

Annual Report of the Superintendent of Child Welfare

1996/1997

1997/1998

FROM THE SUPERINTENDENT OF CHILD WELFARE

As required by the *Child Welfare Act*, I hereby submit the Annual Report of the Superintendent of Child Welfare for the period April 1, 1996 through March 31, 1998.

During that time, considerable energy was directed toward the creation of two new Acts; the *Child & Family Services Act, S.N.W.T. 1997*, and the *Adoption Act, S.N.W.T. 1998*, both of which are designed to better meet the needs of children within the Northwest Territories. A summary of the development of these Acts is included with this report.

The scope of this report is the current state of well-being of children and youth in the NWT, and the environment in which they live. It has been assembled by conducting comparative analyses, and by observing demonstrated statistical trends as they relate to children and children-in-care within the NWT.

Respectfully submitted.

Catherine Praamsma

Superintendent of Child Welfare

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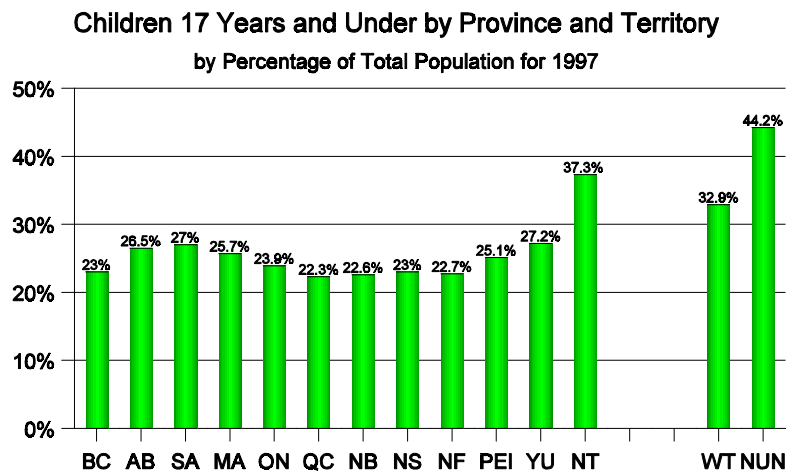
ACKNOWLEDGMENT

This Superintendent's Report provides an opportunity for the Department of Health and Social Services to acknowledge the child welfare workers who toil in such a complex and fundamentally important area. These front-line workers have been, and will continue to be, invaluable as we move to a more comprehensive, community-based child welfare system. It must be noted here that this goal cannot be achieved without the dedication and commitment of local community social workers.

CHILDREN IN THE NORTH

Demography

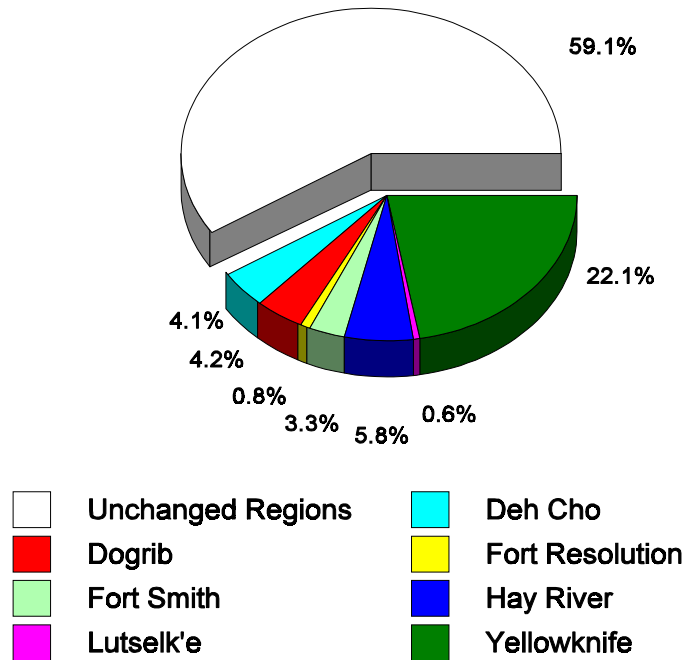
According to Statistics Canada, in 1997 nearly one third of the population of the NWT was under the age of 17. That fact alone places the issue of child and youth well-being high on the list of priorities for the Government of the Northwest Territories. The Northwest Territories also has the youngest population in Canada. As a proportion of the total population, there are almost twice as many 0-4 year olds and 5-9 year olds in the NWT than in the rest of Canada. There are also proportionally more teenagers and young adults in the Northwest Territories.



Gauging the health and well-being of this demographic is not an easy task, but initially these figures suggest that primary prevention programs for infants and toddlers, as well as early intervention programs both at the pre-school and primary grade levels are important issues. With regard to youth, the numbers also suggest that attention be paid in the future to developing job creation and employment strategies for the youthful population.

Geography

**Population Distribution, Children 17 Years and Under, by Newly Formed Boards
Previously Fort Smith and MacKenzie Regions**



In 1997, the regions that were formerly known as Fort Smith and Mackenzie split into 7 newly formed boards: Dogrib, Fort Smith, Lutselk'e, Deh Cho, Fort Resolution, Hay River, and Yellowknife. Above, the charts illustrate their demographic breakdown.

Lutselk'e and Fort Resolution represent a smaller proportion of the population, approximately 150 and 200 residents respectively. As a result, some data presented in this report may include the regions prior to the split in 1997 to avoid inadvertently revealing the identity of the child and the family. Also, since this report covers a transition period, and some data collected still uses old regional boundaries, it is not possible to break down the figures to the level of all the newly formed boards.

Education

Education level has been identified and acknowledged as a critical determinant of health and well-being, because of its impact on employability and income. Historically, the NWT has seen an increase in overall education levels.

Western NWT

Highest Level of Schooling

Pop. 15 Yrs. & Older	1996	1991	1986
Total	27,965	25,690	23,710
Less than Grade 9	4,110	4,960	5,590
High School Without Certificate	6,110	5,330	5,860
High School With Certificate	2,365	2,360	1,750
Trade or Other Non-University	9,280	7,760	6,295
University Without Degree	2,590	2,355	1,935
University Degree	3,510	2,925	2,280

Nunavut

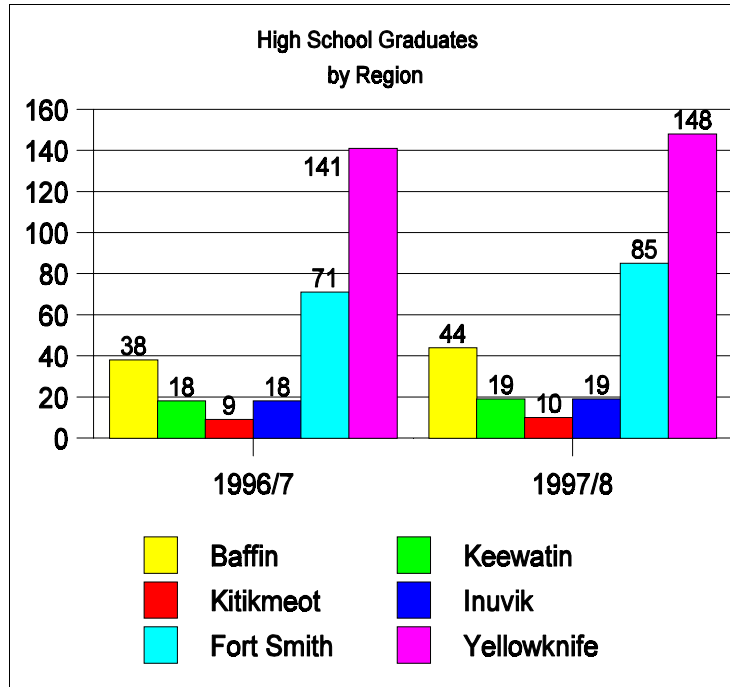
Pop. 15 Yrs. & Older	1996	1991	1986
Total	15,180	12,865	11,220
Less than Grade 9	4,690	5,390	5,990
High School Without Certificate	3,350	2,030	2,245
High School With Certificate	635	560	420
Trade or Other Non-University	4,805	3,620	1,560
University Without Degree	660	500	390
University Degree	1,040	760	615

Source: Statistics Canada, Census Years '86-'96

Prepared by: NWT Bureau of Statistics

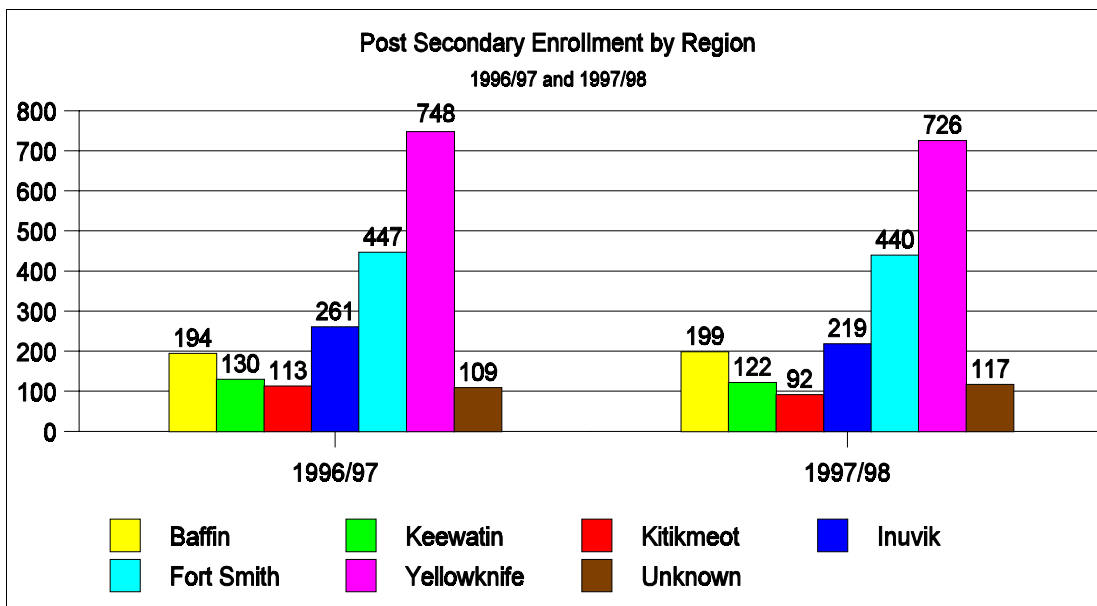
Secondary Schools

An increase was recorded in the number graduating from high school as seen in the chart below.



Post-Secondary Enrollment

Levels of enrollment in post-secondary programs declined slightly over the same period.



Graphics provided by Education, Culture and Employment

Economic Security

To establish how well children are fed, clothed, and cared for requires examination of individual and family incomes. Obviously, the economic security of the child is directly related to the economic security of the parent(s). Although the 1996 Census set the average personal income for the NWT at \$29,011, above the Canadian average of \$25,196, the figures do not take into account the higher cost of living in the NWT.

Income Distribution

Income levels cannot tell the whole story. Knowing how the income is distributed helps establish particular regions or communities where children may be at risk. For instance, in the capital, the average household income for 1996 was \$41,482 while the average for the whole NWT was \$33,766. Programs to alleviate child poverty and reduce risk should address those communities where there is the most need.

Nunavut Household Income Distribution

	1996	%	1991	%	1986	%
All Households	6,215	100.0	4,930	100.0	3,895	100.0
<\$10,000	585	9.4	405	8.2	660	16.9
\$10,000 - \$19,999	960	15.4	745	15.1	825	21.2
\$20,000 - \$29,999	865	13.9	725	14.7	655	16.8
\$30,000 - \$39,999	685	11.0	650	13.2	575	14.8
\$40,000 - \$49,999	585	9.4	590	12.0	400	10.3
\$50,000 & Over	2,540	40.9	1,785	36.2	765	19.6

Western NWT Household Income Distribution

	1996	%	1991	%	1986	%
All Households	12,605	100.0	11,145	100.0	9,875	100.0
<\$10,000	825	6.5	735	6.6	840	8.5
\$10,000 - \$19,999	1,335	10.6	1,220	10.9	1,255	12.7
\$20,000 - \$29,999	1,135	9.0	1,060	9.5	1,355	13.7
\$30,000 - \$39,999	1,015	8.1	1,105	9.9	1,485	15.0
\$40,000 - \$49,999	1,030	8.2	1,075	9.6	1,510	15.3
\$50,000 & Over	7,250	57.5	5,985	53.7	3,445	34.9

Source: Statistics Canada, Census Years '86-'96

Prepared by: NWT Bureau of Statistics

CHILDREN AT RISK

Child Abuse

The consequences of child abuse are numerous and varied, as are the forms of abuse suffered. The physical effects of abuse are the easiest to measure. More insidious and long-lasting are the psychological scars that physical and sexual abuse leave on a child's well being. Victims of childhood abuse are more likely to: become abusers themselves; to suffer low self-esteem, and; to place demands on health and social services. Preventing abuse is the most effective way to protect children from these outcomes.

Physical Abuse

The figures in the following table reflect the number of intake reports that indicate a complaint and/or report of child physical abuse.

Number of Child Physical Abuse Investigations by Region		
REGION	1996/97	1997/98
Baffin	47	61
Keewatin	35	34
Kitikmeot	18	41
Nunavut Total	100	136
Deh Cho	7	12
Fort Smith	23	30
Inuvik	26	45
Yellowknife	96	65
Western NWT Total	152	152
TOTAL	252	288

Sexual Abuse

Child sexual abuse is defined as any kind of sexual contact, including words, sight or touching between a child and an adult or teenager.

Number of Child Sexual Abuse Investigations by Region		
REGION	1996/97	1997/98
Baffin	65	79
Keewatin	38	27
Kitikmeot	6	21
Nunavut Total	109	127
Deh Cho	12	19
Fort Smith	35	26
Inuvik	29	21
Yellowknife	48	57
Western NWT Total	124	123
Total	233	250

The number of abuse reports have risen steadily over the past five years. It is possible that some of this increase is due to the ongoing educational campaigns against abuse. These campaigns result in increased awareness, and possibly a greater willingness on the part of victims and witnesses to come forward. Nevertheless, the rise in the number of abuse reports indicates that the issue needs to be continually addressed in terms of prevention and intervention services. To this end, the Department is working with Health and Social Services Boards to address the issue of child abuse.

Child Abuse Prevention and Treatment

The Department collaborated with other Departments and agencies on the revised *Child Abuse Protocol*. This protocol, developed in 1996, provides a coordinated response to reported child abuse by the signatory departments. It outlines the roles and responsibilities of the GNWT Departments of Health and Social Services, Education, Culture and Employment, Justice, as well as the RCMP and the Department of Justice Canada, in the reporting, investigation, prosecution and follow-up of reports of suspected child abuse.

The Department recognizes the need for victims of child sexual abuse to heal, as well as the need for education and prevention in order to reduce the incidence of abuse. The Department is funding five ongoing positions of Child Sexual Abuse Specialists throughout the Territories.

The Department has also funded, through the Brighter Future's Program, Healthy Children's Initiatives and Community Wellness Fund, many programs and projects in the communities dealing with child abuse and healing.

The Consultant for Child Abuse Prevention has given workshops throughout the NWT on the application of the *Child Abuse Protocol* from September of 96 to July of 97. The consultant also participated in the Canadian Incident Study of Child Maltreatment with the federal government. The study has identified various cities and communities across Canada for data collection that will give us a broader picture and scope of the issues relating to the maltreatment of our children.

Sexually Transmitted Disease

The two most common sexually transmitted diseases (STDs) in children and adolescents in Canada are Chlamydia and Gonorrhea.

Infants and Children

Chlamydia can be transmitted from the genital track of infected mothers to their newborn infants. In addition STDs can be transmitted to a child through sexual abuse.

Adolescents

Sexually active adolescents are at a very high risk of contacting Chlamydia. Infection rates for both males and females 15-19 years of age in the NWT are substantially higher than those for Canada.

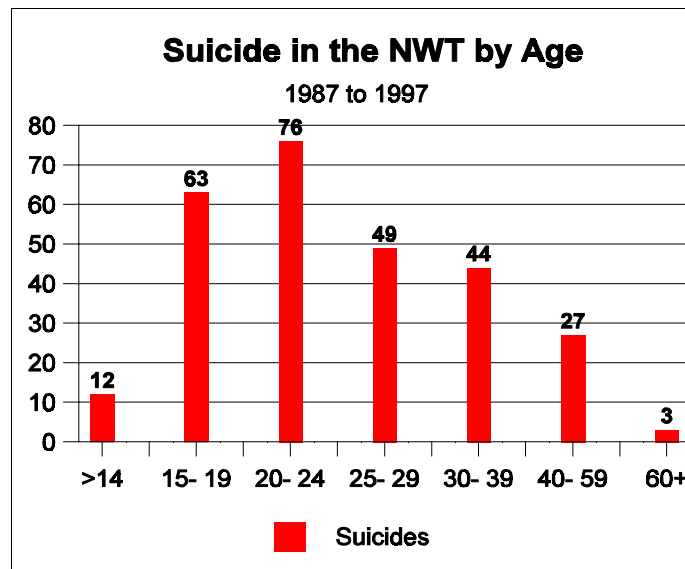
Number of STDs For Youth by Age in the NWT				
Age	1994	1995	1996	1997
<1	10	19	14	0
1 - 4	0	1	0	1
5 - 9	0	1	0	2
10 - 14	28	29	9	14
15 - 19	358	332	326	329
Total	396	382	349	345

Department of Health and Social Services.

Suicide

Next to accidents, suicide is the leading cause of death amongst adolescents in the NWT. Suicide rates may in fact be under-reported, since some accidents such as drownings, shootings, drug overdoses, or single occupant motor vehicle accidents may actually be hidden suicides.

Youth Suicides, by Age in the NWT				
	1994	1995	1996	1997
0 - 12	0	0	0	0
13 - 16	4	3	1	2
17 - 19	3	6	5	13
TOTAL	7	9	6	15



Through the Brighter Futures programs, Community Wellness Fund, and Healthy Children's Initiative, the Department funds community-based suicide prevention and intervention programs, many of which are aimed at youth.

CHILDREN IN CARE

The family is the cornerstone of society and must be protected. However, children as individuals have rights and should have access to adequate care in line with the standards of their community. They should have the opportunity to be wanted and valued members of a family and society. Their familial, cultural, social, and religious heritage should be taken into account when actions are considered which affect them.

NWT Family and Children Services Program Manual.

Under the provisions of the Child Welfare Act, children in the Northwest Territories can be taken into the care of the Superintendent of Child Welfare for a variety of reasons. These include abandonment, neglect, abuse or situations where the child has special needs which the parent cannot meet.

Challenges

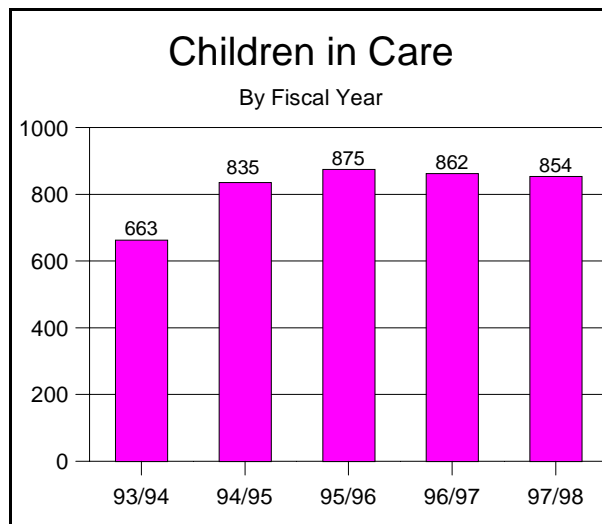
Children in care can suffer from emotional, behavioural and psychological problems. Emotional problems include depression, anxiety and anger. They may also exhibit behavioural problems such as fighting with peers, running away from home, and breaking the law. When these emotional and behavioural problems remain untreated, personality disturbances may develop. In the fiscal years 1997/98, there were 854 children placed in care of the SCW. The figures have remained relatively constant since a 20.6% increase from 93/94 to 94/95, although a slight decrease over the last three years has been recorded.

Child Protection

The services available for children received into care range from placements with extended family members and foster parents, to group homes operated by private contractors or residential treatment resources, both within the NWT and in the provinces. The choice of placement depends on the availability of family members, available community resources, and the needs of the child. In the Northwest Territories children are provided child protective services through legislation and policy. The legislation, the Child Welfare Act, 1988, essentially provides for four types of legal status: apprehension, supervision order, temporary care and custody order, and permanent care and custody order.

Apprehension Order:

An apprehension occurs when a Child Welfare Worker, by investigation, determines that a child must be removed from their parents care to ensure his/her continued protection. Child Welfare Workers make these decisions according to conditions set out by the Child Welfare Act.

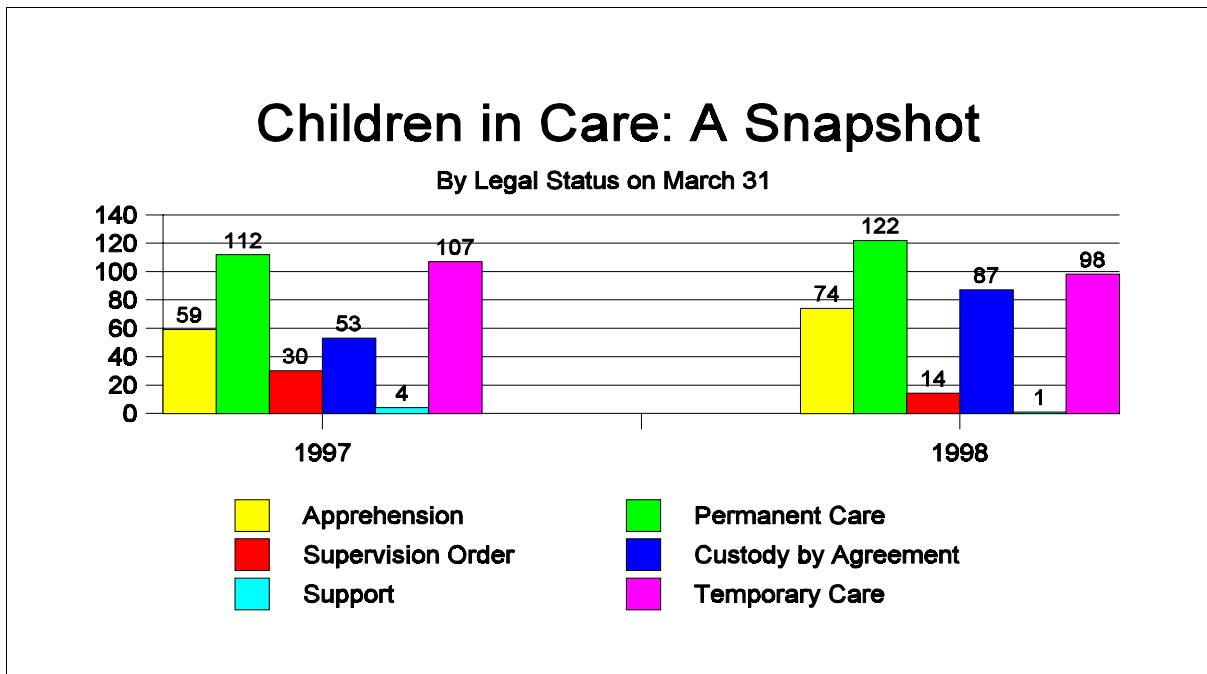


Supervision Order:

This type of order grants the Superintendent of Child Welfare the legal authority to provide ongoing monitoring of the family for a specified period of time, up to a maximum of one year. During that time the worker must work with and support the family to make changes in their situation to ensure the safety of the child. In some supervision orders the Judge will define specific tasks which the family/child welfare worker or child need to complete prior to the termination of the order.

Temporary Care and Custody Order:

This type of order grants the SCW the legal authority to keep a child out of his/her family for a specified period of time up to a maximum of one year. This order is used when it is felt that the child will continue to be at risk of harm, if he/she remains in the family home. However, it is also believed that the family, with support and services, will be able to resolve the protection issues and have the child return to family care. Additional temporary care and custody orders may be sought up to a maximum of 3 years continuous care.



Permanent Care and Custody Order:

This type of order grants the SCW full legal care and custody of a child. The parents' legal rights to the child are permanently removed. There are two situations when this order is granted. The first is when a parent(s) seeks to surrender their children for the purpose of adoption. The second is when a child is at continued risk of harm from their family and it is believed that there is no possibility of resolving the family's situation.

Policy Protection of Children

In addition to the legislative approach for the protection of children, the Department has developed policies that provide two voluntary, non-court ordered child protection options to assist families and children. Either of these options anticipate that the child and their parents are believed to be in a situation of financial or emotional need, rather than the child being at risk of harm and in need of protection. These options are known as Custody by Agreement, and Support Service Agreement.

Custody by Agreement:

This status or option most often involves the child or children being placed outside of the family home. The Custody By Agreement (CBA) is a written contract between the parents and the SCW, where parents retain custody of the child but allows the SCW to provide care. This status is used only when there is clear indication that there are no protection concerns existing for the children. The CBA is used to support families in a variety of situations. The most frequent reasons for children coming into care under CBA are as follows:

- to provide the child with health or behaviour assessment or treatment;
- to provide the child with care while parents are attending treatment services or medical appointments;
- to provide a child/family with relief services.

Support Service Agreement:

This status is used to support youth, between 16 and 17 years old, who are in severe conflict with their family. This status allows the SCW, through a contract with the child and parent (where possible), to support and provide services for youth who desire to continue with school or employment, but, who for a various reasons, can not be supported by their family.

ADOPTIONS

Custom Aboriginal adoption is a long standing and accepted practice of child placement in Aboriginal culture. Departmental adoption occurs when the child being adopted is in the permanent care of the Superintendent of Child Welfare. Private adoptions occur when the child to be adopted is not in the care of the Superintendent of Child Welfare.

Aboriginal Custom Adoption Recognition Act (ACARA)

This new piece of adoption legislation came into force on September 30, 1995. Since then, appointed Adoption Commissioners in nearly all of the communities in the Northwest Territories have been processing custom adoptions. Adoption certificates are completed by Adoption Commissioners and forwarded to the Supreme Court where they are certified, stamped and filed by the Supreme Court Clerk.

Adoption Rates

In the 1996/97 fiscal year, there were a total of 604 adoptions: 586 Aboriginal Custom, 2 Departmental and 16 private. In 1997/98, there were 514 adoptions: 498 Aboriginal Custom, 5 Departmental and 11 private, reflecting a reduction in the number of Aboriginal Custom adoptions as the backlog of adoptions when ACARA first came into effect is reduced.

Adoptions, by Geography and Type

	Nunavut		Western NWT		Total
	Departmental	Private	Departmental	Private	
1996 - 97	1	4	1	12	18
1997 - 98	1	5	4	6	16

NEW DIRECTIONS

Family Law Acts

Nine years ago, a process began to review, revise and update legislation that guides various aspects of family life including domestic relationships, the support, custody and protection of children and adoptions.

Five pieces of legislation were developed as a result including:

- ***Aboriginal Custom Adoption Recognition Act - proclaimed 30 September, 1995.*** This Act provides for the establishment of Adoption Commissioners at the community level who confirm that an adoption has occurred in accordance with aboriginal customary practices. The Supreme Court will then confirm the adoption which allows for a new birth certificate to be issued.

And the four Acts below known as the **Family Law Bills**:

- ***Family Law Act*** - (not yet proclaimed) lays out laws that affect couples divorcing or separating and covers contracts, spousal support and the division of family property.
- ***Children's Law Act*** - (not yet proclaimed) sets out the legal status of children and covers rules for custody of and access to children covered under this act, guidance on child support and guardianship of estates of children.

The department of Justice is responsible for enacting the above two Acts.

- ***Child and Family Services Act*** - Provides for the protection of the child with the best interest of the child being the most important consideration in making decisions. The Act describes guiding principles, defines the best interests of the child, voluntary support agreements, responsibilities of the child protection worker, investigation, apprehension, community agreements, community child and family services committees, plan of care committees, foster care and other facilities, and temporary and permanent custody under care of the Superintendent of Child Welfare. The Act has been passed but has not yet been proclaimed. Regulations and Policy are being drafted.
- ***Adoption Act*** - Act drafted expected to be passed by the end of February 98. Instructions for regulations, regulations and policy yet to be drafted. The Act covers private, step-parent and departmental adoptions, counseling for parents, establishments of an adoptions registry, introduction of a process for open adoption records and search and reunion for adopted children when they become adults.

The Department of Health and Social Services is responsible for enacting the above two Acts. Responsibilities under the Child and Family Services Act and the Adoption Act are presently both legislated under the Child Welfare Act.

Healthy Children Initiative

In 1996 a joint working group between the Departments of Education, Culture and Employment (ECE) and Health and Social Services (H&SS) was established to develop a framework and strategy for the implementation of early childhood intervention programs and services. As a result of that work the "Healthy Children Initiative"(HCI) was developed as a joint project. The HCI was set in place to provide support to communities to develop programs that would best meet the needs of children, from prenatal period to age

6, and their families. The HCI attempts to foster “*Healthy Children growing up in strong, supportive families within caring communities*”.

Early Childhood Intervention refers to programs and services for children from zero to six years of age who have been identified with physical or mental developmental delay or disability, or children at risk of developmental delay due to environmental factors.

The HCI is about the development of children from prenatal to age six, supporting children, families and communities to develop young children, prevention and health promotion, supporting a wide range of programs and services from primary intervention to therapeutic services and, promoting and supporting cooperation between governments, communities agencies and helping organizations.

The Healthy Children Initiative (HCI) is a program that provides funding for the enhancement of programs and services to promote healthier children, families and communities. Funding to the various groups is accessed through the submission of proposals to an evaluation committee at the regional level.

Regional interdepartmental committees are now in their second year of reviewing submissions and proposals by various groups and organizations for funding under the HCI. The following are some projects that have been recently funded:

- **Trout Lake** - Sambaak'e Dene Band received \$10,000 to host a parenting workshop;
- **Norman Wells** - The Public Library received \$1,500 to enhance a early reading program;
- **Hay River** - The dental clinic received \$1,000 to create an education program for preschool dental care;
- **Cape Dorset** - The municipality received \$68,000 to offer a program for young children called “Working Together for Healthy Children”;

- **FT. McPherson** - Tl'oondih Healing Society received \$10,000 to host a traditional parenting workshop.

In March 1998 an initial evaluation was completed on the implementation and administration process for the HCI. The evaluation considered the progress of regional committee development, proposal submission and selection, program support and baseline information. Overall the evaluation of the initiative was positive. At this time the evaluations recommendations are being reviewed and a more comprehensive evaluation will be completed in 1999.