



REPRESENTATIVE FOR CHILDREN AND YOUTH 2023-2024 ANNUAL REPORT

Ensuring the Government of Nunavut provides ethical, equitable, and consistent services that meet the needs and support the rights of young Nunavummiut, and the families, who rely on them.



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NUTAQQANUT INULRAMIRNULLU
UQAQTIKHAANIK

REPRÉSENTANT DE
L'ENFANCE ET DE LA JEUNESSE

REPRESENTATIVE FOR
CHILDREN AND YOUTH

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Cover photo caption: Mason Parks and his family in Pond Inlet wear t-shirts with his winning design highlighting the right to culture. Mason's was the top winner of our 2021-2022 My Child Rights! For more information, see page 92.



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L'ENFANCE ET DE LA JEUNESSE

REPRESENTATIVE FOR
CHILDREN AND YOUTH

September 27, 2024

The Honourable Tony Akoak
Speaker of the Legislative Assembly of Nunavut
P.O. Box 1200
Iqaluit, NU X0A 0H0

Dear Speaker:

It is my pleasure to present the Representative for Children and Youth
2023-2024 Annual Report to the Legislative Assembly of Nunavut.

This report covers the period of April 1, 2023, to March 31, 2024, and has been
prepared in accordance with section 35(1) of the *Representative for Children and
Youth Act*.

Yours sincerely,

Jane Bates
Representative for Children and Youth

This report is dedicated to the
children, youth, and families of Nunavut.

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MESSAGE FROM THE REPRESENTATIVE

It is my pleasure to present the Representative for Children and Youth 2023-2024 Annual Report. This report comes as I complete my first term as Nunavut's Representative for Children and Youth (Representative). It has been an honour and privilege to serve as the Representative for the last five years alongside the Representative for Children and Youth's Office (RCYO) staff, and it will be an honour and privilege to serve for five more years as I have been reappointed.

This year, we welcomed new staff to our team, Jessica Shabtai, Director of Child & Youth Advocacy Services; Ross Ferguson, Senior Systemic Investigator/Researcher; and Dustin Patar, Acting Manager of Communications & Public Awareness. They have brought a wealth of knowledge, varied experience, and positive energy that has further strengthened our team.

This annual report looks a little different. We have expanded the scope of the Status of Young Nunavummiut section, analyzed the data collected over the past five years to identify trends and areas of growing concern, and made recommendations to address these concerns. We also completed a five-year review of the cumulative progress made by departments to implement the 15 recommendations made as a result of the RCYO's first comprehensive systemic review, *Our Minds Matter: A Youth-Informed Review of Mental Health Services for Young Nunavummiut (Our Minds Matter)*.

Continuing to advocate for the rights of children and youth in Nunavut, this year, our Individual Advocacy program opened 41 new cases, and our Systemic Advocacy program monitored 42 recommendations. I am happy to see that nine of the 15 recommendations made as a result of *Our Minds Matter* have been implemented. However, departments made no progress on the other 33 recommendations. Work is still underway by our Communications and Public Awareness program to create a comprehensive child rights teaching guide that incorporates a lot of the RCYO's child rights resources created to date. I'm very excited to see all this hard work come to fruition as this teaching resource will be the first of its kind in Canada created by a child rights office. Also, we are happy to be conducting community engagement



visits again after the pandemic to meet face-to-face with young people, their families, service providers, and other community members.

This year, we also focused on enhancing our services. The Reviews of Critical Injuries and Death program became operational on April 1, 2023, and we initiated our first review of a critical injury in February 2024. We also implemented complex file reviews that require our individual and systemic advocacy teams to work together to review files and make recommendations to responsible departments to address both individual problems and systemic issues. We also revised our Systemic Advocacy program to be more responsive in addressing systemic issues, and we currently have six reviews in progress.

Over the past five years, our Status of Young Nunavummiut section has detailed child sexual abuse referral numbers (e.g. 518 referrals in 2021-2022 with 458 in South Baffin alone) and this year the Department of Family Services acknowledged that historical reporting

methods did not accurately represent the actual number of referrals received. For this reason, the Department of Family Services did not provide any referral statistics at all for the 2023-2024 fiscal year. Further, this year the *Surusinit Ikajuqtigiit – Child Abuse and Neglect Response Agreement* was updated and tabled in the Legislative Assembly. This agreement is foundational to ensuring that child sexual abuse investigations are not only completed but done so consistently and collaboratively with the RCMP. Yet, the updated version of the agreement is vague, unclear, and leaves a lot to the discretion of the service providers. The Department of Family Services must do better and be held accountable for consistently and accurately documenting all referrals of child abuse so the Government of Nunavut (GN) can understand the scope and magnitude of this issue. Even without child sexual abuse referral statistics from the Department of Family Services, based on our work, I can confirm that child sexual abuse in Nunavut continues to be a crisis. A crisis that has remained knowingly unaddressed.

My office's paramount priority is for the GN to collectively address the child sexual abuse crisis. The RCYO first raised the issue of child sexual abuse with the previous government in June 2019. In May 2023, the Office of the Auditor General (OAG) tabled a third report about the Department of Family Services, describing the state of child welfare in Nunavut as a "crisis". Finally, after our appearance at the Standing Committee on Oversight of Government Operations and Public Accounts in April 2024, a recommendation was made by the government to address the issue:

That the Government of Nunavut immediately develop a government-wide action plan to address child sexual abuse and sexual violence in Nunavut.

I want to assure young Nunavummiut that we are closely watching the government's progress to do better for you and will hold them accountable for protecting you from all forms of harm, as it is your right.

I whole heartedly believe that Nunavut has the potential to become the model for exemplary public service in Canada. I am confident that if all previously made recommendations by the RCYO and the OAG were fully implemented it would positively impact service delivery, in not only the Department of Family Services, but all GN departments. If departments do not consistently and accurately collect data and use the data to inform necessary foundational, Inuit-led changes, the "transformational" changes this government has committed to will not be a sustainable reality.

As you read this report, I'd like to remind you that behind every statistic and every recommendation made is the public, the children, the youth, and their families who are depending on the GN to help them live their best lives. This can only be accomplished if the GN makes decisions that are respectful of our rights and considerate of our best interests. It will take a collective will, collaboration, and hindsight, to build the new systems required to protect and nurture the well-being of us all, but especially young Nunavummiut. While there is much to be concerned about, I remain hopeful, echoing the words of our Premier to young Nunavummiut in January 2024, "You have a future. It's our time. Our territory, our decision, our future"¹.

Yours sincerely,



Jane Bates
Representative for Children and Youth

¹ Akeegok, P.J. (January 19, 2024). *Nunavut Lands and Resources Devolution Agreement Signing - Premier's Speech*. Office of the Premier. www.premier.gov.nu.ca.

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STATUS OF YOUNG NUNAVUMMIUT

Pursuant to the *Representative for Children and Youth Act* (RCYA), the Representative must submit an annual report to the Legislative Assembly of Nunavut (Legislative Assembly) which includes "a report on the status of children and youth in Nunavut." As the RCYO has now been collecting data from departments for five years, this year, we analyzed the various datasets to identify trends and areas of growing concern. To support addressing these concerns, recommendations have been made in this section to the responsible departments. Feedback from departments, including if they agree or disagree with the recommendation, will be shared in the 2024-2025 annual report.

General Nunavut Statistics

Incomplete, inaccurate, and out of date statistics, makes identifying trends and areas of growing concern challenging. As much of the information publicly provided by the Nunavut Bureau of Statistics is out of date by more than four years, this year, the RCYO looked to other sources to provide the General Nunavut Statistics part of the Status of Young Nunavummiut section.

Recommendation #1:

The Representative for Children and Youth recommends that the Department of Executive and Intergovernmental Affairs as the lead, works to ensure current, complete, and accurate statistics are available through the Nunavut Bureau of Statistics.

	2019	2020	2021	2022	2023
TOTAL POPULATION²	38,839	39,479	40,086	40,485	40,673
0-4 years of age	4,459	4,507	4,624	4,392	4,130
5-9 years of age	4,237	4,253	4,242	4,399	4,417
10-14 years of age	3,679	3,773	3,882	3,932	3,991
15-19 years of age	3,346	3,362	3,329	3,430	3,492
20-24 years of age	3,208	3,238	3,207	3,224	3,250
25-44 years of age	11,237	11,455	11,582	11,674	11,820
45-64 years of age	7,114	7,248	7,475	7,620	7,699
65+ years of age	1,559	1,643	1,745	1,814	1,874
Percentage 0-19 years of age	40.48%	40.26%	40.10%	39.9%	39.41%

According to Statistics Canada, approximately 21% of all Canadians are 19 years of age and younger. With Nunavut's population being approximately 40% for the same age group, ethical, equitable, and consistent government services for young people must be prioritized.

² Statistics Canada. (2024). *Population estimates on July 1, by age and gender*. Ottawa, ON: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>

General Nunavut Statistics continued...

LEGEND

- Data not yet available

	2019	2020	2021	2022	2023
TOTAL BIRTHS³	853	963	835	705	-
To mothers under 15 years of age	5	4	5	4	-
To mothers 15-19 years of age	157	173	134	116	-
TOTAL DEATHS⁴	222	209	205	219	-
0-19 years of age	37	24	32	28	-
Infant mortality, 0-1 year of age ⁵	15	12	14	13	-
Fetal deaths ⁶	16	8	23	11	-
Total Suicides ⁷	39	27	37	27	37
0-19 years of age	13	4	13	2	7
Percentage 0-19 years of age	33%	14%	35%	7%	18%

Young people, 0-19 years of age, account for 23% of recorded suicides in the past five years. This statistic may not be a complete picture as the Coroner has not determined the cause of death for several young people for that period. Available data indicates that Nunavut lost 39 young people to suicide in the last five years. With a population as small as ours, all Nunavummiut experience the impact of these losses. Data from the Department of Education indicates that schools have provided crisis response support to 30 students touched by suicide over the last five years. This data should be interpreted cautiously as the database tracking crisis response is not mandatory or used consistently across the territory. In practice, the schools have probably provided support to a much higher number of students who experienced a loss to suicide, suicidal ideation, or a suicide attempt.

On May 29, 2023, the Minister of Health tabled the *Nunavut Suicide Prevention Partners Innuusivut Anninaqtut Action Plan 2017-2022 Final Report*.⁸ The report makes eight commitments to address Nunavut's high suicide rates, including strengthening mental health services and supporting youth resilience.

The Department of Health has also amended the *Mental Health Act* to support more community and family-oriented intervention for suicide attempts and suicidal ideation, reflective of *Inuit Qaujimajatuqangit*.

³ Statistics Canada. (2023). *Live births, by age of mother*. Ottawa, ON: Statistics Canada. Retrieved from <https://doi.org/10.25318/1310041601-eng>.

⁴ Statistics Canada. (2023). *Deaths, by age group and sex*. Ottawa, ON: Statistics Canada. Retrieved from <https://doi.org/10.25318/1310070901-eng>.

⁵ Statistics Canada. (2023). *Infant deaths and mortality rates, by age group*. Ottawa, ON: Statistics Canada. Retrieved from <https://doi.org/10.25318/1310071301-eng>.

⁶ Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy. It can also be referred to as a stillbirth when it occurs later in pregnancy, at 20 weeks of gestation or more). Statistics Canada. (2023). *Live births and fetal deaths (stillbirths), by type of birth (single or multiple)*. Ottawa, ON: Statistics Canada. Retrieved from <https://doi.org/10.25318/1310042801-eng>. Statistics Canada has not yet released the data for calendar year 2023.

⁷ Data provided by Nunavut's Office of the Chief Coroner.

⁸ Nunavut Suicide Prevention Partners. (2023). *Innuusivut Anninaqtut Action Plan 2017-2022*. Iqaluit, NU: Government of Nunavut. Retrieved from https://assembly.nu.ca/sites/default/files/2023-05/HEA_Paradis_Innuusivut%20Anninaqtut%20Final%20Report_2023.pdf HEA_Paradis_Innuusivut Anninaqtut Final Report_2023.pdf (assembly.nu.ca).

General Nunavut Statistics continued...

	2019	2020	2021	2022	2023
MARKET BASKET MEASURE⁹ per family of two adults and three children					
Iqaluit	112,778	112,778	114,324	118,787	121,791
Qikiqtaaluk (excluding Iqaluit)	107,757	107,757	109,234	113,499	116,368
Kivalliq	94,564	94,564	95,861	99,603	102,122
Kitikmeot	100,546	100,546	101,924	105,905	108,582
INCOME					
Median total income (individual) ¹⁰	\$35,780	\$39,530	\$38,120	\$38,820	-
Median total income (family) ¹⁰	\$114,800	\$124,600	\$109,900	\$97,700	-
Income Assistance recipients ¹¹	14,401	12,119	10,342	10,912	11,162
Income Assistance expenditure (Millions) ¹¹	\$51.6	\$37.5	\$38.3	\$44.0	\$62.6
Unemployment rate ¹²	14%	15.6%	10.4%	14%	13.2%
POVERTY ESTIMATES¹³					
Family, with two adults and three children	37.9%	36.8%	39.0%	-	-
Individual	47.3%	44.4%	46.6%	-	-
0-18 years of age	45.5%	47.9%	46.5%	-	-

Previous versions of this General Nunavut Statistics section highlighted information on food security, citing that 49.4% of households in the territory faced moderate or severe food insecurity. However, despite being released in 2020 and the most up-to-date information publicly available, this statistic is based on data from a 2017-2018 survey. The absence of data explicitly on food security in this section does not indicate it's not an issue, it simply means the data is not available.

In place of this, the RCYO sourced Statistics Canada data on cost of living, Market Basket Measure, and poverty estimates that, when combined with other data such as median total income, income assistance, and unemployment, offer an up-to-date look at the realities faced.

Over the past five years, the cost of living in Nunavut, represented by the Market Basket Measure, has increased by approximately 7.5% while the median total income for families decreased by over 16%. As the median total income for families in 2022 was \$97,700, the most recent data, it is well below the Market Basket Measure suggesting that many Nunavummiut can not afford basic necessities for their family.

⁹ The Market Basket Measure is based on the cost of a specific basket of goods and services representing a modest, basic standard of living for a reference family. These costs are compared to the disposable income of families to determine whether or not they fall below the poverty line. For Nunavut, the Market Basket Measure reference family consists of two adults with three children. Statistics Canada. (2024). *Market Basket Measure (MBM) thresholds for the reference family by Market Basket Measure region, component and base year*. Ottawa, ON: Statistics Canada. Retrieved from <https://doi.org/10.25318/1110006601-eng>.

¹⁰ Median total income is the income amount that divides a population into two equally-sized groups, half having an income above that amount, and half having an income below that amount. A family is based on two adults and three children. Statistics Canada. (2024). *Tax filers and dependants with income by total income, sex and age*. Ottawa, ON: Statistics Canada. Retrieved from <https://doi.org/10.25318/1110000801-eng>.

¹¹ Data provided by the Department of Family Services, Income Assistance Division. In April 2023, the Income Assistance benefit was increased.

¹² Statistics Canada. (2024). *Labour force characteristics, annual*. Ottawa, ON: Statistics Canada. Retrieved from <https://doi.org/10.25318/1410039301-eng>.

¹³ Statistics Canada. (2023). *Estimates and confidence intervals for the percentage of persons in poverty, MBM-N, Nunavut and selected demographic groups, 2018 to 2021*. Ottawa, ON: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/pub/75f0002m/75f0002m2022003-eng.htm>

Status of Young Nunavummiut

According to the Department of Education

LEGEND

- Data not yet available

Data reported but confirmed by the department to be inaccurate

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
TOTAL LICENSED CHILDCARE CENTRES¹⁴	57	58	60	60	61
Daycares	32	33	33	33	34
Preschools	8	8	8	7	6
Head Starts	7	7	7	7	7
Afterschool	7	7	7	7	7
Home daycares	3	3	5	6	7
Childcare spaces	1,224	1,255	1,239	1,243	1,315
Infant (0-2 years of age)	201	206	218	223	237
Full-time Preschool (3-5 years of age)	569	572	598	616	662
Part-time Preschool (3-5 years of age)	290	310	258	240	240
School-age (6-12 years of age)	164	167	165	164	176
Waiting list¹⁵	1,105¹⁶	-	912¹⁷	-	1,420¹⁸
Infant	358	-	242	-	512
Preschool	504	-	440	-	727
School-age (6-12 years)	243	-	230	-	181

Due to actions taken by the Department of Education, the number of licensed childcare centres across the territory has increased taking the total number of childcare spots from 1,224 in 2020-2019 to 1,315 in 2023-2024. However, as the population of this age group is larger than in previous years, even with the 91 new spots created over the last five years, there are 315 more individuals on waiting lists in 2023-2024 than in 2019-2020. A shortage of early learning and childcare spots remains a systemic issue in our database.

Recommendation #2:

The Representative for Children and Youth recommends that the Department of Education continue work to increase the number of early learning and childcare spots.

¹⁴ The Department of Education licenses daycares. It does not operate them.

¹⁵ Surveys to establish waiting list lengths were not conducted in 2020-2021 and 2022-2023.

¹⁶ Each centre may have their own waiting list so parents may put their names on more than one waiting list.

¹⁷ Data from 2020 voluntary childcare facility survey. Not all facilities fully responded.

¹⁸ Seventy-two percent of daycares responded. Each centre may have their own waiting list so parents may put their names on more than one waiting list.

¹⁹ Kindergarten students are counted as 0.5 as they only attend school for half of the day.

²⁰ Only reflects attendance rates until March 17, 2020. Following that, schools were closed for the remainder of the year due to COVID-19.

²¹ Attendance data collection was impacted by COVID-19 and does not accurately reflect attendance for this school year. Data is accurate as of January 2021.

²² Numbers listed are gross graduation rates. The gross graduation rate is calculated by dividing the number of graduates by the average of estimate 17 and 18 year-old populations (as the typical age of graduation). The population count of 17 and 18 year-olds is based on population data provided by the Nunavut Bureau of Statistics.

²³ Most up-to-date, comparable data available from Statistics Canada is for 2020-2021. Statistics Canada. (2022). *True cohort high school graduation rate, on-time and extended-time graduation rates, by gender*. Ottawa, ON: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3710022101>

Status of Young Nunavummiut

According to the Department of Education continued...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
SCHOOLS					
Enrollment	10,576	10,310	10,388.5¹⁹	10,629	10,852
Elementary (Kindergarten to Grade 9)	7,953	7,634	7,638.5	7,781	7,858
Secondary (Grade 10 to Grade 12)	2,623	2,676	2,750	2,848	2,994
Attendance rates	76.5%²⁰	57.7%²¹	52.9%	71.07%	68.22%
Final graduation numbers	276	287	262	261	-
Graduation rate ²²	41.5%	44.9%	38.4%	37.3%	-
Student Educator Ratio (SER)	11.08	11.27	11.9	11.6	11.88

Overall school enrollment has increased by 276 students this year compared to the pre-pandemic enrollment numbers, even though there are 95 fewer Kindergarten to Grade 9 students than five years ago. While attendance rates are increasing since the pandemic, they are also still lower than the pre-pandemic rates.

Recommendation #3:

The Representative for Children and Youth recommends that the Department of Education focus efforts and report on initiatives to increase attendance rates.

Despite the decrease in attendance rates during the pandemic, there has been minimal change to the number of young people graduating high school, over the past five years, as per the final graduation numbers (276-261) and graduation rate (41.5%-37.3%). The high school graduation rate of 44.9% for 2020-2021, the highest rate in the past four years, is significantly lower than the national rate of 84%²³ for the same year.

Recommendation #4:

The Representative for Children and Youth recommends that the Department of Education focus efforts and report on initiatives to increase graduation rates.

YOUNG PARENTS STAY LEARNING

Recipients	50	23	20	35	14
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The Young Parents Stay Learning program, a childcare subsidy to assist young parents with the cost of childcare while the parent attends school, saw a 72% drop in usage between 2019 and 2024. While there are several possible explanations for this decrease, it is not because the number of teen parents has seen the same decrease, 162 in 2019-2020 compared to 120 in 2023-2024. Given the importance of a program like this, the reason for such a dramatic decrease should be looked into further by the Department of Education.

Recommendation #5:

The Representative for Children and Youth recommends that the Department of Education assess the effectiveness and use of their Young Parents Stay Learning program and use their findings to inform program improvements.

FINANCIAL ASSISTANCE FOR NUNAVUT STUDENTS (FANS)

Applicants	685	570	722	835	786
Recipients	427	320	452	516	530

Status of Young Nunavummiut

According to the Department of Education continued...

LEGEND

- Data not available

Data reported but confirmed by the department to be inaccurate

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
CRISIS RESPONSE, by reason²⁴					
Total crisis responses	8	15	13	13	10
Accidental death		3		1	
Cumulative impact of losses and sudden death	5			2	2
Follow up and training				1	2
Homicide in community		1	2		
Parent death			1		
Student death (Medical)					1
Student death (Undisclosed or unknown cause)	1		2		
Suicide attempts (student)			1		
Suicide attempts (multiple students)		1			
Suicide death (student)	1	7	3	3	2
Suicide death of student plus additional community deaths		2			
Suicide death (unconfirmed)				1	
Suicide death (adult)				3	
Suicide death (community member)		1	3	1	
Violent incident in school and increase in suicidal ideation				1	
Violent incident in school and safety concerns			1		
School staff death	1				2
House fire					1

²⁴ A principal, in discussion with the Superintendent, as required, determines when to initiate a crisis response.

Status of Young Nunavummiut

According to the Department of Education continued...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
VIOLENT INCIDENTS, by type					
Total Violent Incidents	1,656	372	993	362	180
Abuse/Assault	1,093	165	409	251	162
Discrimination	-	-	-	11	6
Threats	-	-	-	100	27
Sexual incidents ²⁵	10	8	19	0	4
Incidents reported to police/RCMP	29	30	56	29	24 ²⁶
Harassment	104	23	293	0	0

In October 2022, the Department of Education launched their Violent Incident Online Tracking System. According to the department, "Prior to the launch of the online tracking system, violent incidents were tracked and kept at the school level only. The data from 2019-2022 was collected directly and manually from schools [and] ... there were some discrepancies in the way incidents were recorded and tracked." As such, the number of violent incidents reported by the department during these years has been turned red above to indicate data reported but confirmed by the department to be inaccurate.

Further, as per the department, "This is a voluntary reporting system used only by the school staff, and the data presented reflects the number of voluntary reports submitted. At this time, all incidents may not get reported in this system. Therefore, this summary may not reflect all incidents that occurred in the territory. The number of reports may not reflect the exact number of unique incidents, as different people could make multiple submissions for one incident."

Recommendation #6:

The Representative for Children and Youth recommends that the Department of Education standardize the reporting of violent incidents in school to ensure accuracy across the territory.

STUDENT DISCIPLINE	1,656	372	993	362	180
Suspensions	417	142	213	-	-
Expulsions	3	4	3	-	-

²⁵ October 2022 to June 2023

²⁶ July 2023 to June 2024

Status of Young Nunavummiut

According to the Department of Family Services

LEGEND

- Data not available
- # Data reported but confirmed by the department to be inaccurate
- / Inconsistent numbers reported by the department

Since the RCYO began the Status of Young Nunavummiut section five years ago, the data provided by the Department of Family Services' Family Wellness Division has been inconsistent, incomplete, and based on what we know through our individual advocacy and systemic advocacy work, it is also inaccurate. This year, the Department of Family Services has acknowledged this, confirming that previous data was inaccurate and data collection methods were inconsistent.

There is hope that the new case management system will assist with generating statistics, which have primarily been collected manually. However, a database will only be as good as the information staff put into it.

Recommendation #7:

The Representative for Children and Youth recommends that the Department of Family Services make the collection of accurate and complete statistics a priority.

2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
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REFERRALS

-	-	-	-	-
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According to the Department of Family Service, "This data, previously provided, was collected through methods that cannot be validated and is not accurate. The historical reporting methods do not accurately represent the number of referrals received by our Family Wellness offices. The Department is addressing these issues, and we deployed our electronic case management system in November 2023."

Referrals are the starting point of any social service. Without the accurate and consistent tracking of referrals, it is difficult to meaningfully assess and justify the resources needs.

Status of Young Nunavummiut

According to the Department of Family Services continued...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
IN THE CARE OF THE DIRECTOR²⁷	177	151	144/145	183/184	159
Permanent Custody Orders	111	102	92	126/127	101
In-territory	-	121	114	94	-
Out-of-territory	-	30	31	33	-
Temporary Custody Orders	66	42	47	57	58
In-territory	-	-	-	55	-
Out-of-territory	-	-	-	2	-
Adjourned	-	6	3	-	-
Apprehension	-	1	2	-	-
AGED OUT OF CARE²⁸					
	15	12	9	4	3 ²⁹
TOTAL ADOPTIONS	134	130	162	149	169
Registered Custom	118	109	132	131	148
Private	14	14	26	17	18
Departmental	2	7	4	1	3
TOTAL FOSTER HOMES	135	157³⁰	136³¹	134	150³²
Inuit	-	90	96	81	69
Non-Inuit	-	45	40	53	45

At the end of the fiscal year, 101 young people were in the permanent care of the Director of Child and Family Services. Additionally, 58 young people were in the temporary care of the Director of Child and Family Services, some of whom will ultimately come into permanent care. This year, the Department of Family Services completed three departmental adoptions. While not all children in care are adopted, these numbers indicate an absence of permanency planning, which has also been observed in our individual advocacy work and systemic reviews. In December 2023, following a complex file review, the RCYO recommended that Department of Family Services develop standards for permanency planning. See page 66 for more information.

One of the challenges with departmental adoptions is that Community Social Services Workers (CSSWs) carry out the required assessments and documentation for them. These assessments are specialized and can not be done adequately as an add-on to a CSSW's responsibilities. Further, given the day-to-day support CSSWs provide to children in care, there is a conflict of interest if the CSSWs complete adoption assessments.

Recommendation #8:

The Representative for Children and Youth recommends that the Department of Family Services evaluate their current model of adoption services and use their findings to inform program improvements.

²⁷ The Director of Child and Family Services has legal guardianship of these young people as a result of a court order.

²⁸ Young people between 16 and 19 who were in the care of the Director under a Permanent Custody Order that expired.

²⁹ Does not include data from the Kivalliq and Qikiqtaaluk

³⁰ Does not include data from North Baffin

³¹ Does not include data from multiple communities

³² Does not include data from the Kivalliq

Status of Young Nunavummiut

According to the Department of Family Services continued...

LEGEND

- Data not available

Data reported but confirmed by the department to be inaccurate

/ Inconsistent numbers reported by the department

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
RECEIVING SERVICES, but not in the care of the Director, under court order					
Total receiving services	78	13	12	27	41
Supervision Order	27	6	9	12	26
Interim Order/Adjourned	51	7	3	15	15
RECEIVING SERVICES, but not in the care of the Director, by service agreement type					
Total receiving services	260	228	216	334	232
Plan of Care	183	171	134	214-219	114
Voluntary Services Agreement	60	44	58	75-81	68
Support Services Agreement	17	13	21	33/36	18
Extended Services Agreement	-	-	3	35	32

Over the past three years, there has been an increase in the number of Extended Support Agreements, from three to 32. This data suggests that the Department of Family Services is providing more support to young adults 19-26 years of age, who were previously in the care of the Director of Child and Family Services, as they transition into adulthood.

FAMILY VIOLENCE SHELTERS

Young people who stayed in a shelter	-	241	-	-	1,042
Total nights spent in shelters	4,304	3,402	4,103	7,959³³	11,809
0-5 years of age	1,118	1,692	1,515	3,887	8,212
6-18 years of age	3,186	1,710	2,498	4,072	11,466

The number of young people staying in shelters has increased dramatically between 2020-2021 and 2023-2024, from 241 to 1,042. Even with the absence of data from other years, this is an area of concern. The RCYO strongly encourages the Department of Family Services to assess services and supports currently available for children, youth, and families staying in family violence shelters and use these findings to inform program improvement.

³³ Does not include data from South Baffin

Status of Young Nunavummiut

According to the Department of Family Services continued...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
CRITICAL INJURIES	-	-	-	-	-
DEATHS	3	4	5	3/1 ³⁴	3

The Department of Family Services has not accurately documented, tracked, or reported critical injuries, since the reporting requirement came into effect in 2015. There has been some improvement in reporting to the RCYO, however, we continue to learn about critical injuries that the Department of Family Services has not reported through our individual advocacy work and systemic reviews. Many of the critical injury reports that the Department of Family Services makes to our Review of Critical Injuries and Deaths program are not reportable as they do not meet the criteria.

Recommendation #9:

The Representative for Children and Youth recommends that the Department of Family Services develop and implement a tracking system for critical injuries and death.

³⁴ Although the Department of Family Services reported three deaths, only one was reported to the RCYO as per section 19 of the RCYA. See page 98 for more information.

Status of Young Nunavummiut

According to the Department of Family Services continued...

LEGEND

- Data not available

Data reported but confirmed by the department to be inaccurate

/ Inconsistent numbers reported by the department

	2023-2024		2023-2024
TOTAL PLACEMENT SERVICES³⁵	326		
Extended Family	103³⁶	Other Out-of-territory Care	0³⁹
In-territory	99	Arrangements (Non-Medical)	
By agreement	45	By agreement	0
By custody order ³⁷	54 ³⁸	By custody order ³⁷	0
Out-of-territory	4	Out-of-territory Medical Needs	43
By agreement	3	Placements	
By custody order ³⁷	1	Permanent Custody	11
Foster Family (non-biological)	141	Temporary Custody	2
In-territory	112	Plan of care	5
By agreement	40	Voluntary Services Agreement	24
By custody order ³⁷	72	Support Services Agreement	0
Out-of-territory	29	Extended Services Agreement	0
By agreement	8		
By custody order ³⁷	21		
Group Homes (Non-Medical)	39		
In-territory	17		
By agreement	8		
By custody order ³⁷	9		
Out-of-territory	22		
By agreement	9		
By custody order ³⁷	13		

Although the Department of Family Services reported that there are 326 young people residing in out-of-home care, based on our work, we know that this number is an estimation. Several of our systemic issues relate to children in out-of-home care and, more specifically, out-of-territory care. The RCYO has already made several recommendations about out-of-home care and transition planning, and placement and permanency planning, see pages 70 and 66 respectively for more information. For definitions of permanency and transition planning, see page 67.

³⁵ Data provided by the Department of Family Services for 2019-2022 is too incomplete to include.

³⁶ This number is different from the total number of foster homes listed above as depending on each circumstance, placement services with extended family members can be family arrangements, not necessarily categorized as approved foster homes.

³⁷ Custody orders include Temporary Custody Orders, Plans of Care, Interim and Adjournd Orders.

³⁸ This number also includes statuses of Supervision Orders and Interprovincial Courtesy Supervision.

³⁹ This number is already counted in the above sub-section of out-of-territory Foster Family (non-biological).

Status of Young Nunavummiut

According to the Department of Health

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
TOTAL PATIENTS	24,798	6,995	24,818	29,765	30,470
19 years of age and younger	10,669	2,645	9,541	12,421	12,308
0-4 years of age	3,978	1,197	3,434	3,935	3,387
5-9 years of age	2,477	442	2,119	3,092	3,165
10-14 years of age	2,143	481	2,093	2,837	3,073
15-19 years of age	2,071	529	1,895	2,557	2,683
Percent of patients 19 years of age and younger	43%	37%	38%	41%	40%
TOTAL VISITS	125,596	20,604	75,723	133,296	151,424
19 years of age and younger	46,064	6,800	25,340	49,585	52,378
0-4 years of age	21,720	3,471	11,241	21,601	20,579
5-9 years of age	8,003	442	4,429	10,196	11,426
10-14 years of age	7,344	1,194	4,410	8,169	9,688
15-19 years of age	8,997	1,693	5,260	9,619	10,685
Percent of visits by those 19 years of age and younger	36%	33%	33%	37%	34%

With consideration of the statistics above, it is evident that the pandemic had a significant impact on the delivery of health services given the numbers of patients and visits reported for 2020-2022.

⁴⁰ As of October 1, 2021, visits to Iqaluit Public Health and Iqaluit Mental Health are not included

⁴¹ The presented data favours generic ICD-10 codes. Patients with confirmed specific diagnoses would likely not be captured in this report. For example, F20.9 Schizophrenia, unspecified is a generic code for schizophrenia, patients coded as Paranoid schizophrenia, Hebephrenic schizophrenia, Catatonic schizophrenia or other specific codes would not be captured by F20.9 and thus not included in this report due to the lower frequency of reporting. Reason for visit does not always indicate a confirmed diagnosis as some conditions are queried, ruled out over time, or a certain number of visits within a specified period need to occur before confirmation of some conditions can be made.

Status of Young Nunavummiut

According to the Department of Health continued...

LEGEND

--/-- Data not reported because it is not one of the top 10 reasons for that fiscal year, locations, or age group.

	2019-2020	2020-2021	2021-2022 ⁴⁰	2022-2023 ⁴⁰	2023-2024 ⁴⁰
MOST COMMON REASONS⁴¹ for accessing health centres, All ages (visit/patient)					
Laboratory examination	19,289/9,479	2,862/1,693	--/--	--/--	--/--
Other specified medical care not elsewhere classified	11,046/2,681	2,862/353	--/--	--/--	--/--
Unspecified place of occurrence	9,989/6,001	1,518/995	--/--	--/--	--/--
Exposure to unspecified factor causing other and unspecified injury	6,852/4,689	998/753	--/--	--/--	--/--
Counselling, unspecified	6,510/2,279	1,661/437	--/--	--/--	--/--
Acute upper respiratory infection, unspecified	5,833/3,630	--/--	--/--	--/--	--/--
Persons encountering health services in other specified circumstances	4,563/2,944	--/--	--/--	--/--	1,967/1,486
General medical examination	4,062/3,110	498/418	47,214/ 18,375	96,280/ 23,969	119,425/ 25,532
Issue of repeat prescription	3,718/1,977	--/--	--/--	--/--	--/--
Radiological examination, not elsewhere classified	3,406/2,750	438/391	--/--	--/--	2,249/1,896
Supervision of normal pregnancy, unspecified	--/--	620/202	--/--	--/--	--/--
Mental and behavioural disorders due to use of alcohol, dependence syndrome	--/--	485/160	--/--	--/--	--/--
Anxiety disorder, unspecified	--/--	443/132	--/--	--/--	--/--
Other specified special examinations	--/--	--/--	2,893/2,238	--/--	--/--
Need for immunization against influenza	--/--	--/--	2,760/2,686	2,706/2,600	3,267/3,145
Routine child health examination	--/--	--/--	2,759/1,891	3,512/1,957	4,051/1,962
Pregnant state, incidental	--/--	--/--	2,337/874	3,671/1,148	--/--
Need for immunization against unspecified infectious disease	--/--	--/--	--/--	4,206/3,495	3,696/3,150
Need for immunization against other single bacterial diseases	--/--	--/--	--/--	3,190/2,389	3,281/2,232
Special screening examination for respiratory tuberculosis	--/--	--/--	--/--	2,132/1,563	3,901/2,822
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis [DTP + polio]	--/--	--/--	--/--	1,949/1,455	2,525/1,837
Need for immunization against diphtheria-tetanus-pertussis, combined [DTP]	--/--	--/--	--/--	1,112/1,087	--/--
Need for immunization against other combinations of infectious diseases	--/--	--/--	--/--	1,100/813	--/--
Need for immunization against other specified single infectious diseases	--/--	--/--	--/--	--/--	2,203/1,534

Status of Young Nunavummiut

According to the Department of Health continued...

	2019-2020	2020-2021	2021-2022 ⁴⁰	2022-2023 ⁴⁰	2023-2024 ⁴⁰
MOST COMMON REASONS⁴¹ for accessing health centres, 19 years of age and younger (visit/patient)					
Laboratory examination	5,165/3,148	759/506	--/--	--/--	--/--
Acute upper respiratory infection, unspecified	4,301/2,379	225/171	--/--	--/--	--/--
Unspecified place of occurrence	4,126/2,646	536/383	--/--	--/--	--/--
Other specified medical care not elsewhere classified	3,591/822	1,558/129	--/--	--/--	--/--
Exposure to unspecified factor causing other and unspecified injury	2,934/2,087	364/283	--/--	--/--	--/--
Otitis media, unspecified	2,624/1,484	--/--	--/--	--/--	--/--
Routine child health examination	2,346/1,252	280/197	2,743/1,868	3,502/1,936	4,022/1,924
Need for immunization against other single bacterial diseases	1,912/1,281	298/230	1,441/1,034	3,037/2,234	3,080/2,029
Acute pharyngitis, unspecified	1,875/1,422	--/--	--/--	--/--	--/--
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis [DTP + polio]	1,483/1,098	248/206	1,162/841	1,909/1,402	3,029/ 2,314
Singleton, born in hospital	--/--	309/204	750/509	--/--	--/--
Need for immunization against other specified single infectious diseases	--/--	252/211	--/--	848/508	2,056/1,416
General medical examination	--/--	--/--	14,851/6,553	34,602/9,923	39,668 /10,317
Dental caries	--/--	--/--	855/579	--/--	--/--
Other specified special examinations	--/--	--/--	734/595	--/--	--/--
Need for immunization against viral hepatitis	--/--	--/--	563/399	890/582	912/544
Need for immunization against other combinations of infectious diseases	--/--	--/--	546/435	1,078/793	1,268/884
Need for immunization against influenza	--/--	--/--	508/459	--/--	--/--
Need for immunization against unspecified infectious disease	--/--	--/--	--/--	2,253/1,836	820/646
Special screening examination for respiratory tuberculosis	--/--	--/--	--/--	1,103/765	2,122/1,475
Need for immunization against other specified single viral diseases	--/--	--/--	--/--	743/725	--/--
Persons encountering health services in other specified circumstances	--/--	--/--	--/--	--/--	1,026/670
Need for immunization against other combinations of infectious diseases	--/--	--/--	--/--	1,100/813	--/--
Need for immunization against other specified single infectious diseases	--/--	--/--	--/--	--/--	2,203/1,534

Status of Young Nunavummiut

According to the Department of Health continued...

LEGEND

--/-- Data not reported because it is not one of the top 10 reasons for that fiscal year, locations, or age group.

Although the Department of Health collects data, the coding system is vast, not specific, and inconsistently used across regions. It is understandable that, on occasion, a visit would not fit into available categories, but the following vague codes regularly appear in the top ten reasons for accessing health services and should rarely be used:

- Other specified medical care not elsewhere classified
- Exposure to unspecified factor causing other and unspecified injury
- Persons encountering health services in other specified circumstances
- Radiological examination, not elsewhere classified
- Unspecified place of occurrence

Without detailed information about the medical needs of Nunavummiut, the Department of Health can not assess resources needs.

Recommendation #10:

The Representative for Children and Youth recommends that the Department of Health continue efforts to improve data collection to ensure specificity and consistency across the territory.

Status of Young Nunavummiut

According to the Department of Health continued...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
MEDICAL TRAVEL (Number of people sent out of home community for a medical procedure/treatment)					
Total medical travel patients	11,287	8,201	9,693	10,952	12,094
19 years of age and younger	3,622	2,258	2,875	3,509	3,715
Percent of medical travel patients 19 years of age and younger	32%	27%	29%	32%	30%

TOP 10 MEDICAL TRAVEL REASONS, All ages (flights⁴²/patients)					
Radiological examination not elsewhere classified	2,192/1,714	1,511/1,152	1,829/1,395	1,916/1,484	2,600/1,965
Medical services in home not available	978/853	390/361	386/347	1,988/1,407	5,139/3,293
Normal delivery	862/669	1,027/748	1,051/745	985/629	1,155/682
Dental caries	980/859	405/372	780/716	906/811	1,129/1,009
Abdominal pain	544/419	621/445	686/473	560/410	502/390
Unspecified follow-up appointment	373/328	297/236	325/265	427/335	808/609
Pregnant state incidental	585/431	426/300	347/265	344/248	302/217
Examination of ears and hearing	469/366	284/247	287/246	475/397	448/374
Examination of eyes and vision	504/379	250/194	319/248	395/301	411/316
Orthodontics aftercare	365/186	220/132	123/82	369/206	265/120

TOP 10 MEDICAL TRAVEL REASONS, 0-4 years of age (flights⁴²/patients)					
Dental caries	454/405	175/156	367/336	381/345	429/386
Medical services in home not available	46/43	16/16	19/19	219/178	239/185
Acute Bronchiolitis	153/116	19/17	33/26	112/94	87/74
Examination of ears and hearing	68/52	28/26	32/28	59/47	49/41
Other respiratory abnormalities	36/34	21/19	15/14	92/69	57/41
Fever	34/34	33/30	37/33	49/44	33/29
Pneumonia organism unspecified	50/42	36/26	18/15	--/--	66/48
Radiological examination not elsewhere classified	24/22	37/35	37/34	28/27	42/36
Convulsions	31/27	21/17	46/32	26/21	21/19
Unspecified follow-up examination	26/24	10/10	16/15	29/19	52/44

⁴² Number of flights indicate the number of times a patient boarded a plane. This is not an indication of the number of times a patient received medical care for the condition. As such, a patient may need to board more than one plane to get to their destination and these multiple layovers may be captured in the data.

Status of Young Nunavummiut

According to the Department of Health continued...

LEGEND

--/-- Data not reported because it is not one of the top 10 reasons for that fiscal year, locations, or age group.

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
TOP 10 MEDICAL TRAVEL REASONS, 5-9 years of age (flights⁴²/patients)					
Dental caries	193/179	81/78	210/198	244/226	371/334
Medical services in home not available	56/50	10/10	15/14	77/61	194/158
Examination of ears and hearing	109/86	50/43	39/37	93/74	58/53
Unspecified follow-up examination	31/27	16/16	24/19	31/27	70/56
Radiological examination not elsewhere classified	38/35	20/18	24/19	37/34	44/39
Examination of eyes and vision	33/31	15/13	14/11	28/18	35/24
Unspecified hearing loss	19/18	7/6	17/17	29/29	36/32
Abdominal pain	15/12	22/14	26/18	14/11	18/13
Acute tonsillitis	25/23	14/14	8/8	26/24	--/--
Convulsions	19/13	8/5	24/11	15/10	--/--

For the past five years, dental caries⁴³ has been the most common reason for medical travel for children 10 years of age and younger. This data suggests a need for improvements in in-territory dental care. Dental care services have been a systemic issue in our database since 2016, with several referrals made since that time.

Recommendation #11:

The Representative for Children and Youth recommends that the Department of Health continue efforts to provide preventative dental care aimed at children, youth, and their families.

Recommendation #12:

The Representative for Children and Youth recommends that the Department of Health continue efforts to prioritize in-territory access to dental care.

⁴³ As per the Department of Health, "Dental Caries, Unspecified (K02.9): This code is used for instances of tooth decay or cavities where the specific part of the tooth is not specified. It's a common code for pediatric health reports, reflecting the general issue of dental caries among the child or adolescent without delving into specific parts of the tooth affected."

Status of Young Nunavummiut

According to the Department of Health continued...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
TOP 10 MEDICAL TRAVEL REASONS, 10-14 years of age (flights⁴²/patients)					
Orthodontics aftercare	180/90	88/55	33/28	147/92	93/46
Medical services in home not available	53/47	19/19	22/21	90/71	222/174
Examination of ears and hearing	80/61	47/38	44/37	72/62	69/59
Dental caries	71/62	25/25	54/48	62/52	76/71
Radiological examination not elsewhere classified	44/40	42/35	45/39	59/46	52/46
Unspecified follow-up examination	34/33	18/16	25/20	38/32	49/40
Acute appendicitis without peritonitis	25/15	22/14	32/17	27/14	16/12
Poisoning by unspecified drug or medicinal substance	20/12	6/3	31/17	30/16	34/22
Abdominal pain	29/21	15/13	29/18	19/15	18/16
Examination of eyes and vision	23/17	--/--	14/9	22/18	25/21

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
TOP 10 MEDICAL TRAVEL REASONS, 15-19 years of age (flights⁴²/patients)					
Normal delivery	170/138	181/138	188/138	192/129	190/123
Orthodontics aftercare	180/90	113/66	71/41	190/103	147/65
Medical services in home not available	112/99	51/49	39/31	132/103	363/278
Radiological examination not elsewhere classified	120/96	86/70	108/87	122/96	146/118
Pregnant state incidental	115/83	86/62	77/58	63/43	64/46
Poisoning by unspecified drug or medicinal substance	75/45	54/34	116/53	80/47	73/42
Dental caries	82/64	38/35	48/44	51/46	47/43
Examination of ears and hearing	63/49	35/31	35/30	42/31	51/41
Unspecified psychosis	53/33	48/26	44/24	29/21	36/22
Abdominal pain	41/30	45/29	43/30	42/29	32/22

The total number of Nunavummiut who were medical travel patients dropped during the first year of the pandemic and has risen every year since, with 2023-2024 surpassing 2019-2020 by nearly 1,000 more medical travel patients. Despite these variations, the percentage of medical travellers 19 years of age or younger has remained consistent at around 30%.

A non-specific coding pattern also appears for medical travel with "Unspecified follow-up appointment." Further, "incidental pregnancy", which refers to situations where a patient attends an appointment for another concerns and a pregnancy is realized, appears in the top ten reasons for medical travel. It is surprising that this happens so frequently with medical travel.

Status of Young Nunavummiut

According to the Department of Health continued...

LEGEND

- Data not available

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
PEDIATRICIAN VISITS⁴⁴, by community					
Qikiqtaaluk	764	868	861	833.5	864
Iqaluit	688	822	801	734.5	764
Grise Fiord	20	0	2	4.5	5
Qikiqtarjuaq	12	9	9	4	13
Arctic Bay	11	0	4	10	11
Pond Inlet	10	3	4	10	13
Pangnirtung	7	0	3	6	11
Clyde River	5	8	12	11.5	8
Kimmirut	5	0	0	0	0
Kinngait	4	8	6	10	15
Igloolik	1	10	13	23	15
Resolute Bay	1	0	3	4.5	5
Sanikiluaq	0	0	0	10	0
Sanirajak	0	8	4	5.5	4
Kivalliq	70	22	32	76.5	-
Baker Lake	24	5	10	18.5	-
Rankin Inlet	14.5	12	14	15	-
Arviat	11	5	3	15	-
Nauyasat	5.5	0	0	9	-
Chesterfield Inlet	5	0	2	7	-
Coral Harbour	5	0	0	6	-
Whale Cove	5	0	3	6	-
Kitikmeot	-	-	-	-	-

Given the medical infrastructure of the Qikiqtani General Hospital and the higher population, it is understandable that Iqaluit has the most pediatrician visit days in the territory. However, over the past five years, Iqaluit has had more pediatrician visits than all other reported communities combined, including communities with large populations like Rankin Inlet, Arviat, and Igloolik. At the same time, pediatricians have rarely visited smaller communities over the past five years. Kimmirut last had a pediatrician visit in 2019-2020. Sanikiluaq had ten pediatrician days in 2022-2023 which was their only visit in the past five years.

Recommendation #13:

The Representative for Children and Youth recommends that the Department of Health continue efforts to increase pediatrician access across the territory.

⁴⁴ Pediatrician days are in-person community visits, but Iqaluit includes in-person and telehealth services in pediatrician clinics. Data provided by the Office of Medical Affairs.

Status of Young Nunavummiut

According to the Department of Justice

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
YOUTH IN THE JUSTICE SYSTEM					
Incarcerated	4	6	2	5	5
Incarcerated more than once	1	2	2	1	0
Total in community supervision orders	1	0	0	0	2
Youth charged	114	94	62	59	73
13 years of age	10	12	8	1	0
14 years of age	11	8	10	4	8
15 years of age	12	13	11	21	10
16 years of age	39	27	15	16	20
17 years of age	42	34	18	17	35
Cases in youth court	109	90	101	166	120
12-15 years of age	50	36	46	31	13
Guilty	26	11	12	4	2
Acquitted	1	0	0	0	0
Stayed or withdrawn	21	25	34	21	10
Other decisions	2	0	0	6	1
16-17 years of age	52	46	45	38	47
Guilty	32	21	11	7	17
Acquitted	1	0	2	0	0
Stayed or withdrawn	19	24	32	28	30
Other decisions	0	1	0	3	0
Other ages	7	8	10	97	60
Guilty	3	2	3	30	12
Acquitted	0	0	0	0	0
Stay or withdrawn	4	5	7	19	18
Other decisions	0	1	0	48	30

Since the establishment of the Status of Young Nunavummiut section, the Department of Justice has consistently provided accurate data. This should be encouraging to all departments as it proves it is possible.

Status of Young Nunavummiut

According to the Department of Justice continued...

LEGEND

- Data not available

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ARRESTS					
Young people arrested	246	145	118	126	246
Alcohol/Drug related arrests	138	76	52	115	175
12 years of age	13	9	11	0	4
Alcohol/Drug related	2	1	3	0	2
13 years of age	21	16	14	9	9
Alcohol/Drug related	4	6	5	9	6
14 years of age	22	17	12	14	31
Alcohol/Drug related	10	7	4	12	13
15 years of age	56	20	20	21	50
Alcohol/Drug related	29	11	9	18	34
16 years of age	60	37	26	32	50
Alcohol/Drug related	43	18	13	26	42
17 years of age	74	46	35	50	102
Alcohol/Drug related	50	33	18	50	78
Percentage of alcohol/drug related arrests	56%	52%	44%	91%	71%

Given the high number and significant increase in alcohol/drug related arrests among young people 12-17 years of age, there is a need for prevention and intervention services to mitigate substance use in youth.

Recommendation #14:

The Representative for Children and Youth recommends that the Department of Justice work with the Department of Finance and the Department of Health to create an awareness campaign about the impacts of alcohol/drug use and abuse aimed at children and youth.

Status of Young Nunavummiut

According to the Department of Justice continued...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
CRIMES AGAINST YOUNG PEOPLE					
Charges laid with an offence against a young person	420	11	310	223	627
Convictions in relation to crimes against a young person	17	20	31	5	5
In-territory registered sexual offenders⁴⁵	438	437	471	467	434
With offence(s) against a young person ⁴⁶	315	329	259	260	243
High-risk child sex offenders ⁴⁷	5	6	16	22	24

Over the past five years, the number of charges laid with an offence against a young person has increased significantly from 420 to 627, while the number of convictions was five per year, for the past two years. The large difference between charges laid and convictions is of great concern to the RCYO, however criminal prosecutions fall under federal jurisdiction.

While the number of in-territory registered sexual offenders has fluctuated over the past five years, it remains consistent around 434 with more than half of these offenders having committed an offence against a young person at some point. Also, the number of high-risk child sex offenders, who are “above average risk” of re-offending⁴⁷ has increased exponentially during the same time. This data all points to the need for preventative measures and better protection against child abuse for young Nunavummiut.

Recommendation #15:

The Representative for Children and Youth recommends that with the Department of Family Services as the lead, the Government of Nunavut immediately develop and implement a government-wide child abuse (including physical, sexual, and emotional abuse) strategy and action plan.

DOMESTIC VIOLENCE

Charges⁴⁸	571	2,190	626	1,034	627
Convictions	-	346	189	240	72

CHILD PROTECTION

Matters before the court	37	95	44	51	52
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⁴⁵ Under the Criminal Code certain sex offences: [sexual interference; invitation to sexual touching; sexual exploitation; incest; bestiality (compelling the commission of, and in presence of or by a child); child pornography (making, possession, distribution); parent or guardian procuring sexual activity; exposure, sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm; aggravated sexual assault; attempt or conspiracy to commit any of the above] require mandatory registration on Canada’s National Sex Offender Registry, which was created by the *Sex Offender Information Registration Act* (SOIRA) of 2004. As of 2011, judges no longer have discretion when it comes to requiring a convicted offender to register as a sex offender for these offences. If the individual is convicted of an offence covered by SOIRA, they must register as a sex offender. For other sexual offences, a Crown Prosecutor may apply to the Court for an order for registration. The Prosecutor will make this application when they believe an offender, who has not committed a SOIRA mandatory offence, poses an adequate risk to the public. It would then be up to the judge to decide if registration is warranted. “The RCMP “V” Division does not release regional figures for sexual offenders in Nunavut for privacy and public safety reasons.” This category and its subcategories fluctuate on a daily basis. The data provided is accurate to the point in time at which it was collected.

⁴⁶ These statistics represents the number of in-territory registered sexual offenders who committed an offence against a young person. The offence did not necessarily occur in the fiscal year noted.

⁴⁷ Determined to be “above average risk” of re-offending against children based on a computer algorithm.

⁴⁸ Charges may not have been laid and resolved within the same reporting period.

Status of Young Nunavummiut

According to the Department of Justice continued...

LEGEND

- Data not available

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
VICTIM SERVICES					
Number of young people accessing Victim Services⁴⁹	183	309	312	192	291
Witness to assault, domestic violence	45	87	189	97	142
Sexual assault	39	76	52	56	45
Historical sexual assault	32	17	3	12	12
Homicide	22	31	8	8	0
Sexual interference	29	0	0	2	38
Common assault	9	10	8	6	14
Victim of domestic violence	6	8	6	1	5
Family Information Liaison Unit client	0	2	5	4	13
Bullying	-	16	4	0	0
Witness to assault causing bodily harm	-	7	7	0	0
Aggravated assault	-	11	0	0	1
Sudden death	-	2	5	0	4
Witness to suicide	-	9	1	0	0
Motor vehicle accident	-	3	4	0	3
Assault causing bodily harm	-	1	6	0	2

⁴⁹ Victim Services tracks the reason a young person accesses Victim Services based on the related Criminal Code offence. As many clients are victims of multiple Criminal Code offences, the total “Number of young people accessing Victim Services” does not equal the reasons for accessing services.

Status of Young Nunavummiut

According to Nunavut Arctic College

New this year, the RCYO has included data from Nunavut Arctic College as it relates to all students and specifically those under 19 years of age.

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ENROLLMENT	744	544	676	788	595
Students 19 years of age and younger	63	39	61	45	43
Final graduation numbers	39	46	102	59	-
Students 19 years of age and younger	8	19	15	19	-

Status of Young Nunavummiut

According to the Nunavut Housing Corporation

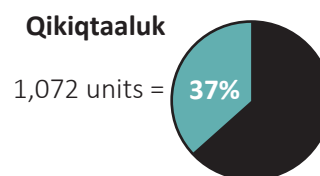
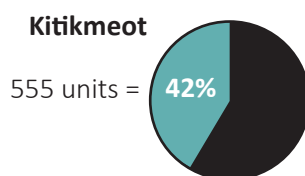
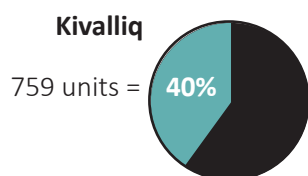
New this year, the RCYO has included data from Nunavut Housing Corporation (NHC).

LEGEND

- Data not available

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
HOUSING UNITS, by type					
Public housing units	5,668	5,683	5,847	5,916	6,130
Qikiqtaaluk	2,710	2,719	2,808	2,827	2,896
Kivalliq	1,753	1,750	1,793	1,819	1,900
Kitikmeot	1,205	1,214	1,246	1,270	1,334

2023-2024 Overcrowded⁵⁰ public housing units, by region



Staff housing units	1,698	1,733	1,735	1,728	1,716
Qikiqtaaluk	1,073	1,103	1,105	1,080	1,082
Kivalliq	376	364	365	372	380
Kitikmeot	249	266	265	276	254
Vacant staff housing units⁵¹	-	209	221	337	222
Qikiqtaaluk	-	98	109	192	123
Kivalliq	-	62	62	87	67
Kitikmeot	-	49	50	58	32

In the past five years, there has been an increase in public housing units across the territory bringing the total to 6,130. What this data does not tell us is how many people live in those homes and how many young Nunavummiut live in overcrowded homes. The data does point to a need for solutions to ensure housing security for all young Nunavummiut. Although NHC has committed to Nunavut 3000, the delivery of 3,000 homes by 2030, this will not be enough to ensure housing security for Nunavummiut.

Recommendation #16:

The Representative for Children and Youth recommends that Nunavut Housing Corporation continue initiatives to achieve housing security for young Nunavummiut, as a priority, and Nunavummiut as a whole.

⁵⁰ According to the National Occupancy Standards, overcrowding in a public housing unit or staff housing unit occurs when the following standards are not met: a maximum of two persons per bedroom; parents are eligible for a separate bedroom from their children; household members 18 years of age and older are eligible for a separate bedroom, unless married or cohabiting as spouses; a maximum of two males or two females 0 to 17 years of age per bedroom; children five years of age and older of the opposite sex do not share a bedroom; a maximum of two children younger than five years of age per bedroom.

⁵¹ NHC considers housing vacant when no one is living in the unit or no one holds a lease for the unit.

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ABOUT OUR OFFICE

The Representative for Children and Youth (Representative) is an independent officer who reports to the Legislative Assembly of Nunavut (Legislative Assembly) and the public. Independent offices are part of the Public Service but not part of the Government of Nunavut (GN).

It is the mandate of the Representative for Children and Youth's Office (RCYO) to review legislation, policies, procedures, programs, and services established by GN departments and designated authorities (departments).

Designated authorities under the *Representative for Children and Youth Act* (RCYA) include:

- ❄ Apprenticeship, Trade, and Occupations Certification Board;
- ❄ District Education Authorities and governing bodies of schools;
- ❄ Labour Standards Board;
- ❄ Legal Services Board;
- ❄ Nunavut Arctic College;
- ❄ Nunavut Housing Corporation (housing authorities and housing associations);
- ❄ Operators of licensed child daycare facilities; and
- ❄ Victims Assistance Committee.

The RCYO makes recommendations to departments to ensure their services provide ethical, equitable, and consistent outcomes that meet the needs and support the rights of young Nunavummiut, and the families, who rely on them.

These recommendations are informed by the complaints we receive about services or services that should be provided by departments, which are brought to our attention for advocacy support.

All information reported to our office is confidential and can be reported anonymously. RCYO staff take an oath of confidentiality and must not disclose information received in the performance of their duties unless a specific exception in the RCYA applies.

If anyone has a complaint about a department's services or is unable to receive a service for a young person or their family, they can bring it to the attention of our office for review.

The RCYO does not replace service providers. We review complaints about government services or services that should be provided by GN departments and advocate for improved services to benefit children and youth.

RCYO staff provide advocacy services in Inuktitut and English. Services in Inuinnaqtun and French are available with interpretation support.

OUR MISSION

Establish our office as the conscience of child- and youth-serving Government of Nunavut departments.

OUR VISION

A territory in which children and youth are healthy and safe, their interests and opinions are heard, acted upon, and supported through the delivery of ethical, equitable, and consistent government services.

OUR MANDATE

REPRESENTATIVE FOR CHILDREN AND YOUTH ACT

Our mandate includes the following specific duties as outlined in the RCYA:

- ❄️ Ensure the rights and interests of children and youth, individually and collectively, are protected and advanced;
- ❄️ Ensure departments hear and consider the opinions of children and youth on matters that affect them;
- ❄️ Ensure children and youth can access departments' services and that the departments consider their concerns and opinions about those services;
- ❄️ Help children, youth, and their families communicate with department service providers to improve understanding between them;
- ❄️ Inform the public about the rights and interests of children and youth, and the roles and responsibilities of the RCYO; and
- ❄️ Provide advice and recommendations to departments on how to make laws, policies, programs, and services better for children and youth in Nunavut.

Our mandate allows us to work on behalf of children and youth when all of the following apply.

- ❄️ The young person involved is a child or youth as defined by the RCYA⁵²:
 - A child is less than 16 years of age;
 - A youth is 16 to 18 years of age;
 - 19-25 years of age and is part of an agreement with the Director of Child and Family Services appointed under the *Child and Family Services Act*;
 - 19-21 years of age and has requested or is receiving services under the *Education Act*;
 - 19-21 and has been charged under the *Youth Criminal Justice Act* or the *Young Offenders Act* and there has been no final disposition of their charge, or they have not completed their sentence or disposition; or

- 19-21 years of age and has a long-term physical, mental, intellectual, or sensory impairment that, in interaction with environmental and attitudinal barriers, hinders their full and effective participation in society on an equal basis with others.

- ❄️ A department(s) is involved; and
- ❄️ A department is not upholding the rights of the child, as described in the United Nations *Convention on the Rights of the Child* or other relevant legislation, policies, or procedures.

Our mandate does not allow us to:

- ❄️ Work on problems with personal relationships, such as when a young person is not listening to their parents;
- ❄️ Conduct investigations of child abuse or neglect; or
- ❄️ Work on complaints involving businesses or private organizations. For example, if a young person does not receive proper payment from their employer.

Representative for Children and Youth Act Review

Review of the RCYA began in the 2022-2023 fiscal year and is still ongoing.

On May 25, 2022, the RCYO provided a formal written submission to the Management and Services Board (MSB) outlining our proposed amendments to the RCYA, detailed in Table 1.

On April 1, 2023, proposed amendment #2, section 4(1)(b) came into force, giving the Representative the power to review any matter related to the death or critical injury of any child or youth. This authority differs from the reviews of individual or systemic advocacy cases as there is no requirement for the child or youth to be receiving services from a department, at the time of the critical injury or death.

On May 3, 2023, the Department of Health was the only department to respond to the February 1, 2023, letters sent by the RCYO requesting feedback on the proposed amendments to the RCYA. Their correspondence stating they had no concerns with the proposed amendments.

We have not been notified of any further progress being made on the remaining four proposed amendments to the RCYA.

⁵² Additional categories may be added through Regulations made under the RCYA.

TABLE 1: Proposed Amendments to the *Representative for Children and Youth Act*

Proposed Amendment	Rationale
<p>1. Clarify the current definition of critical injury with the underlined words noted below.</p> <p>“critical injury” means <u>a physical or psychological injury</u> that may result in the death of a person or <u>in</u> serious or long term impairment of the <u>physical or psychological</u> health of a person.</p> <p>Relevant Section: Definitions section 1: “critical injury” means an injury that may result in the death of a person or in serious long-term impairment of the health of a person.</p>	<p>The definition of ‘critical injury’ can be strengthened by including psychological injuries, meaning mental or emotional harm or impairment, as it is not limited to physical injuries. For example, this would include not only the physical injuries that occur when a child or youth experiences physical or sexual abuse, but also the psychological injuries that may be sustained as a result of the previously mentioned or when a young person is affected by a traumatic event, like family violence, a murder, or suicide.</p> <p>The proposed definition draws from the definitions in section 1 of Manitoba’s <i>The Advocate for Children and Youth Act</i> and section 16.1 of <i>Newfoundland and Labrador’s Child and Youth Advocate Act</i>.</p>
<p>2. Bring into force s. 4(1)(b) of the <i>Representative for Children and Youth Act</i> as of April 1, 2023.</p> <p>Relevant section: Powers section 4(1): In addition to any other powers under this or any other Act, the Representative for the purpose of performing his or her duties may (b) review any matter related to the death or critical injury of any child or youth.</p>	<p>Enacting this section of the RCYA provides the Representative with the power to review the events leading up to a critical injury or death of a young person receiving government services, to determine if they received the services they have a right to and if those services met their needs.</p> <p>In September 2021, MSB approved the required human resources to operationalize this program. The renovation to accommodate the additional positions is completed and efforts are underway to fill the positions.</p>
<p>3. Change the term of office to five years with indefinite five-year reappointments.</p> <p>Relevant section: Term of Office section 7(1): Subject to section 9, the Representative holds office for a term of five years and may be reappointed for one further term of five years.</p>	<p>The proposed change to the Representative for Children and Youth’s term would make it consistent with the other independent officers of the Legislative Assembly of Nunavut, including the Information and Privacy Commissioner, the Integrity Commissioner, and the Official Languages Commissioner. The Chief Electoral Officer is the only independent officer that differs, with a term of seven years and indefinite seven-year reappointments.</p>

TABLE 1: Proposed Amendments to the *Representative for Children and Youth Act* continued...

Proposed Amendment	Rationale
<p>4. Amend this section to add a subsection, (3.1), similar to section 52(3) of the <i>Legislative Assembly and Executive Council Action</i>, section 194(3) of the <i>Nunavut Elections Act</i>, and section 162(3) of the <i>Plebiscites Act</i>:</p> <p>(3.1) The Representative for Children and Youth and the staff of the office of the Representative for Children and Youth are not eligible for membership in a bargaining unit as defined in the <i>Public Service Act</i>.</p> <p>Section 55(4) of the <i>Public Services Act</i> should also be amended to add a reference to the new section 13(3.1) of the RCYA</p> <p>Relevant section: Staffing and Other Assistance section 13(3) Staff hired under this section are members of the public service as defined in the <i>Public Service Act</i>.</p>	<p>The exclusion of RCYO employees from collective bargaining aims to avoid conflicts of interest. The staff at the RCYO may have differing interests from members of the public service whose actions may be subject to review by the RCYO. The potential for conflict is higher if RCYO staff are members of the same union as government employees. In other jurisdictions, such as British Columbia and Alberta, staff are members of the public service but are excluded from collective bargaining. In Ontario, Saskatchewan, Yukon, New Brunswick, and Prince Edward Island staff are not members of the public service.</p>
<p>5. If a child or youth suffers a critical injury or death while receiving services from any government departments or designated authorities, it should be reported to the RCYO.</p> <p>Proposed wording: 19.1 (1) The deputy minister of a government department or chief executive officer, however named, of a designated authority shall report to the Representative the death or critical injury of a child or youth if, at the time of the death or injury, the child or youth was receiving services from the government department or designated authority.</p> <p>(2) The deputy head or chief executive officer shall make a report required by subsection (1) as soon as is reasonably possible after learning of the death or injury of the child or youth.</p> <p>(3) Subsection (1) does not apply if the Director of Child and Family Services is required to report the death or injury under section 19.</p> <p>Relevant section: Death or Critical Injury of a Child or Youth sections 19-21.</p>	<p>The RCYA only stipulates mandatory reporting by the Director of Child and Family Services and the Coroner. Since the RCYA includes the power to receive and review matters in relation to any government department or designated authority, mandatory critical injury and death reporting requirements should extend to all of those bodies as well. This reporting is consistent with British Columbia, Alberta, Prince Edward Island, and Newfoundland and Labrador Advocates' legislation.</p>

Language: This correspondence was provided to the MSB in Inuktitut and English.

WHAT GUIDES OUR WORK

In addition to the RCYA, our work is also guided by the United Nations *Convention on the Rights of the Child* including the best interests of the child and the voice of the child, National Advocacy Standards established by the Canadian Council of Child and Youth Advocates (CCCYA), Inuit societal values, as well as the Inuit Child First Initiative (ICFI).

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD⁵³

The United Nations *Convention on the Rights of the Child* is an international human rights agreement, which describes all the rights young people have and the obligations governments have in connection to these rights. When Canada signed the United Nations *Convention on the Rights of the Child* in 1991, Canada promised to uphold the rights of children, youth, and their families.

All young people have these rights. No single right is more important than another and often when one right is not met several others are not met as well.

The rights of one person do not take priority over the rights of another person. Most adults can advocate for their own rights. Children and youth are a vulnerable group and rely on adults to help them. It can be difficult for some adults to respect the rights of children when they feel their own rights have not been respected.⁵⁴ Supporting the rights of children, empowers today's young people to protect and respect the rights of others as they enter adulthood.

BEST INTEREST OF THE CHILD

As per the United Nations *Convention on the Rights of the Child*, Article 3, states:

All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

This article highlights that the actions of decision-making bodies, such as government, must be in the best interest of the child.

According to the Supreme Court of Canada⁵⁵, decision-makers should consider a broad range of criteria specific to each young person's situation when determining the

best interest of the child. Specific criteria, while not an exhaustive list, are noted in Canada's *Divorce Act* and the *Act Respecting First Nations, Inuit and Métis Children, Youth and Families* and in Nunavut's *Child and Family Services Act*.

VOICE OF THE CHILD

Article 12 of the United Nations *Convention on the Rights of the Child* states:

You have the right to give your opinion, and for adults to listen and take it seriously.

The voice of the child is the young person's opinion. All young people have the right to express their opinion when decisions are being made about them. Adults, especially government decision makers, should seek, hear, and consider the young person's opinion when making a decision on their behalf.

Incorporating the voice of the child does not mean that the young person gets to make the decision. It also does not exclude the opinion and involvement of the young person's parents or caregivers. Including the young person and their opinion in the decision being made about them means that the decision is considerate of the young person's opinion and aims to support the Inuit societal value of *Pilimmaksarniq/Pijariuqsarniq*, development of skills through observation, mentoring, practice, and effort, by teaching responsible decision making and holding the young person accountable for their actions and responsibilities as rights holders.

The RCYO prioritizes incorporating the voice of the child into our work. Sometime we are unable to obtain the voice of the child because:

- ❄ the young person is too young to speak;
- ❄ the problem being solved is too complicated for the young person to understand;
- ❄ the problem may be triggering (e.g. an assault or abuse); and/or
- ❄ the young person does not want to provide their opinion.

In these situations, we try to collect the opinion of the child through their parents/guardians/caregivers.

⁵³ Throughout this document and in all work of the RCYO, when referencing articles in the United Nations *Convention on the Rights of the Child*, the child-friendly language, as per Figure 1, is used. The official *Convention on the Rights of the Child* can be downloaded in English and French from UNICEF.org.

⁵⁴ UNICEF and Save the Children. (2011). *Every Child's Right to be Heard*. London, UK: Save the Children UK, Save the Children, and UNICEF. Retrieved from <https://resourcecentre.savethechildren.net/node/5259/pdf/5259.pdf>

⁵⁵ *Barendregt v. Grebliunas*, 2022 SCC 22 (CanLII), <<https://canlii.ca/t/jpbbg>>, retrieved on 2024-08-26

FIGURE 1: United Nations *Convention on the Rights of the Child*

Article 1
Everyone under 18 has these rights.



Article 2
All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, or whether they are rich or poor. No child should be treated unfairly on any basis.



Article 3
All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.



Article 4
The government has a responsibility to make sure your rights are protected. They must help your family protect your rights and create an environment where you can grow and reach your potential.



Article 5
Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

Article 6
You have the right to be alive.

Article 7
You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

Article 8
You have the right to an identity – an official record of who you are. No one should take this away from you.



Article 9
You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 10
If you live in a different country than your parents, you have the right to be together in the same place.

Article 11
You have the right to be protected from kidnapping.

Article 12
You have the right to give your opinion, and for adults to listen and take it seriously.



Article 13
You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 14
You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

Article 15
You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.



Article 16
You have the right to privacy.



Article 17
You have the right to get information that is important to your well-being, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

Article 18
You have the right to be raised by your parent(s) if possible.

Article 19
You have the right to be protected from being hurt and mistreated, in body or mind.

Article 20
You have the right to special care and help if you cannot live with your parents.



Article 21
You have the right to care and protection if you are adopted or in foster care.

Article 22
You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

Article 23
You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.



Article 24
You have the right to the best healthcare possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 25
If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26
You have the right to help from the government if you are poor or in need.

Article 27
You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

Article 28
You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.



Article 29
Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30
You have the right to practice your own culture, language and religion. Minority and indigenous groups need special protection of this right.

Article 31
You have the right to play and rest.

Article 32
You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.



Article 33
You have the right to protection from harmful drugs and from the drug trade.

Article 34
You have the right to be free from sexual abuse.

Article 35
No one is allowed to kidnap or sell you.

Article 36
You have the right to protection from any kind of exploitation (being taken advantage of).

Article 37
No one is allowed to punish you in a cruel or harmful way.

Article 38
You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

Article 39
You have the right to help if you've been hurt, neglected or badly treated.

Article 40
You have the right to legal help and fair treatment in the justice system that respects your rights.



Article 41
If the laws of your country provide better protection of your rights than the articles in this Convention, those laws should apply.

Article 42
You have the right to know your rights! Adults should know about these rights and help you learn about them, too.



Article 43-54
These articles explain how governments and international organizations like UNICEF will work to ensure children are protected with their rights.



unicef.ca/schools

This text is not an official version of the UN Convention on the Rights of the Child. Access the official text at unicef.org/crc.

NATIONAL ADVOCACY STANDARDS ESTABLISHED BY THE CANADIAN COUNCIL OF CHILD AND YOUTH ADVOCATES

The CCCYA is an alliance of child advocates from across Canada that identify areas of mutual concern and work to develop ways to address issues at the national level.

National Advocacy Standards, established by the CCCYA, provide a framework which ensures consistency in child advocacy services across the country. They also provide a basis for accountability, a direction for staff training, and a means to evaluate our services.

The National Advocacy Standards are:

❄️ **Clarity of Purpose**

The member shall have clearly articulated objectives and purposes that are outlined in the governing framework. The member shall ensure that accurate information related to the member's scope, limitations, and jurisdiction is readily available to the public.

❄️ **Putting Children First**

The member shall ensure that advocacy staff in the Member's Office consider the views of the children they are advocating for to the maximum extent possible for guidance. Advocacy staff shall be non-judgmental and respectful of the child's experiences and viewpoints. In all matters, including those where it is not possible for children to communicate their needs and opinions, the member will advocate with the best interests of the child as the paramount consideration.

❄️ **Empowerment**

The member shall endeavor to increase the capacity of individual children and/or groups of children to make choices and transform those choices into desired actions and outcomes. Advocacy staff shall strive to enhance children's knowledge and understanding of their rights, skills, and strengths for the purpose of increasing self-sufficiency and enabling them to gain power over their lives. Advocacy staff shall act as supports and partners who have knowledge and skills which can be used in finding solutions and driving positive change.

❄️ **Equal Opportunity**

The member shall treat every individual in a positive and non-discriminatory manner, considering all aspects of the individual, including but not limited to their sex, sexual orientation, gender-identity, nationality, ethnic origin, race, religion, marital or family status, physical or cognitive disability, culture, and social disadvantage.

❄️ **Accountability**

The member shall be accountable to the children they serve and answerable for the full range of responsibilities assigned to it given the public resources, private information, and legislative authority with which it has been entrusted.

❄️ **Accessibility**

The member shall ensure that its premises, publications, service delivery and outreach initiatives are publicly available throughout their geographic jurisdiction and are accessible to all children within their mandate to the maximum extent possible.

❄️ **Support for Advocates**

The member shall ensure that children they serve receive services from staff who are supported in their roles through the provision of ongoing supervision and organizational support, with access to professional development, especially as related to children's rights.

❄️ **Confidentiality**

The member shall keep confidential all information obtained in the course and performance of its work, except when required to disclose the information by law or in the furtherance of its mandate.

❄️ **Complaints**

The member shall have a publicly available written policy regarding its process for providing feedback or the making of a complaint concerning its provision of services.

INUIT SOCIETAL VALUES

The RCYO respects *Inuit Qaujimajatuqangit* which is why it is a legislative requirement within the RCYA. The work of the Office is also guided by the same eight Inuit societal values as departments. These principles have commonalities with the United Nations *Convention on the Rights of the Child*, highlighted in Table 2 which was developed based on input from our Elder Advisors.

Our Elder Advisors

Elders provide invaluable wisdom and perspective based on lived experiences. To incorporate this knowledge into our advocacy work, we connect with Elder Advisors from across the territory. This year, Meeka Arnakaq in Pangnirtung, Helen Iguptak in Rankin Inlet, Lucy Makkigak in Rankin Inlet, and Miriam Nilaulaaq Aglukkaq in Gjoa Haven were our Elder Advisors. However, no work was done with them this year.

TABLE 2: Complementary Principles in Inuit Societal Values and the United Nations *Convention on the Rights of the Child*

Inuit Societal Values	United Nations <i>Convention on the Rights of the Child</i>
Aajiiqatigiinniq encourages decision making through discussion and consensus.	Article 12: Young people have the right to give their opinion and for adults to listen and take it seriously.
Pijitsirniq is about serving and providing for family and community. It is about leading through doing for other people. It is about serving others for the greater good.	<p>Article 3: All adults should do what is best for young people. When adults make decisions, they should think about how their decisions will affect young people.</p> <p>Article 4: The government has a responsibility to make sure the rights of young people are protected. They must help families protect the rights of young people and create an environment where young people can grow and reach their potential.</p> <p>Article 26: Young people have the right to help from the government if they are poor or in need.</p>
Pilimmaksarniq/Pijariuqsarniq is about learning and mastering new skills through observation, mentoring, practice, and effort.	<p>Article 12: Young people have the right to give their opinion and for adults to listen and take it seriously.</p> <p>Article 29: A young person's education should help them use and develop their talents and abilities. It should also help them learn to live peacefully, protect the environment, and respect other people.</p> <p>Article 30: Young people have the right to practice their own culture, language, and religion. Minority and Indigenous groups need special protection of this right.</p>
Tunnganarniq emphasizes the role that being open, welcoming, and inclusive plays in fostering positive relationships.	Article 2: All young people have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, what their gender or gender identity is, what their culture is, whether they have a disability, or whether they are rich or poor. No young person should be treated unfairly on any basis.

INUIT CHILD FIRST INITIATIVE

The ICFI is a federally funded program which “ensures Inuit children have access to essential government funded health, social and educational products, services and supports they need, when they need it.”⁵⁶ ICFI is similar to Jordan’s Principle for First Nations children.

Requests through ICFI can be made by contacting: Arctic Children and Youth Foundation at (867) 975-3221, Inuit Tapiriit Kanatami at 1-855-572-4453, Indigenous Services Canada at 1-866-848-5846, or principedejordanrn-nrjordsprinciple@sac-isc.gc.ca.

OUR STAFF

The RCYO has twelve positions, not including the Representative. As of March 31, 2024, six positions were staffed. Four positions were filled indeterminately, one position was filled through term employment, and one position was backfilled through a Casual Staffing Action (CSA).

This year, we hired an indeterminate Director of Child and Youth Advocacy Services.

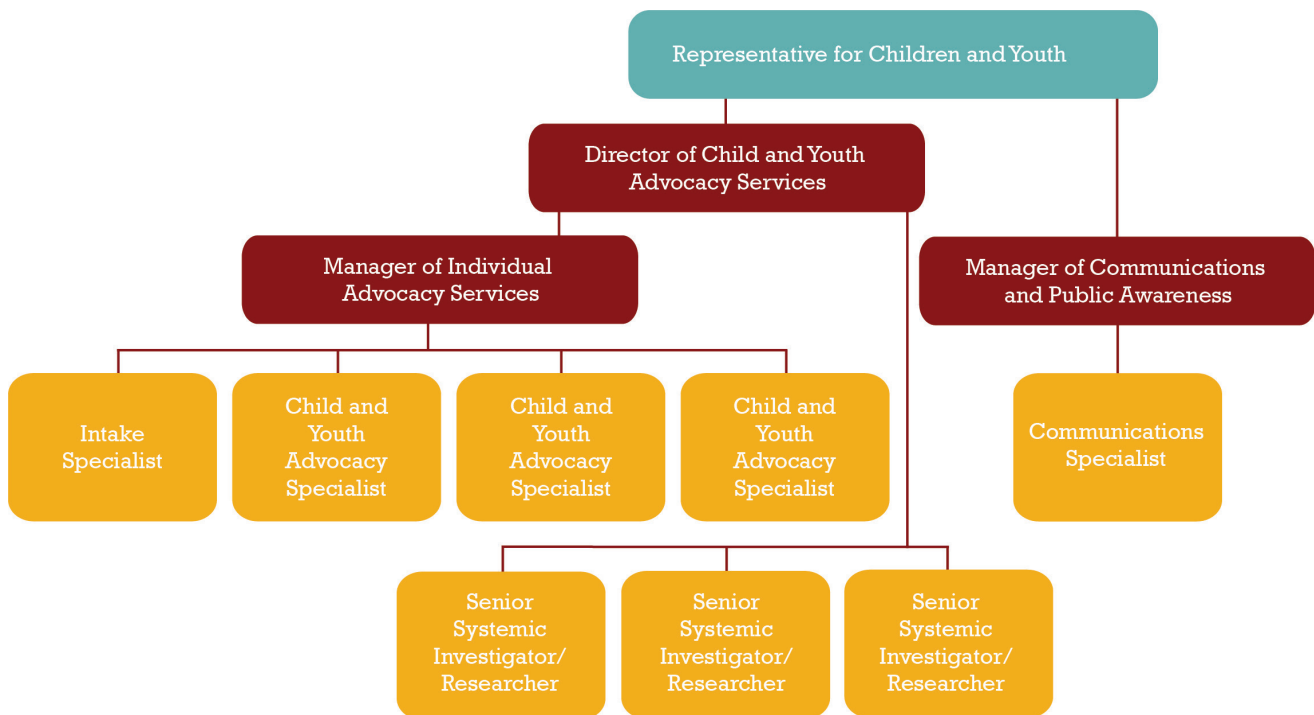
We supported the Manager of Individual Advocacy Services in an Interdepartmental Transfer Assignment (IDTA) to the GN. One of our Child and Youth Advocacy Specialist’s (Child Advocate’s) stepped into the Manager’s role on an acting assignment.

We also supported the Manager of Communications and Public Awareness in an IDTA to the GN. We were able to backfill this position with a CSA until the end of the fiscal year.

One of our Senior Systemic Investigators/Researchers (Systemic Researcher) remained on a two-year leave and another requested leave until the fall of 2024. We hired one Systemic Researcher who started in February.

Our Intake Specialist position remained vacant as we waited for a housing assignment before moving forward with this recruitment process.

FIGURE 2: Organizational Chart



⁵⁶ Government of Canada. (2024). *Indigenous Services Canada*. Ottawa, ON: Government of Canada. Retrieved from <https://www.canada.ca/en/indigenous-services-canada.html>

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REPORTING ON OUR ACTIVITIES

The RCYO works in four different program areas including Individual Advocacy, Systemic Advocacy, Communications and Public Awareness, and Reviews of Critical Injuries and Deaths.

INDIVIDUAL ADVOCACY

When government services for young Nunavummiut are not ethical, equitable, or consistent, or when a child, youth, or their family are unable to access a service, the complaint can be brought to our attention for review. These complaints are our individual advocacy cases.

Our office can get involved to figure out what happened or, more often, what did not happen. Our Child Advocates work with those involved, such as the young person, their family, and the service providers to find a solution. We may also seek advice from our Elder Advisors.

After reviewing the situation, and hearing and considering the voice and best interests of the young person involved, our Child Advocates suggest actions to the service providers involved to resolve the problem. Every individual advocacy case is unique, and our Child Advocates customize their response to fit each situation.

Our cases require varying levels of support from our staff, which result in varying lengths of time for different problems to be resolved. We categorize our individual advocacy cases as either basic or comprehensive.

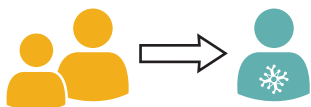
Our individual advocacy work is conducted with the following Inuit Societal Values in mind:

- ❄️ ***Inuuqatigiitsiarniq***: Respecting others, relationships, and caring for people.
- ❄️ ***Tunnganarniq***: Fostering good spirits by being open, welcoming, and inclusive.
- ❄️ ***Pijitsirniq***: Serving and providing for family and/or community.
- ❄️ ***Aajiiqatigiinni***: Decision making through discussion and consensus.
- ❄️ ***Pilimmaksarniq/Pijariuqsarniq***: Development of skills through observation, mentoring, practice, and effort.
- ❄️ ***Piliriqatigiinni/Ikajuqtigiinni***: Working together for a common cause.
- ❄️ ***Qanuqtuurniq***: Being innovative and resourceful.


The individual advocacy process involves three phases: intake and assignment, investigation and problem solving, resolution and follow-up, as detailed in Figure 3.

FIGURE 3: The Individual Advocacy Process

Intake and Assignment

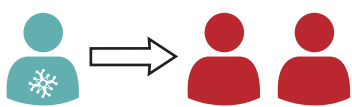
1. 
Someone contacts our office with a complaint about a department's service or a service they are unable to receive. Our Intake Specialist records the information and determines if the complaint falls within our mandate.

2. 
If the complaint falls within our mandate, an individual advocacy case is opened and assigned to one of our Child Advocates.

3. If the complaint does not fall within our mandate, the individual may be directed to someone outside of our office who can help them. If the person is looking for information about our work, child rights, or department services and programs for young people, the Intake Specialist provides the relevant information or connects the person with someone who can help them. If someone is referred outside of our office, the Intake Specialist follows up to make sure help/answers were received. 

Investigation and Problem Solving

1. 
The Child Advocate talks with the young person or their family, when possible, to confirm the details of the situation and to determine which child rights are not being supported and which department(s) is responsible.

2. 
The Child Advocate then talks with relevant department(s) and reviews documents and information to confirm the facts.

3. 
The Child Advocate works to resolve the problem in one of two ways:


3a. Basic advocacy support

The Child Advocate may assist with initial phone calls to service providers, make required referrals, or provide self-advocacy coaching to the young person or their family.

3b. Comprehensive advocacy support

When basic advocacy support isn't sufficient to resolve a complaint, comprehensive advocacy support is initiated. Comprehensive advocacy support may require meetings with the young person, their family, or service providers; attending or arranging case conferences; in-depth self-advocacy coaching; consultations with one of our Elder Advisors; escalating matters within the department(s); or finding other innovative and resourceful ways to resolve the problem.

Resolution and Follow Up

1. 
The Child Advocate follows up with the young person or their family and the service providers to make sure the agreed upon solution is being implemented and the outcome is adequate.

2. 
If applicable, the Child Advocate notifies our Systemic Advocacy team that there is a potential systemic issue.



Young person and/or their family



RCYO staff



Service provider(s)

INDIVIDUAL ADVOCACY ACTIVITIES FOR 2023-2024

The Individual Advocacy program opened and closed significantly fewer cases this year than in past years. The cases continue to be comprehensive, requiring extensive collaborative work and time to resolve problems.

This fiscal year, general themes in our individual advocacy work included:

- ❄ Decision-making not reflecting the voice of the child and their best interests, including placement;
- ❄ Service coordination between departments;
- ❄ Failure to investigate child protection concerns;
- ❄ Absence of transition/discharge plans for young people in out-of-territory care;
- ❄ Absent or inconsistent case planning and permanency planning, and lack of inclusion of foster parents; and
- ❄ Inconsistent access to services.

TABLE 4: Breakdown of Individual Advocacy Cases Worked On and Closed this Fiscal Year

Total Individual Advocacy Cases Worked On	84
Ongoing cases from previous years	43
New individual advocacy cases	41
Comprehensive advocacy support cases	36
Basic advocacy support cases	7
Total Individual Advocacy Cases Closed	54
Reason for closure	
Resolved	44
Unable to contact client	5
All advocacy avenues exhausted	4
Declined advocacy services	1

Case Sample 1: Mick*

Mick is 20 years of age⁵⁷. A few years ago, Mick was placed in an out-of-territory specialized group home by the Department of Family Services while he received mental health services through the Department of Health. His psychiatric assessments said his ability to take care of himself would never improve.

Mick wanted to go home, and service providers agreed to let him visit his home community. Unfortunately, his family lives in an overcrowded home where there are young children and Mick's history of violence and inappropriate behaviour towards children did not make the family home a good place for Mick to stay.

We advocated for collaboration and better planning between the Department of Family Services and the Department of Health to ensure Mick's visit would be safe for him and his family. Alternative arrangements were made for Mick to stay in a hotel during this visit. Mick had a wonderful visit with his family.

Mick's story is an example of the work we do to help young people with:

- ❄ Decision-making not reflecting the voice of the child and their best interests, including placement;
- ❄ Service coordination between departments;
- ❄ Absence of transition/discharge plans for young people in out-of-territory care; and
- ❄ Absent or inconsistent case planning and permanency planning, and lack of inclusion of foster parents.

As of March 31, 2024, this case remained open with the RCYO.

* Some details have been changed to protect the young person's identity.

⁵⁷ Although at 20 years of age Mick is no longer considered a youth, the RCYO can still advocate for him as per the age exceptions under the RCYA. These exceptions are listed on page 40.

In addition to providing advocacy services to our clients, this year, we responded to 22 information files, which are questions or requests for information about our work, child rights, or services and programs for young Nunavummiut.

TABLE 5: New Individual Advocacy Cases Opened, by Region*

Total New Individual Advocacy Cases	41
Iqaluit	14
Qikiqtaaluk (excluding Iqaluit)	12
Kitikmeot	8
Kivalliq	7
Out-of-territory	7

* The sum of these numbers is higher than the total number of cases because all out-of-territory cases are also counted in the young person's home region.

TABLE 6: New Individual Advocacy Cases, by Language of Service*

English	40
Inuktitut	4
French	0
Inuinnaqtun	0

* The sum of these numbers is higher than the total number of cases because RCYO provided services to three young people in both English and Inuktitut.

Case Sample 2: Louis*

The RCYO has been advocating for Louis since October 2022. Today, Louis is a 9-year-old. He has been in the permanent care and custody of the Director of Child and Family Services since he was a baby. By the time Louis was two years of age, he was placed in 13 different foster homes. For the past seven years, He has lived with the same foster parents who, during this time, had moved from Louis' home community.

Although Louis has been in the permanent care and custody of the Director of Child and Family Services, the Department of Family Services has had very little involvement with Louis. Last year, they decided to abruptly remove him from his secure foster placement so he could be closer to some of his biological family members. This action would have resulted in Louis being placed in a new community in a for-profit foster home, even though his foster parents wanted to adopt him.

The department had not considered Louis' best interests as defined by section 3 of the *Child and Family Services Act*.

The Child Advocate working with Louis escalated his case because of the challenges working with the department and decisions that were not considerate of Louis' best interests.

Our office met with the Department of Family Services several times to advocate for a transition plan for Louis, one that supported his rights and reflected his best interests. We also advocated for Louis to have a permanency plan before making any changes. The department did not agree.

Louis' story is an example of the work we do to support young people with:

- ❄ Decision-making not reflecting the voice of the child and their best interests, including placement;
- ❄ Absence of transition/discharge plans for young people in out-of-territory care; and
- ❄ Absent or inconsistent case planning and permanency planning, and lack of inclusion of foster parents.

The Child Advocate working on this case referred it for a complex file review. More information about this case can be found on page 66.

As of March 31, 2024, this case remained open with the RCYO.

* Some details have been changed to protect the young person's identity.

TABLE 7: New Individual Advocacy Cases, by Department*

	Number of cases	Percentage of all new cases
Department of Family Services	32	78%
Department of Health	5	12%
Department of Education	3	7%
Nunavut Housing Corporation	1	2%
Legal Services Board	1	2%
Department of Executive and Intergovernmental Affairs	1	2%
Licensed Daycares	1	2%

*Total cases exceed 41 due to four cases involving more than one department.

TABLE 8: Person Who Raised New Individual Advocacy Case to Our Attention*

	Number of cases	Percentage of all new cases
Service provider	21	51%
Parent/family member	9	23%
Other (eg. RCYO initiative, community member)	7	17%
Foster parent	3	7%
Young person	2	5%

*The sum of these numbers is higher than the total number of cases because one case had multiple referrals.

Case Sample 3: Lee*

Lee is 16 years of age. He has several mental health diagnoses including attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), anxiety, and depression. He also struggles with substance abuse and has attempted suicide several times. Each time he is admitted to the hospital, he is discharged without a plan to support him at home.

His psychiatrist recommended out-of-territory residential treatment. One placement was tried but Lee did not want to stay, and the placement said that he did not meet the requirements of their program.

Department of Health, mental health workers said that Lee's problems are behavioural and not related to mental health, so they can not provide services. The Department of Family Services also told us that Lee's needs are outside the scope of the services they provide.

We advocated for better case coordination to ensure Lee receives the services he needed. Unfortunately, Lee does not want the services that are available, and staff can not force him to accept them.

Lee's story is an example of:

- ✳ Decision-making not reflecting the voice of the child and their best interests, including placement;
- ✳ Service coordination between departments;
- ✳ Absence of transition/discharge plans for young people in out-of-territory care; and
- ✳ Inconsistent access to services.

As of March 31, 2024, this case remained open with the RCYO.

* Some details have been changed to protect the young person's identity.

Case Sample 4: Annie*

Annie is 10 years of age and is in the permanent care and custody of the Director of Child and Family Services. She has lived in a lot of different foster homes. Sometimes she gets really angry which scares her foster parents who ask social workers to move her to another home. She needs more intensive support, but the Department of Family Services has been slow to make appropriate arrangements. Annie’s family wanted to be involved in her treatment but later changed their minds, delaying the process even more.

We advocated for an appropriate placement to be found, but Annie is still waiting.

Annie’s story is a great example of:

- ❄ Decision-making not reflecting the voice of the child and their best interests including placement;
- ❄ Absent or inconsistent case planning and permanency planning, and lack of inclusion of foster parents; and
- ❄ Inconsistent access to services.

As of March 31, 2024, this case remained open with the RCYO.

*Some details have been changed to protect the young person’s identity.

RESOLVING INDIVIDUAL ADVOCACY PROBLEMS

After identifying an individual advocacy problem, our Child Advocates work collaboratively with departments to resolve it. Actions suggested by our Child Advocates to resolve the problem are detailed in Table 9. Our Child Advocates facilitated 17 meetings for the five cases where improved service coordination was a suggested action.

TABLE 9: Suggested Action to Resolve New Individual Advocacy Cases*

	Total number of cases	Provide adequate planning and support for young people	Follow departmental policy, regulation, and/or legislation	Improve service coordination, within and between departments	Investigate allegations of a young person in need of protection
Department of Family Services	32	27	9	5	4
Department of Health	5	2	2	3	0
Department of Education	3	0	1	0	0
Nunavut Housing Corporation	1	1	0	0	0
Licensed Daycares	1	1	1	0	0
Legal Services Board	1	1	0	0	0
Department of Executive and Intergovernmental Affairs	1	2	0	0	0

* Total suggested actions is not equal to the total number of cases because some cases did not include suggested action while others required more than one suggested action to resolve.

INDIVIDUAL ADVOCACY RECOMMENDATIONS

When collaboration with service providers is not enough to resolve an individual advocacy problem, the Representative may make recommendations to a department.

This year, the Representative did not make any individual advocacy recommendations.

COMPLEX FILE REVIEWS

When our Child Advocates are concerned that legislation, policies, procedures, or gaps in services contributes to a problem, they may refer the file to the Systemic Advocacy program for consideration of a complex file review. Complex file reviews help to address the individual problem and identify potential systemic issues. Conducting these extensive file reviews require the expertise of both our individual advocacy and systemic advocacy teams.

This work supports *Piliriqatigiinniq/Ikajuqtigiinniq*, working together for a common cause; *Pijitsirniq*, serving and providing for family and community, and *Qanuqtuurniq*, being innovative and resourceful to supports solutions that uphold child rights and the best interests of the child.

As per section 26 of the RCYA, departments must provide the Representative with all relevant information when it is requested. Once documentation is received, our team uses the following process to review it:

1. To organize the file, all documentation is sorted by date.
2. Each document is then reviewed by the review team.
3. An assigned team member creates a timeline.
4. The Child Advocate, who initially worked on the individual advocacy case, provides essential information for the timeline about the young person's story and how decisions made by the department(s) have impacted them. They also provide context around interactions with the department(s) in their advocacy work.
5. If/When gaps in documentation are identified, we inform the responsible department(s) and request the missing information. Gaps are often identified by cross-referencing existing documents and incidents mentioned in the documentation. If the department(s) provides the missing information, it is added to the timeline. If the department(s) does not provide the missing documentation, we

report this in our findings and will likely make a recommendation about adequate and consistent file management.

6. The timeline is reviewed together, with one team member assigned to make note of individual advocacy problems and another assigned to record systemic concerns as they are identified.
7. The findings of the review are compiled and presented to the Representative.
8. The team works with the Representative to formulate possible recommendations. This collaboration ensures the recommendations made support the delivery of ethical, equitable, and consistent services that support the rights and best interests of the child involved. All recommendations, if implemented, aim to prevent the problem from recurring.
9. The Representative invites the responsible department(s) to meet. The review's findings and proposed recommendations are presented to the department(s) for discussion and feedback which will be considered before the recommendations are finalized.
10. Once the recommendations are finalized, they are submitted by the Representative to the responsible department(s) with a deadline for the department(s) to respond.
11. If the department(s) accepts the recommendations:
 - a. The individual advocacy team monitors the department's progress on recommendations specific to the young person.
 - b. The systemic advocacy team monitors the progress made on recommendations related to systemic issues.

This year, the RCYO conducted a complex file review involving a young person in the permanent care and custody of the Director of Child and Family Services who was placed out-of-territory on June 19, 2023. On November 1, 2023, RCYO staff presented the timeline, findings, and recommendations to Department of Family Services staff for discussion and feedback. No feedback was provided and on December 13, 2023, the Representative made nine systemic recommendations to the Department of Family Services concluding the review. The findings and recommendations of this complex file review can be found on page 66.

SYSTEMIC ADVOCACY

When a concern is identified that could impact multiple young people and the delivery of ethical, equitable and consistent services, the RCYO reviews the concern to determine if it is a systemic issue.

Systemic issues, if not identified and addressed, have the potential to have a negative impact on multiple young people. Systemic issues are related to a department's practices, policies or standards, procedures, legislation, or their absence.

Systemic issues are primarily brought to our attention through our individual advocacy casework. We may also learn about systemic issues from young people, families, community members, Members of the Legislative Assembly, Youth Parliamentarians, departments, and the media.

For each systemic issue, responsible department(s) are identified. Addressing some issues may require multiple departments to work collaboratively to change practices, policies or standards, procedures, or legislation.

Systemic issues are addressed with recommendations made by the Representative. The RCYO can make systemic recommendations:

- ❄ as the result of a brief or comprehensive review;
- ❄ through a submission when departments invite us to do so or there is a public call for submissions;
- ❄ or through a practice letter when adequate evidence is discovered through individual advocacy casework that a problem has the potential to occur again.

Recommendations are evidence-based and suggest improvements to existing legislation, policies, procedures, programs, and services or the creation of policies, procedures and practices. As systemic issues are usually complex and multifaceted, RCYO generally makes multiple recommendations to address one systemic issue. Our team works collaboratively with departments to develop recommendations in accordance Inuit societal values of:

- ❄ **Aajiiqatigiinniq:** Decision making through discussion and consensus;
- ❄ **Qanuqtuurniq:** Being innovative and resourceful;
- ❄ **Piliriqatigiinniq/Ikajuqatigiinniq:** Working together for a common cause; and
- ❄ **Pijitsirniq:** Serving and providing for family and/or community.

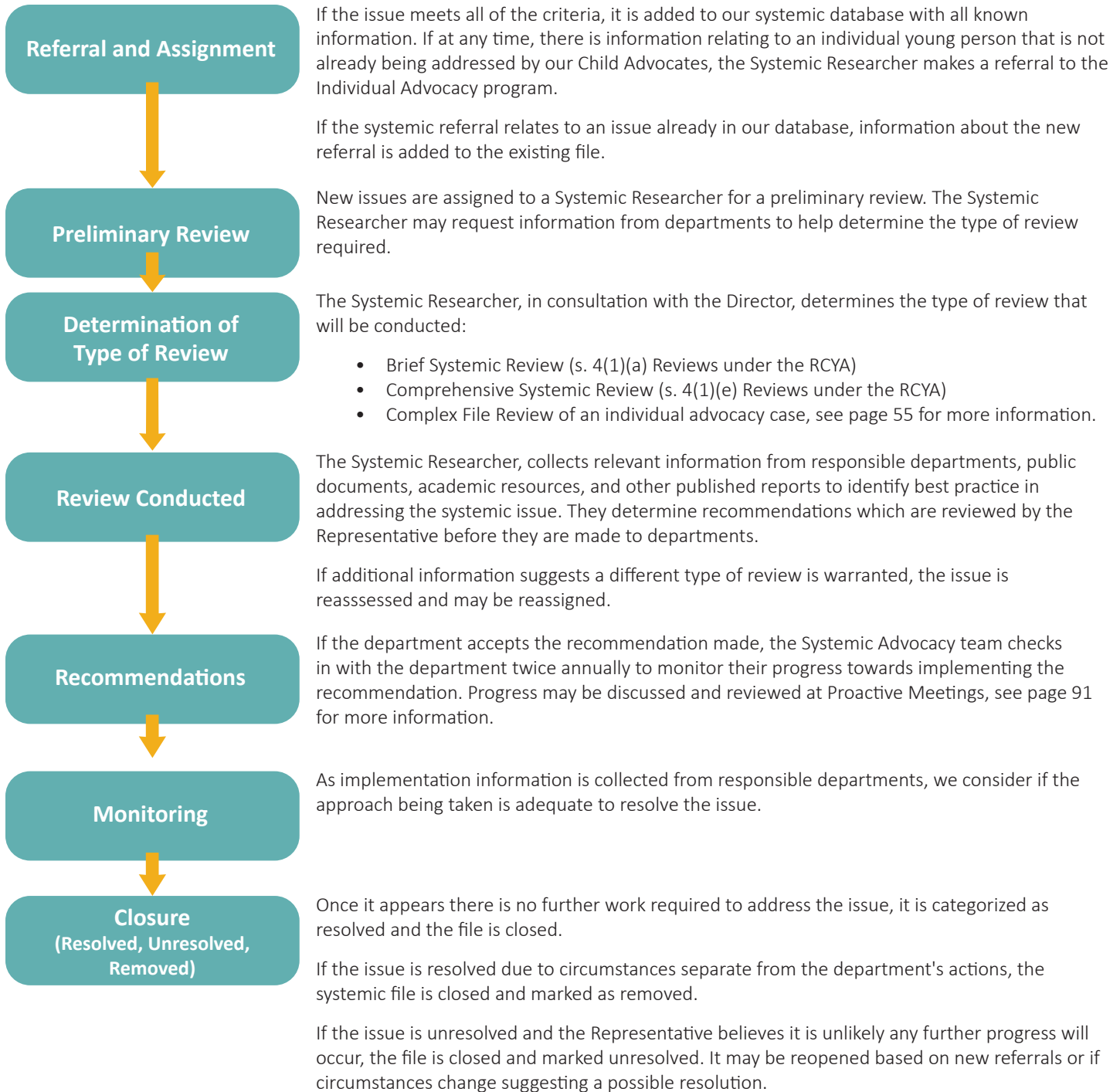
Departments may agree or disagree with our recommendations. If they agree, we monitor their implementation progress by requesting updates and holding them accountable for resolving the issue. All updates, including recommendations disagreed with, are reported publicly in this section of our annual report.

Our systemic database is a year-over-year accumulation of all systemic issues identified by or brought to the RCYO's attention. The database also tracks our systemic recommendations and progress made by responsible departments to fulfill them. The RCYO maintains consistent contact to support departmental progress.

FIGURE 4: Process for Resolving a Systemic Issue

When a systemic concern is brought to our attention, it is reviewed by the Systemic Advocacy team to determine if it is a systemic issue which must meet the following criteria:

- Does the issue relate to a department's policy, procedure, or legislation or the absence of a policy, procedure, or legislation?
- Is the issue likely to occur for other young Nunavummiut if it is not addressed?
- Will addressing the issue support advancing young people's rights?



At any time throughout the process of resolving a systemic issue, the Representative may choose to report publicly on the issue, a department's progress in implementing recommendations, or the resolution itself.

SYSTEMIC ADVOCACY ACTIVITIES FOR 2023-2024

This year, several changes were made to the Systemic Advocacy program. The intent of the revised program is to be more responsive to reported systemic issues. Following a comprehensive review of the systemic database, referrals and issues were recategorized. Ninety-seven systemic issues remain. Then:

- ✿ a revised process for resolving systemic issues was determined, see figure 4 on page 57;
- ✿ the systemic section of the RCYO's Policy and Procedures manual was revised, further defining the four types of reviews the systemic advocacy program may undertake; and
- ✿ new quality assurance measures were determined, see Compliance with Services Standards section on page 99.

In 2023-2024, 46 systemic concerns were referred to the Systemic Advocacy program. Most of these referrals were identified through our intake process and by our individual advocacy team. When a Systemic Researcher works on a referral identified by a member of the individual advocacy team, the Child Advocate is an integral starting point for the review. They provide essential information about the young person's story and how decisions made by the department impacted the young person.

TABLE 10: How new systemic referrals were brought to our attention this year

Total number of systemic referral made	46
RCYO Child Advocates through case work	20
Service provider	10
RCYO Intake process	4
Media	3
RCYO Child Advocate referrals for complex file review	2
Community members	2
RCYO referrals based on other systemic advocacy work	2
RCYO referrals from Critical Injuries and Deaths program	1
RCYO referral from other program	1
Legislative Assembly	1
Total number of systemic issues confirmed	46

FIRST SUMMONS

Subsections 26(1) and 26(4) of the RCYA allows the Representative to summon and examine a person who, in the Representative's opinion, can give information that is necessary for the Representative to perform their duties or exercise their powers under the RCYA.

On August 10, 2023, the Department of Family Services was notified that the RCYO would be conducting a systemic review pursuant to the RCYA. Due to the Department of Family Services' lack of response and refusal to provide the requested information with their suggested and agreed upon timeline, on October 19, 2023, the Representative issued a summons to compel the Director of Child and Family Services to provide information related to the review. In November and December 2023, the legal counsel for the Representative questioned the Director. Additional questions arose from the Director's answers and the legal counsel sought to obtain further information and clarification to the answers provided (undertakings) in a timely manner. As of March 31, 2024, work is still ongoing with the Department of Family Services regarding this review.

SYSTEMIC ISSUES

Table 11: Status of Systemic Issues, by department

	TOTAL	Monitoring	Review in Progress	Unassigned to RCYO staff
TOTAL Number of Issues	97*	32	6	61
Department of Family Services	52	21	2	29
Department of Health	30	13	4	13
Department of Education	26	6	0	20
Department of Justice	11	4	0	7
Department of Community and Government Services	5	1	0	4
District Education Authorities	3	0	0	3
Department of Human Resources	1	0	0	1
Legal Services Board	1	0	0	1
Nunavut Arctic College	1	1	0	0
Nunavut Housing Corporation	1	0	0	1

* This total does not add up as two issues are both partially under review and partially being monitored.

Table 12: Systemic Issues in Database, by Department

Systemic Issue	Status with RCYO
Department of Community and Government Services	
Recreation for children and youth, and safe places for and youth to engage in activities	Monitoring under <i>Our Minds Matter</i> children recommendation #15.
Unsafe drinking water/boil water advisories	Unassigned
Department of Community and Government Services, Department of Education and District Education Authorities (DEAs), and Department of Health	
Health and safety concerns in schools (e.g. mold, building safety)	Unassigned
Clarity regarding roles and responsibilities when it comes to safety in schools	Unassigned
Department of Community and Government Services, Department of Education, Department of Family Services, Department of Health, and Department of Justice	
Lack of comprehensive services in communities for children and youth	Partial monitoring for Department of Family Services under Adherence to Standards recommendation #4.
Department of Education	
Anti-bullying policies and programs	Unassigned
Crisis response protocol	Unassigned

Table 12: Systemic Issues in Database, by department continued...

Systemic Issue	Status with RCYO
Department of Education continued...	
Timely access to student transcripts	Monitoring under Student Records Regulations and Policy Intentions submission, recommendation #10. There have been no referrals related to this issue since 2017. It will be closed if the new Regulations address the concern.
Lack of early learning and childcare spots	Unassigned
Absence of daycare policies	Unassigned
Oversight and training of daycares	Unassigned
Quality of education system	Unassigned
Inadequate staffing and turnover	Unassigned
Access to Student Support Assistants (SSAs)	Unassigned
Afterschool care	Unassigned
Financial Assistance for Nunavut Students (FANS) travel policy	Unassigned
Policies and procedures for responding to allegations of abuse in educational facilities	Unassigned
Cultural competency training for school staff	Unassigned
Department of Education and DEAs	
Suspension, expulsion, and appeal process policies and procedures	Unassigned
Department of Education, Department of Family Services, and Department of Health	
Absence of programs that address food insecurity	Unassigned
Facility closures	Unassigned
Lack of wraparound services for children and youth in care	Unassigned
Lack of understanding of the role and responsibilities of the Department of Family Services	Unassigned
Professional Development for teachers regarding crisis response and trauma informed classrooms	Unassigned
Department of Education, Department of Family Services, Department of Health, and Department of Justice	
Care coordination, communication, and information sharing	Monitoring under <i>Our Minds Matter</i> recommendation #14.

Systemic Issue	Status with RCYO
Department of Education, Department of Family Services, Department of Health, and Department of Justice continued...	
Consent to services and treatment, involving informed and legal authority	Monitoring under <i>Our Minds Matter</i> consent recommendation #4.
Knowledge and use of interdepartmental protocols	Partial monitoring for Department of Family Services under Child Sexual Abuse Investigation recommendations #3 and #4.
Department of Education and Department of Health	
Access to support services in schools	Monitoring under <i>Our Minds Matter</i> recommendation #1.
Department of Family Services	
Transition planning for young people receiving services	Monitoring under Placement and Permanency Planning recommendation #2.
Inadequate staffing and turnover	Unassigned
Out of territory care	Review in progress Partially monitoring under Placement and Permanency Planning recommendation #8.
Lack of support for foster homes and their inclusion as members of the care team	Monitoring under Placement and collaborative Permanency Planning recommendation #2 and #4.
Including the voice of the child in decisions	Unassigned
Residential care for children and youth with complex needs	Unassigned
Safe houses for young people and their families	Unassigned
Continuity of care	Unassigned
Identification documents for children in care (e.g. Birth Certificate, Social Insurance Number, Non-Insured Health Benefit Number, Health Care Card, Passport, etc.)	Unassigned
<i>Child and Family Services Act</i> offers less protection to youth than children	Unassigned
Policies and procedures for Child Tax Benefit	Unassigned
Travel/visitation policy for adult clients who are developmentally youth aged	Unassigned
Need for Child Sexual Abuse Strategy	Unassigned
Approval and monitoring of foster homes	Unassigned

Table 12: Systemic Issues in Database, by department continued...

Systemic Issue	Status with RCYO
Department of Family Services continued...	
Inadequate protection/child protection investigations	Monitoring under Training and Corrective Action recommendation #1 and #2 and Child Sexual Abuse Investigation recommendation #5.
Lack of case notes/Inaccurate documentation for children in care	Unassigned
Concerns around custom adoption and safety	Unassigned
Concerns with in-territory group homes	Unassigned
Inconsistency in provision of financial supports (e.g. use of LCAs)	Monitoring under Recommendations #1, #2, and #3 in LCA Practice Letter.
Return of child to primary caregiver/access without addressing protection concerns	Unassigned
Oversight and support for young people in out-of-territory placements	Review in progress Monitoring under Placement and Permanency Planning recommendation #8.
Case coordination between communities	Monitoring under Child Sexual Abuse Investigation recommendation #5.
Absence of standards and procedures for children in out-of-home care	Monitoring under Children in Out of Home Care and Transition Planning recommendation #4 Placement and Permanency Planning recommendations #2, #3, and #5.
Expiry of permanent custody orders for young people at 16 years of age	Unassigned
Training	Monitoring under Training and corrective action recommendation #1 and Child Sexual Abuse Investigation recommendations #6.
Workload and caseload	Unassigned
Lack of consistent and accurate data collection	Monitoring under Adherence to Standards recommendations #5 and #6, and Placement and Permanency Planning recommendation #5.
Recruitment and retention of foster parents	Monitoring under Placement and Permanency Planning recommendation #4.
Placement standards for out of home care	Monitoring under Children in Out of Home Care and Transition Planning recommendations #1 and 3, and Placement and Permanency Planning recommendations #2, #3, and #4.

Systemic Issue	Status with RCYO
Department of Family Services continued...	
Planning for children and youth in out-of-home care (e.g. permanency planning, consideration of placement options, etc.)	Monitoring under Placement and Permanency Planning recommendations #1, #2, #5, and #6.
Placement decisions made without basis in comprehensive clinical assessment and best interests of the child	Monitoring under Placement and Permanency Planning recommendation #7.
Lack of policies and procedures for coverage and transfer of files (Continuity of service)	Unassigned
Lack of policies and procedures for Plan of Care	Unassigned
Investigation of foster and group homes	Unassigned
Documentation and reporting of critical injuries and death	Unassigned
Shortage of placements (e.g. foster homes, group homes, etc.,)	Unassigned
Authority in decision making	Monitoring under LCA recommendations #1, #2, #3, #4, and #5.
Inadequate support and supervision for CSSW	Unassigned
Lack of RCYO documentation in client files	Monitoring under LCA recommendation #9.
Department of Family Services and Department of Health	
Lack of parenting supports and services	Partial monitoring for Department of Family Services under Adherence to Standards recommendations #4 and #7.
Lack of proper training for sexual abuse investigations	Monitoring under Child Sexual Abuse Investigation recommendations #2 and #4.
Safe placement options to address needs other than child protection	Unassigned
Department of Family Services and Department of Justice	
Canada Pension Plan (CPP) surviving child benefit	Unassigned
Department of Health	
Treatment programs for substance use/abuse	Monitoring under <i>Our Minds Matter</i> recommendation #9(b).
Compassionate travel when family member is sent out-of-territory	Unassigned
Suicide intervention and prevention	Monitoring under <i>Our Minds Matter</i> recommendation #7.
Concerns about young people being 'formed' under the <i>Mental Health Act</i>	Unassigned

Table 12: Systemic Issues in Database, by Department continued...

Systemic Issue	Status with RCYO
Department of Health continued...	
Escorts' proof of authority to provide medical consent for minors	Monitoring under Medical Travel Policy and Escorts' Authority to Provide Consent recommendation.
Cultural health care	Monitoring under <i>Our Minds Matter</i> recommendations #11(a) and #11(b).
Dental care services	Unassigned
Access to healthcare services	Unassigned
Inadequate staffing and turnover	Monitoring under <i>Our Minds Matter</i> recommendation #10.
Need for social workers at Qikiqtani General Hospital	Unassigned
Case management and transition/discharge planning	Review in progress
Out-of-territory treatment process	Review in progress
Denial of mental health services for young people with documented mental health diagnosis	Review in progress
Support/Education for professionals and caregivers who support children and youth with mental health needs	Unassigned
Discharge planning/Transition planning from hospital/out-of-territory facility	Review in progress
Department of Health and Nunavut Arctic College	
Mental health services for children and youth	Monitoring under <i>Our Minds Matter</i> recommendations #1, #2, #3, #5, #6, #8, #9(a), #12, and #13. Related recommendations have been made through submissions for Nunavut Arctic College and Bill 36.
Department of Human Resources	
Equity in administration of summer student employment program	Unassigned
Department of Justice	
Child-friendly court	Unassigned
Transition planning for young people in custody	Unassigned
Collection of child support	Unassigned
Inappropriate use of guardianship order	Unassigned
Children under care of parent(s) under guardianship order	Unassigned
Not accessing victim services due to lack of information	Unassigned

Systemic Issue	Status with RCYO
Legal Services Board	
Access to legal representation for children and youth	Unassigned
Nunavut Housing Corporation	
Inadequate and unsafe housing	Unassigned

Resolved Systemic Issues

This year, no systemic issues were resolved.

MONITORING OF SYSTEMIC ADVOCACY RECOMMENDATIONS

In 2023-2024, the RCYO made nine systemic recommendations as a result of individual advocacy casework and a complex files review, see page 66 for more information. This year, 42 systemic recommendations were monitored. In previous years, 41 recommendations were made through submissions which are not consistently being monitored but will be reported on when new or revised legislations are implemented.

The status of recommendations reflects information received from departments to date, focusing on the progress made in this fiscal year. If supporting documentation was not provided to the RCYO along with updates from departments as requested, the department's status of recommendation implementation was not adjusted.

The RCYO uses the scale below to assess department's progress towards implementing recommendations.

No progress: Has met none or almost none of the aspects of the recommendation

Limited progress: Has met few aspects of the recommendation

Some progress: Has met some, or the most important requirements, of the recommendation, but other aspects of the recommendation remain unfulfilled

Substantial progress: Has met almost all of the requirements

Implemented: Has fully met the requirements of the recommendation

Recommendations Made this Fiscal Year

Placement and Permanency Planning Recommendations to the Department of Family Services

The RCYO conducted a complex file review of an individual advocacy case involving a young person in the permanent care and custody of the Director of Child and Family Services in an out-of-territory placement. Following the review, the Representative made nine recommendations to the Department of Family Services on December 13, 2023. The Representative identified to the department that five previously made recommendations on April 8, 2022, were also relevant to this case. This case is detailed on page 52.

Findings that informed the recommendations included:

1. Services to child and their family:

- ❄ The Department of Family Services did not offer support or preventative services to the family following the initial referrals or investigations.
- ❄ The department did not document any plan that reflected working with the family or clear goals. The parents stated on several occasions that they wanted their child back. They were told to make a plan to present to the department. Staff did not document engagement or efforts to assist or support the family in making this plan.
- ❄ The onus was on the family to contact the Department of Family Services.
- ❄ The Department of Family Services did not maintain regular contact with the child and the foster home.
- ❄ Department staff presented information in meetings about the case that was contradicted by the facts recorded in file documentation. RCYO provided specific examples to the department. They are omitted here to maintain the confidentiality of the young person.

2. Documentation:

- ❄ Case notes were not completed within the departmental standard of 24 hours.
- ❄ Case notes were not “stand-alone” documents completed within an Investigation Report. Departmental staff did not provide context in many contact notes. They named

individuals without identifying who they were, their relationship to the child, and their role in the case.

- ❄ Departmental staff did not fully document placement changes or the reasons for moving the child, and they did not document rationales for specific placements.
- ❄ Staff did not document the investigations.
- ❄ The file did not contain any child-in-care notes.

3. Decision making:

- ❄ The department initially apprehended the child in the absence of a protection concern.
- ❄ Staff did not document how they made decisions or the evidence supporting them, and the file lacked supervision notes.
- ❄ The Department of Family Services did not document evidence or clinical assessments to support their decisions. Staff sometimes relied on a narrow set of facts while excluding the broader context to justify a decision. They did not use the facts to inform their decisions.
- ❄ Staff made decisions without including individuals and professionals who had direct knowledge of the child and the foster home, and without considering the best interests of the child.

4. No Permanency Planning or planning in general:

- ❄ There is a note on the file that a supervisor stated that departmental processes require a child to be in care for two years before permanency planning can begin. The department did not produce any standards or processes that support this assertion.
- ❄ The current standard on permanency planning only addresses when a permanent custody application is appropriate. It does not address planning and when permanency planning should occur.
- ❄ The file demonstrates a history of the child being moved without any transition planning.
- ❄ The file did not contain any assessments, progress plans, or case plans.
- ❄ Staff only completed three Individualized Care Plans for the young person in seven years.

Permanency planning is the casework required to determine a long-term plan for a child who is in an out-of-home placement.⁵⁸ The purpose of this plan is to prepare the child for permanence which is having a stable, secure, and lasting relationship with a caregiver.⁵⁹ Permanency plans should differ for each young person because they have different needs. But, all permanency plans should focus on the best interest of the child.

Permanency planning should begin when a child comes to the attention of the Department of Family Services.⁶⁰ For children in the care of the Director of Child and Family Services, a permanency plan could include returning to their parents, living with another family member, adoption, support for independence, or in some rare cases, remaining in foster care or group care.

Transition planning is the casework required to support a young person with a transition in their life. This could include a change in caregivers, living situations, schools/daycares, and increasing independence as they transition into adulthood. It is essential for transition planning to begin long before any changes occur, as allowing for a gradual transition may make it easier for the young person to adjust.

A transition plan, like a permanency plan, should be different for each young person because they have different needs. It should be based on the child's best interests and, whenever possible, the planning should be done with the young person and the adults who support them.

Permanency and transition planning support the following child rights as per the United Nations *Convention on the Rights of the Child*:

Article 9: You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 18: You have the right to be raised by your parent(s) if possible.

Article 21: You have the right to care and protection if you are adopted or in foster care.

Article 20: You have the right to special care and help if you cannot live with you parent(s).

Article 25: If you live in care or in other situations away from home, you have the right to have these living arrangements look at regularly to see if they are the most appropriate.

Article 27: You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids do.

❄ Any reference to permanency planning in the case file, affidavits, and Individualized Care Plans are blank or say it is being worked on.

5. Lack of Standards:

❄ The Child and Family Services Manual does not have:

❄ standards specific to children in the permanent, or temporary, care and custody of the Director of Child and Family Services.

❄ a standard for completing Individualized Care Plans.

❄ a standard for completing Change of Information forms when a child moves. The department's form is confusing, and some of the forms on file appeared to be completed incorrectly.

❄ a standard for Transition Planning.

⁵⁸ The State of Queensland. (2024). *What is Permanency Planning?* Brisbane, AU: Queensland Government. Retrieved from <https://cspm.csyw.qld.gov.au/practice-kits/permanency-1/overview-of-permanency/what-is-permanency-planning>

⁵⁹ Child Welfare Information Gateway. (n.d.) *Permanency*. Washington, US: Children's Bureau. Retrieved from <https://www.childwelfare.gov/topics/permanency/?top=116>

⁶⁰ Better Care Network. (2024). *Permanency Planning*. New York, NY: Better Care Network. Retrieved from <https://bettercarenetwork.org/library/principles-of-good-care-practices/permanency-planning>

TABLE 13: Placement and Permanency Planning Recommendations

Based on conversations had at the fall Proactive Meeting with the Department of Family Services on November 1, 2023, and correspondence dated July 26, 2024. Department response and status are the same for all recommendations.

Department Response: Agree

Status: 2023-2024 Recommendations made, no update requested

Recommendations Made:

1. That the Department of Family Services develop and implement a standard and procedure that sets out when Individualized Care Plans are to be completed.
 2. That the Department of Family Services develop and implement a Placement Resource Form that documents vital information about the child, legal status, placements and reasons for moves. This Form should be provided to the foster home or residential home when the child is moved and updated prior to any moves or on an annual basis.
 3. That the Department of Family Services develop and implement a standard and procedure on Change of Information forms, revise the current form to be more useful.
 4. That the Department of Family Services develop and implement standards and procedures for contact with foster homes, the role of foster parents, and update the Foster Parent Manual.
 5. That the Department of Family Services develop and implement child in care recordings, assessments and plans and set standards when recordings must be completed.
 6. That the Department of Family Services develop and implement a standard and procedure on Permanency Planning for children and families.
 7. That the Department of Family Services develop and implement a standard and procedure that requires decisions be documented and provide the facts that support the decision.
 8. That the Department of Family Services develop and implement standards and procedures regarding the use and monitoring of placements outside the territory.
 9. That the Department of Family Services update standard #702 related to the Representative for Children and Youth Office to ensure that it clearly sets out that involvement with the RCYO should be on the case file.
-

Language: This correspondence was in English.

Recommendations Made in Previous Fiscal Years

Adherence to Standards Recommendations to the Department of Family Services

The Representative made seven recommendations to the Department of Family Services on April 8, 2022. Of the recommendations, three were case-specific (#1, #2, #3) and not completed by the Department of Family Services in the time allotted or prior to closing the file. Four recommendations were systemic in nature and are detailed below.

TABLE 14: Adherence to Standards Recommendations

Based on conversations had at the fall Proactive Meeting with the Department of Family Services on November 1, 2023, and correspondence dated July 26, 2024. Department response and status are the same for all recommendations.

Department Response: Agree

Status: **2023-2024** No progress
2022-2023 Recommendations made, no update requested

Recommendations Made:

4. The Child and Family Services Standards and Procedures Manual should be updated to include policies and procedures that ensure supports and services to families on an ongoing basis.
5. Ensure that standard 201a of the Child and Family Services Standards and Procedures Manual is implemented, which requires the documentation of all referrals made to the department in a [Client Index System (CIS)]⁶¹ case management system.
6. Ensure headquarters receives a copy of every referral and collates the information for reporting purposes including, but not limited to: annual reporting of referrals by fiscal year, by region, and by type of referral using the standardized coding tool, e.g. child physical harm, child sexual harm, child emotional harm, etc.
7. The Department of Family Services should assess the effectiveness of the current service model and consider alternatives to ensure that families requiring ongoing assessments, services and supports post investigation, or when a child has been returned to parental care, are receiving them.

Language: This correspondence was in English.

⁶¹ The Department of Family Services is no longer planning to use the CIS platform. This recommendation has been amended to refer to the type of system needed.

Children in Out-of-Home Care and Transition Planning Recommendations to the Department of Family Services

The Representative made four systemic recommendations to the Department of Family Services on April 8, 2022, as a result of individual advocacy casework involving children in the care of the Director of Child and Family Services and transition⁶² planning.

TABLE 15: Children in Out-of-Home Care and Transition Planning Recommendations

Based on conversations had at the fall Proactive Meeting with the Department of Family Services on November 1, 2023, and correspondence dated July 26, 2024. Department response and status are the same for all recommendations.

Department Response: Agree

Status: 2023-2024 No progress

2022-2023 Recommendations made, no update requested

Recommendations Made:

1. The Department of Family Services develop and implement policies and procedures for children in the care of the Director.
2. The Department of Family Services develop and implement a policy and procedure that requires a transition plan be developed and implemented prior to any non-urgent placement changes of a child in the care of the Director.
 - The transition plan should involve a multi-disciplinary approach that includes parents, foster parents, and education and health care staff involved with the child and family.
 - The transition plan should have clear timelines to minimize abrupt moves without adequate planning, provide a clear rationale for the placement change, and why it is in the best interests of the child in care.

Transition plans for children with complex or unique needs should make clear how the child's needs will be met prior to and during the transition period. The plan and timeline for children with complex or unique needs should ensure that all members of the child's care team (e.g. healthcare providers, new placement, school, etc.) have adequate time and information to give or receive the necessary training prior to the transition.

3. The Department of Family Services develop and implement a policy and procedure that outlines the requirement to consult and obtain consent from parents or legal guardians when a child is placed outside of the parental home under a Voluntary Service Agreement and there is a need to change their placement, prior to the move.
 4. The Department of Family Services develop and implement a policy and procedure that outlines what constitutes an urgent placement change for a child in the care of the Director and the appropriate steps to take when this occurs.
-

Language: This correspondence was in English.

⁶² For a definition of transition planning, see page 67.

Local Contract Authorities (LCA) Recommendations to the Department of Family Services

The Representative made five recommendations to the Department of Family Services on December 6, 2021, as a result of multiple, similar individual advocacy cases.

TABLE 16: Local Contract Authorities Recommendations

Based on conversations had at the fall Proactive Meeting with the Department of Family Services on November 1, 2023, and correspondence dated July 26, 2024. Department response and status are the same for all recommendations.

Department Response: Agree

Status: 2023-2024 No progress, no further monitoring of recommendations #4 and #5 which were not implemented in the timeframe specified.

2022-2023 No progress

2021-2022 Recommendations made, no update requested

Recommendations Made:

1. The Department of Family Services amend its Child and Family Services Standards and Procedures Manual to include clear timelines for the LCA purchase approval process.
2. The Department of Family Services create and implement a policy that clearly states who is eligible to receive support via an LCA so that all children and families, as per the *Child and Family Services Act*, are receiving equitable and consistent services, including those not in the care of the Director.
3. The Department of Family Services train and ensure all Family Wellness employees are aware of and implement these policies consistently.
4. The Director immediately send out a directive to all staff that addresses the issue while a policy and procedure are being developed and implemented so children and families are immediately receiving supports in a consistent and equitable manner.
5. The Director immediately address the inconsistent practice in the identified region.

Language: This correspondence was in English.

Child Sexual Abuse Investigation Recommendations to the Department of Family Services

The Representative made five recommendations to the Department of Family Services on December 6, 2021, as a result of multiple, similar individual advocacy cases.

TABLE 17: Child Sexual Abuse Investigation Recommendations

Based on conversations had at the fall Proactive Meeting with the Department of Family Services on November 1, 2023, and correspondence dated July 26, 2024. Department response is the same for all recommendations.

Department Response: Agree	
Recommendations Made:	Status:
2. The Child and Family Services Standards and Procedures Manual should be updated to include when and how referrals are to be made to the Umingmak Center. If there is a referral form it should be included in the manual.	2023-2024 No progress 2022-2023 Limited progress 2021-2022 Recommendation made, limited progress
3. The Child and Family Services Standards and Procedures Manual should be updated to specifically reference the Nunavut Child Abuse and Neglect Response Agreement and a copy of the agreement should be included in the manual for the staff to reference.	2023-2024 No progress 2022-2023 Limited progress 2021-2022 Recommendation made, limited progress
4. All staff should be trained on the Nunavut Child Abuse and Neglect Response Agreement in conjunction with the RCMP in the respective communities to ensure it is used consistently when conducting child abuse investigations. This should be completed when a new CSSW, Supervisor, or Manager is hired as part of their orientation/training and prior to receiving any form of delegation.	2023-2024 No progress 2022-2023 Some progress 2021-2022 Recommendation made, some progress
5. A policy and procedure should be developed and implemented that clearly outlines who is responsible for documentation and case management decisions in cases that involve more than one community and how children and families coming from one community to another will receive services from Family Wellness including investigations.	2023-2024 No progress 2022-2023 Limited progress 2021-2022 Recommendation made, limited progress
6. All supervisors and managers, whether in indeterminate positions or acting, must be fully trained on their roles and responsibilities as they relate to ensuring that policies, procedures, and legislation are followed.	2023-2024 No progress 2022-2023 Limited progress 2021-2022 Recommendation made, limited progress

Language: This correspondence was in English.

Medical Travel Policy and Escorts’ Authority to Provide Consent Recommendation to the Department of Health

The Representative made one recommendation to the Department of Health on March 24, 2021, stemming from the RCYO’s pilot systemic review on medical consent for custom adopted children.

TABLE 18: Medical Travel Policy and Escorts’ Authority to Provide Consent Recommendation

Based on correspondence from the Department of Health dated July 24, 2024.

Department Response: Neither agree nor disagree

Recommendation Made:

1. The Department of Health amend the Medical Travel Policy to require that all client escorts travelling with clients who are infants or children bring satisfactory evidence of their authority to provide legal consent for medical decisions on the infant or child’s behalf.

Status:

2023-2024 Limited progress
2022-2023 Limited progress
2021-2022 No progress
2020-2021 Recommendation made, no update requested

Language: This correspondence was in English.

Training and Corrective Action Recommendations to the Department of Family Services

The Representative made two recommendations to the Department of Family Services on May 4, 2020, because our work on an individual advocacy case was systemic in nature. Although recommendation #2 was implemented by the Department of Family Services as it related to this specific individual advocacy case, the RCYO continues to see that performance management, including corrective action, is not being done consistently. The RCYO will continue to address this through individual advocacy casework and regular communication with the department.

TABLE 19: Training and Corrective Action Recommendations

Based on conversations had at the fall Proactive Meeting with the Department of Family Services on November 1, 2023, and correspondence dated July 26, 2024.

Department Response: Agree

Recommendations Made:

1. Training for all front-line staff, supervisors, and their managers in the Family Wellness Division that educates all staff on their legislative responsibility and the accompanying policies and procedures. The training must include clear expectations of what and how services are to be delivered.
2. Corrective action, as per section 801 of the Human Resources Manual, must be taken when it is identified that staff have not adhered to policies, procedures, and legislation, from front-line service providers to the senior and executive management employees.

Status:

2023-2024 No progress
2022-2023 Limited progress
2021-2022 Limited progress
2020-2021 Recommendation made, limited progress

2021-2022 Implemented
2020-2021 Recommendation made, no update requested

Language: This correspondence was in English.

FIVE-YEAR REVIEW

Our Minds Matter: A Youth-Informed Review of Mental Health Services for Young Nunavummiut

In 2019, the RCYO published *Our Minds Matter: A Youth-Informed Review of Mental Health Services for Young Nunavummiut* (*Our Minds Matter*). This was the RCYO's first comprehensive systemic review and focused on mental health services for young Nunavummiut. The findings of the youth-informed review resulted in the Representative making 15 recommendations to multiple departments.

Departments responded to the recommendations as follows:

- ❄ **Agree** with six recommendations (#2, #3, #5, #12, #13, and #14)
- ❄ **Partially agree** with five recommendations (# 1, #4, #8, #9a, #9b, and #10)
- ❄ **Disagree** with two recommendations (#4 and #15)
- ❄ **Neither agree nor disagree** with three recommendations (#6, #7, #11a, and #11b)

This year, the RCYO reviewed the past five years of correspondence on the cumulative progress to implement the recommendations and made further inquiries into what departments have accomplished in 2023-2024. Following this review, the RCYO determined that the departments have sufficiently implemented nine of the 13 recommendations (#1, #2, #8, #9b, #10, #11 a and b, #12, #13) that were agreed to in part or whole. Departments have not fully implemented two recommendations (#5 and #14). The RCYO will not continue to monitor these specific recommendations under *Our Minds Matter*. A systemic review has been initiated based on recommendations #5 and the RCYO will continue to address the implementation challenges of the interdepartmental service coordination protocol, recommendations #14, through individual advocacy casework and systemic reviews. We will continue to monitor recommendations #3, #7, and #9a.

Despite disagreeing with recommendation #15 in 2019, the Department of Community and Government Services developed a Recreation Strategy, partially implementing the recommendation.

Although, the Department of Health did not agree or disagree with recommendation #6, when the Aqqusaariaq Treatment Centre opens, there are plans to provide inpatient and outpatient services and programs for children and youth with their families.

The Department of Education disagreed with recommendation #4 in 2022, and the RCYO continues to have concerns that their position undermines the rights of young people and increases the risk of harm to their well-being.

TABLE 20: *Our Minds Matter* Recommendations, A Five-Year Review

Based on conversations had at the fall Proactive Meeting with the Department of Family Services on November 1, 2023, and correspondence dated July 26, 2024; conversations had at the fall Proactive Meeting with the Department of Health on December 11, 2023, and correspondence dated March 6, May 3, and interviews with staff on June 19, 2024; correspondence with the Department of Education dated March 12, April 30, and an interview with staff on July 2, 2024; correspondence with NAC dated July 8, 2024.

Recommendation Made:

1. The Department of Health and the Department of Education collaborate to ensure a full range of mental health services, including universal programming, targeted interventions, and intensive interventions are delivered in Nunavut schools.

Department Response: Partially agree

Status:

2023-2024 Implemented

2022-2023 Substantial progress

2021-2022 Substantial progress

2020-2021 Some progress

2019-2020 Recommendation made, no update requested

Progress:

In January 2020, the Department of Health and the Department of Education re-established the Children and Youth Territorial Committee to collaborate on several issues, including mental health services. The Committee no longer meets.

In 2021, the Department of Health and the Department of Education revised the *School-Based Mental Health and Wellness Framework*, renamed Collaboration and Pathways to Mental Health Guide. The guide is expected to be finalized in July 2024 with implementation planned for the 2024-2025 school year.

The Department of Education offers three tiers of mental health services in schools. Tier one and two services are offered in all school across Nunavut. Tier three supports are based on individual needs and are only provided to young people under the age of 16 with the consent of a parent/guardian. Youth 16 years of age and older can provide their own consent.

Prevention and early intervention are now part of the curriculum with the *Be Safe* program being delivered to students in grade four and the Respect Education program delivered in grades seven to 12.

Targeted mental health interventions offered in schools include *The Northern Zones* and *Ajunngitugut Ajunngitugut* (formerly Power Series) are currently under development.

Although the Department of Education is unable to provide universal programming in schools, it is provided by the Department of Health. In hindsight, the RCYO should not have included universal programming in the recommendation.

Recommendation Made:

2. The Department of Education ensure that all school staff, including *Ilinniarvimmi Inuusilirijiit*, guidance counsellors, teachers, support staff, and principals, receive basic mental health training on how to connect children and youth with appropriate mental health services and how to support them while this connection is being made.

Department Response: Agree**Status:****2023-2024** Implemented**2022-2023** Some progress**2021-2022** Some progress**2020-2021** Some progress**2019-2020** Recommendation made, no update requested**Progress:**

Training for *Ilinniarvimmi Inuusilirijiit* is delivered annually during Professional Development week.

Ilinniarvimmi Inuusilirijiit also participate in virtual Community of Practice sessions scheduled at least six times during the school year. During the 2023-2024 school year, these facilitated sessions centered on the roles and responsibilities of *Ilinniarvimmi Inuusilirijiit* as outlined in the *Ilinniarvimmi Inuusilirijiit Handbook*.

Since 2018, mental health training components have been incorporated into every *Ilinniarvimmi Inuusilirijiit* Professional Development week training session.

There are 33 school mental health consultants who provide on-going support for *Ilinniarvimmi Inuusilirijiit*. This includes developing counselling plans, consultations without identifying the young person, and strategies in relation to consultations.

School staff receive training on an on-going basis, about how to connect students with appropriate mental health services and how to support them while the connection is being made.

The department is tracking training for staff.

Mandated annual trainings include: Trauma Informed Practice, *Our Children, Our Responsibility* (Sexual Abuse Prevention and Reporting), Verbal Intervention Training, various literacy and student-centred learning programming.

Outstanding Concerns:

The *Crisis Response Guidelines for Nunavut Schools* staff manual is dated 2016-2019 and has not been updated.

The Department of Education does not have a centralized database to easily determine who has received training and who has not.

Through our individual advocacy casework, the RCYO is aware that young people are still struggling with support for mental health needs in the classroom. Although this recommendation has been implemented, the related systemic issue of support for mental health needs in classrooms is active in our database.

TABLE 20: *Our Minds Matter* Recommendations, A Five-Year Review continued...

Recommendation Made:	Department Response: Agree
3. The Department of Education enhance mental health literacy in schools.	Status: 2023-2024 Some progress 2022-2023 Some progress 2021-2022 Some progress 2020-2021 Some progress 2019-2020 Recommendation made, no update requested
Progress:	
During the COVID-19 pandemic the RESTORE toolkit was developed and offered online to all schools. The toolkit included activities and examples for students focused on mental health.	
The <i>Zippy's Friends</i> program was piloted. However, due to copyright it could not be adapted to make it relevant or relatable to young Nunavummiut and the Department of Education decided not to move forward with this resource.	
The Online Student Support Virtual Library for school staff has the following prerecorded presentations and webinars:	
<ul style="list-style-type: none">• Be Safe! Training• Clear Speech Strategies• Education Support Services Pretentions• GN Interagency Information Sharing Protocol• Introduction to the Functions of Behaviours• Introduction to the Principals of Learning• Inuglugijaittuq Virtual Symposium for Ilinniavimmi Inuusiliriji• Inuit Educations Conference 2023• ISSP [Individual Student Support Plans] Development PPT [Powerpoint]• Learning about FASD [Fetal Alcohol Spectrum Disorders] together• Phonak Soundfield Training• Programming for Individuals with Development Delays• Promoting Independence- Effective Prompting• Psychological First Aid PPT [Powerpoint]• Red Cross Wellness Webinars• Sensory Pathway Kivalliq Short Video• Shanker Self-Reg• SSA [Student Support Assistant] Handbook• Supporting Emergent Literacy Beyond• Truth and Reconciliation Day, September 30• Understanding Stress• Universal Designs for Learning• Who to Assess and Why: A presentation on psycho-educational assessments	
Outstanding Concerns:	
The mental health-related curriculum and resources, that the Department of Education is developing as part of the made-in-Nunavut curriculum development plan, have not yet been approved for implementation.	

Recommendation Made:

4. The Department of Education, in consultation with the Department of Justice, immediately address the consent barrier that exists when students who may benefit from mental health services are identified in the school environment.

Department Response:**2021-2022** Disagree**2020-2021** Partially agree**Status:****2021-2022** Some progress

The Department of Education initially partially agreed with this recommendation but later disagreed with implementing it for those 16 years of age and younger. As such, this recommendation was not monitored after 2021-2022.

2020-2021 Some progress**2019-2020** Recommendation made, no update requested**Progress:**

The Department of Education consulted with the Department of Justice in 2021-2022, partially fulfilling this recommendation. They have not advised RCYO of the outcome of their consultations as those discussions are protected by client- solicitor privilege.

The mature minor doctrine has been endorsed by the Supreme Court of Canada as common law. It recognizes that “children are entitled to a degree of decision-making autonomy that is reflective of their evolving intelligence and understanding.”⁶³

The Department of Education does not recognize mature minors. Although they do allow youth 16 years of age and older to provide their own consent, they continue to require those 15 years of age and younger to obtain consent from a parent/guardian.

Outstanding Concerns:

The RCYO has flagged this as a violation of the following rights outlined in the United Nations *Convention on the Rights of the Child*:

Article 3: All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article 4: The government has a responsibility to make sure your rights are protected. They must help your family protect your rights and create an environment where you can grow and reach your potential.

Article 12: You have the right to give your opinion, and for adults to listen and take it seriously.

Article 16: You have the right to privacy.

Article 19: You have the right to be protected from being hurt and mistreated, in body or mind.

The RCYO is concerned that young people may not request services they need out of fear of having to discuss the situation with their parent/guardian. Further, services will be denied if a parent/guardian refuses to provide consent.

The Department of Education has made their position clear that they will not adopt the mature minor’s doctrine.

⁶³ *AC v Manitoba (Director of Child and Family Services)*, 2009 SCC 30, <<https://canlii.ca/t/24432>>, retrieved on 2024-07-03

TABLE 20: Our Minds Matter Recommendations, A Five-Year Review continued...

Recommendation Made:	Department Response: Agree
5. The Department of Health ensure that contracts that adequately meet service demands are established for out-of-territory mental health services for children and youth where these services are not currently available in Nunavut, and ensure that children and youth receive appropriate aftercare and follow-up upon return to their home communities.	Status: 2023-2024 Partially implemented and limited progress, no further monitoring 2022-2023 Some progress 2021-2022 Some progress 2020-2021 Some progress 2019-2020 Recommendation made, no update requested
Progress:	
The Department of Health provides out-of-territory care in accredited hospitals and group homes.	
The Department of Health has twenty-five residential care providers available through Standing Offer Agreements with three providers that offer services to young people 18 years of age and younger. The Department of Health reports that these resources meet service demands.	
The Department of Health offers aftercare and follow-up following discharge on a voluntary basis. The client must consent to these ongoing services.	
There are draft guidelines and procedures for out-of-territory care. Although there are gaps in the policy, it is expected to be finalized in the 2024-2025 fiscal year.	
Outstanding Issues:	
Through our individual advocacy work, there is evidence that the Department of Health is not developing adequate discharge plans to ensure appropriate aftercare and follow-up is available. There are no policies in place, and the department has acknowledged that staff are not developing discharge plans consistently or collaboratively.	
Following concerns raised in individual advocacy cases, the RCYO initiated a systemic review regarding discharge planning.	
This specific recommendation will not be monitored further, as a systemic review will address ongoing concerns.	
Recommendation Made:	Department Response: Neither agree nor disagree
6. The Government of Nunavut establish an in-territory facility that offers residential mental health treatment for children and youth, including, but not limited to, psychiatric, psychological, behavioral, and counselling services. These services should incorporate family engagement and healing and be grounded in Inuit knowledge, culture, and parenting practices.	Status: 2023-2024 Substantial progress 2022-2023 No progress 2021-2022 No progress 2020-2021 No progress 2019-2020 Recommendation made, no update requested
Progress:	
The Department of Health is in the process of building the Aqqusaariaq treatment centre (Nunavut Recovery Center), the first addictions and trauma treatment centre in the territory. There are plans to provide services for children and youth when it opens. Programs are said to include both inpatient and outpatient services for youth with their families.	
Outstanding Concerns:	
Aqqusaariaq has not been built and the clinical components of the programming for children and youth are still under development.	

Recommendation Made:

7. The Department of Health implement recommendations iii(4) and iii(5) from the 2015 Coroner’s Inquest into Suicide, and apply these recommendations in cases of suicidal ideation in addition to suicide attempts. These recommendations state, in part, that the Government of Nunavut,

Recommendation iii(4)

Establish a formal follow-up protocol for individuals who have attempted suicide by April 2016.

Recommendation iii(5)

Change the Mental Health Act to allow for family to be contacted and immediately involved after a suicide attempt regardless of the age of the person who has attempted suicide. This should be systematic, and it requires also that Mental Health workers receive training and re-orientation to always develop safety plans and conduct counselling with the family present. This is a new recommendation that involves allotment of resources to re-training and a change in orientation to a more family and community intervention approach.

To supplement recommendation iii(5), we further recommend adding the option of an alternative adult if a family member is deemed inappropriate.

Progress:

The Department of Health has a formal protocol outlining roles and responsibilities following a suicide attempt and has agreed to provide a copy to the RCYO.

The *Mental Health Act* was changed to allow for notification of suicide attempts to a *tikkuaqtaujuq* (selected representative).

Outstanding Concerns:

Regulations and implementation plan for the new *Mental Health Act* are currently under development.

Mental Health staff are not developing safety plans consistently.

There are no policies or procedures for in-territory mental health services. Mental Health division advised the RCYO that they follow the requirements set out in the Community Health Nurse Manual.

Department Response:

2021-2022 Partially agree

2019-2020 Neither agree nor disagree

Status:

2023-2024 Substantial progress

2022-2023 Substantial progress

2021-2022 Substantial progress

2020-2021 Some progress

2019-2020 Recommendation made, no update requested

TABLE 20: Our Minds Matter Recommendations, A Five-Year Review continued...

<p>Recommendation Made:</p>	<p>Department Response: Neither agree nor disagree</p>
<p>8. The Department of Health clarify the position titles, roles, responsibilities, and reporting structure of all mental health-related positions to ensure children and youth are connected with the existing services that best fit their needs.</p>	<p>Status: 2020-2021 Implemented 2019-2020 Recommendation made, no update requested</p>
<p>Progress:</p>	
<p>The Department of Health completed a review of their reporting structure in 2019-2020, creating new positions and changing reporting structures.</p>	
<p>Recommendation Made:</p>	<p>Department Response: Partially agree</p>
<p>9. The Department of Health:</p> <p>a. finalize and deliver a comprehensive training program, that includes a substantial focus on delivering supports to children and youth, to mental health and addictions outreach workers;</p>	<p>Status: 2023-2024 Some progress 2022-2023 Some progress 2021-2022 Some progress 2020-2021 Some progress 2019-2020 Recommendation made, no update requested</p>
<p>Progress:</p>	
<p>There is a mandatory one-week orientation for Mental Health Nurses and Mental Health Consultants offered twice a year. There is a mandatory two-week orientation for Outreach Workers offered annually.</p>	
<p>The Department of Health hosts a Trauma Symposium annually as well.</p>	
<p>Outstanding Issues:</p>	
<p>If Outreach Workers are hired soon after training is offered, they may be working a full year without orientation. They receive an orientation manual to read at a self-guided pace, but there is no mechanism to evaluate whether they have done so and whether they understand the materials.</p>	
<p>Recommendation Made:</p>	<p>Department Response: Agree</p>
<p>9. The Department of Health:</p> <p>b. ensure that in communities with more than one mental health and addictions outreach worker, one of these positions is dedicated to working with children and youth.</p>	<p>Status: 2020-2021 Implemented, no further monitoring 2019-2020 Recommendation made, no update requested</p>
<p>Progress:</p>	
<p>In 2020-2021, the Department confirmed each community has a Youth Program Facilitator with three in Iqaluit.</p>	

Recommendation Made:

10. Nunavut Arctic College, in partnership with the Department of Health, offer professional education programs that build the capacity of the mental health workforce in Nunavut, and that these programs offer a focus or specialty related to child and youth mental health.

Progress:

Nunavut Arctic College offers:

- Community and Mental Health course as part of the Bachelor of Science in Nursing program.
- Nursing Concepts for Children, Adolescents and Young Adults course as part of the Bachelor of Science in Nursing program.
- Introduction to Mental Health in year two of the Social Service Worker Program.

The Department of Health also offers practicums to students in both the diploma and degree Social Work programs and to students in the mental health-based nursing program.

Recommendation Made:

11. The Department of Health, or any other department hiring a mental health service provider:
- a. engage the services of Elders or cultural consultants to guide the delivery of mental health services

Progress:

Elder Advisors and cultural advisors are members of the mental health and addictions advisory group. Elders are hired on a relief basis to provide traditional programming and culturally-based services.

Department Response: Partially agree**Status:**

2023-2024 Implemented, no further monitoring
As Nunavut Arctic College and the Department of Health partially agreed with this recommendation and have completed the work agreed to, this recommendation will no longer be monitored.

2022-2023 Limited progress

2021-2022 Limited progress

2020-2021 Limited progress

2019-2020 Recommendation made, no update requested

Department Response: Neither agree nor disagree**Status:**

2023-2024 Implemented, no further monitoring

2022-2023 Some progress

2021-2022 Some progress

2020-2021 Limited progress

2019-2020 Recommendation made, no update requested

TABLE 20: Our Minds Matter Recommendations, A Five-Year Review continued...

<p>Recommendation Made:</p> <p>11. The Department of Health, or any other department hiring a mental health service provider:</p> <p>b. offer an ongoing spectrum of cultural competency training and ensure that a minimum of one component is completed prior to the start of employment.</p>	<p>Department Response: Neither agree nor disagree</p> <p>Status: 2023-2024 Implemented, no further monitoring 2022-2023 Limited progress 2021-2022 Limited progress 2020-2021 Limited progress 2019-2020 Recommendation made, no update requested</p>
<p>Progress:</p> <p>The Urban Inuit Identity Project developed cultural training for the Department of Health’s Mental Health and Addictions Division. It features a four-part educational series that can be completed online and one-day workshops that includes two levels of cultural awareness lessons. The training is mandatory and has been provided to 315 participants so far.</p>	
<p>Recommendation Made:</p> <p>12. The Department of Health increase public and service provider awareness of existing mental health services available for children, youth, and their families.</p>	<p>Department Response: Agree</p> <p>Status: 2023-2024 Implemented 2022-2023 Some progress 2021-2022 Some progress 2020-2021 Some progress 2019-2020 Recommendation made, no update requested</p>
<p>Progress:</p> <p>The Department of Health hosts a mental health awareness week in May.</p> <p>Mental Health staff:</p> <ul style="list-style-type: none">• host events across the territory and collaborate with community stakeholders in hosting events for Embrace Life Week, World Suicide Prevention Day, National Day of Truth and Reconciliation.• give presentations in schools about services and programs available.• conduct community visits to promote the Healing by Talking program.• share upcoming event schedules on social media and within each community.	

Recommendation Made:

13. The Department of Health develop a youth-informed public awareness campaign for children, youth, and their families to reduce mental health stigma.

Department Response: Agree**Status:****2023-2024** Implemented**2022-2023** Some progress**2021-2022** Some progress**2020-2021** Limited progress**2019-2020** Recommendation made, no update requested**Progress:**

The Department of Health developed a “Humans of the Arctic” public awareness campaign to address mental health stigma.

The Qaujigiartiit Health Research centre developed the Makimautikisat Youth program and has been delivering it since 2022. Nine videos highlighting the experiences of youth were created.

The Youth Outreach team also makes use of four videos developed in collaboration with Embrace Life Council to encourage open communication about suicide.

Recommendation Made:

14. The Government of Nunavut, under the leadership of the Department of Executive and Intergovernmental Affairs, develop and implement an interdepartmental service coordination protocol for the delivery of child and youth-related services.

Department Response: Agree**Status:****2023-2024** Substantial progress, no further monitoring**2022-2023** Substantial progress**2021-2022** Some progress**2020-2021** No progress**2019-2020** Recommendation made, no update requested**Progress:**

The protocol is in place.

Outstanding Concerns:

Through our work, the RCYO continues to see that service providers are not in regular communication to ensure shared clients receive appropriate services and care.

With the protocol in place, the RCYO will not continue to monitor this recommendation. However, as the Government of Nunavut is not tracking implementation and utilization of the protocol, the RCYO will continue to address the protocol's implementation challenges through individual advocacy casework and systemic reviews.

TABLE 20: *Our Minds Matter* Recommendations, A Five-Year Review continued...

Recommendation Made:

15. The Department of Community and Government Services, in partnership with the Department of Culture and Heritage, hamlets, and young Nunavummiut, develop and implement a territorial child and youth recreation strategy and action plan.

Progress:

Although the responsible departments disagreed with this recommendation, the Department of Community and Government Services created a Recreation Strategy and provided a copy for the RCYO to review.

Department Response: Disagree

Status:

2019-2020 Not monitored

As the Department of Community and Government Services, in partnership with the Department of Culture and Heritage disagreed with this recommendation, it was not monitored.

Language: *Our Minds Matter* was submitted to the Legislative Assembly in Inuktitut and English. It is available on our website in all official languages. Update correspondence is done with departments in English.

Submissions

When the GN updates or creates new legislation, they typically make a public call for submissions. Departments may also specifically invite the RCYO to make a submission on legislation or policies. RCYO submission recommendations focus on ensuring that the rights and best interests of young people are supported, including provisions for obtaining and considering the voice of the child, the young person's opinion, when making decisions on their behalf. These recommendations are monitored through our systemic advocacy program.

This fiscal year, the RCYO did not receive any requests to make a submission. No further progress was made to implement the recommendations that have been made in previous years, as far back as 2018.

The RCYO is not monitoring recommendations made through the following submissions but will report on the progress made by department to implement the recommendations made once brought into force.

Family Law Review

(Family Law Act and Children's Law Act)

Seventeen recommendations were made to the Department of Justice on August 13, 2021.

Status: In development with the Department of Justice

Language: This submission was provided to the Department of Justice in English and is available on our website in all official languages.

Family Abuse Intervention Act

Seven recommendations were made to the Department of Justice on February 10, 2021.

Status: In development with the Department of Justice

Language: This submission was provided to the Department of Justice in English and is available on our website in all official languages.

Bill 36 - Mental Health Act

Fourteen recommendations were made to the Department of Health on April 6, 2020.

Status: The new *Mental Health Act* was passed but has not come into force. Further details are withheld under parliamentary privilege.

Language: This submission was provided to the Standing Committee on Legislation in Inuktitut and English and to the Department of Health in English. It is available on our website in all official languages of Nunavut.

10-Year Strategic Plan Consultation

Six recommendations were made to Nunavut Arctic College on February 28, 2020.

Status: The plan has not been tabled. NAC advised the RCYO that the strategic framework is in draft form and not ready to share with stakeholders.

Language: This submission was provided to NAC in English and is available on our website in all official languages.

Student Records Regulations and Policy Intentions

Eleven recommendations were made to the Department of Education on October 19, 2019.

Status: This is delayed due to staff capacity challenges.

Language: This submission was provided to the Department of Education in English and is available on our website in all official languages.

SYSTEMIC REVIEWS

During the 2023-2024 fiscal year, seven reviews were initiated and one was completed. In all the reviews involving the Department of Family Services, lack of documentation was an issue that impeded the RCYO from completing a comprehensive review in a timely manner. In all of these cases, records of decisions and what evidence was relied upon to make the decision were absent.

1. Department of Family Services

Status: Completed

In June 2023, the RCYO completed a complex file review of an individual advocacy case, resulting in nine recommendations made to the Department of Family Services, detailed on page 66.

2. Department of Family Services

Status: In progress

In August 2023, the RCYO initiated a review of the use and monitoring of an out-of-territory placement, specific to three individual advocacy cases. This review led to the RCYO issuing a summons to the Director of Child and Family Services in October 2023. For more information, see page 58.

3. Department of Health

Status: In progress

In November 2023, the RCYO initiated a review regarding young people placed in out-of-territory group care facilities by the Department of Health to receive mental health treatment.

4. Department of Family Services

Status: In progress

In December 2023, after completing a complex file review of an individual advocacy case, the RCYO initiated a further review of the adoption processes.

5. Department of Family Services

Status: In progress

On January 10, 2024, the RCYO sent a letter to the Department of Family Services initiating a review of the status of eight young Nunavummiut placed in an out-of-territory, unlicensed group home in Alberta. For more information, see page 89.

6. Department of Health

Status: In progress

In February 2024, the RCYO initiated a review of the denial of mental health services for young people with documented mental health diagnoses.

7. Department of Health

Status: In progress

In February 2024, the RCYO initiated a review regarding insufficient discharge planning and after-care for young people following mental health treatment.

Systemic Review in Progress

Young Nunavummiut placed in an out-of-territory, unlicensed group home

In the 2022-2023 fiscal year, the RCYO had been corresponding with the Department of Family Services for several months advocating for the department to do something about the young Nunavummiut placed out-of-territory in an unlicensed group home.

- On **March 29, 2023**, Canadian Broadcasting Corporation (CBC) Radio-Canada reported on eight young people from Nunavut placed in Alberta, in an unlicensed group home called Everbright, Complex Needs Support Services.
- On **March 30**, the Premier announced that an internal review would be done to determine what had occurred.
- On **March 31**, the RCYO provided the Premier a detailed timeline of our involvement with the Department of Family Services regarding the young people at Everbright. In the correspondence, the Representative stated that she trusted that the information provided would be considered and included as part of the review.

Under Section 24 of the RCYA, staff must maintain confidentiality and must not disclose information received in the performance of their duties. An exception to this section is if the Representative considers the disclosure necessary to further a review or to establish grounds for conclusion and recommendations.

- On **April 6**, the Premier responded to the letter, acknowledging the correspondence and confirming that he had requested an internal review on the operations of the Department of Family Services and specifically the circumstances regarding these eight young people. The Premier committed to sharing the findings of the internal review when it was completed.
- On **January 10, 2024**, the RCYO requested updates on all 10 young people placed out-of-territory by the Department of Family Services.
- On **February 28**, the RCYO notified the Department of Family Services that the RCYO would be conducting a review of the situation as well.
- On **March 4**, the CBC contacted the RCYO to advise that they had requested and obtained a redacted version of the internal report which was completed on **December 6, 2023**.
- On **March 6**, the Representative sent a letter to the Premier requesting a copy of the internal review.
- On **March 7**, the RCYO received the report from the Department of Executive Intergovernmental Affairs. There is no mention of the RCYO in the report or if the information we provided was considered as part of the review.

COMMUNICATION AND PUBLIC AWARENESS

Our Communications and Public Awareness initiatives build and strengthen relationships with our many stakeholders including children, youth, families, community members, departments, the Legislative Assembly, and the media.

The RCYO works to increase awareness of child rights and the responsibilities that adults and governments have to support the rights of children and youth. We carry out this responsibility through presentations; development of child-rights resources and information materials; hosting contests; and sharing information about our work through the media, social media, and the Office's website.

Although our office is located in Iqaluit, we work on behalf of all Nunavummiut. Our most comprehensive public awareness initiative our community engagement visits. It is important that we visit communities to hear directly from Nunavummiut, and see first-hand, the current challenges affecting child, youth, and their families in each community.

Every year we strategically plan public awareness initiatives while continually looking for new opportunities to engage with our stakeholders as they arise and our human resources allow.

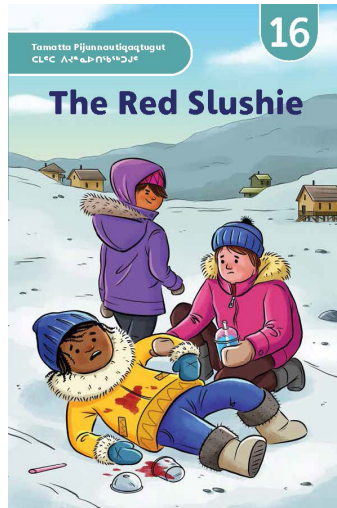
Our public awareness initiatives are a collaborative effort among all RCYO staff, supporting the following Inuit societal values:

- ❄️ **Inuuqatigiitsiarniq:** Respecting others, relationships, and caring for people.
- ❄️ **Tunnganarniq:** Fostering good spirits by being open, welcoming, and inclusive.
- ❄️ **Pijitsirniq:** Serving and providing for family and/or community.
- ❄️ **Piliriqatigiinniq/Ikajuqtiigiinniq:** Working together for a common cause.

COMMUNICATION AND PUBLIC AWARENESS ACTIVITIES FOR 2023-2024

CHILD RIGHTS RESOURCES

Guided Reading Resource



The Red Slushie is the RCYO's third child rights book, created in partnership with Inhabit Education for the Department of Education's Inuktitut Titiqqiriniq balance literacy program. Due to printing delays created by the pandemic, this resource has yet to be printed and distributed to schools.

Language: Once printed, *The Red Slushie* its corresponding extension activities will be available in Inuktitut, English, French, and Inuinnaqtun.

Child Rights Teaching Guide

Last year the RCYO initiated the creation of a comprehensive child rights teaching guide for kindergarten to grade four, in collaboration with Inhabit Education. This work continued in the 2023-2024 fiscal year.

This teaching guide incorporates all of the RCYO's child rights resources created to date, including:

- ❄️ three *Tamatta Pijunnautiqaqtuqut* Series books created by the RCYO and Inhabit Education, *Mosesie Speaks Up*, *Annie and Uqi Play Out*, and *The Red Slushie*;
- ❄️ six child rights video segments created by the RCYO and Taqqut Productions Inc. which highlight a child's right to culture, the right to family, the right to safety, the right to education, the right to play, and the right to healthcare; and
- ❄️ some of the child rights-based activities created by staff of the RCYO including *Sila is Cold* and a child rights dice game.

Language: Once completed, this teaching guide will be available in Inuktitut, English, French, and Inuinnaqtun.

Raise Your Voice: Self-Advocacy Workshop 2.0

Self-advocacy is the ability to speak-up about issues that are important to you. Self-advocacy is the power to ask for what you need and want, and the ability to tell people about your thoughts and feelings in order to improve your quality of life. Self-advocacy requires an understanding of your rights and your responsibilities. Teaching young people to self-advocate gives them the power to make choices and decisions that affect their life.

The *Raise Your Voice: Self-Advocacy Workshop* teaches self-advocacy skills to young Nunavummiut supporting Article 3 of the United Nations *Convention on the Rights of the Child* which is a young person's right to be heard and have their opinions considered when decisions are being made about their lives.

Since 2017-2018, RCYO staff have been offering the *Raise Your Voice: Self-Advocacy Workshop* to students across the territory. Based on feedback received from student participants and observations made by RCYO staff when presenting, revisions have been made and we now provide the *Raise Your Voice: Self-Advocacy Workshop 2.0*.

The goals of this workshop remain to educate young people about their rights and responsibilities and to encourage confidence with self-advocacy skills.

Throughout the workshop, young people discover their strengths, the difference between needs and wants, and effective communication skills, such as active listening and the importance of clear communication. All of these skills are then combined to help participants learn how to navigate government systems to access needed services.

Language: In the 2023-2024 fiscal year, the RCYO was able to provide this workshop in both Inuktitut and English.

STAKEHOLDER ENGAGEMENT

Community Engagement Visits

The best way to share information about our work is to meet with people face to face and see first-hand, the current challenges affecting children, youth, and their families in each community. To build and strengthen relationships with our many stakeholders and increase awareness of child rights and the work of our office across the territory, RCYO staff travel to all of Nunavut's communities.

TABLE 21: Community Engagement Visits

Community and Date Visited	Type of Visit
Kimmirut May 3-5	General Outreach
Kugaaruk May 23	General Outreach
Taloyoak May 24-25	General Outreach
Kinngait March 25-27	Advocacy-related/ General Outreach
Iqaluit Ongoing	General Outreach/ Event-specific/ Advocacy related

Proactive Meetings

Proactive meetings occur twice annually with the four main child- and youth- serving departments, the Department of Education, the Department Family Services, the Department Health, and the Department of Justice in accordance with the Memorandum of Understanding between the RCYO and the GN. Proactive meetings provide an opportunity to acknowledge and discuss systemic issues.

The spring proactive meetings are the responsibility of the departments to schedule. None of the departments scheduled them this fiscal year. The fall proactive meetings took place in November and December 2023 and are the RCYO's responsibility to schedule. At these meetings, the RCYO advised departments of the changes to the systemic advocacy program.

National Child Day

National Child Day is celebrated every year on November 20, in recognition of Canada’s agreement to the United Nations *Convention on the Rights of the Child*. Typically, the RCYO hosts a child-rights based contest in honour of this day, however due to staff capacity a contest did not run in the 2023-2024 fiscal year.

In 2021-2022, the My Child Rights! contest requested artwork submissions for any of the rights described in the United Nations *Convention on the Rights of the Child*. The winning entry submitted by Mason Parks from Pond Inlet, highlighted a child’s right to culture. As promised, our office had Mason’s drawing put on t-shirts. This year, in celebration of Mason’s work and in honour of National Day for Truth and Reconciliation on September 30, more than 400 t-shirts were sent to Ulaajuk Elementary School for community members. Mason and his family can be seen wearing his t-shirt on the cover of this report. Great work, Mason!

Notices of Adverse Report

The RCYO issued a notice of adverse report to the Department of Education, the Department of Family Services, the Department of Health, the Department of Justice, and NAC regarding the RCYO’s 2022-2023 annual report. All departments were provided the opportunity to comment on related content prior to its publication. The Department of Family Services and the Department of Education provided feedback. This feedback was reviewed, considered, and incorporated where appropriate, prior to publication. The RCYO’s 2022-2023 annual report was tabled on September 29, 2023.

Language: These correspondences were provided in English.

Advocate’s Applause

In our annual reports, we highlight departmental initiatives that were particularly successful in promoting and protecting the rights of children and youth that fiscal year. We call these best practices “Advocate’s Applause”.

On May 14, 2024, the RCYO reached out to all GN departments requesting best practice submissions. Only the Department of Justice provided a submission. It can be found on page 94.

Language: These correspondences were provided in English.

Facebook

The RCYO has an active Facebook presence. This communication channel allows us to share information about the work of the Office, child rights, community engagement activities, as well as important information available on our website. The RCYO continues to prioritize sharing Facebook posts relevant to all young Nunavummiut and their families. The RCYO’s Facebook channel is @NunavutRepresentativeforChildrenandYouth.

This year there was a significant decrease in the RCYO’s reach and engagement due to staff capacity and not sharing information through this Facebook.

TABLE 22: RCYO Facebook Statistics

Total number of original posts	24
Followers, by the end of the fiscal year	319
Post Reach, the number of people who saw the post at least once	4,499
Post Engagement, the number of times people engaged with the post through reactions, comments, shares, views, and clicks	84

Language: All original Facebook posts were made in English, Inuktitut, French, and Inuinnaqtun using Microsoft Translator.

Website

This year, we had a 4% increase in visitors to our website, www.rcynu.ca. The RCYO continues to use Matomo analytics software to monitor website traffic.

TABLE 23: Website Visits, by Language Accessed

Total website visits	6,232
English	89.9%
French	7.8%
Inuinnaqtun	1.3%
Inuktitut	1%

Language: The RCYO's website is available in English, Inuktitut, French, and Inuinnaqtun.

LEGISLATED APPEARANCES

Standing Committee on Oversight of Government Operations and Public Accounts

The RCYO was not asked to appear before the Standing Committee on Oversight of Government Operations and Public Accounts this year to speak to the 2020-2021, 2021-2022, or 2022-2023 annual reports. Our last appearance was in June 2021. At this time, we have been invited to appear in April 2024.

PARTNERSHIP AGREEMENTS

Protocols between the Representative for Children and Youth's Office and the Government of Nunavut

Since 2018, partnership agreements, also known as protocols, have been in place between the RCYO and the Department of Education, the Department of Family Services, the Department of Health, and the Department of Justice. These protocols aim to guide the working relationships.

In February 2021, the RCYO reviewed each of the protocols and proposed revisions for the departments to consider. In April 2021, the departments proposed one protocol between the RCYO and the GN, specifically the departments mentioned above, (GN-RCYO Protocol). With the Department of Justice as the lead on this initiative, much work was completed to update and amalgamate the pre-existing protocols into one, while ensuring it is clear what departmental staff are obligated to under the RCYA.

The protocol was then submitted to the Executive Council of Nunavut (Cabinet). On January 3, 2023, the RCYO was notified that the GN-RCYO Protocol was approved by Cabinet for signatures.

On August 8, 2023, the finalized GN-RCYO Protocol was signed.

Memorandum of Understanding with the Office of the Information and Privacy Commissioner of Nunavut

A Memorandum of Understanding (MOU) with the Office of the Information and Privacy Commissioner of Nunavut (OIPC) permit the sharing of relevant information between offices and aims to ensure our work and the work of departments is in alignment with the *Access to Information and Protection of Privacy Act* (ATIPPA). This MOU was signed on October 11, 2023.

Memorandum of Understanding with the Office of the Languages Commissioner

Since 2021-2022, the RCYO has had a MOU with the Office of the Languages Commissioner (OLC), which permits the sharing of relevant information when a child rights complaint brought to the RCYO's attention is also potentially in violation of language rights and vice versa.

Memorandum of Understanding with the Canadian Council of Child and Youth Advocates

The Office also has an MOU with the CCCYA. This MOU details the working relationship between all Canadian offices, particularly in connection to providing advocacy supports to mutual clients who may cross from one province or territory to another, to ensure seamless and timely access to services, and permits the sharing of relevant information. This MOU has been in place since 2015.

ADVOCATE'S APPLAUSE

DEPARTMENT OF JUSTICE

Clients at the **Isumaqsunnigittukuvik Young Offenders Facility** participated in:

Cultural Programming: ski-doo and boating trips to learn hunting, fishing, tool making, and food preparation skills

Educational Opportunities: learned the same curriculum as students at their grade level and participated in virtual anger management and substance abuse recovery programs

Family Connection: stayed connected to their families through video calls

Community Service: delivered food and assisted with food preparation at the local shelter

Physical Activities: spent time in the Aaqqigiarvik Correctional Healing Facility's gymnasium, the high school weight room, and the ice/turf at the arena

The **Department of Justice's Community Justice Division** facilitated several programs, including:

Crime Prevention: a colouring contest for four to nine year olds and a creative writing contest for 10 to 18 year olds to promote firearm safety

Therapeutic Justice Program: four clients were referred and participated in various activities, including counselling sessions with Elders, learning how to make traditional tools (ulu and snow knife), sewing and survival skills, and on the land trips

Wellness Programming: along with community partners, the "Boys' Club" for 10 to 15 year olds, met every Wednesday in Cambridge Bay to focus on self-awareness, healthy living choices, and team-building skills. Participation was especially high during the winter months, with 10 to 20 participants each week

Ayalik Fund: assisted youth and their families in applying for the 2024 Ayalik Fund Summer Day Camp, a charity that funds programs for Inuit youth to build self-confidence and self-esteem. Four Gjoa Haven youth were selected to attend the summer camp in Fort Smith, Northwest Territories, where they kayaked and camped with other Inuit youth from across Canada

Additional Community Justice Programs

- ❄️ "Rabbit Mitt Making Afterschool Program" in Naujaat, 30 youth gathered twice a week to sew mitts
- ❄️ Sewing program in Kugaaruk, two Elders taught young females how to make a parka

RCMP Youth Engagement

NEW Female-Led Judo Program: for females nine to 16 years of age on Friday evenings saw consistent weekly attendance.

Female Youth Engagement: RCMP members in various communities continued to coach female sports teams, opened or maintained community rooms as positive spaces, and provided female-only training sessions at local gyms.

School Partnership: The Iqaluit RCMP Specialized Investigative Team continued its partnership with Inuksuk High School focusing mainly on at-risk or vulnerable female students. This year, the program ran weekly and had an increase in both students and RCMP facilitators participation. Activities included arts and crafts; baking; games; a beading workshop facilitated by Embrace Life Council; and tours of the RCMP Detachment, Iqaluit Fire Department, and other community partner agencies. The youth also toured the Legislative Assembly and met Premier P.J. Akeeagok and Deputy Premier Pamela Gross.

Hockey Equipment Donation: RCMP again donated hockey equipment across the territory. This year's programs were especially successful in Grise Fiord and Pangnirtung.

- ❄️ Square dancing, hockey, volleyball, and basketball for youth were organized, coached, and funded in several communities
- ❄️ Partnered with local RCMP to hold a bike rodeo and a "Teach a Cop to Skate" event in Rankin Inlet.
- ❄️ Sponsored the Cambridge Bay's football league and three youth to attend a football camp in Grande Prairie, Alberta
- ❄️ Along with community partners hosted a youth BBQ in Kugluktuk
- ❄️ Along with community partners supported the Community Development Program in Cambridge Bay where youth aged 10-16 learned life skills and fine arts, such as sewing, beading, and baking
- ❄️ Hosted holiday-based and weekly Elders and youth game nights in several communities
- ❄️ Planned "Amazing Race" event in Coral Harbour, where participants went through seven checkpoints requiring them to solve riddles or complete challenges for a chance to win prizes
- ❄️ Offered bullying awareness, prevention, and outreach services, including school presentations in Chesterfield Inlet and Kugaaruk

REVIEWS OF CRITICAL INJURIES AND DEATHS

The Reviews of Critical Injuries and Deaths program examines the circumstances leading up to and the response of departments, to a critical injury or death of a young Nunavummiut.

In Nunavut, critical injuries of young people are only independently reviewed by RCYO. We do not conduct reviews of every critical injury or death but carefully select incidents where there is evidence that government services, or the lack of services, may have contributed to the critical injury or death.

After completing a review of a critical injury or death, the Representative makes recommendations that suggest improvements to services, procedures or standards, practice, and legislation to prevent similar critical injuries or deaths from occurring in the future. The RCYO may also issue a public report of findings and recommendations.

Section 4(1)(b) of the RCYA gives the Representative the power to review any matter related to the death or critical injury of any child or youth. There is no requirement for the child or youth to be receiving services from a department at the time of the death or critical injury.

Under section 19, 20, and 21 of the RCYA, the Director of Child and Family Services and the Coroner have been required to report critical injuries and deaths to the RCYO since 2015. These reports are to be made as soon as is reasonably possible after learning of a young person's injury or death. We may also learn about critical injuries and deaths from service providers, community members, and through the media. All critical injuries and deaths brought to the RCYO's attention are reviewed and logged in our database.

The RCYO classifies critical injuries into six categories:

- ❄️ **Emotional harm:** An injury that can reasonably be seen as having the potential to cause serious or long-term emotional or psychological harm to the child or youth.

- ❄️ **Physical harm:** A self-inflicted or accidental injury that caused physical harm to a child or youth. A physical harm injury is more than minor soft tissue damage.
- ❄️ **Physical Assault:** An injury inflicted by another person that caused physical injury to a child or youth.
- ❄️ **Sexualized Violence:** A sexualized act committed on a child or youth. This may be a physical act, but it may also include non-contact unwanted sexual experiences (such as an invitation to touch, luring, or threats). Sexualized violence is non-consensual when the child or youth did not or could not consent due to age, mental capacity, or other factors.
- ❄️ **Substance-Related Harm:** The use of drugs, alcohol, or other substances by a child or youth that causes or could cause a critical injury.
- ❄️ **Suicide Attempt, Suicidal Ideation:** A suicide attempt is defined as a non-fatal attempt to take one's life. Suicidal ideation refers to thinking about, considering, or planning suicide.

In Nunavut, when a young person dies, the Office of the Chief Coroner (Coroner) conducts a review to determine the identity and when, where, by what means they died, and the circumstances surrounding the death.⁶⁴ The Coroner determines the manner of each death, classifying them into five categories: Natural, Accidental, Suicide, Homicide, or Undetermined.

The purpose of an RCYO review is to determine if the young person received the services they were entitled to and if these services, or the lack thereof, contributed in any way to the injury or death. The purpose is to identify deficiencies and gaps in services, standards, procedures, practice, and legislation. Our reviews are not about placing blame or determining criminal or civil liability. Our reviews do highlight areas of concern and ask departments to be accountable for them.

⁶⁴ According to s9(1)(b) of the *Coroner's Act*, the Chief Coroner investigates deaths of young people "to determine cause of death and the circumstances surrounding death." The investigations are required when the death is reportable under s8 of the Act: (a) occurs as a result of apparent violence, accident, suicide or other apparent cause other than disease, sickness or old age; (b) occurs as a result of apparent negligence, misconduct or malpractice; (c) occurs suddenly and unexpectedly when the deceased was in apparent good health; (d) occurs within 10 days after a medical procedure or while the deceased is under or recovering from anesthesia; (e) occurs during the course of employment; (f) is a stillbirth that occurs without the presence of a medical practitioner; (g) occurs while the deceased is detained or in custody involuntarily pursuant to law in a jail, lock-up, correctional facility, medical facility or other institution; or (h) occurs while the deceased is detained by or in the custody of a police officer.

REVIEWS OF CRITICAL INJURIES AND DEATHS UPDATE FOR 2023-2024

The Reviews of Critical Injuries and Death program became operational on April 1, 2023, when section 4(1)(b) of the RCYA came into force.

Despite being obligated to report as soon as is reasonably possible after learning of a young person’s critical injury or death, the Department of Family Service had not provided any reports to the RCYO since April 1, 2023. In fact, the Department of Family Services has not accurately documented, reported, or tracked critical injuries since their reporting requirements was enacted in 2015.

To support the Department of Family Services in reporting critical injuries, the RCYO provided them with a draft standard, form, and tracking tool on October 26, 2023. On December 14, the RCYO provided the Department of Family Services with a draft standard for reporting deaths. The Department of Family Services committed to reviewing the documents, providing feedback, and plans for implementation. As of March 31, they had not responded.

CRITICAL INJURIES

On August 10, 2023, the Representative contacted the Department of Family Services and was advised that work was being done to compile the outstanding reports from April 1, 2023. On October 23, 2023, the RCYO again contacted the Department of Family Services, as they still had not provided any reports of critical injuries. On October 30 and 31, the Department of Family Services reported more than 350 critical injuries dating back to March 20, 2023.

By the end of the 2023-2024 fiscal year, the Director of Child and Family Services made 658 reports. However, only 47 (7.2%) qualified as critical injuries under the six classification criteria, listed on page 95.

TABLE 24: Critical Injuries Reported by the Director of Child and Family Services, by Type

Total Reports Made	658
Total Reports that qualified as critical injuries	47
Suicide Attempt, Suicidal Ideation	15
Emotional Harm	14
Physical Harm	5
Sexualized Violence	4
Substance-related Harm	4
Physical Assault	4
Abuse was disclosed but no details provided	1

In May 2024, when the Department of Family Services was asked to report on the total number of critical injuries by region for the Status of Young Nunavummiut section of our annual report, they provided the number of 556 critical injuries for the 2023-24 fiscal year along with the following statement from the Deputy Minister and received the following statement:

“It is important to address the critical injuries section, highlighting the current limitation of only having total numbers territory-wide, rather than broken down by region. This discrepancy arises from the adherence to the RCYO template, which does not have specificity regarding regional breakdowns. Compounded by staffing challenges, where a sole individual previously handled this task, and the absence of an extensive information management system for tracking critical injuries further exacerbates the issue. These constraints underscore the need for improved data management protocols and resources to ensure accurate and detailed reporting moving forward.”

Further correspondence and review of past correspondence with the Department of Family Services concluded that critical injury statistics provided by the department are not accurate and have never been accurate. This is highlighted in the timeline.

TABLE 25: Timeline of Critical Injuries Reported by the Director of Child and Family Services

<p>September 2015 Mandatory reporting of critical injuries and deaths came into effect in 2015.</p>	
<p>December 2019 The Representative reported to the Department of Family Services, Family Wellness Division, that they had not provided any critical injury reports since mandatory reporting came into effect in 2015. The Representative requested that the Department of Family Services complete a review and provide all reports of critical injuries and deaths dating back to September 30, 2015.</p>	
<p>March 2020 The department reported 556 critical injuries and deaths that occurred between September 30, 2015, and March 31, 2020. The Executive Director, in a letter dated March 23, 2020, stated there was a “significant lack of documentation, tracking and reporting of these injuries” and that one region had not been collecting this information at all.</p>	
<p>March 2022 The RCYO completed a review of individual advocacy cases as part of the Office’s review of the Department of Family Services’ child welfare services. The review determined that the department had not reported several critical injuries from 2018 to 2021 as required. RCYO compiled a list of these critical injuries and provided it to the Deputy Minister of Family Services to facilitate documentation and reporting of all critical injuries.</p>	
	<p>May 2022 The department provided 22 of the missing reports. Based on correspondence on May 2, 2022, the Department of Family Services could not complete 33 reports due to a lack of available documentation and/or staff no longer working with the department.</p>
	<p>March 31, 2023 There were 80 outstanding reports, and one region still had not provided data.</p>
	<p>August 10, 2023 The Representative contacted the Department of Family Services as they had not provided reports of critical injuries or deaths since the start of the fiscal year, April 1, 2023.</p>
	<p>August 16, 2023 The Assistant Deputy Minister of the Department of Family Services, Family Wellness Division advised the RCYO that they would not provide the 80 outstanding reports as “they do not exist”.</p>
	<p>October 23, 2023 The RCYO contacted the Department of Family Services again as they had still not provided reports of critical injuries for the first seven months of the fiscal year. On October 30 and 31, the Department of Family Services reported more than 350 critical injuries dating back to March 20, 2023.</p>
	<p>December 2023 The RCYO provided the Department of Family Services with a draft of a standard, critical injuries and incident reporting for the Children and Family Services Manual. As of March 31, 2024, Family Services had not implemented the standard.</p>

TABLE 26: Number of Critical Injuries Reported by the Director of Child and Family Services*

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Total Critical Injuries	125	438	375	301	47
Emotional Harm	64	349	265	193	14
Physical Harm	11	28	61	39	5
Physical Assault	18	17	2	7	4
Sexualized Violence	11	10	12	18	4
Substance-related Harm	6	14	7	10	4
Suicide Attempt, Suicidal Ideation	15	20	27	34	15

* Red text indicates data reported but confirmed by the department to be inaccurate.

At this time, the RCYO acknowledges that the critical injury statistics in previous annual reports should have been displayed in red text, as per the RCYO's style of conveying inaccuracies, as the data was reported but confirmed by the department to be inaccurate. The table 25 provides a summary of the critical injury reports since the 2019-2020 fiscal year.

First Critical Injury Review

In February 2024, the RCYO began its first review of a critical injury. At the time of the injury, the young person was in the permanent care and custody of the Director of Child and Family Services and placed in an approved foster home. The injuries were classified as physical assault, as there was evidence to support that they were inflicted by another person. This review is still underway.

DEATHS

For 2023-2024, the Coroner reported 12 deaths of young Nunavummiut. At the end of the fiscal year, 11 deaths were still under investigation as the manner of death had not yet been determined.

Table 27: Deaths Reported by the Office of the Chief Coroner, by manner

Total Deaths	12
Undetermined	11
Awaiting Coroner's Report, under investigation	11
Suicide	1
Accidental	0
Homicide	0
Natural	0

The RCYO continues to follow up with the Coroner regarding all deaths still under investigation. As of March 31, 2024, the Coroner informed the RCYO that all 47 deaths, dating as far back as 2019, are still under review.

COMPLIANCE WITH SERVICE STANDARDS

The RCYO is committed to providing ethical, equitable, and consistent services. We aim to provide a measurable level of service that our clients can expect under normal circumstances.

Our service standards are integrity, inclusivity, accountability, and empowerment. Each of our service standards has quality assurance measures, detailed below, which help us evaluate our performance.

INTEGRITY

Demonstrating high standards of behaviour and conduct that are respectful and caring of people.

Quality assurance measures applicable to our integrity service standard and how we met them:

- ▶ **Review of individual advocacy problem began within two business days of it being raised to our attention.**

For 37/41 (90%) of our individual advocacy cases, advocates initiated the review of the problem within two business days.

- ▶ **Following a review, the responsible departments are consulted/involved in developing recommendations.**

The RCYO collaborated with the Department of Family Services in December 2023 before making nine recommendations following a complex file review of an individual advocacy case.

INCLUSIVITY

Being open, welcoming, and inclusive of all young people, their families, and other stakeholders.

Quality assurance measures applicable to our inclusivity service standard and how we met them:

- ▶ **Maintained contact with young person throughout their individual advocacy case, when applicable.**

In 19/41 of our cases, the young person was not capable of being involved in the advocacy work. In 0/41 (0%) of our cases, the young person declined involvement in the advocacy work. Of the remaining 22 cases, our child advocates had contact with young people in 16 of those cases (72%).

- ▶ **Incorporating the voice of the child in all reviews.**

The best interests of the child were central to the complex file review conducted this fiscal year. Although the child was unable to communicate verbally, their voice was heard through our Child Advocate, their caregivers, and service providers with the telling of their story.

- ▶ **Requesting updates (if applicable) from departments about the status of implementation for recommendations at least twice a year. This may be done at proactive meetings.**

RCYO discussed progress at the fall proactive meetings.

RCYO maintains regular with contact with the Department Family Services to follow progress in implementing recommendations.

RCYO also requested detailed feedback in March 2024 from the Department of Health and the Department of Education to facilitate the five-year review of *Our Minds Matter*. RCYO staff met with Department of Education staff in June 2024 and the Department of Health in July 2024 to clarify outstanding questions.

- ▶ **Facilitate engagement opportunities with all stakeholder groups.**

TABLE 28: Stakeholder Engagement Sessions, by Group and Language

Stakeholder Group	Language(s)
Alberta Child and Family Services, Deputy Minister Lisa Sadownik	English
Common Good Solutions, Social Impact Consultant via City of Iqaluit	English
CCCYA:	
<ul style="list-style-type: none"> • British Columbia Representative for Children and Youth 	English/French
<ul style="list-style-type: none"> • Prince Edward Island Child and Youth Advocate Office staff 	English/French
<ul style="list-style-type: none"> • Summer meeting 	English
<ul style="list-style-type: none"> • Winter meeting 	English
Connected North	English
Conway Baxter Wilson LLP	English
Department of Education:	
<ul style="list-style-type: none"> • Early Learning and Childcare Quality Action Plan, Payal Patel 	English
Department of Family Services:	
<ul style="list-style-type: none"> • Assistant Deputy Minister 	English
<ul style="list-style-type: none"> • Consultants, Erin Strachan, Colette Prevost and Nathalie Nadeau 	English
<ul style="list-style-type: none"> • Deputy Minister 	English
<ul style="list-style-type: none"> • Proactive Meeting 	English
Department of Health:	
<ul style="list-style-type: none"> • Mental Health and Addictions Mental Health Nurse 	English
<ul style="list-style-type: none"> • Proactive Meeting 	English
<ul style="list-style-type: none"> • Qikiqtani General Hospital staff 	English
<ul style="list-style-type: none"> • School Mental Health Support Services 	English
Department of Justice:	
<ul style="list-style-type: none"> • Deputy Minister 	English
<ul style="list-style-type: none"> • Proactive Meeting 	English
Inhabit Education	English
Government of Nunavut, Deputy Ministers Committee	English
Legal Services Board, Discussion about Family Violence Initiatives	English

Stakeholder Group	Language(s)
Legislative Assembly:	
<ul style="list-style-type: none"> Contractor for Business Continuity Planning 	English
Manitoba Inuit Association	English
Kimmirut:	
<ul style="list-style-type: none"> Community members via the Co-op 	English
<ul style="list-style-type: none"> Department of Education, school staff and students at Qaqqalik School 	English
<ul style="list-style-type: none"> Department of Family Services CSSW Supervisor and Resources Worker 	English
<ul style="list-style-type: none"> Department of Justice, Community Justice Outreach Worker (CJOW) 	English
<ul style="list-style-type: none"> Hamlet 	English
<ul style="list-style-type: none"> Inter-agency Meeting 	English
<ul style="list-style-type: none"> Royal Canadian Mounted Police (RCMP) 	English
Kinningait:	
<ul style="list-style-type: none"> Department of Education Sam Pudlat School staff 	English
<ul style="list-style-type: none"> Department of Family Services service provider 	English
<ul style="list-style-type: none"> Department of Justice: CJOW and Community Corrections 	English
<ul style="list-style-type: none"> Hamlet 	English
<ul style="list-style-type: none"> RCMP 	English
Kugaaruk:	
<ul style="list-style-type: none"> Department of Education, school staff and students at Kugaardjuq School 	English/Inuktitut
<ul style="list-style-type: none"> Department of Health, Nurse in Charge 	English
<ul style="list-style-type: none"> Department of Justice, CJOW 	English
<ul style="list-style-type: none"> RCMP 	English
<ul style="list-style-type: none"> Emergency shelter for women and their children fleeing from domestic violence 	English
Nunavut Arctic College:	
<ul style="list-style-type: none"> Bachelor of Social Work students 	English
<ul style="list-style-type: none"> Staff 	English/French
Office of the Auditor General of Canada	English
Office of the Information and Privacy Commissioner of Nunavut	English
Office of the Languages Commissioner of Nunavut	English
Taloyoak:	
<ul style="list-style-type: none"> Department of Education, school staff and students at Netsilik School 	English
<ul style="list-style-type: none"> Department of Health, health centre staff 	English
<ul style="list-style-type: none"> RCMP 	English
Wenson Support Services, onsite visits	English/Inuktitut

► **All information is publicly available in all official languages of Nunavut.**

- Inuktitut and English upon release
- Inuinnaqtun and French as translations completed

TABLE 29: Documents Published on the RCYO Website, by Language and Date

	Inuktitut	English	Inuinnaqtun	French
Resolute Bay Community Engagement Visit summary	April 3, 2023	April 3, 2023	April 3, 2023	April 3, 2023
Kimmirut Community Engagement Visit summary	June 5, 2023	June 5, 2023	June 5, 2023	June 5, 2023
Chesterfield Inlet Community Engagement Visit summary	June 5, 2023	June 5, 2023	June 5, 2023	June 5, 2023
Kugaaruk and Taloyoak Community Engagement Visit	June 5, 2023	June 5, 2023	June 5, 2023	June 5, 2023
2022-2023 annual report	October 20, 2023	October 20, 2023	Not as of the end of the fiscal year	Not as of the end of the fiscal year

ACCOUNTABILITY

Demonstrating responsible, informed decision making that is timely, relevant, and child- and youth- centered.

Quality assurance measures applicable to our accountability service standard and how we met them:

► **Ensure department’s accountability of individual advocacy problem.**

To resolve an individual advocacy problem, sometimes it must be brought to the attention of a supervisor, manager, director/executive director, and/or deputy head. This process is known as an escalation. This year, there were 28 escalations made that involved 36 young people.

► **Yearly analysis of systemic database to identify priorities for reviews. This analysis includes feedback from the individual advocacy team regarding trends they are seeing in their advocacy work.**

RCYO conducted a comprehensive review of all issues in the systemic database in 2023-2024.

► **Information about the work of our office is shared with the media to keep stakeholders informed.**

This year, the RCYO received six media requests and accepted four. The RCYO may deny a media request if the request falls outside of the Office’s mandate or there is someone better suited to fulfill the request, such as departmental staff.

TABLE 30: Media Engagement, by Date

Date	Action	Outcome
May 31, 2023	Following the release of the Office of the Auditor General’s report regarding the Department of Family Services, the Representative participated in an interview with the Canadian Broadcasting Corporation (CBC).	“Nunavut MLA says auditor general report shows territory is failing children in its care” posted on May 31, 2023 on cbc.ca.
September 22, 2023	Following the hearing of the Office of the Auditor General’s report regarding the Department of Family Services, the Representative participated in an interview with the CBC.	Interview aired on CBC Radio on September 25 at 7:30 and 9:30 am, and 12:30 pm.
October 4, 2023	The Representative participated in an interview with Global News Toronto regarding out-of-territory placements.	When am I coming home?': Vulnerable Nunavut kids face loneliness, despair as millions spent sending them south” published on March 4, 2024, at globalnews.ca.
February 16, 2024	The Representative provided an interview to CBC regarding the incident that occurred at Naja Isabelle Home in Chesterfield Inlet.	“Deaths of 2 Nunavut care home residents, aged 12 and 19, trigger multiple investigations” published on February 16, 2024, at www.cbc.ca. Further coverage of the incident is available through CBC, Nunatsiaq News, and Nunavut News.

EMPOWERMENT

Creating opportunities for young Nunavummiut to develop skills through observation, mentoring, practice, and effort; supporting our staff to further develop their skills in order to best meet the evolving needs of our young people.

Quality assurance measures applicable to our empowerment service standard and how we met them:

▶ **Hire a summer student.**

This year, the RCYO hired an Intake Specialist Summer Student. They were provided with the same training as all RCYO staff to help make decisions during the intake process and guide the advocacy work. They also used their creativity to upgrade some of our well-used child rights resources.

▶ **The young person involved in the individual advocacy case is supported to self-advocate.**

Of the 16 cases in which we had contact with the young person, five (31%) of them self-advocated more as the case progressed.

▶ **Prioritize engagement opportunities with young Nunavummiut.**

This year, RCYO staff participated in five in-person engagement events with young Nunavummiut.

TABLE 31: Engagement with Young Nunavummiut, by Location

Event	Approximate Number of Participants	Language
Wenson Support Services Onsite Visits, Iqaluit	3	Inuktitut/ English
Kugaardjuq School, Kugaaruk	50	Inuktitut/ English
Netsilik School, Taloyoak	50	English
Manitoba Inuit Association	3	English
Mass Registration, Iqaluit	70	English
TOTAL	176	

► Empower staff through relevant training and professional development.

Our staff are encouraged and supported to take part in opportunities that further strengthen our internal capacity and expertise to best meet the evolving needs of young Nunavummiut.

TABLE 32: Staff Training and Professional Development Completed

Training/Professional Development	Date Completed	Number of Staff
Applied Suicide Intervention Skills Training (ASIST)	February 2023	1
<i>Child and Family Services Act</i>	May 2023	8
Master’s Certificate in Project Management, GN and York University’s Schulich School of Business	March 2024	1
<i>Representative for Children and Youth Act</i>	July 2023	4
RCYO Policy and Procedure Manual	January 2024	1
Human Resource Series		
• Strategic Compensation	April 2023	1
• Strategic Human Resources Planning	May 2023	1
• Occupational Health and Safety	June 2023	1

BUDGET REPORT

SUMMARY STATEMENT OF BUDGET AND EXPENDITURES

Fiscal year ended March 31, 2024

TABLE 33: Budget Report

	Budget \$	Expenditures \$	% of Budget Spent
Permanent Salaries	2,131,000	1,107,357	
Casual Wages	-	26,912	
Total Compensation and Benefits	2,131,000	1,134,269	
Travel and Transportation	155,000	43,085	
Materials and Supplies	60,000	13,115	
Purchased Services	50,000	36,537	
Contract Services	445,000	371,260	
Fees and Payments	10,000	7,988	
Tangible Assets	10,000	-	
Computer Hardware and Software	15,000	18,159	
Total Other Expenses	745,000	490,144	
Total	2,876,000	1,624,413	56%
Surplus		1,251,587	44%



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NUTAQQANUT INULRAMIRNULLU
UQAQTIKHAANIK

REPRÉSENTANT DE
L'ENFANCE ET DE LA JEUNESSE

REPRESENTATIVE FOR
CHILDREN AND YOUTH

ᐙᐁᐁᓄᐙ 27, 2024

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ᐙᐁᐁᓄᐙᓄᐙᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁ ᐙᐁᐁᓄᐙᓄᐙᐁᐁᐁᐁᐁᐁᐁᐁ 35(1) ᐙᐁᐁᓄᐙᓄᐙᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁᐁ.

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ርዕስ ስም

--/-- በጥቅም ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ 10-ወ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ...

	2019-2020	2020-2021	2021-2022 ⁴⁰	2022-2023 ⁴⁰	2023-2024 ⁴⁰
ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ					
ክፍል ስም	19,289/9,479	2,862/1,693	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	11,046/2,681	2,862/353	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	9,989/6,001	1,518/995	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	6,852/4,689	998/753	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	6,510/2,279	1,661/437	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	5,833/3,630	--/--	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	4,563/2,944	--/--	--/--	--/--	1,967/1,486
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	4,062/3,110	498/418	47,214/18,375	96,280/23,969	119,425/25,532
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	3,718/1,977	--/--	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	3,406/2,750	438/391	--/--	--/--	2,249/1,896
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	620/202	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	485/160	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	443/132	--/--	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	2,893/2,238	--/--	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	2,760/2,686	2,706/2,600	3,267/3,145
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	2,759/1,891	3,512/1,957	4,051/1,962
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	2,337/874	3,671/1,148	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	--/--	4,206/3,495	3,696/3,150
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	--/--	3,190/2,389	3,281/2,232
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	--/--	2,132/1,563	3,901/2,822
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	--/--	1,949/1,455	2,525/1,837
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	--/--	1,112/1,087	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	--/--	1,100/813	--/--
አጠቃላይ ለውጥ ለውጥ ለውጥ ለውጥ ለውጥ	--/--	--/--	--/--	--/--	2,203/1,534

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	2019-2020	2020-2021	2021-2022 ⁴⁰	2022-2023 ⁴⁰	2023-2024 ⁴⁰
ለአጠቃላይ ስርዓት ለጤና ጥራት ማረጋገጫ⁴¹ 19-ኛው ዓመት ስርዓት (>ጤና ስርዓት/ስርዓት ለጤና ጥራት ማረጋገጫ)					
ፍጠራዊ ስርዓት	5,165/3,148	759/506	--/--	--/--	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	4,301/2,379	225/171	--/--	--/--	--/--
ጤና ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት	4,126/2,646	536/383	--/--	--/--	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	3,591/822	1,558/129	--/--	--/--	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	2,934/2,087	364/283	--/--	--/--	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	2,624/1,484	--/--	--/--	--/--	--/--
ጤና ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት	2,346/1,252	280/197	2,743/1,868	3,502/1,936	4,022/1,924
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	1,912/1,281	298/230	1,441/1,034	3,037/2,234	3,080/2,029
ጤና ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	1,875/1,422	--/--	--/--	--/--	--/--
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ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	855/579	--/--	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	734/595	--/--	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	563/399	890/582	912/544
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	546/435	1,078/793	1,268/884
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	508/459	--/--	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	--/--	2,253/1,836	820/646
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	--/--	1,103/765	2,122/1,475
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	--/--	743/725	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	--/--	--/--	1,026/670
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	--/--	1,100/813	--/--
ስርዓት ለጤና ጥራት ማረጋገጫ ስርዓት ለጤና ጥራት ማረጋገጫ	--/--	--/--	--/--	--/--	2,203/1,534

ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር

ግብርና ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር...

ርዕስ ምዕራፍ

--/-- በግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር...

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር					
ግብርና ጠቅላይ ሚኒስትር	193/179	81/78	210/198	244/226	371/334
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር	56/50	10/10	15/14	77/61	194/158
ግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር	109/86	50/43	39/37	93/74	58/53
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር	31/27	16/16	24/19	31/27	70/56
ግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር	38/35	20/18	24/19	37/34	44/39
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር	33/31	15/13	14/11	28/18	35/24
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር	19/18	7/6	17/17	29/29	36/32
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር	15/12	22/14	26/18	14/11	18/13
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር	25/23	14/14	8/8	26/24	--/--
ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር	19/13	8/5	24/11	15/10	--/--

ግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር...

ግብርና ጠቅላይ ሚኒስትር #11:

ግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር...

ግብርና ጠቅላይ ሚኒስትር #12:

ግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር...

⁴³ ፍጠራዊ ምርመራ ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር ለግብርና ጠቅላይ ሚኒስትር...

