



**Government of the Northwest Territories Response to Committee Report 26-19(2)
Report on the *Child and Family Services Act*—Lifting NWT Children, Youth and Families: An All
of Territory Approach to Keeping Families Together**

The Standing Committee on Social Development (SCOSD) is mandated by the *Child and Family Services Act* to review the Act and its implementation every five years. The SCOSD completed their review and presented their report titled, “Report on the *Child and Family Services Act*—Lifting NWT Children, Youth and Families: An All of Territory Approach to Keeping Families Together” on March 29, 2022. The Report includes 19 recommendations. It was considered and adopted in Committee of the Whole on March 31, 2022. The following is the GNWT’s formal response to the Report and the recommendations.

The GNWT thanks SCOSD for its research, engagement, and recommendations, which will be of use in ongoing work to reform the NWT’s child and family services system.

Recommendation 1:

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

GNWT Response:

The GNWT recognizes that the Child and Family Services system is rooted in colonial practices that have contributed to inequities in service delivery. There are many systemic issues within child and family services that continue to maintain these inequities of services for Indigenous families.

To help address these inequities, the Department of Health and Social Services (HSS) is working to advance towards reconciliation and cultural safety, with the larger goal of system reform regarding service delivery, and to address the impacts of colonization, while promoting the safety and wellbeing of children and youth.

The Department of HSS supports communities by sharing data and information, providing briefings on its implementation of the national principles and standards under the federal Act respecting First Nations, Inuit and Métis children, youth and families, engaging in ongoing dialogue on service delivery, and by supporting Indigenous governments in planning for children/youth.

CFS reform has been influenced by the following:

- The Final Report of the Truth and Reconciliation Commission of Canada and the Truth and Reconciliation Commission of Canada’s Calls to Action;
- Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls and Calls for Justice;

- the 2019-2023 Mandate of the Government of the Northwest Territories and the 19th Legislative Assembly's priority to implement the United Nations Declaration on the Rights of Indigenous Peoples, and
- the federal Act respecting First Nations, Inuit and Métis children, youth and families.

Existing reform activities in Child and Family Services have created opportunities within the current structure to improve interdepartmental communication, collaboration, and support services initiatives that will positively contribute to the prevention and remediation of issues that make Indigenous children and youth overrepresented within Child and Family Services. These initiatives include the Integrated Service Delivery Framework, the Territorial Anti-Poverty Action Plan and the annual Anti-Poverty Round Table, and through funding sources for Indigenous governments to support child, family, and community wellness, such as the Anti-Poverty Fund, the On the Land Healing Fund, and Community Wellness Initiatives funding.

Significant work is still required, as we continue to move towards a system that prioritizes the best interests of children, youth, and families through trauma informed practice and cultural safety and anti-racism approaches. The much needed reform of the Child and Family Services system is already underway as the GNWT advances the mandate of the Act respecting First Nations, Inuit and Métis children, youth and families, with the goal of improving services and supports for Indigenous children, youth, and their families through an approach that embeds cultural safety, anti-racism, and trauma informed practice. The GNWT agrees that child and family services reform requires appropriate engagement and support for community and Indigenous government participation. It will not be successful without a whole of government approach, which would include, but is not limited to, participation from the Departments of Health and Social Services; Education, Culture and Employment; Municipal and Community Affairs; Justice; Finance; and Executive and Indigenous Affairs; and Housing NWT.

Recommendation 2:

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

GNWT Response:

Birthing on or near traditional territories in the presence of family and community support is a long-standing practice that holds cultural significance and contributes to wellbeing for all NWT residents. Elders and knowledge holders have important knowledge to share about parenting and how to raise a strong and capable child, connected to community and culture. Historically, health promotion efforts have been prescriptive and colonial. The Department of HSS seeks to shift this approach by supporting efforts by communities to revitalize and embed Indigenous knowledge and practice in the areas of prenatal and postnatal education, infant feeding, and parenting. The Department of HSS has supported community-based research initiatives that explore cultural knowledge around maternal-newborn care and parenting. This knowledge has formed the foundation to transforming the reproductive, perinatal, infant and child health system and building a model of care.

To support this work going forward, the Department of HSS has a dedicated Early Childhood Development team leading a new governance structure, with multidisciplinary membership that includes community organizations. This structure is tasked with developing a new reproductive, perinatal, infant and child health model of care, inclusive of midwifery and Indigenous birthwork. The model of care will improve availability and access to quality reproductive, maternal, and newborn care that is provided in a seamless continuum spanning the home, community, health center, and hospital. This governance structure will support the design and implementation of this new model, which may include dedicated staff in regional centres or outreach services.

Doulas and Indigenous Birthworkers

The Department of HSS is committed to ongoing collaboration with community organizations to increase capacity for birth workers and an NWT Indigenous doula training program. In 2019, the Department of HSS funded an Indigenous doula training session to expand the available workforce and to pilot Indigenous doula training. The evaluation report findings identified a need for an NWT-specific Indigenous doula training program.

Building on this pilot project, the Department of HSS supported the development and vision of the Northern Birthwork Collective. The Department of HSS provided funding in 2020/21 and 2022/23 to the Northern Birthwork Collective to develop an Indigenous doula training program that is culturally relevant and responsive to the unique needs of birthing people and families in the NWT. The development of this training will help to build territorial capacity and availability of doulas and Indigenous birthworkers as part of a culturally safe and holistic model of care.

The Department of HSS is developing a model of care inclusive of doulas when available in community and will continue to support the Northern Birthwork Collective in developing the Indigenous doula training.

Midwives

The Department of HSS values the contribution and role midwives play in the health and social services system and is committed to growing, sustaining, and integrating midwifery services in the NWT.

There are 15.5 funded positions to support Midwifery Services across the NWT. While the positions are specifically located in Yellowknife, Fort Smith, Hay River, and Inuvik, outreach services for prenatal and postnatal care have been initiated for Behchokò and Deninu Kùé. The continued expansion of Midwifery services into the regions of Sahtu and Dehcho will proceed in partnership with clients, families, elders, and care providers to explore what culturally appropriate, relationship-based care might look like, and how best to provide it. As the complement of midwives in Yellowknife grows, midwifery-led birthing services will eventually be offered at Stanton Hospital to clients from Behchokò and the Sahtu Region who choose this option.

Other Key Initiatives to Support Maternal Child Health

Efforts to improve holistic and culturally safe birthing support require system-wide approaches that go beyond professional-centered strategies. In addition to designing a model of care, the Department of HSS continues to lead efforts to develop staff training and education, engage in continuous quality improvement, and enhance information and resources for families. Examples of work underway includes the:

- Development of an NWT Baby-Friendly Initiative e-learning program for Direct Care Providers that will include the foundational knowledge and competencies in infant feeding and provision of family-centered maternity and newborn care services with particular attention to northern contextual realities, cultural relevancy, and anti-racism.
- Participation in the Baby-Friendly Initiative quality improvement program by all birthing centers and hospitals in the NWT to improve family-centered maternity, newborn care practices and safe infant feeding.
- Development of a suite of resources that support safe infant feeding, newborn care, and postpartum health and wellness and that are informed by knowledge shared by grandmothers and Elders from across the NWT.
- The anticipated launch of the Baby Bundle program, a social innovation program that provides all new and expectant families with access to newborn care essential items, information, and resources to support the parenting journey and to promote relationship-based care and shared decision making throughout the perinatal period.

Recommendation 3:

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

GNWT Response:

Over the past few years, the Department of HSS has enhanced community-based programming options for mental wellness and addictions recovery. The approach to creating more community-based options was guided by the vision of promoting self-determination and building partnerships that support mental wellness and addictions recovery, while recognizing the uniqueness of each person's journey. As such, funding is made available for Indigenous governments and community groups under broad program areas to provide the greatest amount of flexibility possible to support community defined priorities and objectives, which may include youth supports for addictions recovery. Examples of funding include the On the Land Healing Fund; the Community Suicide Prevention Fund; the Addictions Recovery Peer Support Fund; and the Addictions Recovery and Aftercare Fund.

In addition, the Community Wellness Initiatives funding provides funding to 31 Indigenous governments and community organizations throughout the NWT. Indigenous communities and organizations decide for themselves, within the parameters of the funding requirements, where wellness funding should be directed, and priorities of their community wellness plans, which may include treatment supports for youth.

The number of children and youth accessing Out of Territory (OOT) specialized services has decreased significantly over the past four years, from 36 children/youth in November 2018 to 10 children/youth in August 2022. Several factors have contributed to this decrease. Several young adults transitioned to specialized services for adults and fewer children/youth are being referred to OOT specialized services. For a few months at the beginning of the COVID-19 pandemic, many OOT specialized services were not accepting new children/youth at their facilities, which created an opportunity for Child and Family

Services to be more creative in supporting children, youth, and families locally. At the same time, new programs and services were introduced to support the wellbeing of children and youth in the NWT, such as the Family Preservation Program; therapeutic foster homes; respite services offered through the Foster Family Coalition of the NWT; and Park Place Youth Housing delivered through Home Base Yellowknife. Further, there was the continued expansion of Child and Youth Care Counsellors throughout the NWT and increased funding for community-led initiatives.

The Department of HSS and the Northwest Territories Health and Social Services Authority (NTHSSA) aim to continue the momentum of supporting children/youth in the NWT. In 2022-23, the NTHSSA is undertaking a review of how in-territory resources can be improved to support more children and youth with complex issues to stay in the NWT. The OOT Specialized Services Program supports children/youth with a variety of complex needs, such as significant developmental and physical disabilities, genetic disorders, acquired brain injuries, psychiatric illness, psychological disorders, addictions issues, and complex behaviour problems, secondary to trauma and related to colonization and systemic racism. The review by the NTHSSA will also include defining and clarifying “complexity” and distinguishing the difference between “placement complexity” versus “complexity requiring specialized treatment”. The findings of this review will help to determine the best path forward in supporting children/youth with complex needs, including youth struggling with addictions.

Recommendation 4:

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

GNWT Response:

Addressing the complexity of socio-economic conditions, including the impacts of colonization, social determinants of health, such as poverty and limited community housing options, requires intersectoral collaboration between and within the GNWT, Indigenous governments and organizations, communities, and non-governmental organizations.

The response to this recommendation will be a joint effort between the Departments of Justice (Department which holds the mandate for Integrated Service Delivery), HSS (Department which holds the mandate for Food Security and Anti-Poverty), ECE (Department which holds the mandate for Income support), and MACA (Department which supports the Minister of Youth), and Housing NWT (Agency which supports the Minister of Homelessness). Departments, through the Child and Family Deputy Minister Committee, are currently exploring an integrated service delivery approach for addressing homelessness throughout the NWT. The Department of HSS supports and will fully participate in an integrated and collaborative approach to address youth homelessness.

Recommendation 5:

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

GNWT Response:

The Healthy Family Program (HFP) is administered by the Department of HSS and delivered by the NTHSSA and the Hay River Health and Social Services Authority. The Department of HSS funds the Tłıchǵ Government directly to deliver the program in Behchokǵ and Whatì.

In 2019, the Department of HSS partnered with Hotù ts'eeda: NWT SPOR Support Unit to undertake rigorous research and engagement to redesign the HFP program. The newly designed program was informed through extensive engagement on what is needed to raise a child well, program evaluation, and a literature review of successful parenting support programs from similar contexts.

The renewed HFP is designed to build on the strengths of the program, reflect grassroot innovation, and strengthen the connection to cultural knowledge, and Indigenous family and parenting practices, values, and beliefs. It envisions a future in which caregivers who have support, have access to good information, and feel connected to community and culture will be better able to support child growth and development. This approach will result in thriving, resilient children, caregivers who are supported, and communities who care for families so that future generations are stronger and stronger.

A key recommendation from the renewal process is to discontinue the use of the terms “at risk” and “vulnerable” and instead define who will most benefit from a renewed HFP. Previously, families would be identified through a screening tool as “at-risk”/ “vulnerable” and referred to the HFP. With the renewed approach, elements of the program are now open to all families with young children.

The renewed program activities focus on three distinct streams:

- 1) support families one-on-one;
- 2) provide information and activities for all families; and
- 3) act as a hub for family and community resources to support healthy families.

Programming is family and community driven with all activities based on the needs and goals of families with young children and the strengths and resources available in communities.

In 2021-22, the renewed HFP was rolled out in all communities with previously established programs, alongside a comprehensive implementation evaluation that gathered data and monitored the rollout process. The evaluation found that the HFP reached an estimated 506 families with a total of 1259 children at eleven active delivery sites. This represents 30% of all NWT children aged 0-6 years.

Participant-reported experience demonstrates the HFP is accomplishing the following participant outcomes: increased parenting knowledge and confidence, increased access to culturally safe support, increased knowledge of community supports, and increased connection to community. Participant-reported experience also indicates the HFP is offering programming that considers culture, is easy to access, is inclusive, and treats participants with respect and dignity.

Between 2021 and 2024, the HFP is expanding its services to seven additional communities, with a total of 26 communities supported by the HFP. Paulatuk, Sachs Harbour, Tsiigehtchic, Uluhaktok, Enterprise, Gamèti, and Wekweètì will be without access to the HFP. The cost to deliver the program per community is approximately \$250,000. An additional \$1.75M is needed to expand the HFP to cover all 33 communities in the NWT.

The Department of HSS and NTHSSA are prioritizing staff recruitment and retention in existing and expansion HFP sites. Recruitment efforts have focused on the Indigenous Career Gateway Program which supports Indigenous candidates with professional opportunities within the GNWT. Additionally, all competitions are limited to the community or region, and job posting information is shared with Regional Wellness Council members and local Indigenous governments.

Indigenous professionals improve outcomes for Indigenous clients, including children and families, through advocacy and understanding the needs and priorities of Indigenous clients. A comprehensive training framework and pathways for career progression are expected to support staff recruitment and retention. The Department of HSS continues to work closely with communities and Indigenous governments to consider future opportunities for program expansion that are aligned with community needs and respectful of self-determination for early childhood and parenting services.

Recommendation 6:

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

GNWT Response:

Access to recreational activities, including land-based activities, contribute to the wellbeing of individuals, families, and communities. A whole person approach to wellness can improve outcomes for all people, including children and youth in care. The Departments of HSS and of Municipal and Community Affairs (MACA) will work together to ensure existing and new recreational opportunities are communicated to children and youth in care, and their caregivers.

During 2022-23, MACA intends to complete the Sport, Physical Activity and Recreation (SPAR) Framework. This policy document will guide the investment of the Physical Activity, Sport and Recreation (PASR) Fund, which is created under the Western Canada Lottery Act to manage the proceeds from the operation of the lottery. Once completed, the SPAR Framework will provide a coordinated and broad approach to support sport, recreation, and physical activity. While MACA is the only GNWT department with a mandate in recreation, and the Framework will not apply to other departments, the SPAR Framework will be shared with the Standing Committee on Government Operations for input.

In addition to the investment from the PASR Fund towards recreation programs, MACA also provides \$825,000 annually to community governments specifically to support the delivery of community-based recreation programming for all residents. MACA also provides funding to community governments for infrastructure projects through the Community Public Infrastructure funding, and through the Federal Gas Tax Agreement, which is used to support the development of recreation infrastructure. To improve and expand the use of local recreation infrastructure, MACA is working with the Department of Education, Culture, and Employment, and the Education Authorities to support increased

implementation and usage of Joint Use Agreements. Joint Use Agreements are intended to support reciprocal usage of school and municipal facilities by community user groups.

Collectively, all funding that MACA provides for recreation supports community governments to carry out their mandate for local recreation programming. Beyond funding, MACA also supports community government through advice and assistance, mentorship, training and development, and intercommunity coordination and communication about available funding and program opportunities.

Recommendation 7:

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

GNWT Response:

Elders and grandparents have important knowledge to share about raising a child well. Through extensive community engagement and community-based participatory research, Elders have shared the importance of connection to community and culture as integral to early childhood development and lifelong health. The Department of HSS acknowledges the importance of mentorship along the spectrum of services for children and families, from prevention to intervention. Examples of 'mentorship' embedded as part of existing HSS programs and services include the Healthy Family Program (HFP) and the Wrap Around Model as part of the Family Preservation Program.

The HFP renewal project is a holistic and innovative approach to facilitating the resurgence of Indigenous parenting practices. It is structured to be centered in Indigenous cultures and to be driven by the needs of families and communities. The HFP seeks to weave together Dene, Métis, Inuvialuit, and Western strands of knowledge by creating space for Indigenous knowledge related to parenting. Guidance from Elders and Knowledge Holders is integrated in HFP services, which helps to connect families to cultural and community resources along the parenting journey (from pregnancy to school-aged children). Some specific examples of ways in which parents have been supported and mentored by Elders and Knowledge Keepers through HFP services include participation in intergenerational moose-hide tanning camps in the Beaufort-Delta Region and an Elders Prenatal Circle in the Sahtu Region. A critical element of the renewed HFP design is the development of a "made in the North, for the North" parenting and child development curriculum. In 2022-23, the curriculum will be developed to embed Indigenous knowledge related to parenting and create practice tools that support relationship with local Elders.

The Family Preservation Program and staff training were introduced in 2020-21. This program supports families receiving protection or prevention services from Child and Family Services. Through an approach which promotes family choice, family ownership, and family self-determination, wraparound services are tailored to the needs of each distinct family. The family is the active decision maker – invited to define their strengths and needs, and to gather trusted team members (i.e., community members, extended family, and Elders) to be part of their circle of support. The Family Preservation Program utilizes the Wrap Around Model, a team-based planning process intended to provide coordinated care to meet the needs of children, youth, and their families. The Family

Preservation Program will explore how to further integrate family mentorship with grandparents and Elders as part of their services.

Recommendation 8:

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

GNWT Response:

Over the past few years, the Department of HSS has invested in the establishment of enhanced funding options available to Indigenous governments, communities, and organizations to support community defined priorities and objectives, which could include on the land healing options specifically tailored to youth. Examples of funding opportunities include the [On the Land Healing Fund](#); [Community Wellness Initiatives funding](#); the [Community Suicide Prevention Fund](#); the [Addictions Recovery Peer Support Fund](#); and the [Addictions Recovery and Aftercare Fund](#). The Department of HSS is also a partner in the [NWT On the Land Collaborative](#). The specific target groups for these funds are determined by the recipient which is typically an Indigenous government or community organization.

Currently, not all funds are fully allocated on an annual basis. As such, the Department of HSS will work to identify how to best support communities so that they can access and benefit from the available funding. The Department of HSS will also provide additional communication to increase awareness that these funds can be used to support on the land healing options specifically for youth. However, in the spirit of self-determination, final decisions for how to use the funds, within the parameters of the program requirements, are up to the Indigenous governments, communities, and organizations.

The Department of HSS monitors and assesses use of this funding and identifies the need for additional resources. Any requirement for additional funding would be subject to established business planning processes.

Recommendation 9:

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

GNWT Response:

Multiple pathways and options are needed to support individuals affected by family violence. The Department of HSS is committed to ensuring a strong base of supports for individuals needing support related to family violence and improving communication of the available supports and services. The Department of HSS provides several services and supports for individuals impacted by family violence, including:

- Five (5) territorial family violence shelters that are available to women and children from all NWT communities;
- Travel to shelters for women and their children who do not have a shelter in their community or in cases where the local shelter is not a safe option;
- Referral to resources such as victim services, housing, income assistance, and legal services;
- Support and safety planning at shelters;
- Counselling and safety planning through the Community Counselling Program;
- Support through Shelter crisis lines;
- Support in accessing emergency protection orders through the staff at the Alison McAteer House who are designates under the *Protection Against Family Violence Act*; and
- 24/7 support through the NWT Helpline.

Federal Funding has been made available to Indigenous governments and communities, and non-governmental organizations (NGOs) to establish additional family violence shelters and safe houses. Rather than duplicating existing efforts to expand emergency shelter options, the Department of HSS is committed to ensuring a coordinated and collaborative approach with new family violence emergency shelter options established.

Addressing family and intimate partner violence is identified as a priority within the GNWT Draft Action Plan to address Calls for Justice on Missing and Murdered Indigenous Women and Girls. The Department of Executive and Indigenous Affairs (EIA) is the lead and coordinates the GNWT's work to address family violence, including chairing the GNWT Interdepartmental Family Violence Working Group and the development of a strategic plan. The Department of HSS is committed to participating fully in the work led by the Department of EIA and ensuring a coordinated approach with any services and programs delivered by HSS.

Recommendation 10:

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

GNWT Response:

Caregivers in placement resources (formerly called “foster families”)and adoptive parents have a key role in the health and wellbeing of children and youth receiving support and services from Child and Family Services. In the circumstances where children and youth must be placed outside their familial homes, it is imperative that these caregivers receive culturally safe, anti-racist, and trauma-informed training. The Department of HSS is currently working with the Association of Native Child and Family Services Agencies of Ontario to determine how to implement the HEART and SPIRIT training and assessment tools for all placement caregivers, adoptive parents, and Foster Care and Adoption Workers in the NWT, and the costs associated. HEART and SPIRIT training “is grounded in Indigenous family and clan life, philosophies, values, and practices focused on child and youth caring traditions. It is designed to support potential caregivers of Indigenous children and youth in learning about these traditions as well as the impacts of historical events that have disrupted them”¹. HEART and SPIRIT

Association of Native Child and Family Services Agencies of Ontario. (2020). HEART and SPIRIT Training. Retrieved from <https://ancfsao.ca/home/about-2/ourwork/heart-and-spirit-training/>.

tools and manuals will also be reviewed and customized to meet the needs of caregivers and Indigenous children in the NWT.

Subject to available funding, the phased adaptation and implementation of the HEART and SPIRIT training and tools will take place over the next three years, with the aim of training an initial cohort by the end of March 2023. In the meantime, the online PRIDE training continues to be available to placement caregivers and adoptive parents. PRIDE (“Parent Resources for Information, Development, and Education”) training was developed in the United States to provide caregivers and adoptive parents with the knowledge and skills to provide quality care and support to children and youth living in their homes. However, most Canadian provinces have used PRIDE as training for placement caregivers and adoptive caregivers.

Recommendation 11:

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

GNWT Response:

In alignment with the federal Act respecting First Nation, Inuit and Métis children, youth and families, Community Social Services Workers follow “Placement Priorities” to ensure all efforts are made to maintain the connection between a child/youth and their family, community, and culture. In 2020-21, when an-out-of-home placement was needed, 38% of children and youth were placed with extended family compared to 31% in 2019-20. This change enables more children and youth to maintain cultural and familial continuity by residing with extended family caregivers. The Department of HSS recognizes more work must be done to increase the number of Indigenous placement caregivers, with particular attention to providing extended families with the proper resources and support required to care for children impacted by intergenerational trauma.

The Department of HSS will continue to work with the Health and Social Services Authorities and Thcho Community Services Agency, and the Foster Family Coalition of the NWT to refresh and re-energize the recruitment campaign to increase the number of Indigenous placement resources throughout the NWT. The Department of HSS will also examine opportunities for improvement to financial supports for caregivers; this analysis will inform any potential future need for additional funding which would be subject to established business planning processes.

In 2019, dedicated Foster Care and Adoption Workers were created in every region of the NWT to better support caregivers in placement resources. With infusion of new resources between 2020 and 2021, four additional Foster Care and Adoption Workers, one manager, and one supervisor were added to better support caregivers, particularly in regions with a high volume of placement resources. Additional staff allows for more time to be dedicated to the early and diligent search for extended family members who can help in maintaining parent-child/youth connections during an out-of-home placement.

Recommendation 12:

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

GNWT Response:

The Annual Report of the Director of Child and Family Services includes numerous indicators that describe service use and provides demographic information on children and youth who receive services.

The Department of HSS recognizes the need to improve the approach to monitoring and evaluation of Child and Family Services, particularly in collaboration with Indigenous governments. Child and Family Services is developing an engagement process with Indigenous governments regarding the collection and interpretation of CFS-related data. Engagement with Indigenous governments will ultimately inform how Child and Family Services can move forward with a monitoring and evaluation approach that is responsive to the needs and priorities of Indigenous governments and communities, and aligned with the *Federal Act respecting First Nations, Inuit, and Metis children, youth and families*.

Recommendation 13:

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

GNWT Response:

The Indigenous Advisory Body (IAB) terms of reference was co-developed with Indigenous governments. It currently does not have any provisions for sub-committees. The Terms of Reference may be amended, modified, or varied at the suggestion of any member of the IAB, with the support of all members and the subsequent agreement among the Parties.

The Department of HSS will add Child and Family Services as a standing agenda item for IAB meetings in 2022-23. At year end, the IAB will be asked to consider the utility of a sub-committee for this issue or to establish CFS as a standing agenda item for the full IAB on an ongoing basis.

Recommendation 14:

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

GNWT Response:

The Department of HSS recognizes that some of the terminology and definitions under the *Child and Family Services Act* (CFSA) are outdated and may not support inclusiveness, reconciliation, and

principles of cultural safety. This in turn sets the tone of standards and service delivery. Therefore, future amendments to the CFSA provide an opportunity to update language and align terminology with the federal Act respecting First Nations, Inuit and Métis children, youth and families. The Community, Culture, and Innovation Division (Department of HSS) reviewed the CFSA and provided recommendations on how to simplify and replace terms from a cultural safety and anti-racism lens. These recommendations will support future amendments to the CFSA, as well as support the updating of Child and Family Services resources.

With the implementation of the federal Act respecting First Nations, Inuit and Métis children, youth and families, the landscape and language surrounding Child and Family Services continues to evolve within the NWT and throughout Canada. It will therefore be an ongoing process to ensure all Child and Family Services resources are plain language and culturally safe. To assist in this process, the Community, Culture, and Innovation Division is developing cultural safety and anti-racism principles to embed throughout Child and Family Services resources. These principles are set to be completed by March 2023.

Shifting language, resources, and consequently practice throughout an entire system and workforce requires a measured and thoughtful approach. This is important work that will positively impact the lives of children, youth, and families. Child and Family Services is committed to advancing this work in a way that welcomes critical conversations that will set a foundation for better practice.

Recommendation 15:

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

GNWT Response:

Parents, legal caregivers, youth, and children are entitled to be informed of their right to be represented by legal counsel throughout the protection process, including the plan of care stage. These rights are enshrined under s.3.1 of the *Child and Family Services Act*. To the extent that it is practicable, the Act also requires the Director of Child and Family Services to facilitate access to legal counsel and, where appropriate, the services of an interpreter.

It is common for parents to experience increased stress and anxiety when they discuss the care of their children or youth with a Community Social Services Worker (CSSW); therefore, it is important that CSSW demonstrate empathy and compassion, and ensure every effort is made to help parents navigate their options and assert their rights.

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

To ensure clarity of rights throughout the child protection process, the Department of HSS commits to improving communication to parents, legal caregivers, youth, and children about legal services and mediation.

Recommendation 16:

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

GNWT Response:

Amendments to the *Child and Family Services Act* are part of the work needed to reform the child and family services system. The Department of HSS will be proposing amendments to the *Child and Family Services Act* in the near future. These amendments are intended to align the NWT's Act with the federal government's Act respecting First Nations, Inuit and Métis children, youth and families, reflect best practices in the NWT and in other jurisdictions, and enhance existing services that have had a positive impact on families, while promoting the safety of children and youth.

Many of the proposed changes identified under Recommendation 16 complement the amendments identified by the Department of HSS in its Discussion Paper, which was shared in April 2022 for feedback and suggestions. The Department of HSS received comments from service partners, Indigenous governments, and members of the public. The Department of HSS is currently summarizing the engagement results in a What We Heard report, which will be shared on its website once finalized.

The proposed amendments to the *Child and Family Services Act* are strongly influenced by the principles and standards for service provision set out under the federal government's Act respecting First Nations, Inuit and Métis children, youth and families and include proposals to further support Indigenous governments who want to participate in the delivery of child and family services and/or exercise jurisdiction, such as our proposal to expand on the existing information sharing provisions.

The Department of HSS is also reviewing the Act to identify areas where amendments are needed to reflect trauma-informed language and cultural continuity.

Recommendation 17:

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

GNWT Response:

Children, youth and adults thrive in healthy, nurturing environments. The Department of HSS supports providing a range of services to children, youth, and adults with Fetal Alcohol Spectrum Disorders

(FASD). A combination of health and social programs/services are important to minimize the impact of developmental delays on functional ability, minimize negative outcomes for individuals with existing developmental challenges, and support inclusion of children, youth, and adults with FASD in their communities. It is important to note that a diagnosis of FASD is not required in the NWT to access supports and services. However, a diagnosis is a best practice for ensuring appropriate supports are established for persons impacted by FASD.

One step to improving outcomes for children, youth, and adults living with FASD is to ensure that individuals feel safe to access services. Stigma can often prevent individuals and parents from seeking help; therefore, it is important that all services aimed at improving the lives of individuals living with FASD are delivered with compassion and empathy. The Department of HSS collaborates with other jurisdictions and the Canada FASD (CanFASD) Research Network to share best practices through webinars and other mechanisms. The Department of HSS will review how this information can be shared more effectively to increase FASD specific training opportunities offered to service providers.

The NWT Disability Review and Renewal Project, initiated in March 2016, identified that, across the NWT, access to assessment and diagnostic services for individuals with intellectual and/or developmental disabilities is difficult or unavailable. The Department of HSS is actively making improvements within existing resources to the diagnosis and case management services for children and adults with complex conditions such as FASD.

The Child and Youth FASD Diagnostic and Support program is delivered by the Stanton Rehabilitation Team. The Child and Youth FASD Diagnostic Clinic is available to all NWT residents aged 7-17 and takes place monthly. The Clinic is designed to provide a multidisciplinary clinical assessment and recommendations to individuals with confirmed prenatal alcohol exposure. The multidisciplinary diagnostic team includes a program coordinator, neuropsychologist, pediatrician, speech language pathologist, audiologist, and an occupational therapist. The client and their family/guardian are engaged in all steps of the process and guide the development of an individual plan of care. The Youth FASD Coordinator works closely with the individual with FASD and their family to build on existing resources and strengths and integrate this into all aspects of the plan of care. In most cases, the Coordinator visits the individual's home community to support this process. The individual with FASD and their family are supported to access services such as rehabilitation and respite services. If the family agrees to the service, the Youth FASD Coordinator will connect the individual and family to the Adult FASD Coordinator to support transition and re-assessment by the Adult FASD Diagnostic Clinic.

The Adult FASD Diagnostic Clinic is available and accessible to all NWT residents aged 18 and older and takes place monthly. The process is similar to the Child and Youth Diagnostic Clinic; an Adult FASD Coordinator works closely with the individual going through the diagnostic process and their community supports to ensure they are empowered to participate fully in the process. Coordinated health and social services/programs, such as Supported Living, and other GNWT programs, like income supports and housing, are key programs for supporting adults with FASD.

The Department of HSS is concluding a review of Supported Living services, which will identify what supported living services are currently available for adults with disabilities and propose a new person- and family-centred, culturally safe, and inclusive model for supported living services.

In line with the GNWT Disability Strategic Framework (2017-2027), the Department of HSS is committed to improving the availability and coordination of a range of services for individuals with FASD. Recommendations from the Supported Living Review and work being advanced to improve early childhood development outcomes and coordination of services to support families and children in care with disabilities will assist the Department of HSS to improve the range of services for individuals with FASD.

Recommendation 18:

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

GNWT Response:

The Department of HSS will report on the progress made in the Quality Improvement Plan and the Committee's recommendations.

Recommendation 19:

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

GNWT Response:

This document constitutes the Government of the Northwest Territories' response in accordance with the Recommendation.