SUMMARY REPORT

A COMPANION DOCUMENT TO THE MASTER STUDY

ON

THE STUDY OF CHILD WELFARE SERVICES

IN THE NORTHWEST TERRITORIES

BY

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GOVERNMENT OF THE NORTHWEST TERRITORIES

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OVERVIEW

The study of Child Welfare Services in the Northwest Territories
was commissioned by the Minister of Social Development for the purpose
of determining the present state of Child Welfare programs in the Northwest
Territories, as well as to determine future directions for the department
of Child Welfare. To accomplish these ends, the study was divided into
two phases: Phase I related to the state of existing services; Phase II
(not yet established) would be concerned with the future establishment of
new programs, through a community-based planning approach. This two-
phase process was expected to facilitate the defining of immediate goals
to strengthen existing services, while laying the philosophical and
practical basis of service delivery in the future.

The study was administratively located at the School of Social Work,
University of Regina, allowing access to research facilities, advisors,
computer programmers and other specialists as required. To create
a well balanced consultant team, advisors to the project included the
Dean of the School of Social Work, Dr. Harvey Stalwick; the Director of
the Human Justice program, Mr. Otto Driedger; and the Executive Director
of the Ranch Ehrlo Society, Mr. Geoffrey Pawson.

Constraints on the study required that only the major centers of Inuvik, Yellowknife, Fort Smith and Hay River be included in the study. Within these centers, the focus of the study related to four primary groups of children: neglected, delinquent, retarded, and physically handicapped.

The information included in Phase I was gained from three primary sources: a review of child care files, a questionaire, and interviews with concerned people across the north, both within and outside government service. In relation to the review of child-care files, a random selection of eighty three files was surveyed and selected information was computerized in order to develop a profile of children in care with the Department of Social Development.

The second source of information was a questionaire completed by seventy five people from a wide range of backgrounds, who had an active interest in children's services in the north. From this material, attitudes toward existing services were detailed, as well as an indication of needed resources for the future.

Finally, interviews were held with a wide variety of community groups and individuals. These discussions allowed the writers to probe the attitudes expressed in the questionaires and to discuss at length the

issues involved in existing or porposed programs in the north.

The design for Phase II is expected to develop after the report on The Study of Child Welfare Services in the Northwest Territories has been discussed and its merits considered in detail. From this determination, community based planning is expected to be implemented based upon the directions suggested in the Phase I report as well as upon information gained at field level from surveys, direct observations, or other means. This latter phase will be administratively centered at the School of Social Work, University of Regina, with field consultants having liason directly between officials of the Department of Social Development and the consultant group at the University of Regina.

CHAPTER I: PROFILE OF CHILDREN IN CARE

The data in the review of files for children in care indicated the majority of children first taken into care were the younger age groups of children, with over 66% being twelve years of age or less. Of this group, 94% were of native ancestry and the Indian people (50.6%) had the highest proportion of children in care, followed by the Metis (24.1%) and the Eskimo (18.1%) in rank order. Over 50% of the sample of children in care were permanent wards, while approximately 25% were temporary wards, 15% non-wards, and 5% were children in a state of apprehension. Clearly the concern of the department is the younger child, who is unable to fend for himself and requires the ongoing protection of the department. This raises the question however of the extent of problems for all age groups and the provision of adequate services to these children.

The two resources most utilized for children in care were receiving homes and foster care. The receiving home accounted for 31.3% of children in their present placement, followed by 19.3% of children in out-of-Territories foster homes and 18.1% in foster homes located in the north. The remainder of the children were in adoptive homes (6.0%), group homes in the Territories (7.2%), out-of-Territories institutions (3.6%), or other placements 14.5%. In considering "other placements", 33.3% of children were with relatives, 16.6% were in an educational placement, 16.6% were in the Fort Smith Center, 16.6% were placed in a chronic ward of a

hospital, 8.3% were in an out-of-Territories group home, and 8.3% were
on their own.

One of the major problems in relation to resources appears to be
their limited number, variety, and utilization. Many of the major
resources are reasonably stable with the mean length of time for
children in their present placement being 2.2 years. Approximately 30%
of children were in receiving homes, 40% were in foster care, 10% in group
homes and the remainder in a limited array of services, both in and
outside of the Territories.

The regions most often utilizing specific resources were identified
as follows. Inuvik had the greatest proportion of children presently
in receiving homes (42.3%); Yellowknife utilized 40% of all foster
homes placements for children in care; Hay River had the highest proportion
in out-of-Territories foster placement (37.5%); Yellowknife had the highest
proportion of all present adoptive homes outside the Territories(60%);
Fort Smith had the highest proportion of children in group homes (50%);
Hay River had the highest proportion of children in "other" resources
(41.7%). It was noted that a very small number of children were placed
in institutions out of the Territories, with Yellowknife, Fort Smith, and
Inuvik each having one child from the sample in these resources.

The resources for children were analyzed according to the age of children in placement: approximately 33% of children in care were in receiving homes, with the majority between six to twelve years of age; similarily, one third of the children were in foster care (both in and outside the Territories) but the concentration of children was in the higher age range (6 to 12 years), with a reasonable representation between thirteen to eighteen years of age. Further, the mean age for children first taken into care was 3.65 years and approximately 55% of children in care were first apprehended under five years of age. In terms of the sample, 31.3% were in the age range of thirteen to eighteen years, suggesting the department is more involved with younger children. It is suspected that many adolescent children are returned home due to the lack of adequate resources, thereby reducing the numbers of these children in care. Out-of-Territories placements in foster care are occupied by 50% of the children between thirteen to eighteen years of age. To better meet the needs of this older age group, resources need to be considered and designed specifically for this adolescent group.

For 66% of the children, removal from the home had occurred only once, but for 20% of the children removal had resulted twice and for the remainder this process had occurred up to seven times in some cases. The mean length of time in care was 4.5 years but the mean numbers of moves for these children was 4.45 times, indicating a very unstable

'environment. For this total group, 20% had moved only once, 50% had moved two to five times, 20% had moved six to nine times, and 10% had moved more than ten times. When movement back to the child's natural home or to relatives were eliminated, the mean number of moves reduced to 3.7 moves/child.

The extent to which children experience movement in their placement is a major indicator of the stability of care provided. Most child welfare experts recognize the need for continuity in the child's environment as related to relationships with significant others, particularily surrogate parents. Movement is often due to lack of adequate resources, specialized services, planning, or poor support services.

The frequency of using specific resources was considered and receiving homes were the major resource indicated for approximately 70% of children at some point in care. Often it was a repeatedly used service for certain children and the mean length of placement was 1.15 years. Foster care was the second most used resource with the majority of homes being located in the north but a sizable proportion were located out of the Territories. Interestingly, the mean length of time in placement for foster care located outside the Territories was more than double the mean length of time for foster care in northern

foster homes.

In reference to adoptive homes, five children had been placed on adoption-probation for an average time of 1.07 years at the time of the study and there were no adoption placements pending from the Territories for the sample. This suggests that northern children have apparently more stability and opportunity to find long term placement outside the Territories than they do within the north.

Group homes provided care for eight children in the sample with a mean length of stay of 2.44 years (higher than foster care in the Northwest Territories), with maximum time being 4.92 years. This indicates the stability of this resource, particularily for the older child.

Institutions outside of the Territories (short term and long term) provided care for eleven children. The mean length of time in institutional placement was 2.27 years, with a range of 6.17 years, probably indicating the degree of severity of problems referred to such resources.

The vast majority of children coming into care (82.0%) were either non-wards (41.0%) or apprehended (41.0%); the remainder fall into temporary care (12.0%) and permanent wards (6.0%). This changes

substantially, relative to the second status of children in care: 27.7%

are permanent wards; 38.6% are temporary wards; 6.0% are non-wards;

6.0% are apprehended. For 21.7% of the children a second status does not

apply; further, 78.3% of the children in care do not have changes after

the third status has been achieved.

To better understand the movement of children the first five moves

of children were studied. Analysis revealed that 65.1% of children

were first placed in a receiving home, with the next most used resource

being foster care (15.7%). In the second move 32.5% of the children were

moved to their own home which proved to be the major resource; 22.9%

were placed in foster care; and for 21.7% of the children there was

no second move indicated. The third move of children provided the

following profile: 38.6% had no third move; 33.7% of the children were

placed in foster care; and for the remaining thirteen children,

alternate resources were used. In the fourth move, 16.9% of the children

moved to foster homes in the Territories and 12% returned home. Finally,

in the fifth move, 15.7% were moved to the receiving home and 13.3% to

foster care.

A pattern of movement developed with the first, third, and fifth

move utilizing two major resources, foster care and the receiving home.

In the second and fourth placements, the pattern that emerged was to return

the child to his own home or to use foster care as an alternate resource.

Further, as the movement from the first to fifth move resulted, an

increasing proportion of children did not have continued movement,

suggesting stabilization of placement. Nevertheless, this lack of permanency

is a major problem and better assessments of family strengths are

required to avoid this constant removal and replacement

of children with their natural families.

When the reason for moves of children in care were analyzed, a

pattern emerged: 83% of children were moved due to parental problems

on the first move and the dominant reason for the second move was the

remission of parental problems, thereby allowing for the child's

return. Similarily, the third, fourth, and fifth moves showed the

same pattern; i.e. parental problems created the need for custody in

the third and fifth placements and remission of difficulties of

parents facilitated the return of the children on the fourth move.

This suggests a cyclical pattern that is likely ongoing due to the

immaturity of the parents involved. Further, in the second to fifth

moves, departmental and resource initiated moves increased, suggesting the

degree of difficulty involved in working with the child by foster parents.

Coupled with the problems of movement for children in care is the

time spent in various placements. The first move had a mean length of

time just under one year, while successive placements involved 1.46 years

for the second move, 0.9 years for the third placement, 1.15 years for the

fourth, and 1.26 years for the fifth placement of the children.

Analysis of present placement according to status indicates that

the highest concentration of permanent wards (27.9%) were in foster homes

outside the Territories: further, permanent wards account for 75% of the

children using this resource at the present time. The highest concen-

tration of temporary wards (47.8%) were in receiving homes, constituting

42.3% of all children in receiving homes. For non-wards and apprehended

children, receiving homes were again the major resource, with 33.3% of

non-wards and 100% of apprehended children placed in this service.

In relation to resources, it would appear the permanent wards have a

major share of the resources: 53.3% of total foster home resources are

utilized by permanent wards in the Territories; 75% of all out of Terri-

tories foster homes are filled by permanent wards. 83.3% of group home

placements are permanent wards; 66.7% of institutional placements are

utilized by this group; and 41.7% of "other" placements are also monop-

olized by this category of child. These findings may be biased on the

disproportionate number of permanent wards in the sample but obviously

the commitment of the department to permanent wards is evident. Given

limited resources, the other categories of children will likely suffer

as a result.

The second status of child receiving major departmental attention is the temporary ward: 42.3% of receiving home placements were taken by temporary wards; 40% of in-Territories foster placements were utilized by temporary wards; 16.7% of group home placement; and 33% of "other" placements were provided to this category of children. In contrast the non-wards have the following profile for total resources utilized: 15.4% of receiving home placement; 6.61% of in-Territories foster placement; 18.8% of out-of-Territories foster placements; 33.3% of institutional placements; and 25% of "other" resources. Both institutional and "other" placements primarily relate to educational or related services for the retarded child, resulting in few alternatives available for non-wards apart from these two categories.

The length of time children remain in a particular status was analyzed and it was determined that non-wards have a mean length of time of 1.68 years in this status with a range of 14.09 years. This raises several questions as to the advisability of this form of wardship, if the child is in fact permanently placed with the department.

Analysis of the temporary wardship status revealed these children were in care for a mean of 1.23 years and had maintained their present placement for .637 years. Added to this problem is the difficulty that temporary wards had 3.96 moves/child, clearly suggesting that this group

of children has a shorter period of time in care, a more limited period
of placement in a resource, and moves more often than the non-ward and
permanent ward. Further, the first five moves indicates the receiving
home is the dominant resource for temporary wards, in the first, third
and fifth placement, indicative of the care provided these children.

The profile of the problems of parents that emerged in the study
was typical of persons who neglect their families. First, there seems to
be a primitive integration of social responsibility, combined with low
impulse control; the pleasure principle predominated over the reality
principle of life. Second, interpersonal difficulties were handled
in simple, concrete ways, leading to resolutions that are direct,
physical and in many cases totally unsatisfactory. Third, primary responses
in thought processes (I want, therefore I must have) are utilized over
secondary processes, suggesting very primitive levels of personality
integration.

The data on the problem of parents revealed that for fifty-eight
of the eighty three families sampled (63.9%), problem drinking was the
most common difficulty. Overuse of alcohol seemed to underlie many of the
other problems.

In forty-nine of the reviewed cases, parents were considered irr-

esponsible, and unwilling :   are for their children, including

disinterest, rejection of the children, and inadequate care. Of

this group, three children were given up for adoption, five were

mildly retarded, six were moderately to severely retarded, one was

severely retarded and physically handicapped. The basis of rejection

could relate to the nature of the child's presenting problem and/or

the mental capacity of the mother.

For thirty seven cases, marital discord was the major problem result-

ing in separation of the parents, physical fighting, or generally unstable

relationships. Along with marital discord was an alcohol problem in

thirty three of the thirty seven families in this classification. The

majority of relationships were commonlaw but little difference was

evident between commonlaw and legal marriages in relation to marital

discord.

Further analysis indicates that thirty-one out of eighty-three

cases studied had one or more children born out of wedlock, often through

a successive number of unstable commonlaw relationships. The mother

was apparently the only stable adult figure in these families with

males being transient in the lives of the children. In such an

environment, the perpetuation of family problems is predictable.

This factor should be taken into account in providing services to families.

In fifteen of the eighty three cases, some form of child abuse occurred and in ten cases parents physically abused the children, resulting in hospitalization in some cases which testifies to the extent of the beatings. Relatives abused the child in two cases; the child's life had been threatened by parents in two cases; and another child had been removed from the mother who was suspected of killing two of her children previously. Reasons for the abuse are difficult to understand, but some interesting facts were revealed: four of the ten children were mildly retarded and one was moderately-severely retarded; in six of these ten families, the parents abused each other.

Court action for child abuse resulted in a minimal number of cases reviewed, but such action was seldom contemplated in the majority of cases studied. Further, five out of eighty-three families studied were involved in a murder of a spouse and in most cases the spouse received two years less one day in a goal. Such findings testify to the brutality of family life for many children and the judicial acceptance of this type of behavior for native families in the Northwest Territories. This acceptance is further manifested by social workers who did not indicate recognition of the emotional instability of this behavior in any of the five families reviewed.

Parental retardation was a problem for nine cases reviewed in this study: five children were born to mildly retarded mothers and four were born to moderately-severely retarded mothers. Unfortunately, all nine children were also retarded.

Destitution affected twenty-seven of the eighty-three families based on at least one of the criteria that the parents could not provide lodging or food for the child or they did not have employment or finances sufficient to support the family. Of this group, nine were women who were separated from the commonlaw father and whose children had been born out of wedlock. For another ten of these destitute families, marital discord played a major factor in the financial breakdown of the family. Underlying many of the parental problems was the abuse of alcohol as indicated by twenty-one of the twenty-seven cases indicated in this category. Further, twelve of the twenty-seven cases indicated five or more difficulties (alcohol being only one problem), suggesting the label of multi-problem families as being highly explicit.

Aspects of child abuse, neglect and drinking behavior was examined in the twenty-seven families who showed at least one symptom of destitution. The following breakdown resulted: three families indicated child abuse; six families abondoned their children;

fourteen families indicated irresponsibility or unwillingness to care
for their children; two families left children with relatives
and never returned; and two families neglected (not specified) their
children.

When these difficulties were considered in relation to the
problems expressed by the children, the commonality is evident.
Retardation was prevalent in combination with physical and emotional
problems; for those not retarded, the combination of difficulties found
expression socially or emotionally through delinquency and/or social-
emotional personality disturbances. Obviously the need is to define
clearly target populations requiring service and to develop resources
to meet the need of the clients. The child population in the north
can be expected to grow dramatically over the next twenty years and
the problems will escalate proportionately.

CHAPTER II: ATTITUDINAL SURVEY

The basic instrument used in the survey was a questionaire
designed to probe existing attitudes toward present resources and
to determine attitudes toward proposed services (see appendix B). The
target groups were unspecified at the beginning of the project and
it was agreed that the questionaire would be handed out to all groups
and individuals who agreed to be interviewed in the study (see
acknowledgements at the beginning of this report). Completion of the
questionaires was requested at the beginning of each meeting with the
respondents, but due to time constraints or personal preference,
many individuals requested they be allowed to complete the questionaire
after the meeting, returning it to the researchers by mail; one hundred
and fifty questionaires were handed out, but unfortunately only seventy
five were returned.

The respondents who answered the questionaire represented a wide
cross section of the northern population. Ethnic representation was
biased in favor of the caucasian respondents, with 68.0% of those
surveyed being white, as compared to 32% native. Of the total sample
of seventy five respondents, 60% were female, 40% male; 76% had completed
high school, 28% had university degrees and 19% had post-graduate
training. Employment of respondents in the sample included: 59% were
hired by the Department of Social Development; 18% were other government

employees, 1% were associated with native organizations, and 12% were
in the other category. More specifically 29% were social workers,
5% nurses, 5% teachers, 1% native organization workers, 11% un-
employed and 48% were classified as other. In this sample 8% of the
respondents had lived in the north less than one year, 79% had lived
in the Northwest Territories more than three years. From this
profile, it was assumed the respondents had a good working knowledge
of community problems and adequately represented the interests they
were speaking for at the meetings.

The respondents were asked a series of questions that were
interrelated within various sections of the questionaire. The first
series of questions referred to the adequacy of programs, resources,
or, the delivery of services to four categorical groups of children:
retarded, neglected, physically handicapped, delinquent.

Respondents were asked to rank order the five target groups of
children for the purpose of identifying those most in need of service.
The following results were determined: neglected children were ranked
by 72.0% of respondents as the category most in need of service,
followed by delinquent children (57.3%), physically handicapped (41.3%)
and retarded children (49.3%) in descending order. When these findings
are compared to the review of the eighty three children in care, 79.6%

were neglected, 27.7% were retarded, 8.4% were delinquent, and 1.2% were physically handicapped (overlapping categories in each category).

The next question related to the adequacy of resources provided these four categorical groups and the results indicated the majority of persons answering the questionaire felt services were generally inadequate or poor. For example, 68.3% of respondents identified the adequacy of resources to delinquents as less than acceptable, as compared to 58.7% for retarded children, 53.3% for physically handicapped, and 45.4% for neglected children.

Respondents were asked to rate the quality of programs in their region as related to general foster care, specialized foster care, group homes, receiving homes, institutional services, homemaker services. The following results emerged: 60.0% viewed foster care as adequate to excellent; 85.3% indicated adequate to excellent ratings for the receiving home; 38.7% viewed institutional care as adequate or better; and 54.7% saw counselling services as adequate to excellent. The general concensus is acceptance of departmental resources, particularily foster care, group home care, and the receiving homes. The concerns about adequacy seems to center on quantity rather than quality of programs provided.

The last set of questions in this area focused on the delivery of services to children in the north. The breakdown of respondents who considered the delivery of service as reasonable to excellent was as follows: 26.6% for retarded children; 30.7% for physically handicapped children; 41.3% for neglected children; and 38.7% of respondents felt service delivery to delinquent children was reasonable to excellent. These findings suggest a discontent with the management and delivery of services to all the categorical groups, with the areas of the retarded and physically handicapped children being of greatest concern.

The next group of questions related to services needed by the four categorical groups of children. These findings indicate that counselling services for delinquent children were ranked by 33% of the respondents as the most important resource required; specialized foster care was ranked second by 21.3% of respondents, followed by group home services as third (25.3%). General foster care and subsidized foster homes were ranked most frequently as the fourth priority for delinquent youngsters. The resources seen as least important for delinquent children were institutional services, detainment centers, and receiving homes.

It was noted that detainment centers created an interesting split in the responses with 18.7% of the respondents ranking this service as the number one priority and 22.7% of respondents ranking

this as the least important service required. Such
polarization suggests concern about the delinquency problems of
children in communities but it also reflects very real concern about
locking these youngsters up in a detainment center.

In considering the services required by neglected children,
counselling services and the receiving homes were rated as resources
most needed by 18.7% of respondents in each case. This was followed by
general foster care (25.3%), specialized foster care (28.0%), sub-
sidized adoption 26.7%, group homes (21.3%), institutional services
and receiving homes (17.3%) and finally institutional services (29.3%)
in descending order.

There is a clear split in attitudes toward receiving homes, where
a major proportion of respondents rate such a service highly for
neglected children and others rate it quite low. It would appear
that many respondents view all forms of institutional services at the
lower end of the continuum, favoring foster home and related place-
ments. Interestingly, group homes are situated in the middle part of
this continuum, suggesting this service is only a short-term resource
and not viewed as particularily viable for neglected children.

In ranking needed services for physically handicapped children the following resources were ranked in descending order: specialized foster care (36.0%), general foster care (17.3%), counselling services (16.0%), group homes and receiving homes (14.7%), group homes (16.0%), and receiving homes (20.0%). The findings for retarded children followed a similar profile to physically handicapped children. Foster care and adoption in various forms, as well as community integrated programs were seen as most needed by retarded children. This follows the growing trend toward normalization and integration in the planning of services for the retarded population.

The next set of questions related to the age, sex, and pathology of children in each of the four categorical groups, most in need of service.

Respondents were asked to rank the various categories of children in the survey as to the age ranges most in need of services, for the following ranges: 0 - 7 years, 8 - 11 years, 12 - 14 years, 15 - 17 years, and 18 or older. For delinquent children, 52.0% rated the 12 - 14 year old child as most needing service; for physically handicapped children, 37.3% ranked birth to seven years of age as the main target group for concern; 28.0% of the respondents ranked the birth to seven years range as the prime concern for retarded children; and 65.3% rated birth to seven years as the age of neglected children most in need of service.

Respondents were asked to rank which sex of child most requires service - male, female, both male and female. The majority ranked both sexes for all categories as follows: 68% of respondents identified both sexes as requiring service for delinquent children; 58.7% for physically handicapped; 93.3% for neglected; and 61.3% suggested both male and female retarded children required service.

The respondents were asked to rate the level of pathology most in need of service (minimal, moderate, severe), for each of the four categories of children (retarded, neglected, physically handicapped, delinquent). The findings revealed the following: for delinquent children 6.2% rated minimal pathology, 54.7% rated moderate pathology, and 39.1% rated severe pathology as the classification of delinquents most in need of service. For physically handicapped children the respondents rated 27.3% minimal, 56.4% moderate, and 16.4% severe pathology for children most in need of service. Neglected children were rated by respondents as 6.3% minimal, 39.7% moderate and 54.0% as severe for the classification of pathology most in need of service. Finally for retarded children, 38.5% rated minimal pathology, 36.5% moderate and 25.0% severe, as the classification of pathology most requiring help.

The findings above suggest a somewhat confuse picture, where the primary concern of the community is directed toward younger children

(birth to seven years), of both sexes, in the moderate to severe
categories of pathology. Delinquent children are the exception
with the focus on age being 12 - 14 year old children. It seems
somewhat difficult to relate the concern directed toward the younger
child apart from a prevention model of service. Given the apparent
difficulties with teenagers, one would assume more concern for the
older child in the moderate/severe pathology categories.

The next series of questions related to factors that the
community respondents felt were the most important contributing
causes of problems for the neglected and delinquent children. These
factors included: family breakdown, unemployment of family head,
lack of adequate recreation, inadequate housing, and lack of adequate
counselling services. It was anticipated that if a concensus of opinion
arose within this series of questions, a future departmental direction
would emerge that could be utilized in planning services.

For delinquent children, family breakdown was ranked by 61% of the
respondents as the primary cause of difficulty for these children. This was
followed by lack of meaningful education (21.3%) as the number two cause,
lack of recreational facilities (22.7%), inadequate counselling services (30.7%),
and finally poor housing (24%) in rank order. Such findings indicate

a need to provide a range of differential services, which are not
entirely within the mandate of Social Development. Further, the
problems have political and social overtones, complicating the possible
solutions. Despite these difficulties, the community is looking
for leadership from the department, due to the apparently increasing
magnitude of the problem.

Difficulties for neglected children listed in rank order were found
to be the following: family breakdown (74.7%), unemployment of family
head (40.0%), lack of adequate housing (24.0%), lack of adequate
counselling (30.7%), and inadequate educational programs to meet the
needs of children. As for delinquent children, the problems of
families were ranked as the primary cause of difficulty for the children,
determining a possible future direction of intensifying family services
in some meaningful way.

Factors identified as contributing most to the problems of
physically handicapped children included lack of adequate treatment
facilities (40.0%), lack of treatment/counselling services (24.0%), lack of
educational facilities (25.3%), lack of recreation, and lack of community
acceptance of the problem in rank order. For retarded children an identical
profile of contributing problems arose. These findings suggest that
community concern is evident but it was noted that considerable difficulty

was apparent in specifying the numbers of children involved in these
categories during discussions. Further, the type of needed treatment
facilities, educational resources, etcetera, were not clearly conceived
in the minds of respondents, at the time of the interviews.

The final series of questions related to the development of
specialized programs in the north, with specific attention given to the
use of southern provincial resources, staff expertise, and the types
of services that should be under centralized/decentralized control.
With regard to the attitudes of using southern facilities for specific
groups of children, 46% of respondents tended to favor such a direction,
13% were uncertain and 39% disagreed with such policies. Part of the
reason for this attitude was apparently a lack of alternatives, since 84%
of respondents favored the development of northern resources on a
regional basis. This clearly indicates a desire for self-sufficiency
and independent services operated by the north.

The next question related to the ability of the north to attract
the needed staff expertise to operate programs and the majority
of respondents (68%) felt this was possible, with 20% uncertain
and 8% disagreeing. This follows logically from the position that
regional resources should be developed.

The final question in this ser... focused on services which should be operated from headquarters as compared to regional or local offices. Treatment institutions and det... ...ent centers were the only resources clearly identified as a centralized responsibility, with 69% of respondents indicating headquarters control for institutions and 55% suggesting central control of detainment centers. For other programs (receiving homes, specialized foster homes, subsidized adoption homes, and group homes), 25% to 37% felt these should be a central office responsibility.

This finding raises certain implications and it is conceivable that respondents do not want involvement in institutional services as discussed earlier. Further, it is suggested that the respondents identify central staff as having more expertise and ability to attract professional staff, thereby turning treatment oriented programs over to headquarters.

CHAPTER III: RESOURCES OF THE DEPARTMENT OF SOCIAL DEVELOPMENT

To determine the adequacy of the present resources for children in the Northwest Territories and to project future needs for services, it is necessary to clearly delineate the population under consideration. Demographic data indicates that out of a total population of 46,500 people (Indian 8,500; Eskimo, 13,850; and other 24,150), the majority (51%) is under the age of 19 years. Of this population of youth (23,550 people), 54% are between the ages of one to nine years of age, indicating a very skewed curve toward the younger age range in comparison to population curves in the southern provinces. [1] Complicating this problem, is the projection that the present population will nearly double in all areas of the Artic by 1987. [2]

At the present time, resources for the Department of Social Development in the Western Arctic primarily relate to foster homes, group homes, receiving homes, and the Fort Smith Centre.

(1) Statistical data supplied by headquarters and taken from the 1971 Census, suggesting the age ranges could be slightly incorrect at this time.

(2) Projections of populations compiled by Department of Planning and Program Evaluation, March 1977.

The actual number of resources is limited both in the units of
service available and the capacity of the service. This involves
services within the Northwest Territories as well as the avail-
ability of provincial resources in the south.

At the present time there are three hundred and nine children
in care with the department in the Yellowknife, Inuvik, Fort Smith,
and Hay River areas, out of an estimated population (birth to nineteen
years) of 20,000 children. This means that 1.5% of the total child
population is receiving services in a huge geographical area that is
undergoing tremendous social, cultural, and economic upheavals.
Involved in this transition is an alcohol problem that has reached
alarming proportions. Given such statistical information, the Child
Welfare program of the department appears to be doing only crisis
service with a small segment of the child population and only in
situations where the conditions under which the child is situated
cannot be tolerated. Complicating this problem is the under utilization
of resources, discussed later in this chapter.

The overview of child services indicates that the Northwest
Territories resources are going to be under increasing pressure
and that the next two decades will increase the stress on services.

.Expansion of services/resources will be required; such expansion
must be coupled with planning toward the development and expansion
of existing resources and the priorizing of fiscal expenditures
for future new programs and services.

A. Foster Care

Foster care is usually one of the primary forms of substitute care
for children used by any child welfare agency, but this service has
limited utilization within the Northwest Territories. In this section
attention was directed toward the reasons for this situation and in
particular the lack of philosophical direction from headquarters in
relation to the foster care program; i.e., the degree of emphasis or
recognized importance placed on this service by the central authorities.

Other questions were raised that were considered of major
importance to this program. For example, a great deal of discussion
centered on the age/pathology of children who should be considered
targets for placement in foster care. One of the major recommendations
following from this part of the study, identifies the younger child who has
minimal problems, as the central focus for this service.

Concerns were raised across the north with the researchers, related to the problems of recruiting foster parents. Discussion in the master study centered on how the recruitment problem could be resolved. Further, this section raises questions about the possible culture shock for youngsters placed in present foster homes and suggests alternatives to recruitment, including the use of native foster homes. Closely interrelated with this issue is the problem of standards and their application in relation to native families which was detailed at length.

The role of the social worker in foster care was discussed and concerns were stated relative to the quality of service presently being carried out in the north. This problem related to the type of involvement existing between social workers and foster parents, as well as the philosophical or policy guidelines for workers from central office in order to carry out adequately the functions of the department. One concern related to the differing attitudes of new workers who constantly turnover and the conflicting communications that result for the foster parent. Basic to the recommendations in this section is the suggestion that staff training be implemented as a major program within the department, for workers involved in foster-care counselling or related services.

B. GROUP HOMES

The group home program in the western Arctic has expanded since
1971, presently consisting of five homes: two in Inuvik; two in
Fort Smith; one in Yellowknife and one planned for Hay River. These
resources provided a total of 9,995 days of care: 1,953 in Yellowknife,
3,740 in Fort Smith; 4,303 in Inuvik.[3] Such statistics indicate the
group homes are being well utilized, operating at near capacity in most
cases. The mean length of stay in group homes was 2.44 years, with
a range of five years. This finding suggests that the group home is
a stable long-term resource.

Discussion across the north revealed that group homes were highly
regarded and considered a viable part of the child-welfare network
of services. Several aspects of this resource were identified as
important by various segments of the community. First, the home
deinstitutionalizes the children, allowing them to participate in the
community through a process which is totally integrated into the
mainstream of community life. Second, one home can accomodate six
to ten children, who otherwise would not have access to a community-
living program (e.g. foster care). Third, the program of the home
provides structure and control for the children within an environment

3. Statistical data obtained from unpublished task force information.

that is warm, responsive, and integrated into community life. Fourth,
parents tend to be non-transient; even if the house parents leave, the
child has the group, which helps create a feeling of stability and
acceptance. Fifth, the home does not have a stigma with the
community, suggesting the principle of normalization is clearly operating.

The purpose of the group home was discussed relative to policy from Head-
quarters including the staffing structure and the age/pathology of children
who should be included in the service. Further, the report suggests directions
for the group home program, relative to length of placement, status of
child to be included and the variety of functions the program could
fulfill.

Attention in the report was directed toward the variety of
staffing models that could emerge as part of this resource as it
develops. Topics included the problems inherent in the present
relief houseparent program, as well as combinations of staffing patterns
ranging from the present family model to a quasi-institutional model
based on a rotational staff structure. Related to this discussion
was the interrelationship between the staffing model, the type of child
admitted into the program, and stated purpose of the group home program.

Other aspects covered in the section on group homes included the mechanisms for placing children in the program, as well as specific roles of parents in relation to admission, treatment, discharge, and follow-up. With regard to specific concerns, discussion centered on purchase of supplies, working contracts for houseparents, costs of the group home program, and the role of the social worker within the group home program. These problems were carefully analyzed and solutions or alternatives presented for consideration.

C. FORT SMITH CENTER

The Fort Smith Center had 3,758 child days of care in 1976/77, at a cost of $92.91/child/day; this is compared to 4,857 child days of care in 1975/76, at a cost of $65.14/day/child.[4] The change in the period indicates a 23% drop in service delivery with a corresponding cost increase of 43%. At the time of the study there were eight residents in the Center and a total staff of fourteen people.

In discussions across the north, considerable concern was expressed about the role and function of the Fort Smith Center. This resource is generally viewed unfavorably, with considerable confusion evident as to the purpose of the service and its integration into the child-

4. Ibid

welfare network of services. The large expenditures of funds with a high child-staff ratio was viewed with some jealousy by other parts of the department and generally this resource was considered a program favorite of headquarters.

Detailed attention was paid to the purpose of the Fort Smith Center including the clients who should be served and the present programs of the Center. Since this is a treatment resource for delinquent children, the model of treatment and related concerns were considered at length. Basic to this discussion was an attempt to conceptualize a direction for this service with a purpose and function interrelated to a philosophical and program thrust, that would be congruent with the present emphasis of the Center. At this point in time, the conceptual development of the program appears relatively weak and requires considerable attention.

One aspect of the service that was raising considerable concern within the community was the educational program of the Fort Smith Center. Suggestions were offered to counteract these problems, including a recommendation to totally integrate the children into the mainstream of the regular school system, eliminating the need for the present program including the day staff, who provide back-up services for the existing teacher.

Two related programs were considered: the Fort Smith Center Ranch; the proposed extension of service to girls through the incorporation of a group home for females adjacent to the Center. Recommendations included maintaining, or somewhat expanding the present function of the Ranch, but strongly opposing the expansion of a group home for girls at the Center. The reasons for these positions were clearly explained in the body of the main report.

The last two sections relate to administrative concerns involving the administration-staff problems at the Center and the administrative liason to headquarters that presently exists. These two sections were considered vital to overcoming the concerns raised by a large number of groups, as well as staff at the center. Recommendations included the upgrading of staff, developing new purposes for the center, and creating different supervisory liasons to headquarters.

D. RECEIVING HOMES

Receiving homes are a highly rated resource in the Northwest Territories. The majority of respondents to the questionaire, as well as groups or individuals with whom the researchers met, viewed this service as an excellent resource. Receiving homes housed 32% of the total sample of children in care. The Task Force information revealed

that 18,947 days of care had resulted during 1977 and the average cost
of the receiving homes was $52.60/day/child for Yellowknife, Fort Smith,
Hay River and Inuvik.[5]

Visits to the receiving homes in Inuvik, Yellowknife, Hay River
and Fort Smith revealed adequate facilities in all cases that were
well supervised and maintained. In each unit, staff appeared well
organized and aware of specific duties and functions. Procedures
were similar for each receiving home and the general quality of
routine management was excellent. All four superintendents were
qualified and their degree of commitment expressed was impressive, as
related to their general duties and involvement with the youngsters
in care.

The purpose of receiving homes was studied and it was generally
agreed that this service has a purpose and function that is clearly
understood by all levels of the department of Child Welfare. Diffi-
culties that arise relate to improper utilization of the resource,
relative to length of stay of the children, the age/pathology of
children admitted, and the differential expectations of workers upon
the staff of the receiving homes. These difficulties are considered
in some detail along with the possible extension of the program in
specific areas; for example, two recommendations discussed, suggest

(5)   Ibid

the receiving homes develop foster home finders and emergency worker positions in order to provide immediate short-term relief to families in crisis.

One other area considered in depth involves the provision of training for receiving home staff. This was considered important if the mandate of the home was to increase or the present focus on accepting moderately disturbed children was to continue.

E. OTHER SERVICES

(a) Specialized Foster Care

Specialized foster care is a service to children who are exhibiting problems in the areas of physical, social, or emotional development. These young people require specific help and foster parents are recruited to work with such children in an effort to correct some of the diff- iculties they present. This service was one of three priorities identi- fied in the questionaire as a means of meeting the needs of delinquent, retarded and physically handicapped children.

Specialized foster care involves a series of interrelated concepts that need to be in place before the service becomes operational. First,

children must be screened and categorized as to the degree of pathology expressed - minimal, moderate, severe - and each category must have operational criteria for making such judgements. Second, once the degree of pathology is determined, a decision as to the usefulness of this program for specific children must be determined; i.e., given the degree of problems presented, can the child benefit from the home and can the parents cope with the child.

Parents attracted to this program should go through a process involving recruitment, induction and training. Recruitment involves identifying interested foster parents; screening these people on the basis of motivation and personal stability; and involving the potential foster parents in a beginning training session.

These concepts were considered in detail and a strong position taken in the body of the master document that this program should become a major thrust of the department. Alternatives to implementing the program were discussed including a proposed location during the initial stage of development and the type of workers who should be hired to launch this concept in the north.

(b) Adoption Program

The adoption program in the Northwest Territories is a well

administered program. Procedures are clearly detailed in the policy
manual and the concern for legal safeguards of both parent and child
are clearly evident.

Major topics discussed in this section include the placement of
siblings in multiple adoptions and the necessity to trade-off in
specific cases between family ties and long-term stability. Other
problems considered include the difficulties inherent in foster parents
wanting to adopt their foster children, thereby "short-circuting" the
existing system. Closely related to these problems are the adoptions
for native children both inside and outside the territories. All these
issues are analyzed in depth.

(c) Subsidized Adoption

Subsidized adoption is a legal adoption process which involves a
subsidy to parents, to offset the costs of care for a family. The
reason for the subsidy is to provide a permanent home for children,
within a family group that could not otherwise afford to adopt children.

One of the findings in the first chapter of this study was the
number of foster parents who indicated an interest in adopting their
foster children. These people were often discouraged from completing

the adoption process due to lack of adequate finances. Subsid d
adoption would allow families to provide long term—care for the children,
with all the legal rights and safeguards of natural family membership,
without undue hardship.

The issues involved in subsidized adoption were considered and the
reasons for implementing such a program detailed. Further, methods of
introducing this program were suggested and it was strongly recommended
that such a service be implemented in the north.

(d) Detainment Centers

Interest in detainment centers relates to community concern about
a very limited group of youngsters; all four centers visited discussed
such a need for five to ten children at any given time. The community
is frustrated with the problems these children present and the only
alternative is some type of incarceration. Utilization of detainment
centers varied greatly in the discussions, ranging from short term
placement (48 hours) to holding until court was completed (3 months).

It is recognized that the Department of Social Development has
a mandate to protect a wide variety of interests, but it is suggested
that the service must work according to basic principles. As long as

other alternatives are available to children in care, concepts such
as detainment centers should be avoided.

(e) Community Drop-Off Program

Spree drinking is a problem in the north for certain native
families. This tends to be cyclical and during these periods many
children come into care due to temporary abandonment or unwillingness
of parents to look after their children; often following the spree, the
family settles down and operates reasonably well.

To counteract some of these problems the merits of a Community
Drop-Off Progam were considered. This was seen as a rudimentary form
of community responsibility, operating through local groups of citizens.
This program was identified as one of many that could be developed as part of a
process of community based planning in the future.

(f) Child Abuse Centers

In the sample population of this study, fifteen cases indicated
some form of child abuse and in ten cases parents physically abused
their children, often resulting in the hospitalization of the child.
It is suggested the department consider a three pronged attack on this

problem. First, a crisis unit should be considered that works in

liason with the police during crisis periods. It is assumed that

abuse problems can be predicted at certain peak periods - pay day,

payment of treaty money days, holidays, etcetera. Once these crisis

periods are determined, a twenty-four hour team should be moving

through the community visiting potential problem families as a mode

of intervention to prevent the need to apprehend the children. For

safety, two people should work together and where necessary have the

back-up service of police. It is recognized that this is basically

a control function, but given the abuse that is suspected and the

serious neglect evident with a few families, this is probably a very

needed service.

The inherent problems in detecting child abuse were analyzed and

consideration was given to the types of possible programs that could be

implemented to control the problem. Two basic programs were suggested;

these programs were connected to a third approach involving community

action at the local level.

(g) Special Education Services

The educational problems in the Northwest Territories were considered

briefly with the major emphasis in the analysis directed toward means of

combatting these problems. More specifically, a dual attack on the problem was suggested, utilizing formal educational programs, as well as a community-based planning approach. This latter approach was identified as a Phase II project, hopefully to be given considerable priority in the second part of the study.

(h) Probation Services

Juvenile probation was transferred from Corrections into Child Welfare in 1972 and this specialized service became part of the generalized caseload of social workers within the department of Social Development. As a result, the former concentration on one target group was diluted and workers had to extend their services with a minimum of training or interest. Considerable concern was expressed by former probation officers that the program was lost in the transfer and it is presently a service receiving minimal emphasis in the Northwest Territories. This concern was also registered by the juvenile court judges, who presently question the viability of probation services as now operating.

Within this section of the master document, the issue of generic-specific services in child welfare programs was addressed. It was recognized that generalist services for the north are necessary and

practical given the problem of distance, manpower and cost; but, it was suggested that a mixture of generic-specific services may be required, especially in the major centers. Probation was one of the programs proposed for such a development.

(i) Birth Control Centers

Illegitimacy was not a major focus of the study but the profile of children in care revealed that this was a serious problem. For example, thirty one out of the eighty three families surveyed had one or more children born out of wedlock and the child's father was not living with the mother. Public health nurses were very concerned about the numbers of young adolescent girls (12 - 16 years) who were pregnant. Given this young age, these girls have a child-bearing potential of thirty to thirty-five years.

The issue of birth control centers and the use of contraceptives generally was briefly outlined. Three recommendations were introduced, with the main one focusing on the need for birth control centers in the Northwest Territories, focusing attention on the adolescent female as the prime target of concern.

F.   CATEGORICAL PROGRAMS FOR CHILDREN

(a) Delinquent Children

The problem of delinquency is not as great in the north as might be
expected, given the problems of families in their social and economic
circumstances. For example, the R.C.M.P. in Yellowknife clearly in-
dicated that juvenile delinquency was minimal compared to problems in
the provinces. This statement must be considered in context however,
since delinquency in smaller communities always is viewed more seriously
than major urban centers. What appears to be suggested is that serious
crime is limited but nevertheless the community reaction is intense and
tremendous demands for control measures result. This has been witnessed
in two centers - Inuvik and Hay River, where community meetings have
been called to discuss vandalism or delinquencies these communities
considered serious.

It was suggested that some form of classification of delinquency result,
in order to appropriately consider and deal with the problems presented.
Following from this recommendation, the type of planning for each category
of delinquent was proposed. Basic to this discussion was an attempt to
interconnect the planned intervention with the proposed resources
required, in order to present a meaningful and comprehensive set of

recommendations.

Other issues covered in this section include the problems of
utilizing out-of-Territories placements for delinquent youngsters. Further,
the related problem of increasing female delinquency was discussed along
with some of prevailing attitudes toward youthful offenders and the
beginning diversion programs that are being established in the north.

(b) Neglected Children

The majority of children in care are neglected. This study has
revealed that the department intervenes only in extreme cases and the
type of living conditions from which these children were removed was
generally appalling. Concern was expressed by many people interviewed
about the large numbers of neglected children not serviced by the
department. Police, social workers, public health nurses, educators
and lay persons cited numerous examples of children being in care and
returned to families unable to adequately care for children.

In this section, attention was paid to the extent of this
problem and the present reactions of communities to the existing neglect
situation. The type of resources required to adequately cope with the
problem, including financial, manpower, and service delivery requirements
were briefly considered.

Following from this discussion, the need for classifying problems of neglect was outlined including the concept of a continuum of service, where needs were related to possible resources.

(c) Retarded Children

Analysis of the data obtained from the eighty-three children in care sampled, indicated twenty three of the cases reviewed had varying degrees of retardation. Of this group, 34.8% were culturally retarded, 21.7% borderline retarded, 26.1% moderately retarded, and 17.4% severely retarded. This indicates that 27.7% of the total sample had problems related to retardation, a very high proportion of children in care if the sample is representative of the total population of these youngsters. Further, nine parents of the children in care indicated mental deficiency, with five being mildly retarded and four considered moderately retarded.

The problems of retarded children was discussed in relation to classification, services required, and resource development for each category of child. Underpinning the conceptual framework proposed were the principles of integration and normalization, within the practical limits of both the department and the client.

(d) <u>Physically Handicapped Children</u>

Physically handicapped children were one of the major categories of children considered in this survey. Similar to retarded children, little is known about this category of youngster. People could not specify numbers, nor was there any apparent departmental focus on physically handicapped children. In most discussions, the tendency was to suggest that this type of problem is medical and therefore the responsibility of either physicians or public health nurses.

For children in care, only one physically handicapped child was found in the sample of files reviewed. In considering the combination of problems for children in care, a wide range of physical problems was indicated, varying from minimal to serious defects. Such problems included visual handicaps, hearing loss, speech defects, epilepsy, heart conditions and motor handicaps to name only a few. In most cases these children were probably under medical supervision. The important point to note is that physical handicaps are evident and contributing to the problem of children in care.

The problems of physically handicapped children had similar recommendations to that of retarded children. Classification, services required, resource development and principles of intervention were briefly discussed.

G. ADMINISTRATIVE CONSIDERATION

It was not within scope of this part of the study to consider administrative changes within the department of Social Development. Nevertheless, certain concerns have arisen that are addressed in this section.

The major issues raised include the need for headquarters to develop a philosophical thrust for services in order to provide direction for workers at field level. Related concerns include resource management at the local, regional, or central level of the department, including adequate utilization of present or future services. Other issues included the need for a major departmental plan, incorporating directions for generalist/specialist services, training for staff, control over resources and the role and function of present staff at all levels of the department.

H. MISCELLANEOUS CONSIDERATIONS

Two sections were included in Miscellaneous considerations: Juvenile Court Committees and Native Organizations. Concerns were raised about the present functioning of both groups but the potential usefulness to Phase II planning was discussed.

CHAPTER IV: RECOMMENDATIONS

(A) PHASE II RECOMMENDATIONS

In this section of Chapter IV, thirteen recommendations were
outlined and the major directions are stated in summarized form
as follows:

- to complete an in-depth survey on the extent of problems
for neglected, delinquent, retarded, and physically handicapped
children, leading to the ascertainment of the validity of Phase I
findings and the development of a master plan for program and re-
source development within the Northwest Territories, in collaboration
between headquarter's staff of the department and Phase II personel.

- to establish programs in keeping with the needs of the north
(e.g. Community Drop-Off programs, Abuse Centers, Special Education
Services, Birth Control Centers), through a process of community-
based planning.

- to establish community-based planning, utilizing existing
programs or community groups with particular emphasis directed to-
ward stimulating native people to take responsibility for specific
services within their community.

- to ensure that finances, personnel, and education for depart-
mental social workers are available through the department, enabling
Phase II of the study to procede with limited administrative or
departmental problems.

(B) ADMINISTRATIVE RECOMMENDATIONS

The major directions are presented in summary form in this
section, condensing the ten recommendations as follows:

- the department should establish a computer program that
routinely monitors various aspects of children in care, with specific
emphasis on the movement of children and the availability of resources
in the various regions.

- the department should define program priorities and clearly
specify the function and purpose of various resources under its
control, in order to clarify directions for the department as a whole
and in particular line staff at the regional or local level.

- headquarters should immediately begin to concentrate on the
development or initiation of generalized foster care, specialized
foster care, subsidized adoptions, and group home expansion as major
departmental programs.

- headquarters should create a Special Placements Committee composed of headquarters staff, regional staff and supervisors from regional offices, for the purposes of better utilizing existing resources, placement of children with special needs (delinquent, retarded, neglected, physically handicapped), and providing a communication link with the area offices. As part of this considera- tion, it was recommended that the Special Placement Committee meet monthly in various locations, providing exposure of regional or area staff to central administration staff and providing the opportunity to visit facilities, in order for all committee personel to gain hightened awareness of resources and programs within various locales.

- headquarter staff should routinely visit regional or area offices to speak to line staff and supervisors about programs and directions of central office, in order to clarify positions on major issues, create a reality about the work of headquarters, raise morale, and become more visible to line staff. Within this context, emphasis needs to be directed toward the specification of function and purpose of existing resources, with attention focused on the roles and responsibility of resource management (institutions, group homes, foster care) between central office and regional/local offices.

(C) RESOURCES OF SOCIAL DEVELOPMENT

(a) Foster Care

Sixteen recommendations were included in this section in the master
document and presented in summary form as follows:

- general foster care should become a primary target for resource
development in the north, replacing services such as the receiving home
as the major form substitute care for children. This emphasis should
be clearly transmitted to regional/local area offices and monitoring
of this philosophical thrust should occur, limiting supervisory
personnel from stressing personal biases in relation to this service.

- the focus of this service should be the simultaneous develop-
ment of both long and short term placements, primarily directed toward
infants and younger children who exhibit minimal levels of physical,
social, or emotional problems.

- foster care should be considered a Territorial resource under
the supervision of area offices, allowing the Special Placements
Committee to move children requiring this service to homes within
the north, to areas where an abundance of foster homes are available.

- recruitment of foster homes should be completed on a personal contact approach (as opposed to advertising) and be developed by foster home specialists assigned to both the regional offices and existing receiving homes.

- the purposes of the specialists should be the recruitment, selection, training, and counselling of foster parents as well as selection and determination of foster children for placement relative to pathology, ability to benefit from the service, and the need for long/short term placement. The foster home specialists should work in close liason and cooperation with area offices.

- recruitment of foster homes should include a concerted effort to attract native families. Standards should be established for foster homes, particularily as related to native homes, recognizing cultural differences in home management, child care, dress, and other factors.

- part of the consideration of standards relates to the need for policies to be developed relative to: the number of foster children to be placed in one home; crossing of religious lines in the placement of children in foster care; continued maintenance of children in a home when parents leave the north, recognizing the master study suggests that such placements are more stable than foster home placements

in the north; the role and function of social workers supervising
foster families; the training for workers and parents involved in
the area of foster care; the type of visiting required by workers to
maintain adequate accountability of the service by the department.

(b) Group Homes

The master document contained sixteen recommendation and these
are submitted in summarized form as follows:

- the function and purpose of groups should be clearly delineated
and included in the Child Welfare manual. This program should be
designated a treatment resource for delinquent or neglected children
(14 - 18 years), who exhibit a moderate degree of pathology and who
indicate the need for both long and short term (crisis oriented or
after-care) placements. In terms of status, the primary target
group should be permanent wards requiring long term placements and
temporary wards requiring short term placements, but excluding the use
of this resource for non-ward children.

- depending on the age/pathology of residents, consideration
should be given to varying the forms of staffing models that could be
employed, ranging from the present parental model to developing a
rotational staff model for the group homes.

- administrative problems within the group home program need
to be resolved, as related to: the mechanisms for hiring relief
group home parents; the admission procedures for children admitted
into the group home program; the mechanisms to determine budget
requirement of each group home; the resolving of contract concerns
of group hom parents; and the determination of actual costs (hidden
and open) in order to provide the means to logically assess the costs
of group homes in relation to other programs.

- group homes should maintain their community integrated approach
and develop a community follow-up program for children leaving the
program.

- staff training for group home parents should be implemented.

(C)   FORT SMITH CENTER

This section contained eleven recommendations and these are
presented in condensed form below as follows:

- the Fort Smith Center should be included in the proposed Child
Welfare manual. The purpose should be the provision of treatment,
education, and advocacy for juvenile delinquents, utilizing the concepts

of normalization, and community integration. Within this purpose
consideration should be given to developing a program of short-term
stabilization for children fourteen to eighteen years of age, who
exhibit moderate to severe pathology. The Centre should focus on
preparing children to move into alternate resources.

- a treatment model needs to be developed for the Center for
the purpose of building direction and purpose into the organization.
This process needs to be coupled with staff training, in order to
upgrade the quality of staff within the center. Headquarter's staff
and outside consultants should be utilized in training, since the
staff problems are complex and require ongoing inputs to correct the
difficulties.

- students from the Fort Smith Center should be integrated
entirely into the regular school system; if this is deemed inadvisable,
all staff who monitor the children at school should immediately stop
this function, thereby reducing the need for a day staff at the insti-
tution.

- the line authority for the operations of the Center should be
transferred to the Fort Smith Regional Office. This resource would
remain a service for the whole Northwest Territories but greater scrutiny,

supervision, and monitoring of practices could result from an office in closer proximity to the Center, in order to upgrade the quality of service.

(d) Receiving Homes

Four recommendations for receiving homes were stated in the master document and are summarized as follows:

- that the purpose of receiving homes be reviewed in light of the actual function it is performing and either the purpose should be restated or alternative resources developed, so this service can adequately meet its formal mandate. Within this context it is sugg-ested that receiving homes not move into becoming a treatment service per se; rather they should remain a child-care resource for short-term planning and evaluation. The child care functions should be encouraged to improve beyond their present high standards and staff training should be implemented at the earliest opportunity.

- where receiving homes are underutilized, these resources should be available to special placements in order to produce less crowding in over-utilized facilities, thereby creating more equity in resource management for regions with child-care problems.

(D) OTHER SERVICES

(a) Specialized Foster Care

It is recommended that a specialized foster care program be

established for delinquent, neglected, retarded or physically handicapped

children with moderate to severe problems, who are in the age range

of nine to fourteen years; further, this should become a major program

thrust of headquarters.

- that the rates paid for specialized foster care vary between

$7.00 to $25.00/day/child based upon the pathology and degree of

problems expressed by the child.

- that screening, training, and ongoing support services for the

foster parents be implemented at the establishment of the program.

- that a small number of specialized foster homes be established

in one center (possibly Yellowknife to begin the program) and that a

worker be hired whose only duties relate to the recruitment, screening,

training, and counselling of the specialized foster parents.

(b) Adoption Program

It is recommended that the department reconsider its position
on adoptions relative to keeping siblings together and where this
is not possible, allow single members of a family to be adopted,
even though this requires breaking up the natural family grouping.

- that in cases where foster parents have children in their
home and are desirous of adopting a foster child presently living
in the family, priority should be given to these people.

- that out-of-Territories adoptions be encouraged for children
who are unable to find an adoptive home in the north.

(c) Subsidized Adoption

It is recommended that where appropriate adoptive parents be
subsidized by government to adopt a child or children, at a rate
comparable to foster care.

- that files be analyzed and where foster families have had children
in their homes for an extended period of time, these parents be approached
about the possibility of adopting the child through the subsidized
adoption program.

(d) Detainment Centers

It is recommended that the department not develop detainment centers for problem juveniles in the north.

(e) Community Drop-Off Program

It is recommended that the community Drop-Off program be seriously considered as part of Phase II of this project.

(f) Abuse Centers

It is recommended that a crisis team be developed in the major centers that works in liason with the police and moves through communities during problem periods, in order to intervene on a crisis intervention approach with a target group of families, to prevent possible abuses from occurring.

- that where abuse results for either the children or the mother, a center be established to house these people until the crisis is resolved.

- that as a part of Phase II, the abuse of children or wives should become a focus of attention, educating communities toward heightened

self awareness and means of counteracting these problems through
citizen action.

(g) Special Education Services

It is recommended that the department form liason committees
with the educational authorities to consider social imputs into
curricula, obtaining tutors for children in care, and establishing
a "headstart" program across the north.

-th.. .. .... .f Phase II the native organizations, councils, and
leaders ..... be encouraged to accept responsibility for the education
of their children particularily in matters related to truancy, non-
attendance, and cropping out of school.

(h) Probation Services

It is recommended that the department consider hiring workers
to operate as probation officers in the major centers, free from other
child-welfare duties. This would become a specialist function within the
Child Welfare department.

(i) Birth Control Centers

It is recommended that birth control centers across the Northwest

Territories be established.

    - that a clear policy statement be issued to departmental social workers indicating that any person on assistance or in care, who requests finances to purchase contraceptives will be automatically provided with the funds.

(E)   CATEGORICAL PROGRAMS FOR CHILDREN

It is recommended that an in-depth analysis of need for the delinquent, neglected, retarded, and physically handicapped child occur, for the purpose of determining the extent of problems across the north for these children.

    - that once the determination of need occurs, the problems of all four categories of children be classified as minimal, moderate, and severe with operational criteria connected to each classification in order to accurately judge the problem.

    - that following classification of the four categories of children, a general plan of placement be devised along a continuum of services: for minimal problems, the services utilized should be primarily support services to the families, general foster care, specialized

foster care; for moderate problems, the services utilized should include

specialized foster care and group home care; for severe problems, the

services should be specialized foster care, group home care, and

institutional placement.

    - that placement in specialized services for children be based

on pathology rather than the present situation of considering age and

pathology which leaves the older adolescent as the prime target for

specialized placement.

    - that placement in out-of-Territories resources continue to be

utilized for severe classifications of children in all categories until

programs can be established in the north to care for these youngsters.

    - that when children return to the north from southern placements,

special support services be established (long or short term) to

continue the growth that may have been established; it is important

to recognize that individuals who return will not be fully functioning

in many instances, due to damage occurring prior to placement and

realistic evaluations must be accomplished from this perspective.

    - that a review of the status of children in care be made, for

the purpose of better defining the use on non-ward, temporary, and

permanent wardship statuses.

-that non-ward files be reviewed and in cases where the child has been in care for a number of years, a decision made as to the advisability of making such children permanent wards.

-that temporary wards be considered a major focus and that special attention be given these children in order to provide better placements with greater stability, while in care.

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    - that temporary wards be considered a major focus and that special attention be given these children in order to provide better placements with greater stability while in care.