Report of the Auditor General of Canada to the Legislative Assembly of Nunavut—2011

Children, Youth and Family Programs and Services in Nunavut

Office of the Auditor General of Canada
Bureau du vérificateur général du Canada

Ce document est également publié en français et en Inuktitut.

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Auditor General of Canada
Vérificatrice générale du Canada

To the Honourable Speaker of the Nunavut Legislative Assembly

I have the honour to transmit herewith my report on the audit of Children, Youth and Family Programs and Services in Nunavut to the Legislative Assembly of Nunavut in accordance with the provisions of section 48 of the *Nunavut Act*.

Yours sincerely,

Sheila Fraser

Sheila Fraser, FCA

Ottawa, 8 March 2011

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Children, Youth and Family Programs and Services in Nunavut

Main Points

What we examined

The Government of Nunavut offers numerous programs and services to support children, youth, and families. Most of them are provided by four key Government departments: Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice.

The Department of Health and Social Services has key responsibilities for the protection and well-being of children, youth, and their families. We examined how it fulfills these responsibilities through child and family services, adoptions, and the Public Health Strategy.

We also looked at whether the four departments have a coordinated approach to providing the programs and services related to the protection and well-being of children, youth, and their families. We looked only at whether mechanisms for coordination exist, not at how departments and other service providers—including the federal government—manage their programs or whether the programs are effective. Our audit included interviews, file reviews, and data analysis conducted in Iqaluit and six other communities.

Audit work for this report was substantially completed on 1 September 2010.

Why it's important

Children are among the most vulnerable people in society. They have a right to expect protection from physical harm, neglect and other forms of abuse, and to have their need for shelter, food, and support met. As in other parts of the country, Nunavut faces a range of issues that affect children and youth. However, some of these issues have a greater impact in Nunavut.

In 2009–10, the Department of Health and Social services provided 633 children with protection services. Community social service workers deal with a wide variety of serious issues faced by children, youth, and their families, such as physical and sexual abuse. Community social service workers responded to cases of children who were sexually abused, some diagnosed with sexually transmitted diseases. Some of the children who where sexually abused were under the age of 10.

The Government of Nunavut has identified the well-being of children and youth as a priority of past and current governments. In addition, several territorial planning documents, strategies, and action plans, such as the Public Health Strategy, identify the well-being of children and youth as a priority. The Government of Nunavut also announced the creation of a Child and Youth Representative Office to be in place by 2013.

What we found

- The Department of Health and Social Services is not adequately meeting its key responsibilities for the protection and well-being of children, youth, and their families. Although it reacts quickly when it is made aware of children in need of protection, the Department is not meeting many other requirements of the *Child and Family Services Act* and its own standards and procedures. For example, it does not perform the required safety checks of foster homes, nor does it complete annual compliance reviews of child protection files. When the requirements of the Act are not met, there is a risk that children are not receiving the protection to which they are entitled.
- Because it lacks sufficient information about children in care, the Department cannot accurately track their status, understand their needs, and adjust its activities to provide appropriate support. While a third of its community social service worker positions are unfilled, the Department does not provide the social workers in place the training they need to do their jobs in communities.
- The Department has not met key *Adoption Act* requirements to protect the child's safety and best interests. Nine of thirteen files we reviewed were missing key documents, such as safety checks of adoptive homes, and four of the files did not have criminal record checks of potential adoptive parents.
- The *Aboriginal Custom Adoption Recognition Act* is silent on whether and how the child's safety and best interests are to be protected. Given the absence of documented rationale for decisions as to whether Aboriginal customary law has been followed, it is unclear what factors are considered, including the safety and well-being of the child, when the custom adoption commissioner is making the decision.
- While the Government of Nunavut has established a Quality of Life Committee to provide strategic direction on social issues, other committees and working groups established by the four departments we looked at are not geared specifically toward coordinating the delivery of programs and services. The current

lack of formal coordination in program areas such as family violence and early childhood development could be undermining the potential benefits of these programs and services to recipients.

The Government of Nunavut has responded. *The Government agrees with all of our recommendations and has provided a detailed response to each recommendation throughout the report.*

Introduction

1. Nunavut has one of the fastest growing populations in Canada. From 1999 to 2009, the population of Nunavut grew by nearly 17 percent; the total number of Nunavummiut (people of Nunavut) reached 32,000, of which approximately 84 percent identified themselves as Inuit. Recent projections indicate that the population is likely to increase to almost 45,000 by 2036, with the majority of this growth coming from births rather than migration. Nunavut currently has Canada's youngest population, with over 40 percent or nearly 13,000 of its citizens under the age of 19.

2. The circumstances of the modern Inuit family have changed considerably from those experienced traditionally. Before living in permanent communities, Inuit lived in small, family-based groups that travelled seasonally in pursuit of game. The entire group was responsible for decision making and maintaining the community's well-being. Today, larger communities, access to health care, formal education for children, wage employment, and many other characteristics of modern life have irreversibly affected Inuit family dynamics. However, despite these rapid changes, Inuit maintain a strong family orientation and commitment to traditional values.

3. As in other parts of the country, Nunavut faces a range of issues that affect children and youth. However, some of these issues have a greater impact in Nunavut. For example, the youth suicide rates for Inuit boys aged 15 to 19 is 10 times the Canadian average. Exhibit 1 presents a comparison of these health and social well-being indicators between Nunavut and all of Canada (unaudited statistics).

4. Parents are primarily responsible for the protection and well-being of Nunavut children and youth. For example, one of the key principles governing the *Child and Family Services Act* states: "parents are responsible to care and provide for and to supervise and protect their children." The three levels of government—federal, territorial, and hamlet (the Nunavut equivalent to municipalities)—and organizations (such as Nunavut's regional Inuit organizations) and groups (for example, community justice committees) offer programs and services aimed at the protection and well-being of children.

Exhibit 1 Statistics gathered from various sources between 2002 to 2008 show that Nunavut is behind all of Canada on indicators of health and social well-being (unaudited)

	Nunavut	All of Canada
Children and Youth		
Infant mortality rates (children less than 1 year of age)	15.1 deaths per 1,000 live births	5.1 deaths per 1,000 live births
Low birth weights (less than 2,500 grams)	8.4% of births	6% of births
Household food insecurity	70% (Inuit households with children aged 3–5)	5.2% (households with children under 18 years of age)
Teenage pregnancy rate (women 14–19 years of age)	130.7 pregnancies per 1,000 women aged 14–19	25.6 pregnancies per 1,000 women aged 14–19
Percentage of population aged 12–19 who smoke daily	37%	12.9%
Sexual violations against children (under 18 years of age)	44.3 incidents per 100,000 people	4.3 incidents per 100,000 people
Child and youth victims of violence (under 18 years of age)	4,311 victims per 100,000 people	1,111 victims per 100,000 people
Youth crime rate (aged 12–17)	31,161 youth accused per 100,000 youth (aged 12–17)	6,885 youth accused per 100,000 youth (aged 12–17)
Public high school graduation rate	39.9%	74.8%
All Nunavummiut		
Life expectancy at birth	68.7 years	79.3 years
Tuberculosis rates	93.4 cases per 100,000 people	5.2 cases per 100,000 people
Alcohol use (**heavy drinkers**, persons 12 and older)	30%	20.1%
Cannabis offence rate	783 offences per 100,000 people	194 offences per 100,000 people
Chlamydia infection rates	3,486 cases per 100,000 people	224 cases per 100,000 people
Homicide rate	18.64 homicides per 100,000 people	1.81 homicides per 100,000 people

Sources: Various sources (see Appendix A).

Notes: 1. Statistics from this exhibit are unaudited.
2. The population of Nunavut ranged from 28,715 in 2002 to 31,644 in 2008. The population of Canada ranged from 31,413,990 in 2002 to 33,445,591 in 2008.
3. Some rates from various sources are presented per 100,000 for comparability with statistics for all of Canada.
4. Rates in Nunavut can be subject to greater fluctuations due to its relatively small population.

Household food insecurity—where households have problems accessing food, which may result in one or more members reducing food intake.

Sexual violations against children—includes charges such as sexual interference, invitation to sexual touching, sexual exploitation, luring a child via a computer, and more.

Child and youth victims of violence—include homicide and attempted murder, other violations involving violence or the threat of violence, physical assaults, and sexual assaults.

Heavy drinkers—persons who drink 5 or more drinks per occasion, 12 or more times a year.

Child, youth, and family programming in Nunavut

5. The Government of Nunavut has identified the well-being of children and youth as a priority of past and current governments. The recent *Tamapta 2009–2013* (the mandate of the Third Legislative Assembly) defines four priorities for Nunavut's Third Legislative Assembly, to be achieved by 2030, that include children and youth:

- Help those at risk through the establishment of an office for advocacy and action on behalf of challenged and disadvantaged individuals and groups.
- Connect to the community by encouraging youth to expand their individual roles in governance and leadership, and increasing opportunities and programs to support social, sports, recreational, and traditional activities.
- Address social concerns at their roots by understanding what is causing problems and taking a more holistic approach and implementing early prevention and intervention initiatives to help reduce alcohol and drug abuse, suicide, and crime.
- Improve health through early prevention, with emphasis placed on those who are least able to look after themselves.

6. In addition, several territorial planning documents, strategies, and action plans, such as the Public Health Strategy, identify the well-being of children and youth as a priority. The Government of Nunavut also announced the creation of a Child and Youth Representative Office, which will be in place by 2013.

7. Most programs for children, youth, and their families in Nunavut are provided by four key Government of Nunavut departments: Health and Social Services (DHSS); Culture, Language, Elders and Youth (CLEY); Education; and Justice (Exhibit 2). From the overall territorial budget of $1.25 billion for the 2009–10 fiscal year, core programming for children and youth included

- $135 million for primary and secondary education,
- $6 million for child protection services,
- $2.6 million for early childhood education, and
- $2.3 million for the young offenders program.

In addition, the Government of Nunavut administers and delivers programs and services on behalf of the federal government.

Exhibit 2 The Government of Nunavut offers numerous programs and services to support children, youth, and families

Government department	Children	Youth	Families
Health and Social Services	Child Protection Program	Child Protection Program	Guardianship Program
	Facility-Based Residential Care	Facility-Based Residential Care	
	Adoption Services	Adoption Services	Family Violence Program
	Mental Health Program	Mental Health Program	Mental Health Program
	Public Health Strategy	Public Health Strategy	Public Health Strategy
Culture, Language, Elders and Youth	—	Youth Program	—
	—	Sports Program	—
Education	Child Care Facility and Licensing	—	Daycare User Subsidy
	Healthy Children's Initiative	—	Young Parents Stay Learning
Justice	—	Young Offender Programs	Community Justice Program

Sources: Departments of Health and Social Services; Culture, Language, Elders and Youth; Education; Justice

Focus of the audit

8. We looked at whether the Department of Health and Social Services had adequately met its key responsibilities for the protection and well-being of children, youth, and their families, including child and family services, adoptions, and the Public Health Strategy. We also looked at whether the four departments (Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice) had a coordinated approach to providing the programs and services related to the protection and well-being of children, youth, and their families. More details about the audit objectives, scope, approach, and criteria are in **About the Audit** at the end of this report.

Observations and Recommendations

Child and Family Services

9. The *Child and Family Services Act* (the Act) governs child and family services in Nunavut, with the objective to promote the best interests, protection, and well-being of children. The Act protects children and youth up to the age of 19 (subsequently referred to in this report as "child" or "children"), and provides the Department of Health and Social Services with the authority to investigate notifications of children in need of protection, and to take action to

ensure the children's well-being, including, if necessary, to remove them from the parental home. This can include placing children in foster homes or in residential care. In addition, the Act outlines the services available that could support children and their families while the child is under the protection of the Act.

10. **Roles and responsibilities.** Various players work together to ensure compliance with the Act. The Minister of the Department of Health and Social Services appoints a Director of Child and Family Services, who is responsible for performing the duties of the Act and ensuring its requirements are being carried out. Located at the Department's headquarters in Iqaluit, the Director of Child and Family Services is also responsible for interpreting the Act and for developing standards and procedures on how it should be applied.

11. Community social service workers, appointed by the Director of Child and Family Services, deliver the child protection program in the communities. There are a total of 51 community social service worker positions across Nunavut (Baffin, Kivalliq, Kitikmeot, and Iqaluit), including 11 supervisor positions, 5 of which serve a single community, while 6 serve two or more communities (Exhibit 3). Supervisors are responsible for assessing staff compliance with the Act and departmental standards and procedures.

12. The communities of Cape Dorset and Igloolik have entered into contribution agreements to provide social services on the Government of Nunavut's behalf. This includes the enforcement of the Act and departmental standards and procedures. However, the Department remains ultimately accountable for ensuring that the provisions of the Act are carried out.

13. **Child protection process.** The Act states that a person who has information on a child's need for protection shall report the matter to a community social service worker. When Child and Family Services receives such a report, there are specific courses of action on when and how to address the child's needs. Exhibit 4 illustrates the potential outcomes when a child comes into contact with child and family services.

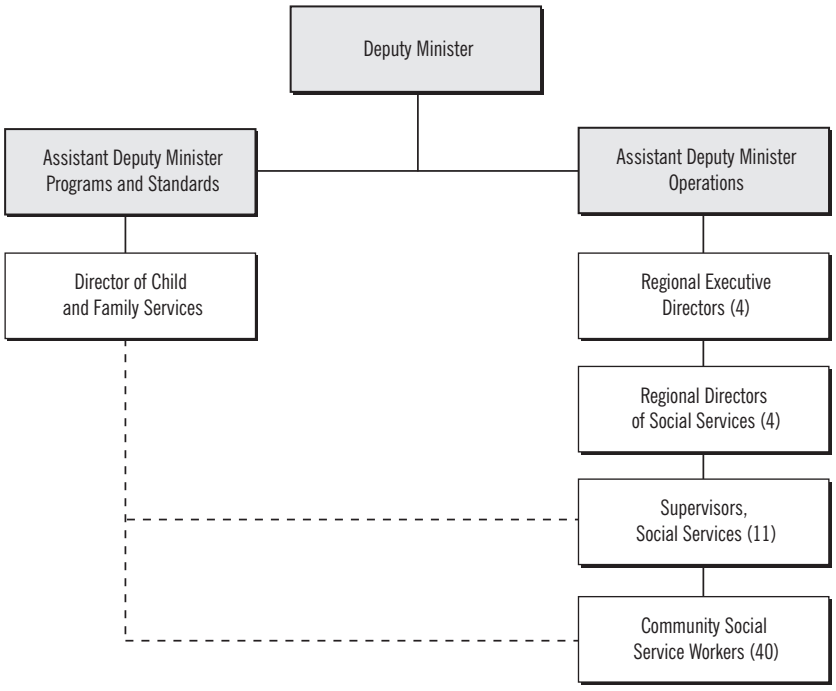
14. In the 2008–09 fiscal year, the Government of Nunavut provided child protection services (including investigations, interventions, and residential services) to 487 children. In the 2009–10 fiscal year, the number increased to 633. Services included placing a child in foster care and offering support programs to the family such as counselling services and substance abuse treatments.

15. Meeting the requirements of the *Child and Family Services Act* is important because, in doing so, the Department not only offers services to those children already deemed in need of protection, but also provides safeguards for children to prevent future protection concerns. We examined whether the Department had complied with the Act and its regulations, as well as with departmental standards and procedures by

- having the human resources to identify children at risk and to investigate cases, as required by the *Child and Family Services Act*;
- monitoring compliance with the *Child and Family Services Act*;
- collecting and analyzing information to improve program administration and performance; and
- reporting annually to the Minister, as required by the *Child and Family Services Act*.

16. We looked at a random sample of 61 child protection files in seven communities to determine whether the Department was complying with selected requirements of the *Child and Family Services Act*. The sample

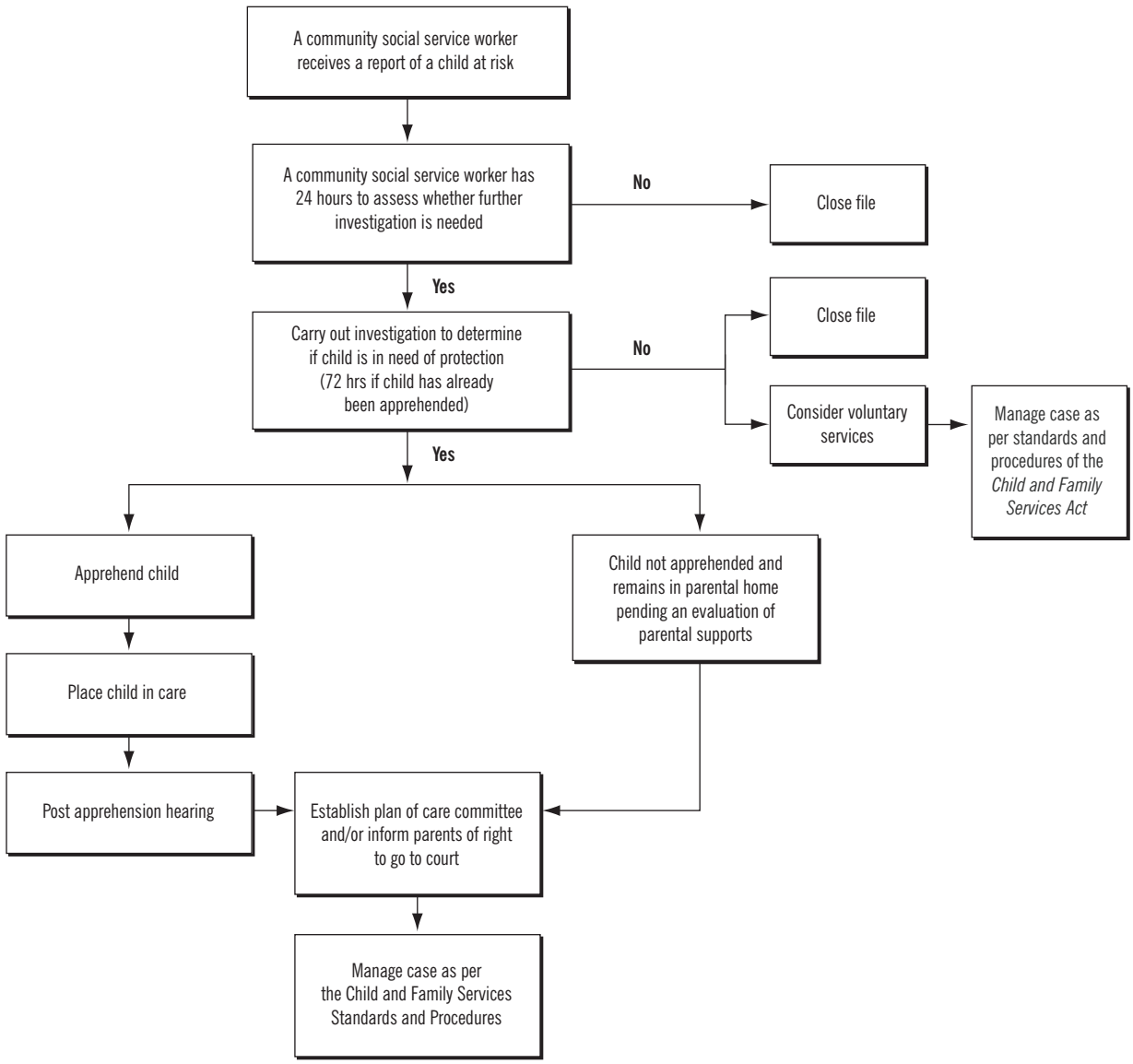
Exhibit 3 Reporting relationships in the Department of Health and Social Services



Source: Department of Health and Social Services

was drawn from active and closed files from fiscal years 2008–09 and 2009–10, where an incident had been reported on a child, and where the Department responded and subsequently provided a service. We examined whether the Department had the resources to identify children at risk and provide them with services, and whether it had sufficient information about children in care to analyze performance and determine areas for improvement to report to the Minister.

Exhibit 4 There are a number of potential outcomes when a child comes to the attention of Child and Family Services



Source: Adapted from Child and Family Services Standards and Procedures Manual

Cases coming to the attention of Social Services are of a serious nature

17. The 61 files reviewed in the audit covered a wide variety of serious issues faced by children, youth, and their families. These issues included alcohol and drugs, family violence and physical abuse, neglect, and sexual abuse. We found that an average of two potential child protection incidents were reported for each child in our sample. In some cases, those coming to the attention of Social Services were very young children.

18. The eight sexual abuse files in our sample contained cases where a child was either the direct victim of sexual abuse or potentially in danger (for example, a sibling was either a victim or a potential victim). The Royal Canadian Mounted Police (RCMP) were involved in all eight cases. We noted cases where a child's file reflected the impact of sexual abuse suffered earlier in life and the services the child received as a result. We noted cases of children who were sexually abused, some diagnosed with sexually transmitted diseases. Some of the children who where sexually abused were under the age of 10.

19. The following illustrate other types of cases reviewed during the audit:

- Parents who are unable to care for their children because they suffer from drug or alcohol dependency are offered services to help them deal with their dependency. In the meantime, to keep the children safe, the children are placed in foster care.
- Children are physically abused by family members, some of whom are under the influence of drugs or alcohol.

20. We also noted that a number of children and youth were identified as being in need of services for more than one issue. For example, we noted that cases involving drugs and alcohol were often linked to family violence and physical abuse, and sometimes to cases of neglect.

The Department is facing several human resource issues

21. There are 51 community social service worker positions in Nunavut to provide the required services for children and youth at risk. This includes 46 community social service workers and supervisors who are employees of the Government of Nunavut, and five community social service workers and supervisors employed by the hamlets of Cape Dorset and Igloolik. In addition, three new community social service worker positions were created in 2010, although, at the time of the audit, the job creation process had not been finalized. These workers are also responsible for administering

other Department of Health and Social Services programs (for example, adult services or family violence) in addition to the child protection program.

22. We looked at whether the Department had the human resources to identify children at risk and to investigate cases, as required by the Act. We examined the extent to which the community social service workers positions were filled. We also examined the workload of community social service workers since, notwithstanding whether a position is filled, the person in place needs to have the time to carry out all the requirements of the job. Finally, we examined the training provided to community social service workers.

23. **Conflicting role.** In addition to providing services for children and youth, as well as administering other department programs, community social service workers provide community correction services in 14 communities through a memorandum of understanding between the departments of Health and Social Services and Justice. This can have a negative impact on the ability of community social service workers to serve children and their families. Providing correctional services increases their workload. In addition, departmental staff told us that having one individual serve both functions can place community social service workers in a possible conflicting role, as they may be representing opposing interests. For example, a community social service worker may be providing protection services to a child while also providing probation services to his or her parent.

24. **Recommendation.** The Department of Health and Social Services and the Department of Justice should take steps so that the community social service workers no longer perform correctional services.

The departments' response. *Agreed. Since October 2009, the senior staff of both departments have been working toward the development of an action plan to transfer these functions from the Department of Health and Social Services (community social service workers) to the Department of Justice. Both departments have been working toward a three-year transitional timeline for the completion of this process.*

25. **Filling the positions.** We analyzed vacancy rates for the 2009–10 fiscal year to determine whether the Department had a community social service worker or supervisor (either a permanent or casual employee) in all of the 46 established positions. We found that the Department is facing a serious capacity gap when it comes to filling the community social service workers' positions. For example,

in the 2009–10 fiscal year, a monthly average of 17 of the 46 positions were not filled by a permanent or casual employee or supervisor. In addition, we found that four communities were without a permanent full-time community social service worker or supervisor for the year. In one of these communities, there was neither a permanent nor a casual employee during that period.

26. The Department of Health and Social Services is not the only department facing human resource capacity issues. In the 2010 March Report of the Auditor General on Human Resources Capacity, we made several observations and recommendations regarding filling key professional positions in the territory. In September 2010, the Department of Human Resources testified at the Standing Committee on Oversight of Government Operations and Public Accounts on the 2010 Report. At that time, it indicated that it had identified community social service workers as positions that needed to be filled on a priority basis.

27. **Recommendation.** The Department of Health and Social Services, in collaboration with the Department of Human Resources, should develop short-, medium-, and long-term strategies to fill community social service workers positions in order to ensure that each community has adequate child and family services coverage.

The Department's response. *Agreed. The Department will continue to strengthen its collaboration with Human Resources (HR) and work with a "dedicated" HR officer, in order to fill all vacant community social service worker positions.*

The short-term goal would be to have at least a casual staff person in each position. The medium- and long-term goals would be to have all social services staff positions preferably filled on an indeterminate basis in each community.

28. **Workload.** Throughout the audit, several community social service workers told us they often carried a large workload and, as a consequence, did not have the time to provide as many services as they should. However, we found that the Department gathered little information on the workload of its community social service workers. In addition, the Department does not currently have guidelines on what is an appropriate number of cases per worker.

29. A major consequence of carrying a large workload is that community social service workers are not able to meet the requirements of the Act. In addition, community social service workers do not have the time to focus on other services, such as prevention work. Several community social service workers told us that they

would like to spend more time with children in schools and to offer programs that are needed in communities. Prevention work such as this may in fact decrease the number of children who require protection under the Act in the first place.

30. **Recommendation.** The Department of Health and Social Services should perform an analysis of the workload of community social service workers. It should also set workload standards and take steps to ensure that these standards are met.

The Department's response. *Agreed. Beginning immediately, the Department will perform an analysis of community social service workers' workload. This will also take into consideration the outcomes of the current review of the* Child and Family Services Act. *Further, we shall also consult with the national social work community and, in particular, with the directors of the Child Welfare Group and the Child Welfare League of Canada. Particular emphasis and attention will be paid to acceptable caseload size for social work staff practising in rural and isolated northern areas such as Nunavut.*

31. **Training.** The community social service workers in Nunavut have a wide range of qualifications and experience in child protection: some have a Master's degree in social services, while others have more practical experience. Many come from outside the territory. Given such a wide variety in the backgrounds of community social service workers, it is important that they receive adequate training to identify the children at risk and provide them with the services they require, particularly since some communities have only one community social service worker.

32. As family and child services in each province and territory are governed by their respective act, it is important for a community social service worker to understand how Nunavut's Act is to be carried out. In Nunavut, all new community social service workers are required to complete a two-week training on the application of the *Child and Family Services Act*. According to departmental standards, this training is mandatory in order to obtain a Child Protection Worker Appointment. Without the Appointment, the community social service workers are not authorized to carry out their duties. We examined whether the Department had provided community social service workers with this mandatory training.

33. We found that the Department does not track whether community social service workers have received this training. In order to assess the extent of training that was provided, we contacted the supervisors in the seven communities where we did our file review to

find out how many supervisors and community social service workers had received their training as of 31 May 2010. Of the 26 community social service workers and supervisors in place at the time, 10 had not received their training. Yet 8 of these 10 had been granted their Appointment. Of these 8, 7 had been in their positions for at least eight months, which indicates that they would have had opportunities to complete the training during that time.

34. Given the wide variety of backgrounds in community social service workers, we examined how the Department assesses and manages its various training needs. We found that, besides the mandatory training on the *Child and Family Services Act*, the Department has identified little opportunity for additional training that community social service workers may need to perform their duties. For example, community social service workers coming from outside the territory may benefit from Inuit societal values training. Identification of training needs could arise from annual appraisals or from the findings of the annual audits that the Department is required to do. However, since the Department does not perform these annual audits (see paragraph 54), the Department does not know how and what training could help community social service workers to meet the standards in place.

35. **Recommendation.** The Department of Health and Social Services should ensure that mandatory training is delivered to each community social service worker in a timely fashion before the worker obtains a Child Protection Worker Appointment.

The Department's response. *Agreed. The Department has begun the steps to create a new staff position of Child Welfare Statutory Trainer/Training Coordinator. This individual will be based at headquarters and will be responsible for the development and delivery of statutory training programs to all new child protection staff. The frequency, duration, and location of such training initiatives in each region will be determined by the Director of Child and Family Services.*

36. **Recommendation.** The Department of Health and Social Services should provide supplemental training, including Inuit societal values training, that community social service workers require, based on the training needs and gaps identified in annual audits and appraisals.

The Department's response. *Agreed. The Department will continue to collaborate with the Department of Human Resource's Staff Training and Development Division to ensure that appropriate staff training programs in the social services and child protection fields are made available to all staff.*

The Department will continue to ensure that all staff have access to online and teleconference training initiatives and workshops. The Department will also support and provide opportunity for attendance and participation at local, regional, and external workshops and symposia.

The Department of Health and Social Services responds on a timely basis when notified that a child is in need of protection

37. A key requirement of the *Child and Family Services Act* is to provide timely resolution of matters concerning children. Responding to reports about children in need of protection in a prompt fashion is not only a requirement of the Act, but also important in order to remove them from potential harm and to determine which course of action is best for the child.

38. According to the Act's standards and procedures, once a child is reported to social services as being potentially at risk (for example, by the school or relatives), a community social service worker must assess the situation within 24 hours to determine if the child is at risk. If the community social service worker determines that the child's safety is at risk and the child should be removed from the parental home (apprehended), he or she has 72 hours to complete the investigation.

39. To determine whether the Department had met these two requirements, we first tested to see whether, in all 61 files, community social service workers had assessed the risk to the child within 24 hours. We found that in 59 of the 61 files, the community social service worker had assessed the situation within 24 hours. For example, the worker may have contacted the person who reported the child, met with the child, or called the RCMP if its intervention was needed. We found that the remaining two files did not have sufficient documentation to determine whether they had been addressed within 24 hours.

40. We also found that in all but one file where the children had been apprehended, the community social service worker had completed the investigation and decided whether or not the child was in need of protection within the required 72 hour time frame.

Case management standards are not fully met

41. Case management standards are procedures set by the Director of Child and Family Services to define how community social service workers should interact with children and families receiving services through the Act. For instance, one standard has guidelines for the community social service worker on the minimum contact he or she

should have with children, depending on the child's living arrangements (whether at home or in foster care). When a child is at home, the community social service worker is required to meet privately with the child every six weeks. In addition, to show that case management standards are met, both the community social service worker and his or her supervisor are required to maintain proper documentation of reviews of case plans and visits with the child and family, and keep this documentation on file with other appropriate documentation such as medical and dental records.

42. We tested whether there was evidence in the case management files that the community social service workers met with the child as required. We found that 45 of the 61 child protection files had insufficient evidence that this had been done. We also tested whether supervisors reviewed case plans at least every two months as required. Of the 52 files where the services provided had lasted a minimum of two months, none contained case notes to show that the supervisor had reviewed the care agreement.

43. Some supervisors told us that, although they are not documenting their review of files, they hold weekly meetings with community social service workers, where they discuss their current workloads and the children in care. However, we were also told that, because of large workloads, community social service workers had no time for visits with children or, if they did, to document the visits. Nonetheless, maintaining complete documentation on a timely basis is important to keep accurate records of services provided to recipients.

44. Recommendation. The Department of Health and Social Services should ensure that case management standards are met by having community social service workers meet with the children and their families and having supervisors review case plans as and when required.

The Department's response. *Agreed. The Department's Standards and Procedure Manual clearly addresses these requirements in Section 800—Case Management, especially standards 804 and 804A, with regard to meeting with children and their families, and Standard 808—Monitoring Casework, with regard to the role and expectations of the supervisor in reviewing, monitoring, and providing clinical direction.*

The Department will issue a clear directive to all regional directors, managers, and supervisors to reiterate the need to meet these standards. These topics will be further addressed at team meetings and at individual staff supervision sessions. The Department will also have a full staff

teleconference prior to 31 March 2011. Finally, the Department will ensure that these requirements are included in the curriculum for the statutory training program for all new staff. The Department will ensure that these requirements are included the regional managers/supervisors face-to-face meeting early in the 2011–12 fiscal year.

45. **Recommendation.** The Department of Health and Social Services should ensure that community social service workers and supervisors keep accurate records of visits to children under care and maintain complete documentation, as required by the *Child and Family Services Act*.

The Department's response. *Agreed. Section 800 through 806 of the Child and Family Services Standards and Procedure Manual clearly outlines these requirements with regard to the maintenance of accurate records and complete documentation of child welfare activities in the client file. The Director of Child and Family Services will issue a clear directive to all caseworkers, supervisors, regional managers, and directors to reiterate the need for compliance with this statutory requirement. Effective immediately, supervisors will be required to perform random audits of files in their communities at least once per year and provide a written report of the review to the Director of Child and Family Services, as evidence of its completion. The curriculum of the statutory training program will include a formal section on the statutory record keeping process and documentation.*

The Department does not perform required safety checks

46. A child may be placed outside of the parental home if it is determined to be in his or her best interest, as the home is not considered safe. Generally, this involves either placing the child in foster care, a group home, or a residential care facility. In order to ensure that the child is placed in a safe environment, the Department has directives, standards, and manuals that define the requirements for placing the children outside of their homes. These requirements vary depending on the type of placement.

47. **Foster care home check.** When a child is placed in foster care, the Department is required by the Act to verify that it is placing the child in a safe home. A child may be placed in foster care with either extended family or with foster parents who are not related. The requirements for placing a child in foster care include conducting a criminal record check on the foster parents and completing a home study to determine whether the foster parents can meet the needs of a child. Criminal record checks and home studies must be completed before placing a child with foster parents who are not members of the

family. If a child is placed in foster care with a family member, the criminal record check must be completed within 10 days and the home study must be completed within 30 days of placement. In our sample of 61 files, 41 children were placed in foster care. We tested whether the Department had met these requirements.

48. We found that, of the 41 children placed in foster care, 16 were placed with extended family members, and 25 were placed with non-family members. Of the 16 children placed with extended family members, we found that in only four files the Department had conducted the criminal record check and the home study within the timelines. Of the 25 children placed with non-family members, we found that in only eight files the Department had conducted both the criminal record check and the home study prior to the placement of the child. Conducting the appropriate checks on foster parents is a requirement of the *Child and Family Services Act*. When these checks are not performed, it creates a risk that a child may not be placed in a safe environment.

49. **Group home safety check.** A child may be placed in one of three group homes in Nunavut, located in Iqaluit, Rankin Inlet, and Cambridge Bay. According to the Department's Program Manual on Group Homes in Nunavut, the Department must conduct yearly evaluations of the group homes to determine if they are meeting appropriate program standards to provide for the well-being of their residents. We reviewed whether the Department had conducted yearly evaluations during the 2008–09 and 2009–10 fiscal years. We found that no evaluation had been conducted on any of the group homes during this time. However, in May 2010, the Department did conduct an evaluation of the Iqaluit group home, which noted deficiencies in the maintenance of the building. For example, repairs were needed on the outside of the facility, and improvements were needed to make the facility more wheelchair friendly.

50. **Safety of children in out-of-territory facilities.** Children may require programs and services that are not available in Nunavut. In these cases, children are sent out of territory to group homes or residential care facilities. As of July 2010, 57 children were in 24 of these facilities. In these circumstances, the Department must determine if the facility has a current licence to operate, issued by the provincial authority where it is located.

51. We tested whether, in eight of the facilities (where 72 percent of the children had been placed as of July 2010), the Department had obtained evidence that the facility was properly licensed. The

Department was able to provide evidence of current licences for only two of the eight facilities. Not verifying if facilities have obtained their current licence creates a risk that children may be placed in a facility that does not properly meet their needs.

52. In addition, community social service workers are required by a directive from the Director of Child and Family Services to meet annually with children who are placed out of territory in order to assess the children's progress and revisit their care plan, if necessary. We found that, of the 61 child protection files in our sample, seven children were placed in facilities outside of Nunavut. Of these seven children, five did not receive a visit from a community social service worker to evaluate their progress.

53. **Recommendation.** When placing a child outside of the parental home for his or her safety and best interests, the Department of Health and Social Services should comply with its own directives and standards by

- completing required safety checks such as a criminal record check, foster care home study, or group home evaluation;
- ensuring that the facilities it deals with have a current licence to operate; and
- visiting children placed in facilities outside Nunavut, as required.

The Department's response. *Agreed. Starting immediately, the Department will ensure that no foster home will be approved for the placement of children without first having criminal record checks done on all adults residing there, and a formal home-study done. No child shall be placed in a home that has not been approved. Effective immediately, a foster home file shall be created and maintained, for all approved foster parents in each region, with a copy forwarded to Social Services headquarters. Each approved foster home will also have an annual review completed and documented, with a copy forwarded to Social Services headquarters. In fiscal year 2010–11, a new position of Residential Care Compliance Coordinator will be created and staffed to ensure that children placed outside of Nunavut are visited annually. Further, all outside facilities used by Nunavut will be subject to an annual inspection, and copies of current licences to operate will be obtained and maintained as evidence of compliance with required standards.*

Annual audits of child protection files are not completed

54. According to the Department's standards and procedures for the administration of the *Child and Family Services Act*, the Director of Child and Family Services is responsible for conducting an annual

audit (a compliance review) on a random sample of child protection files to verify if supervisors and community social service workers are fulfilling the requirements of the Act and related standards and procedures. We found that these annual audits have not been completed. We were told that this was due to time constraints. As a result, the Department is not complying with the procedures it has set for itself. This is also a missed opportunity to provide the Department with assurance that children are being properly cared for and to identify any potential needs such as additional training (see paragraph 34) or requirements that are not being fulfilled.

55. **Recommendation.** As per its standards and procedures, the Department of Health and Social Services should conduct annual audits of child protection files to verify that supervisors and community social service workers are fulfilling the requirements of the *Child and Family Services Act*. It should use the results to guide community social service workers' training.

The Department's response. *Agreed. Section 304 of the Child and Family Services Standards and Procedure Manual requires that the Director of Child and Family Services conduct an annual audit of a number of randomly selected Child and Family Services files throughout the territory. The Director of Child and Family Services and/or a designate from the headquarters staff will immediately initiate a process of independent file reviews as a fulfillment of Section 304 of the Standards. The final report, with recommendations, will be forwarded to the respective regional management for follow up as necessary. The report will be retained as evidence of compliance and the basis of corrective action, as deemed necessary.*

The Department does not collect, analyze, or report adequately on information about children receiving services

56. Collecting and analyzing information is important to properly manage and provide services to children in care. It helps to identify trends and to provide the Department with an opportunity to adjust programs and services to meet the needs of the children. It is also necessary in order to meet reporting requirements. We tested whether the Department maintained updated information about the children in its care and conducted appropriate analyses in order to improve programs and services and meet its reporting requirements under the Act.

57. **Collecting information.** Community social service workers are expected to collect basic information about the children in their care, such as their age, date of birth, current status, and placement (for

example, in foster care or the parental home), and to send it to headquarters on a monthly basis. We found that community social service workers are not always sending this information to headquarters regularly. They have told us that this is due to limited time available. As a result, headquarters cannot accurately track the current status of the children in its care.

58. We also found that the Department does not have the information systems that would allow it to track historical information and trends about the children in its care. For example, it cannot determine how many children are repeat users of Child and Family Services. Having this kind of information would allow the Department to gain a better understanding of children and youth's needs, and allow it to adjust its activities to provide appropriate support where needed.

59. **Analyzing information.** We also found that the Department does not perform any analysis of the children that come into the care of Child and Family Services. For example, there is no analysis of the rate at which children come into care compared with the population of their community. Nor does the Department compile the reasons why children require care.

60. Although the Department reacts quickly to individual cases involving issues such as sexual abuse of children or family violence, it does not conduct aggregate analyses to identify patterns or trends. For example, an increase in the number of sexual abuse cases in a given community could indicate the need for intervention. Without this information, the Department does not know whether urgent intervention is needed in a given community. Nor does it know whether community-based, territory-wide, or issue-specific strategies are required.

61. **Meeting reporting requirements.** The Director of Child and Family Services is required by the Regulations of the *Child and Family Services Act* to report annually to the Minister of Health and Social Services on the administration of the Act. The report is to include statistics and analysis of the children in care in Nunavut.

62. We reviewed the annual reports for the 2008–09 and 2009–10 fiscal years and found that they did not fully meet the reporting requirements. The annual reports contain information about the current number of children in care by region across Nunavut, and the number of children under care agreements or in temporary or permanent custody of the Director, as required. However, we found that the annual reports do not include any analysis of children in care.

As well, the 2008–09 report did not discuss the administration of the Act; however, we noted that the 2009–10 annual report did contain a discussion of the challenges the Department faces in carrying out the requirements of the Act.

63. **Recommendation.** The Department of Health and Social Services should ensure that the regions collect basic information about the children in care and send it to headquarters on a timely basis.

The Department's response. *Agreed. Directive number 004 issued on 2 January 2003 by the Director of Child and Family Services requires compliance with this measure and requires the use of Form 98T (the standardized format for reporting) for the purpose of completing the monthly Occupancy Report. Regional directors and managers will be held responsible for the accuracy and timeliness of submission of this monthly report to headquarters.*

64. **Recommendation.** The Department of Health and Social Services should determine what additional information needs to be collected, tracked, and analyzed in order to provide management with trends about children in care, including but not limited to repeat users of child and family services; analysis by issue (for example, neglect, sexual abuse, or violence); and analysis by community.

The Department's response. *Agreed. The Department is currently engaged in a process with the Information Technology Division to identify a state-of-the art data acquisition and management system that is compatible with our territorial technology constraints. This system would give us the capacity to improve on our data collection and analysis ability, and to examine variables to determine trends, track directions, and propose program shifts or changes. It is hoped that a new system would be agreed upon, recommended, financed, and ready for implementation/training/utilization by the end of the 2011–12 fiscal year.*

65. **Recommendation.** The Department of Health and Social Services should use its analyses of children in care to

- develop, as needed, community-based, territory-wide, or issue-specific strategies aimed at preventing and identifying abuse and ensuring that children and their families are receiving the protection to which they are entitled; and
- include information on these analyses in annual reports to the Minister of Health and Social Services.

The Department's response. *Agreed. As per the explanation provided for Recommendation 64, once the new system is in place, the Department will*

utilize detailed analyses available in the development of needed programs and strategies to address prevention and early intervention. In addition, the Director of Child and Family Services will ensure that the information being annually reported to the Minister includes a greater degree of analysis of the children who are in care.

Community involvement is paramount to develop effective strategies

66. Children in Nunavut have a right to expect protection from physical harm, neglect, and other forms of abuse, and to have their need for shelter, food, and support met. Although the Department's mandate is to protect children, it cannot achieve this alone. Parents are primarily responsible for the protection of the child. Communities are also instrumental in contributing to the child's protection. In our view, the Department will need to engage parents and communities to identify what issues need to be dealt with and to find solutions. Local input is a prerequisite to developing effective strategies.

67. **Recommendation.** The Department of Health and Social Services should engage parents and communities in a dialogue focused on keeping children safe. It should use their input to develop strategies that will incorporate community-based solutions.

The Department's response. *Agreed. The Department is currently engaged in doing a comprehensive review of the* Child and Family Services Act. *Site visits, community stakeholder meetings, and open community forums are being held throughout the territory. The focus of this is to get direct feedback from Nunavummiut on how the Act should be changed to reflect the involvement of parents, families, and the community as a whole in keeping children safe.*

Immediate management attention and action are required

68. Officials we interviewed during the audit were well aware that the Department is not in full compliance with the Act, its regulations, and program standards. Managers provided some explanations for this, such as limited human resource capacity (staffing and retention), inadequacy of information systems, and a lack of training.

69. However, we found few actions aimed at addressing these challenges in the immediate or longer term. For example, the Department has no plan to ensure that mandatory training on the Act will be provided to community social service workers on a timely basis. In our view, the immediate attention, leadership, and commitment of senior management are required if the Department is to successfully

address the issues we have raised. In doing so, the Department will need to determine how to best implement the necessary changes, given the resources available. This will require prioritizing the commitments made by the Department in its response to our recommendations.

70. **Recommendation.** As the Department of Health and Social Services develops its action plan to respond to the recommendations contained in the Child and Family Services section of the report, it should prioritize the implementation of its commitments on a short-, medium-, and long-term basis.

The Department's response. *Agreed. Based on the final report, the Department will prepare an action/implementation plan, which will include short-, medium-, and long-term priorities and timelines for the implementation of the action plan.*

Adoption in Nunavut

71. Adoption practice in Nunavut traces its origins back to a time when Inuit lived in small, nomadic, family-based communities. Traditionally, the practice of custom adoption would be used to provide an infertile couple with children or to provide a home for an orphaned child, rather than for convenience. It was generally facilitated by community elders and most often took place between close relatives.

72. In 1994, under the Government of the Northwest Territories, the custom adoption practice was officially recognized with the passing of the *Aboriginal Custom Adoption Recognition Act*. The Government of Nunavut carried over this act, as well as the *Adoption Act*, which governs private/step-parent adoptions and departmental adoptions, and guides international adoptions (the three other forms of adoptions practised in Nunavut) when the territory was officially created on 1 April 1999. Exhibit 5 provides information on the four types of adoptions practised in Nunavut.

73. The Department of Health and Social Services has stated that it is committed to supporting adoptions that reflect Inuit traditions and where the primary concern is the child's best interests. We examined whether the Department had mechanisms designed to protect the best interests of children and reflect Inuit traditions, and whether those mechanisms were being implemented. Our audit focused on the two most common forms of adoption in Nunavut: Aboriginal custom adoptions and private/step-parent adoptions. We conducted interviews with senior social services staff, custom adoption commissioners, and community social service workers. In addition, we conducted a review of private adoption files and a database review of custom adoptions for the period 2008 to 2010.

Key requirements of the *Adoption Act* are not met

74. The *Adoption Act* and its Regulations contain specific requirements regarding the protection of the child's safety and best interests. These include the requirements to complete a pre-placement report (an assessment to determine the prospective adoptive parents' ability to provide for the physical and emotional needs of a child, including criminal record checks, medical examination reports, and letters of reference for adoptive families); and a family union report (prepared after a child has been placed with the adoptive family, including information on the home environment and the number and dates of home visits by the adoption worker during the probationary period). Further, the Department's Adoption Services Procedures Manual (adoption manual) specifies timelines to complete reports and for senior level sign-off of key documentation.

Exhibit 5 There are four types of adoption available to Nunavummiut

Type of Adoption	Health and Social Services involvement	Number of adoptions in 2008–09	Number of adoptions in 2009–10	Adoptions since 1999
Aboriginal custom adoption—The selection of individuals to adopt a child, by birth parents (or their elders), based on historical Aboriginal adoption practices. The adoption is final on the placement of the child with the adoptive parents, who may then apply to a custom adoption commissioner (appointed by the Minister of Department of Health and Social Services) to register the adoption and receive a certificate recognizing the adoption. The commissioner may reject an application for a certificate if the information is not complete or is not accurate or if the commissioner is not satisfied that the adoption followed Aboriginal customary law.	Yes, but limited	176	219	2,291
Private/step-parent adoption—The adoption of a child after an adoption plan is created and approved in Court according to the *Adoption Act*, between a child's birth family and the adopting parents.	Yes	16	11	192
Departmental adoption—The adoption of a child who is in the permanent care of the Director of Child and Family Services. A departmental adoption can happen only after the child has been made a permanent ward of the Director of Child and Family Services and the rights of the parents have been removed by order of the Court.	Yes	2	6	35
International adoption—The adoption of a child from another country, carried out according to the United Nations intercountry adoptions convention. International adoptions are facilitated by agreements between Canadian jurisdictions and other countries.	Yes	0	0	4

Source: Department of Health and Social Services

75. We examined 13 of the 21 completed private adoption files for the review period (2008 to 2010) to determine whether the files complied with the *Adoption Act* and the Department's adoption manual, and whether they assured that the primary concerns were the best interests of the child and reflected Inuit traditions.

76. We found that all 13 files were missing at least one or more of the documents required by the *Adoption Act* and/or were non-compliant with the adoption manual's timeline requirements. For example, 9 of the 13 files we examined were missing one or more of the documents related to the protection of the child's best interests, including criminal record checks of potential adoptive parents (4 of 13). Moreover, 9 of the 13 files either did not comply with timelines for signatures or completion of pre- and post-placement reports, as stated in the adoption manual. Therefore, the Department did not fully carry out the required procedures to ensure the best interests of the child.

77. **Recommendation.** The Department of Health and Social Services should ensure that it complies with the requirements of the *Adoption Act* and its Regulations, and the Department's adoption manual, such as completing a pre-placement report and a family union report on adoptive parents.

The Department's response. *Agreed. As of 1 October 2010, the Department has given notice to internal and external authorities that it will not approve an adoptive placement unless all required documentation is received.*

Communication with Inuit organizations needs improvement

78. The *Adoption Act* requires the Department to consult with the applicable Aboriginal organization for the child (that is, the Aboriginal organization of which the child or his or her parent is, or is eligible to be, a member) when a private adoption is taking place. The Department has interpreted consultation to be contact through written correspondence. As such, the Department writes to one of the three regional Inuit associations (which represent the interests of Inuit and are affiliated with Nunavut Tunngavik Incorporated, the organization that represents the rights and interests of Nunavut Land Claims Agreement beneficiaries) to inform it that an adoption plan has been developed for an Inuk child to be privately adopted, usually by a non-Inuit family. This provides an opportunity for the Regional Inuit Association (RIA) to respond with an alternate plan of care for the child, should it choose to do so.

79. We found that the files we reviewed contained a copy of a letter to the RIA with the appropriate information. However, we were informed that the Department has never received a response from an RIA. Furthermore, when asked during the audit whether they were aware of this correspondence from the Department, two of the three RIAs had no knowledge of it. The Department has made little effort to follow up with the RIAs to determine why it has not heard back from them.

80. **Recommendation.** The Department of Health and Social Services should conduct periodic follow-ups with the regional Inuit associations to confirm that correspondence it sent to the associations has been received and that the associations do not have input regarding the adoption of a child.

The Department's response. *Agreed. The Department will ensure that, in each adoption matter, the required letter of notification will be sent to the respective Regional Inuit Association (RIA). On a quarterly basis, the Adoption Specialist will follow up with each RIA to ensure that the letters were received by the organization and that its non-response was a confirmation of its intent not to participate in the process.*

The *Aboriginal Custom Adoption Recognition Act* does not define Aboriginal customary law or how the child's safety and best interests are considered

81. Custom adoptions are practised in other Canadian jurisdictions as well as in Nunavut, although processes differ (Exhibit 6).

82. The purpose of the *Aboriginal Custom Adoption Recognition Act* (ACARA) is to provide a procedure by which a custom adoption may be respected and recognized, and by which a certificate recognizing the adoption will be issued. The Act stipulates that a person who has adopted a child according to Aboriginal customary law may apply for a certificate recognizing the adoption.

83. We reviewed the ACARA, and the guidance and training that the Department provides to custom adoption commissioners, to determine whether adequate mechanisms were in place to take into account Inuit traditions and to protect the child's best interests.

84. **Safety and best interests of children.** As noted previously in this report, the Department focuses on the safety and protection of the child through acts (*Child and Family Services Act*, *Adoption Act*) and standards and procedures on child and family services. In addition, the *Children's Law Act* (which applies to cases of child custody, child access, and the guardianship of children's estates) states that the custody of or access to a child shall be determined by considering the best interests of the child

and respecting differing cultural values and practices. However, we noted that, unlike these acts, standards, and procedures, the ACARA and its supporting documentation are silent on whether and how the child's safety and best interests are to be protected. For example, the ACARA does not include requirements as found for private adoptions to conduct such things as safety checks of adoptive homes or criminal records checks of potential adoptive parents.

85. While a custom adoption is considered final on the placement of the child, there is no requirement in the ACARA or elsewhere to have the adoption officially registered at that time. Our analysis of the Department custom adoptions database for the period 2008 to 2010 found that most children were custom adopted as newborns. For example, 82 percent of children were custom adopted within

Custom adoption commissioners—persons appointed by the Minister of Health and Social Services who, in the opinion of the Minister, have a knowledge and understanding of Aboriginal customary law in the community or region in which they reside. Commissioners have the discretion to determine whether a custom adoption has occurred.

Exhibit 6 Custom adoption processes differ by jurisdiction

Jurisdiction	Process
Nunavut and Northwest Territories	The application to recognize a custom adoption can be made either before or after the child turns 19 years of age. The person applying must provide accurate information to a **custom adoption commissioner**, including • the name given to the child at birth, the current name of the child, the date of birth and the date of the adoption, the sex of the child, and the names of the mother and father, as far as is known; and • a statement from the adopting parents or any other person who is involved with the adoption and can verify that the adoption followed Aboriginal customary law. The custom adoption commissioner will verify that the information provided is correct and, if so, will complete a certificate recognizing the custom adoption and any changes made to the adopted child's name. The commissioner must decline to issue a certificate recognizing the adoption if he/she is not satisfied that the child was adopted according to Aboriginal customary law. This certificate will be filed with the Supreme Court and will have the same effect as an order of the Supreme Court.
Nunavik Region (Quebec)	Conducted through the provincial director of Civil Status, custom adoptions require the approval of the community mayor or the president of the landholding corporation in the Nunavik Region.
Yukon and British Columbia	The recognition and legal status of a custom adoption are left to the courts, which determine the rights of all parties involved in the custom adoption.

Sources: *Aboriginal Custom Adoption Recognition Act, 1994* (Nunavut; Northwest Territories); Director of Civil Status (Quebec); *Child and Family Services Act* (Yukon); *Adoptions Act* (British Columbia)

seven days of their birth. However, we found there is an average of 6.5 years between the adoption date of a child (the date when placement of the child with the adoptive family occurred) and adoption registration (with the custom adoption commissioner and, subsequently, the Government of Nunavut). This means that many years can pass before the commissioner could potentially consider the safety and best interests of the child when registering the adoption. In the meantime, the Department is not involved either, unless it is notified of a child in need of protection.

86. **Aboriginal customary law.** Custom adoption commissioners are required to sign a form stating whether, based on the materials reviewed and the statement received, the adoption has occurred according to Aboriginal customary law. However, they are not required to provide a rationale for their decisions. Since Aboriginal customary law is not defined in the Act, the Department custom adoption manual, or the commissioners' training documentation, it is not clear what the commissioners take into account when making their decisions.

87. The ACARA has not changed substantially since it was first passed as Northwest Territories legislation in 1994, and subsequently adopted by Nunavut in 1999. However, in 2003, Maligarnit Qimirrujiit, the Nunavut Law Review Commission (NLRC), tabled its Second Report to the Premier in the Legislative Assembly on Custom Adoptions, based on public consultations held across Nunavut to assist in a review of a number of acts, including the ACARA. The report found that the changes to the Inuit way of life over the past 50 years had impacted traditional adoption practices and needs, and it identified a number of challenges that had arisen with custom adoptions as a result. The report concluded with 28 recommendations to the Legislative Assembly. To date, these recommendations have not been acted on.

88. In 2009, the Government of Nunavut began a review of the *Child and Family Services Act* with a view to have proposed revisions to the Act in 2011. It began the review by holding a knowledge-sharing forum on child welfare practices in Nunavut. A report tabled in February 2010 summarized the discussions and contained recommendations on program direction. Although the ACARA was not part of the review per se, forum participants expressed their views on custom adoptions. The report contained a recommendation to review the territory's custom adoption processes, including looking at the number of children being custom adopted and the reasons why.

89. In our view, given the current review of the *Child and Family Services Act* and the fact the ACARA has not been reviewed since Nunavut was formed, the timing is right to review the ACARA as well.

90. **Recommendation.** The Government of Nunavut should consider reviewing the *Aboriginal Custom Adoption Recognition Act* to

- ensure that the responsibilities are made clear with respect to the safety and best interests of the child, and
- ensure that the Act continues to meet the need to reflect Aboriginal customary law.

The Department's response. *Agreed. The Department of Health and Social Services will consider this recommendation and, if warranted, will advise the Executive Council, accordingly.*

Public Health Strategy

91. Nunavut tabled its first Public Health Strategy, *Developing Healthy Communities*, in 2007 to provide direction for the territory's public health activities for 2008 to 2013. The Strategy focused on two overarching priorities: healthy children and families, and addiction reduction. It contained eight goals, each broken down into specific objectives. Although the Department of Health and Social Services is leading the implementation of the Strategy, other community, territorial, and national stakeholders involved in public health were to work collaboratively with the Department.

92. Recognizing that Nunavut's public health system is much less developed than systems in other provinces and territories, the Department indicated that the success of the Strategy's implementation would depend on strengthening capacity in the system. It identified some prerequisites for success, such as improving public health capacity in communities and establishing information and surveillance systems.

93. We examined whether the Department of Health and Social Services had made adequate progress toward the implementation of three goals of the Public Health Strategy that focus on children and youth (increasing the number of children achieving age-appropriate developmental milestones; decreasing the number of people experiencing mental, physical, emotional, or sexual abuse, particularly children; and decreasing the incidence of youth engaged in risk behaviours). We also looked at whether progress toward these goals was tracked and measured. We analyzed and reviewed documentation related to the Strategy such as its Implementation Plan. We conducted interviews with Department officials both at headquarters and in the

three regions and with other community and territorial stakeholders involved in the implementation of the Strategy.

Additional direction is required to fully implement the Public Health Strategy

94. The Department developed an Implementation Plan for the Strategy with specific action items to be completed between the fall of 2008 and the winter of 2010. A budget of $8.8 million over three years was approved in 2007 to support the Implementation Plan.

95. In 2007, the Department created a project manager position to oversee the implementation of the Strategy. The manager's work was to be guided by the Public Health Strategic Plan Implementation Steering Committee, struck in December 2007 and comprising senior management from headquarters and the three regions. This committee's mandate was to set priorities; monitor the Strategy's progress; and ensure appropriate regional, community, and stakeholder participation.

96. We found that the Steering Committee ceased its activities in July 2008, shortly after it was struck, and did not meet again until May 2010. During the nearly two-year absence of this committee, we found that senior management had given some direction to staff regarding their responsibilities for, and the implementation of, the Strategy. However, throughout our audit, it was still unclear to many people we interviewed who was ultimately accountable for the implementation and success of the Public Health Strategy.

97. We also examined the progress made regarding the Implementation Plan's action items. We found that, as of June 2010, only 4 of the 31 action items contained in the Implementation Plan were completed, while one was dropped. The other 26 were not completed in the scheduled time frame, and all were still to be completed at the time of our audit.

98. At the time of the audit, we were told there were no plans to revise either the scope of the Implementation Plan or its timelines. As these action items were considered to be prerequisites for the successful implementation of the Strategy, their current status will likely impact the Department's ability to achieve the Strategy's overall goals and objectives by 2013.

99. **Lack of work plan.** For each of its goals, the Strategy identified specific objectives and strategies that needed to be achieved. For example, the rate of anaemia in infants and toddlers would be halved by 2013 through the screening of mothers and infants and iron

supplementation. The manager responsible for the implementation of the Strategy was to oversee the development of a work plan that would have laid out what needs to be done, by whom, and by when, in order achieve each of these objectives and strategies.

100. We found that the Department has not yet developed such a work plan. In some cases, efforts were already taking place to address some of the public health issues identified in the Strategy, such as reducing the rate of teen pregnancies. However, without a work plan, it is unclear what incremental resources are needed in order to achieve the Strategy's goals.

101. Recommendation. The Department of Health and Social Services should

- clarify responsibilities and accountability regarding the implementation of the Public Health Strategy and ensure that those responsibilities are carried out as defined;
- revise its Implementation Plan to determine whether the action items and timelines are still relevant and whether additional efforts are needed to complete the implementation of the plan; and
- develop a work plan that lays out how to carry out each of the goals, objectives, and strategies of the Public Health Strategy.

The Department's response. *Agreed. The Department will work toward clarifying the roles and responsibilities as they relate to the implementation of the Public Health Strategy. The role and responsibility of the Manager of the Public Health Strategy Implementation is being clarified and the job description updated. The responsibility and accountability for the Public Health Strategy will be communicated to the Department's Senior Management Committee.*

The Implementation Plan has been reviewed by the Public Health Strategy Steering Committee and the Public Health Strategy management team. The Implementation Plan will undergo updates and revisions to be completed by the end of the 2011–12 fiscal year.

This agenda item is to be discussed by the Public Health Strategy Management Team in order to identify the process for developing this document. Departmental input will be required in order to proceed with the development of a work plan for the goals and objectives of the Public Health Strategy.

No system is in place to track and report on progress against planned objectives

102. The Public Health Strategy indicates that information and surveillance systems are essential to track progress, evaluate actions, and determine needs. As such, its Implementation Plan committed to establishing a health surveillance system by the winter of 2008. The Strategy contains several specific objectives with related quantifiable performance indicators, for example, by 2013, reduce by five percent the number of youth who are regular smokers. We examined whether baseline data had been established to track progress against the Strategy goals and, if so, what the source of the data was. We also looked to see whether a monitoring and surveillance system was in place.

103. We found that the Department has not established a monitoring and surveillance system to gather information in a timely way from all branches and other departments involved in the Strategy. Moreover, for many of the indicators in the Strategy, the Department had not yet established baselines against which to track progress. Without an effective monitoring and surveillance system and reliable baseline data, the Department will be unable to determine and report whether the Strategy is achieving its goals and objectives and to make improvements when necessary.

104. **Recommendation.** The Department of Health and Social Services should ensure that it has the information systems in place to be able to track and report on progress made in achieving the objectives set in the Public Health Strategy.

The Department's response. *Agreed. The Department will continue to support the implementation of the Qiturngatta Surveillance System. Establishing information systems to track and report on progress is a priority of the Department. The development of an evaluation framework will take place in the 2011–12 fiscal year.*

Program coordination

105. In an environment where several players offer similar programs and services to the same client base, program coordination is important to help provide effective programs and services to children, youth, and their families. In its 2010–2013 Business Plan, the Government of Nunavut stated that, in order to provide successful programming for its citizens, it must coordinate its provision of services to the public to avoid duplication and optimize the use of available resources. It also stated that the intended result is quality services that are well-targeted and delivered in a cost-effective manner.

106. We tested whether the four selected departments—Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice—had a coordinated approach to providing Government of Nunavut programs and services among departments and with other programs and services. A coordinated approach includes

- establishing mechanisms for coordination;
- defining responsibilities for coordination;
- identifying gaps and/or overlaps in programs and services aimed at children, youth, and their families; and
- acting to minimize identified gaps and/or overlaps.

107. We examined the terms of reference and meeting minutes of committees and working groups that exist within and between the four selected departments, and with other providers of services related to children, youth, and families within the territory. We met with officials in the selected departments and other stakeholders to determine whether coordination activities were taking place in other, less formal, forums. We also spoke with representatives of federal programs for children and youth offered in Nunavut to determine whether formal mechanisms were in place to discuss programming between them and the territorial government. We did not audit the delivery and effectiveness of the programs managed by the four departments and other service providers, including the federal government.

A promising approach to coordination has been put in place at the senior level

108. In February 2010, the Government of Nunavut established the Quality of Life Committee, comprising the deputy ministers of several departments, including Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice. The Committee's mandate includes providing strategic direction and collaborative action on selected priorities, and reducing duplication by aligning government programs, services, and approaches to community issues. The Committee identified three priority issues—the social safety net, poverty reduction, and housing and homelessness—and developed working groups for each priority.

109. One of the Committee's tasks is to map existing Government of Nunavut programs and services related to Nunavut's social safety net in order to identify gaps and duplications. In addition, the Committee has begun discussions on how to address known gaps in programs such as addressing food insecurity among young children.

110. The Committee's working groups are also active. For example, the Poverty Reduction Working Group plans to complete a poverty reduction strategy by the end of 2011. In our view, although the Committee has not had the opportunity to carry out its mandate fully, it has the potential to allow senior managers of the selected departments to work in a coordinated way to address issues related to children, youth, and their families.

A formal coordinated approach to children, youth, and family programming is lacking

111. Besides the Quality of Life Committee, we found that the four selected departments had established some committees and working groups to work together; however, they were not geared to achieve a coordinated approach to the delivery of programs. They had not implemented the key steps leading to a coordinated approach, including defining responsibilities for coordination and establishing mechanisms to meet those responsibilities. As well, their terms of reference did not focus on how to coordinate the planning, management, or delivery of their respective programs.

112. For example, the Department of Culture, Language, Elders and Youth (CLEY) funds various programs that support the growth of community capacity, self reliance, and Inuit Qaujimajatuqangit—the values, knowledge, beliefs, and cultural distinctiveness of Nunavummiut. These programs include various community-based "on-the-land" initiatives that provide Inuit youth with the opportunity to learn about their traditional culture first-hand with elders. An interdepartmental working group, which includes representatives from the departments of Health and Social Services, Human Resources, and CLEY, reviews proposals for funding. Its role, however, is strictly administrative. Although other departments and service providers, such as the Department of Justice and regional Inuit organizations, also offer "on-the-land" programs, there is no formal mechanism between the providers to coordinate programs.

113. We also found instances where there was opportunity for more coordination within a department. For example, the Department of Health and Social Services' Social Services Committee plays an oversight role for existing Social Services programs and services and is meant to contribute to innovative new ideas. Committee membership includes senior managers from both the Social Services and the Health Services side of the Department, thus supporting information sharing within the Department. However, we found that Committee discussions did not go beyond administrative issues or Social Services' own programs and services. We saw no evidence of discussions of issues

under the responsibility of Health Services and how they could possibly impact Social Services' programs and services.

114. We looked at two specific areas of programming—family violence and early childhood development—to determine the extent to which a coordination approach exists from both a formal and informal perspective. We found no formal coordination approach has been adopted to manage the programming in these two areas (Exhibit 7).

115. We noted good examples of informal coordination taking place in certain communities we visited during the audit. Community social service workers or their supervisors attended weekly meetings held at health centres to stay informed of ongoing issues. In addition, in one community, an inter-agency committee had formed, comprising representatives from Social Services, the health centre, and other organizations such as the Royal Canadian Mounted Police. The committee members met periodically to discuss issues of mutual interest and to stay informed of issues that could affect their work within the community. However, we found that the extent of informal coordination taking place depends greatly on the people that are in the positions.

116. The officials we interviewed recognized that many similar programs are typically "stove-piped," that is, they are not geared to work with each other. However, they also mentioned the lack of time or capacity to reach out to other departments or organizations. In these cases, the opportunity for discussion around possible overlaps in programming, and remedial actions that may be required (including possibly realigning resources to other programming), is lost. Ultimately, this could impact the benefits that recipients of these programs are getting.

117. Recommendation. The departments of Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice should

- identify programs and services for children, youth, and families where a coordinated approach to delivery is key;
- review existing mechanisms in place to determine whether they are geared to achieving a coordinated approach, and make changes to them where applicable; and
- where mechanisms do not exist, create new ones as needed.

The departments' response. *Agreed. The departments of Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice have begun the process of working together on areas of common and inter-departmental interest.*

Exhibit 7 There is no formal coordinated approach to initiatives that address family violence and early childhood development

Coordination efforts	Family violence	Early childhood development
What organizations are involved with initiatives concerning family violence and early childhood development?	Two Government of Nunavut departments have initiatives to address family violence and the threat of family violence. • **Health and Social Services:** The Family Violence Program, delivered by community social service workers, provides safety to adults and children at risk due to domestic violence, by removing the victims of family violence from the home and by helping them to relocate to a place of safety. • **Justice: The *Family Abuse Intervention Act*** seeks to promote safety from family abuse and the threat of family abuse through the removal of the perpetrator of violence from the home using emergency protection orders.	A variety of organizations have initiatives to assist children aged 0 to 6. **Government of Nunavut departments** **Education** • **Child Care Facility and Licensing** encourages the development of early childhood programs and licensed child care facilities. • **Healthy Children Initiative** supports the development of, or enhancement to, early childhood intervention programs. • **Early Childhood Development** (*Education Act*) supports the enhancing of existing early childhood programs with an Inuit language and culture component through the district education authorities. **Health and Social Services** • **Brighter Futures Program** seeks to ensure that children receive the nurturing they need to reach their full potential. **Federal departments** **Human Resources and Skills Development Canada** • **First Nations and Inuit Child Care Initiative** provides access to child care services to First Nations and Inuit children of parents who are starting a new job or participating in a training program that promote and nurture healthy child development through formal child daycare programs and related support services that reflect and promote First Nations and Inuit child-rearing practices. **Health Canada/Public Health Agency of Canada** • **Aboriginal Head Start in Urban and Northern Communities Program** seeks to show how local projects controlled by Aboriginal people can provide preschool children with a positive sense of themselves, a desire for learning, and opportunities to develop fully. • **Community Action Plan for Children** provides long-term funding to community coalitions to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk. **Regional Inuit associations** These associations distribute funds from the First Nations and Inuit Child Care Initiative to daycares in their region. **Daycares** provide daycare spaces.

Exhibit 7 There is no formal coordinated approach to initiatives that address family violence and early childhood development (Continued)

Coordination efforts	Family violence	Early childhood development
Why is it important that they coordinate?	The two departments have the same goal—to promote a safe family environment.	Several organizations are offering similar initiatives to the same clients.
Does formal coordination exist?	No, although, at the time of the audit, a memorandum of understanding had been drafted between the departments of Health and Social Services and Justice to provide for the sharing of personal information.	No, although funding for initiatives is discussed among departments.
Does informal coordination exist?	Officials and frontline staff we interviewed from both departments had limited contact with representatives of the other department and were primarily either unaware or lacked information on the nature and intent of the other department's initiatives concerning family violence.	Officials and frontline staff we interviewed from both Government of Nunavut departments had limited contact with representatives of the other departments and organizations to discuss their various initiatives around early childhood development.

Conclusion

118. The Government of Nunavut has identified the well-being of children and youth as a priority. The four departments we audited are responsible for carrying out legislation, administering programs and services, and implementing strategies that specifically address the safety and the well-being of children, youth, and their families.

119. We found that the Department of Health and Social Services is not adequately meeting its key responsibilities for the protection and well-being of children, youth, and their families. Although the Department reacts quickly when it is made aware of children in need of protection, it is not complying with many other aspects of the *Child and Family Services Act*, or with departmental standards and procedures. For example, safety checks for children placed in foster homes, group homes, or out-of-territory facilities are not performed as required. Annual audits (compliance reviews) of child protection files to assess whether the requirements of the Act are fulfilled are not done. Statutory training on the application of the Act is not provided to all community social service workers.

120. Cases coming to the attention of community social service workers are of a serious nature. For instance, community social service workers responded to cases of children who were sexually abused, some diagnosed with sexually transmitted diseases. Some of the children who where sexually abused were under the age of 10.

121. In our view, the immediate attention, leadership, and commitment of senior management are required if the Department is to successfully address the issues we raised in this report. More specifically, the Department needs to staff its community social service workers' positions, provide the necessary training, and follow the standards and procedures it has set to ensure that children and their families are receiving the services they are entitled to. The Department also needs to address the major risks children and their families face by assessing the data and trends related to these risks, and engaging parents and communities in a dialogue focused on keeping children safe.

122. We also found that the departments of Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice do not have a coordinated approach to the provision of the programs and services related to the protection and well-being of children, youth, and their families. We looked only at whether mechanisms for coordination exist, not at how departments (other than Health and Social Services), as well as other service providers—including the federal government—manage their programs or whether they are effective. Although a promising approach to coordination has recently been put in place at the senior level, the departments still have much work to do to achieve a coordinated approach to the delivery of programs and services related to children, youth, and their families.

About the Audit

All of the audit work in this report was conducted in accordance with the standards for assurance engagements set by The Canadian Institute of Chartered Accountants. While the Office adopts these standards as the minimum requirement for our audits, we also draw upon the standards and practices of other disciplines.

Objectives

The first objective of this audit was to determine whether the departments of Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice (selected departments) have a coordinated approach to the provision of the programs and services related to the protection and well-being of children, youth, and their families.

The second objective was to determine whether the Department of Health and Social Services has adequately met its key responsibilities for the protection and well-being of children, youth, and their families.

Scope and approach

We examined the provision of programs and services related to the protection and well-being of children, youth, and their families by the Department of Health and Social Services and selected departments for the 2008–09 and 2009–10 fiscal years to determine whether

- the Department of Health and Social Services has adequate mechanisms in place to comply with selected requirements of the *Child and Family Services Act* and departmental standards and procedures,
- the Department of Health and Social Services has adequate mechanisms for adoption in place designed to protect the child's best interests and take into account Inuit traditions,
- the Department of Health and Social Services has adequately managed the implementation of selected goals of the Public Health Strategy, and
- the four selected departments have a coordinated approach to the provision of their programs and services among themselves and with other providers in order to minimize gaps and duplication in programs and service delivery.

We concluded our review of 61 child protection files in seven communities. We also examined 13 private adoption files located at the Department of Health and Social Services in Iqaluit. In addition, we reviewed and analyzed documentation and databases relevant to each of the four sub-objectives stated above. We conducted interviews with management and staff in the four selected departments, both at headquarters in Iqaluit and in the communities. Further, we conducted interviews with stakeholders, such as Inuit organizations, to gain an understanding of their involvement in the provision of programs and services in Nunavut for children, youth, and their families. We looked only at whether mechanisms for coordination exist, not at how departments other than Health and Social Services as well as other service providers—including the federal government—manage their programs or whether they are effective.

Criteria

To determine whether the departments of Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice (selected departments) have a coordinated approach to the provision of the programs and services related to the protection and well-being of children, youth, and their families, and whether the Department of Health and Social Services has adequately met its key responsibilities for the protection and well-being of children, youth, and their families, we used the following criteria:

Criteria	Sources
We expect that the four selected departments have a coordinated approach to the provision of Government of Nunavut programs and services among departments and with other program and services by • defining responsibilities for coordination; • establishing mechanisms for coordination; • identifying gaps/overlaps in programs and services aimed at children, youth, and their families; and • acting on the identified gaps/overlaps to minimize them.	• Tamapta Action Plan for 2009–2013 • 2010–2013 Government of Nunavut Business Plan
To comply with the *Child and Family Services Act*, its regulations, standards, and procedures, we expect that the Department of Health and Social Services has • put in place the resources to identify children at risk and to investigate cases, as required by the *Child and Family Services Act*; • monitored compliance with the *Child and Family Services Act*; • collected and analyzed information to improve program administration and performance; and • reported annually to the Minister, as required by the *Child and Family Services Act*.	• *Child and Family Services Act,* regulations, and related standards and procedures manuals
We expect that the Department of Health and Social Services has adequate adoption mechanisms that are in line with Inuit traditions and that are designed for the protection and safety of children adopted through the *Aboriginal Custom Adoption Recognition Act* and the *Adoption Act*.	• 2008–09 Annual Report of the Director of Child and Family Services • Consolidation of *Adoption Act* • *Aboriginal Custom Adoption Recognition Act*
We expect that the Department of Health and Social Services has made adequate progress toward implementation of selected goals of the Public Health Strategy and that these goals are tracked and measured.	• Developing Healthy Communities: A Public Health Strategy for Nunavut 2008–2013

Management reviewed and accepted the suitability of the criteria used in the audit.

Period covered by the audit

The audited activities occurred between January 2008 and July 2010 inclusively.

Audit work for this chapter was substantially completed on 1 September 2010.

Audit team

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Appendix A Health and social well-being indicators—Data sources

The following is a list of sources for Exhibit 1. The statistics presented in Exhibit 1 are unaudited.

	Data Source
Infant mortality rates	Statistics Canada, Infant mortality rates, by province and territory (CANSIM Table 102-0504), 2007.
Low birth weights	Statistics Canada, Live birth, by birth weight (less than 2,500 grams) and sex, Canada, provinces and territories, annual (CANSIM Table 102-4509), 2008.
Life expectancy at birth	Developing Healthy Communities: A Public Health Strategy for Nunavut, Appendix C.
Percentage of population aged 12–19 who smoke daily	
Household food insecurity	*Canadian Medical Association Journal*, Food insecurity among Inuit preschoolers: Nunavut Inuit Child Health Survey, 2007–2008; 23 February 2010.
Teenage pregnancy rate	Statistics Canada, Canadian Vital Statistics, Birth Database and Stillbirth Database; Teen pregnancy, by outcome of pregnancy and age group, count and rate per 1,000 women, Canada, provinces and territories, 2003 to 2004.
Sexual violations against children	Statistics Canada, Incident-based crime statistics, by detailed violations (CANSIM Table 252–0051).
Child and youth victims of violence	Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey.
Youth crime rate	Nunavut Bureau of Statistics, Youth Crime 2006 (Data released by Statistics Canada May 2008).
Public high school graduation rate	Statistics Canada Chart A.11.1, Graduation rate, 2008/2009.
Tuberculosis rates	Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Tuberculosis in Canada, 2002.
Alcohol use (persons 12 or older who drink five or more beverages per occasion, 12 or more times a year)	Ajunnginiq Centre, Substance use/abuse issues among Inuit in Canada. Presentation to the Standing Committee of the Conference of Parliamentarians of the Arctic Region, 19 October 2007.
Cannabis offence rate	Statistics Canada, Police reported crime statistics, Table 5, 2009. Note: Counts are based on the most serious violation in the incident. One incident may involve multiple violations. Rates are calculated on the basis of 100,000 population.
Chlamydia infection rates	Public Health Agency of Canada. Reported Cases and Rates of Chlamydia by Province/ Territory, Table 1, 1998 and 2007.
Homicide rate	Statistics Canada. The Daily, 26 October 2010. Table 2 Homicides by province and territory.
Populations for Nunavut and Canada (Note 2 of Exhibit 1)	Statistics Canada. The Daily, Demographic Statistics, Canada's population (table), 26 September 2002. Statistics Canada, Quarterly Demographic Estimates, July to September 2010, Table 1-1.

Appendix B List of recommendations

The following is a list of recommendations found in the report. The number in front of the recommendation indicates the paragraph where it appears in the report. The numbers in parentheses indicate the paragraphs where the topic is discussed.

Recommendation	Response
Child and Family Services	
24. The Department of Health and Social Services and the Department of Justice should take steps so that the community social service workers no longer perform correctional services. **(23)**	Agreed. Since October 2009, the senior staff of both departments have been working toward the development of an action plan to transfer these functions from the Department of Health and Social Services (community social service workers) to the Department of Justice. Both departments have been working towards a three-year transitional timeline for the completion of this process.
27. The Department of Health and Social Services, in collaboration with the Department of Human Resources, should develop short-, medium-, and long-term strategies to fill community social service workers positions in order to ensure that each community has adequate child and family services coverage. **(25–26)**	Agreed. The Department will continue to strengthen its collaboration with Human Resources (HR) and work with a "dedicated" HR officer, in order to fill all vacant community social service worker positions. The short-term goal would be to have at least a casual staff person in each position. The medium- and long-term goals would be to have all social services staff positions preferably filled on an indeterminate basis in each community.
30. The Department of Health and Social Services should perform an analysis of the workload of community social service workers. It should also set workload standards and take steps to ensure that these standards are met. **(28–29)**	Agreed. Beginning immediately, the Department will perform an analysis of community social service workers' workload. This will also take into consideration the outcomes of the current review of the *Child and Family Services Act*. Further, we shall also consult with the national social work community and, in particular, with the directors of the Child Welfare Group and the Child Welfare League of Canada. Particular emphasis and attention will be paid to acceptable caseload size for social work staff practising in rural and isolated northern areas such as Nunavut.

Recommendation	Response
35. The Department of Health and Social Services should ensure that mandatory training is delivered to each community social service worker in a timely fashion before the worker obtains a Child Protection Worker Appointment. **(31–34)**	Agreed. The Department has begun the steps to create a new staff position of Child Welfare Statutory Trainer/Training Coordinator. This individual will be based at headquarters and will be responsible for the development and delivery of statutory training programs to all new child protection staff. The frequency, duration, and location of such training initiatives in each region will be determined by the Director of Child and Family Services.
36. The Department of Health and Social Services should provide supplemental training, including Inuit societal values training, that community social service workers require, based on the training needs and gaps identified in annual audits and appraisals. **(31–34)**	Agreed. The Department will continue to collaborate with the Department of Human Resource's Staff Training and Development Division to ensure that appropriate staff training programs in the social services and child protection fields are made available to all staff. The Department will continue to ensure that all staff have access to online and teleconference training initiatives and workshops. The Department will also support and provide opportunity for attendance and participation at local, regional, and external workshops and symposia.
44. The Department of Health and Social Services should ensure that case management standards are met by having community social service workers meet with the children and their families and having supervisors review case plans as and when required. **(41–43)**	Agreed. The Department's Standards and Procedure Manual clearly addresses these requirements in Section 800—Case Management, especially standards 804 and 804A, with regard to meeting with children and their families, and Standard 808—Monitoring Casework, with regard to the role and expectations of the supervisor in reviewing, monitoring, and providing clinical direction. The Department will issue a clear directive to all regional directors, managers, and supervisors to reiterate the need to meet these standards. These topics will be further addressed at team meetings and at individual staff supervision sessions. The Department will also have a full staff teleconference prior to 31 March 2011. Finally, the Department will ensure that these requirements are included in the curriculum for the statutory training program for all new staff. The Department will ensure that these requirements are included the regional managers/supervisors face-to-face meeting early in the 2011–12 fiscal year.

Recommendation	Response
45. The Department of Health and Social Services should ensure that community social service workers and supervisors keep accurate records of visits to children under care and maintain complete documentation, as required by the *Child and Family Services Act*. **(41–43)**	Agreed. Section 800 through 806 of the Child and Family Services Standards and Procedure Manual clearly outlines these requirements with regard to the maintenance of accurate records and complete documentation of child welfare activities in the client file. The Director of Child and Family Services will issue a clear directive to all caseworkers, supervisors, regional managers, and directors to reiterate the need for compliance with this statutory requirement. Effective immediately, supervisors will be required to perform random audits of files in their communities at least once per year and provide a written report of the review to the Director of Child and Family Services, as evidence of its completion. The curriculum of the statutory training program will include a formal section on the statutory record keeping process and documentation.
53. When placing a child outside of the parental home for his or her safety and best interests, the Department of Health and Social Services should comply with its own directives and standards by • completing required safety checks such as a criminal record check, foster care home study, or group home evaluation; • ensuring that the facilities it deals with have a current licence to operate; and • visiting children placed in facilities outside Nunavut, as required. **(46–52)**	Agreed. Starting immediately, the Department will ensure that no foster home will be approved for the placement of children without first having criminal record checks done on all adults residing there, and a formal home-study done. No child shall be placed in a home that has not been approved. Effective immediately, a foster home file shall be created and maintained, for all approved foster parents in each region, with a copy forwarded to Social Services headquarters. Each approved foster home will also have an annual review completed and documented, with a copy forwarded to Social Services headquarters. In fiscal year 2010–11, a new position of Residential Care Compliance Coordinator will be created and staffed to ensure that children placed outside of Nunavut are visited annually. Further, all outside facilities used by Nunavut will be subject to an annual inspection, and copies of current licences to operate will be obtained and maintained as evidence of compliance with required standards.

Recommendation	Response
55. As per its standards and procedures, the Department of Health and Social Services should conduct annual audits of child protection files to verify that supervisors and community social service workers are fulfilling the requirements of the *Child and Family Services Act*. It should use the results to guide community social service workers' training. **(54)**	Agreed. Section 304 of the Child and Family Services Standards and Procedure Manual requires that the Director of Child and Family Services conduct an annual audit of a number of randomly selected Child and Family Services files throughout the territory. The Director of Child and Family Services and/or a designate from the headquarters staff will immediately initiate a process of independent file reviews as a fulfillment of Section 304 of the Standards. The final report, with recommendations, will be forwarded to the respective regional management for follow up as necessary. The report will be retained as evidence of compliance and the basis of corrective action, as deemed necessary.
63. The Department of Health and Social Services should ensure that the regions collect basic information about the children in care and send it to headquarters on a timely basis. **(56–57)**	Agreed. Directive number 004 issued on 2 January 2003 by the Director of Child and Family Services requires compliance with this measure and requires the use of Form 98T (the standardized format for reporting) for the purpose of completing the monthly Occupancy Report. Regional directors and managers will be held responsible for the accuracy and timeliness of submission of this monthly report to headquarters.
64. The Department of Health and Social Services should determine what additional information needs to be collected, tracked, and analyzed in order to provide management with trends about children in care, including but not limited to repeat users of child and family services; analysis by issue (for example, neglect, sexual abuse, or violence); and analysis by community. **(58–60)**	Agreed. The Department is currently engaged in a process with the Information Technology Division to identify a state-of-the art data acquisition and management system that is compatible with our territorial technology constraints. This system would give us the capacity to improve on our data collection and analysis ability, and to examine variables to determine trends, track directions, and propose program shifts or changes. It is hoped that a new system would be agreed upon, recommended, financed, and ready for implementation/training/utilization by the end of the 2011–12 fiscal year.

Recommendation	Response
65. The Department of Health and Social Services should use its analyses of children in care to • develop, as needed, community-based, territory-wide, or issue-specific strategies aimed at preventing and identifying abuse and ensuring that children and their families are receiving the protection to which they are entitled; and • include information on these analyses in annual reports to the Minister of Health and Social Services. **(61–62)**	Agreed. As per the explanation provided for Recommendation 64, once the new system is in place, the Department will utilize detailed analyses available in the development of needed programs and strategies to address prevention and early intervention. In addition, the Director of Child and Family Services will ensure that the information being annually reported to the Minister includes a greater degree of analysis of the children who are in care.
67. The Department of Health and Social Services should engage parents and communities in a dialogue focused on keeping children safe. It should use their input to develop strategies that will incorporate community-based solutions. **(66)**	Agreed. The Department is currently engaged in doing a comprehensive review of the *Child and Family Services Act*. Site visits, community stakeholder meetings, and open community forums are being held throughout the territory. The focus of this is to get direct feedback from Nunavummiut on how the Act should be changed to reflect the involvement of parents, families, and the community as a whole in keeping children safe.
70. As the Department of Health and Social Services develops its action plan to respond to the recommendations contained in the Child and Family Services section of the report, it should prioritize the implementation of its commitments on a short-, medium-, and long-term basis. **(68–69)**	Agreed. Based on the final report, the Department will prepare an action/implementation plan, which will include short-, medium-, and long-term priorities and timelines for the implementation of the action plan.

Recommendation	Response
Adoption in Nunavut	
77. The Department of Health and Social Services should ensure that it complies with the requirements of the *Adoption Act* and its Regulations, and the Department's adoption manual, such as completing a pre-placement report and a family union report on adoptive parents. **(71–76)**	Agreed. As of 1 October 2010, the Department has given notice to internal and external authorities that it will not approve an adoptive placement unless all required documentation is received.
80. The Department of Health and Social Services should conduct periodic follow-ups with the regional Inuit associations to confirm that correspondence it sent to the associations has been received and that the associations do not have input regarding the adoption of a child. **(78–79)**	Agreed. The Department will ensure that, in each adoption matter, the required letter of notification will be sent to the respective Regional Inuit Association (RIA). On a quarterly basis, the Adoption Specialist will follow up with each RIA to ensure that the letters were received by the organization and that its non-response was a confirmation of its intent not to participate in the process.
90. The Government of Nunavut should consider reviewing the *Aboriginal Custom Adoption Recognition Act* to • ensure that the responsibilities are made clear with respect to the safety and best interests of the child, and • ensure that the Act continues to meet the need to reflect Aboriginal customary law. **(81–89)**	Agreed. The Department of Health and Social Services will consider this recommendation and, if warranted, will advise the Executive Council, accordingly.

Recommendation	Response
Public Health Strategy	
101. The Department of Health and Social Services should • clarify responsibilities and accountability regarding the implementation of the Public Health Strategy and ensure that those responsibilities are carried out as defined; • revise its Implementation Plan to determine whether the action items and timelines are still relevant and whether additional efforts are needed to complete the implementation of the plan; and • develop a work plan that lays out how to carry out each of the goals, objectives, and strategies of the Public Health Strategy. **(91–100)**	Agreed. The Department will work toward clarifying the roles and responsibilities as they relate to the implementation of the Public Health Strategy. The role and responsibility of the Manager of the Public Health Strategy Implementation is being clarified and the job description updated. The responsibility and accountability for the Public Health Strategy will be communicated to the Department's Senior Management Committee. The Implementation Plan has been reviewed by the Public Health Strategy Steering Committee and the Public Health Strategy management team. The Implementation Plan will undergo updates and revisions to be completed by the end of the 2011–12 fiscal year. This agenda item is to be discussed by the Public Health Strategy Management Team in order to identify the process for developing this document. Departmental input will be required in order to proceed with the development of a work plan for the goals and objectives of the Public Health Strategy.
104. The Department of Health and Social Services should ensure that it has the information systems in place to be able to track and report on progress made in achieving the objectives set in the Public Health Strategy. **(102–103)**	Agreed. The Department will continue to support the implementation of the Qiturngatta Surveillance System. Establishing information systems to track and report on progress is a priority of the Department. The development of an evaluation framework will take place in the 2011–12 fiscal year.

Recommendation	Response
Program coordination	
117. The departments of Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice should • identify programs and services for children, youth, and families where a coordinated approach to delivery is key; • review existing mechanisms in place to determine whether they are geared to achieving a coordinated approach, and make changes to them where applicable; and • where mechanisms do not exist, create new ones as needed. **(111–116)**	Agreed. The departments of Health and Social Services; Culture, Language, Elders and Youth; Education; and Justice have begun the process of working together on areas of common and inter-departmental interest.