

# Director's 2020-2021 Annual Report on Family Wellness



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Building *Nunavut* Together  
*Nunavut* liuqatigiingniq  
Bâtir le *Nunavut* ensemble

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Department of Family Services

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## EXECUTIVE DIRECTOR'S MESSAGE

### *Looking Back and Moving Forward*

Fiscal year 2020-2021 brought the world the unexpected challenge of the COVID-19 pandemic which has had a profound impact on all Nunavummiut. It was especially challenging for vulnerable children and families, and for those working on the front line, such as families supporting children in care. Many programs and support services that people relied on were not available, further restricting the already limited amounts of resources at the disposal of Nunavummiut.

Foster families had to find ways to maintain family connections for the children and youth in their care, support high risk children and youth with no recreational outlets. They had to develop even greater expertise in creating ways to enrich the lives of children with disabilities and other acute needs, all while supporting their own children and in some cases working at home.

It's safe to say that all communities had to face this challenge, but they rallied together in support of one another. Community members and Family Wellness staff worked together to create a safety net for our most vulnerable. We took advantage of the increased availability and use of technology to train and support foster parents and staff. More than 23 foster parents and 36 staff participated in training including joint sessions which created invaluable opportunities for experience and knowledge sharing.

Over the 2020–2021 fiscal year, the Family Wellness division continued to build and strengthen services for children, youth, and families. We worked collaboratively with the Department of Health in the response to the proactive measures taken by the Government of Nunavut to ensure residents of Nunavut had limited exposure to COVID-19. These measures included establishing 14-day isolation hubs in Ottawa, Winnipeg, and Edmonton. We began providing Community Social Service Workers (CSSW) services within the hubs in the summer of 2020. From June to August 2020, more that 602 families were served.

As always, we are grateful for the dedication of over 150 staff, 130 foster families and numerous community partners. You make a difference! In the spirit of *Piliriatigiingniq*, working together for a common cause, we honour and support your ongoing efforts to better the lives of children, youth and families in Nunavut.

We feel confident that the work we did this year is a bedrock on which we will continue to build a meaningful system of social services that is responsive, consistent and aligns with *Inuit Qaujjimajatuqangut* and Inuit Social Values.

Quviasugit!

Arijana Haramincic

Executive Director

Department of Family Services

## EXECUTIVE SUMMARY

This report covers the direct and indirect services provided by the Family Wellness division during the 2020-2021 fiscal year, starting April 2020 and ending March 2021.

Despite the significant impacts of the COVID-19 pandemic, the Family Wellness division altered its form of work to continue to provide its essential services while ensuring evolving pandemic requirements were met. Community Social Service Workers (CSSWs) worked virtually with clients more than ever. In addition, when Isolation Hubs were set up out of territory for travellers to Nunavut, CSSWs quickly responded to support residents in these hubs by providing their services in collaboration with the Department of Health. CSSWs were, and remain, a critical service to supporting Nunavummiut during the pandemic. The division has demonstrated its ability to adapt its service models quickly to respond to evolving needs.

In addition to the frontline work of CSSWs, the division also delivers several activities specifically related to the protection of children and youth. While most placements of children and youth this year were with immediate or non-immediate family, rather than in group homes or foster care, the department supports all youth in care whether they are in or out of Nunavut. This included providing training to 23 foster parents this fiscal year. The division has also supported 18 adoptions this fiscal year and made call outs to raise awareness about adoptions in the territory.

Several other activities fall under the Family Wellness portfolio, including Family Violence Shelters, Men and Boys Initiatives, and advocacy initiatives. The division supports four family violence shelters in Nunavut that have accommodated 200 women and 241 children in Nunavut over the course of this fiscal year.

In sum, the division continues to deliver its essential services, grow its programs that support adults, children, and youth, and encouraging community involvement in programs. The division will amplify its efforts to recruit and retain staff to ensure that essential services are available. Finally, community engagement and partnership with hamlets, Inuit organizations, not for profit organizations and individuals remains a priority that the division hopes to develop further.

## INTRODUCTION

The Department of Family Services is responsible for the Income Assistance program, the Family Wellness Division, Career Development Services, and the Poverty Reduction Division. Our Mission is to enhance the well-being and self-reliance of Nunavummiut through integrated and innovative services. Our Vision is for “A Caring Community where all Nunavummiut thrive”.

The Family Wellness division, within the department, has the following priorities:

1. Strengthening prevention and emergency supports for individuals and families impacted by or at risk of family violence.
2. Supporting youth by developing safe community spaces for Inuit youth.

The Director’s Annual Report on Family Wellness is a requirement under the Child and Family Services Act. It allows us to review our efforts and progress and present our way forward.

This report will focus on the main areas of work the division is mandated to provide. This includes assisting families through the work of Community Social Service Workers (CSSWs), child protection, including adoption and foster care, adult services, including family violence shelters and social advocacy programs.

We will look at services provided directly by the division, as well as those that are made possible through funding that we provide.

## SUPPORTING FAMILIES THROUGH DIRECT SERVICES

### Family Wellness Practice

Family Wellness practice uses a solution focused approach, centered on child safety and family support and reunification. We strive to be culturally sensitive and informed. Our actions are focused on *Inunguqsainiq*, supporting our children and youth to be productive members of society, and supporting families through *Inuttiavaunasuaqniq*, by facilitating case planning with families in the hopes that families can live with as few issues as possible.

Under the *Child and Family Services Act*, the department is mandated to provide a wide range of child protection services to children, youth, and families, delivered primarily by Community Social Service Workers (CSSWs). The services provided are based on referrals received from a variety of sources.

The reasons for referrals received in our Community Wellness offices across the territory are varied. Some examples include concerns regarding children at risk of or having experienced physical or emotional harm, sexual abuse or exposure to family violence, to requests for information or support through family placements.

The actions and types of engagement undertaken because of a referral range from investigations, brief services (for example, a short-term placement allowing a parent to access medical care), to referrals to other community supports, like Elders' committees or traditional parenting programs.

### Family Wellness Legislative Mandate

There are key pieces of legislation that require the division to act in certain situations. The two key pieces to highlight in this report include the Nunavut *Child and Family Services Act* and the federal legislation, *an Act respecting First Nations, Inuit and Métis children, youth and families*.

First, if for whatever reason families do have a significant issue(s) which raises concerns of safety, and if all other safety plan alternatives have been exhausted, in accordance to Section 7 (a) to (o) of the *Child and Family Services Act* for Nunavut, children/youth may be temporarily relocated outside of their primary family home.

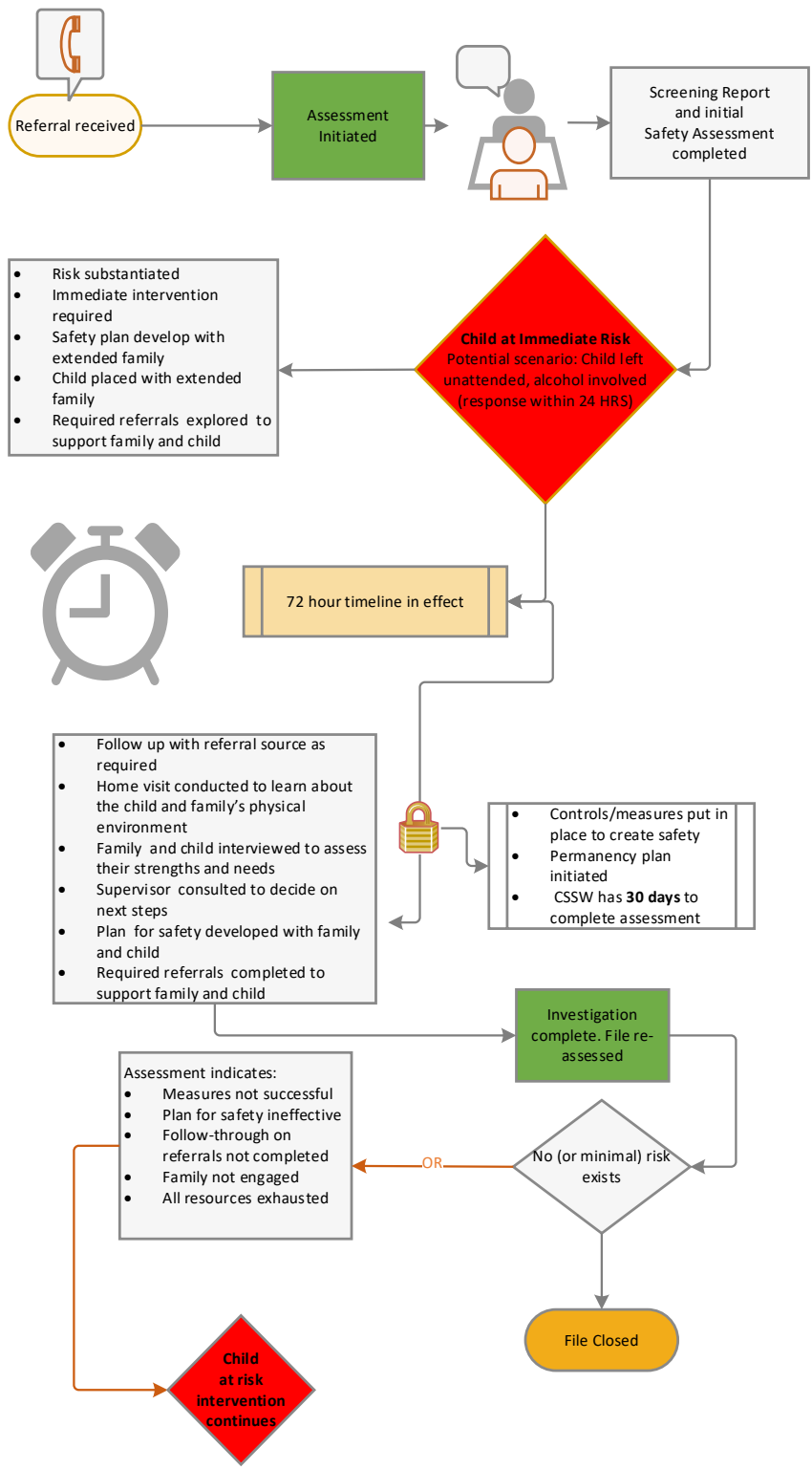
For Family Wellness, such action is only used as a last resort measure to protect the physical, mental, emotional, and spiritual safety of children/youth and their families. If children/youth must be relocated outside of their primary home for safety concerns, Family Wellness ensures that such children/youth are relocated to a home in which the children/youth and their family think, and feel would be a safe environment for a short period of time until reunification is possible. When children/youth are relocated outside of their primary home, Family Wellness will be sure to investigate whether the situation was a one-time event or if it is a continuous behavioural pattern. If Family Wellness believes there is a continuous cause of concern for the safety of children/youth and their family in the primary home it is the responsibility and obligation of Community Social Services Workers, appointed by the Government of Nunavut, to collaborate with the children/youth, along with their family and community, to delegate, diminish, or eliminate the safety concern(s). All actions taken by Social Workers are guided by Inuit Societal Values under Section 2 (a) to (f) and Section 3 (a) and (b) of the *Child and Family Services Act*.

Second, Family Wellness' services make a continuous effort to apply Inuit values and culture in their work. The new federal legislation that was enacted on June 19, 2019 supports our approach. This Act affirms the rights and jurisdiction of Indigenous peoples in relation to child and family services and sets out principles applicable, on a national level, to the provision of child and family services in relation to Indigenous children, such as the best interests of the child, cultural continuity, and substantive equality.

Our practice is child and family centered, and culturally informed. All actions taken by CSSWs are guided by Inuit Societal Values which are described under Section 2 (a) to (f) and Section 3 (a) and (b) of the *Child and Family Services Act*. Our actions are focused on ***Inunguqsainiq***: supporting our children and youth to be productive members of society; and supporting families through ***Inuttiavaunasuaqniq*** which emphasizes case planning with families that leads to good, or problem-free lives. In instances where plans do not allow safe placement of children within the family home, children may be temporarily placed outside of the family home. The ultimate goal, however, is to keep children safe with family and when this is not possible, work is undertaken to provide families with programs and support to ensure children return home as soon as possible.

Figure 1 below depicts the steps typically utilized for engaging families who need support from the referral phase to the file closure phase. Referrals are received and assessed through a screening process. Children and families are part of the screening process and through this process the CSSW in consultation with their supervisors will determine the level of risk. If risk is low interventions are geared towards prevention. In this case, voluntary services or other service agreements can be used to provide services. If the risk level is high services are protection based. Court Orders may be put in place to protect the child(ren) or youth involved in the situation.

Figure 1: Family Wellness Process for Engaging Families Who Need Support





## Responding to the COVID-19 Pandemic

### Front line In-Territory Supports

The Covid-19 pandemic separated families, challenged service providers, and demanded innovation and creativity. The Family Wellness teams across the territory rose to the challenge. During this challenging time, staff were actively involved in client support. They used all the tools at their disposal and reached out to clients via phone, email, and text where appropriate. Packages of cleaning supplies were distributed and readily available upon request. They reached out to out-of-territory placements to see how clients were coping with the restrictions.

Families were kept connected, even though we were not able to offer in person visits, families were encouraged to maintain contact through either FaceTime, exchanges of pictures, and through phone calls. Working with adoptive parents posed some special challenges due to government restrictions and the use of isolation hubs. However, foster parents came forward and were willing to fill the gap until adoptive parents arrived in Nunavut.

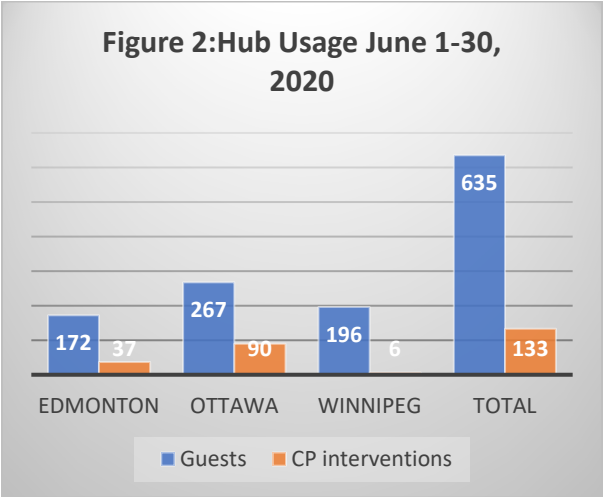
In the true spirit of supporting community, individuals even contributed to supporting their communities on their own time as well. For example, one team supervisor in Iqaluit created an initiative named the “Hand Soap Project” to fundraise and used the funds received to purchase soap for families struggling to buy these necessities to help curb the spread of the COVID-19 virus.

### Front Line at the Out of Territory Isolation Hubs

To support Nunavummiut who required services outside of the territory the division collaborated with partners to keep Nunavummiut safe. We began providing Community Social Service Worker (CSSW) services within the isolation hubs in the summer of 2020. Family Wellness worked closely with Department of Health staff to develop a model of services that met the needs of isolation hub residents. These services were well utilized. We tracked usage during the month of June 2020. Figure 2 below is based on Screening Reports and logs submitted by the CSSWs at the isolation hubs for the period beginning June 1<sup>st</sup> to June 30<sup>th</sup>, in 2020. The total number of confirmed referrals to the isolation hubs for that period was 635.

The most utilized Hub for that month was the Ottawa location with 267 guests. The Ottawa Hub also had the highest number of child protection related interventions-90. The least number of child protection related interventions were undertaken in Winnipeg-6 although this Hub had the second highest number of guests-196. This may be related to the size of the city, proactive measures and the overall availability of prevention resources. Involvement related to child protection measures included issues related to addictions, mental health, and failure to meet their child/ren’s needs. This however accounted for less than 9%- or 8.4 percent of the total referrals received.

**Figure 2: Hub Usage Compared to Child Protection Related Intervention for June 1 to 30, 2020**



## CHILD PROTECTION

### Children and Youth Receiving Services

Child protection covers the various services the division delivers related to protecting the rights of the child. It ranges from preventative work as well as reactive responses to children and youth in crisis or at risk.

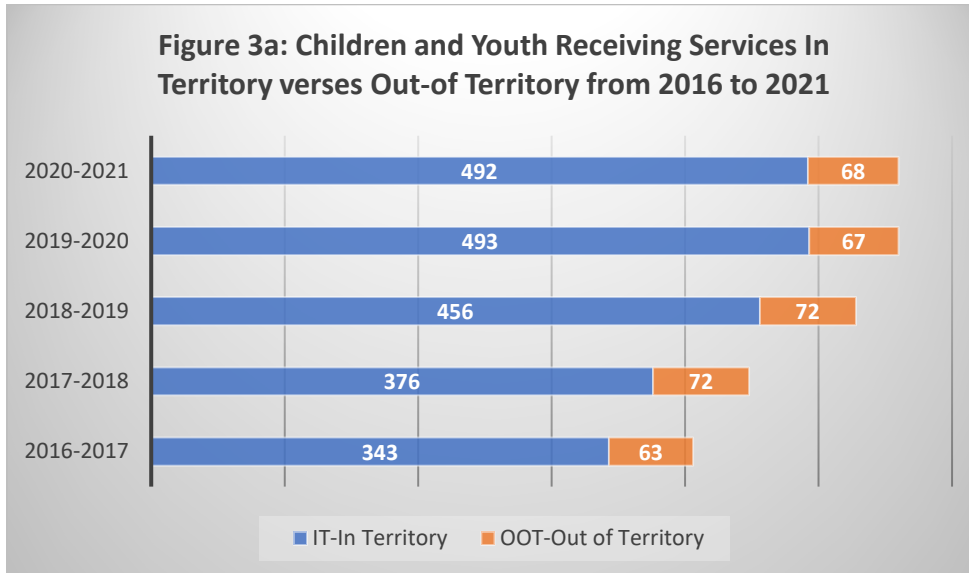
In some situations, children may need to access services outside of their immediate family or extended family or as a last resort, outside of the territory of Nunavut. Table 1 below provides a statistical summary of wellness services provided to children and youth for the 2020 to 2021 year.

**Table 1: Statistical Summary of Family Wellness Services for 2020-2021**

Indicators	Total	Percentage
<b>Number of Children and Youth Receiving Services</b>	<b>560</b>	<b>100</b>
Male	283	51%
Female	277	49%
<b>Children and Youth Receiving Services by Court or Agreement</b>		
Under Court Order	294	52.5%
By Service Agreement	266	47.5%
<b>Children and Youth Receiving Services In or Out-of-Territory</b>		
In Nunavut	492	88%
Out-of-Territory	68	12%
<b>Children and Youth Receiving Services in Nunavut, by Placement Type</b>		
In Parental Home	203	36.3%
Extended Family	136	24.3%
Foster Homes	209	37.3%
Group Homes	12	2.1%

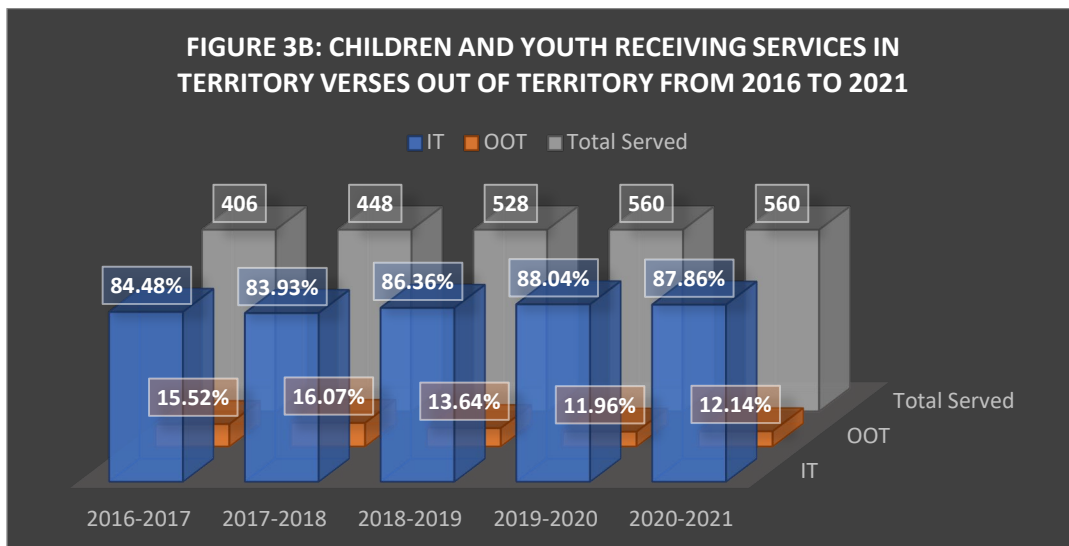
As of March 31, 2021, the department was providing supports to 560 children and youth and their families. It is important to note that most children and youth (88%) are receiving services in Nunavut. Children are typically cared for within the territory. In some situations, mainly due to mental health, behavioural challenges or medical issues children may need to access services outside of the territory when these services are not available in Nunavut. Where there are mental health and/or medical challenges, the department will work with the Department of Health to find suitable placements and supports. It is also important to note, that the number of placements outside of the territory has not changed significantly over the years. Over the last five years more than 85% of children and youth have been supported within the territory. The number of children who have left the territory for care year-over-year in the last 5 years has remained consistently under 20 percent and in the 12 percent range over the last two years. Figure 3 provides a comparison of the data related to placement in and out of territory over the last five years from 2016 to 2021.

**Figure 3a:** Children and Youth Receiving Services in Nunavut Compared to Out of Territory for the over the last 5 years (2016-2021).



A review of the situation over the last five years also tells us that we have not done enough to significantly reduce the number of children and youth going out of the territory for services. The percentage of youth going out for services remains unchanged. A collaborative approach is needed with our partners in the community to reach a joint solution and to develop a more community-based approach to caring “in place” and “in community” in keeping with *Pijitsirniq* which requires that we serve and provide for families and community and that we always see the benefit of *Piliriqatigiinniq* or *Ikajuqtigiinniq* working together for a common cause.

**Figure 3b:** Trends in the Percentage of Children and Youth Receiving Services in and Out of Territory over 5 years.



While we strive to minimize the need for Nunavummiut in our care to move outside of the territory, we endeavor to provide the best oversight of their care and support if they are not able to stay in their communities. Over the last year, the department increased its out-of-territory service capacity by hiring an additional Client Liaison Officer (CLO) in Ontario. Prior to the additional CLO in Ontario there were two CLOs one located in Edmonton and the other in Ottawa. The Client Liaison officer provides client services for Family Wellness clients placed outside the territory, and quality assurance for care resources. To achieve this, the officer provides case management activities, liaison with other Family Services personal, conducts regular quality assurance reviews and oversight, under the direction of the Client Services Specialist. The Client Liaison Officers implements new directives and policies within their assigned jurisdictions that impact or improve the quality of life for persons requiring substitute care. To achieve this, the Client Liaison Officer must work with a wide variety of government departments, care providers, and other organizations. The Client Liaison Officer ensures all placement providers comply with licensing and contract terms and conditions.

The additional team member has enhanced our current services and improved our ability to monitor the wellbeing of our clients. The CLOs have also begun work in collaboration with other specialists on the team to develop presentations that will be delivered to service providers over the upcoming year to increase knowledge and understanding of Inuit culture. The aim of this initiative is to provide support to our service providers and clients outside of the territory so that they have access to culturally appropriate information and services.

The departmental services provided to children, youth, and families, fall into two categories: Voluntary Services and Involuntary Services.

#### Voluntary Services:

Voluntary Services include Service agreements that are utilized when a child or youth or family would benefit from receiving supports, but no serious, persistent child protection concerns exist. These include:

- **Voluntary Services Agreements:** an agreement with parents and children under the age of 16 who are not in need of protection but require some form of support.
- **Support Services Agreements:** an agreement with a youth between the ages of 16 and 19 who cannot remain safely in their parents' home and are making efforts to live independently; and,
- **Extended Support Agreements:** an agreement that allows the department to continue supporting youth after they reach the age of majority (19 years old) and until they are 26 years old.

#### Involuntary Services:

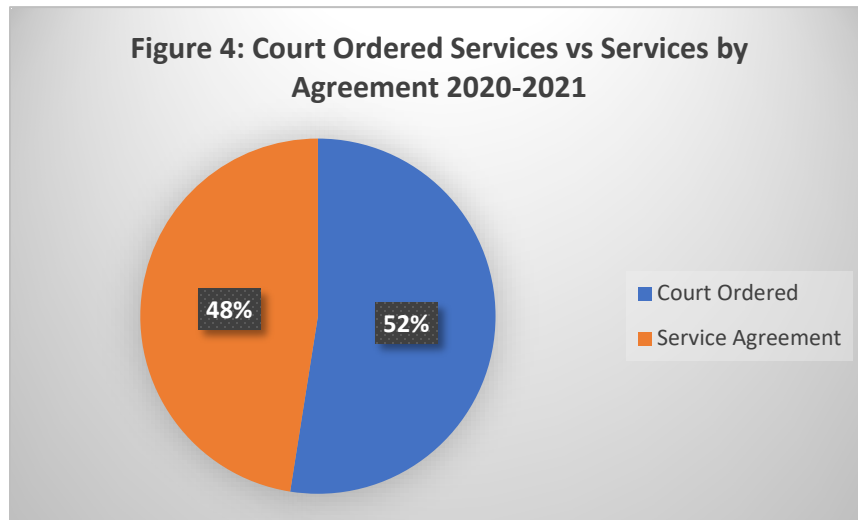
Involuntary Services require court orders and are sought when a child is at significant risk. Court orders are used when there are persistent and ongoing child protection concerns and all potential services have been applied. There are three types of court orders:

- **Supervision Order:** a court order that directs a CSSW to supervise the home of a child according to the terms and conditions of the order. The order cannot exceed one year;
- **Temporary Custody Order:** a court order which directs that the child be placed in the custody of the Director for a specified period no longer than one year. The court may also specify specific terms and conditions including terms and conditions regarding parental access to the child; and,

- **Permanent Custody Order:** a court order that places a child in the permanent custody of the Director to age 16, extendable to 19 if the youth consents or if ordered by the court. The court may specify in the order any terms and conditions that the court deems necessary such as provisions around the child’s access to their parent(s).

In addition to court orders if there is a level of risk that requires intervention families can opt to enter a Plan of Care (POC) as an alternative to court. A POC is an agreement utilized for children and families who are at risk and require support. It is an alternative to entering into a court process. The plan describes the risks that exist and the intervention options to reduce these risks. Plans of Care always include review process and dates for review. Figure 4 below provides an overview of the number of children who receive services through agreements compared to those receiving services through court orders.

**Figure 4: Services by Agreement Compared to Court Ordered Services- 2020-2021**



The data in Figure 4 above reveals that more than 50% of our interactions with clients are court ordered. Ongoing efforts are required to utilize prevention measures where possible and in a timely fashion to reduce the need for invasive interventions. This requires adequate staffing resources and ongoing training as well as ensuring that the tools we utilize have the intended impact. While we strive to protect the most vulnerable, prevention and community engagement are also key factors required for continuous improvement.

### Adoptions

Under the *Adoption Act*, the department is responsible for processing adoptions, including departmental and private adoptions.

In the 2020/2021 fiscal year, we completed 18 adoptions. Of these, 14 were private adoptions and 4 were departmental adoptions.

### Departmental Adoptions:

Departmental adoptions involve a child being adopted who is in the permanent care and custody of the Regional Director of Family Wellness by court order. For the Department of Family Services in Nunavut, there are two reasonings that Permanent Care (meaning adoption) would be granted:

- A parent delivers the child to a Child Protection Worker for the purpose of adoption, and the consents required have been provided to the Director (Sec. 37. (1) of the Child and Family Services Act).
- A child has been apprehended (Sec. 33 of the Child and Family Services Act) and eventually comes into the permanent care and custody of the Director of Child and Family Services.

### Private Adoptions:

Private adoptions occur when the child/youth to be adopted is not in the care of the Director of Child and Family Services. Private adoptions are arranged independently between the birth parent(s) and adoptive parent(s) and must meet the requirements of the *Adoption Act*. Children and youth can be placed in adoptive families out of Nunavut, but the requirements of both Nunavut and the host province or territory must be met.

### Custom Adoptions:

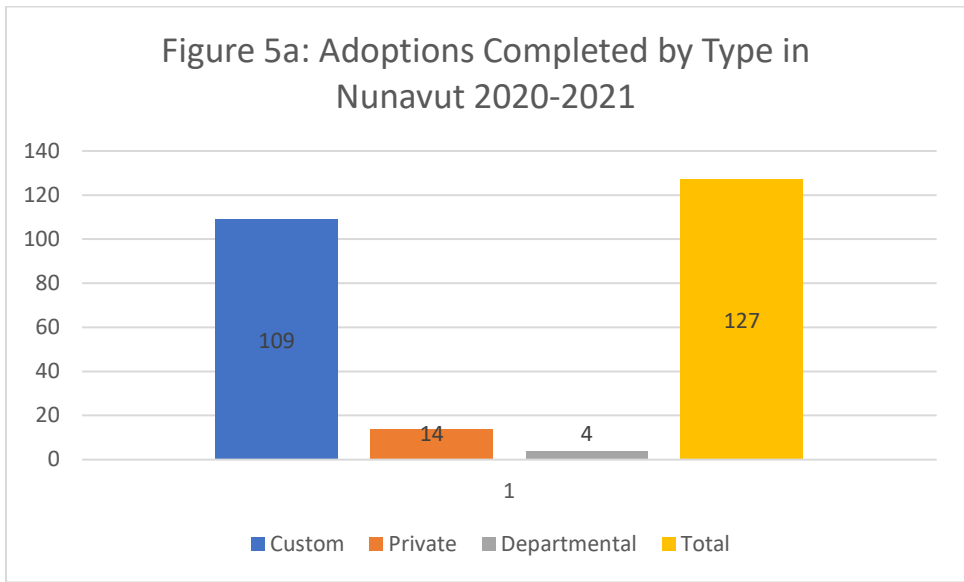
Custom adoption is a long standing and accepted practice of child placement in indigenous cultures. One or both birth parents and adopting parents must be of Inuit, Dene or Metis descent and must be a resident of or have some legitimate connection to Nunavut. Custom adoption is an arrangement for care of children between the natural parent(s) and the adoptive parent(s) (usually relatives or other people in the same community). Custom adoptions are processed by Adoption Commissioners in the various Nunavut and Northwest Territories communities.

Family Services provides support to Custom Adoption Commissioners under the *Aboriginal Custom Adoption Recognition Act (ACARA)*. Although the department has no direct involvement in the custom adoption process, it is responsible for ACARA, including the appointment, training, and payment of Adoption Commissioners.

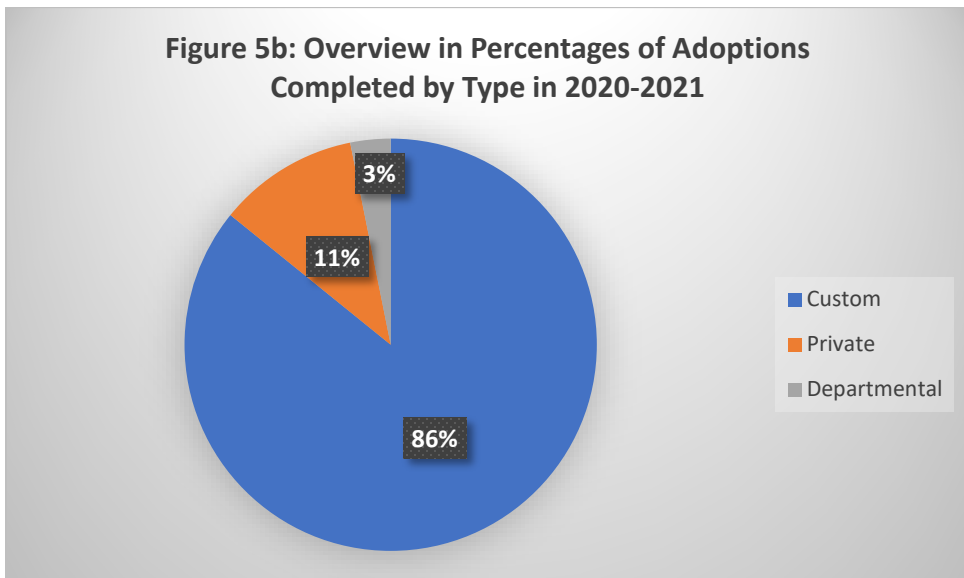
Figure 5a below gives the total adoptions completed in the territory and Figure 5b provides an overview of the adoptions completed in the territory for the year 2020-2021. Most adoptions were traditional in nature and were completed under the *Aboriginal Custom Adoption Recognition Act (ACARA)*. The purpose of the legislation is to provide a procedure by which a custom adoption may be respected and recognized. Under this legislation, custom adoptions are legally registered outside of the courtroom and without legal proceedings, with the assistance of an appointed Custom Adoption Commissioner.

Custom Adoption Commissioners will process custom adoptions if one birth parent is Nunavut Inuit, and one adoptee parent is Nunavut Inuit. Custom Adoption Commissioners can refuse to process a custom adoption if they do not feel the legislation or Inuit tradition is being followed.

**Figure 5a: Adoptions completed by type in Nunavut 2020-2021**



**Figure 5b: Overview in Percentages of Adoptions Completed by Type in 2020-2021**



In addition to adoptions, there are 23 children receiving adoption subsidies. Adoption subsidies are applied for, reviewed, and approved for a variety of different circumstances. This can include undue financial burden where the adoptive parents would be unable to adopt without the financial support of the department, travel for the purpose of maintaining openness, or to offset the cost of medical assessments and interventions. The department is continuing to work towards permanency planning for all children involved with the department. We are also working to raise awareness about in-territory adoption as an option for permanency for children in the care of the Director of Family Wellness.

Due to the Covid-19 pandemic, we were not able to hold community events about adoptions, as we had hoped. In the coming years, we hope to increase our activities to include training, awareness campaigns, and to give adoptive families and youth who have been adopted, an opportunity to speak about how adoption has impacted their lives.

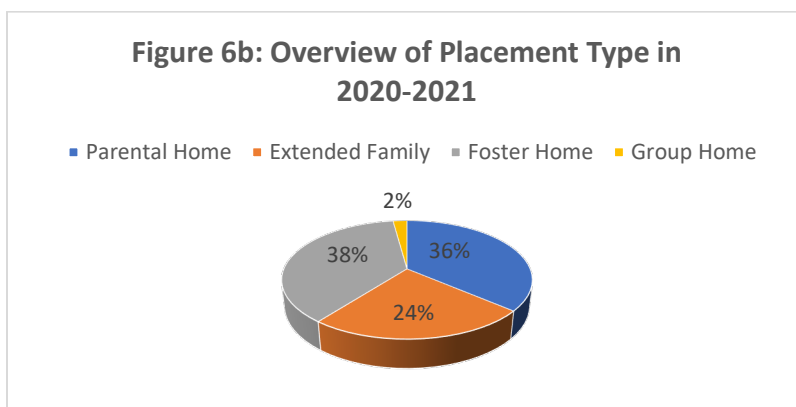
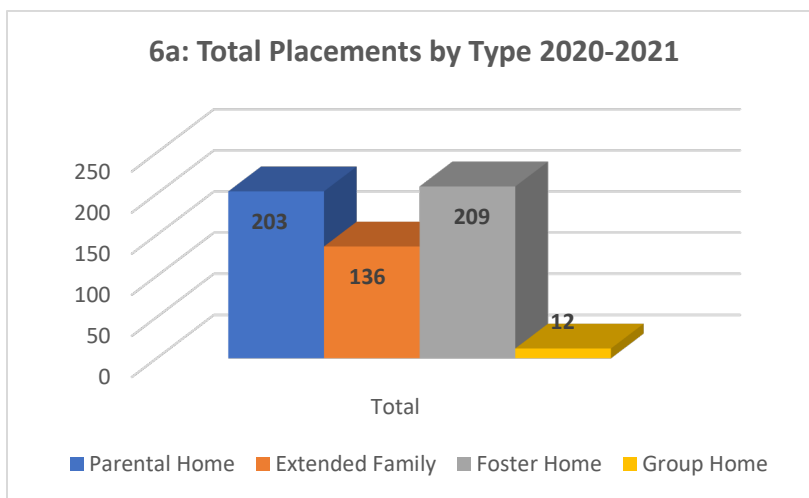


## Foster Care

Foster care plays an important role in providing children and youth with a safe, stable, and supportive environment until safety concerns have either been diminished/eliminated to where reunification is possible, or the department locates a permanent home. Extended family and community members are the first individuals from which the department considers into providing short-term, or long-term foster care until a more permanent plan is developed.

Of the 560 children receiving services in Nunavut, 209 (37%) were in foster homes. These placements consist of a combination of regular foster homes and extended family placements (Please see figure 6a below for the total placements by type). We note as well that less than 30% of these children are with extended family (please see Figure 6b below). This indicates a need for more targeted support to extended family who wish to support kin children and youth in need. It also points to the fact that barriers such as housing and food security, which are of major concern in the territory, may play a major role in preventing family members caring for each other.

Figure 6a: Placement Types



Foster homes are an important resource within the community. A foster family training program was implemented in October 2020 and training was delivered to front line staff and management in the division. Continuous reviews and further development of the training platform is an ongoing process and is part of our long-term plan, including expanding the number of training modules available in the platform.

The training provided under the Family Wellness programs and supports for foster parents is meant to provide support through family and community-based programs and services. The intention is to support foster parents so that the physical, psychological, and emotional needs of children and families in vulnerable situations can be fulfilled. Over the last year, we covered the following topics for foster parent training:

- Foster Parent Orientation
- Safe Care
- Foster Care and Kinship Care
- Introduction to Trauma and Attachment
- Working with Biological Families
- Supporting Children's Mental Health
- Understanding Children's Behavior
- Foster Care Grief

We look forward to ongoing training and innovative supports for our foster parents as well as our children and youth in care.

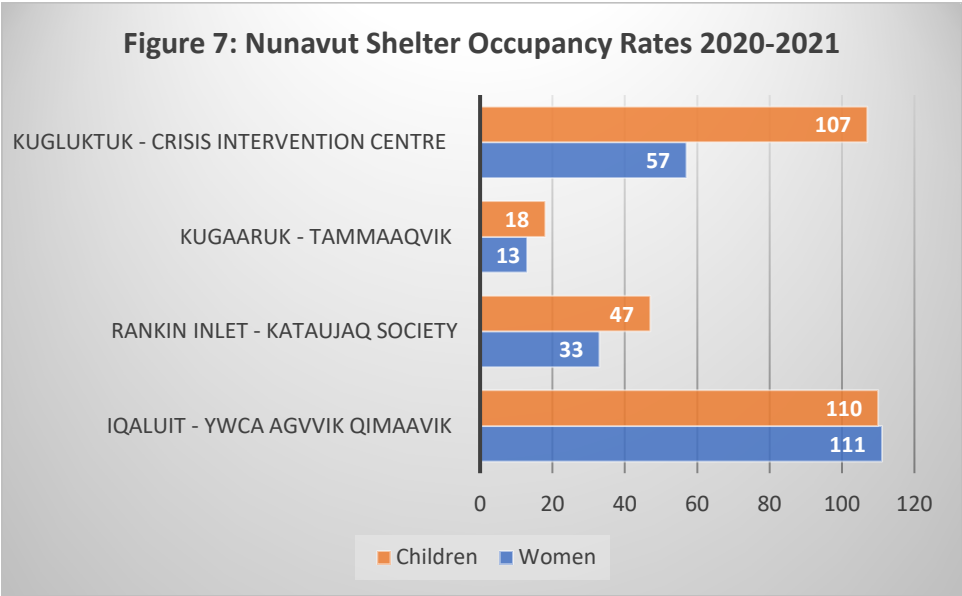
## Family Violence

### Family Violence Shelters

The family violence shelters in the territory are the YWCA Agvvik Qimaavik Women's Shelter in Iqaluit, Kataujaq Society Safe Shelter in Rankin Inlet, Crisis Intervention Centre in Kugluktuk and Tammaaqvik Women's Centre in Kugaaruk.

In Nunavut, from April 2020 to March 2021, reports submitted from Family Violence shelters indicated 496 people (214 women, and 282 children) had accessed the four Family Violence shelters across the territory. Put otherwise, approximately 43% of clients accessing shelters were women and 57% were children. Figure 7 below provides a visual representation of the use of shelters in Nunavut. The impact of violence on families and specifically on children is significant. Shelter programs offer safety to families especially these children, the most vulnerable and impacted. Families and, especially children require trauma informed support. Shelters in Nunavut are an important resource and require adequate resources to provide these programs and services. Safe spaces are an important community resource. Family Wellness is committed to supporting open and welcoming safe spaces that meet the needs of our most valuable resources - our children and their families - in all communities. Safety for our children is a right and should not be considered a privilege.

Figure 7: Occupancy Rates of Nunavut Shelters for 2020-2021



The Family Violence shelters offer several different services and programs to all residents on-site as well to the broader community they are in. As each shelter is in a unique building, they offer different numbers of bed or spaces for clients. This impacts the occupancy rates in Figure 7, as not all shelters are the same in size.

Services offered by shelters can include individual counselling, parenting after violence, the *Inunnguiniq* Parenting Program, safety planning and awareness raising about the cycle of violence, and provision of emotional and mental supports for children who witness abuse. They also offer traditional healing programs created by community members, which may be on the land healing programs, meeting with elders and/or sewing programs.

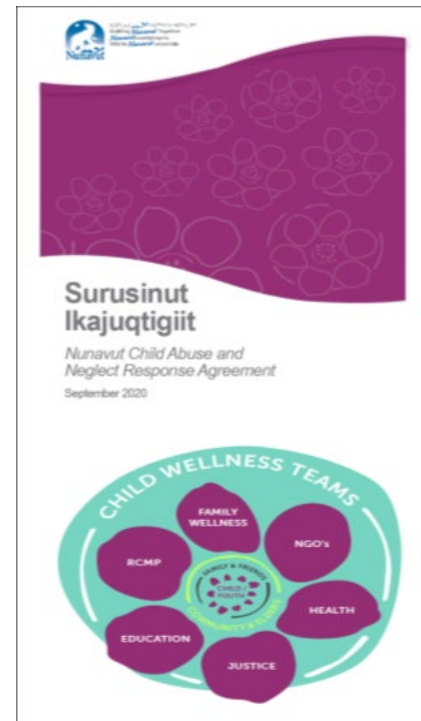
## Strengthening the Government’s Response to Child Sexual Abuse and Other Forms of Violence Against Children

The department continues supporting and implementing initiatives in its efforts to strengthen the Government of Nunavut’s response to child sexual abuse and other forms of violence against children and youth. Building from the Nunavut Child Abuse and Neglect Response Agreement, which involved all community resource agencies working to address youth in need, concrete safety mechanisms were identified. In response, over the last year Family Wellness developed and implemented a new Youth Initiatives Funding (YIF) program. The program provides opportunities for community-based agencies to implement overnight crisis shelter services and programming to youth who are escaping abuse.

This funding is available to create safe, youth transitional housing and overnight shelters. Four projects were approved in 2020-2021 – the first year the funding was available..

Through the YIF program, Cambridge Bay opened its first youth crisis shelter in, named the Okalik Youth Shelter. This shelter provides a safe place for youth from 12 to 18 years old in times of crisis.

Other departmental responses to child abuse include the Department of Family Services ongoing work with *The Forensic Practice (TFP)*, a Canadian company that we have been working with to develop and deliver the child abuse training program for staff. The intention of the project was to develop a staff training program that is sustainable, Nunavut-specific, and cost-effective. The program began in 2019-2020 with two training sessions in Iqaluit and in Rankin Inlet. The program continues although impacted by COVID- 19 restrictions.



### Strengthening Youth Support Programs

One of the goals of Family Wellness programs, is to enhance the well-being and emotional health of children and youth in the territory. To accomplish this goal, we require practical, culturally informed, community driven and hands-on programs. Family Wellness has taken steps to support our youth by piloting two Youth Outreach Coordinator positions in Iqaluit in 2021-2022. These positions are not funded but will form part of our plans to develop and implement initiatives focused on supporting children and youth. The positions are critical because of the issues that children and youth in the territory face related to abuse, addictions and mental health, disability, family violence, suicide, and a lack of support services and programs.

Two of our major objectives for the upcoming year are to begin work on establishing Youth Outreach Coordinators in each region based on data from our pilot project in Iqaluit and ultimately to work collaboratively to develop a Youth in Care Network across the territory.

We are excited about the prospect of making these positions a permanent part of our intervention measures and look forward to the capacity that this will build within our communities and especially in providing much needed support for children.

## CONCLUSION

Caring for children was once solely a family and community responsibility. Families who required support could rely on extended family, elders and others in the community who had big hearts, to provide for the children who needed care for various reasons. Family Wellness continues to work with communities to support these caregivers. The department aims for continuous improvement geared towards increased prevention services and promoting wellness for the whole family. We will continue to make efforts to play our part in encouraging resilience in our communities. The department will continue efforts to promote healthy families and create programs to build strong and productive youth.

For those who experience challenges in caring for their children and youth, we hope to continue in our recruitment and training of strong local foster families, as well as increasing the number of adoptive families. We believe that strengthening these pillars in the community will build community resources and be part of providing safety to all children and youth in the territory.

We hope to build stronger teams through implementing effective staff retention strategies. We will work to create interest and engagement locally for new graduates to become part of the social services sector. We continue to work with the learning community to develop our culturally and trauma informed training and supports. This fiscal year we have trained 30 staff across Nunavut in the

mandatory learning process regarding the fundamentals of child protection services.



Lastly, the department will continue to engage with stakeholders and partners across the territory, including but not limited to, Nunavut Tunngavik Incorporated (NTI), Regional Inuit Organizations, the Representative for Children and Youth, hamlets, and community organisations. In our engagement, we will be guided by the words of the community, elders, and the wisdom of those who came before us. Our actions will be guided by Inuit

Qaujimajatuqangit (IQ) principles. In using IQ as our guide, we hope to continue to listen and to learn from those who share their stories to guide us, and to use this knowledge to improve lives, build community and strengthen family.

### Note on Data Collection

The data in this report came from monthly summaries provided by frontline staff. All efforts are made to provide accurate information.