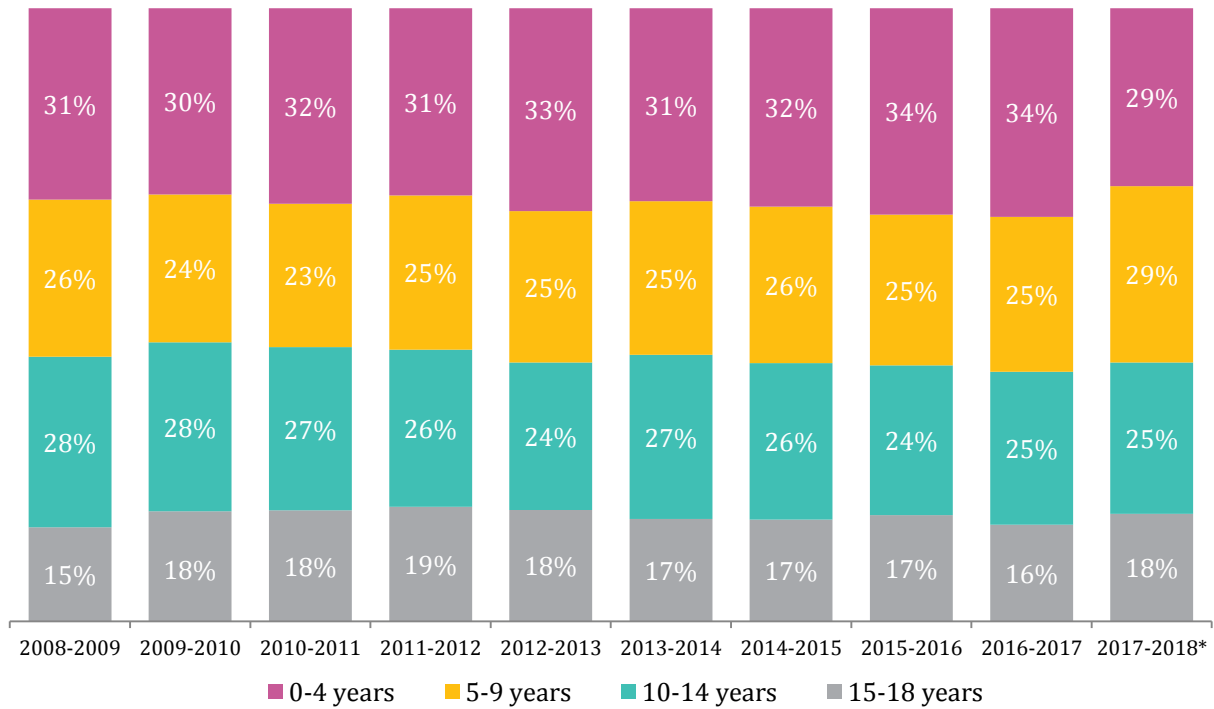


*2017-2018 data is extrapolated from a six month period to a twelve month period. Comparison to previous years should be done with caution.

While the *number* of children with one or more status has decreased slightly in recent years, there has not been a statistically significant change in the population-based *rate* of children with a Child and Family Services status between April 1, 2008 and March 31, 2018.

Figure 4 shows the proportion of children with a Child and Family Services status by age group.

Figure 4
Proportion of Children with a Child and Family Services Status by Age Group
April 1, 2008 – September 30, 2017

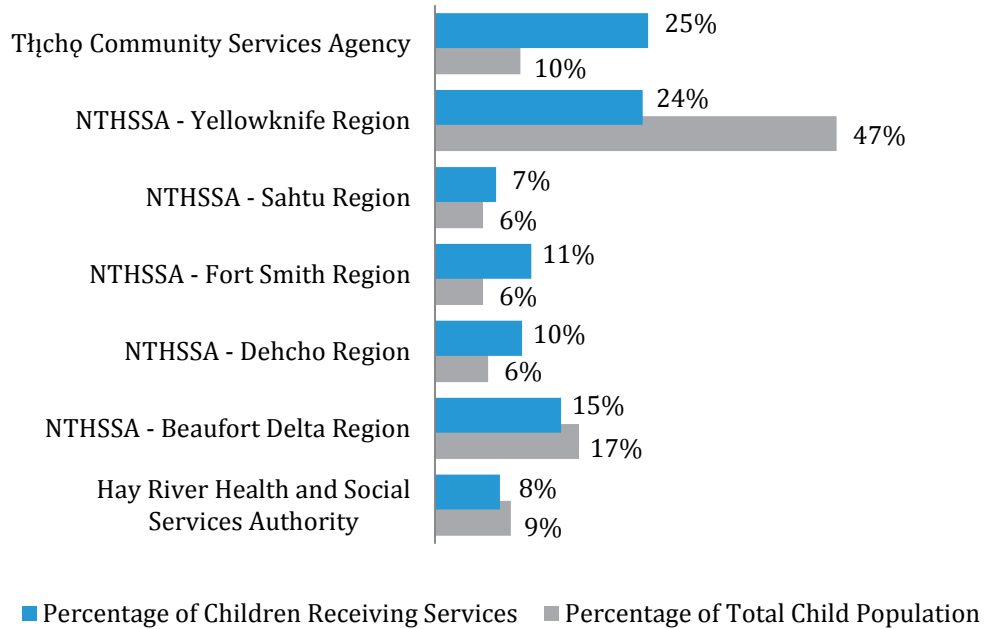


*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

While there has been some variation over the past ten years, there has not been a significant change in the percentage of children in each age category among children with a Child and Family Services status.

Figure 5 shows the distribution of children with a Child and Family Services status from April 1, 2017 to September 30, 2017 by authorities and regions. The distribution of the overall NWT child population is also presented as a comparison.

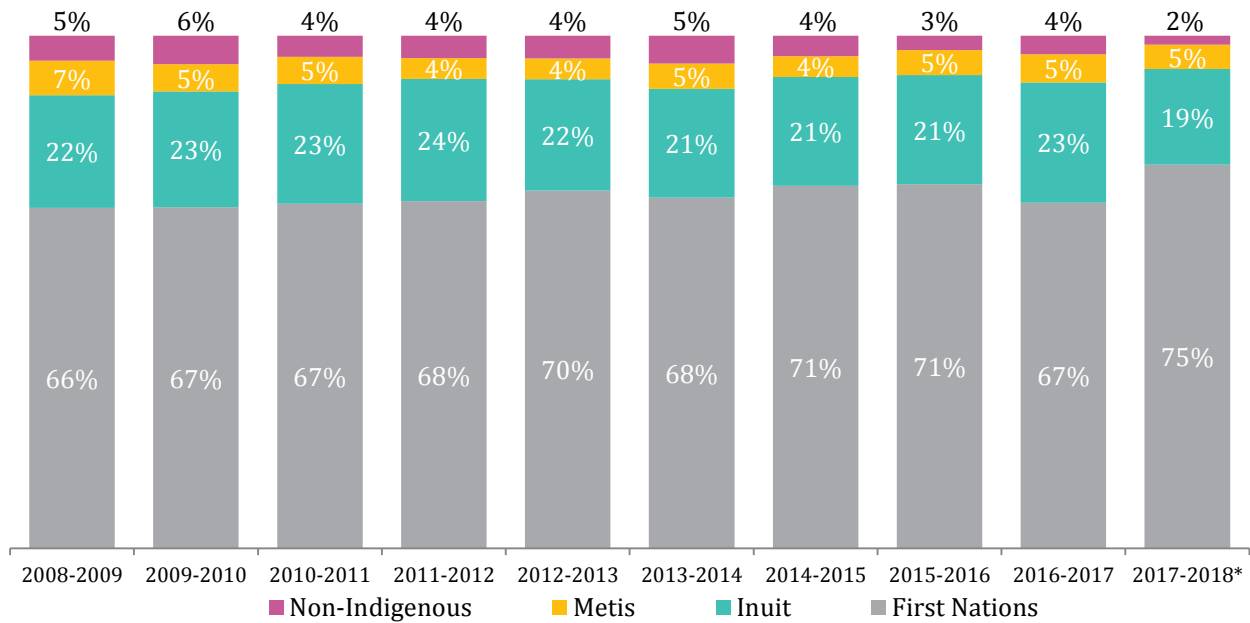
Figure 5
Distribution of Children Receiving Services by Authority/Region
April 1, 2017 – September 30, 2017



As shown above, there is a disproportionate percentage of children receiving voluntary and protection services in the TCSA and the NTHSSA – Yellowknife Region when compared to the general child population. While children in the TCSA represent 10% of the population, they account for 25% of children receiving services. The NTHSSA - Yellowknife Region, which represents 47% of the overall child population, accounts for only 24% of children receiving services.

Figure 6 shows the percentage of children with a Child and Family Services status by ethnicity.

Figure 6
Proportion of Children with a Child and Family Services Status by Ethnicity
April 1, 2008 – September 30, 2017



*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

Contrary to previous reports, although there appear to be changes in the proportion of children receiving services by ethnicity, there has not been a statistically significant change during the past ten years in the proportion of children who are First Nations, Metis or Inuit. There has been a statistically significant decrease in the proportion of Non-Indigenous children.

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 that are included in the analysis are Voluntary Services Agreements (birth to 18 years), Plan of Care Agreements (birth to 15 years), and Support Services Agreements for youth (16 to 18 years).

Voluntary Service Agreements are used where there are no child protection concerns but it is determined that the child and family have the potential to benefit from services that are preventative in nature. Plan of Care Agreements are used when child protection concerns are present, but an agreement with the family is determined to be the most appropriate tool to effectively address these concerns. Examples of services provided or facilitated under both Voluntary Services Agreements and Plan of Care Agreements include counselling, addictions treatment, interim foster or respite care, and financial or material assistance such as food or rent. Support Services Agreements address the needs of youth, who are not in need of protection, but nevertheless require supportive services such as counselling, housing supports or addictions treatment.

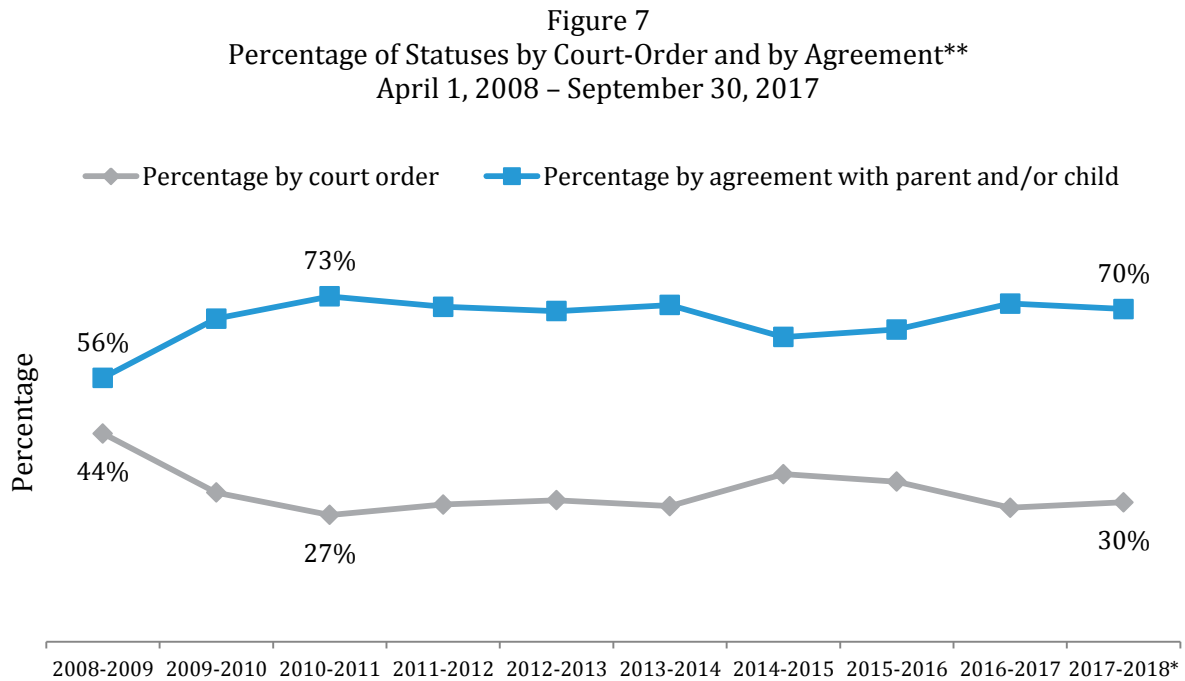
On April 1, 2016, amendments to the *Child and Family Services Act* came into force which included Extended Support Services Agreements (ESSAs). These agreements are for any young adult (previously under the permanent custody of the Director) who requests an extension of support services once they reached age 19. An ESSA can be extended to these young adults until age 23. Since 2016-2017 was the first fiscal year that ESSAs were put into place, young adults with an Extended Support Services Agreement are not included in the analysis for the ten-year period but are reported on separately.

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). In these circumstances, the parent has a right to be represented by legal counsel, and in many situations the child/youth is also entitled to legal counsel.

Under the recent amendments to the *Child and Family Services Act*, youth (age 16-18) can now be found in need of protection. When this occurs, a Child Protection Worker must apply to the court for either a temporary custody order or permanent custody order.

Figure 7 illustrates the percentage of children with a status by court order or by agreement.



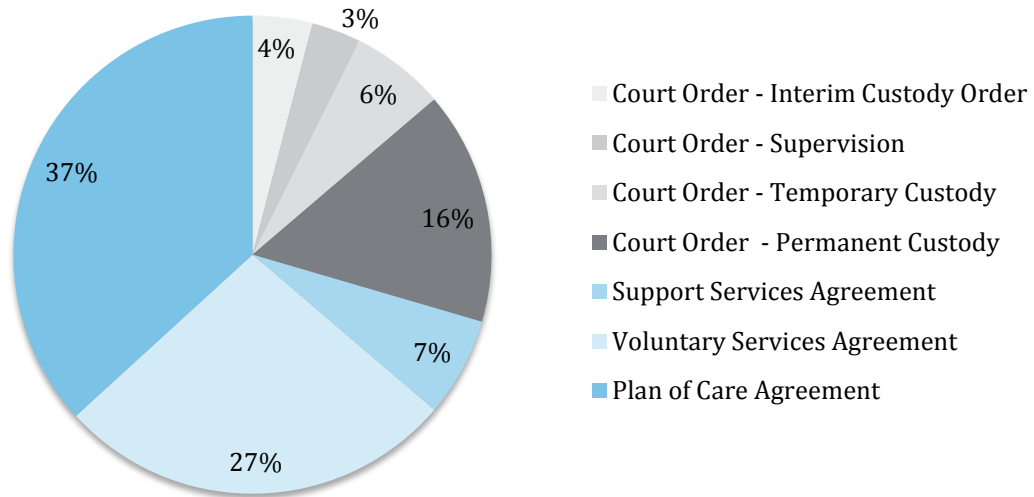
*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

**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.

Over the past ten years, there has been a significant increase in the number of children with a status by agreement among children with a Child and Family Services status and a significant decrease in the number of children with a court ordered status. The majority of statuses from April 1, 2017 to September 30, 2017 are by agreement with the parent and/or child/youth.

Figure 8 presents the percentage of statuses by type between April 1, 2017 and September 30, 2017.

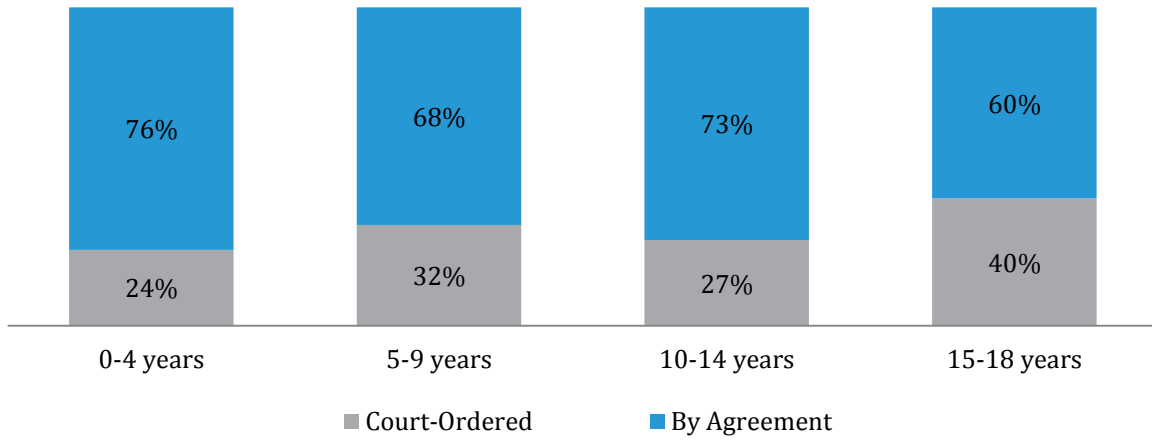
Figure 8
Percentage of Status (Court-Ordered and by Agreement) by Type
April 1, 2017 to September 30, 2017



Between April 1, 2017 and September 30, 2017, the majority of children receiving services had a status by agreement (approximately 70%). This includes 37% with a Plan of Care Agreement, 27% with a Voluntary Services Agreement and 7% with a Support Services Agreement. There were 30% of children who were receiving services through a court ordered status. This included 4% by Interim Custody Order, 3% by Supervision Court Order, 6% by Temporary Court Order and 16% by Permanent Custody Order.

Figure 9 shows the percentage of statuses that are by agreement or by court-order, by age of the child.

Figure 9
Type of Status (Court-Ordered or By Agreement) by Age Group
April 1, 2017 to September 30, 2017

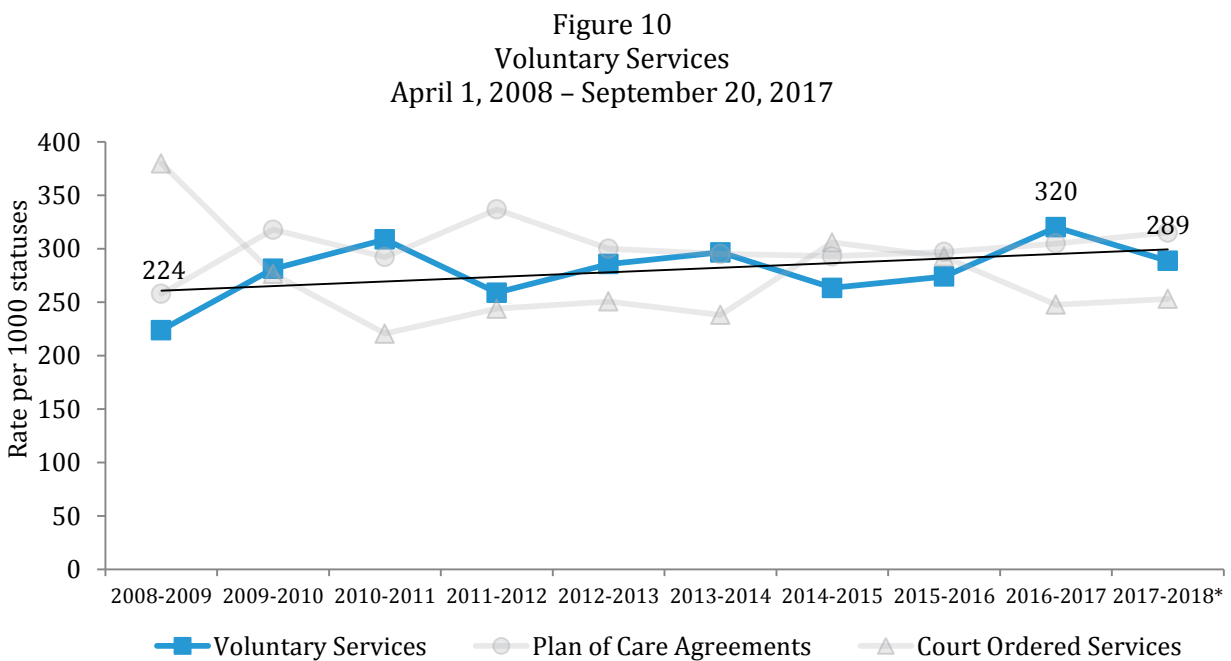


As can be seen in Figure 9, the proportion of statuses by agreement is higher in the youngest age group than in the older age groups, with 76% of statuses by agreement in the 0-4 age group, and between 60% and 73% of statuses by agreement in ages 5-18.

5. VOLUNTARY SERVICES

The *Child and Family Services Act* sets out the opportunity for the provision of voluntary services. A child may not be in need of protection, but the child and their family may benefit from voluntary services. In this case, the Child Protection Worker and the parent or caregiver of the child can negotiate a Voluntary Services Agreement that identifies a plan to support the child’s healthy development and wellness and the roles of each party in supporting the child. When a youth is between the ages of 16 to 18, they can enter into individual voluntary services through a Support Services Agreement. These two agreements combined represent voluntary services.

Figure 10 presents the rate of Voluntary Services per 1,000 statuses compared to the rate of Plan of Care Agreements and Court Ordered Services.



*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

There has been a significant increase in the rate of Voluntary Services during the past ten years.

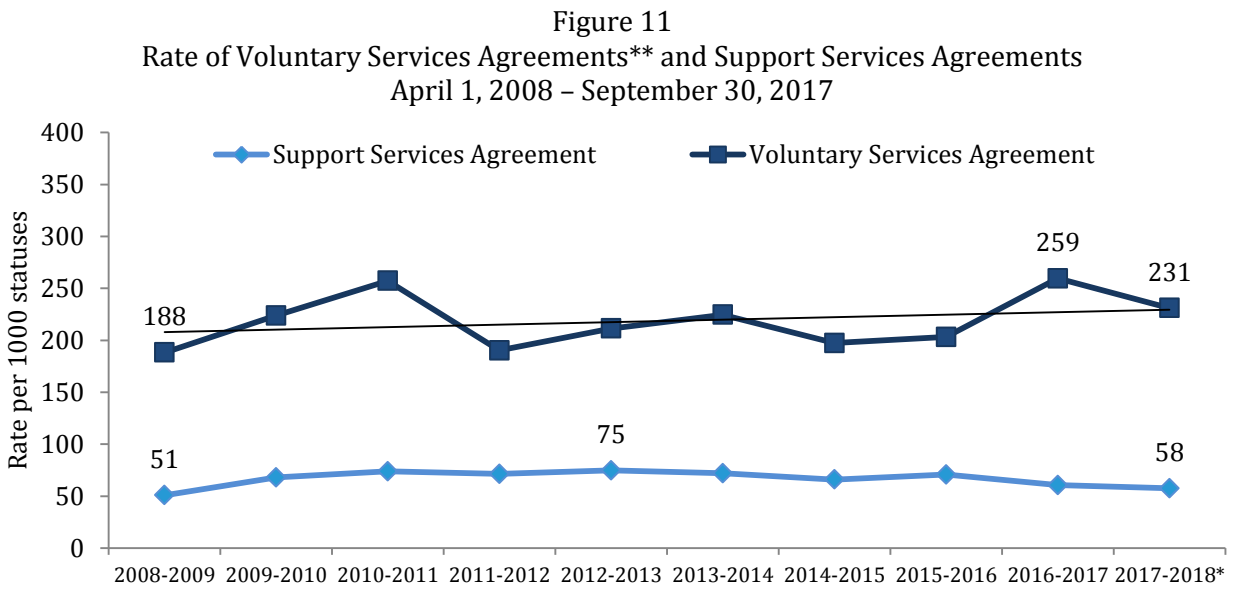
Voluntary Services Agreements

Voluntary Services Agreements are designed to strengthen families and support children and youth. 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. Amendments were made to Voluntary Services Agreements on April 1, 2016 to extend these services to families with children up until the age of majority.

Support Services Agreements

Youth, aged 16 to 18 years, who cannot live with their parents, can similarly access assistance on a voluntary basis through a Support Services Agreement. Under this agreement, the youth may be provided with supports such as housing, financial support and/or addictions treatment. Between April 1, 2017 and March 31, 2018, there were 69 individual youth who had a Support Services Agreement.

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



*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

**In 2016-2017, Voluntary Services Agreements were extended from children aged 0-16 to children 0-18.

As can be seen in Figure 11, there has been a significant increase in the rate of Voluntary Services Agreements between April 1, 2008 and September 30, 2017. There has not been a significant change to the rate of Support Services Agreements over the same time period.

Extended Support Services Agreements

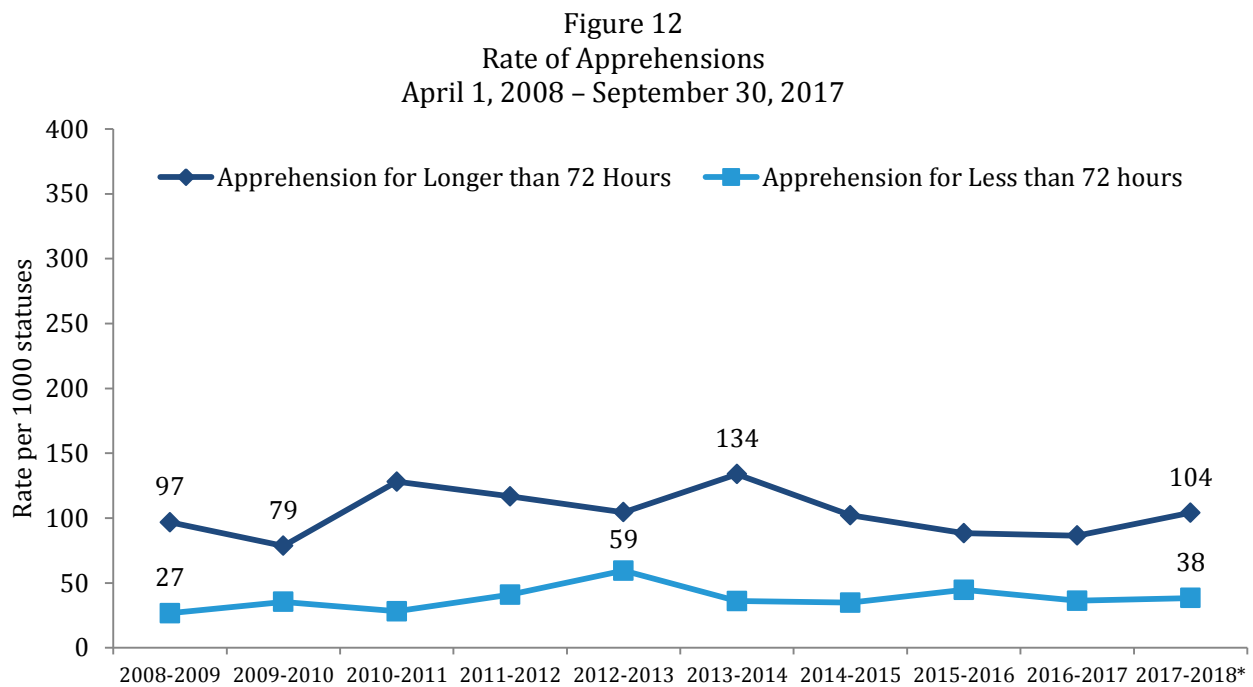
These agreements are available to young adults, age 19-23 years, through the newly established Extended Support Services Agreement if they were in the permanent custody of the Director before their 19th birthday. This agreement type is to assist the young adult to transition to independent living. In 2017-2018, 78% of children in permanent care who reached the age of majority signed Extended Support Services Agreements.

In 2017-2018, there were 27 young adults who participated in an Extended Support Services Agreement. This is an increase of 10 as there were 17 young adults with this type of agreement in 2016-2017.

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 imminently in danger. An apprehension is the brief removal of the child from the custody of their parent or guardian in order to address the child’s immediate safety and wellbeing. The child may be returned to the parents or the caregiver within 72 hours from the time of the apprehension if the safety concerns have been resolved. If the child cannot be returned within 72 hours following the date of the apprehension, the Child Protection Worker must apply to the court to show cause for the apprehension order within 5 days of the apprehension. Parents have the right to request legal representation.

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



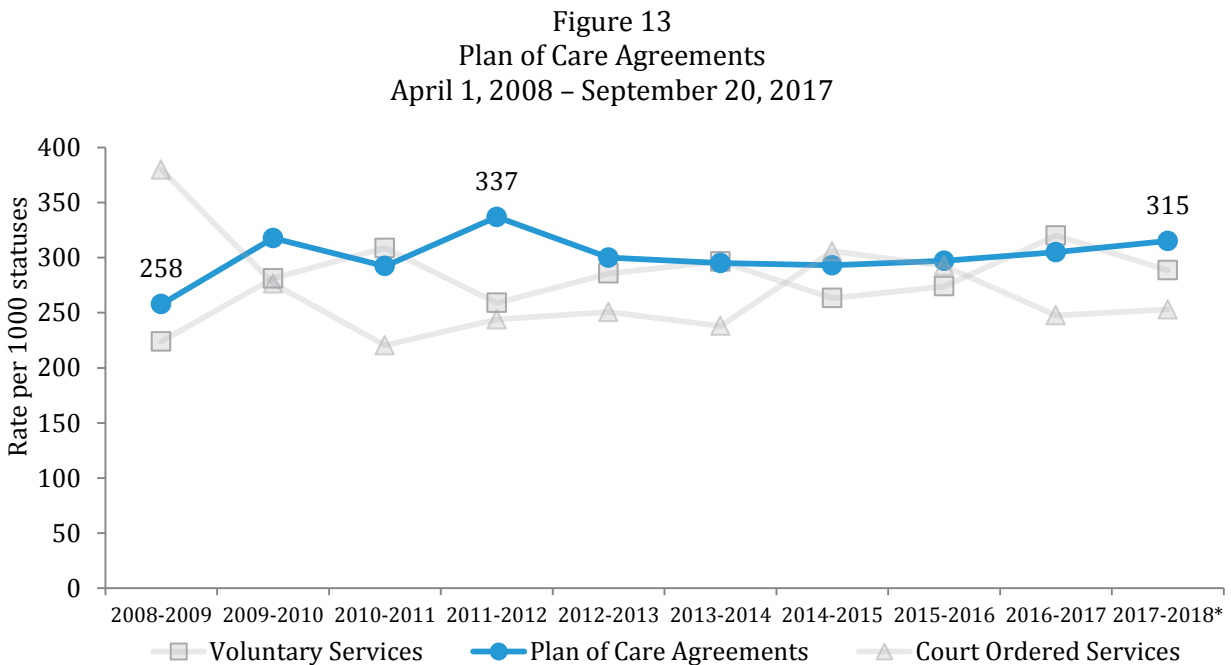
*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

Although there has not been a significant change in the apprehension rate between April 1, 2008 and September 30, 2017, there did appear to be a slight increase in apprehensions for longer than 72 hours between 2010-11 and 2013-14. Since then, the rate has remained fairly consistent.

7. PLAN OF CARE AGREEMENTS

Plan of Care Agreements enable parents to retain care and custody of their children while they address child protection concerns. Child Protection Workers work collaboratively with the family to identify the strengths and needs of the family and facilitate a plan to address the child protection concerns in the home while avoiding the court system. During this time, children may be living in the home or in a placement resource such as an extended family foster home or regular foster home. Placements are described in more detail in Section 10.

Figure 13 presents the rate of Plan of Care Agreements per 1,000 statuses compared to the rate of both Voluntary and Court Ordered Services.



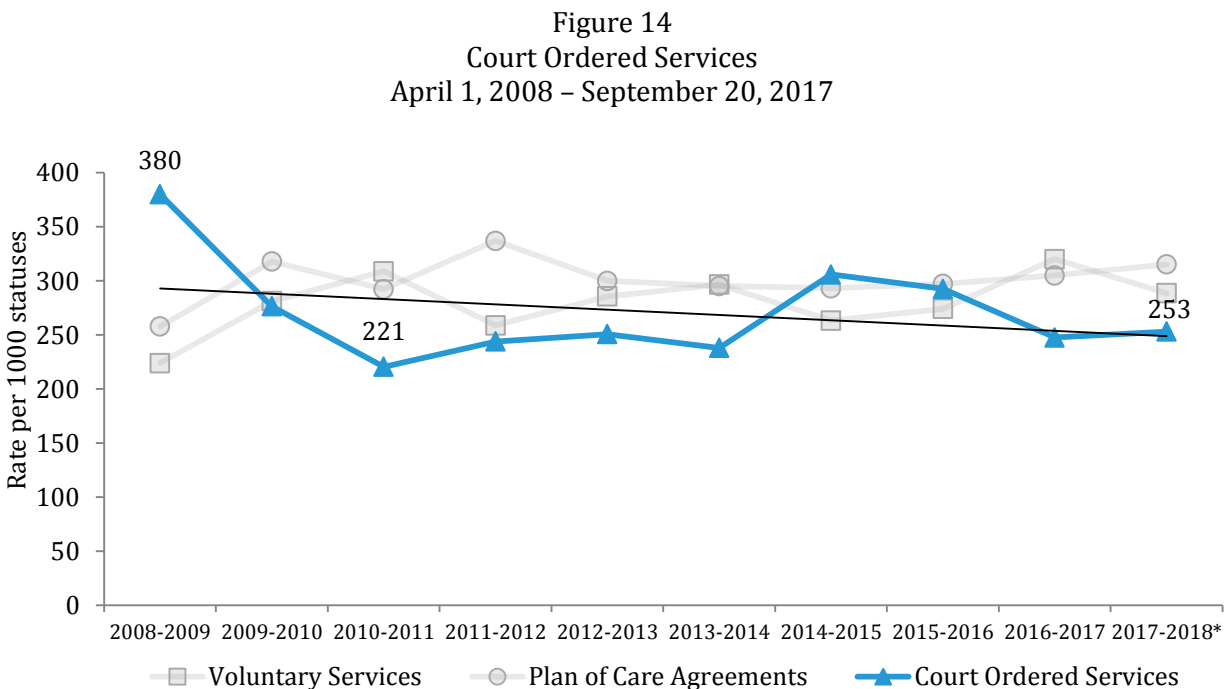
*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

As Plan of Care Agreements are distinct from Voluntary Service Agreements and Court Ordered Services, in that they are agreements established with families where children have been determined to be in need of protection, they are being analyzed separately throughout this report. Despite showing a statistically significant increase in past reports, the rate of statuses that are Plan of Care Agreements appears to have become stable, and there is not a significant change showing over the past ten years.

8. COURT ORDERED SERVICES

In situations where a Plan of Care Agreement is not able to resolve and mitigate child protection concerns, or where a Plan of Care Agreement is not feasible to effectively address a child protection concern, the matter may be referred to the 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, or 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 remain in the home 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. A Permanent Custody Order places the child in the custody of the Director until they reach the age of 16, and this may be extended until the child's 19th birthday.

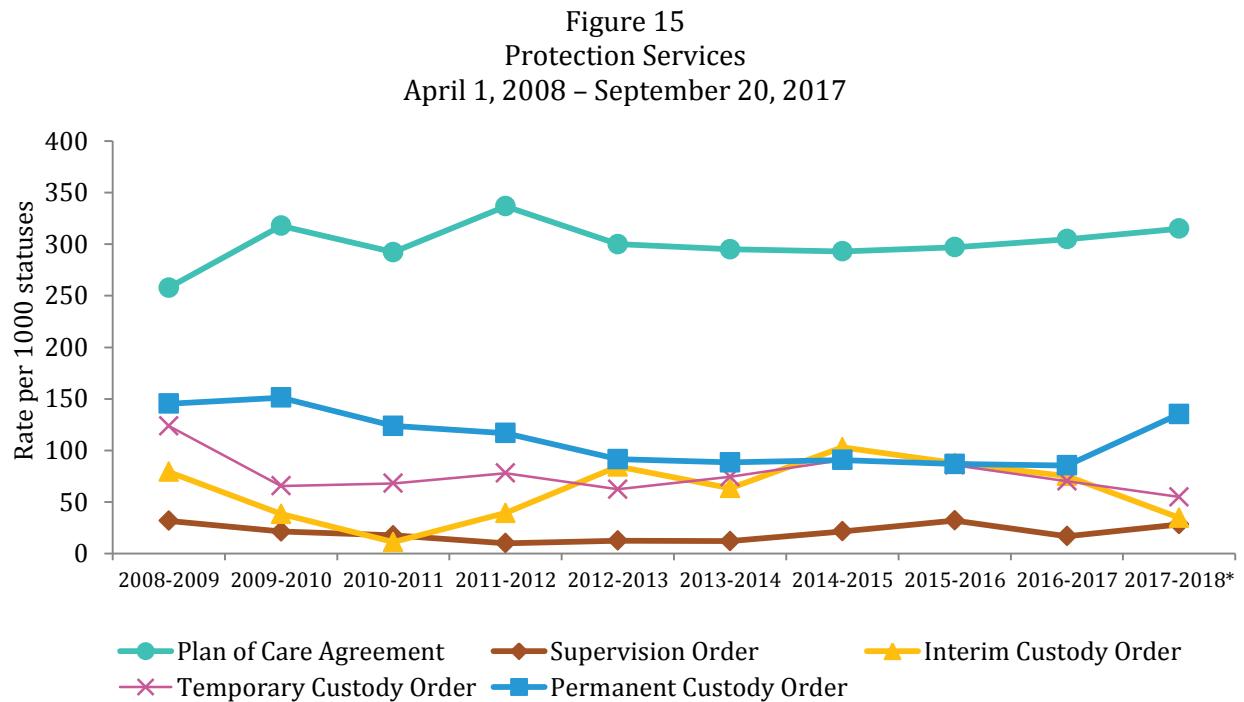
Figure 14 presents the rate of the combined Court Ordered Services per 1,000 statuses compared to the rates of Plan of Care Agreements and Voluntary Services.



*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

There has been a significant decrease in the rate of Court Ordered Services during the past ten years.

Figure 15 presents the rates per 1,000 statuses for all individual protection services. A description of the following services is available in the Glossary.



*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

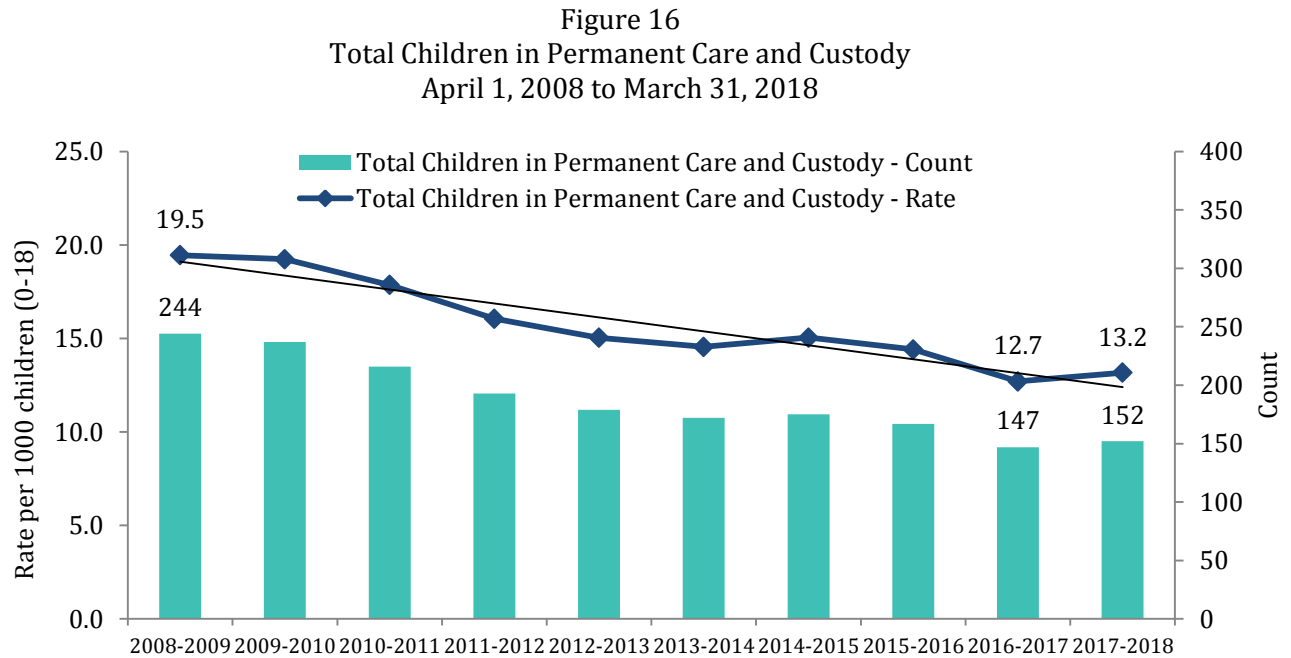
As seen above, when all protection services (Plan of Care Agreements, Supervision Orders, Interim Custody Orders, Temporary Custody Orders, and Permanent Custody Orders) are viewed separately, Plan of Care Agreements are utilized at a much higher rate than individual court ordered services.

While the rate of Interim Custody Orders can be seen to fluctuate, there is no significant increasing or decreasing trend in the use of this status over the past ten years. There has been a significant decrease in the rate of Supervision Orders, the rate of Temporary Custody Orders, and the rate of Permanent Custody Orders between 2008-2009 and 2017-2018 (trend lines not shown).

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

9. CHILDREN IN PERMANENT CARE AND CUSTODY

Figure 16 shows the total number of children as well as the rate of children who are in permanent care and custody of the Director of Child and Family Services



Over the past ten years, there has been a significant decrease in the population-based rate of children in permanent care and custody.

Table 10 show the age distribution of children with Permanent Custody Orders.

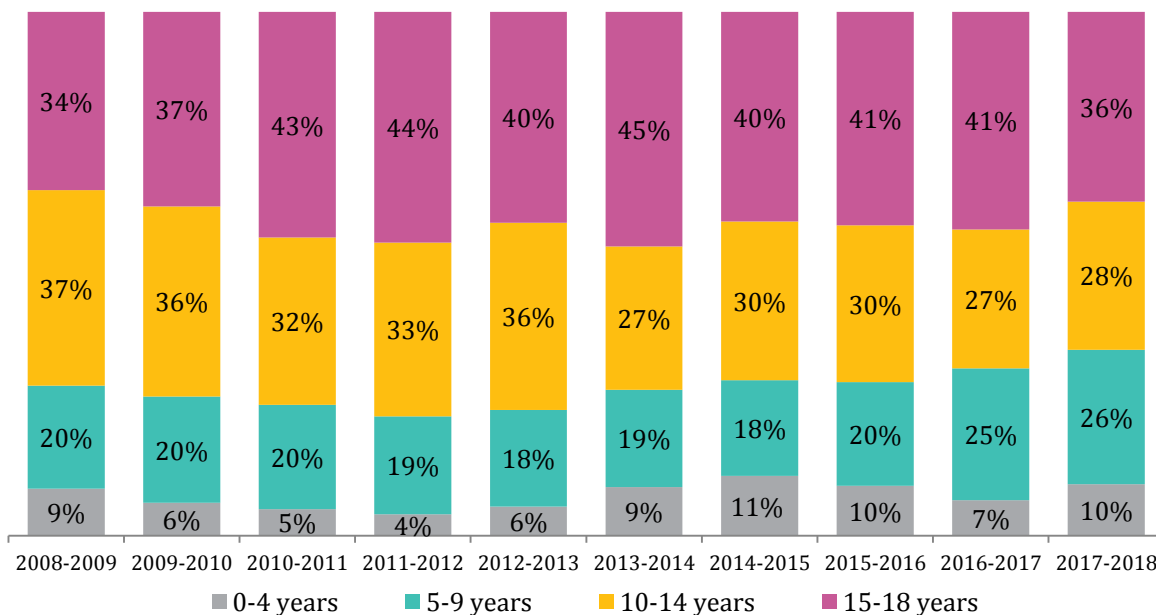
Table 10
Children in Permanent Care and Custody by Age Group
April 1, 2008 to March 31, 2018

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
0-4 years	22	15	11	8	10	16	20	16	10	15
5-9 years	48	48	43	36	33	32	32	33	37	39
10-14 years	91	86	69	64	64	47	53	50	39	43
15-18 years	83	88	93	85	72	77	70	68	61	55
Total	244	237	216	193	179	172	175	167	147	152

The significant decrease in the rate of children in permanent care and custody is largely driven by the statistically significant decrease in the number of children in permanent custody in the 5-9 years and 10-14 years age groups.

Figure 17 represents the proportion of children in permanent care and custody.

Figure 17
Proportion of Children in Permanent Care and Custody by Age Group
April 1, 2008 to March 31, 2018



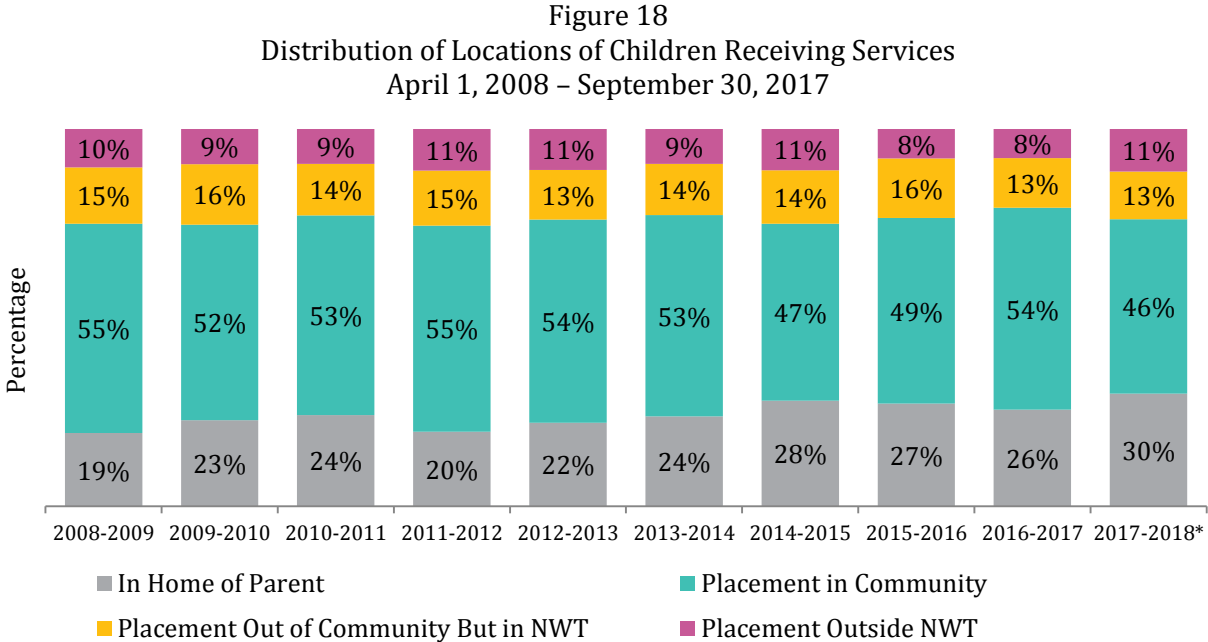
The proportion of children in the 10-14 years age group has decreased significantly over the ten-year period. During the same time period, the proportion of children in the other age groups has not changed significantly.

Although there were 152 children receiving services under a Permanent Custody Order in 2017-2018, many of these children were placed in the permanent custody of the Director in previous fiscal years with only 18 new Permanent Custody Orders issued during 2017-2018. The majority of children and youth in permanent care and custody are ten years or older, making up 64% of the children and youth in permanent custody in 2017-2018.

10. LOCATION OF CHILDREN RECEIVING SERVICES

Whenever possible, services are provided to children and families while the children are still residing in the parental home. 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 home, Child Protection Workers work with the caregivers to find an appropriate placement. If possible, the first placement option is with extended family or within the home community. Children who remain in their home 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 18 shows the distribution of children receiving services by location.



*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

Figure 18 shows that over the past ten years, the proportion of children receiving services in the home of their parents has increased from 19% in 2008-2009 to 30% in 2017-2018. For those children in placements outside of the home, about half of all children placed outside the home were placed within their community. In 2017-2018, 76% of children receiving services were either in their home or placed within their community. In the past year, the percentage of placements outside of the NWT increased slightly to 11%, and the percentage of placements outside of the home community, but within the NWT, stayed consistent at 13%.

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 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.

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 four and six children, while the Inuvik Youth Group Home concentrates on life skill development for up to seven youth as they prepare to transition out of care and into the community.

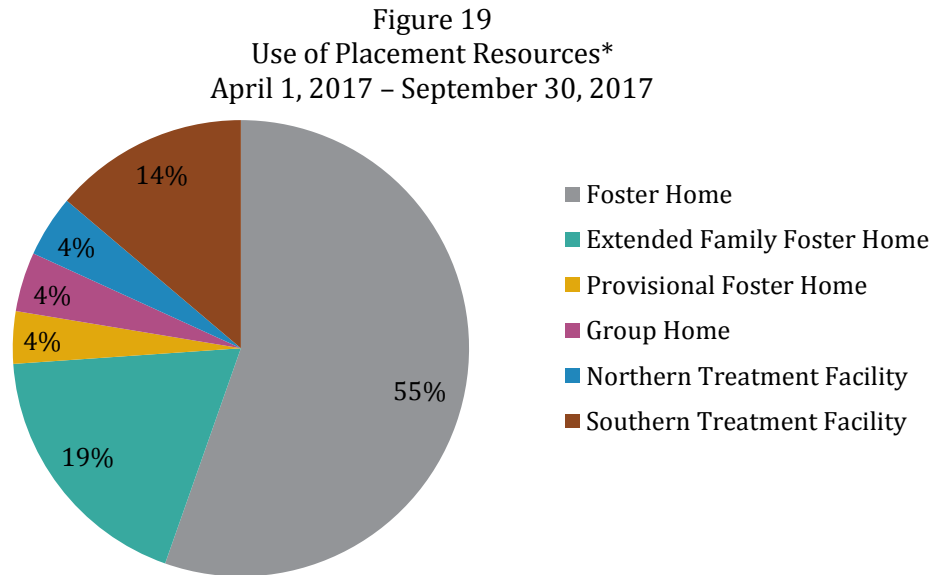
Northern Specialized Treatment Resources

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

Southern Specialized Treatment Resources

Southern treatment 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 placed in southern placements depends on the individual needs of the child or youth, and whether their needs may be met within the home community after their stay in a southern placement.

Figure 19 illustrates the proportion of usage of the different placement resources from April 1, 2017 to September 30, 2017.



*Following the 2015-2016 report, numbers presented have been modified to include all placements throughout the fiscal year, rather than just the last placement of the child.

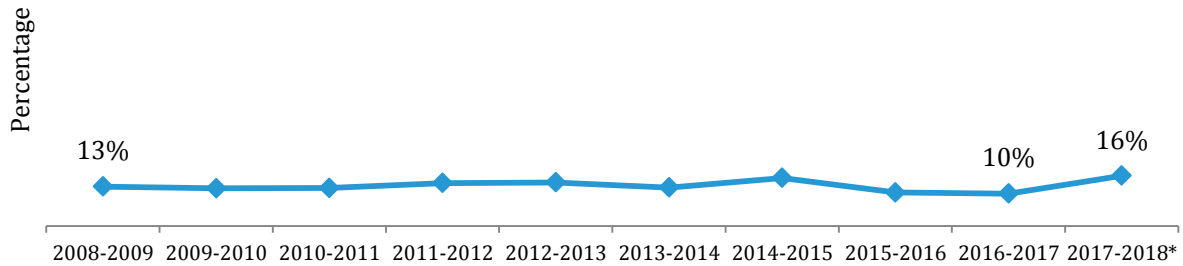
The percentage of individual children placed in each resource is represented in Figure 19. This figure does not account for children receiving services within the family home, which is the most common situation. As shown, 55% of out of home placements were in regular foster homes, 19% were in extended family foster homes, and 4% were in provisional foster homes. Group home placements were 4% of all placements. Northern Treatment Facilities were used for 4% of placements and 14% of placements were in Southern Treatment Facilities. As Southern Treatment Facility placements are typically for a longer duration and the above figure represents a shorter time period (six months versus 12 months) than normal resulting in this percentage being higher when compared to previous reports.

Out of Territory Placements

Out of territory placements include both Southern Treatment Facility placements, and foster home placements outside of the Northwest Territories (usually with extended family).

Figure 20 shows the percentage of placements in which children were placed outside of the NWT.

Figure 20
Percentage of Out of Territory Placements
April 1, 2008 – September 30, 2017



*2017-2018 data is for a six month period only (April 1, 2017 – September 30, 2017). Comparison to previous years should be done with caution.

Despite showing a slight increase from 2016-2017 to 2017-2018, there has not been a statistically significant change in the number of children placed outside of the NWT in the past ten years.

11. ADOPTION

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

In the Northwest Territories, there are four different types of adoptions: departmental, private, step-parent, and Indigenous custom adoption. The first three types of adoptions are governed by the *Adoption Act*, while the *Aboriginal Custom Adoption Recognition Act* supports a simple administrative process to recognize a custom adoption. Children can also be adopted out-of-country through departmental or private adoptions.

Figure 21 identifies the annual distribution of adoptions over the past ten years. The average number of adoptions per year was 56, with 43 adoptions taking place during the 2017-2018.

Figure 21
Total Adoption Orders Granted
April 1, 2008 – March 31, 2018

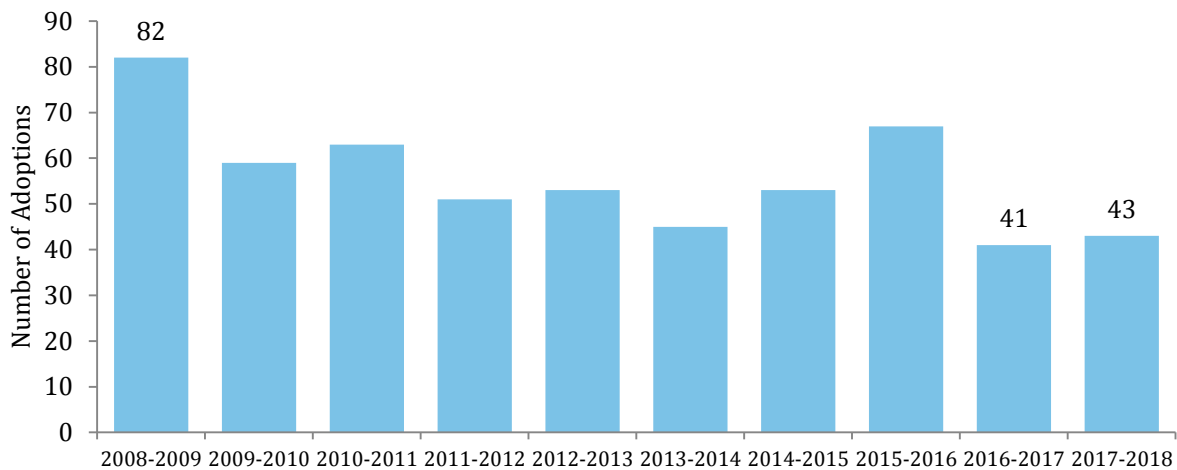
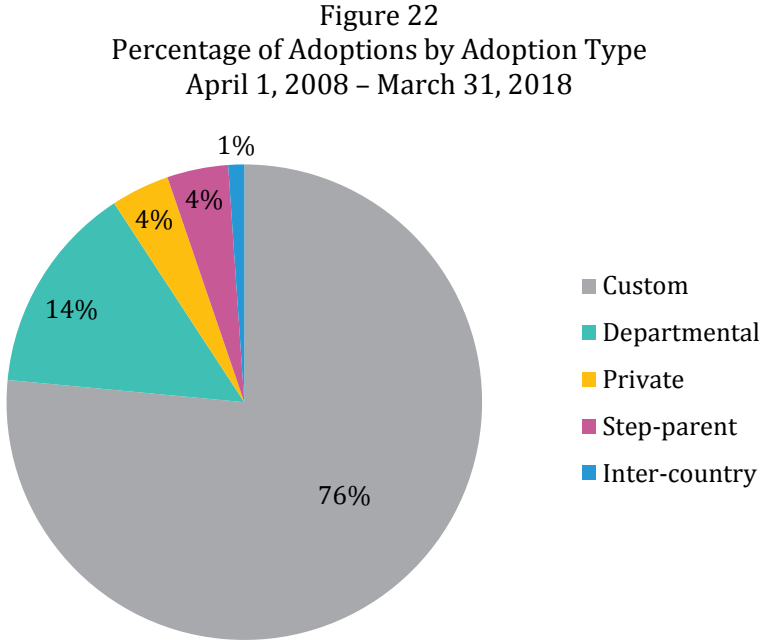


Figure 22 shows the percentage of adoptions between 2008-2009 and 2017-2018, by type of adoption.



Between April 1, 2008 and March 31, 2018, 553 children were adopted in the NWT. The majority of adoptions were custom adoptions at 76%, while 14% were departmental adoptions, 4% were step-parent adoptions, 4% were private adoptions and 1% was inter-country adoptions.

12. SUMMARY OF FINDINGS

While the overall rate of children receiving services (0-18 years) has remained fairly consistent between April 1, 2008 and March 31, 2018, the rate of children receiving services aged 0-15 years has decreased significantly and the rate of children receiving services aged 16-18 years has increased significantly. There has not been any significant change in the proportion of children in any of the age groups. The proportion of First Nations children, Inuit children and Métis children receiving services has remained stable, while there has been a decreasing proportion of Non-Indigenous children receiving services under the *Child and Family Services Act*.

In 2017-2018, less than one-third of children receiving services had court-ordered statuses, and over two-thirds of children receiving services did so through an agreement with the parent and/or child. Of the children receiving services by agreement, 34% received voluntary services, and 37% received services through a Plan of Care Agreement. The rate of children receiving voluntary services has increased from 224 per 1,000 statuses in 2008-2009 to 289 per 1,000 statuses in 2017-2018. The rate of children receiving services through Plan of Care Agreements has not changed significantly over the ten year period.

Over the past ten years, when looking at the types of services individually, the rate of Voluntary Support Agreements has increased, however the rate of Support Services Agreements, Plan of Care Agreements, and Interim Custody Orders have experienced no significant change. The rates of Permanent Custody Orders, Supervision Orders, and Temporary Custody Orders have experienced a statistically significant decrease.

An increasing percentage of children receiving services remain in the home of their parent(s), and 76% 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. The number of children in permanent care and custody has also significantly decreased over the past ten years. This is largely due to the significant decrease of children in the 5-9 and 10-14 years age groups. Of the 152 children in permanent care and custody, only 18 new Permanent Custody Orders were issued in the 2017-2018.

13. CHILD AND FAMILY SERVICES SYSTEM AUDITS

Between May 29, 2017 and August 17, 2017, the Department of Health and Social Services (Department), the NTHSSA, Hay River HSSA, and the TCSA jointly completed the annual review of the compliance of child protection and prevention practice in relation to the *Child and Family Services Act (CFS Act)* and the Northwest Territories' Child and Family Services Standards and Procedures Manual. The audit covered the period between April 1, 2016 and March 31, 2017 and included a sampling of Child Prevention, Child Protection, and Foster Care files that were open at some point during the audit time period.

Purpose

Ultimately, the purpose of the Child and Family Services file audit is to improve the quality of the Child and Family Services System in order to achieve better outcomes for children and their families when they require or request services under the *CFS Act*. More specifically, the audit provides the NWT Child and Family Services System with information to:

- Determine whether the TCSA, Hay River HSSA, and each Region of the NTHSSA are delivering services in compliance with the *CFS Act* and the NWT Child and Family Services Standards and Procedures Manual;
- Acknowledge and build on areas of strengths;
- Develop targeted training areas for Child Protection Workers, Supervisors, Managers, and Assistant Directors;
- Revise and update the NWT Child and Family Services Standards and Procedures Manual;
- Develop action plans for each Authority/Region to support and improve practice by appointed Child Protection Workers; and support and oversight by Supervisors, Managers, Assistant Directors, and Senior Management; and
- Develop NWT Child and Family Services System-wide actions based on common themes across the Authorities/Regional audits.

Methodology

Building on the lessons learned from the 2015-2016 audits, as well as the 2014 Report of the Auditor General of Canada, the 2016-2017 audits focused on creating a standardized sampling methodology and audit tool that is relevant and replicable in future years.

All NWT Child and Family Services System foster homes open from April 1, 2016 to March 31, 2017 were selected as part of the audit for a total of 177 foster home files. Based on stratified sampling with 95% confidence level and 5% margin of error, a sample of 711 child protection and prevention events were audited for the NWT Child and Family Services System.

The auditors reviewed child protection, child prevention, and foster home files to analyze documentation related to the delivery of Child and Family Services. Each Authority/Region was also

provided with an online anonymous survey to gather their input on strengths and challenges in delivering Child and Family Services.

Reliability of the Audit Results

The following mitigation strategies were developed to ensure audit findings could be used with confidence to guide future reporting, Child and Family Services program planning, and decision-making.

- Sample sizes for each event type under the Child Protection Services and Child Prevention Services were large enough to ensure a 95% confidence level and 5% margin of error.
- All Foster Care Services' files were audited.
- The Audit Tool was field tested twice to ensure its accuracy as a measuring instrument.
- The Audit Tool included verification methods to ensure consistency and clarity of what constitutes 'evidence' for the audit item. The Audit Tool also included a comment section next to each audit item to allow the auditors to provide context information for non-compliant and not applicable responses.
- Audit processes were standardized and documented.
- Design of the Audit Team provided consistency through the DHSS Auditor and allowed all Auditors to learn the process through their experience in auditing another Authority/Region.
- Each Auditor was assigned to an event type (e.g.: Auditor 'A' completed all the apprehension files; Auditor 'B' completed all the Plan of Care Agreement files). More complex event types were assigned to individuals with previous auditing experience.
- At the end of each day, the audit results were reviewed to determine if the results were consistent with the comments section and if any audit items were missed in documenting the responses. The Audit Team was then provided with this feedback so they could re-review the files and edit the results as needed.

Key Findings

The 2016-2017 audit measured files against 59 different audit items that spanned the variety of child protection and prevention events types, and foster care services (i.e. foster homes, apprehensions, application for court orders, Plan of Care Agreements (POCAs), Voluntary Services Agreements (VSAs), Support Services Agreements (SSAs) and Extended Support Services Agreements (ESSAs)).

Based on a thematic analysis of Child and Family Services Staff Survey, the following strengths were identified:

- A high volume of Voluntary Support Services and Agreements (i.e.: SSAs, VSAs, and ESSAs) are being well utilized within the Authorities/Regions. This is viewed as a positive indicator in that child and family engagement and support is preventative in focus, and may lead to improved child health, wellness and development. Some survey respondents noted that the positive relationships built through Child Prevention Services have encouraged clients to reach out to the Child and Family Services Team when they need support services. Furthermore, supports established through these services may help in preventing many families from entering the child protection system.
- The implementation of ESSAs have allowed for older youth to be supported for longer.
- When available and appropriate, children/youth are being placed within their own community and with extended family through the use of extended family foster homes.
- The positive relationships being built with foster parents, through ongoing contact with children and their families, communication, supporting families where possible, and acknowledging/appreciating the range of services provided by foster parents.

Based on the audit results, observations from the Audit Team, and feedback from Child and Family Services System staff, the following areas were identified for the Child and Family Services System to make improvements:

- Interviews with lawful caregivers and children need improvement and enhanced documentation.
- Foster care services need continued improvement. Critical information for assessing the suitability of existing foster parents should always be completed, up to date and placed on the file. The audit results also revealed the need to clarify how often a Home Study/Profile and Child Protection Records Checks should be completed in the Child and Family Services Standards and Procedures Manual.
- File organization and documentation needs improvement. The audit results revealed that in addition to proper organization of foster care, and child and family services files, the quality of documenting case notes, and interviews needs to be improved.

There were insufficient compliance rates on many audited items across the Child and Family Services System. While there was evidence of a high rate of compliance with some critical audit items, there were numerous audit items in which there was a very low rate of compliance across the system. This means that regardless of whether or not quality services are being delivered by Child and Family Services in accordance with legislative and policy requirements in terms of practice, there is insufficient evidence of this in the file documentation. This prompts numerous questions for the Director as well as for the HSSAs tasked with delivering Child and Family Services. Immediate steps are being taken to improve compliance where possible; however, further analysis must be conducted in order to determine the issues that are leading to a lack of compliance with the

audit items. Future audits will measure whether or not improvements to support staff and programs are proving to be effective.

Conclusion and Next Steps

The Department and Authorities/Regions have a shared responsibility in improving the quality of the Child and Family Services System. As such, the Department, the NTHSSA, the Hay River HSSA, and the TCSA are working together in developing and implementing a quality improvement plan in response to the 2016-2017 Child and Family Services' audits. The Audit results demonstrate that much more needs to be done to streamline processes to support frontline capacity to effectively deliver services that meet the needs of children and families requiring Child and Family Services.

The input gathered from the Child and Family Services System staff and the audit results provides the Health and Social Services System with tangible information on how to improve the quality of Child and Family Services. The Department is committed to collaborating with the Authorities in developing their quality improvement plans, and working closely to support its implementation and monitor progress. Improvements can and will be made over the next year and ongoing that will support the Child and Family Services staff and improve the quality of services and compliance with standards.

The Department thanks the NWT Child and Family Services System staff for their participation and assistance in the 2016-2017 Child and Family Services file audits process.

14. MAJOR DEVELOPMENTS AND FUTURE DIRECTIONS

Building Stronger Families: An Action Plan to Transform Child and Family Services is in its fourth year of implementation. In 2017-2018, the Department continued to advance many initiatives under *Building Stronger Families Action Plan*.

Service Delivery and Child Protection and Prevention Practice

To support case management in child services interventions, Structured Decision Making® (SDM®) has continued to be implemented and integrated within child and family services practice. It is anticipated that through the use of these tools, continued enhancements will be made in evidence-based practice, including increased objectivity and consistency, as well as supporting the work of Child Protection Workers to focus on collaboration with children and their families. There are six assessment tools in the (SDM®) system:

1. *Screening and Response Priority Assessment*: Assists the Child Protection Worker in determining whether a report of concern for a child should be further 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 Child Protection Worker to determine whether a safety plan or 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 Child Protection Worker in determining if the family requires services.
4. *Household Strengths and Needs Assessment*: Assists the Child Protection Worker in developing a strength-based case plan, in collaboration with a child's caregivers, to alleviate any safety threats 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 Child Protection Worker 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 Child Protection Worker in determining when child protection services are no longer required.

Between January 2015 and April 2017, the Screening and Response Priority Assessment (SRPA), the Safety Assessment, the Risk of Future Harm Assessment, and the Household Strengths and Needs Guide (HSNG) were created, adapted and deployed in the NWT. These four tools are now included as a key component of Child Protection Worker Statutory Core Training. In 2017, the Children's Research Centre conducted case readings with each Authority and their regions to assess the use and completion of the SDM® SRPA, Safety Assessment, Risk of Future Harm Assessment, and HSNG, and identify strengths and opportunities in Child and Family Services' practical application

of the implemented SDM® system. This report along with staff feedback demonstrates the need to provide more training and ongoing support to fully transition and integrate the tools into practice.

In January 2018, the Government of the Northwest Territories participated in the Federal/ Provincial/ Territorial Indigenous Children and Youth in Care Forum and the Emergency Meeting called by the federal Minister of Indigenous Services. This was an important meeting where we heard from Indigenous Elders, youth, and leaders from across the country about their experiences with the child welfare system and their ideas on how we can make it better. The concerns and solutions that we heard are similar to what we have heard from NWT residents about how we need to improve the care and supports that children and their families receive through our child and family services system. Although there is much more work we need to do in collaboration with our partners, we have already taken important steps in these areas by:

- Continuing to support prevention services;
- Adhering to Child and Family Services policy and procedures while having children remain with their families and extended families as much as possible;
- Negotiating self-government agreements with NWT Indigenous governments and working with them to be ready when they are at the point they want to exercise jurisdiction for Child and Family Services;
- Continuing to support and imbed cultural safety across our health and social services system;
- Improving data collection through the new Child and Family Services Information System (Matrix NT), which was launched in October 2017.

Risk Management and Quality Assurance

In partnership with the NTHSSA, the TCSA and the Hay River HSSA, the Department completed an audit on a sample of Child and Family Services files that were opened in 2016-2017. The audit results informed the development of Authority/Regional action plans, which span the course of two years, with a final report on progress due April 2019.

In 2014, the Department began the Child and Family Services Information System Renewal Project. This fiscal year marked a major project milestone; the new child and family services electronic case management information system (Matrix NT) was deployed in October 2017. In preparation for this milestone, all frontline Child and Family Services staff received Matrix NT training throughout the month of September.

In December 2017, the Department held an annual manager and supervisor training event, which included training on SDM® as well as sharing regional strengths and challenges with one another. The Department also continues to provide regular core statutory training for new Child Protection Workers. As part of our commitment to making quality improvements to Child and Family Services, both these training events were refined and enhanced based on past participant feedback in order to better meet staff training needs.

Program Administration and Management

On August 1, 2016, five Regional Health and Social Services Authorities and the Stanton Territorial Health Authority were amalgamated to create the NTHSSA. Throughout 2017-2018, the Department in collaboration with the NTHSSA, reviewed and recommended a Child and Family Services organizational structure to establish a cohesive and integrated system through the alignment of the respective mandates, accountabilities and decision-making authorities.

The Managers and Supervisors of Child and Family Services continue to meet monthly to strengthen the accountability and program administration of Child and Family Services at the regional, authority and departmental level.

Moving Forward in 2018-2019

Over the past four years, the Department has taken important steps to transform Child and Family Services system through the implementation of the *Building Stronger Families Action Plan*. The Department also recognizes there is still significant work required in order to achieve better outcomes for children and their families when they require services under the *Child and Family Services Act*. In moving this important work forward, the Department will continue to work collaboratively with the NTHSSA, the TCSA and the Hay River HSSA.

In collaboration with the NTHSSA, the TCSA, and the Hay River HSSA, the Department will develop a Child and Family Services training framework, which will include competency-based core Child Protection Worker training and Supervisor training, as well as ongoing training, practice support and other learning opportunities. A training team will be established to implement this framework.

The Department will work with the NTHSSA, the TCSA, and the Hay River HSSA to adjust and enhance the accountability structure designed in 2014 to reflect the new authority structure and feedback from staff in order to facilitate better outcomes for children and families.

The introduction of SDM® assessment tools is an iterative process. Based on quality assurance checks and staff feedback, the Department will focus on further training and practice support on the first four SDM® assessment tools. It is important that these tools are embedded into practice before implementing the last two SDM® assessment tools. As part of the overall Child and Family Services training framework, an SDM® train-the-trainer model will be implemented to provide ongoing, sustainable learning opportunities to strengthen the usage of all SDM® assessment tools in the child. The Department will take steps towards implementing the last two tools in the SDM® system.

The Department will continue to conduct quality assurance checks to ensure that data entered into Matrix NT is accurate and reliable. These checks include documenting user requests for support, and reviewing data reports for irregular data. Throughout this fiscal year, ongoing enhancements to Matrix NT will be added based on lessons learned. The Child and Family Services Training Team will provide additional training and support to all Child and Family Services staff to support the consistent use and uptake of Matrix NT. These activities will strengthen the data entered into Matrix NT, which will enable the Child and Family Services to utilize the statistical reporting

component of Matrix NT. Robust data will help decision makers develop evidence-informed changes at a community, regional, authority and territorial level.

The Department will review key Child and Family Services standards based on staff feedback and internal and external reviews. These standards will also be revised to reflect leading social work practices and shifts in Child and Family Services practices based on the implementation of Matrix NT and SDM®. Moving these key initiatives forward in 2018-2019 will continue our journey towards strengthening and transforming the Child and Family Services System.

APPENDIX A: CHILD PROTECTION

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

Section 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 been exposed to domestic violence by or towards a parent of the child, the child has suffered physical or emotional harm from that exposure 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 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.
- (t) the child is engaging in or attempting to engage in prostitution or prostitution-related activities.

GLOSSARY

1 Voluntary Support Services and 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 18.

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.

Extended Support Services Agreement: under Section 6.2 of the *Child and Family Services Act*, "the Director may, in respect of a youth who was in the permanent custody of the Director immediately before attaining the age of majority, continue to provide services or to assist others in providing services, or to assist that person in obtaining services, after that person attains the age of majority until he or she attains 23 years of age".

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 Custody 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) 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)(c) of the *Child and Family Services Act*, to the Director of Child and Family Services. Custody of a youth under a Youth Protection Order can also be temporarily transferred by court order under Section 29.2, Section 29.6(1)(a) 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)(d) 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. Custody of a youth under a Youth Protection Order can also be permanently transferred by court order under Section 29.2, Section 29.6(1)(b) of the *Child and Family Services Act*, to the Director of Child and Family Services. 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.