

Government of | Gouvernement des
Northwest Territories
Territoires du Nord-Ouest



2024-2025

Annual Report • Rapport Annuel

Director of Child and Family Services
Directrice des services à l'enfance et à la famille

Le présent document contient un sommaire en français.



K'áhshó got'jné xədə k'é hederı ɬedjhtl'é yerınıwə ní dé dúle.
Dene Kədə

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Edi gondi dehgáh got'je zhatié k'ée edat'éh enahddhę nıde naxets'é edahí.
Dene Zhatié

Jii gwandak izhii ginjik vat'atr'ijahch'uu zhit yinohtan ji', diits'at ginohkhii.
Dinjii Zhu' Ginjik

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaq'luta.
Inuvialuktun

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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

kīspīn ki nitawīhtīn ē nīhīyawīhk ōma ācimōwin, tīpwāsīnān.
nēhiyawēwin

Tɬɪɕq̣ yatɪ k'èè. Dɪ wegodɪ newq̣ dè, gots'ó gonede.
Tɬɪɕq̣

Indigenous Languages
request_Indigenous_languages@gov.nt.ca

Message from the Territorial Executive Director of Child and Family Services

The Honourable Lesa Semmler,
*Minister of Health and Social Services
Government of the Northwest Territories*

OCTOBER 1, 2025

Dear Minister Semmler,

I am pleased to provide you with the 2024-2025 Annual Report of the Director of Child and Family Services (CFS).

The Annual Report provides an overview of CFS supports and services that are available to children, youth, and families in the Northwest Territories (NWT). The Report also highlights trends that can help to identify opportunities to improve the CFS system, and areas where there have been positive and meaningful changes.

It is important to acknowledge that the data included in this report reflects the lived experiences of children, youth, and families in the NWT. The Annual Report is just one pathway that showcases the strength and resilience of communities.

As we enter the upcoming year, I look forward to building on the momentum of the *Child, Youth and Family Services Strategic Direction and Action Plan* towards a culturally safe CFS system that prioritizes family unity and the overall safety and wellbeing of children and youth, while honouring their culture and heritage.

This work cannot be done in isolation and requires continuous engagement and collaboration with Indigenous governments and other partners to enhance prevention services and change in a way that promotes children and youth's connection to family, community, and culture.

I would like to extend my sincere gratitude and appreciation to all the CFS staff, caregivers, care providers, community partners, and community leaders for their unwavering commitment and passion for the children, youth, families, and communities whom they support.

Sincerely,

Arijana Haramincic
*Territorial Executive Director of Child
and Family Services (Statutory Director)*

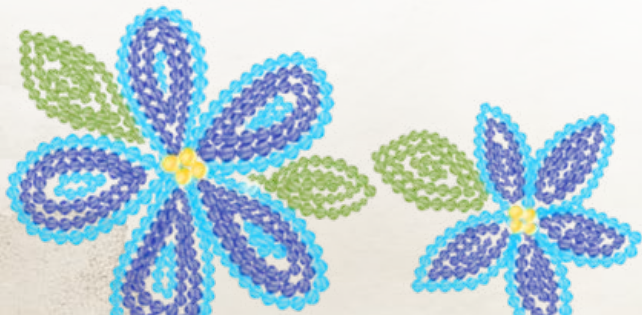


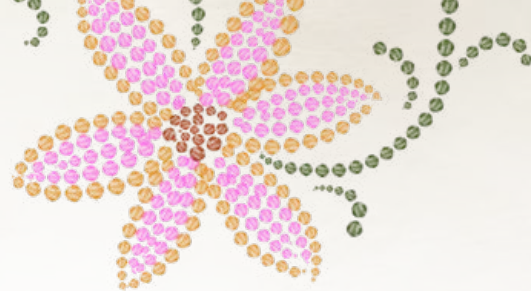
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Acronyms

CFS	Child and Family Services
CFSA	<i>Child and Family Services Act</i>
CSAR	Cultural Safety and Anti-Racism
CSSW	Community Social Services Worker
CWLC	Child Welfare League of Canada
Department	Department of Health and Social Services
ESEM	Equitable Standards Evaluation Model
ESSA	Extended Support Services Agreement
Federal Act	<i>Federal Act respecting First Nations, Inuit and Métis children, youth, and families</i>
GNWT	Government of the Northwest Territories
HRHSSA	Hay River Health and Social Services Authority
NTHSSA	Northwest Territories Health and Social Services Authority
NWT	Northwest Territories
PCO	Permanent Custody Order
POCA	Plan of Care Agreement
SDM	Structured Decision Making®
SSA	Support Services Agreement
Statutory Director	Statutory Director of Child and Family Services
TCO	Temporary Custody Order
TCSA	Tłıchǵ Community Services Agency
VSA	Voluntary Services Agreement

Executive Summary



The 2024-2025 Annual Report of the Director of Child and Family Services (CFS) provides an overview of CFS supports and services that are available to children, youth, and families in the Northwest Territories (NWT) between April 1, 2024, and March 31, 2025. Services include adoption services, family preservation, prevention supports, and protection services, which are available and provided to each of the 33 communities in the NWT.

Information within the report provides an opportunity for NWT residents to see the types of supports and services delivered through CFS. The Report also highlights trends that can help to identify opportunities to improve the CFS system, and areas where there have been positive and meaningful changes.

In 2024-2025, 1,199 children and youth received either prevention and/or protection services through CFS. Seventy-five percent (75%) of these children/youth remained in their family of origin home. During the same period, 55% of Indigenous children/youth who required support outside their home were living with an Indigenous caregiver.

Prevention services represented 52% of the services delivered through CFS. The Family Preservation Program served 146 families and 37 youth during 2024-2025. During the same period, 15 of 16 adoptions in the NWT were custom adoptions.

Over the past five years, 78% of young persons in the permanent custody of the Director signed an Extended Support Services Agreement when they reached the age of majority. This voluntary agreement provides additional support (financial and non-financial), service navigation, and connections to other supports/services to young people as they transition to adulthood.

Despite these positive trends, the data continues to reveal areas that require our collective attention and highlights the importance of integrating services beyond CFS to better serve children, youth, and families. Financial and housing insecurity are two of the most common reasons why families and youth are requesting voluntary services.

In 2024-2025, 98% of children and youth receiving CFS identified as Indigenous, despite only representing 58% of the overall child/youth population in the NWT.

In March 2025, the vacancy rate for the CFS workforce was 20.0%. Thirty percent (30%) of the CFS workforce identified as Indigenous, in August 2024. Creating a workforce that is representative of the children, youth, and families that we serve is a priority for CFS, along with addressing the high rates of vacancies and staff turnover.

In October 2023, the *Child, Youth and Family Services Strategic Direction and Action Plan (2023-2028)* was released to fundamentally shift the CFS system towards a culturally safe system. The Action Plan is intended to help address the overrepresentation of Indigenous children and youth in prevention and protection services.

Progress on key actions between 2024-2025 includes:

- In July 2024, the Department of Health and Social Services (Department) reached out again to all Indigenous governments in the NWT with an offer to meet and discuss its implementation of the Federal Act. This offer remains active, should an Indigenous government want more information on the GNWT's implementation of the Act.
- The Department participated in Coordination Agreement discussions with the Inuvialuit Regional Corporation and the federal government from April 2022 to September 2024. The trilateral Coordination Agreement was signed on September 30, 2024.
- The Department held an in-person gathering in May 2024 to formally launch the "Care Rooted in Indigenous Practices" project, scope out the project with key partners and Elder advisors, and inform next steps.
- Between January and March 2025, 73 NWT engagement reports were analyzed into principles and values to underpin the redesign of foster care; 80 models of care were reviewed and scored against the principles and values, along with the feasibility of implementation in the NWT; and a synthesis report was completed outlining challenges and opportunities for model development and implementation, including recommendations on community engagement.
- In collaboration with the Cultural Safety and Anti-Racism (CSAR) Division, videos are being created to showcase Indigenous systems of care. Filming concluded in March 2025 and final products are anticipated by August 2025. The aim is to communicate important Indigenous practices that contribute to keeping children and youth safe through storytelling.
- In October 2024, the first steps of the implementation plan for the HEART and SPIRIT¹ training was initiated. This involved a 3-day workshop where participants shared their insights and experiences, helping to generate the vision for the NWT and draft plans on how to move forward.
- Participating in the Child Welfare League of Canada's pilot project to support equitable transitions to adulthood for youth in care.
- In February 2025, the CSAR Division launched the Indigenous Employee Connections Community to foster connections for HSS Indigenous employees to support, share experiences, learn and empower one another in a good way.

Alongside the implementation of the Strategic Direction and Action Plan, several initiatives are supporting the transformation of the CFS System, including **future amendments to the *Child and Family Services Act (CFSA)***. The Department is currently working towards drafting a Bill to be introduced in the House during the 20th Legislative Assembly.

It is important to acknowledge that data reflects the lived experiences of children, youth, and families in the NWT. The way information is analyzed and presented is a powerful tool in countering deficit narratives by refocusing on required structural changes². CFS is committed to being a good custodian of data about children, youth, and families by creating pathways to include them in decisions about CFS programs and services that directly impact their lives and communities.

¹HEART: Helping Establish Able Resource-Homes Together. SPIRIT: the Strong Parent Indigenous Relationships Information

²British Columbia's Office of the Human Rights Commissioner. (2020). Disaggregated demographic data collection in British Columbia: The grandmother perspective. Retrieved from: https://bchumanrights.ca/wp-content/uploads/BCOHR Sept2020_Disaggregated-Data-Report_FINAL.pdf.



Sommaire

Le Rapport annuel 2024-2025 de la directrice des Services à l'enfance et à la famille (SEF) donne un aperçu du soutien et des services à la disposition des enfants, des adolescents et des familles aux Territoires du Nord-Ouest (TNO) entre le 1er avril 2024 et le 31 mars 2025. Parmi ceux-ci, on compte les services d'adoption, les services de préservation des familles, les services de soutien à la prévention et les services de protection, qui sont accessibles et fournis dans chacune des 33 collectivités des TNO.

L'information contenue dans ce rapport permet aux résidents des TNO de voir les types de soutiens et de services offerts par l'entremise des SEF. Le rapport met également en lumière les tendances au niveau des services qui peuvent aider à déterminer les occasions d'améliorer le système des SEF ainsi que les domaines qui ont connu des changements positifs et significatifs.

En 2024-2025, 1 199 enfants et adolescents ont reçu des services de prévention ou de protection par l'intermédiaire des SEF. Soixante-quinze pour cent (75 %) de ces enfants et adolescents vivent encore dans leur famille d'origine. Durant cette même période, 55 % des enfants et des adolescents autochtones qui avaient besoin d'un soutien en dehors de leur foyer familial vivaient avec un aidant autochtone.

Les services de prévention représentaient 52 % de tous les services offerts par les SEF. Le Programme de préservation des familles a aidé 146 familles et 37 adolescents en 2024-2025. Durant cette même période, 15 des 16 adoptions réalisées aux TNO étaient des adoptions selon les coutumes autochtones.

Au cours des cinq dernières années, 78 % des adolescents placés de façon permanente ont signé un accord de services de soutien étendu à l'âge de leur majorité. Cet accord volontaire offre aux jeunes adultes un soutien additionnel

(financier et non financier), des services d'orientation, et des liens vers d'autres services ou soutiens pendant leur transition vers l'âge adulte.

Malgré ces tendances positives, les données continuent de mettre en évidence des problématiques qui requièrent notre attention collective et soulignent l'importance d'intégrer les services au-delà des SEF de manière à mieux servir les enfants, les adolescents et les familles. L'insécurité liée aux finances et celle liée au logement sont deux des causes les plus fréquentes pour lesquelles les familles et les adolescents font d'eux-mêmes appel à des services de soutien.

En 2024-2025, 98 % des enfants et des adolescents bénéficiant des SEF étaient des Autochtones, bien qu'ils ne représentent que 58 % de la population globale d'enfants et d'adolescents aux TNO.

En mars 2025, le taux de postes à pourvoir dans le système des SEF était de 20 %. En août 2024, trente pour cent (30 %) du personnel des SEF s'identifiaient comme autochtones. La création d'une main-d'œuvre représentative des enfants, des adolescents et des familles que nous servons est une priorité pour les SEF, tout comme de s'attaquer aux hauts taux de postes vacants et au roulement élevé du personnel.

En octobre 2023, l'orientation stratégique et plan d'action 2023-2028 des services aux enfants, aux adolescents et aux familles a été publié pour réorienter fondamentalement le système des SEF vers un système respectueux de la culture. Ce plan d'action vise à s'attaquer à la surreprésentation des enfants et des adolescents autochtones au sein des services de prévention et des services de protection.



Progrès concernant les principales mesures entre 2024-2025 :

- En juillet 2024, le ministère de la Santé et des Services sociaux (ministère) a de nouveau tendu la main à tous les gouvernements autochtones des TNO en leur proposant une rencontre afin de discuter de la mise en œuvre de la loi fédérale. Cette offre reste valable, au cas où un gouvernement autochtone souhaiterait obtenir plus d'informations sur la mise en œuvre de la loi par le GTNO.
- Le ministère a participé aux discussions sur l'entente de coordination avec la Société régionale inuvialuite et le gouvernement fédéral d'avril 2022 à septembre 2024. L'entente de coordination trilatérale a été signée le 30 septembre 2024.
- Le ministère a organisé un rassemblement en personne en mai 2024 pour lancer officiellement le projet « Fournir des soins ancrés dans les pratiques autochtones », préciser la portée du projet auprès des principaux partenaires et des aînés conseillers, et orienter les prochaines étapes.
- Entre janvier et mars 2025, 73 rapports d'échanges avec le public des TNO ont été analysés pour en extraire des principes et valeurs qui serviraient de base pour la refonte des placements en famille d'accueil; 80 modèles de soins ont été examinés et notés en fonction des principes et des valeurs en question, ainsi que de la faisabilité de leur mise en œuvre aux TNO; un rapport de synthèse a par ailleurs été rédigé, décrivant les défis et les possibilités liés à l'élaboration et à la mise en œuvre du modèle, et comprenant des recommandations sur les échanges communautaires.
- En collaboration avec la Division du respect des valeurs culturelles et de la lutte contre le racisme, des vidéos de présentation des systèmes de soins autochtones sont en cours de création. Le tournage s'est conclu en mars 2025 et les produits finaux sont attendus pour août 2025. L'objectif est de faire connaître, au moyen de récits, les pratiques traditionnelles qui contribuent de façon importante à la sécurité des enfants et des adolescents.
- En octobre 2024, les premières étapes du plan de mise en œuvre de la formation HEART and SPIRIT (« cœur et esprit ») ont été lancées. Il s'agissait d'un atelier de 3 jours au cours duquel les participants ont fait part de leurs idées et de leurs expériences; leurs contributions ont aidé à dégager une vision pour les TNO et à ébaucher des plans d'avenir.¹
- Participation au projet pilote de la Ligue pour le bien-être de l'enfance du Canada visant à soutenir des transitions équitables vers l'âge adulte pour les adolescents pris en charge.
- En février 2025, la Division du respect des valeurs culturelles et de la lutte contre le racisme a lancé l'initiative Indigenous Employee Connections Community visant à favoriser les liens entre les employés autochtones du ministère de la Santé et des Services sociaux, permettant à ces derniers de se soutenir mutuellement, d'échanger sur leurs expériences, d'apprendre et de se motiver de manière positive.

¹Formation pour aider à établir conjointement des foyers riches en ressources (HEART) et formation informative pour des relations solides à l'intention des parents d'enfants autochtones (SPIRIT)

Parallèlement à la mise en œuvre de l'orientation stratégique et du plan d'action, plusieurs initiatives soutiennent la transformation du système des SEF, notamment **les modifications futures de la Loi sur les services à l'enfance et à la famille**. Le ministère travaille actuellement à la rédaction d'un projet de loi qui sera présenté à la Chambre lors de la 20^e Assemblée.

Il convient de souligner que les données présentées dans ce rapport illustrent les expériences vécues par les enfants, les adolescents et les familles des TNO. La façon dont l'information est analysée et présentée constitue un outil puissant pour contrer les approches fondées sur les faiblesses en se recentrant sur les changements structurels requis. Les SEF s'engagent à bien consigner les données sur les enfants, les adolescents et les familles, en créant des voies pour les inclure dans la prise de décisions liées aux programmes et services des SEF qui ont des répercussions directes sur leur vie et leur collectivité.²

²Bureau du commissaire aux droits de la personne de la Colombie-Britannique, 2020. Collecte de données démographiques désagrégées en Colombie-Britannique : le point de vue des grands-mères. Source : https://bchumanrights.ca/wp-content/uploads/BCOHRC_Sept2020_Disaggregated-Data-Report_FINAL.pdf.



Introduction

The Child and Family Services (CFS) system plays an important role in promoting the safety and wellbeing of children and youth in the Northwest Territories (NWT), through services such as prevention, family preservation, protection services, and adoptions.

The 2024-2025 Annual Report of the Director of Child and Family Services provides a summary of services delivered in the NWT under the *Child and Family Services Act* (CFSa), *Adoption Act*, *Aboriginal Custom Adoption Recognition Act*, and the federal *Act respecting First Nations, Inuit and Métis children, youth, and families* (Federal Act) between April 1, 2024, and March 31, 2025. This report provides an opportunity to examine the types of supports and services delivered through CFS.

Monitoring data and service level trends can help to identify opportunities to improve the CFS system, and areas where there have been positive and meaningful changes.

We continue to create ways for children, youth, and families to participate in decisions that impact their lives, including shaping service design and delivery. In this light, the Annual Report serves as a pathway to reflect the lived experiences of children, youth, and families through service level-trends.



Embedding Cultural Safety and Anti-Racism Principles

Indigenous people have always cared for their children using their own systems of care. Canada's history and ongoing legacy of racism and colonialism - enacted through cultural genocide, the residential school system, the Sixties Scoop, and the modern-day child and family services systems - intentionally interrupted and denied communities from accessing Indigenous systems of care³. Systemic racism, manifested through policies and practices, maintains inequities for Indigenous families and inherently privileges the ideas and needs of the dominant white population (definition is found in **Appendix A: Glossary**).

One key indicator of systemic racism is the overrepresentation of Indigenous children and youth in the CFS system in the NWT and across Canada.

In 2024-2025, 98% of children and youth receiving prevention and protection services in the NWT identified as Indigenous, despite only representing 58% of children and youth in the NWT. Community members have voiced their concerns about the historical and current delivery of CFS, and the overrepresentation of Indigenous children and youth in the CFS system, particularly within protection services.

The NWT health and social services system is committed to preventing, addressing and eliminating systemic racism through cultural safety and anti-racism. To ensure a unified approach, CFS is working closely with the Cultural Safety and Anti-Racism (CSAR) Division leading this work to embed cultural safety and anti-racism principles throughout its service design and delivery, including the development of the Annual Report.

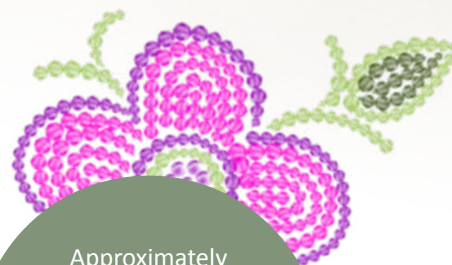
³Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth, and Families*. Ottawa, Canada: First Nations Child & Family Caring Society of Canada/Portland, USA: National Indian Child Welfare Association, p.6.

Section 1: Northwest Territories' Child and Family Services System

The CFS system is responsible for delivering services to ensure the best interests of children, youth, and families; maintain family unity; and promote the strength of communities. Services include adoptions, prevention supports, family preservation, and protection services, which are available and provided to each of the 33 communities in the NWT.

Children, youth, and families receive services and supports from foster caregivers as well as frontline CFS staff including Community Social Service Workers (CSSWs)⁴, Foster Care and Adoption Workers⁵, Case Aides, and Family Preservation Workers. Specialized training is provided to all staff to ensure they have the required knowledge and Statutory Appointments to provide these services.

The CFS system includes staff from the Department, NTHSSA, HRHSSA, and the TCSA.



Approximately
140 staff
supported children, youth,
and families through
CFS in 2024-2025.

Child and Family Services System

Department of Health and Social Services

- Develops practice standards and training curriculums
- Monitors overall system performance and compliance to legislated responsibilities
- Supports access to out-of-territory specialized services
 - Facilitates and registers departmental, private, and step-parent adoptions
 - Facilitates the appointment, training, and compensation (via honorarium) of Custom Adoption Commissioners

Northwest Territories Health and Social Services Authority

Tłıcho Community Services Agency

Hay River Health and Social Services Authority

- Provides direct services to children, youth, and families
- Responsible for staff recruitment and retention activities
- Provides ongoing support and training to staff
- Monitors system performance

⁴CSSWs receive specialized training to become statutorily appointed as "Child Protection Workers" under the CFSa.

⁵Foster Care and Adoption Workers are also Community Social Services Workers who receive specialized training and are appointed under the *Adoption Act*.

Recruitment and Retention of Staff

As highlighted in the *Child, Youth and Family Services Strategic Direction and Action Plan*, staff recruitment and retention continue to be priorities for the CFS system, particularly with high turnover (**Figure 1.1**) and vacancy rates (**Figure 1.2**). These are significant challenges in the NWT and across Canada, which ultimately

impact the continuity of services for the population CFS serves.

In March 2025, the NWT vacancy rate for CFS employees was 20.0%, which is lower than the previous three years (**Figure 1.2**).

Figure 1.1: Rates of New Hires and Employee Turnovers between 2020-2025

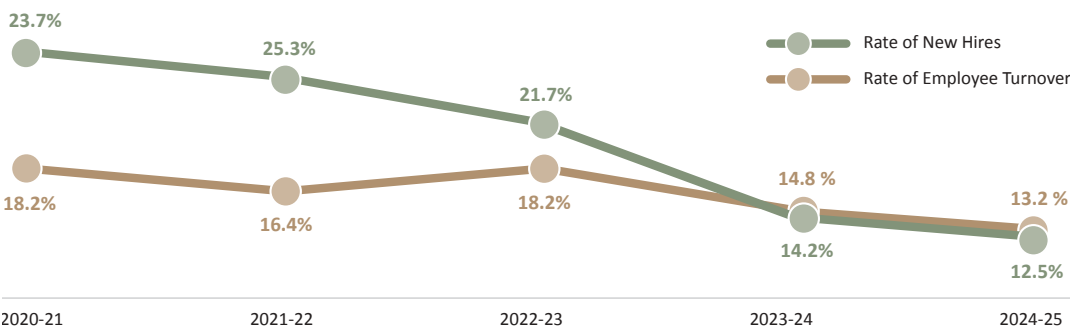
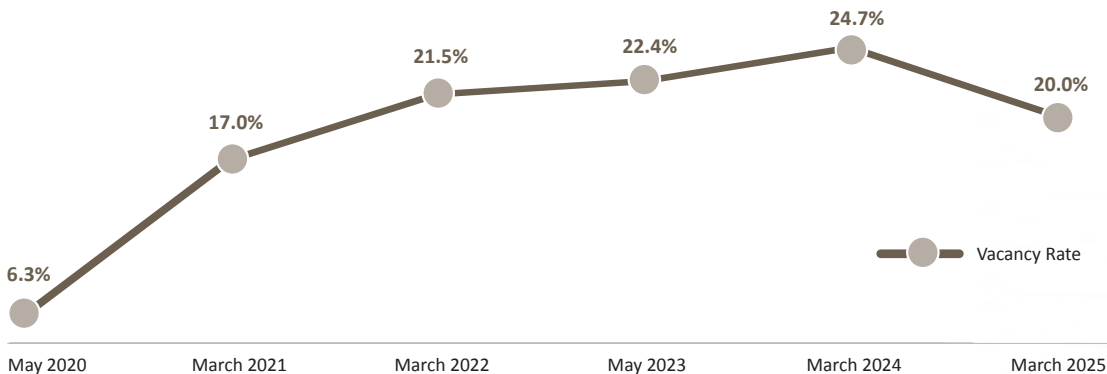


Figure 1.2: Vacancy Rate for the Child and Family Services Workforce (Point in Time Rate)



A typographical error was made in the 2023-2024 Annual Report, which incorrectly stated a vacancy rate of 17.0% for March 2022. The correct percentage (21.5%) for March 2022 has been presented in the 2024-2025 Annual Report.

Representative Workforce

A representative workforce has direct impact on the support provided to children, youth, and families. Immediate, and creative solutions are required in the recruitment and retention of CFS employees across the NWT. This includes examining and addressing systemic racism in the CFS system generally, including impacts and barriers specific to the recruitment and retention of Indigenous employees.

Addressing systemic racism experienced by Indigenous employees in the CFS workforce will strengthen capacity building, reduce staff turnover, and improve service delivery. In alignment with the [Mandate of the GNWT \(2023-2027\)](#), the CFS system is committed to training and supporting Indigenous employees to pursue careers in health and social services, while recruiting and retaining qualified professionals to the NWT.

While **98% of individuals** served through CFS identify as Indigenous, only **30% of the CFS workforce** identified as Indigenous in August 2024.



Section 2: Pathways to Child and Family Services

There are two pathways to services –
prevention and **protection**.

1. Prevention Services

The CSSW collaborates with the child, youth, family, or expectant parent(s) to identify the supports that will best meet their needs. The aim of prevention services is to enhance individual strengths to preserve family unity. Prevention services may include connections to other service providers, wellness programs, or activities that support wellbeing.

During the initial meeting, the CSSW strives to use a holistic approach to identify culturally safe and relevant services that reinforce the individual/family's resilience and strengths.

Examples of requests under prevention services include but are not limited to:

- Housing advocacy
- Short-term financial assistance
- Support in accessing wellness services
- Referrals to prenatal services

In 2024-2025,
218 requests
for prevention services
were made.

2. Protection Services

Protection services are guided by the principles that family wellbeing should be supported and promoted, and children have the right to live a life free from abuse, harm, and neglect.

When there is a concern that a child/youth may be at risk of maltreatment, a report must be made to a CSSW⁶. Based on the conversation with the reporter, the CSSW will determine if the information meets the threshold for further action to support the safety and wellbeing of the children/youth.

If further action is required, the CSSW will speak with the child(ren), youth, parent(s), and any other individuals that can contribute to a better understanding of the family's situation. Based on the information gathered by the CSSW, children/youth, and families may be offered prevention supports or may require protection services to promote their safety and wellbeing.

In 2024-2025,
Child and Family
Services received
1,510 reports
of suspected
maltreatment.

⁶The CFSA requires any person who has information of the need of protection of a child or youth shall, without delay, report the matter to their local CFS office, peace officer or authorized person.

Section 3: Types of Services for Children, Youth, and Families

Between April 1, 2024, and March 31, 2025, there were **1,199 children and youth** who received prevention and/or protection services through CFS.

Prevention Services

- **Voluntary Services Agreements (VSA):** Support families with children/youth between the ages of 0-18 (inclusive) and expectant parent(s) who would benefit from support as identified by the individual/families.
- **Voluntary Services Agreement – Care Provider:** Support extended family who are caring for their nieces/nephews/grandchildren between the ages of 0-18 (inclusive) by providing support for a variety of needs within the extended family's home.
- **Support Services Agreements (SSA):** Support youth, ages 16 to 18 (inclusive) to offer support and guidance in their transition to adulthood.
- **Extended Support Services Agreements (ESSA):** Support young persons in their transition to adulthood. This service is offered to young persons who were in the permanent care and custody of the Statutory Director of Child and Family Services (Statutory Director) on their 19th birthday and until they turn 23.

Protection Services

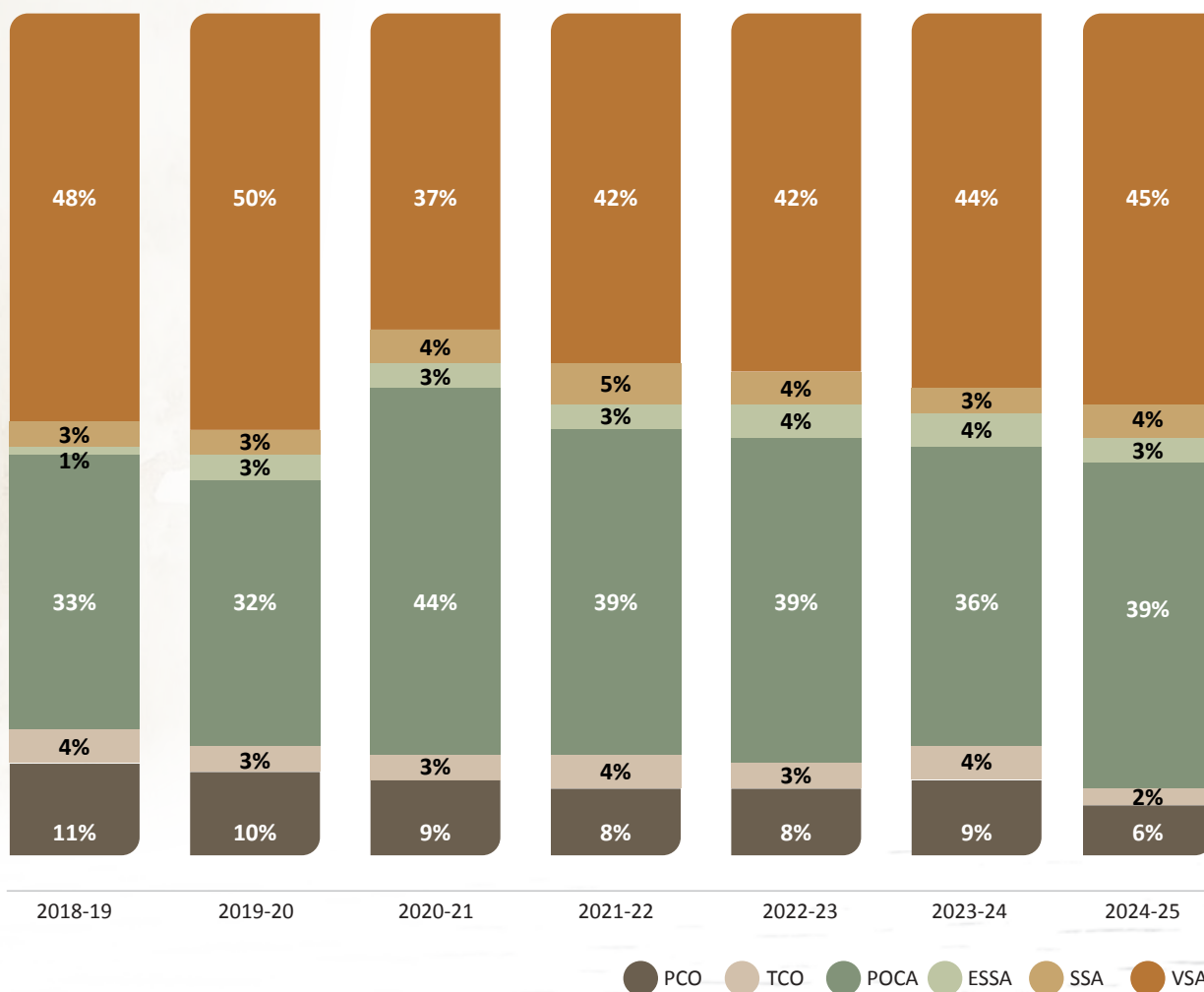
- **Plan of Care Agreement (POCA):** Provides an alternative to the court process when there is an ongoing protection concern involving children under 16 years of age. POCAs collaboratively identify the strengths and unmet needs of the family. Supports and services are offered as an approach to family preservation. Depending on the situation, the child may remain in the family of origin⁷ home or be cared for outside the home.
- **A Supervision Order (SO)** is an order that is made by the court when a child needs protection and when it is in the child's best interests to remain in (or be returned to) the care of their parent(s) or care provider(s). The child is supervised by a Child Protection Worker in accordance with any terms or conditions that the court considers necessary. Supports and services continue to be provided to the family while the SO is in place. SOs do not apply to youth.
- **Temporary Custody Order (TCO):** Transfers custody of the child/youth temporarily to the Statutory Director. Work is continued with the family to reunite the child/youth in their family of origin home. Parents are supported to maintain a meaningful relationship with their child(ren)/youth.
- **Permanent Custody Order (PCO):** Transfers the custody and care of the child/youth permanently to the Statutory Director. Depending on each unique situation, the child may continue to live with foster caregivers, extended family or be adopted.

⁷Family of origin home can be inclusive of birth or adoptive parents, siblings, and other relatives, depending on the child's or youth's living situation at the time of their involvement with CFS.



Overall, the proportion of children/youth receiving services under an ESSA, SSA, and TCO is consistent between 2018 and 2025 (**Figure 3.1**). However, in 2020-2021, the proportion of VSAs decreased while POCA's increased. The past four years (2021-2025) showed that services are trending towards similar proportions from 2018-2020, which showed approximately 50% of services were prevention focused (VSA, SSA, and ESSA). Subsequent years of data will need to be monitored to determine what might be influencing changes in service use.

Figure 3.1: Types of Services Provided to Children, Youth, and Families



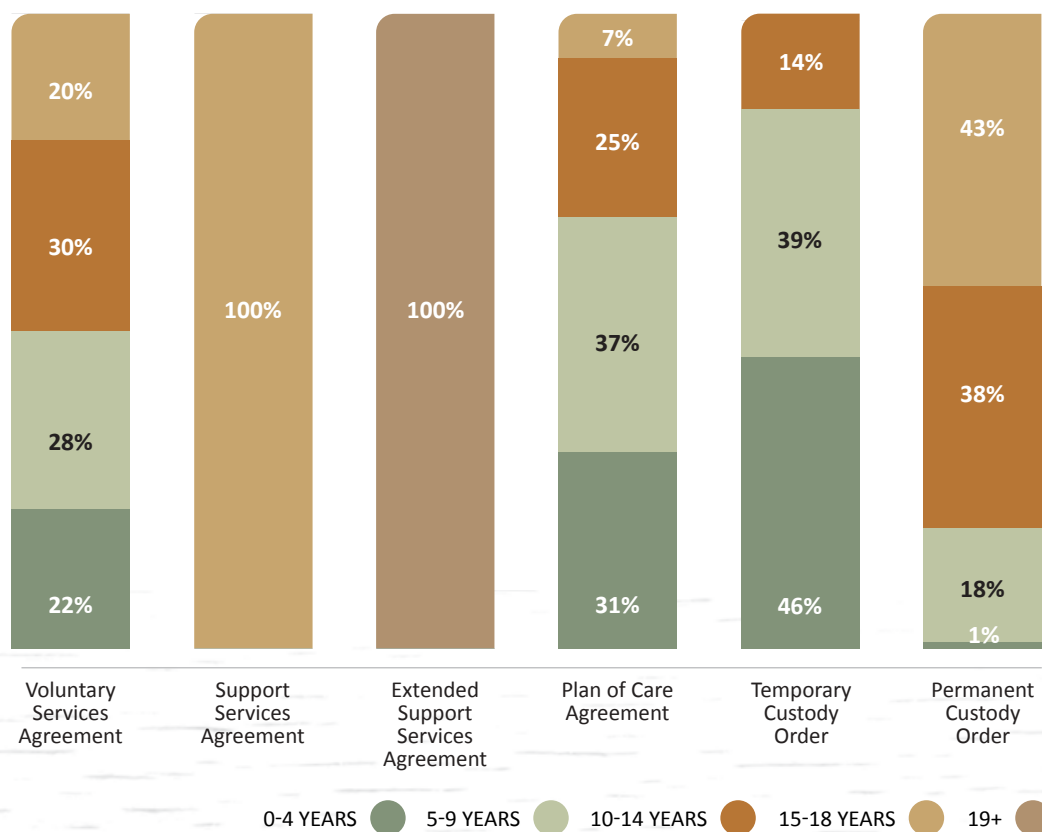
Section 4: Children and Youth Who Receive Child and Family Services



How old are children/youth receiving services?

The type of service provided through CFS depends on the child/youth's age and family situation. **Figure 4.1** shows the percentage of children/youth in different age groups and the type of services they received through CFS.

Figure 4.1: Child and Family Services Provided According to Age



Where are children and youth living when receiving services?

To promote wellbeing and family preservation, the CFS system aims to provide local supports and services to children, youth, and families.

Whenever possible, children/youth are supported to live in their family of origin home or within their home community. Maintaining connections with culture, community, friends, and family promotes the overall wellbeing and healthy development of children and youth.

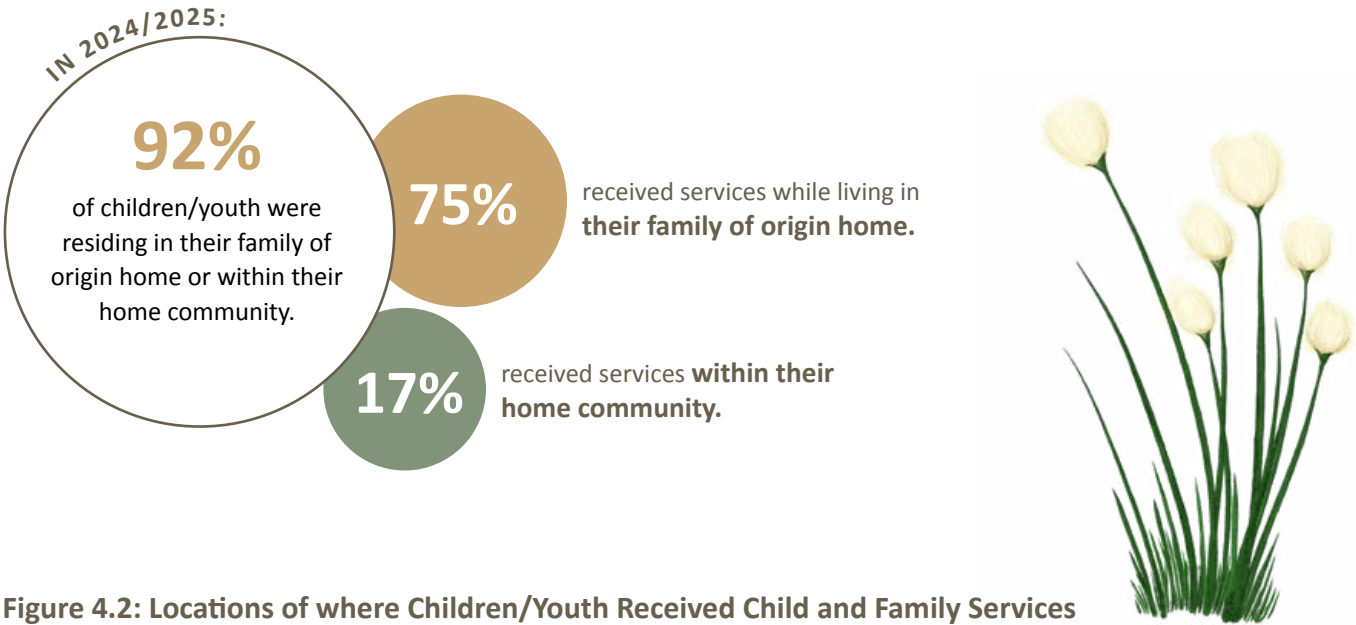
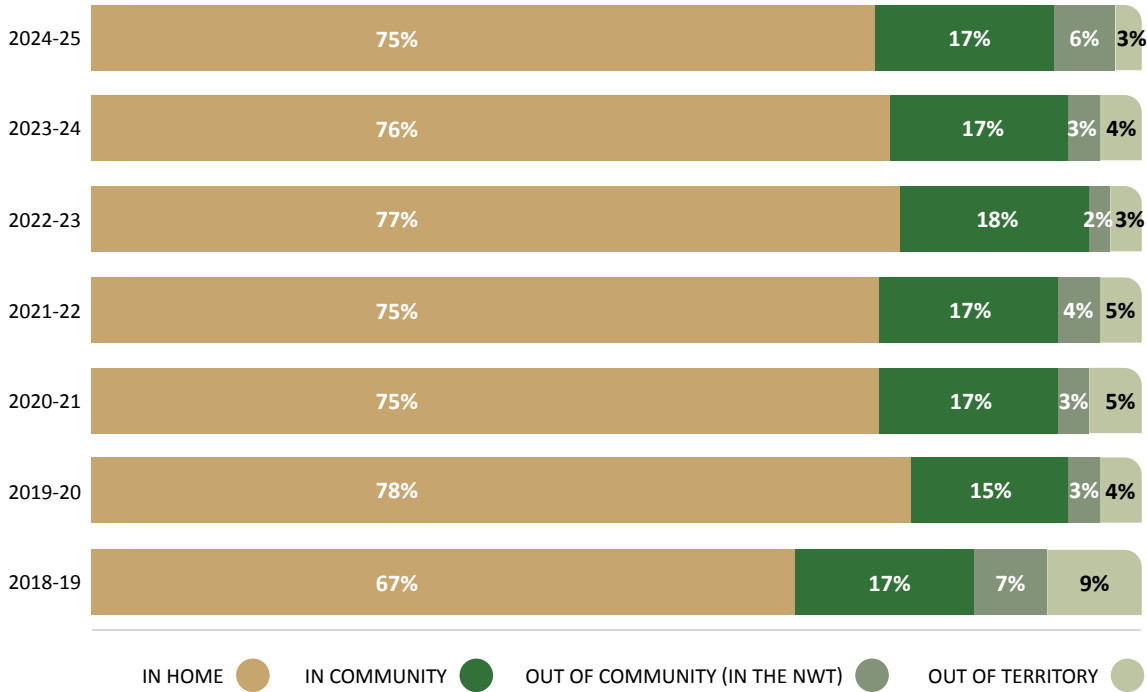


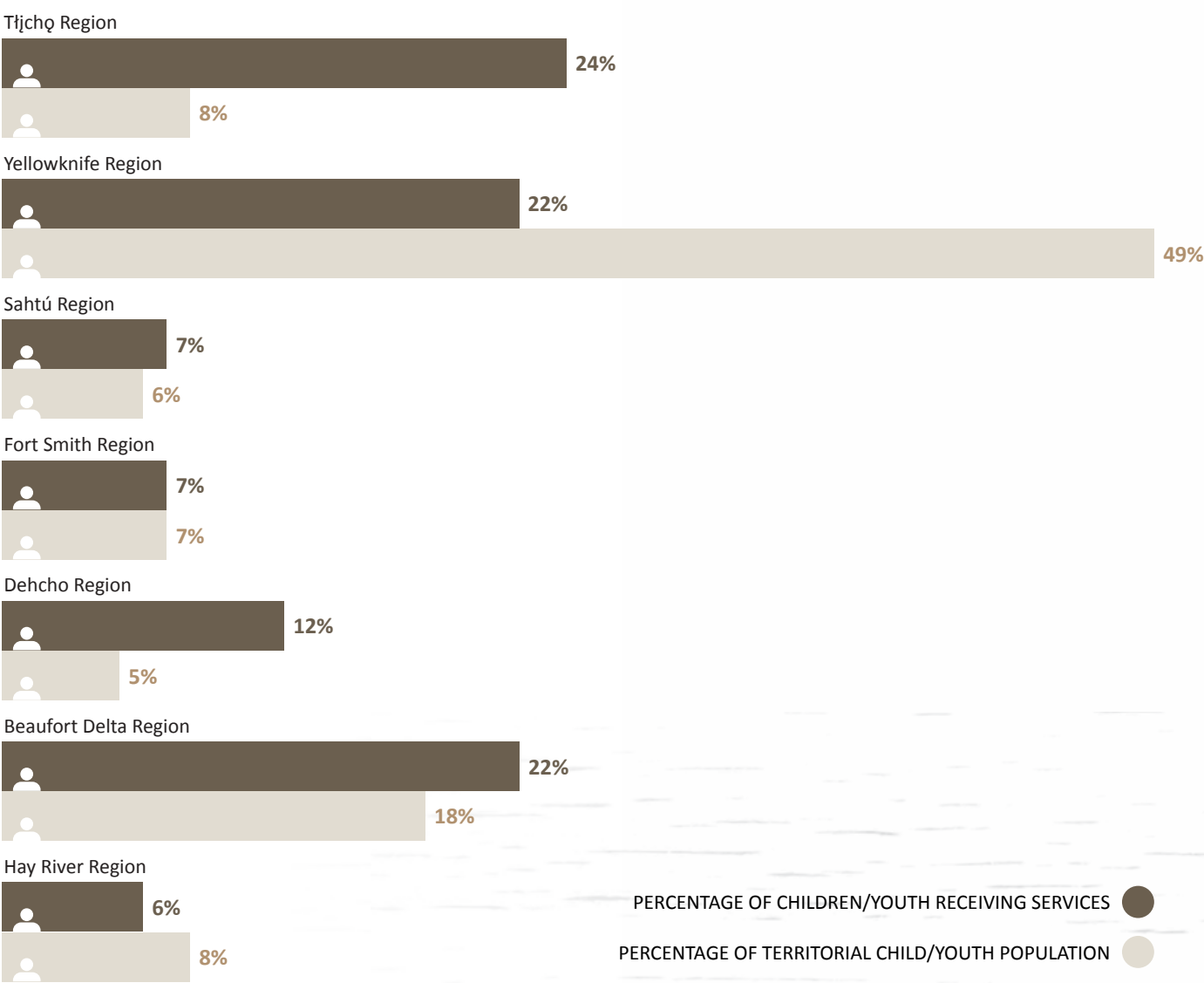
Figure 4.2: Locations of where Children/Youth Received Child and Family Services



Children and Youth Receiving Services by Region

Understanding the level of services in each region can help to develop and enhance community-based programs that support children, youth, and families. Services can then be tailored to address regional priorities, community differences and reflect community strengths. **Figure 4.3** shows the percentage of the total territorial children/youth population residing in each region and compares it to the percentage of children/youth receiving CFS in each region.

Figure 4.3: Comparison of the Percentage of Territorial Children/Youth Population in each Region with the Percentage of Children/Youth Receiving CFS in each Region

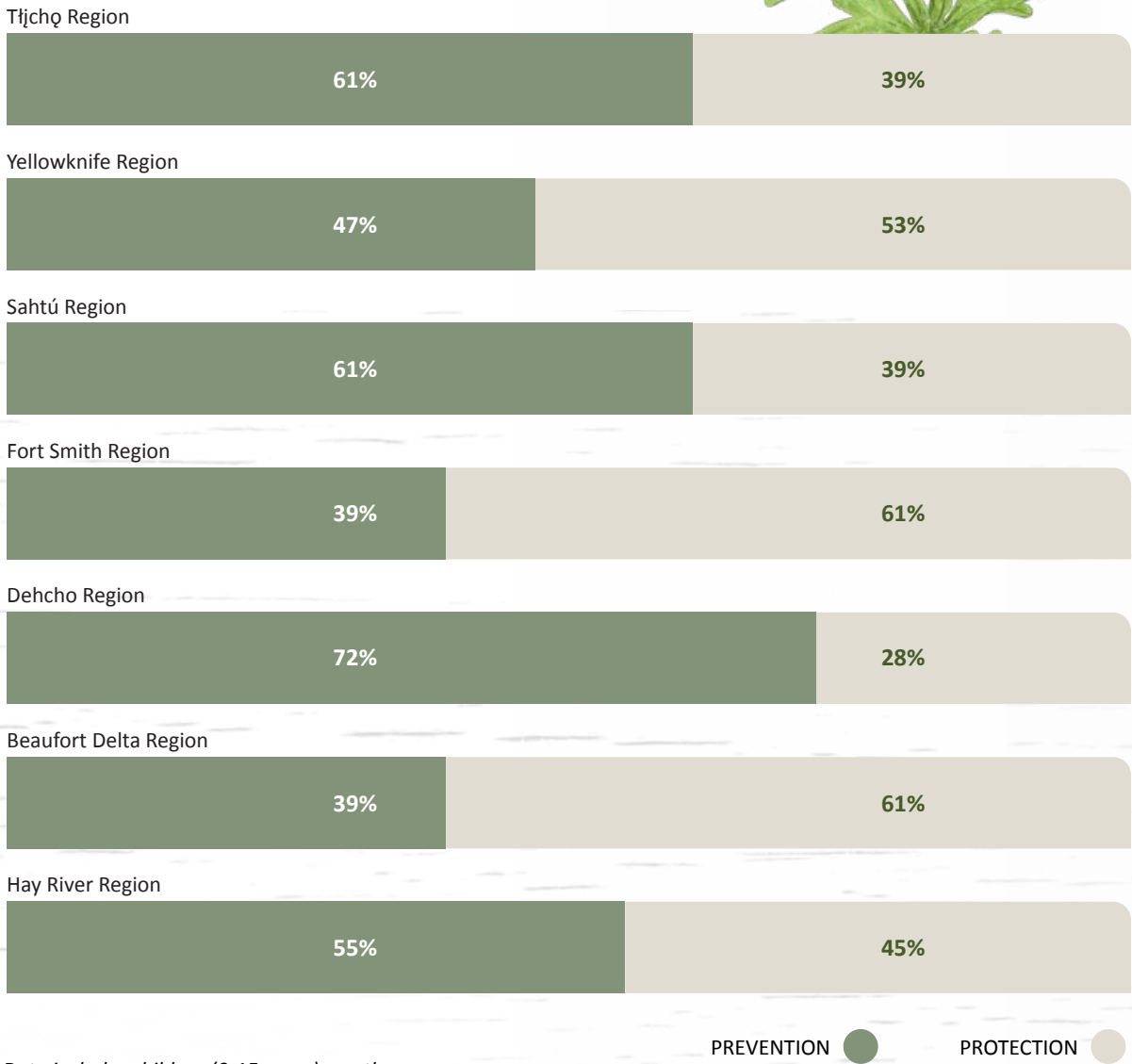


Data includes children and youth ages 0-18 years (excludes 19+ years).

Figure 4.4 demonstrates the types of services delivered within each region – prevention services and protection services. This information helps with the understanding of regional differences in terms of service delivery as well as community needs.



Figure 4.4: Types of Services Delivered by Region



Data includes children (0-15 years), youth (16-18 years), and young persons (19-22 years)

Reducing the Number of Children and Youth in Care

CFS in the NWT includes both prevention services and protection services. In 2024-2025, 98% of children and youth receiving CFS identified as Indigenous despite only representing 58% of the overall child/youth population in the NWT.

The overrepresentation of Indigenous children and youth in the CFS system continues to be a driving factor in shifting service delivery in the territory towards more culturally safe approaches. It is important to address the ongoing impacts of colonial systems and systemic racism that maintain inequities for Indigenous families. As such, creating and sustaining meaningful change within the CFS system means that careful efforts must be made to repair relationships and build trust with Indigenous people and communities.

Provisions under the CFSA and Federal Act are intended to invite the participation of Indigenous governments and organizations in supporting children and youth. An integrated approach that involves families and communities is essential in supporting the wellbeing of children and youth.

To provide more context to the overrepresentation of children and youth receiving services, the rate of Indigenous children/youth in protection services has been added to this Annual Report (**Figure 4.5**).

Children and Youth Receiving Services

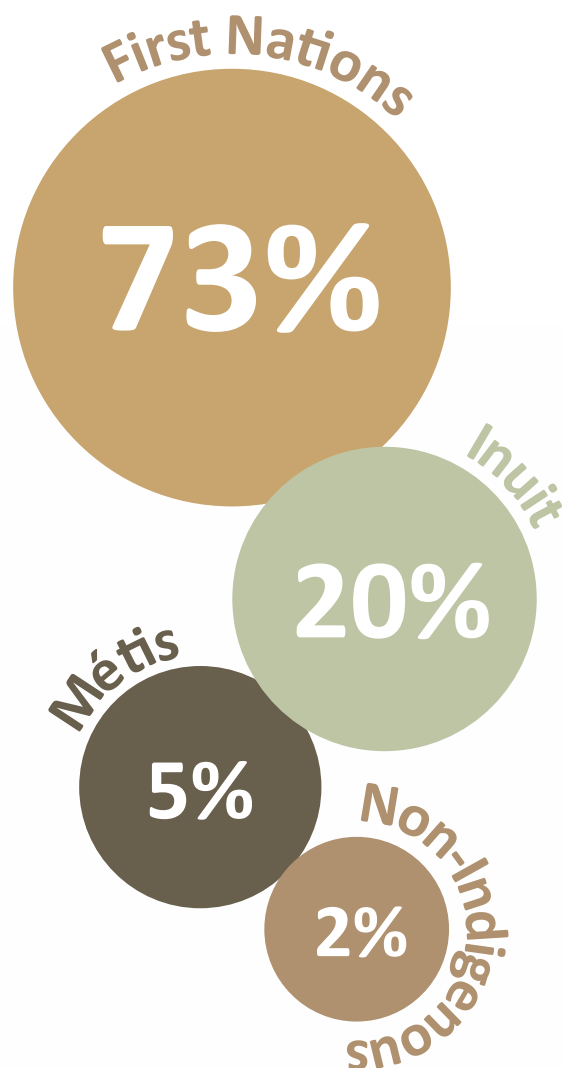
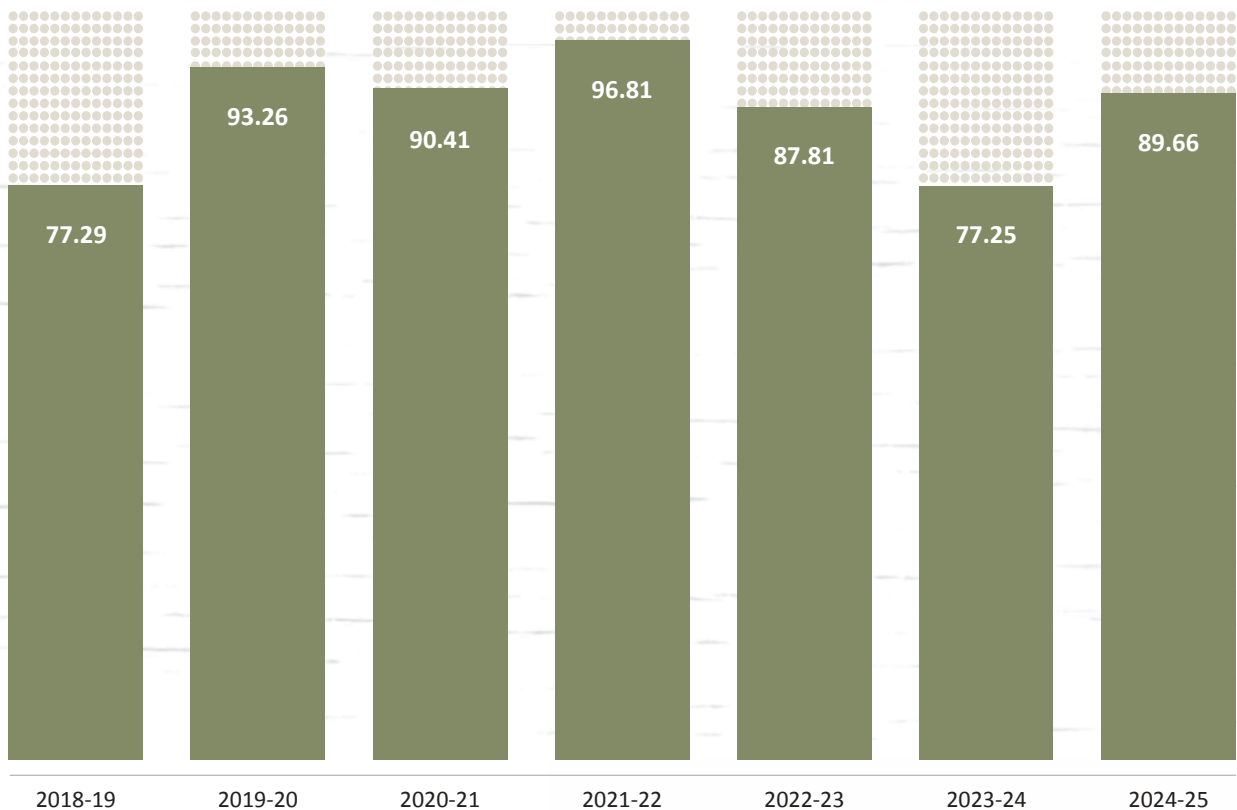
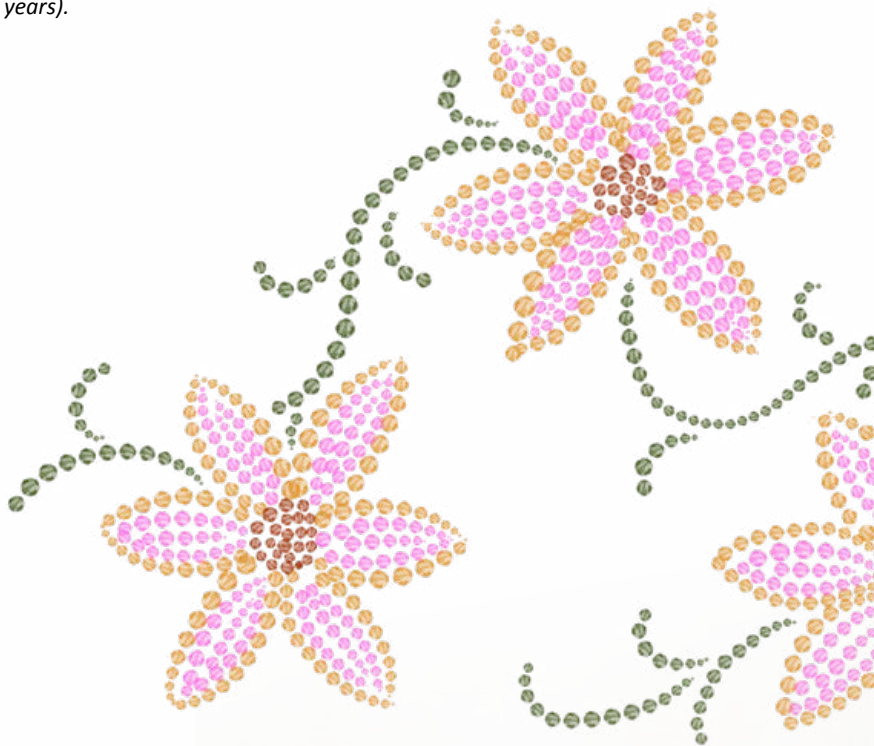


Figure 4.5: Rate of Indigenous Children and Youth in Protection Services, per 1,000



Data includes children and youth ages 0-18 years (excludes 19+ years).

The inclusion of this measure is a commitment from the *Child, Youth and Family Services Strategic Direction* to show the degree to which the collective activities under the Action Plan are achieving its intended goals. Fluctuations in this measure may reflect community level efforts or the impacts of other programs and services. Therefore, it is important to continue to analyze CFS information in different ways to inform service delivery improvements. Continuous reflection on how we examine data is equally important to ensure decisions are grounded in the lived experiences of the children, youth, and families we serve.



Section 5: Promoting Wellbeing

Strong and consistent support systems promote the wellbeing of families. Early intervention and prevention services can offer crucial support during challenging times, particularly when families are challenged with not having the foundational support they deserve.

CFS supports the delivery of early intervention and prevention services through voluntary support services and connections to other programs/services (e.g., Family Preservation Program). These services are available to

children, youth, families, and expectant parent(s). The aim is to build on the strengths and resilience of families, and support connections to resources, community, and culture that promote family unity and wellbeing.

Voluntary Support Services

Voluntary support services are available when there are no child or youth protection concerns. Three types of agreements fall under voluntary support services:


- **VSA:** Support families with children/youth between the ages of 0-18 (inclusive) and expectant parent(s) who would benefit from support as identified by the individual/families.
- **SSA:** Support youth, ages 16 to 18 (inclusive) to offer support and guidance in their transition to adulthood.
- **ESSA:** Support young persons in their transition to adulthood. This service is offered to young persons who were in

the permanent care and custody of the Statutory Director on their 19th birthday and until they turn 23 (for more information refer to **Section 10: Extended Support Services Agreements**).

These agreements are tailored to the unique needs of each youth, young person, family, or expectant parent(s). Youth, young persons, families, and expectant parent(s) may be encouraged to involve their Indigenous government(s) and/or cultural organization in case planning to integrate Indigenous knowledge, traditions and supports.

In 2024-2025, **679 children/youth*** were receiving prevention services in the NWT.

*This refers to the number of unique children/youth who received prevention services (VSAs & SSAs) in 2024-2025.



93%
of children/youth receiving prevention services were through a **Voluntary Services Agreement.**

Main Reasons for Voluntary Services Agreement Requests

- 23% Services to Improve Financial Situation
- 15% Other Requested Services
- 11% Support in Accessing Counselling Services
- 9% Services to Improve Housing Situation
- 8% Parenting Programs
- 8% Services to Improve Mental/Physical Development

7%
of children/youth receiving prevention services were through a **Support Services Agreement.**

Main Reasons for Support Services Agreement Requests

- 18% Support with Education
- 17% Services to Improve Financial Situation
- 14% Services to Improve Housing Situation
- 13% Other Requested Services
- 13% Support in Accessing Counselling Services
- 11% Services to Improve Mental/Physical Development

The percentages above do not add up to 100% as only the top six reasons are presented. There can be multiple types of services identified within one request.

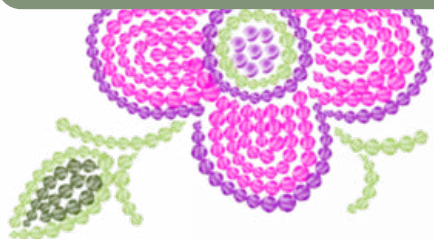
Family Preservation Program

The Family Preservation Program continues to work towards the adaptation and implementation of a team-based planning process that provides coordinated care to families. Through an approach that promotes family choice, family ownership, and family self-determination, services are tailored to meet the distinct needs of each family. The family is the active decision maker – invited to define their own strengths and needs, to define their goals and priorities, and when ready, to gather trusted team members (i.e., community members, extended family, and Elders) to be part of their circle of support.

The core services offered through the Family Preservation Program include:

- Wraparound supports centered in community and culture.
- Support and service navigation related to self-identified needs, such as housing, food security, etc.
- Parenting and familial support, such as culturally informed parenting education and family support, service coordination, and informal counselling.

In 2024-2025,
**146 families
and 37 youth**
were supported by the
Family Preservation
Program.



Section 6: Reporting and Investigating Suspected Maltreatment

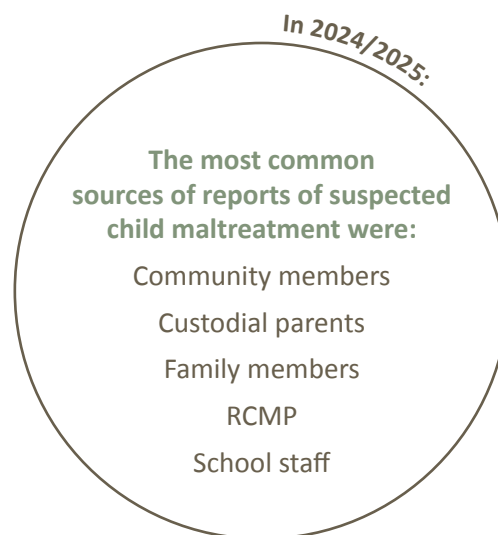
The safety and wellbeing of children and youth is a shared responsibility of all residents of the NWT. When a person suspects that a child/youth's safety is or may be at risk as a result of maltreatment, it is their responsibility and legal obligation to report this concern to their local CFS office. The contact information for CFS offices throughout the NWT is available on the Department's website at www.hss.gov.nt.ca/report-child-neglect.

Maltreatment: Abuse and Neglect

The term "maltreatment" is an overarching term that covers both "abuse" and "neglect." In the NWT, most suspected cases of abuse and neglect are based on reports made by service providers or members of the community. Based on the CFSA, harm to a child/ youth is categorized into five main areas:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Exposure to family violence
- Neglect

When an initial report is made about the child or youth, a CSSW collects the information and uses the Structured Decision Making® (SDM®) Screening and Response Priority Assessment tool to determine eligibility if an investigation, a non-investigatory intervention, or no further CFS involvement is required.



In instances where an investigation is needed to further assess the immediate safety to the child/youth, the CSSW will complete the investigation and use the SDM® Risk Assessment tool to determine, through consultation with the family, what supports (if any) they may require ensuring the child/youth's safety and wellbeing. The process is shown on page 26.

NEGLECT

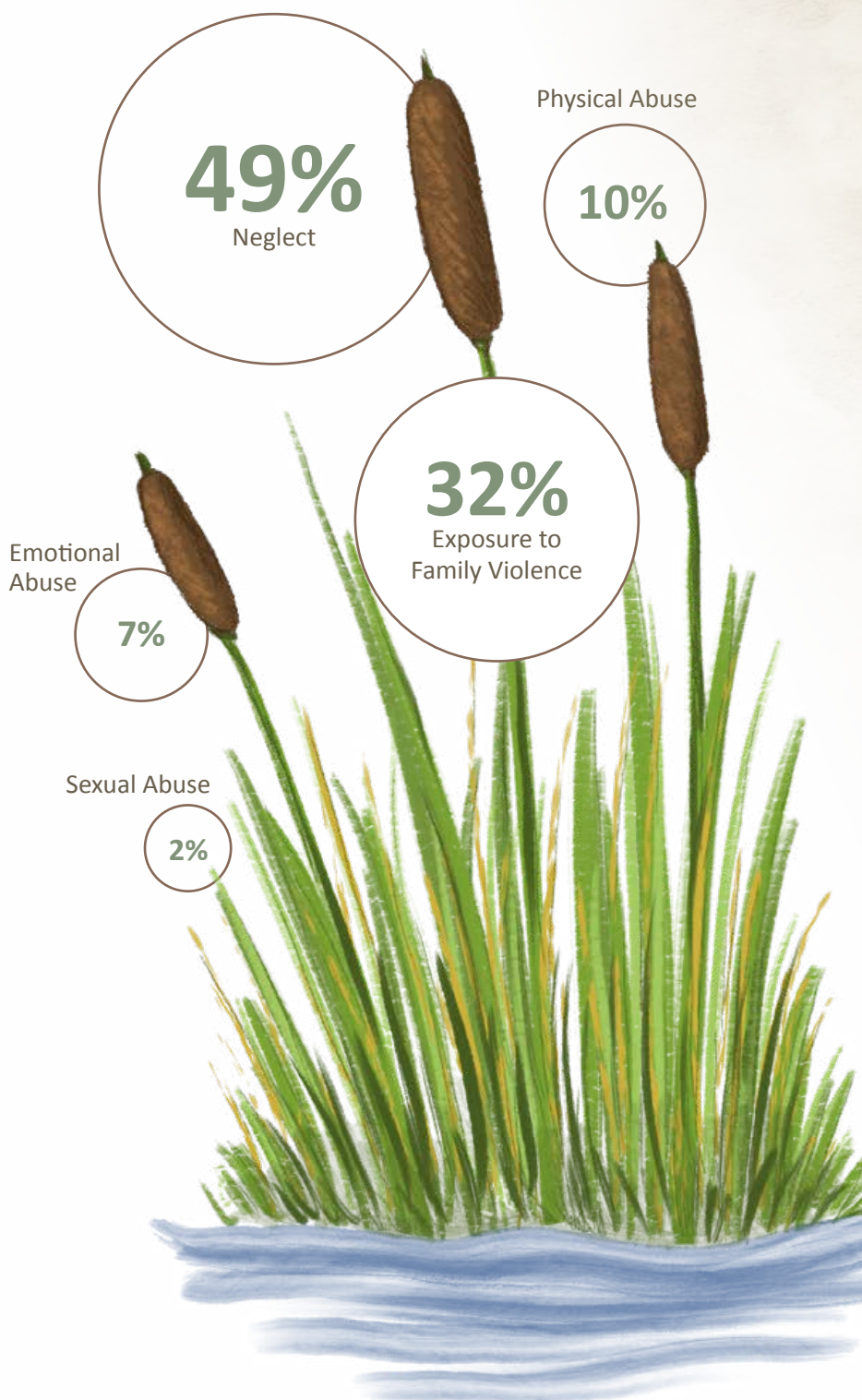
An important distinction within CFS is being able to assess child/youth protection concerns due to neglect versus the inability of a family to meet the basic needs of a child/youth due to socio-economic conditions.

Socio-economic conditions, such as poverty, are not necessarily reflective of an issue of maltreatment but rather a statement of the equitable access to resources necessary for the care of children/youth, and, therefore, warrants different supports and services.

In 2024-2025, neglect was the most reported form of maltreatment in the NWT, followed by exposure to family violence (**Figure 6.1**).

Concerns related to “Neglect” and “Exposure to Family Violence” are often the result of complex intersections of the social determinants of health⁸, including systemic racism, and intergenerational trauma resulting from colonialism experienced by parents/caregivers. Awareness and knowledge of the root causes impacting child maltreatment is a key step towards developing interventions that better promote the safety and wellbeing of children and youth. Additionally, CFS recognizes the importance of supporting individuals who have experienced intimate partner violence as an integral part of preventing child/youth maltreatment. For example, CFS will often act as a bridge to other support service providers, such as the RCMP and counsellors.

Figure 6.1 Reports of Suspected Maltreatment by Type (2024-2025)



⁸Social determinants of health can be described as non-medical factors that influence health outcomes.

What happens when a report of suspected child maltreatment is brought forward to Child and Family Services?



1.

A concern about suspected child maltreatment is received by Child and Family Services.

In 2024-2025, **1,510 unique reports** were received with **2,273 suspected** child maltreatment concerns*.

2.

The Community Social Services Worker will collect screening information to determine if an investigation should be opened.

In 2024-2025, **1,080 investigations** were opened.

3.

During an investigation, the Community Social Services Worker will visit the family home and interview the children/youth, parents and any other individuals that may have information for the investigation.

In 2024-2025, **1,009 unique households** and **3,112 unique children/youth** were interviewed.

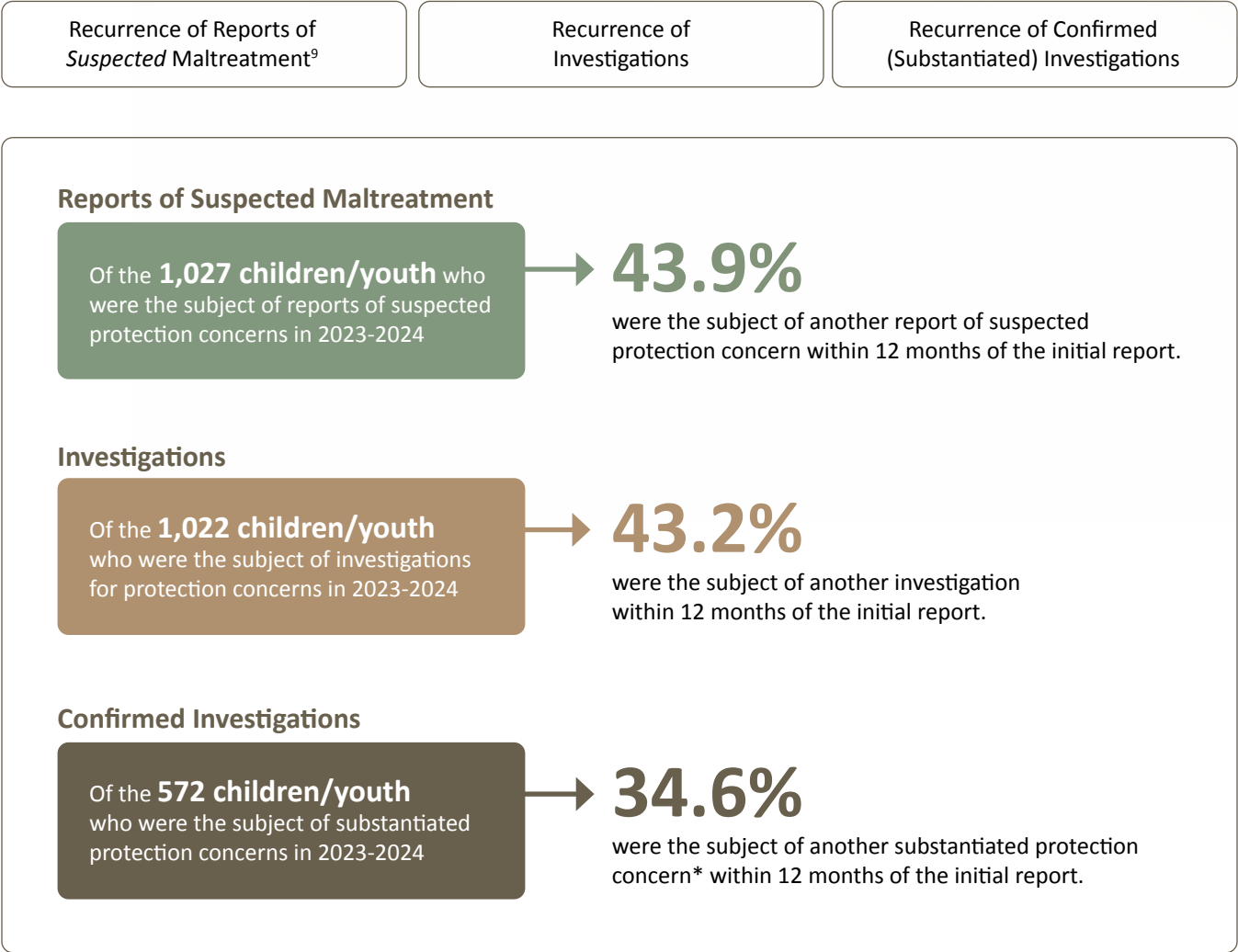
4.

Child and Family Services will support children/youth and families by offering services to ensure the safety and wellbeing of the children/youth.

*2,273 suspected child maltreatment concerns reported differs from the total number of unique child maltreatment reports received (1,510) as: 1) More than one person may report suspected maltreatment concerns they have about a specific child or youth and 2) There can be multiple children or youth involved and more than one type of child maltreatment within one report.

Recurrence of Maltreatment

Recurrence refers to the re-opening of a child protection file within twelve-months.
Based on the investigation process, recurrence is measured through three indicators:



* where at least one allegation was confirmed

High recurrence of child maltreatment may be a result of a variety of factors such as inadequate and insufficient supports provided to meet families’ unique and complex needs.

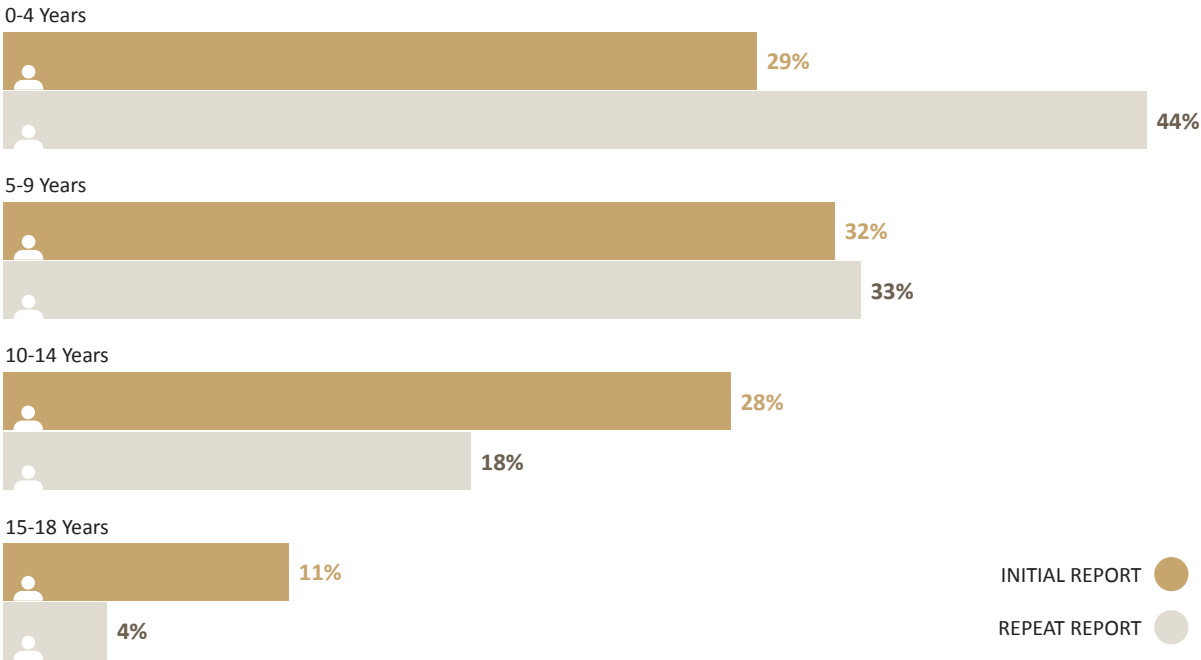
Initial and repeat reports of suspected maltreatment were analyzed by gender, age, and maltreatment types. Understanding these differences helps to tailor interventions and be more responsive to the needs of families.

⁹The term “maltreatment” is an overarching term that covers both “abuse” and “neglect.” Based on the CFSA, harm to a child/youth is categorized into five main areas: physical abuse, emotional abuse, sexual abuse, exposure to family violence, and neglect.

Female and male genders were almost equally represented in initial and repeat reports of suspected maltreatment. Non-binary identities were also considered, but the numbers were too low to be reported as this may inadvertently identify the individual(s).

Younger children between the ages of zero and ten years old were more likely to be the subject of a report of suspected maltreatment (Figure 6.2). This is consistent between initial and repeat reports. People may be more alert to the risk of maltreatment for young children when compared with adolescents. Given their age, younger children are more vulnerable to abuse and/or neglect than older children/youth.

Figure 6.2 Recurrence of Reports of Suspected Maltreatment by Age

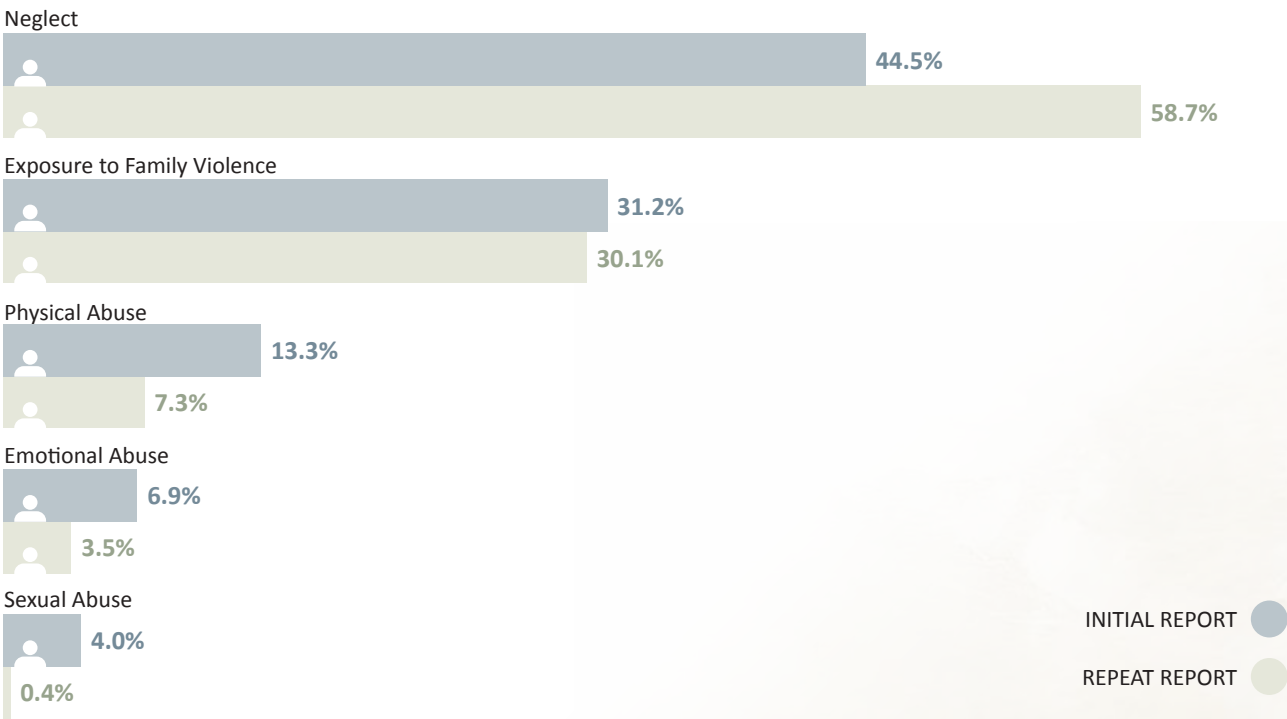


Socio-economic factors, such as poverty, housing insecurity, and financial instability alone are not considered forms of child maltreatment, however, can at times be interpreted by concerned observers as situations of neglect. The CSSWs are responsible for assessing if the suspected maltreatment has occurred based on the service eligibility standards.

Socio-economic factors may also intersect with the impact of intergenerational trauma, which may be one of the contributing factors to the overrepresentation of Indigenous children and youth in both prevention and protection services.

It is important that CFS re-examines better ways to support families through prevention and family preservation services, outside of a child protection context.

Figure 6.3 Recurrence of Reports of Suspected Maltreatment by Type



Suspected neglect and exposure to family violence were more likely to be re-reported to CFS (**Figure 6.3**). This speaks to the complexity of addressing underlying causes, such as social determinants of health, socio-economic factors, and intergenerational trauma, further highlighting the need to support families using an integrated and holistic approach through a variety of social supports and services.

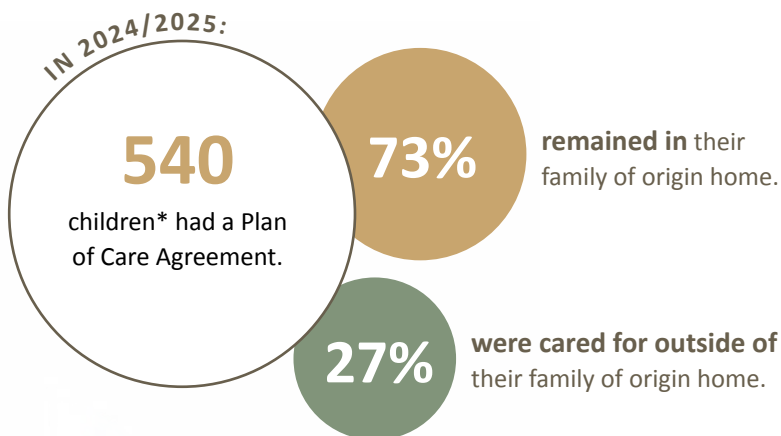


Section 7: Plan of Care Agreements

In cases of substantiated maltreatment, families are provided with the option of a POCA, a less intrusive approach than a formal court process. A POCA supports family unity and provides an opportunity for the family to identify necessary supports for healing. Families who enter a POCA are still entitled to legal counsel.

POCAs bring together the family, the CSSW, and any other individuals/organizations identified by the family to agree on supports and services that build on the strengths and needs of the family. This group of participants are known as the “Plan of Care Committee.”

When possible, and in line with the best interests of the child, the priority is for children to continue to live in their family of origin home while the family receives services.



*This refers to the number of unique children with a POCA in 2024-2025.



Plan of Care Agreements – Placing The Child Out-Of-Home

CFS makes every effort to provide services in the child’s family of origin home. In some cases, a child cannot reside safely within the family of origin home and an out-of-home placement is needed. In this instance, a CSSW discusses appropriate placement options with the parent(s) and the child in attempt to find a home where the child feels comfortable and secure. In alignment with the Federal Act, CSSWs follow “Placement Priorities” to ensure all efforts are made to preserve the connection between a child and their family, community, and culture (for more information refer to **Section 9: Placement Resources**).

Rights of Parents, Caregivers, Children and Youth

Parents, legal caregivers, children, and youth are entitled to be informed of their right to be represented by legal counsel throughout the protection process, including the Plan of Care stage. These rights are protected under the CFSA. To the extent that it is practicable, the Statutory Director is also required to facilitate access to legal counsel and, where appropriate, the services of an interpreter. Similarly, children and youth can seek independent counsel through the Office of the Children’s Lawyer.

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

Section 8: Temporary Custody Orders and Permanent Custody Orders

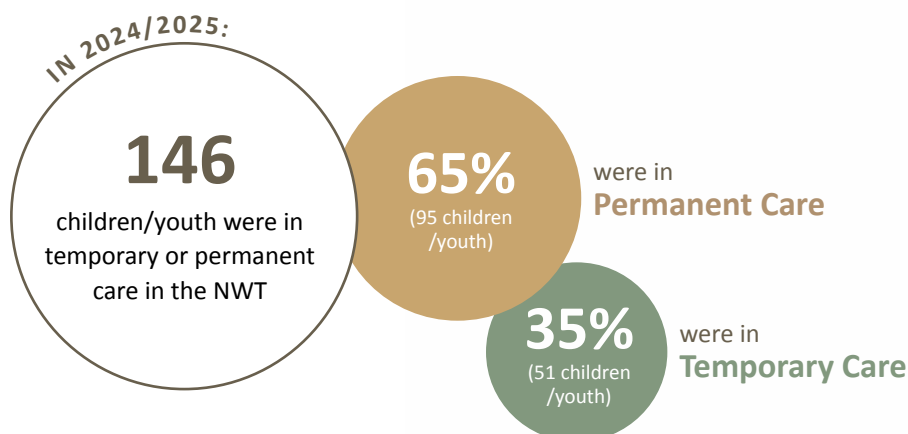
In certain circumstances, it may be required to care for children/youth outside of their family of origin home for longer periods of time, especially when families are experiencing numerous/complex challenges and barriers to wellness.

When supports and services for parents do not adequately address safety concerns, a child may be placed in the temporary or permanent care and custody of the Statutory Director to preserve their safety and wellbeing.

Children/youth who are brought into temporary or permanent care reside with alternative caregivers in another home. The CSSW follows placement priorities to help maintain cultural and familial connections (for more information

refer to **Section 9: Placement Resources**).

The goal is to provide children and youth with nurturing homes that offer holistic connections and supports to thrive. In instances where reunification with the family of origin home is not possible, the child/youth may continue to live with foster caregivers, extended family, or be adopted, depending on each unique situation. More information related to adoptions is found in **Section 12: Adoptions**.



As children/youth grow up in care, it is important to adapt supports to meet their needs to **maintain connections** to family, community, culture, language, and identity.

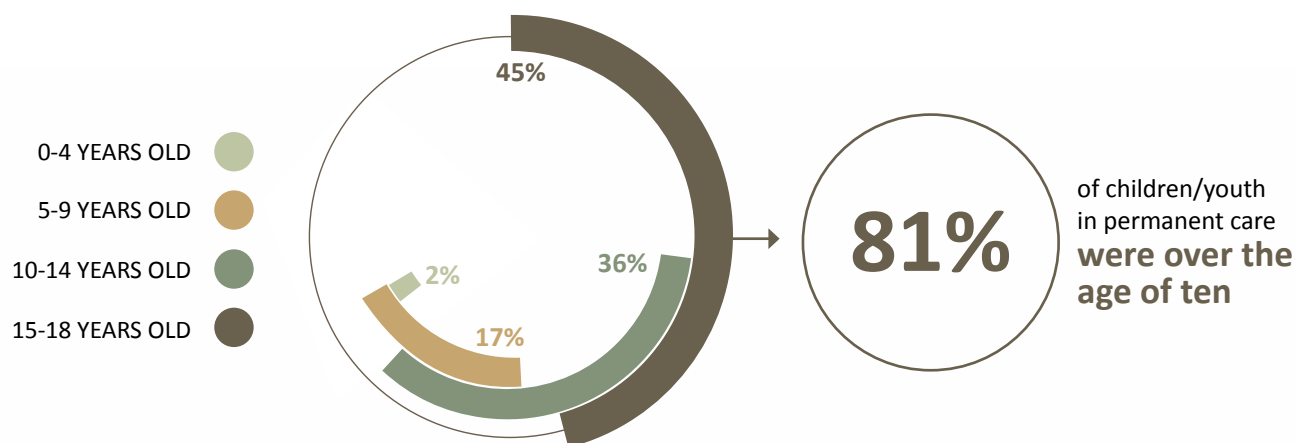
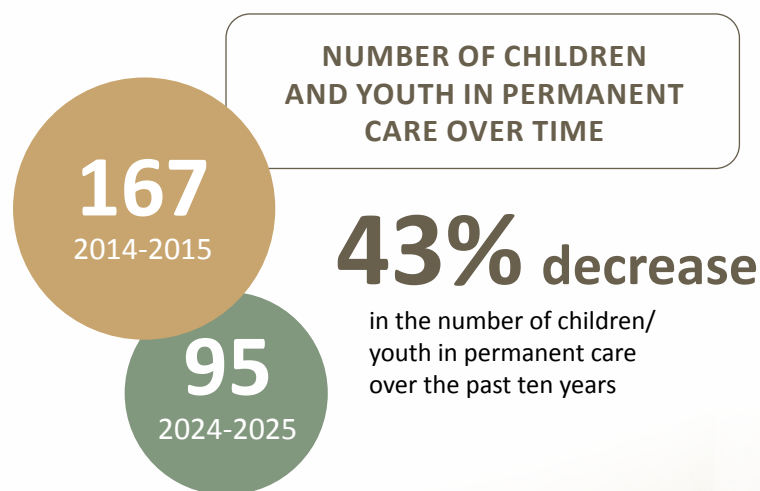


Figure 8.1 Children/Youth in Permanent Care by Age

The decrease in the number of children/youth in permanent care speaks to the resiliency of families and communities and a shared dedication to maintaining nurturing and supportive environments in which a child/youth can grow. When children/youth stay in the care of their family and extended support network, it allows them to remain rooted in their community and culture. The reduction in the number of children/youth in permanent care may be representative of the broader system changes currently being undertaken by CFS. It can also suggest the changes in practice which promote family unity and the collaboration of community members, Indigenous governments, and families in the care and support of children/youth.



Section 9: Placement Priorities

Home, family, community, and cultural connections are all important parts of a person's identity and wellbeing. CFS recognizes that efforts must be made to protect and promote the social and cultural rights of a child/youth's life. Community ties include extended family, friends, and cultural activities, which form a child/youth's social world. These relationships are best preserved within the child/youth's home community, particularly when services are being provided through CFS.

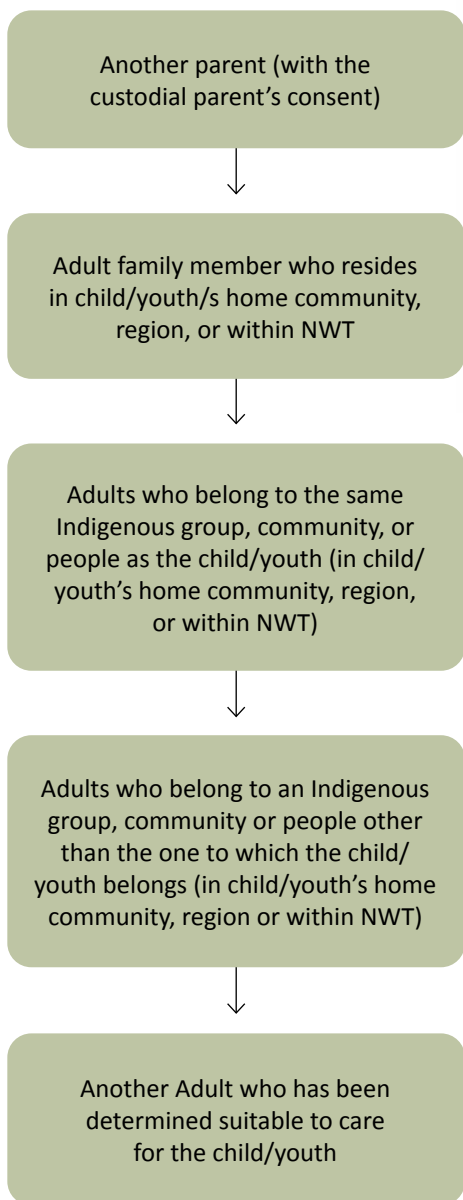
Placement Priorities

When services are required, CFS makes every effort to provide them in the child/youth's family of origin home. In some cases, a child/youth cannot safely reside in the family of origin home, and an out-of-home placement is needed. In this case, a CSSW discusses appropriate placement options with the parent and the child/youth to find a home where the child/youth feels comfortable and secure.

Placements must be considered in the order of priority, as per **Figure 9.1**. Placement priorities promote the best interest of the child/youth, by ensuring CSSWs make every effort to maintain the connection between a child/youth and their family, community, and culture. Early and diligent outreach to extended family members helps maintain and strengthen important family relationships during out-of-home care. Depending on each unique situation, it may also support the journey towards reunification, placements with extended family, and/or adoption.



Figure 9.1 Placement Considerations in Order of Priority



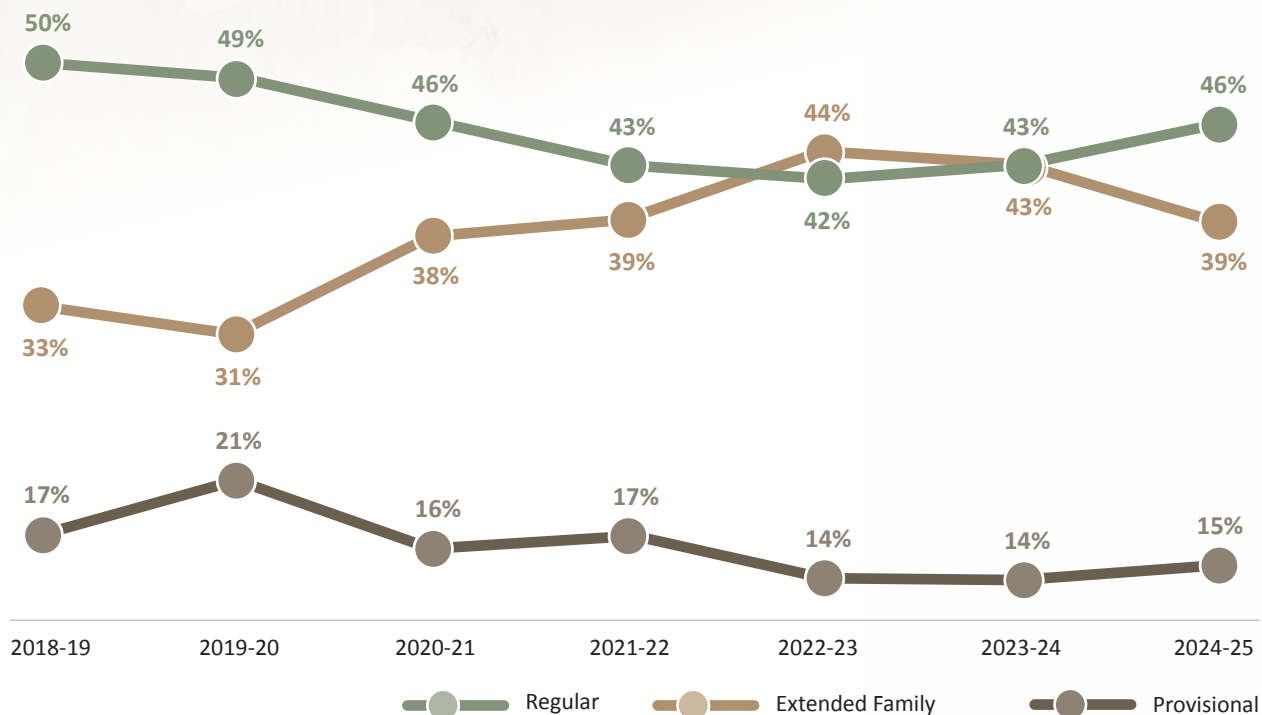
In 2024-2025, there were 154 out-of-home placement resources across the NWT (**Figure 9.3**). The proportion of provisional caregivers¹⁰ have remained relatively stable between 2018-2019 and 2024-2025.

In December 2020, the CFS Standards and Procedure Manual was updated to align with the Federal Act to enable care providers to enter in a VSA to support extended family who are caring for their nieces/nephews/grandchildren between the ages of 0-18 (inclusive). In November 2024, “VSA Care Provider” was added to the Matrix NT information system to better track this practice. In the 2024-2025, there were 86 VSA Care Providers. Subsequent years of data will need to be monitored to determine what might be influencing changes in placement type relative to the VSA Care Providers.

When children/youth are placed with extended family members, they can better maintain cultural and familial connections.

¹⁰A provisional caregiver is a community member that is known to the child/youth/family. A regular caregiver is someone not known to the child/youth/family.

Figure 9.3 Overall Proportion of Out-of-Home Placement Resources by Placement Type



Reunification Efforts

Family reunification is the process of supporting a child/youth who was in an out-of-home placement, to be in the care of their parent(s) or extended families. This is the main goal for short-term and long-term case planning. As such, it is important to focus on practices that help achieve successful reunification. Parents and extended families are more willing to participate and engage in activities that promote reunification when CSSWs develop meaningful relationships with parents and follow their lead in planning.



Section 10: Extended Support Services Agreements

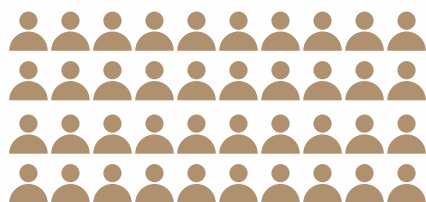
Youth in care have the right to positive supports, resources, and safe housing as they transition to adulthood to enable them to thrive as adults.

ESSAs are offered to young persons who were in the permanent care and custody of the Statutory Director on their 19th birthday and until they turn 23. ESSAs are voluntary agreements that can provide supplementary support (financial and non-financial), service navigation, and connections to other supports/ services to young people as they transition to adulthood. Young persons may opt in or out of ESSAs at any time.

The ESSA offers reliable, consistent support during this critical period of a young person's life that respects choice and encourages self-determination, while also providing guidance. Therefore, an ESSA gives the young person control to identify how and when they need supports.

Considerations for the transition plan include:

- Social and emotional skills development
- Healthy relationship skills
- Opportunities to make decisions and take risks
 - Skills that enhance independent living
- Educational materials and supports
 - Skills and resources to find and maintain housing
- Financial literacy and guidance
- Career and education goals
- Mental wellness support
- Preservation of culture
 - Connections to community-based programs



40 young persons

received services under an ESSA in 2024-2025.

Youth between the ages of 15 and 18 (inclusive) represent 45% of those in permanent care. It is important that youth have the support they need to develop a transition plan that incorporates short-term and long-term goals, and resources needed to establish a healthy network of support as they approach their 19th birthday.

The decision to enter an ESSA is unique to each young person. The young person may have established supports elsewhere (i.e., employment, income assistance, student financial assistance, adult services, etc.) and/or they want to seek independence from the CFS system. It is important to note that support offered through an ESSA will continue to be available to these young persons until their 23rd birthday, as they can opt-in and out of these services voluntarily.



Over the past five years,
78% of young persons ⁽³²⁾

in the permanent custody of the Director **signed an ESSA when they reached the age of majority.**

Section 11: Out-of-Territory Specialized Services

CFS provides a range of specialized services to meet the diverse needs of children, youth, and families. Local, northern, community-based programming is the first option considered to assist children/youth with their individual counselling or treatment needs.

If those needs cannot be met in-territory, out-of-territory specialized services may be explored with the child/youth, family, and caregivers, when appropriate.

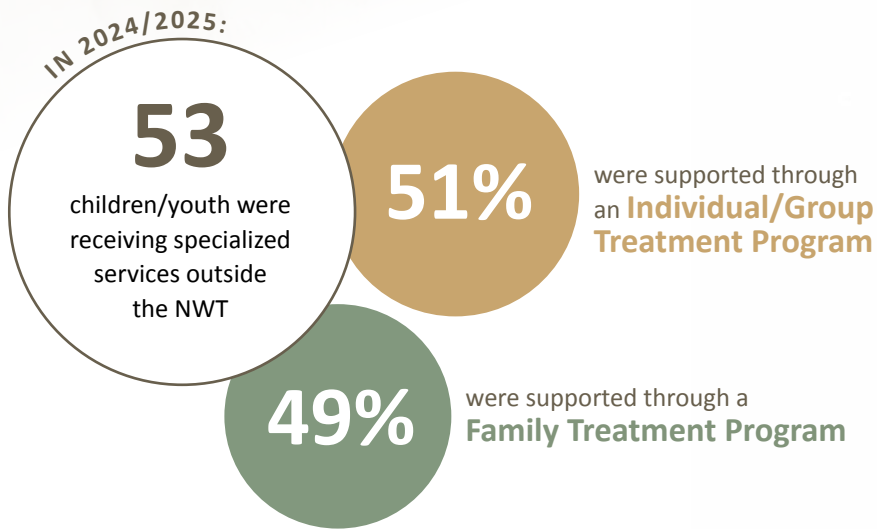
The Out-of-Territory Specialized Services Program supports children, youth, and families whose needs go beyond the capacity of NWT programs and services.

The CFS system holds specialized services contracts for **Individualized/Group Treatment** for children/youth, with service providers located in British Columbia, Alberta, and

Saskatchewan. Children and youth are individually assessed and matched with services that best meet their identified level of care and service needs.

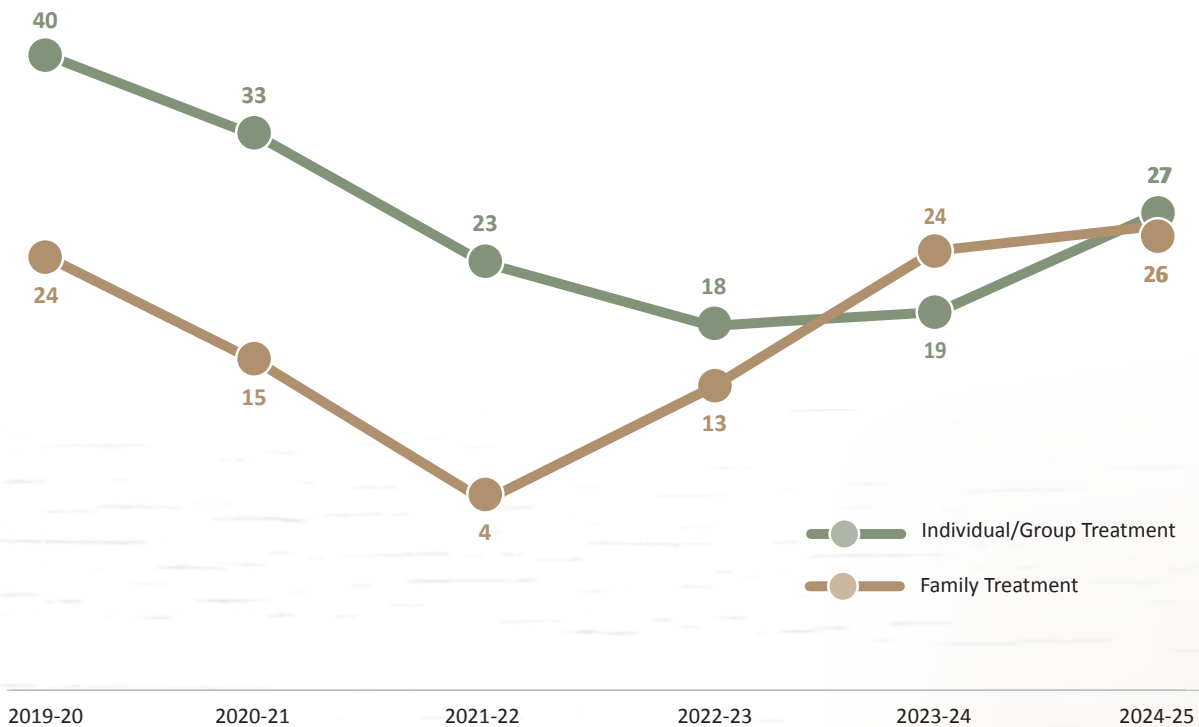
The CFS system also has a specialized services contract, specifically for the **Family Treatment Program** located in Saskatchewan, where children and youth are supported with their family with the goal of improving family safety, family functioning, and parent and child well-being.





As shown in **Figure 11.1**, the utilization of individual and family treatment has been increasing since 2022-2023.

Figure 11.1 Number of Children and Youth in Contracted Out-of-Territory Specialized Services



Section 12: Adoptions

Adoption refers to the process in which the social and legal care of a child is transferred from the natural parent(s) to the adoptive parent(s). Adoption can take place for several reasons and can look different for every child/youth, depending on their unique situation.



From 2015-2025, the
**average number
of adoptions** per year is

36

In the NWT, there are four (4) types of adoption:

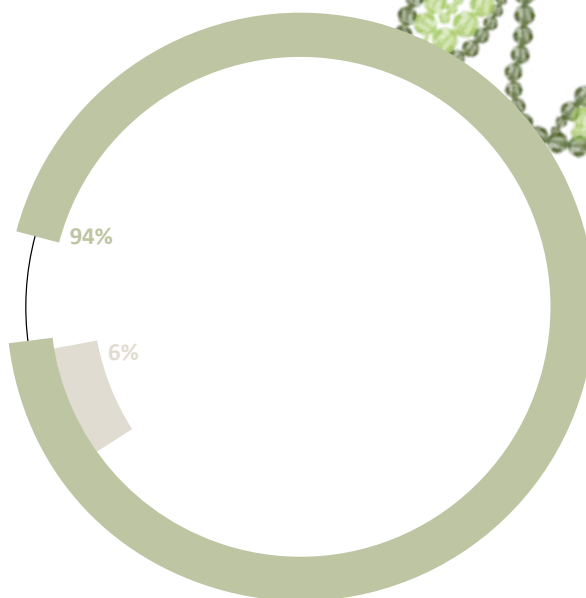
Custom Adoption is a long-standing practice amongst Indigenous people of the NWT and is the most common type of adoption. Under the *Aboriginal Custom Adoption Recognition Act*, Custom Adoption Commissioners are nominated by their local Indigenous governments and organizations based on their knowledge of Indigenous customary law.





Departmental Adoption only applies to a child/youth placed in the permanent custody of the Statutory Director through a court order which is granted under the following circumstances:

- The court has determined the child/youth needs protection, has made a declaration that a child/youth needs protection, and has determined it is in the child/youth's best interests. Family reunification is always the first priority, but when that option is not possible, adoption can be one way to meet their essential needs. With the consent of the parent(s) and child/youth (if 12 years of age or older), their Indigenous government(s) and/or cultural organization would be notified and asked to engage and collaborate in the planning process for the child/youth prior to an adoption being finalized.
- With the consent of a parent, the court has determined it is in the best interests of the child/youth to place the child/youth in the permanent care of the Statutory Director for the purposes of adoption.

Step-Parent Adoption refers to an adoption by a non-biological parent wishing to adopt the child/youth of their spouse or common-law partner.

Private Adoption refers to adoption arranged between two families. In these adoptions, the birth parent(s) choose the adoptive family.



-  CUSTOM ADOPTION
-  PRIVATE ADOPTION
-  STEP-PARENT ADOPTION
-  DEPARTMENTAL ADOPTION

In 2024-2025,

15 of 16

adoptions in the NWT
were custom adoptions.

Section 13: Continued Transformation of the Child and Family Services System

Over the past year, guided by the **Child, Youth and Family Services Strategic Direction and Action Plan** (2023-2028), important work has been done to transform the Child and Family Services system towards culturally safe services.

The Action Plan outlines seven priority areas to help more families stay together, and provide better supports to children, youth and families:

1. Work Collaboratively with Indigenous Governments and Organizations
2. Care Rooted in Indigenous Practices
3. Support to Care Providers and Caregivers
4. Strengthen Youth Supports and Transition to Adulthood
5. Specialized Services Closer to Home
6. Strengthen Human Resources Recruitment and Retention Efforts for an Inclusive and Representative Workforce
7. Reduce Administrative Demands for Increased Opportunities to Connect with Families

Alongside the implementation of the Strategic Direction and Action Plan, several initiatives are supporting the transformation of the CFS System, including **future amendments to the CFSA**. The Department is currently working towards drafting a Bill to be introduced in the House during the 20th Legislative Assembly.

Work Collaboratively with Indigenous Governments and Organizations

Children, youth, and families receiving CFS are often better supported when there is engagement and pathways for community and Indigenous government participation.

In July 2024, the Department reached out to all Indigenous governments in the NWT with another offer to meet and discuss its implementation of the Federal Act. This offer remains active, should an Indigenous government want more information on the GNWT's implementation of the Act.

The Department participated in Coordination Agreement discussions with the Inuvialuit Regional Corporation and the federal government from April 2022 to September 2024. The trilateral Coordination Agreement was signed on September 30, 2024. As part of this Agreement, Maligaksat are providing prevention services to Inuvialuit children, youth, and families in the NWT.

Through working with Indigenous governments, six additional Custom Adoption Commissioners were appointed in 2024-2025 (bringing the total to 10 Commissioners across the NWT). A commissioner training event is scheduled for spring 2025 to support knowledge and skills in facilitating custom adoptions; create a supportive network among commissioners and provide feedback to improve administrative processes.

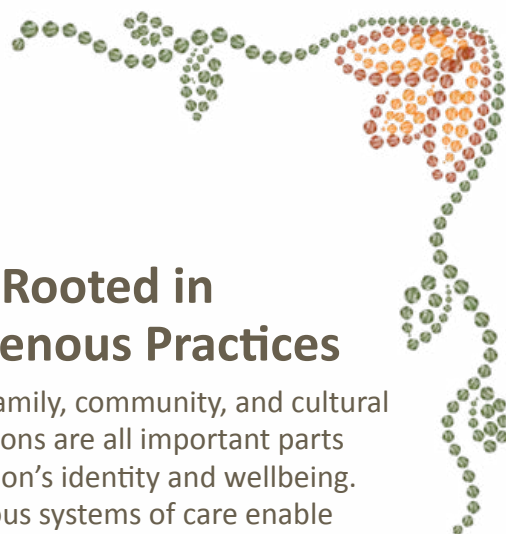
Care Rooted in Indigenous Practices

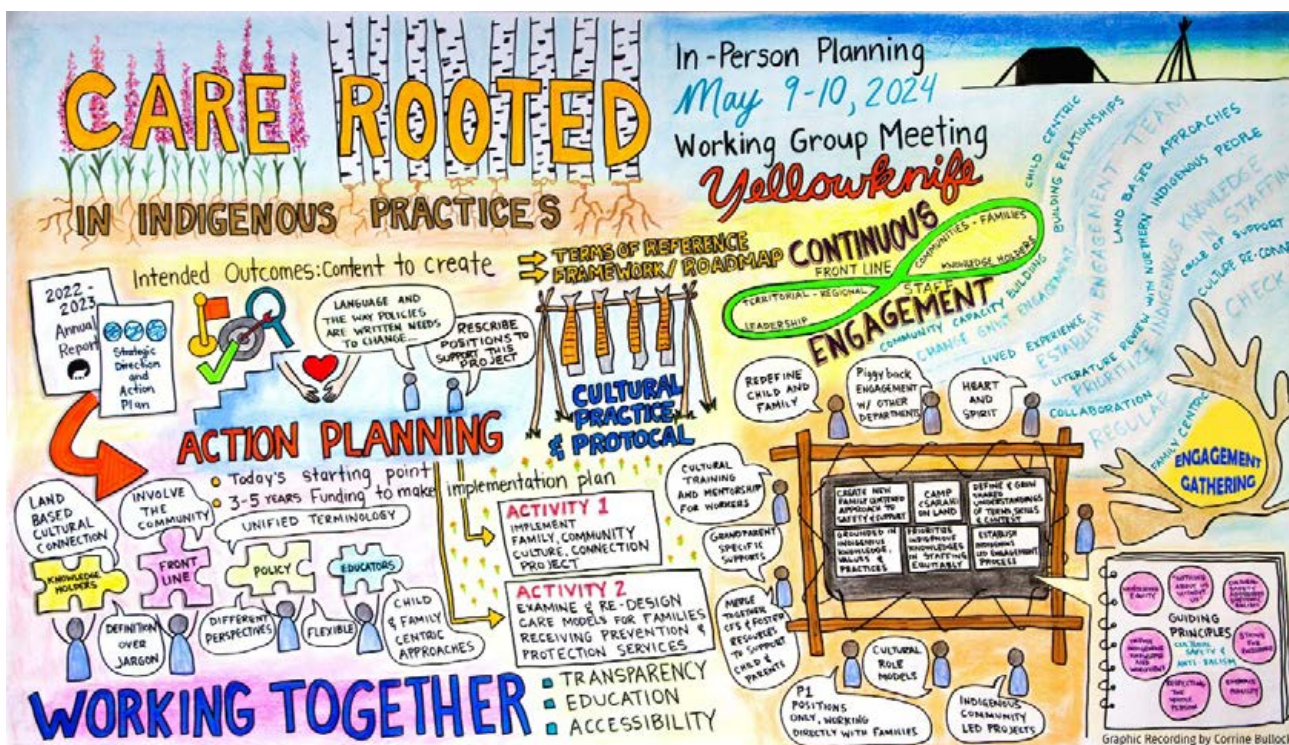
Home, family, community, and cultural connections are all important parts of a person's identity and wellbeing. Indigenous systems of care enable safe, stable, and nurturing relationships between children/youth and their culture, community, family, and caregivers.

The "Care Rooted in Indigenous Practices" Working Group was launched in February 2024 to guide a multi-year initiative to redesign "foster care" and "respite" models to include Indigenous practices and supports that nurture healing and empowerment. The Working Group is a collaborative effort between Divisions of CFS, CSAR, Community Culture and Innovation, and NTHSSA's Cultural Safety Leads for CFS. The Working Group continued to meet throughout 2024-2025 and held an in-person gathering in early May 2024 to further scope out the project with key partners and Elder advisors and inform next steps. A key recommendation from the in-person gathering was to gather previous engagement and existing models prior to engaging with communities.

Between January and March 2025, 73 NWT engagement reports were analyzed into principles and values to underpin the re-design of foster care; 80 models of care were reviewed and scored against the principles and values, along with the feasibility of implementation in the NWT; and a synthesis report was completed outlining challenges and opportunities for model development and implementation, including recommendations on community engagement.

To inform the redesign of care models, the NTHSSA is piloting two cultural safety leads for CFS, who are working directly with families and informing model(s) development for the family, community,





and culture connection project. In addition to this work, they also created and led cultural training for Adoptions workers in the NWT, and supported youth-specific skill development workshops in Yellowknife during the 2024-2025 year.

In collaboration with the CSAR Division, videos are being created to showcase Indigenous systems of care. Filming concluded in March 2025 and final products are anticipated by August 2025. The aim is to communicate important Indigenous practices that contribute to keeping children and youth safe through storytelling, which include themes of:

- Belonging and Connection to Community
- Honouring the Tradition of Custom Adoption
- Supporting Indigenous Children and Youth



Support to Caregivers and Care Providers

Care providers and caregivers can profoundly influence the lives of children and youth who are required to enter out-of-home care temporarily or permanently. When children/youth stay in the care of their family and extended support network, they remain rooted in their community and culture.

The Department is implementing the HEART and SPIRIT¹¹ training and assessment tools for foster placements and caregivers to meet the needs of First Nations, Métis, and Inuit children, youth, and families in the NWT.

In October 2024, the first steps of the implementation plan for the HEART and SPIRIT training were initiated. This involved a 3-day workshop where participants shared their insights and experiences, helping to generate the vision for the NWT and draft plans on how to move forward. Participants included knowledge holders, foster

¹¹HEART: Helping Establish Able Resource-Homes Together. SPIRIT: the Strong Parent Indigenous Relationships Information

caregivers, representatives from the Foster Family Coalition of the NWT; staff from the CSAR Division, and CFS staff from the Department and Authorities. The phased implementation of HEART and SPIRIT will take place over the next three years with the first pilot implementation site starting in Fall 2025.

The work being advanced by the Working Group "Care Rooted in Indigenous Practices" will guide the implementation of HEART and SPIRIT, and together will inform the revision of foster care standards.

Strengthen Youth Supports And Transition To Adulthood

Youth in care have the right to positive supports, resources, and safe housing as they transition to adulthood to enable them to thrive as adults.

The Department is participating in the Child Welfare League of Canada's (CWLC) pilot project on the *Equitable Standards for Transitions to Adulthood for Youth in Care*. Using the equitable standards evaluation model (ESEM), we will be able to identify where the system can be enhanced to better support youth in the areas of finance, education and professional development, housing, relationships, culture and spirituality, health and wellbeing, advocacy and rights, and emerging adulthood development. To build on the ESEM baseline assessment completed in the previous year, two Youth Workers were piloted in

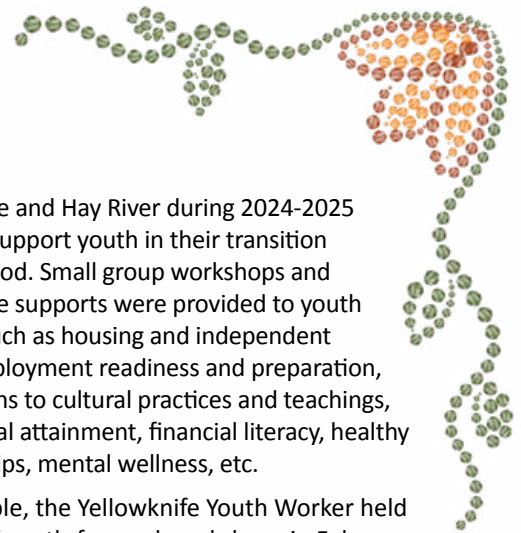
Yellowknife and Hay River during 2024-2025 to better support youth in their transition to adulthood. Small group workshops and one-to-one supports were provided to youth in areas such as housing and independent living, employment readiness and preparation, connections to cultural practices and teachings, educational attainment, financial literacy, healthy relationships, mental wellness, etc.

For example, the Yellowknife Youth Worker held a series of youth-focused workshops in February and March 2025 that provided exposure to career opportunities and resources; a beading workshop; and an on-the-land workshop that allowed youth to engage in traditional land-based activities, strengthening their connection to the land and culture while promoting well-being, identity and resilience. Overall, feedback was positive; the youth enjoyed the workshops and appreciated the space to share their voices.

In summer 2025, a Victoria-based team called "INVINCIBLE: Our Voices from Care"¹² will be travelling to Yellowknife to connect with CFS staff and youth who are/were previously in care. INVINCIBLE is a hands-on, arts-based storytelling project created, written, and designed by Indigenous youth who are part of the Youth Council at Surrounded by Cedar Child and Family Services on Iḁḁ'əḁən homelands. The INVINCIBLE team will be facilitating a land-based workshop for northern youth, who will be travelling from different regions across the NWT. This project is aimed at inspiring other Indigenous children and youth in care through graphic novels, poems, video stories, artwork about childhood memories, cultural stories, and first-hand journals of the experiences and emotions of youth in the foster care system.

Over 2025-2026, we will be revising the CFS standards to align with the ESEM project to better support youth transitioning out of care. We will also share opportunities outside of the CFS system to support youth in their transition to adulthood, such as community-based resources, services, and funding.

¹²Invincible: Our Voices from Care:
<https://invincible.uvic.ca/aboutinvincible/>



Specialized Services Closer to Home

Children and youth are better supported when they can receive specialized services in the NWT, and can remain close to their families, friends, community, and culture.

Work on the development of a framework to guide the continuum of specialized services necessary to support the diverse needs of children, youth, and families, is in progress. Delays have been experienced in this area due to financial constraints. This work will include understanding the pathways and intersections within and outside of CFS to enhance services for children, youth, and families. Consideration and careful attention are needed to reduce barriers to services and address stigma associated with receiving prevention-focused services through CFS.

Strengthen Human Resources Recruitment and Retention Efforts for an Inclusive and Representative Workforce

A representative workforce has direct impacts on the support provided to children, youth, and families. Addressing systemic racism experienced by Indigenous employees in the CFS system will strengthen capacity building, reduce staff turnover, and improve service delivery.

Job descriptions are currently being reviewed and revised to address systemic hiring barriers experienced by Indigenous candidates interested in working in CFS. Interview questions and assignments are being updated as new positions are hired.

In February 2025, the CSAR Division launched the Indigenous Employee Connections Community to foster connections for Indigenous employees to

support, share experiences, learn and empower one another in a good way. This will serve as an Indigenous-only space where Indigenous Health and Social Services employees can get to know one another and build community. A Connections Community specific to CFS may be created based upon the level of interest from Indigenous Staff in CFS.

Reduce Administrative Demands for Increased Opportunities to Connect With Families

Clear and thorough documentation is important to ensure the accountability of service delivery and to maintain the integrity of historical records for individuals who have received services through the CFS system.

During 2025-2026, an approach to modernizing the CFS and Adoptions Standards and Procedures Manuals will be established to ensure staff are guided by clear, concise, and accessible standards. This work is being informed by a scan of documents from other provinces and territories that was completed in 2024-2025. Throughout 2025-2026 and beyond, the manuals will continue to be updated to reflect new initiatives, such as the HEART and SPIRIT training and assessment tools.

Based on a legal opinion, costs, and jurisdictional scan, the Department is shifting its focus on developing a single electronic system to streamline processes and reduce the reliance on paper records as a means of decreasing the current administrative burden faced by frontline staff. We will continue to explore improvements in the way records are created and maintained to prepare for the potential single electronic file in the future.



Section 14: Conclusion

The landscape of child and family services across Canada is changing as more Indigenous governments exercise jurisdiction in relation to child and family services. Children, youth, and families receiving CFS are better supported when there is engagement and pathways for community and Indigenous government participation.

We must remain open and flexible to new, innovative, culturally rooted and anti-racist approaches. We are committed to maintaining and establishing new partnerships to strengthen the design, delivery, and access of CFS.

While progress has been made, there remains more work to be done in transforming CFS into a culturally safe system that supports children and youth in a meaningful way and ensures that more families stay together. To address the overrepresentation of Indigenous children and youth involved with CFS, we must utilize a whole-of-government approach, including engagement and pathways for community and Indigenous government participation.

The *Child, Youth and Family Services Strategic Direction and Action Plan* fits alongside many other GNWT initiatives that also aim to support children, youth, families, communities, and those who serve them. We must find ways to advance change now, but we must also work towards large scale initiatives that will enable a fundamental shift in our approach to best meet the needs of children, youth, families, and communities. This requires continued engagement with Indigenous governments, communities, and other partners. Incorporating feedback and lessons learned through the implementation of various initiatives from a place of cultural humility will ensure that CFS is learning and growing based on what we hear from communities, families, and staff.



Appendix A: Glossary

LEGEND

- Definition is from the Department of Health and Social Services' Caring for Our People: Cultural Safety Action Plan (2019).
- Definition is in accordance with the federal "Act respecting First Nations, Inuit and Métis children, youth, and families."
- Definition is based on the current "Child and Family Services Act," and the CFS Standards and Procedures Manual. Definitions will continue to be examined and updated as we adapt to a changing system, particularly through the implementation of the Child, Youth and Family Services Strategic Direction and Action Plan.

Anti-racism

Anti-racism is the ongoing action to identify, address and prevent racism in all its form¹³.

Applicable Aboriginal¹⁴ Organization ●

An Indigenous government or organization set out in accordance with the NWT's CFS Regulations. A list identifying applicable Aboriginal organizations is maintained by the Statutory Director and can be found here - www.hss.gov.nt.ca/sites/hss/files/resources/applicable-aboriginal-organizations.pdf

Apprehension ●

Apprehension occurs when a child is removed because it has been determined that the child is at risk of immediate harm. A child can be apprehended from the care of the parent/care provider or from the person having care of the child at the time of the apprehension.

Children who are apprehended are placed in the care of the Statutory Director of Child and Family Services. After an apprehension, a child can transition back into the care of their parent/care provider/person having care of the child without the matter going to court when the protection issue is resolved in less than 72 hours.

Apprehension less than 72 hours ●

Apprehension less than 72 hours means that a child transitions back to the care of their parent/care provider/person having care of the child without the matter going to court when the protection issue is resolved in less than 72 hours.

Care Provider ●

A care provider means a person who has primary responsibility for providing the day-to-day care of an Indigenous child/youth, other than the child/youth's parent, including in accordance with the customs or traditions of the Indigenous group, community, or people to which the child/youth belongs.

Caregiver (placement resource) ●

A caregiver is an individual providing a service on behalf of the Statutory Director of Child and Family Services, such as a placement resource for the child or youth when they must be cared for outside of the home.

A caregiver can be:

- Extended Family Caregiver: the child/youth's extended family
- Provisional Caregiver: a community member who is known to the child/youth/family
- Regular caregiver: someone who is not known to the child/youth/family

Case Plan ●

A Case Plan is a plan that must be established for a child/youth by a Community Social Services Worker.

A Case Plan generally provides details on:

- where and with whom the child/youth will live;
- support services promote the safety and wellbeing of child/youth in the home
- counselling, mental health supports and wellbeing;
- how the child/youth will maintain connection with parent/care provider/person having care of the child/youth where the child/youth will not be living with them;
- the child/youth's education;
- the child/youth's cultural, social and recreational activities; and
- any other matter the Community Social Services Worker considers necessary and in the best interests of the child/youth

Child ●

A child means a person who is under 16 years of age (i.e., 0-15 years, inclusive).

¹³Berman, G. & Paradies, Y. (2008). Racism, disadvantage and multiculturalism: towards effective anti-racist praxis. *Ethnic and Racial Studies*, 33 (2), p.214-232. <https://doi.org/10.1080/01419870802302272>.

¹⁴The term "Aboriginal" in the context of "applicable Aboriginal organization" reflects the terminology currently used in the *Child and Family Services Act* and the *Adoption Act*. The Department will propose that this outdated terminology is revised when each Act is amended in the future.

Child Protection Order ●

Child Protection Order ensures the protection, health and safety of a child by providing care for the child while the parent/care provider(s)/ person having care of the child are unable or unavailable to care for the child. The Community Social Services Worker can apply to the courts for a Supervision Order, Temporary Custody Order or a Permanent Custody Order.

Community Social Services Worker ●

Community Social Services Workers support children, youth, and families in the NWT.

Community Social Services Workers receive specialized training to become statutorily appointed as “Child Protection Workers” under the *Child and Family Services Act*. Foster Care and Adoption Workers are also Community Social Services Workers who receive specialized training and are appointed under the *Adoption Act*. Once appointed, they have very specific duties and responsibilities when providing child and family services.

Cultural Humility¹⁵

“Cultural humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another’s experience. Cultural humility enables cultural safety” (p.11)

Cultural Safety ●

Cultural safety is defined as an outcome where Indigenous peoples feel safe and respected, free of racism and discrimination when accessing health and social services.

Cultural Support Plan ●

The Cultural Support Plan supports a child or youth in reclaiming or maintaining connection with their identified community and/or organizations and clearly identifies goals and responsibilities for cultural support. Furthermore, the Cultural Support Plan contains the child/youth’s community/regional history, family and kinship connections, cultural knowledge and traditions.

Director of Adoptions ●

Director of Adoptions is appointed by the Minister of Health and Social Services under the NWT’s *Adoption Act*. Duties and powers of the Director of Adoptions are set out under the Act.

Director of Child and Family Services ●

Director of Child and Family Services is appointed by the Minister of Health and Social Services under the NWT’s *Child and Family Services Act*. Duties and powers of the Director of Child and Family Services are set out under the Act.

Equity ●

Equity in health means that everyone has the opportunity to be healthy and recognize that differences in social determinants of health impact peoples’ ability to achieve their highest potential of health. Achieving equity requires allocation of resources and designing policies and programs that target populations with the most disproportionate disparities.

Emotional Abuse ●

Emotional abuse is a pattern of negative behaviour, repeated destructive interpersonal interactions, or a single, significant destructive interaction by the parent/care provider/ person having care of the child/youth toward the child/youth.

The impact on the child/youth of being exposed to these emotionally harmful behaviours may include depression, significant anxiety or withdrawal, self-destructive or aggressive behaviour, or delayed development.

¹⁵First Nations Health Authority. (n.d.) FNHA’s policy statement on cultural safety and humility. Retrieved from: <http://www.fnha.ca/documents/fnha-p>

Extended Support Services Agreement ●

Extended Support Services Agreements is a written agreement that supports young persons in their transition to adulthood. This service is offered to young persons who were in the permanent care and custody of the Statutory Director of Child and Family Services on their 19th birthday and until they turn 23.

Exposure to family violence ●

Exposure to family violence is considered a form of child/youth maltreatment. Exposure to family violence is considered when there is evidence of family violence between two or more adults in the household, and the child/youth's safety is of immediate concern.

Family ●

When providing services to an Indigenous child or youth, family includes a person whom a child/youth considers to be a close relative or whom the Indigenous group, community, or people to which the child/youth belongs considers, in accordance with the customs, traditions, or customary adoption practices of that Indigenous group, community, or people, to be a close relative of the child/youth.

This broad definition of "family" is also being applied, where applicable, when providing services to non-Indigenous children/youth.

Family of Origin Home

Family of origin home may be inclusive of birth or adoptive parents, siblings, and other relatives, depending on the child's or youth's living situation at the time of their involvement with CFS.

Family Mapping ●

A technique used to create a visual representation of a person's family and relationships between members. This technique helps identify family members who may be able to provide support to the child, youth, and family.

Indigenous Governing Body ●

A council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people that holds rights recognized and affirmed by section 35 of the *Constitution Act, 1982*.

Neglect ●

Neglect is the lack of action by a parent/care provider/person having care of the child/youth in providing for the adequate care and attention of the child/youth's needs, resulting in harm or substantial risk of harm to the child/youth.

Neglect is different than a parent/care provider/person having care of the child/youth being unable to provide basic needs due to socio-economic conditions, such as poverty or lack of adequate housing.

Out-of-Home Placement Resources ●

Out-of-Home Placement Resources provide care for children/youth who are unable to live in their family of origin home. See definition for "caregiver" for more information on the types of placements.

Out-of-Territory Specialized Services ●

Out-of-Territory Specialized Services are used to provide children/youth with specialized residential treatment services that are not available in the NWT.

Permanent Custody Order ●

Permanent Custody Order permanently transfers the custody, rights and responsibilities of a child to the Statutory Director of Child and Family Services until the child reaches the age of 16, however, with the agreement of the youth, a Permanent Custody Order can be extended to the age of majority (19). When a child is in Permanent Custody, they will remain in a home that offers holistic connection and supports to thrive or be adopted, depending on their unique situation.

The Permanent Custody Order may be extended to the age of majority (19) if the youth is in agreement.

Physical Abuse ●

Physical abuse is action by the parent/care provider/person having care of the child/youth that caused or is likely to cause a child/youth to sustain a physical injury.

Plan of Care Agreement ●

A POCA is a written agreement that provides an alternative to the court process when there is an ongoing protection concern involving children under 16 years of age. Depending on the situation, the child may remain in the family of origin home or be cared for outside the home.

The maximum term of a POCA (including extensions) is two years. The Plan of Care Agreement is for children and cannot be used beyond a child's 16th birthday.

Plan of Care Committee ●

A Plan of Care Committee prepares a Plan of Care Agreement for a child considered to be in need of protection. The Plan of Care Committee is composed of:

- at least one person who has lawful custody of the child,
- the Indigenous governing body/bodies (when applicable);
- the "Applicable Aboriginal organization/organizations" (when applicable);
- other support individuals identified by the family;
- the child (if 12 years of age or older), and
- one Community Social Services Worker.

Sexual Abuse ●

Sexual abuse is any sexual act on a child/youth by the parent/care provider/person having care of the child/youth, adult in the household, intimate partner of a parent/care provider/person having care of the child/youth, or, adult or household member who is unable to be ruled out as an alleged abuser.

Significant Measure (s.12 notice)

Section 12 of the federal *Act respecting First Nations, Inuit and Métis children, youth and families* requires the child and family services providers to provide notice to the child/youth's parent(s), care provider(s), and Indigenous governing body or bodies prior to taking the significant measure with the goal of engaging and collaborating on the planning for the child or youth.

Social Determinants of Health ●

Social Determinants of Health are economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power and resources that people have, all of which are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes and include early childhood experiences; level of education; being able to keep a job; the kind of work a person does; having food or being able to get enough food; access to health services and the quality of those services; housing status and physical environments; amount of money earned; gender; and discrimination and social support.

Supervision Order ●

Supervision Order is a court order which directs a Community Social Services Worker to supervise the home of a child according to the terms and conditions of the Order.

The Order may be for a period of up to one year. A supervision order does not apply to youth.

Support Services Agreement ●

Support Services Agreements is a written agreement for youth, ages 16 to 18 (inclusive), to offer support and guidance in their transition to adulthood. Support Services Agreements can be made for six months and can be renewed up until the age of majority (19).

Systemic Racism¹⁶

Systemic racism describes how mainstream institutions, including the public service, normalize and condone, often unintentionally, long standing racist ideas and beliefs into policies, practices, and norms. This results in a system that inherently privileges the ideas and needs of the dominant white population while disadvantaging non-white racial groups, like Indigenous peoples. In turn, systemic racism contributes to inequities for Indigenous peoples. Within health and social services, these inequities impact access to services and quality of care received by Indigenous clients, resulting in inadequate outcomes. Systemic Racism occurs when institutions, such as health and social services, give space to discrimination whether it is intentional or not.

Temporary Custody Order ●

A temporary custody order is when the custody of a child or youth is temporarily transferred by the court to the Statutory Director of Child and Family Services. Temporary Custody Orders are age specific.

A Community Social Services Worker may not make an application for an order for temporary custody of a child/youth that results in a continuous period during which the child/youth is in temporary custody exceeding:

- 12 months, in the case of a child under 5 (five) years of age;
- 18 months, in the case of a child 5 (five) years of age or over but under 12 years of age; or
- 24 months, in the case of a child 12 years of age or over.

Also, a court may not make or extent an order that would result in a child being in the temporary custody of the Director for a continuous period exceeding:

- 15 months, in the case of a child under five years of age when the order was made;
- 24 months, in the case of a child five years of age or over but under 12 years of age when the order was made; or
- 36 months, in the case of a child 12 years of age or over when the order was made.

Unique child / youth (data)

The term “unique” means that a child/youth is only counted once within a particular dataset. For example, a child/youth may have received different types of services throughout the year; however, only the most recent service type for a child/youth may be included in the analysis. This allows for the determination of the number of individual children/youth who received a service through child and family services in that timeframe.

Voluntary Services Agreement ●

Voluntary Services Agreements is a written agreement that supports families with children/youth between the ages of 0-18 (inclusive) and expectant parent(s) who would benefit from support as identified by the individual/families. The child/youth may reside in their own home or elsewhere. The initial term of a Voluntary Services Agreement is for six months, with the option for additional six-month renewals until the child/youth reaches the age of 19 (age of majority).

Voluntary Services Agreement – Care Provider

Voluntary Support Agreements - Care Provider support extended family who are caring for their nieces/nephews/ grandchildren between the ages of 0-18 (inclusive) by providing support for a variety of needs within the extended family's home.

Young Person

A young person means an individual who has attained 19 years of age but not attained 23 years of age (i.e. 19-22 years, inclusive).

Youth ●

Youth means a person who has attained 16 years of age but not attained the age of majority (i.e., 16 – 18 years, inclusive).

¹⁶Government of the Northwest Territories. (2021). *Northwest Territories Health and Social Services System Human Resources Plan*. Retrieved from: www.hss.gov.nt.ca/sites/hss/files/resources/nwt-human-resources-plan-2021-2024.pdf. (p.13).

Youth Protection Order (16 - age of majority) ●

Youth Protection Order preserves the health and safety of a youth by providing care for the youth while the parent/care provider(s)/ person having care of the youth are unable or unavailable to care for the youth.

The Community Social Services Worker can apply to the courts for a Temporary Custody Order or Permanent Custody Order. An apprehension is not required.

Circumstances where a Youth Protection Order may be appropriate, are as follows:

The youth cannot reside with his or her parent/care provider/person having care of the child/youth(s).

The youth is unable to care for and protect themselves.

The youth is unable or unwilling to enter into a Support Services Agreement due to developmental, behavioral, emotional, mental or physical incapacity or disorder, or the effects of the use of alcohol, drugs, solvents or other similar substances.

The youth is living in circumstances of a child who needs protections under subsection 7(3) of the *Child and Family Services Act*.



For more information, please visit:

www.hss.gov.nt.ca or email at
hsscommunications@gov.nt.ca