



REPRESENTATIVE FOR CHILDREN AND YOUTH 2022-2023 ANNUAL REPORT

Ensuring the Government of Nunavut provides ethical, equitable, and consistent services that meet the needs and support the rights of young Nunavummiut, and the families, who rely on them.



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NUTAQQANUT INULRAMIRNULLU
UQAGTIKHAANIK

REPRÉSENTANT DE
L'ENFANCE ET DE LA JEUNESSE

REPRESENTATIVE FOR
CHILDREN AND YOUTH

BUSINESS HOURS Monday to Friday 8:30 a.m. to 5:00 p.m. EST, excluding public holidays.

TEXT or CALL TOLL FREE 1-855-449-8118 • IN IQALUIT 867-975-5090 • FAX 867-979-0444

EMAIL contact@rcynu.ca • WEBSITE www.rcynu.ca • FACEBOOK @NunavutRepresentativeforChildrenandYouth

STREET ADDRESS 630 Queen Elizabeth II Way, Third Floor, Qamutiq Building, Iqaluit, NU

MAILING ADDRESS PO Box 488, Iqaluit, NU X0A 0H0

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Cover artwork is a collection of the submissions received for this year's My Child Rights! contest. For more information, see page 84. Top left, clockwise: Mckenzie Akerolik, 9 years old from Rankin Inlet; Dimitri Pellerin, 8 years old from Iqaluit; Olivia Pellerin, 7 years old from Iqaluit; Hunter Pellerin, 7 years old from Iqaluit; and Samara Lyall, 15 years old from Taloyoak.



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REPRESENTATIVE FOR
CHILDREN AND YOUTH

September 29, 2023

The Honourable Tony Akoak
Speaker of the Legislative Assembly of Nunavut
P.O. Box 1200
Iqaluit, NU X0A 0H0

Dear Speaker:

It is my pleasure to present the Representative for Children and Youth
2022-2023 Annual Report to the Legislative Assembly of Nunavut.

This report covers the period of April 1, 2022, to March 31, 2023, and has been
prepared in accordance with section 35(1) of the *Representative for Children and
Youth Act*.

Yours sincerely,

Jane Bates
Representative for Children and Youth

This report is dedicated to the
children, youth, and families of Nunavut.

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MESSAGE FROM THE REPRESENTATIVE

It is my pleasure to present the Representative for Children and Youth 2022-2023 Annual Report. This report comes as I complete my fourth year as Nunavut's Representative for Children and Youth (Representative). It continues to be an honour and privilege to serve as the Representative alongside the Representative for Children and Youth's Office (RCYO) staff.

This year, I was unable to be present in the territory as I was undergoing treatment for breast cancer. The experience gave me a new, personal perspective on the challenges and limitations of Nunavut's health care system. In addition to my absence, the Director of Child and Youth Advocacy Services and the Intake Specialist resigned. Both had been an integral part of the RCYO and I extend my sincere gratitude to them both for their dedication and invaluable contributions over their tenures.

Given the numerous organizational challenges experienced this year, I am immensely grateful to the RCYO team for their integrity, teamwork, and unwavering commitment to our mandate; particularly Kim Foster, Manager of Communications and Public Awareness, who held the leadership role of the Office during this time. Kim's perseverance and adaptability were essential to the operations of the RCYO this year.

Despite the challenges, we continued to advocate for the rights of children and youth in Nunavut, opening 71 new individual advocacy cases this year. While we continue to see a slow return to the number of cases opened per year prior to the pandemic, the complexity of the cases continues to increase. Cases are taking more time and resources, requiring our advocacy team to have extensive knowledge of a broad range of legislation, policies, and procedures, to bring resolve to a problem.

Our systemic advocacy program continued to monitor 88 systemic recommendations and unfortunately, saw minimal progress towards implementation of these recommendations from Government of Nunavut departments (departments) overall. The systemic advocacy program also concluded its review of the Department of Family Services, Family Wellness Division. ▶



This review was primarily based on the lived experience of more than 150 young Nunavummiut who received services from both the Department of Family Services and advocacy services from the RCYO. Based on our review, as well as the advocacy concerns that continue to be raised to the Office's attention, it was evident that adequate action has not been taken by the Department of Family Services. They have failed to address the systemic issues we raise to their attention and have made little to no progress towards implementing the 20 recommendations our Office has made or the other 86 recommendations made by other external entities, including the Auditor General of Canada. As such, the RCYO made a report to the Commissioner in Executive Council (Commissioner) regarding our Office's findings and advised the Commissioner that the situation requires immediate and decisive action.

Our Public Awareness program continued to see increased engagement through Facebook and visitors to our website. A large part of this engagement is related to our child rights contest. This year we concluded our 8th annual contest and continue to receive submissions from young people all across the territory. Also, after not being able to connect face to face with young people and their families since December 2021 due to pandemic travel restrictions, community engagement visits resumed this year with our Individual Advocacy team prioritizing visits to three of the communities that our Office last visited in 2018.

We also took active steps towards the review of the *Representative for Children and Youth Act* (RCYA). In addition to providing a written submission to the Management and Services Board, consultations were

initiated with the respective departments, aimed to foster a collaborative approach towards strengthening the RCYA. As a result, it was ordered that section 4(1)(b), Reviews of Critical Injuries and Deaths program, would come into force on April 1, 2023.

Moving forward, the RCYO will use what was learned this past year in regards to the organizational challenges experienced to improve and evolve our service delivery. We will continue to hold ourselves accountable to the same standards we expect from departments which is the delivery of ethical, equitable, and consistent services to our clients and timely, accurate, fact-based correspondence and collaboration with departments.

For our young people to receive the services they have a right to, substantial change is required of some departments. While it seems easier to be complacent and maintain what is familiar, time must be dedicated to not only thinking about what could be, departments must strive for what should be. Every year brings new challenges; and every year these new challenges intensify the fundamental problems that exist within some departments. We must prioritize working together to make a better future for our children, youth, and families or this cycle will continue.

Yours sincerely,



Jane Bates
Representative for Children and Youth

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- ¹ For sources containing numerous years of data, the most recent year's data is used, unless otherwise stated.
- ² Government of Nunavut. (2022). *Nunavut Quick Fact, January 1, 2022*. Iqaluit, NU: Department of Executive and Intergovernmental Affairs. Retrieved from <https://gov.nu.ca/eia/information/statistics-home>
- ³ Statistics Canada. (2021). *Census Profile, 2021 Census of Population*. Ottawa, ON: Statistics Canada. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Nunavut&DGUIDlist=2021A000262&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0>
- ⁴ Nunavut Bureau of Statistics. (2020). *Nunavut Median Total Income of Taxfilers with Income by Region and Community, 1999 to 2017*. Ottawa, ON: Statistics Canada. Retrieved from https://gov.nu.ca/sites/default/files/nunavut_median_total_income_of_taxfilers_with_income_by_region_and_community_1999_to_2017.xlsx
- ⁵ Government of Nunavut. (2022). *Nunavut Quick Fact, January 1, 2022*. Iqaluit, NU: Department of Executive and Intergovernmental Affairs. Retrieved from <https://gov.nu.ca/eia/information/statistics-home>
- ⁶ Statistics Canada. (2021). *Census Profile, 2021 Census of Population*. Ottawa, ON: Statistics Canada. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Nunavut&DGUIDlist=2021A000262&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0>
- ⁷ Overcrowded means there are not enough bedrooms for people living in the home.
- ⁸ Nunavut Housing Corporation. (2020). *Angiraqattaqtaqitsiniq: Helping find a good place to call home*. Iqaluit, NU: Nunavut Housing Corporation. Retrieved from [https://assembly.nu.ca/sites/default/files/TD-293-5\(2\)-EN-GN-Status-of-Housing-Report-2020.pdf](https://assembly.nu.ca/sites/default/files/TD-293-5(2)-EN-GN-Status-of-Housing-Report-2020.pdf)
- ⁹ Household food insecurity exists when there is a compromise in the quality or quantity of food consumed (moderate food insecurity) or there is reduced food intake and disrupted eating patterns (severe food insecurity).
- ¹⁰ Statistics Canada. (2020). *Household Food Insecurity in Canada, 2017/2018*. Ottawa, ON: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020007-eng.htm>
- ¹¹ Nunavut Bureau of Statistics. (2021). *Nunavut Live Births by Month, 2003 to 2020*. Iqaluit, NU: Nunavut Bureau of Statistics. Retrieved from https://gov.nu.ca/sites/default/files/nunavut_live_births_2003_to_2020_7_tables.xlsx
- ¹² Statistics Canada. (2021). *Live births and fetal deaths (stillbirths), by type of birth (single or multiple)*. Ottawa, ON: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310042801&pickMembers%5B0%5D=1.15&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2020&referencePeriods=20200101%2C20200101>
- ¹³ Statistics Canada. (2022). *Infant deaths and mortality rates, by age group*. Ottawa, ON: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310071301&pickMembers%5B0%5D=1.15&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2020&referencePeriods=20200101%2C20200101>
- ¹⁴ Statistics Canada. (2022). *Deaths, by age group and sex*. Ottawa, ON: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310070901&pickMembers%5B0%5D=1.15&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2020&referencePeriods=20200101%2C20200101>
- ¹⁵ Nunavut Bureau of Statistics. (2020). *Nunavut Suicides by Region, Sex, Age Group and Ethnicity, 2000 to 2020*. Iqaluit, NU: Nunavut Bureau of Statistics. Retrieved from https://gov.nu.ca/sites/default/files/nunavut_suicides_by_region_sex_age_group_and_ethnicity_2000_to_2020.xlsx

STATUS OF YOUNG NUNAVUMMIUT

General Nunavut Statistics¹

POPULATION

Population of Nunavut²

40,586

By age (in years)³

0-4: **4,385**
5-14: **7,695**
15-24: **5,945**
25-44: **10,510**
45-64: **6,720**
65+: **1,605**

Population,
0-24 years of age

49%

Median income⁴

\$33,410

Unemployment rate⁵

12.6%

HOUSING

Total private dwellings⁶

11,720

Occupied dwellings

9,926

Overcrowded⁷ dwellings⁸

35%

FOOD SECURITY^{9 10}

Moderate or severe food
insecurity in Nunavut

49.4%

National average of moderate or
severe food insecurity

8.8%

Moderate or severe food
insecurity across Canada
was highest in Nunavut.

BIRTHS AND DEATHS

Births¹¹

839

In-territory: 499

Out-of-territory: 340

To mothers 14 years of
age and younger: 2

To mothers 15-19 years
of age: 142

Fetal deaths¹²

8

Infant mortality,¹³
under 1 year of age

12

Deaths,¹⁴
0-19 years of age

24

Percentage of suicides,¹⁵
0-19 years of age

16%

Status of Young Nunavummiut

According to the Department of Education for the 2022-2023 school year

LEGEND

Data reported by the department

Data reported but confirmed by the department to be inaccurate

	TOTAL	KITIKMEOT	KIVALLIQ	QIKIQTAALUK
LICENSED CHILD CARE CENTRES¹⁶				
Centres	60	9	13	38
Daycares	33	5	8	20
Preschools	7	1	2	4
Head Starts	7	3	2	2
Afterschool	7	0	1	6
Home Daycares	6	0	0	6
Child care spaces	1,243	215	262	766
Infant (0-2 years)	223	31	50	142
Full-time Preschool (3-5 years)	616	102	145	369
Part-time Preschool (3-5 years)	240	82	50	108
School-age (6-12 years)	164	0	17	147
SCHOOLS				
Attendance rates¹⁷				
September 2022		66.86%	65.70%	73.80%
January 2023		72.28%	75.29%	75.38%
April 2023		67.98%	68.31%	74.08%
Preliminary graduation numbers		46	89	138
Final 2021-2022 graduation numbers	262¹⁸	25	109	123
Student Educator Ratio¹⁹ (SER)		11.8	11.7	11.3

¹⁶ The Department of Education licenses daycares; it does not operate them.

¹⁷ The Department of Education captured "attendance rates over three different months to gain a different view of the attendance for 2022-23."

¹⁸ Total includes five Pathway to Adult Secondary School (PASS), which gives adult learners a new route to earn the same Nunavut Secondary School Diploma (commonly known as the Grade 12 Diploma) as those students who have completed the high school route.

¹⁹ SER implementation includes school principals, vice principals, teachers, student support teachers, language specialist, learning coach, and guidance counsellor.

Status of Young Nunavummiut

According to the Department of Education for the 2022-2023 school year continued...

	TOTAL	KITIKMEOT	KIVALLIQ	QIKIQTAAALUK
CRISIS RESPONSES				
Crisis responses required	13	6	2	5
Suicide death (adult)	0	1	1	1
Suicide death (student)	0	1	1	1
Cumulative impact of losses & sudden death	0	1	0	1
Follow up and training	0	1	0	0
Violent incident in school and increase in suicidal ideation	0	1	0	0
Suicide death (community member)	0	1	0	0
Suicide death (unconfirmed)	0	0	0	1
Accidental death	0	0	0	1

VIOLENT INCIDENTS²⁰, by type, by parties involved

	Incidents recorded as Abuse/Assault	Incidents recorded as Discrimination	Incidents recorded as Threats
Student on student	78	0	11
Student on staff	70	3	34
Staff on student	1	0	0
Staff on staff	13	2	4
Other ²¹	89	6	51

	TOTAL
Violent incidents involving personal injuries	42
Violent incidents involving property damage	48
Incidents causing property damage as part of a violent incident	33
Incidents causing only property damage	15
Property damage incidents caused by students	45

²⁰ "This is a new reporting system that was introduced by the Department of Education in October 2022. School staff are still adapting to the system and understanding the value of reporting. For this reason, some regions are reporting more frequently than others. Until the system has been in place for longer, and all schools report regularly, the department will publish incidents by territory rather than region. This will prevent potentially inaccurate conclusions from being drawn about the level of violence in one or more regions. This is a voluntary reporting system used only by the school staff, and the data presented reflects the number of voluntary reports submitted. At this time, all incidents may not get reported in this system. Therefore, this summary may not reflect all incidents that occurred in the territory. The number of reports may not reflect the exact number of unique incidents, as different people could make multiple submissions for one incident."

²¹ "Some reports were incomplete, and not all applicable information was filled in. Where possible, we have taken measures to reduce the impact of such reports on overall statistics. E.g. 'Other' category includes reports of all parties other than students and staff as well as the reports where the target of the act as not identified."

Status of Young Nunavummiut

According to the Department of Family Services for the 2022-2023 fiscal year

LEGEND

- # Data reported by the department
- # Data reported but confirmed by the department to be inaccurate
- ? Data not provided by the department
- / Inconsistent numbers reported by the department

	TOTAL	KITIKMEOT	KIVALLIQ	NORTH BAFFIN	SOUTH BAFFIN
REFERRALS²²		1,093	54	1,411	?²³
Reason for Referral					
Alcohol Related	556	256	?	300	?
Child Protection	715	? ²⁴	36	679	?
Adoption	18	0	?	18	?
Mental Health	126	54	1	71	?
Family Violence	329	265	?	64	?
Sexual/Physical Abuse	98	43	?	55	?
Safe home/Homelessness	103	73	?	30	?
Other Support Services ²⁵	596	402	17	194	?
RECEIVING SERVICES FROM THE DIRECTOR, by placement type					
Total number of young people	?	130	?	25	179
Placement Type					
Parental Home	?	83	?	6	81
Extended Family	?	38	?	14	49
Foster Family (non-biological)	?	9	?	5	49
IN THE CARE OF THE DIRECTOR²⁶	184	25	23	30	101
Permanent Wards					
0-15 years of age	96	3	16	24	53
In-territory	73	2	11	15	45
Out-of-territory	23	1	5/4	9	8
16-18 years of age	31	4	6	4	17
In-territory	21	2	2	1	16
Out-of-territory	10	2	4	3	1
Temporary Wards					
0-15 years of age	55	18	6	2	29
In-territory	53	17	6	2	28
Out-of-territory	2	1	0	0	1
16-18 years of age	2	0	0	0	2
In-territory	2	0	0	0	2
Out-of-territory	0	0	0	0	0

²² "Some referrals involved more than one source of conflict, ie: child protection/alcohol related, family violence/alcohol related, etc." " Not all referrals are reflected due to lack of infrastructure and staffing in communities."

²³ "South Baffin was unable to report referrals received due to the level of data collection required and lack of infrastructure currently in place to collect said data."

Status of Young Nunavummiut

According to the Department of Family Services for the 2022-2023 fiscal year continued...

	TOTAL	KITIKMEOT	KIVALLIQ	NORTH BAFFIN	SOUTH BAFFIN
RECEIVING SERVICES but not in the care of the Director, by service agreement type					
Total number of young people	357	118	109	30	100
Plan of care	217	58	73	20	66
0-15 years of age	217	58	70	19	66
In-territory	198	57	63	17	61
Out-of-territory	15	1	7	2	5/7
16-18 years of age	4	0	3	1	0
In-territory	0	0	0	0	0
Out-of-territory	4	0	3/0	1	0
Voluntary service agreement	76	33	19	10	14
0-15 years of age	68	31	17	8	12
In-territory	49	30	5	3	11
Out-of-territory	19	1	12	5	0/1
16-18 years of age	8	2	2	2	2
In-territory	3	0	1	0	2
Out-of-territory	5	2	1/2	2/3	0
Service support agreement	37	26	4	0	7
0-15 years of age	0	0	0	0	0
In-territory	0	0	0	0	0
Out-of-territory	0	0	0	0	0
16-18 years of age	37	26	4	0	7
In-territory	35	24	0/3	0	7
Out-of-territory	2	2	0	0	0
Supervision order	12	1	4	0	7
0-15 years of age	11	1	4	0	6
In-territory	11	1	4	0	6
Out-of-territory	0	0	0	0	0
16-18 years of age	0	0	0	0	1
In-territory	1	0	0	0	1
Out-of-territory	0	0	0	0	0
Interim orders	14	0	9	0	5
Adjourned	1	0	0	0	1
AGED OUT OF CARE²⁷	4	1	0	3	0
Extended Services Agreement	35	11	2	9	13

²⁴ "categorized under various issues listed"

²⁵ refers to support letters, food assistance

²⁶ Director of Child and Family Services has legal guardianship of these young people as a result of a court order.

²⁷ Young people who turned 16 years of age while in the care of the Director, in and out-of-territory.

Status of Young Nunavummiut

According to the Department of Family Services for the 2022-2023 fiscal year continued...

LEGEND

- # Data reported by the department
- # Data reported but confirmed by the department to be inaccurate
- ? Data not provided by the department
- / Inconsistent numbers reported by the department
- Data not reported because it is not one of the top reasons for that location, age group, or year.

	TOTAL	KITIKMEOT	KIVALLIQ	NORTH BAFFIN	SOUTH BAFFIN
ADOPTIONS	149	17	46	40	46
Registered Custom	131	16	39	35	41
Private	17	1	7	5	4
Departmental	1	0	0	0	1
FOSTER HOMES	134	24	18	20	72
Inuit	81	16	15	17	33
Non-Inuit	53	8	3	3	39
CRITICAL INJURIES²⁸	352	62	41	62	187
DEATHS²⁸	3/1²⁹	0	0	1	2
FAMILY VIOLENCE SHELTERS³⁰					
Total nights spent in shelters	7,959	4,149	1,133	?	2,677
0-5 years of age	3,887	2,197	447	?	1,243
6-18 years of age	4,072	1,952	686	?	1,434
OUT-OF-TERRITORY MEDICAL NEEDS PLACEMENTS					
Placements	?	?	?	?	?
In the care of the Director	?	?	?	?	?
Permanent Ward	?	?	?	?	?
Temporary Ward	?	?	?	?	?
Service Agreements, by Type	?	?	?	?	?
Plan of care	?	?	?	?	?
Voluntary service agreement	?	?	?	?	?
Service support agreement	?	?	?	?	?
Extended services agreement	?	?	?	?	?

²⁸ For more information, see Reviews of Critical Injuries and Deaths section, page 88.

²⁹ Although the Department of Family Services reported three deaths, only one was reported to the RCYO as per section 19 of the RCYA.

³⁰ The Department of Family Services provides funding to shelters; it does not operate them.

Status of Young Nunavummiut

According to the Department of Health³¹ for various fiscal years

2021-22

2022-23

MOST COMMON REASONS for accessing the Qikiqtani General Hospital, Inpatient and Day Surgery (Visits/Patients)

Singleton, born in hospital, delivered vaginally	408/311	258/189
Dental caries, unspecified	365/365	262/262
Single live birth	78/78	49/49
Other symptoms and signs involving emotional state	56/49	32/31
Neonatal jaundice, unspecified	46/40	--/--
Anaemia, unspecified	49/43	--/--
Unspecified place of occurrence ³²	41/40	31/30
Other heavy for gestational age infants	36/34	--/--
Mental and behavioural disorders due to use of cannabinoids : harmful use	36/30	--/--
Other preterm infants	35/32	34/33
Acute bronchiolitis due to respiratory syncytial virus	--/--	42/42
Bacterial pneumonia, unspecified	--/--	29/28
Volume depletion (Dehydration)	--/--	27/25
Predominantly allergic asthma	--/--	27/22
Acute bronchiolitis due to human metapneumovirus	--/--	26/25

2019-20

2020-21

MOST COMMON REASONS for accessing community health centres, Iqaluit Public Health and Iqaluit Mental Health (Visits/Patients)

Other specified medical care not elsewhere classified	6,870/1,211	3,325/498
Laboratory examination	6,804/4,035	3,071/2,169
Acute upper respiratory infection, unspecified	6,175/3,296	2,179/1,472
Unspecified place of occurrence ³²	5,086/3,147	1,853/1,322
Otitis media, unspecified	3,817/2,202	1,452/1,003
Exposure to unspecified factor causing other and unspecified injury ³²	3,529/2,437	1,270/994
Routine child health examination	3,029/1,757	1,274/897
Need for immunization against other single bacterial diseases	2,784/2,070	1,328/1,101
Acute pharyngitis, unspecified	2,504/1,823	1,068/874
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	2,149/1,701	976/824

³¹ "Due to an update in data collection methods by the Department of Health, it is recommend to use caution when comparing or attributing variances to any specific cause, from previous years. "Variances in the number of children and youth accessing the examined services over time may represent changes in access to services, changes in willingness of children and youth to receive these services, or changes in number of children and youth requiring these services." "The presented data favours generic ICD-10 codes. Patients with confirmed specific diagnoses would likely not be captured in this report." "Regional numbers may not add up to territorial numbers due to some entries missing a variable identifying the patient's community information." Diagnostic data in Meditech, Med2020, and DAD [Discharge Abstract Database] are coded in International Classification of Diseases v.10 (ICD-10). ICD-10 codes are used as a proxy of a patient accessing a specified health service in Nunavut. The selected codes were searched in the databases then filtered to include only patients ages nineteen years or younger."

³² This category is for use with other categories, identifying the place of occurrence of the external cause.

Status of Young Nunavummiut

According to the Department of Health³¹ for various fiscal years continued...

LEGEND

Data reported by the department

-- Data not reported because it is not one of the top reasons for that fiscal year, location, or age group.

KITIKMEOT KIVALLIQ QIKIQTAAALUK

2019-2020 MOST COMMON REASONS for accessing regional community health centres, Iqaluit Public Health and Iqaluit Mental Health (Visits/Patients)

Other specified medical care not elsewhere classified	387/171	1,824/276	4,634/752
Laboratory examination	1,219/791	1,315/929	4,057/2,197
Unspecified place of occurrence ³²	944/633	1,203/785	2,796/1,648
Acute upper respiratory infection, unspecified	1,558/838	1,424/809	3,026/1,557
Routine child health examination	585/354	503/329	1,856/1,026
Need for immunization against other single bacterial diseases	524/414	489/429	1,705/1,179
Exposure to unspecified factor causing other and unspecified injury ³²	637/491	881/617	1,901/1,262
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	388/322	345/303	1,363/1,035
Need for immunization against other specified single infectious diseases	--/--	--/--	1,081/798
Special screening examination for respiratory tuberculosis	--/--	--/--	1,317/738
Otitis media, unspecified	1,193/654	1,012/598	--/--
Acute pharyngitis, unspecified	710/512	679/521	--/--

2020-2021 MOST COMMON REASONS for accessing regional community health centres, Iqaluit Public Health and Iqaluit Mental Health (Visits/Patients)

Other specified medical care not elsewhere classified	--/--	1,791/156	1,368/265
Laboratory examination	599/461	558/438	1,823/1,206
Unspecified place of occurrence ³²	280/227	479/348	1,070/729
Acute upper respiratory infection, unspecified	506/360	560/361	1,052/703
Routine child health examination	226/175	224/158	807/549
Need for immunization against other single bacterial diseases	256/229	--/--	855/673
Exposure to unspecified factor causing other and unspecified injury ³²	211/180	347/281	694/520
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	198/176	--/--	639/521
Need for immunization against other specified single infectious diseases	--/--	--/--	627/470
Impetigo	--/--	--/--	491/325
Otitis media, unspecified	411/277	417/272	--/--
Acute pharyngitis, unspecified	266/217	329/263	--/--
Persons encountering health services in other specified circumstances	--/--	228/199	--/--
General medical examination	171/144	242/193	--/--

Status of Young Nunavummiut

According to the Department of Health³¹ for various fiscal years continued...

0-4 YEARS 5-9 YEARS 10-14 YEARS 15-19 YEARS

2019-2020 MOST COMMON REASONS for accessing community health centres, Iqaluit Public Health and Iqaluit Mental Health (Visits/Patients)

Acute upper respiratory infection, unspecified	2,145/938	949/676	307/254	--/--
Routine child health examination	1,906/955	--/--	--/--	--/--
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	1,210/888	--/--	--/--	--/--
Acute bronchiolitis, unspecified	1,200/383	--/--	--/--	--/--
Need for immunization against other single bacterial diseases	1,190/853	--/--	477/403	--/--
Otitis media, unspecified	1,049/520	543/398	--/--	--/--
Need for immunization against viral hepatitis	922/809	--/--	--/--	--/--
Need for immunization against other specified single infectious diseases	834/569	--/--	--/--	--/--
Laboratory examination	662/477	1,305/877	1,054/690	2,089/932
Fever, unspecified	477/335	--/--	--/--	--/--
Other specified medical care not elsewhere classified	--/--	1,305/238	1,895/202	1,755/360
Unspecified place of occurrence ³²	--/--	1,214/755	1,314/782	1,192/699
Exposure to unspecified factor causing other and unspecified injury	--/--	869/608	938/620	757/514
Acute pharyngitis, unspecified	--/--	787/557	493/378	325/239
Special screening examination for respiratory tuberculosis	--/--	384/218	411/260	412/241
Persons encountering health services in other specified circumstances	--/--	299/210	297/213	371/254
Impetigo	--/--	299/216	--/--	--/--
Radiological examination, not elsewhere classified	--/--	--/--	341/275	--/--
Supervision of normal pregnancy, unspecified	--/--	--/--	--/--	941/234
Counselling, unspecified	--/--	--/--	--/--	853/308
Person consulting on behalf of another person	--/--	--/--	--/--	411/187

Status of Young Nunavummiut

According to the Department of Health³¹ for various fiscal years continued...

LEGEND

Data reported by the department

-- Data not reported because it is not one of the top reasons for that fiscal year, location, or age group.

0-4 YEARS 5-9 YEARS 10-14 YEARS 15-19 YEARS

2020-2021 MOST COMMON REASONS for accessing community health centres, Iqaluit Public Health and Iqaluit Mental Health (Visits/Patients)

	0-4 YEARS	5-9 YEARS	10-14 YEARS	15-19 YEARS
Routine child health examination	826/500	--/--	--/--	--/--
Acute upper respiratory infection, unspecified	757/387	325/282	115/107	--/--
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	597/472	--/--	--/--	--/--
Need for immunization against other single bacterial diseases	590/473	--/--	--/--	--/--
Need for immunization against other specified single infectious diseases	487/348	--/--	241/180	--/--
Need for immunization against viral hepatitis	440/402	--/--	--/--	--/--
Acute bronchiolitis, unspecified	439/172	--/--	--/--	--/--
Otitis media, unspecified	383/214	185/156	--/--	--/--
Laboratory examination	334/228	578/459	453/337	911/548
Fever, unspecified	265/164	--/--	--/--	--/--
Other specified medical care not elsewhere classified	--/--	749/98	683/103	815/155
Unspecified place of occurrence ³²	--/--	395/290	440/303	483/320
Acute pharyngitis, unspecified	--/--	372/300	191/160	140/117
Exposure to unspecified factor causing other and unspecified injury	--/--	279/228	297/228	284/213
General medical examination	--/--	142/122	--/--	181/153
Impetigo	--/--	141/107	--/--	--/--
Persons encountering health services in other specified circumstances	--/--	140/122	111/92	189/149
Counselling, unspecified	--/--	--/--	165/67	364/166
Person consulting on behalf of another person	--/--	--/--	128/73	182/94
Supervision of normal pregnancy, unspecified	--/--	--/--	--/--	424/138

Status of Young Nunavummiut

According to the Department of Health³³ for various fiscal years continued...

2021-22³³

2022-23

MOST COMMON REASONS for accessing regional community health centres (Visits/Patients)

General medical examination	26,399/7,147	45,113/10,739
Routine child health examination	5,290/1,823	6,120/2,645
Need for immunization against other single bacterial diseases	3,665/1,565	4,710/2,719
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	2,756/1,233	3,323/2,087
Need for immunization against viral hepatitis	1,543/726	1,777/1,125
Pregnant state, incidental	1,428/222	1,732/300
Need for immunization against other specified single infectious diseases	1,408/488	1,347/620
Other specified special examinations	1,397/661	--/--
Need for immunization against other combinations of infectious diseases	1,109/640	1,406/1,125
Unspecified diabetes mellitus without complications	692/324	1,161/707
Abnormal findings in specimens from digestive organs and abdominal cavity : other abnormal findings	--/--	1,015/966

KITIKMEOT

KIVALLIQ

QIKIQTAALUK

2022-2023 MOST COMMON REASONS for accessing regional community health centres (Visits/Patients)

General medical examination	12,378/2,422	13,346/3,281	14,216/3,625
Routine child health examination	1,117/481	1,711/741	2,555/1,093
Need for immunization against other single bacterial diseases	976/591	1,336/736	1,852/1,096
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	655/440	957/606	1,298/778
Need for immunization against viral hepatitis	313/201	643/418	621/386
Unspecified diabetes mellitus without complications	--/--	--/--	580/299
Need for immunization against other specified single infectious diseases	244/114	390/177	562/260
Pregnant state, incidental	719/111	209/52	555/99
Need for immunization against other combinations of infectious diseases	--/--	402/332	530/434
Special screening examination for respiratory tuberculosis	--/--	251/187	490/325
Acute upper respiratory infection, unspecified	323/259	--/--	--/--
Abnormal findings in specimens from digestive organs and abdominal cavity : other abnormal findings	298/282	--/--	--/--
Need for immunization against other combinations of infectious diseases	295/226	--/--	--/--
Unspecified diabetes mellitus without complications	--/--	247/178	--/--

³³ from October 2021 to March 31, 2022

Status of Young Nunavummiut

According to the Department of Health³¹ for various fiscal years continued...

LEGEND

Data reported by the department

-- Data not reported because it is not one of the top reasons for that fiscal year, location, or age group.

0-4 YEARS 5-9 YEARS 10-14 YEARS 15-19 YEARS

2022-2023 MOST COMMON REASONS for accessing community health centres, by age (Visits/Patients)

General medical examination	7,984/1,120	8,576/2,626	6,134/2,095	7,474/2,112
Routine child health examination	3,246/1,033	159/142	89/85	--/--
Need for immunization against other single bacterial diseases	1,802/730	--/--	316/308	192/189
Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis	1,801/821	249/221	--/--	--/--
Acute hepatitis B	1,376/785	--/--	--/--	--/--
Need for immunization against other specified single infectious diseases	1,329/611	--/--	--/--	--/--
Unspecified diabetes mellitus without complications	796/386	--/--	--/--	--/--
Post-term infant, not heavy for gestational age	645/255	--/--	--/--	--/--
Need for immunization against tuberculosis	633/413	--/--	--/--	--/--
Acute upper respiratory infection, unspecified	227/166	149/130	--/--	--/--
Need for immunization against influenza	--/--	169/160	140/138	105/105
Special screening examination for respiratory tuberculosis	--/--	163/126	183/137	179/129
Need for immunization against rabies	--/--	98/51	--/--	--/--
Acute pharyngitis, unspecified	--/--	94/82	--/--	--/--
Unspecified diabetes mellitus without complications	--/--	93/77	--/--	--/--
Need for immunization against unspecified infectious disease	--/--	90/73	72/58	--/--
Abnormal findings in specimens from digestive organs and abdominal cavity : other abnormal findings	--/--	--/--	927/882	--/--
Need for immunization against diphtheria-tetanus-pertussis, combined	--/--	--/--	527/527	94/90
Varicella encephalitis (Chickenpox)	--/--	--/--	448/448	--/--
Poisoning: Other and unspecified drugs, medicaments and biological substances	--/--	--/--	77/60	132/107
Pregnant state, incidental	--/--	--/--	--/--	1,612/252
Dietary counselling and surveillance	--/--	--/--	--/--	218/125
General counselling and advice on contraception	--/--	--/--	--/--	189/127
Other anaemias	--/--	--/--	--/--	162/80

Status of Young Nunavummiut

According to the Department of Health³¹ for various fiscal years continued...

2021-22

2022-23

MEDICAL TRAVEL (Number of people sent out-of-territory for procedures/treatment)

Total	3,254	2,441
19 years of age and younger	1,294	1,026

2021³⁴

2022³⁴

BIRTHS AND DEATHS³⁵

Births	790	409
In-territory	460	403
To mothers 19 years of age and younger	84	68
Out-of-territory	330	6
To mothers 19 years of age and younger	47	2
Deaths	157	158
19 years of age or younger	27	12
Fetal deaths	1	1
Suicides	40	28
19 years of age and younger	15	1

2022-2023 PEDIATRICIAN VISITS³⁶, by community

KITIKMEOT		QIKIQTAAALUK	
Cambridge Bay	12	Iqaluit	734.5
Taloyoak	8	Igloolik	23
Whale Cove	6	Clyde River	11.5
Gjoa Haven	6	Arctic Bay	10
Kugaaruk	6	Kinngait	10
Kugluktuk	6	Pond Inlet	10
		Sanikiluaq	10
		Pangnirtung	6
KIVALLIQ		Sanirajak	5.5
Baker Lake	18.5	Grise Fiord	4.5
Arviat	15	Resolute Bay	4.5
Rankin Inlet	15	Qikiqtarjuaq	4
Nauyasat	9	Kimmirut	0
Chesterfield Inlet	7		
Coral Harbour	6		

³⁴ as per calendar year

³⁵ "The number of births and deaths use the Nunavut vital statistics database and the Discharge Abstract Database (DAD) as sources. Additional data may become available from Statistics Canada or the Chief Coroner following detailed investigations, but these data were not available at the time of creating this report."

³⁶ "Pediatrician days are in person community visits, Iqaluit includes in person and telehealth services in pediatrician clinics." Data provided by the Office of Medical Affairs.

Status of Young Nunavummiut

According to the Department of Justice for the 2022-2023 fiscal year

LEGEND

Data reported by the department

? Data not provided by the department

	TOTAL	KITIKMEOT	KIVALLIQ	QIKIQTAALUK
JUSTICE SYSTEM³⁷				
Incarcerated	5	0	2	3
Incarcerated more than once	1	0	1	0
Segregation³⁸	2			
Charges	32	8	8	16
13 years of age	0	0	0	1
14 years of age	0	1	0	0
15 years of age	0	0	1	2
16 years of age	0	4	4	7
17 years of age	0	3	3	6
ALCOHOL/DRUG RELATED ARRESTS				
Number of young people arrested	117	31	26	60
13 years of age		3	1	5
14 years of age		5	2	5
15 years of age		6	7	5
16 years of age		5	7	14
17 years of age		12	9	31
CRIMES AGAINST YOUNG PEOPLE				
Charges laid with an offense against a young person	223	34	45	144
Convictions in relation to crimes against a young person	5	1	1	3
Sexual interference ³⁹	1	1	0	0
Sexual exploitation	3	0	0	3
Luring of a child	1	0	1	0
In-territory registered sexual offenders^{40 41}	467			
With offence(s) against a young person	260			
High-risk child sex offenders ⁴²	22			

³⁷ Young people 12-18 years of age under the *Youth Criminal Justice Act*

³⁸ One day in segregation each for processing.

³⁹ Direct or indirect touching of a person under 16 years of age

Status of Young Nunavummiut

According to the Department of Justice for the 2022-2023 fiscal year continued...

	TOTAL	KITIKMEOT	KIVALLIQ	QIKIQTAALUK
DOMESTIC VIOLENCE⁴³				
Charges	1,034	153	221	660
Convictions	240	38	53	149
CHILD PROTECTION				
Matters before the court	51	4	22	25
VICTIM SERVICES				
Number of young people accessing Victim Services	192	62	46	84
Reasons for accessing Victim Services				
Witness to assault, domestic violence	97	16	26	55
Sexual assault	56	31	15	10
Historical sexual assault	12	10	2	0
Homicide	8	0	0	8
Common assault	6	5	0	1
Family Information Liaison Unit client	4	0	0	4
Witness to attempted suicide	3	0	3	0
Witness to break and enter	3	0	0	3
Sexual Interference	2	0	0	2
Victim of domestic violence	1	0	0	1
PUBLIC GUARDIANSHIP				
In the care of a parent under Public Guardianship	3⁴⁴	0	0	1

⁴⁰ Under the Criminal Code certain sex offences: [sexual interference; invitation to sexual touching; sexual exploitation; incest; bestiality (compelling the commission of, and in presence of or by a child); child pornography (making, possession, distribution); parent or guardian procuring sexual activity; exposure, sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm; aggravated sexual assault; attempt or conspiracy to commit any of the above] require mandatory registration on Canada's National Sex Offender Registry, which was created by the *Sex Offender Information Registration Act* (SOIRA) of 2004. As of 2011, judges no longer have discretion when it comes to requiring a convicted offender to register as a sex offender for these offences. If the individual is convicted of an offence covered by SOIRA, they must register as a sex offender. For other sexual offences, a Crown Prosecutor may apply to the Court for an order for registration. The Prosecutor will make this application when they believe an offender, who has not committed a SOIRA mandatory offence, poses an adequate risk to the public. It would then be up to the judge to decide if registration is warranted.

⁴¹ "The RCMP "V" Division does not release regional figures for sexual offenders in Nunavut for privacy and public safety reasons."

⁴² Determined to be "above average risk" of re-offending against children based on a computer algorithm.

⁴³ "Files may have occurred prior to the reporting period and convicted during the reporting or may have occurred during the reporting period and remain within the Court process."

⁴⁴ The Department of Justice reported two children living out-of-territory and one living in-territory. "The Office of the Public Guardian (OPG) maintains regular contact with the parent client and get regular updates/reports from service providers. Part of the OPG's monitoring of these clients is to ensure that they are getting parenting support and that the children are being adequately cared for, despite the challenges the adult client may be facing."

ABOUT OUR OFFICE

The Representative for Children and Youth (Representative) is an independent officer who reports to the Legislative Assembly of Nunavut (Legislative Assembly) and the public.

It is the mandate of the Representative for Children and Youth's Office (RCYO) to make sure legislation, policies, procedures, programs, and services put in place by Government of Nunavut (GN) departments and designated authorities⁴⁵ (departments) provide ethical, equitable, and consistent outcomes that meet the needs and support the rights of young Nunavummiut, and the families, who rely on them.

If anyone has a complaint about a department's service, or is unable to receive a service for a young person, and/or their family, they can bring it to the attention of our office for review.

The RCYO does not replace service providers. We review services provided or services that should be provided by GN departments. Essentially, the RCYO deals with complaints about GN services for child and youth.

All information reported to our office is confidential and can be reported anonymously.

RCYO staff provide advocacy services in Inuktitut and English. Services in Inuinnaqtun and French are available with interpretation support.

OUR MISSION

Establish our office as the conscience of child- and youth-serving Government of Nunavut departments.

OUR VISION

A territory in which children and youth are healthy and safe, their interests and opinions are heard, acted upon, and supported through the delivery of ethical, equitable, and consistent government services.

OUR MANDATE

Our mandate allows us to work on behalf of children and youth when all of the following apply:

- * The young person involved is under 19 years of age. There are a few exceptions that allow us to work with young people over 19 years of age. For example, if they were part of a department's system prior to turning 19 years of age⁴⁶;
- * A department(s) is involved; and
- * The rights of the child, as described in the United Nations *Convention on the Rights of the Child*, are not being met.

The RCYO:

- * Does not work on problems involving private relationships, such as if a young person is not listening to their parents;
- * Does not conduct investigations of child abuse or neglect; and
- * Does not work on problems involving businesses or organizations. For example, if a young person doesn't receive their paycheck from their employer.

⁴⁵ Designated authorities are listed under Schedule A of the *Representative for Children and Youth Act*.

⁴⁶ Please contact the RCYO for more information about these exceptions.

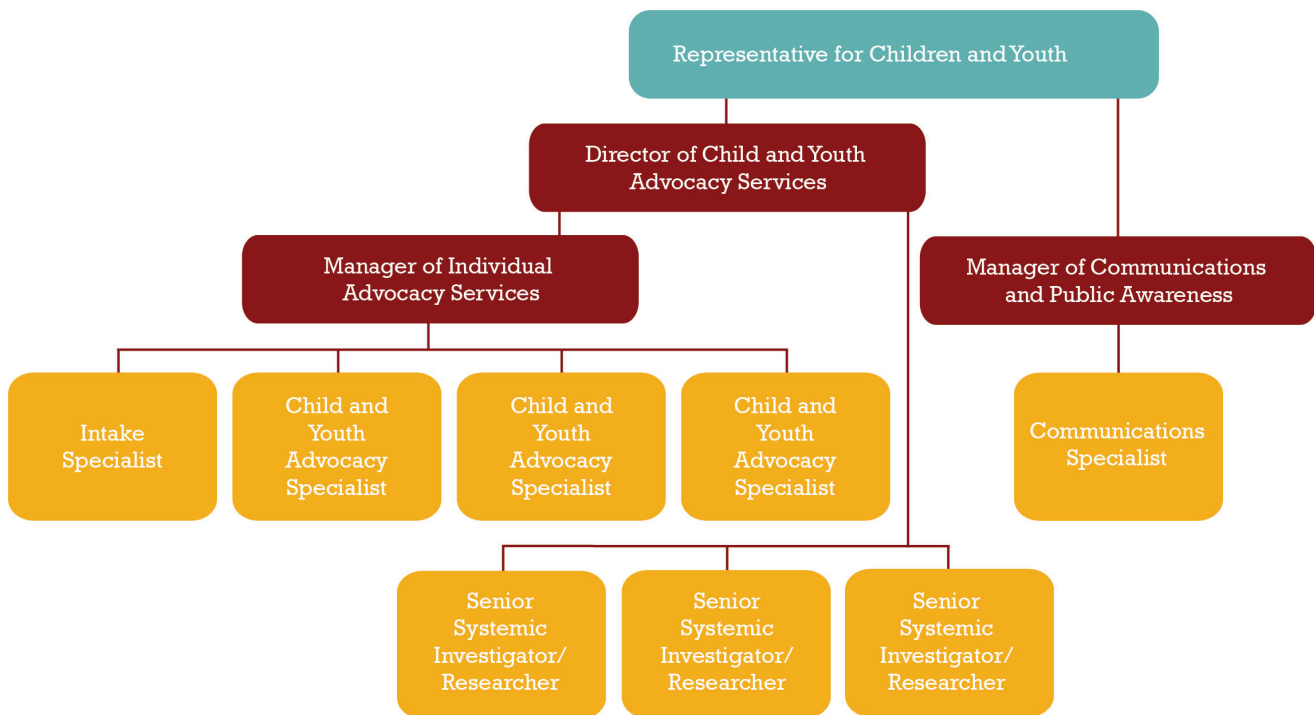
OUR STAFF

The RCYO has eleven positions, not including the Representative. As of March 31, 2023, five positions are fully staffed. Three positions are filled indeterminately and two positions are filled for terms.

This year, we hired one Child and Youth Advocacy Specialist (Child Advocate) for a three-year term and one of our Child Advocates who was on a Casual Staffing Action (CSA) was the successful candidate for another term position. The Manager of Individual Advocacy Services, who was on an Internal Transfer Assignment from the Systemic Advocacy program, was the successful candidate in the indeterminate competition for this position.

The Office initiated work to backfill the Director of Child and Youth Advocacy position, the Senior Systemic Investigator/Researcher position, and the Intake Specialist position. Hiring processes were also initiated for the hiring of two Senior Systemic Investigator/Researchers, which were both granted to operationalize the Reviews of Critical Injuries and Deaths program, see more on page 88. Although, these processes were not completed by the end of the fiscal year, the Office renovation to accommodate these position was completed in the spring of 2022.

FIGURE 1: Organizational Chart



WHAT GUIDES OUR WORK

Our work is guided by the *Representative for Children and Youth Act* (RCYA), the United Nations *Convention on the Rights of the Child*, Inuit societal values (ISV), the voice of the child, and National Advocacy Standards established by the Canadian Council of Child and Youth Advocates (CCCYA).

REPRESENTATIVE FOR CHILDREN AND YOUTH ACT

Our mandate includes the following specific duties as outlined in the RCYA:

- ❄️ Ensure the rights and interests of children and youth, individually and collectively, are protected and advanced;
- ❄️ Ensure departments hear and consider the opinions of children and youth on matters that affect them;
- ❄️ Ensure children and youth can access departments' services and that the departments consider their concerns and opinions about those services;
- ❄️ Help children, youth, and their families communicate with department service providers to improve understanding between them;
- ❄️ Inform the public about the rights and interests of children and youth, and the roles and responsibilities of the RCYO; and
- ❄️ Provide advice and recommendations to departments on how to make laws, policies, programs, and services better for children and youth in Nunavut.

Representative for Children and Youth Act Review

In February 2022, the RCYO was notified by the Management and Services Board (MSB) that the RCYA would be reviewed in the 2022-2023 fiscal year. On May 25, 2022, the RCYO provided a formal written submission to the MSB outlining our proposed amendments to the RCYA, detailed in Table 1.

On October 29, 2022, the Representative appeared before the MSB. At that time, the MSB requested the RCYO consult with affected departments regarding the proposed amendments. On February 1, 2023, letters were sent to the Department of Education, the Department of Family Services, the Department of Health, the Department of Justice, and Nunavut Arctic College (NAC) requesting feedback on the proposed amendments by May 15, 2023.

On December 15, 2022, the RCYO received a letter from the Commissioner of Nunavut notifying that as per proposed amendment #2, section 4(1)(b) would come into force on April 1, 2023. As such, the RCYO's fourth program area, Reviews of Critical Injuries and Deaths will be operational next fiscal year.

TABLE 1: RCYO’s Proposed Amendments to the *Representative for Children and Youth Act*


Proposed Amendment	Rationale
<p>1. Clarify the current definition of critical injury with the underlined words noted below.</p> <p>“critical injury” means <u>a physical or psychological injury</u> that may result in the death of a person or <u>in</u> serious or long term impairment of the <u>physical or psychological</u> health of a person.</p> <p>Relevant Section: Definitions section 1: “critical injury” means an injury that may result in the death of a person or in serious long-term impairment of the health of a person.</p>	<p>The definition of ‘critical injury’ can be strengthened by including psychological injuries, meaning mental or emotional harm or impairment, as it is not limited to physical injuries. For example, this would include not only the physical injuries that occur when a child or youth experiences physical or sexual abuse, but also the psychological injuries that may be sustained as a result of the previously mentioned or when a young person is affected by a traumatic event, like family violence, a murder, or suicide.</p> <p>The proposed definition draws from the definitions in section 1 of Manitoba’s <i>The Advocate for Children and Youth Act</i> and section 16.1 of <i>Newfoundland and Labrador’s Child and Youth Advocate Act</i>.</p>
<p>2. Bring into force s. 4(1)(b) of the <i>Representative for Children and Youth Act</i> as of April 1, 2023.</p> <p>Relevant section: Powers section 4(1): In addition to any other powers under this or any other Act, the Representative for the purpose of performing his or her duties may (b) review any matter related to the death or critical injury of any child or youth.</p>	<p>Enacting this section of the RCYA provides the Representative with the power to review the events leading up to a critical injury or death of a young person receiving government services, to determine if they received the services they have a right to and if those services met their needs.</p> <p>In September 2021, MSB approved the required human resources to operationalize this program. The renovation to accommodate the additional positions is completed and efforts are underway to fill the positions.</p>
<p>3. Change the term of office to five years with indefinite five-year reappointments.</p> <p>Relevant section: Term of Office section 7(1): Subject to section 9, the Representative holds office for a term of five years and may be reappointed for one further term of five years.</p>	<p>The proposed change to the Representative for Children and Youth’s term would make it consistent with the other independent officers of the Legislative Assembly of Nunavut, including the Information and Privacy Commissioner, the Integrity Commissioner, and the Official Languages Commissioner. The Chief Electoral Officer is the only independent officer that differs, with a term of seven years and indefinite seven-year reappointments.</p>

Proposed Amendment	Rationale
<p>4. Amend this section to add a subsection, (3.1), similar to section 52(3) of the <i>Legislative Assembly and Executive Council Action</i>, section 194(3) of the <i>Nunavut Elections Act</i>, and section 162(3) of the <i>Plebiscites Act</i>:</p> <p>(3.1) The Representative for Children and Youth and the staff of the office of the Representative for Children and Youth are not eligible for membership in a bargaining unit as defined in the <i>Public Service Act</i>.</p> <p>Section 55(4) of the <i>Public Services Act</i> should also be amended to add a reference to the new section 13(3.1) of the RCYA</p> <p>Relevant section: Staffing and Other Assistance section 13(3) Staff hired under this section are members of the public service as defined in the <i>Public Service Act</i>.</p>	<p>The exclusion of RCYO employees from collective bargaining aims to avoid conflicts of interest. The staff at the RCYO may have differing interests from members of the public service whose actions may be subject to review by the RCYO. The potential for conflict is higher if RCYO staff are members of the same union as government employees. In other jurisdictions, such as British Columbia and Alberta, staff are members of the public service but are excluded from collective bargaining. In Ontario, Saskatchewan, Yukon, New Brunswick, and Prince Edward Island staff are not members of the public service.</p>
<p>5. If a child or youth suffers a critical injury or death while receiving services from any government departments or designated authorities, it should be reported to the RCYO.</p> <p>Proposed wording: 19.1 (1) The deputy minister of a government department or chief executive officer, however named, of a designated authority shall report to the Representative the death or critical injury of a child or youth if, at the time of the death or injury, the child or youth was receiving services from the government department or designated authority.</p> <p>(2) The deputy head or chief executive officer shall make a report required by subsection (1) as soon as is reasonably possible after learning of the death or injury of the child or youth.</p> <p>(3) Subsection (1) does not apply if the Director of Child and Family Services is required to report the death or injury under section 19.</p> <p>Relevant section: Death or Critical Injury of a Child or Youth sections 19-21.</p>	<p>The RCYA only stipulates mandatory reporting by the Director of Child and Family Services and the Coroner. Since the RCYA includes the power to receive and review matters in relation to any government department or designated authority, mandatory critical injury and death reporting requirements should extend to all of those bodies as well. This reporting is consistent with British Columbia, Alberta, Prince Edward Island, and Newfoundland and Labrador Advocates' legislation.</p>

Language: This correspondence was provided to the MSB in Inuktitut and English.

FIGURE 2: United Nations *Convention on the Rights of the Child*

Article 1
Everyone under 18 has these rights.



Article 2
All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, or whether they are rich or poor. No child should be treated unfairly on any basis.



Article 3
All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.



Article 4
The government has a responsibility to make sure your rights are protected. They must help your family protect your rights and create an environment where you can grow and reach your potential.



Article 5
Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

Article 6
You have the right to be alive.

Article 7
You have the right to a name, and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

Article 8
You have the right to an identity – an official record of who you are. No one should take this away from you.



Article 9
You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

Article 10
If you live in a different country than your parents, you have the right to be together in the same place.

Article 11
You have the right to be protected from kidnapping.

Article 12
You have the right to give your opinion, and for adults to listen and take it seriously.



Article 13
You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 14
You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

Article 15
You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.



Article 16
You have the right to privacy.



Article 17
You have the right to get information that is important to your well-being, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

Article 18
You have the right to be raised by your parent(s) if possible.

Article 19
You have the right to be protected from being hurt and mistreated, in body or mind.

Article 21
You have the right to care and protection if you are adopted or in foster care.



Article 22
You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

Article 23
You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.



Article 24
You have the right to the best healthcare possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 25
If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26
You have the right to help from the government if you are poor or in need.

Article 27
You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

Article 28
You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.



Article 29
Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30
You have the right to practice your own culture, language and religion. Minority and indigenous groups need special protection of this right.

Article 31
You have the right to play and rest.

Article 32
You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.



Article 33
You have the right to protection from harmful drugs and from the drug trade.

Article 34
You have the right to be free from sexual abuse.

Article 35
No one is allowed to kidnap or sell you.

Article 36
You have the right to protection from any kind of exploitation (being taken advantage of).

Article 37
No one is allowed to punish you in a cruel or harmful way.

Article 38
You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

Article 39
You have the right to help if you've been hurt, neglected or badly treated.

Article 40
You have the right to legal help and fair treatment in the justice system that respects your rights.



Article 41
If the laws of your country provide better protection of your rights than the articles in this Convention, those laws should apply.

Article 42
You have the right to know your rights! Adults should know about these rights and help you learn about them, too.



Article 43-54
These articles explain how governments and international organizations like UNICEF will work to ensure children are protected with their rights.



unicef.ca/schools
This text is not an official version of the UN Convention on the Rights of the Child. Access the official text at unicef.org/crc.

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

The United Nations *Convention on the Rights of the Child* is an international human rights agreement, which describes all of the rights young people have, as well as the obligations governments have in connection to these rights.

Child rights are things all young people should have, like access to safe drinking water and nutritious food, or things they should be able to do, like go to school and receive instruction in their own language. Access to these things helps children, youth, and their families make good choices for their lives, helping them grow and develop into capable and responsible citizens who support themselves, their family, and their community.

All young people have these rights regardless of who they are, where they live, what their parents do, what language they speak, what their religion is, what their gender or gender identity is, what their culture is, whether they have special needs, or whether they are rich or poor. No child should be treated unfairly for any reason, according to Article 2 of the United Nations *Convention on the Rights of the Child*.

No single right is more important than another and often when one right is not met several others are not met as well.

When Canada signed the United Nations *Convention on the Rights of the Child* in 1991, Canada promised to make sure that all young people and their families across the country, including Nunavummiut, have access to all of the rights explained in the United Nations *Convention on the Rights of the Child*.

All humans have rights. The rights of one person do not take priority over the rights of another person. Children and youth are a vulnerable group and rely on adults to help them. It can be difficult for some adults to respect the rights of young people when they feel their own rights have not been respected.⁴⁷ As adults, helping our young people have the best life possible is our responsibility and we can do that by supporting their rights.

INUIT SOCIETAL VALUES

It is a legislative requirement that the work of the Representative be guided by the same eight ISV that guide departments. These principles are based on *Inuit Qaujimagatuqangit* and aim to incorporate traditional Inuit knowledge into modern, everyday practices. ISV and the United Nations *Convention on the Rights of the Child* share several principles. Table 2 highlights these similarities based on input from our Elder Advisors.

Our Elder Advisors

Elders provide invaluable wisdom and perspective based on lived experiences. To incorporate this knowledge into our advocacy work, we work with Elder Advisors from across the territory. This year, Meeka Arnakaq in Pangnirtung, Helen Iguptak in Rankin Inlet, Lucy Makkigak in Rankin Inlet, Miriam Nilaulaaq Aglukkaq in Gjoa Haven, Moosa Akavak in Iqaluit, and Pitsiulaaq Akavak in Iqaluit continued to be our Elder Advisors.

⁴⁷ UNICEF and Save the Children. (2011). *Every Child's Right to be Heard*. London, UK: Save the Children UK, Save the Children, and UNICEF. Retrieved from <https://resourcecentre.savethechildren.net/node/5259/pdf/5259.pdf>

TABLE 2: Complementary Principles in ISV and the United Nations *Convention on the Rights of the Child*

ISV	United Nations <i>Convention on the Rights of the Child</i>
<p>Aajiiqatigiinniq encourages decision making through discussion and consensus.</p>	<p>Article 12: Young people have the right to give their opinion and for adults to listen and take it seriously.</p>
<p>Pijitsirniq is about serving and providing for family and community. It is about leading through doing for other people. It is about serving others for the greater good.</p>	<p>Article 3: All adults should do what is best for young people. When adults make decisions, they should think about how their decisions will affect young people.</p> <p>Article 4: The government has a responsibility to make sure the rights of young people are protected. They must help families protect the rights of young people and create an environment where young people can grow and reach their potential.</p> <p>Article 26: Young people have the right to help from the government if they are poor or in need.</p>
<p>Pilimmaksarniq/Pjariuqsarniq is about learning and mastering new skills through observation, mentoring, practice, and effort.</p>	<p>Article 12: Young people have the right to give their opinion and for adults to listen and take it seriously.</p> <p>Article 29: A young person’s education should help them use and develop their talents and abilities. It should also help them learn to live peacefully, protect the environment, and respect other people.</p> <p>Article 30: Young people have the right to practice their own culture, language, and religion. Minority and Indigenous groups need special protection of this right.</p>
<p>Tunnganarniq emphasizes the role that being open, welcoming, and inclusive plays in fostering positive relationships.</p>	<p>Article 2: All young people have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, what their gender or gender identity is, what their culture is, whether they have a disability, or whether they are rich or poor. No young person should be treated unfairly on any basis.</p>

VOICE OF THE CHILD

The voice of the child is the young person's opinion. All young people have the right to express their opinion when decisions are being made about them. Adults, especially government decision makers, should hear and consider the young person's opinion when making a decision on their behalf.

Incorporating the voice of the child into our work is not about excluding the opinion and involvement of the young person's parents or caregivers, it is about including the young person and their opinion in the decision being made about them. This does not mean that the young person gets to make the decision, but it does support that the decision being made is considerate of the young person's opinion. Including the young person in decisions about them also aims to teach responsible decision making and holds the young person accountable for their actions and responsibilities as rights holders.

The RCYO prioritizes incorporating the voice of the child into our work when possible. Circumstances when the young person is unable or unwilling to express their opinion, needs, or wants regarding the problem include:

- ✳ The young person is pre-verbal;
- ✳ The complexity of the problem being addressed exceeds the young person's cognitive skills and abilities;
- ✳ The nature of the advocacy case may be triggering (e.g. an assault or abuse); and/or
- ✳ The young person declines to provide input.

NATIONAL ADVOCACY STANDARDS

National Advocacy Standards, established by the CCCYA, provide a framework which ensures consistency in child advocacy services across Canada. They also provide a basis for accountability, a direction for staff training, and a means to evaluate our services.

REPORTING ON OUR ACTIVITIES

The RCYO currently works in three different program areas including Individual Advocacy, Systemic Advocacy, and Communications and Public Awareness. Our fourth program area, Reviews of Critical Injuries and Deaths, is not operational as that section of the RCYA is not yet in force.

INDIVIDUAL ADVOCACY

When departments' services are not ethical, equitable, or consistent, or when someone is unable to receive a service, it can be brought to our attention for review. Our office can get involved to figure out what happened or, more often, what did not happen. We then work with those involved, such as the young person, their family, and the GN service providers to find a solution. These complaints are our individual advocacy cases.

Every individual advocacy case is unique and our Child Advocates customize their response to fit each circumstance. Our cases require varying levels of support from our staff, which result in varying lengths of time for different problems to be resolved. We categorize our individual advocacy cases as either basic or comprehensive.

The individual advocacy process involves three phases: intake and assignment, investigation and problem solving, and resolution and follow-up, as detailed in Figure 3.

LEGEND for Figure 3, page 38



Young person and/or their family



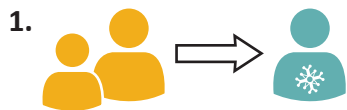
RCYO staff



Service provider(s)

FIGURE 3: The Individual Advocacy Process

Intake and Assignment



Someone contacts our office with a complaint about a department's service or is unable to receive a service. Our Intake Specialist records the information and determines if the complaint falls within our mandate, see page 27.

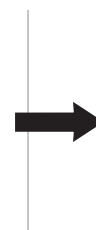


If it falls within our mandate, an individual advocacy case is opened, assigned to one of our three Child Advocates, and investigation and problem solving begins.

3. If it does not fall within our mandate, the individual is directed to someone outside of our office who can help them.

If the person is looking for information about our work, child rights, or department services and programs for young people, the Intake Specialist provides the relevant information or connects the person with someone who can help them.

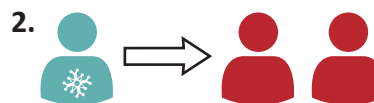
If someone is referred outside of our office, the Intake Specialist follows up to make sure help/answers were received. These are our information files.



Investigation and Problem Solving



When possible, the Child Advocate talks with the young person and/or their family to confirm the details of the situation and to determine which child rights are not being supported by the department(s).



The Child Advocate then talks with the service provider(s) involved and reviews relevant documents to confirm the facts.



The Child Advocate then works to resolve the problem in one of two ways:

3a. Basic advocacy support

The Child Advocate may assist with initial phone calls to service providers, make required referrals, and/or provide self-advocacy coaching to the young person and/or their family.

3b. Comprehensive advocacy support

When basic advocacy support isn't sufficient to resolve a complaint, comprehensive advocacy support is initiated. These cases may require meetings with the young person and/or their family, meetings with the service provider(s), attending/arranging case conferences, in-depth self-advocacy coaching, consultations with one of our Elder Advisors, escalating matters within the department(s), and/or finding other innovative and resourceful ways to resolve the problem.

Resolution and Follow Up



The Child Advocate follows up with the young person and/or their family and the service provider(s) to make sure the agreed upon solution is being implemented and the outcome is adequate.



If applicable, the Child Advocate notifies our Systemic Advocacy team that there is a potential systemic issue. See Systemic Advocacy section, page 44.

INDIVIDUAL ADVOCACY ACTIVITIES FOR 2022-2023

The Individual Advocacy program opened and closed slightly below the average number of cases this year, compared to years prior to the pandemic. However, several of the cases were more complex than what the RCYO had seen in previous years.

As the majority of the Office's cases involve the Department of Family Services, to further support our advocacy team in navigating these cases, the Office coordinated *Adoption Act* and *Child and Family Services Act* (CFSA) training for staff.

The three child rights that we advocated for most this year are listed below. For a complete list of child rights, see page 32.

- ✳ **Article 3: The right to protection of the best interests of the child.**
- ✳ **Article 27: The right to an adequate standard of living.**
- ✳ **Article 19: The right to be protected from all forms of abuse and neglect.**

The RCYO's Policy & Procedure Manual (P&P) is a constantly evolving document based on best practices. This year, no further changes were made to the individual advocacy chapter of the RCYO P&P and the individual advocacy team created and updated a number of internal administrative workflows, such as processing intakes and coverage of the RCYO's texting platform, to ensure further consistency in the advocacy services provided by the Office.

The individual advocacy team also worked to engage with Nunavummiut and increase awareness about the work of the Office and child rights, across the territory, by planning and participating in three Community Engagement Visits (CEV). See page 85 for more information.

In addition to providing advocacy services to our clients, this year we responded to 70 information files, which are typically questions or requests for information about our work, child rights, or services and programs for young Nunavummiut.

TABLE 3: Breakdown of Individual Advocacy Cases Worked On and Closed this Fiscal Year

Total Individual Advocacy Cases Worked On	120
Ongoing cases from previous years	49
New individual advocacy cases	71
Basic advocacy support cases	19
Comprehensive advocacy support cases	52
Total Individual Advocacy Cases Closed	77
Reason for closure	
Resolved	64
All advocacy avenues exhausted	9
Unable to contact client	2
Declined advocacy services	2

TABLE 4: New Individual Advocacy Cases Opened, by Region

Total New Individual Advocacy Cases	71
Iqaluit	29
Qikiqtaaluk	16
Out-of-territory	13
Kivalliq	10
Kitikmeot	3

TABLE 5: New Individual Advocacy Cases, by Department(s) Involved*

	Number of cases	Percentage of all new cases
Department of Family Services	55	77%
Department of Health	8	11%
Department of Education	4	6%
Nunavut Housing Corporation	2	3%
District Education Authorities	1	1%
Department of Justice	1	1%
Legal Services Board	1	1%

* Total cases exceed 71 due to some cases involving more than one department.

TABLE 6: Person Who Raised New Individual Advocacy Case to Our Attention

Parent/family member	29%
Service provider	27%
Other (eg. RCYO initiative, community member)	25%
Foster parent	13%
Young person	6%

TABLE 7: New Individual Advocacy Cases, by Language of Service

English	71
Inuktitut	7
French	0
Inuinnaqtun	0

* Total cases exceed 71 as English was used in all cases and seven cases also used Inuktitut.

RESOLVING INDIVIDUAL ADVOCACY PROBLEMS

When an individual advocacy problem has been identified, our Child Advocates work collaboratively with department service providers to resolve it. Actions suggested by our Child Advocates to resolve the problem are detailed in Table 8.

TABLE 8: Suggested Action to Resolve New Individual Advocacy Cases*

	Department of Family Services	Department of Health	Department of Education	Nunavut Housing Corporation	Department of Justice	District Education Authorities	Legal Services Board
Total Number of Cases*	55	8	4	2	1	1	1
Provide adequate planning and support for young people	32	3	0	2	1	0	0
Follow departmental policy, regulation, and/or legislation	24	0	0	0	0	1	0
Investigate allegations of a young person in need of protection	6	0	0	0	0	0	0
Improve service coordination, within department(s) and between departments	4	1	0	0	0	0	0

* Total suggested actions may not be equal to the total number of cases because some cases did not include suggested action while others required more than one suggested action to resolve.

INDIVIDUAL ADVOCACY RECOMMENDATIONS

When collaboration with service providers is not enough to resolve an individual advocacy case, the Representative may make recommendations to a department. Of the six individual advocacy recommendations made last fiscal year, five were implemented and one was no longer applicable as the young person’s situation progressed.

This fiscal year, the Representative made three recommendations to the Department of Family Services arising from individual advocacy casework.

New Individual Advocacy Recommendations Made This Year

Recommendations to the Department of Family Services regarding Adherence to Standards

The Representative made seven recommendations to the Department of Family Services on April 8, 2022. Three recommendations were case-specific and are detailed below, and four recommendations were systemic in nature, detailed on page 51.

TABLE 9: Recommendations to the Department of Family Services regarding Adherence to Standards

Recommendation Made	Recommendation Accepted	Status ⁴⁸
Based upon correspondence from the Department of Family Services dated April 28, June 30, August 19, and October 14, 2022.		
<p>1. That the ongoing safety concerns be assessed and addressed with the caregiver and appropriate safety planning with [the young person] and [their] family to ensure that [the young person] is always in the care of a responsible adult and not being left in vulnerable situations, be completed within 60 days.</p>	<p>Agree</p> <hr/> <p>Rationale: “According to the documentation that we have, our last involvement with this family was from March to April (2021) and based on the review of the information, the matter was fully investigated and documented as per policy, procedure and legislation.”</p> <p>“The child is no longer in the care of the Department. This file has been closed for a year at this point.”</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains as "No progress".</p>	<p>No progress</p>
<p>2. The case file of [the young person] and [their] family be reviewed and, as per standard 108 of the Children and Family Services Manual, be brought into compliance within 60 days. The department is to provide verification that this has been completed.</p>	<p>Agree</p> <hr/> <p>Rationale: “As mentioned in our June 2022 response, we agreed that it was not appropriate or acceptable that information is absent from the file. Our Iqaluit office has ensured moving forward that files better meet the standard that is in place. However, it would be inappropriate professionally and ethically to attempt to fill information from a third party who was not involved in working on this file.”</p>	<p>No progress</p>

⁴⁸ For explanation of status, see legend on page 50.

Recommendation Made	Recommendation Accepted	Status ⁴⁸
<p>3. The Department of Family Services provide documentation that includes the date that the Children’s Special Allowance was cancelled for [the young person] by the department.</p>	<p>Agree</p> <hr/> <p>Rationale: “As for the confirmation of cancelation of the child special allowance, we are unable to provide a specific document at this time that confirms that. The staff member that dealt with the cancellation has since retired. I have directed staff to reach out to Service Canada for the confirmation you are requesting but this may take a while to receive back.”</p> <p>“Previously we had provided you the cancelation request form dated December 30, 2020. We have been able to confirm that as of March 2021, [the young person’s name] was not on the list of children for whom we were receiving a child tax for at that time.”</p> <p>“We have already provided you with all the documentation on this that we were able to source.”</p> <p>As adequate proof was not provided as requested, the implementation status of this recommendation remains as "No progress".</p>	No Progress

Language: This correspondence was in English.

SYSTEMIC ADVOCACY

When multiple complaints are made to the RCYO about the same problem, we consider that something within the department, such as a policy or piece of legislation, may be causing the problems. If a problem has the potential to occur again and impact other young Nunavummiut if it is not addressed, we identify the problem as a systemic issue.

For each systemic issue, a lead department is identified as responsible for addressing the issue. However, some of the issues require multiple departments to work collaboratively to address the issue.

Systemic issues require Systemic Advocacy, which makes recommendations to responsible department(s) suggesting improvements to legislation, policies, procedures, programs, and services to address underlying factors. Multiple recommendations may be made to address one systemic issue. The RCYO can make systemic recommendations as the result of a systemic review; by making a submission when departments invite us to do so or there is a public call for submissions; or when adequate evidence is discovered through individual advocacy casework that a problem has the potential to occur again. All recommendations made are fact based with evidence to support that a change is needed to ensure department's support the rights and meet the needs of young Nunavummiut and their families.

Departments are under no obligation to fulfill our recommendations. However, if they agree to the recommendation we hold them accountable to fulfilling it.

One year after a recommendation is made, and on an annual basis, we follow up with departments for updates on their progress made to fulfill the recommendation they agreed to implement. This provides adequate time for departments to develop a plan, take action, and provide a substantive update on progress. The RCYO may shorten this timeline based on the urgency of the recommendation or the level of action required. All of these updates are reported publicly in this section of our annual report, including if a department disagrees with a recommendation.

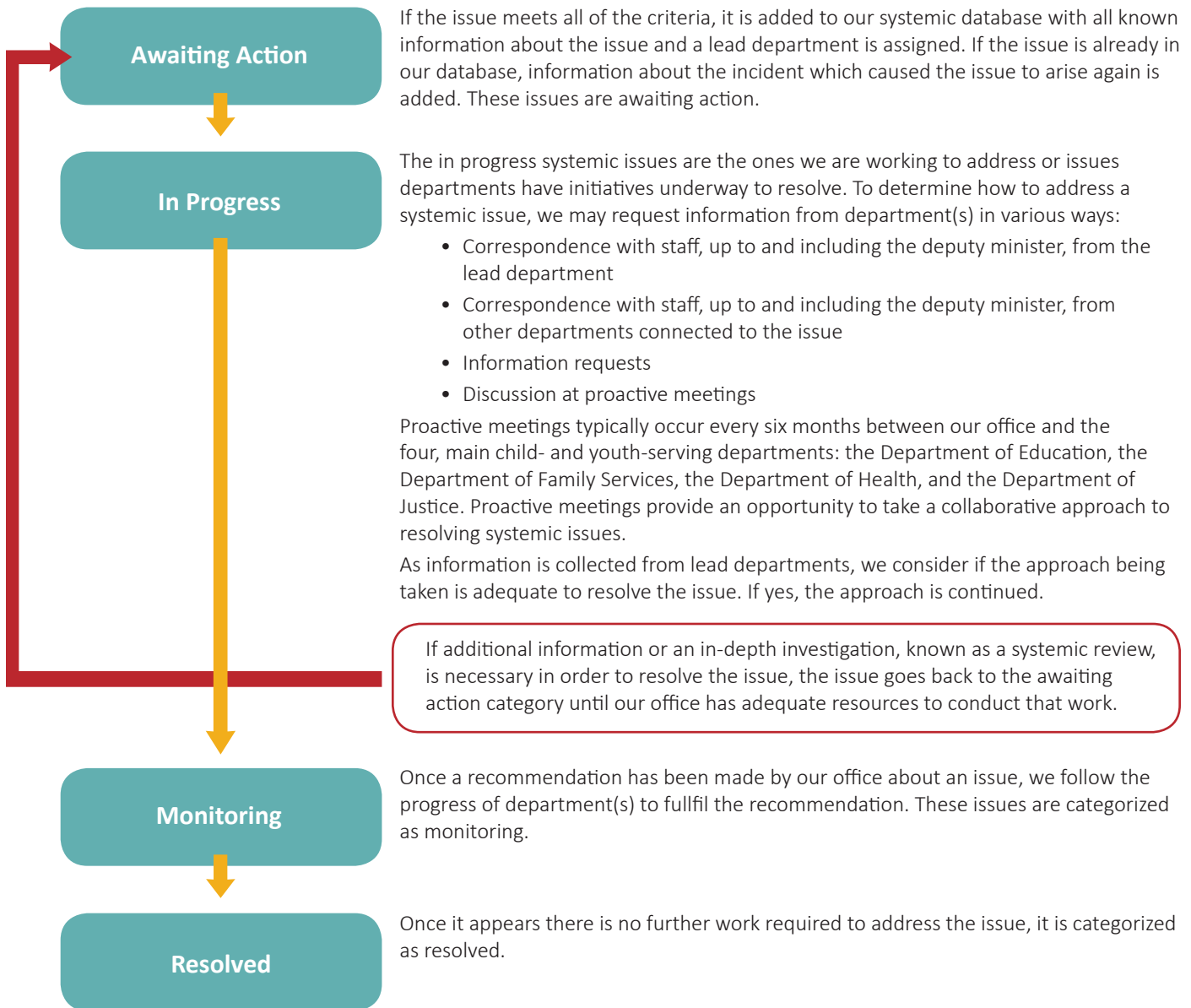
Our systemic database is a year over year accumulation of all systemic issues identified by or brought to the RCYO's attention. The database also tracks our systemic recommendations and progress made by responsible departments to fulfill them.

Systemic issues are primarily brought to our attention through the young people and families we work with in our individual advocacy casework. However, we may also learn about systemic issues from community members, from Members of the Legislative Assembly, Youth Parliamentarians, departments, and through the media.

FIGURE 4: Process for Resolving a Systemic Issues

When a possible systemic issue is brought to our attention, it is reviewed by the systemic advocacy team to determine if it meets all of the following criteria:

- Is a department(s) involved?
- Does the issue have the potential to occur again and impact other young Nunavummiut if it is not addressed?
- Would addressing the issue better meet the needs and support the rights of young people?



At any time throughout the process of resolving a systemic issue, the Representative may choose to report publicly on the issue, the department(s)' progress to fulfill our recommendation(s), or the resolution itself.

SYSTEMIC ADVOCACY ACTIVITIES FOR 2022-2023

This year's proactive meetings, which are to occur twice annually between the RCYO and the four main child and youth serving departments, did not occur. The spring proactive meetings are the responsibility of the departments to schedule and zero departments scheduled them. The fall proactive meeting, which is the responsibility of the RCYO to schedule, was not scheduled either. Departments were notified of this decision in writing on November 16, 2022. In lieu of the fall proactive meeting, the RCYO prepared information requests for the Department of Education, the Department of Family Services, the Department of Health, the Department of Justice, and NAC to determine what progress has been made towards the implementation of RCYO recommendations. The information request letters were provided to departments on December 20, 2022. Responses from departments were requested for March 31, 2023. The updates provided by departments inform this section of the annual report.

Further updates were made to the Systemic Advocacy section of the RCYO's P&P. The focus of these updates were to support the Systemic Advocacy program in making informed, timely recommendations to responsible department(s) as systemic issues are confirmed by the Office. This approach aims to support departments in addressing systemic issues more quickly so fewer young people and families experience individual problems and to facilitate the Systemic Advocacy program to work more collaboratively with our Individual Advocacy program.

Updates to the Systemic Advocacy section of the RCYO P&P include:

- ✳️ Templates, to be used for each systemic concern raised to the Office's attention, were created to serve as a historical log of information received from departments and decisions made by the RCYO;
- ✳️ A policy and procedure were created for preliminary information gathering to assist in confirming if a concern raised is a systemic issue;
- ✳️ Timelines associated with the work were re-evaluated;
- ✳️ The manner in which the RCYO decides if a systemic issue is resolved was reconsidered, to not only be based on information and proof received from departments, but also to allow for a certain period of time to pass, 1 year, without that issue being raised to the Office's attention again;

- ✳️ A policy and procedure were created to support the Office in determining recommendations in collaboration with departments;
- ✳️ Procedures associated with the Representative's ability to make recommendations without conducting a formal review, were expanded on to support the making of recommendations whenever enough information has been obtained to confirm the necessity of the recommendation; and
- ✳️ A detailed workflow for the systemic database was created.

Piloting these changes started this year and will continue into the next fiscal year.

Our annual database review resulted in the removal of two systemic issues:

1. Concerns with Ilagittugut Group Home was removed because the Department of Family Services closed this facility in February 2023.
2. COVID isolation hubs was removed because post-pandemic these facilities are no longer in use.

TABLE 10: Status of Systemic Issues, by Lead Department

	Resolved	Monitoring	In Progress	Awaiting Action	TOTAL
Total Number of Issues	1	13	24	12	50
Department of Family Services	0	3	6	8	17
Department of Education	0	2	8	2	12
Department of Health	1	8	3	0	12
Department of Justice	0	0	5	0	5
Multiple departments involved	0	0	1	0	1
Legal Services Board	0	0	1	0	1
Department of Community and Government Services	0	0	0	1	1
Nunavut Housing Corporation	0	0	0	1	1

RESOLVED SYSTEMIC ISSUES**TABLE 11: Resolved Systemic Issues, by Department**

	Change to policy	Change to practice	Improved communication
Department of Health			
Medical travel for pregnant mothers (escorts)	●		

REVIEW OF THE DEPARTMENT OF FAMILY SERVICES, FAMILY WELLNESS DIVISION

On July 16, 2020, the RCYO initiated a review related to the Department of Family Services, Family Wellness Division. This review was primarily based on the lived experience of more than 150 young Nunavummiut who received services from both the department and advocacy services from the RCYO. The RCYO's individual advocacy files reviewed were from the 2018-2019 fiscal year until the 2021-2022 fiscal year. At this time, the RCYO's review has concluded.

The systemic issues noted in these individual advocacy cases can be categorized into four themes: staffing and training, documentation, assessment, and planning. The major issues noted within these themes include, but are not limited to the following:

Staffing and Training

- ❖ Many Community Social Services Workers (CSSW) have not obtained full competency requirements and are not delegated under the CFSA. CSSWs are being supervised by supervisors, managers, and regional directors who are also not delegated under the CFSA;
- ❖ CFSA and Core Statutory Child Protection Worker trainings are inadequate and delivered inconsistently;
- ❖ A lack of comprehensive standards and procedures in the Child and Family Services Standards and Procedures Manual are resulting in inconsistent and person dependant case management and decision making;
- ❖ The use of Casual Staffing Actions (CSA) instead of staffing positions indeterminately is contributing to high staff turnover rates; and
- ❖ The organizational structure of the Family Wellness Division has a high number of supervisory layers (supervisors, managers, and regional directors) with limited and overlapping functions that are not resulting in improved compliance with standards, procedures, and legislation.

Documentation

- ❖ Referrals are tracked inconsistently;
- ❖ Documentation that details the young person's involvement with the department and decisions that have been made on their behalf is not completed and/or missing from client's files; and
- ❖ Annual file audits are not being completed, workers are not being held accountable for their lack of adherence to standards, and corrective action is not being taken.

Assessment

- ❖ Comprehensive case standards regarding assessments and case management for young people in the care of the Director are absent;
- ❖ Comprehensive case standards regarding assessments and case management for young people and their families post investigation are absent;
- ❖ Assessments are not being completed, let alone with consideration and in collaboration with the young person and their family, to identify concerns and provide ongoing support and services post-investigation; and
- ❖ Risk and safety assessments are not being completed resulting in children and youth being returned home without the protection concern(s) having been addressed.

Planning

- ✳ A lack of understanding about the purpose of different types of service agreements;
- ✳ One generic form for service agreements is often being used;
- ✳ Legal obligations associated with each type of service agreement are not being met;
- ✳ A lack of compliance to legislative requirements associated with Plans of Care;
- ✳ Inadequate short-term and long-term planning for young people who are receiving services from the Director; and
- ✳ Lack of collaboration, support, and services to families in regards to family reunification.

All of the issues identified throughout our review were existing issues in the RCYO's systemic database, many of which the RCYO has previously made recommendations to the Department of Family Services about. To that point, the RCYO is currently monitoring 20 systemic recommendations made to the Department of Family Services. More information can be found in the Monitoring of Systemic Advocacy Recommendations section, starting on page 50.

Based on the 150 files reviewed and the concerns that continue to be raised to our Office's attention, it is evident to the RCYO that adequate action has not been taken to implement the recommendations we have made.

Further, prior to the RCYO's review, other external entities conducted reviews of the Department of Family Services and identified the same or similar issues. To date, a total of 86 recommendations, detailed below, have been made to the Department of Family Services by other external entities, including:

- ✳ 2009 Knowledge Sharing Forum, 32 recommendations;
- ✳ 2011 Children, Youth and Family Programs and Services in Nunavut, Office of the Auditor General of Canada, 20 recommendations;
- ✳ 2011 Nunavut Social Services Review, Child Welfare League of Canada, 11 recommendations;
- ✳ 2014 Follow-up Report on Child and Family Services in Nunavut – Department of Family Services, Office of the Auditor General of Canada Report, 6 recommendations; and
- ✳ 2018 Coroner's Inquest into the Death of Amelia Keyookta, 17 recommendations.

In lieu of making more recommendations, the RCYO requested to meet with the Department of Family Services, next fiscal year, after the department completes the following:

1. Review all of the recommendations previously made by the RCYO and other external reviewers;
2. Identify any possible challenges and/or barriers to fully implementing each of the RCYO's recommendations; and
3. Develop a plan to fully implement each of the RCYO's recommendation.

Pursuant to section 34(2) of the RCYA, when, in the Representative's opinion, adequate and/or appropriate action is not taken within a reasonable time by departments to respond to the Representative's recommendations, the Representative has the ability to make a report to the Commissioner in Executive Council.

On March 30, 2023, the Representative made a report to the Commissioner in Executive Council regarding the Office's findings from this review and the Department of Family Services' lack of progress to implement recommendations made. The Representative advised the Commissioner in Executive Council that the situation requires immediate and decisive action.

MONITORING OF SYSTEMIC ADVOCACY RECOMMENDATIONS

In 2022-2023, the RCYO made eight systemic recommendations as a result of individual advocacy casework. To date, 88 systemic recommendations are being monitored. Thirteen recommendations resulted from one systemic review (two recommendations have two parts and the parts are monitored separately), 53 recommendations were made through submissions (one recommendation has two parts and the parts are monitored separately), 22 recommendations were made as a result of our individual advocacy casework.

The status of recommendations are based on information received from departments to date, with a focus on the progress made in the 2022-2023 fiscal year. If supporting documentation was not provided to the RCYO along with updates from departments as requested, the department’s status of recommendation implementation was not adjusted.

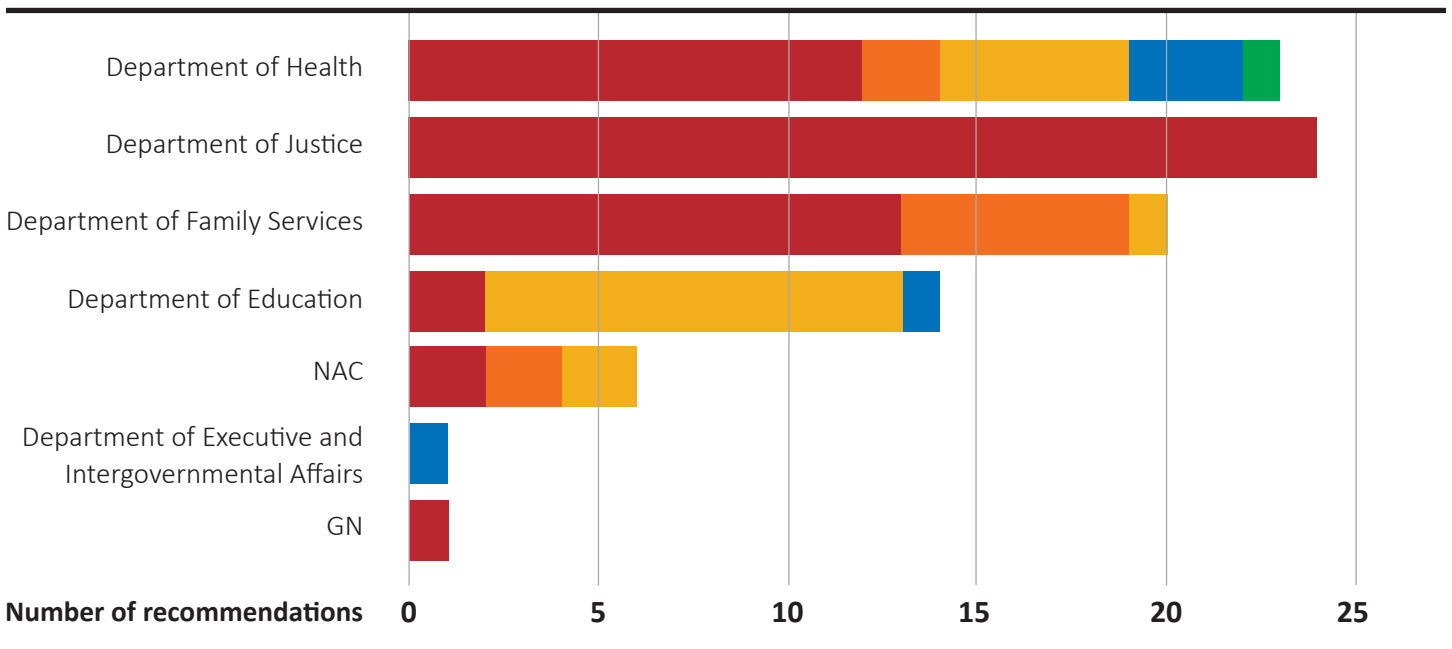
Summary of Recommendation Implementation by Department

The RCYO uses the recommendation monitoring scale below to assess the progress departments have made in fulfilling the Representative’s recommendations. The levels on the scale are:

LEGEND

- NO PROGRESS** Has met none or almost none of the aspects of the recommendation
- LIMITED PROGRESS** Has met few aspects of the recommendation
- SOME PROGRESS** Has met some of the requirements, or the most important requirements, of the recommendation, but other aspects of the recommendation remain unfulfilled
- SUBSTANTIAL PROGRESS** Has met almost all of the requirements
- IMPLEMENTED** Has fully met the requirements of the recommendation
- PENDING** Less than one year has passed since the recommendation was issued

FIGURE 5: Summary of Recommendations Implemented by Department*



* Total recommendations exceed 88 due to three recommendations having two parts which are monitored separately and three recommendations involving more than one department.

Recommendations Made this Fiscal Year

Recommendations to the Department of Family Services regarding Adherence to Standards

The Representative made seven recommendations to the Department of Family Services on April 8, 2022. Three recommendations were case-specific and are detailed on page 42, and four recommendations were systemic in nature, detailed below.

TABLE 12: Recommendations to the Department of Family Services regarding Adherence to Standards

Recommendation Made	Recommendation Accepted	Status
	Based upon correspondence from the Department of Family Services dated April 28, 2022, and May 29, 2023.	
Status, recommendation accepted, and rationale information is the same for all recommendations.	Agree	No progress
	Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards implementing these recommendations this fiscal year.	
4. The Children and Family Services Standards and Procedures Manual should be updated to include policies and procedures that ensure supports and services to families on an ongoing basis.		
5. Ensure that the Children Family Services Standards and Procedures Manual standard 201a is implemented, which requires the documentation of all referrals made to the department in the Client Index System (CIS).		
6. Ensure headquarters receives a copy of every referral and collates the information for reporting purposes including, but not limited to: annual reporting of referrals by fiscal year, by region, and by type of referral using the standardized coding tool, e.g. child physical harm, child sexual harm, child emotional harm, etc.		
7. The Department of Family Services should assess the effectiveness of the current service model and consider alternatives to ensure that families requiring ongoing assessments, services and supports post investigation, or when a child has been returned to parental care, are receiving them.		

Language: This correspondence was in English.

Recommendations to the Department of Family Services regarding Children in Care and Transition Planning

The Representative made four systemic recommendations to the Department of Family Services on April 8, 2022, as a result of Individual Advocacy casework involving children in the care of the Director and transition planning.

TABLE 13: Recommendations to the Department of Family Services regarding Children in Care and Transition Planning

Recommendation Made	Recommendation Accepted	Status
	Based upon correspondence from the Department of Family Services dated April 28, 2022, and May 29, 2023.	
Status, recommendation accepted, and rationale information is the same for all recommendations.	Agree	No progress
	Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards implementing these recommendations this fiscal year.	
1. The Department of Family Services develop and implement policies and procedures for children in the care of the Director.		
2. The Department of Family Services develop and implement a policy and procedure that requires a transition plan be developed and implemented prior to any non-urgent placement changes of a child in the care of the Director.		
	<ul style="list-style-type: none"> The transition plan should involve a multi-disciplinary approach that should include: parents, foster parents, and education and health care staff involved with the child and family. The transition plan should have clear timelines to minimize abrupt moves without adequate planning and provide a clear rationale for the placement change and why it is in the best interests of the child in care. 	
	Transition plans for children with complex or unique needs should make clear how the child's needs will be met prior to and during the transition period. The plan and timeline for children with complex or unique needs should ensure that all members of the child's care team (e.g. healthcare providers, new placement, school, etc.) have adequate time and information to give or receive the necessary training prior to the transition.	
3. The Department of Family Services develop and implement a policy and procedure that outlines the requirement to consult and obtain consent from parents or legal guardians when a child is placed outside of the parental home under a Voluntary Service Agreement and there is a need to change their placement, prior to the move.		
4. The Department of Family Services develop and implement a policy and procedure that outlines what constitutes an urgent placement change for a child in the care of the Director and the appropriate steps to take when this occurs.		

Language: This correspondence was in English.

Recommendations Made in Previous Fiscal Years

Recommendations to the Department of Family Services regarding Local Contract Authorities (LCA)

The Representative made five recommendations to the Department of Family Services on December 6, 2021, as a result of multiple, similar individual advocacy cases.

TABLE 14: Local Contract Authorities Recommendations to the Department of Family Services

Recommendation Made	Recommendation Accepted	Status
Based upon correspondence from the Department of Family Services dated December 20, 2021, and May 29, 2023.		
1. The Department of Family Services amend its Child and Family Services Standards and Procedures Manual to include clear timelines for the LCA purchase approval process.	Agree	No Progress
Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards the implementation of this recommendation this year.		
2. The Department of Family Services create and implement a policy that clearly states who is eligible to receive support via an LCA so that all children and families, as per the <i>Child and Family Services Act</i> , are receiving equitable and consistent services, including those not in the care of the Director.	Agree	No Progress
Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards the implementation of this recommendation this year.		
3. The Department of Family Services train and ensure all Family Wellness employees are aware of and implement these policies consistently.	Agree	No Progress
Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards the implementation of this recommendation this year.		

TABLE 14: Local Contract Authorities Recommendations to the Department of Family Services continued...

Recommendation Made	Recommendation Accepted	Status
<p>4. The Director immediately send out a Directive to all staff that addresses the issue while a policy and procedure are being developed and implemented so children and families are immediately receiving supports in a consistent and equitable manner.</p>	<p>Agree</p>	<p>No Progress</p>
	<p>Rationale: “The Director has addressed the issue at her regular management team meetings to ensure there is consistency in the LCA issuance.”</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p>	
<p>5. The Director immediately address the inconsistent practice in the identified region.</p>	<p>Agree</p>	<p>No Progress</p>
	<p>Rationale: “The Director has addressed the inconsistent practice with the identified region.”</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p>	

Language: This correspondence was in English.

Submission to the Department of Justice regarding the Family Law Review

The Representative provided the Department of Justice a submission on August 13, 2021, in response to an invitation to provide feedback on the Family Law Review.

TABLE 15: Family Law Review Submission Recommendations

Recommendation Made	Recommendation Accepted	Status
Status, recommendation accepted, and rationale information is the same for all recommendations.	Unknown	No progress
<ol style="list-style-type: none"> 1. The Department of Justice amend the <i>Family Law Act</i> to set a minimum age for entering a marriage contract of at least 19 years of age. 2. The Department of Justice align the <i>Family Law Act</i> with the federal <i>Divorce Act</i> with respect to sections of the legislation that speak to spousal support. 3. The Department of Justice amend section 58(3) of the <i>Family Law Act</i> to require that a mediator confer with children during mediation unless the mediator determines that doing so is contrary to the children’s best interests. 4. Expressly include commitment to the United Nations <i>Convention on the Rights of the Child</i> as a guiding principle in the administration and interpretation of the <i>Children’s Law Act</i>. 5. The Department of Justice amend the <i>Children’s Law Act</i> to add provisions for determining parentage in situations of assisted reproduction, assisted reproduction after death, surrogacy, and other arrangements. 6. The Department of Justice align the <i>Children’s Law Act</i> with the federal <i>Divorce Act</i> with respect to promoting the best interests of the child. 7. The Department of Justice align the <i>Children’s Law Act</i> with the federal <i>Divorce Act</i> with respect to family violence considerations. 8. The Department of Justice amend the <i>Children’s Law Act</i> to use the child-focused terminology currently used in the federal <i>Divorce Act</i>. 9. The Department of Justice align the <i>Children’s Law Act</i> with the federal <i>Divorce Act</i> with respect to sections of the legislation that speak to child support. 10. The Department of Justice address relocation in the <i>Children’s Law Act</i> to align with the relocation process set out in the federal <i>Divorce Act</i>. 	Based upon correspondence from the Department of Justice dated March 22 and September 8, 2023.	Rationale: “The Department of Justice’s comprehensive review of the <i>Family Abuse Intervention Act</i> and Family Law Acts, including analyzing the feedback received during consultants, is ongoing. Decisions on specific proposed amendments, including the status of those proposed by stakeholders, remain within the confidence of Cabinet at this time.”

TABLE 15: Family Law Review Submission Recommendations continued...

Recommendation Made
11. The Department of Justice amend subsection 39(1) of the <i>Children's Law Act</i> to more explicitly recognize that a minor does not require parental consent to obtain or refuse medical treatment if the minor is capable of consenting and considered a mature minor.
12. The Department of Justice repeal subsection 39(3) of the <i>Children's Law Act</i> so that a child's right to be heard as set out in section 83 applies with respect to all applications made under Part III of the <i>Children's Law Act</i> .
13. The Department of Justice amend the <i>Marriage Act</i> to set a minimum age for marriage of at least 19 years of age and repeal sections 43, 44, 45, 46, and 48 of the <i>Marriage Act</i> .
14. The Department of Justice engage young people in community consultations related to the Family Law Review.
15. The Department of Justice create a website specifically for children, youth, and their families with Nunavut specific information on the family justice system, separation and divorce, and other relevant resources.
16. The Department of Justice also ensure that any child or youth-focused information on the family justice system is also widely available in hard copy.
17. The Department of Justice develop legislation similar to Clare's Law, to protect potential victims and their loved ones from known offenders.

Language: This submission was provided to the Department of Justice in English. It is available on our website in all official languages.

Recommendations to the Department of Family Services Regarding Child Sexual Abuse Investigations

On July 6, 2021, the Representative made eight recommendations to the Department of Family Services. Three recommendations were case specific and implemented in the 2021-2022 fiscal year and five recommendations were systemic and are detailed below.

TABLE 16: Recommendations Regarding Child Sexual Abuse Investigations

Recommendation Made	Recommendation Accepted	Status
Based upon correspondence from the Department of Family Services dated May 29, 2023.		
2. The Children and Family Services Standards and Procedures Manual should be updated to include when and how referrals are to be made to the Umingmak Centre. If there is a referral form it should be included in the manual.	Agree	Limited Progress
Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards implementing this recommendation this fiscal year.		
3. The Children and Family Services Standards and Procedures Manual should be updated to specifically reference the Nunavut Child Abuse and Neglect Response Agreement and a copy of the agreement should be included in the manual for staff to reference.	Agree	Limited Progress
Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards implementing this recommendation this fiscal year.		
4. All staff should be trained on the Nunavut Child Abuse and Neglect Response Agreement in conjunction with the RCMP in the respective communities to ensure it is used consistently when conducting child abuse investigations. This should be completed when a new CSSW, supervisor, or manager is hired as part of their orientation/ training and prior to receiving any form of delegation.	Agree	Some Progress
Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress was made towards implementing this recommendation this fiscal year.		

TABLE 16: Recommendations Regarding Child Sexual Abuse Investigations continued...

Recommendation Made	Recommendation Accepted	Status
<p>5. A policy and procedure should be developed and implemented that clearly outlines who is responsible for documentation and case management decisions in cases that involve more than one community and how children and families coming from one community to another will receive services from Family Wellness including investigations.</p>	Agree	Limited Progress
	<p>Rationale: Based on correspondence received from the Department of Family Services, the RCYO has determined that no further progress has been made towards implementing this recommendation this year.</p>	
<p>6. All supervisors and managers, whether in indeterminate positions or acting, must be fully trained on their roles and responsibilities as they relate to ensuring that policies, procedures, and legislation are followed.</p>	Agree	Limited Progress
	<p>Rationale: “Senior management and managers have annual training workshops with the intent to ensure they are delivered in person and in each region. There are routinely between approximately 5 to 10 participants in every training workshop. Management training is an important tool to ensure Family Services delivers quality care within the parameters of our legislation. Since 2020 around 5 core training workshops have been held per year, and one to two Management training workshops per year in this period.</p>	
	<p>Core Training is also delivered in person through workshops and takes place on a regular basis.”</p>	
	<p>As supporting documentation was not provided to the RCYO along with this update, the status of implementation has not been adjusted.</p>	

Language: This correspondence was in English.

Recommendation to the Department of Health regarding the *Medical Travel Policy* and Escorts' Authority to Provide Consent

The Representative made a recommendation to the Department of Health on March 24, 2021, stemming from the RCYO's pilot systemic review on medical consent for custom adopted children.

TABLE 17: Medical Travel Escorts' Authority to Provide Consent Recommendation

Recommendation Made	Recommendation Accepted	Status
Based upon correspondence from the Department of Health dated May 8, 2023.		
1. The Department of Health amend the <i>Medical Travel Policy</i> to require that all client escorts travelling with clients who are infants or children bring satisfactory evidence of their authority to provide legal consent for medical decisions on the infant or child's behalf.	Neither Agree nor Disagree "Since summer 2022, work has been ongoing to review the Medical Travel Policy. The goals of the review are to simplify the policy and enhance territorial standards and communications via guidelines and additional information for clients. Internal consultation and a jurisdictional scan have been completed and work is ongoing to begin the process of external consultations with stakeholders and Nunavummiut more broadly once the appropriate approvals have been sought. The policy was updated again in 2023 to extend the sunset date. This is to support the ongoing review."	Limited Progress

Language: This correspondence was in English.

Submission to the Department of Justice regarding the *Family Abuse Intervention Act*

The Representative provided the Department of Justice a submission on February 10, 2021, in response to an invitation to provide feedback on the *Family Abuse Intervention Act* (FAIA).

TABLE 18: *Family Abuse Intervention Act* Submission Recommendations

Recommendation Made	Recommendation Accepted	Status
	Based upon correspondence from the Department of Justice dated March 22 and September 8, 2023.	
Status, recommendation accepted, and rationale information is the same for all recommendations.	Unknown	No Progress
	Rationale: "The Department of Justice's comprehensive review of the Family Abuse Intervention Act and Family Law Acts, including analyzing the feedback received during consultations, is ongoing. Decisions on specific proposed amendments, including the status of those proposed by stakeholders, remain within the confidence of Cabinet at this time."	
1. The <i>Family Abuse Intervention Act</i> clearly state that a Community Intervention Order may include a provision recommending that a child attend specified counselling.		
2. The <i>Family Abuse Intervention Act</i> explicitly state that every affected young person must be granted an opportunity to express their opinion and have it considered when decisions about them are being made under the Act.		
3. The <i>Family Abuse Intervention Act</i> include commitment to the United Nations <i>Convention on the Rights of the Child</i> as a guiding principle in the administration and interpretation of the Act.		
4. The <i>Family Abuse Intervention Act</i> reference the Duty to Report, as laid out in section 8 of the <i>Child and Family Services Act</i> .		
5. Section 25 of the <i>Family Abuse Intervention Act</i> be amended to allow minors younger than the age of 14 years to make an application for abuse intervention.		
6. The Department of Justice implement a Child Rights Impact Assessment (CRIA) to consider the direct or indirect, intended or unintended, short-, medium-, or long-term consequences that any revisions to the existing <i>Family Abuse Intervention Act</i> will have on the children and youth of Nunavut.		
7. The Department of Justice seek input directly from children and youth to inform the department's review of the <i>Family Abuse Intervention Act</i> .		

Language: This submission was provided to the Department of Justice in English and is available on our website in all official languages.

Recommendation to the Department of Health regarding the *Medical Travel Policy* and Escorts for Pregnant Women

The Representative made a recommendation to the Department of Health on September 1, 2020, following the department’s May 2020 amendments to the *Medical Travel Policy*. In 2019-2020, the creation of subsection 6.6(f) of the policy had resolved the systemic issue titled “medical travel for pregnant mothers (escorts)”. Removal of the subsection from the policy reopened the systemic issue.

TABLE 19: Escorts for Pregnant Women Recommendation

Recommendation Made	Recommendation Accepted	Status
Based upon correspondence from the Department of Health dated May 8, 2023.		
1. I recommend that the <i>Medical Travel Policy</i> be immediately updated to reinstate the eligibility criteria for an escort when “the client requires travel for confinement to give birth outside of their home community.”	Neither Agree nor Disagree	Implemented
<p>Rationale: “There has been continued misunderstanding on the issue of medical escorts. As stated previously, the change made to the Medical Travel Policy in May 2020 did not take away the eligibility of individuals travelling on confinement to receive an escort. There was a very short period (1-2 weeks) at the beginning of the pandemic, where confinement escorts were restricted. It is possible that there were other situations at the beginning of the pandemic where an escort was denied, as there were times where it was unclear whether there could be an escort due to a facility’s requirements or if the individual would be eligible to be an escort.”</p> <p>“The policy was updated in April 2022. Most of the Policy reverted to the prior version. The following was kept “practice social distancing, proper hand hygiene and follow any public health official guidelines concerning the use of Personal Protective Equipment (PPE) (see 6.11(h), 6.23 (k)). There were also some changes to make the language in the Policy more inclusive.”</p>		

Language: This correspondence was in English.

Recommendations to the Department of Family Services Regarding Training and Corrective Action

The Representative made two recommendations to the Department of Family Services on May 4, 2020, because our work on an individual advocacy case was systemic in nature.

TABLE 20: Recommendations Regarding Training and Corrective Action

Recommendation Made	Recommendation Accepted	Status
	Based upon correspondence from the Department of Family Services dated May 29, 2023.	
Status, recommendation accepted, and rationale information is the same for all recommendations.	Agree Rational: Based on correspondence received from the Department of Family Services, the RCYO has determined that no progress has been made towards implementing these recommendations this fiscal year.	Limited Progress
1. Training for all front-line staff, supervisors, and their managers in the Family Wellness Division that educates all staff on their legislative responsibility and the accompanying policies and procedures. The training must include clear expectations of what and how services are to be delivered.		
2. Corrective action, as per section 801 of the Human Resources Manual, must be taken when it is identified that staff have not adhered to policies, procedures, and legislation, from front-line service providers to the senior and executive management employees.		

Language: This correspondence was in English.

Submission to the Standing Committee regarding Bill 36 - Mental Health Act

The Minister of Health introduced Bill 36 - *Mental Health Act* in October 2019. On April 6, 2020, the Representative provided a submission in response to a call from the Standing Committee on Oversight of Government Operations and Public Accounts (Standing Committee). The Representative also provided the Department of Health with a copy of the submission.

As a result of Parliamentary Privilege, the Department of Health was unable to provide the RCYO with information on whether or not it agreed or disagreed with these recommendations, nor discuss where recommendations were reflected in the new Act. Bill 36 received assent on June 8, 2021, but is not yet in force.

In correspondence received from the Department of Health, dated May 8, 2023, “The recommendations will be reviewed as part of discussions as regulations are developed.” Rationales below are the same as what was provided for the 2021-2022 fiscal year.

TABLE 21: Bill 36 - Mental Health Act Submission Recommendations

Recommendation Made	Recommendation Accepted	Status
Based upon correspondence from the Department of Health dated May 8, 2023.		
<p>1. Amend part 1, section 2 of Bill 36 to add specific criteria that sets out when a minor will be considered a mature minor, including language that ensures that:</p> <p>b. The health professional has determined that the medical treatment and the procedure to be used is in the best interests of the minor and their continuing health and well-being.</p>	<p>Withheld under Parliamentary Privilege</p>	<p>No Progress</p>
<p>2021-2022 Rationale: No related amendment.</p> <p>A broad statement of best interests made at section 1(d)(v) of the Act was in Bill 36 when it was introduced, and does not specifically make the recommended connection to determining that a minor is a mature minor.</p>		
<p>2. Amend part 1, section 3 of Bill 36 to require health professionals to allow minors to choose their <i>tikkuaqtaujuq</i> or <i>tikkuaqtajuit</i>, or in cases where the minor does not have the capacity to choose, require health professionals to consider every minor’s opinion, as to whom their <i>tikkuaqtaujuq</i> or <i>tikkuaqtajuit</i> should be.</p>	<p>Withheld under Parliamentary Privilege</p>	<p>No Progress</p>
<p>2021-2022 Rationale: No related amendment.</p>		

TABLE 21: Bill 36 - Mental Health Act Submission Recommendations continued...

Recommendation Made	Recommendation Accepted	Status
3. Amend part 1, subsection 3(9) of Bill 36 to include the minor as an individual who may apply to the Board of Review for a decision respecting “the consent or decision” referred to in that subsection.	Withheld under Parliamentary Privilege 2021-2022 Rationale: No related amendment.	No Progress
4. Amend part 7 of Bill 36 to require the Board of Review to consider the opinion of the young person when making a decision about them, unless the Board of Review determines that doing so is inappropriate or in any way harmful to the young person.	Withheld under Parliamentary Privilege 2021-2022 Rationale: No related amendment.	No Progress
5. Amend part 2, section 4 of Bill 36 to specifically include the delivery of intensive mental health interventions for students in schools.	Withheld under Parliamentary Privilege 2021-2022 Rationale: An amendment was made at section 4(n.1) to allow the Minister of Health to provide mental health services in schools. The wording does not specifically include intensive interventions, nor does it exclude them.	Substantial Progress
6. Amend part 2, section 5 of Bill 36 to require that the mental health and addictions strategy address the specific mental health needs of children and youth.	Withheld under Parliamentary Privilege 2021-2022 Rationale: No related amendment.	No Progress
7. Amend part 9, section 75 of Bill 36 to require that the annual report include, at minimum, statistics on services and outcomes of children and youth who had contact with mental health services.	Withheld under Parliamentary Privilege 2021-2022 Rationale: No related amendment.	No Progress

Recommendation Made	Recommendation Accepted	Status
<p>8. Amend Bill 36 to require that reports made pursuant to part 3, section 7 regarding suicide attempts be forwarded to the Representative for Children and Youth as a critical injury, where the attempt is made by an individual who meets the definition of a child or youth as defined in the <i>Representative for Children and Youth Act</i>.</p>	<p>Withheld under Parliamentary Privilege</p>	<p>No Progress</p>
<hr/> <p>2021-2022 Rationale: No related amendment.</p>		
<p>9. Amend Bill 36 to require that information collected pursuant to part 3, subsection 8(5) be forwarded to the Representative for Children and Youth as a critical injury, where the information concerns an individual who meets the definition of a child or youth as defined in the <i>Representative for Children and Youth Act</i>.</p>	<p>Withheld under Parliamentary Privilege</p>	<p>No Progress</p>
<hr/> <p>2021-2022 Rationale: No related amendment.</p>		
<p>11. Amend part 5, section 32 of Bill 36 to require that, where the individual is a child or youth, as defined in the <i>Representative for Children and Youth Act</i>, they will be provided with information on the Representative for Children and Youth's Office as outlined in section 22 of the <i>Representative for Children and Youth Act</i>.</p>	<p>Withheld under Parliamentary Privilege</p>	<p>No Progress</p>
<hr/> <p>2021-2022 Rationale: No related amendment.</p>		
<p>12. Amend part 5, section 18 of Bill 36 to include a general statement of child rights as they are agreed to in the United Nations <i>Convention on the Rights of the Child</i>, in addition to the rights enjoyed by others.</p>	<p>Withheld under Parliamentary Privilege</p>	<p>No Progress</p>
<hr/> <p>2021-2022 Rationale: No related amendment.</p>		

TABLE 21: Bill 36 - Mental Health Act Submission Recommendations continued...

Recommendation Made	Recommendation Accepted	Status
13. Amend part 8, section 71(2) of Bill 36 to include a requirement that in order to be a rights advocate, a person must be knowledgeable of child rights as per the United Nations <i>Convention on the Rights of the Child</i> .	Withheld under Parliamentary Privilege	No Progress
	2021-2022 Rationale: No related amendment.	
14. Amend part 9, section 77 of Bill 36 to include a requirement that a health professional must be knowledgeable of the United Nations <i>Convention on the Rights of the Child</i> in order to be designated as a mental health rights specialist for the purposes of the Act.	Withheld under Parliamentary Privilege	No Progress
	2021-2022 Rationale: No related amendment.	

Language: The submission was provided to the Standing Committee on Legislation in Inuktitut and English and to the Department of Health in English. It is available on our website in all official languages.

Submission to Nunavut Arctic College for the 10-Year Strategic Plan Consultation

The Representative provided a submission to NAC on February 28, 2020, in response to its public call for input on its 10-year strategic plan. In response to a direct request from NAC for input, the Representative re-submitted these recommendations on October 28, 2020.

This year, NAC continued its work to finalize its strategic plan which the Board of Governors decided will be released early in the new government’s mandate.

TABLE 22: Nunavut Arctic College 10-Year Strategic Plan Consultation Submission Recommendations

Recommendation Made	Recommendation Accepted	Status
Based upon correspondence from NAC dated May 8, 2023.		
1. Seek input from young people as part of a broader consultation process.	Agree	Some Progress
Rationale: No update was provided to support that any work was completed this year towards implementation of this recommendation.		
2. Keep young people informed of post-secondary education and career options supported by Nunavut Arctic College.	Agree	Some Progress
Rationale: “The College continues to engage young people through its recruitment efforts, which includes informing about post-secondary education and career options supported by NAC via new formats of video conferencing with Nunavut high schools this year due to constraints of the pandemic”.		
As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.		
3. Develop and implement a child rights module for delivery within all current and future course offerings.	Agree	No progress
Rationale: In NAC’s Bachelor of Social Work Program (BSW) “Information on Child Rights is introduced in the ‘Personal and Professional Practice’ course and is expanded upon in the ‘Child Welfare’ course and the ‘Social Service Worker Practice II’ course.”		
As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.		

TABLE 22: Nunavut Arctic College 10-Year Strategic Plan Consultation Submission Recommendations

continued...

Recommendation Made	Recommendation Accepted	Status
4. Offer professional programs to build the capacity of the mental health workforce in Nunavut and ensure that these programs offer a focus or specialty related to child and youth mental health.	Agree	Limited progress
	<p>Rationale: "NAC can confirm that the Bachelor of Social Work Program (BSW) has continued at the Kitikmeot Campus and has seen its first graduating class this spring." The program has courses titled "Social Work in Interdisciplinary Mental Health and Health Services" and "Introduction to Mental Health" which both include information on child and youth mental health.</p> <p>"NAC's nursing curriculum contains two courses that build the capacity of professionals working in the mental health field, one with a specific focus on the needs of youth. One course is called 'Community and Mental Health' and the other is called 'Nursing Concepts for Children, Adolescents and Young Adults.'"</p> <p>"NAC continues to engage the Department of Health in exploring options for its personal care worker program, growing from its partnership in delivering a range of courses housed under the umbrella of 'home and continuing care.'"</p> <p>"NAC is also working with the Department of Family Services to deliver a Family Resource Worker training program. Students in this program are given skills to work effectively with children, youth, families and communities to advocate and meet client needs."</p> <p>There are currently no programs available with a focus or specialty related to child and youth mental health.</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p>	
6. Explore and implement ways to enhance offerings that will support post-secondary education and career options in the recreation field.	Agree	No progress
	<p>Rationale: No update provided to support that any work was completed this year towards implementation of this recommendation.</p>	

Language: The submission was provided to NAC in English and is available on our website in Inuktitut, English, and French. The Inuinnaqtun version will be made available once translation is completed.

Submission to the Department of Education on the Student Record Regulations and Policy Intentions

At the request of the Department of Education, the Representative provided a submission in response to the Student Record Regulations and Policy Intentions on October 19, 2019.

The Department of Education indicated that drafting instructions completed in 2021-2022 still need to be reviewed and updated to include additional items. However, no further progress was made this fiscal year.

TABLE 23: Student Record Regulations and Policy Intentions Submission Recommendations

Recommendation Made	Recommendation Accepted	Status
Based upon correspondence from the Department of Education dated March 31, 2023.		
Rationale information is the same for all recommendations.	Rationale: "The departments work on the legislative review of the <i>Student Records Regulations</i> was delayed due to staff capacity."	
1. Move forward with the proposal to review each student record biannually. [s.3(2)]	Agree	Some Progress
2. Expand the proposed categories for the collection of student information to include student identification numbers from all Canadian jurisdictions, and not specifically Nunavut, Alberta, or the Northwest Territories. [s.4(1)(b)]	Agree	Some Progress
3. Consider the ability of mature minors to consent to the inclusion of the information in their student record. [s.4]	Neither Agree nor Disagree	No Progress
4. Allow signed statutory declarations to validate the name and date of birth in the student record, in addition to the list of government issued documents that are currently proposed. [s.4(1)(a) and s.4(1)(b)]	Agree	Some Progress

TABLE 23: Student Record Regulations and Policy Intentions Submission Recommendations continued...

Recommendation Made	Recommendation Accepted	Status
5. Use gender inclusive language in official documents and templates. [s.4(1)(c)]	Neither Agree nor Disagree	Some Progress
6. Ensure currently accepted terms for ethnicity are used. [s.4(1)(e)]	Neither Agree nor Disagree	Some Progress
7. Move forward with the proposal to collect email addresses and reject the proposal to replace residential address with mailing address only. [s.4(1)(f) and s.4(1)(g)]	Agree	Some Progress
8. Add a provision to exclude any information relating to advocacy cases that involve the work of the Representative for Children and Youth's Office from the student record. [s.5(b)]	Neither Agree nor Disagree	Some Progress
9. Add specific timelines in the student record process. [s.9]	Neither Agree nor Disagree	Some Progress
10. Establish an electronic transfer process to address the challenges and delays that arise by exclusively using registered mail for the transfer of student records. [s.9(2)]	Neither Agree nor Disagree	Some Progress
11. Deliberately and thoughtfully seek input from students past and present during this process to ensure their opinions are considered.	Neither Agree nor Disagree	No Progress

Language: The submission was provided to the Department of Education in English and is available on our website in all official languages.

Our Minds Matter: A Youth-Informed Review of Mental Health Services for Young Nunavummiut

As the result of a systemic review, on May 22, 2019, the Representative made 15 recommendations to departments to address the inadequate mental health services for young Nunavummiut. Two recommendations have two parts which are being monitored separately. To date, departments have disagreed with two recommendations which are no longer being monitored. One and one part of a two part recommendation have been implemented. Thirteen recommendations are still being monitored.

TABLE 24: Our Minds Matter Recommendations

Recommendation Made	Recommendation Accepted	Status
1. The Department of Health and the Department of Education collaborate to ensure a full range of mental health services, including universal programming, targeted interventions, and intensive interventions are delivered in Nunavut schools.	<p>Based upon correspondence with the Department of Health on May 8, 2023; NAC on May 8, 2023; the Department of Justice on March 22, 2023; the Department of Family Service May 29, 2023; and the Department of Education on March 31, 2023.</p> <p>Partially Agree</p> <p>Rationale: “The School-Based Mental Health and Well-Being Framework was drafted in February 2023 and is currently under review by leadership of both departments.” This framework has been renamed <i>Collaboration and Pathways to Mental Health Guide</i>.</p> <p>“Makimautiksats-based programming has been provided afterschool in Iqaluit twice per week at Aqsarniit Middle School, and an afterschool program was piloted at Inuksuk High School once per week for 8 weeks from February-April 2023.”</p> <p>“The Department of Education has expanded its education support services to include school-based mental health support services.</p> <p>School-based positive mental health services align with other existing education support services such as occupational therapy, speech and language pathology, physiotherapy, education psychology, and deaf and hearing support services.</p> <p>Services are offered both virtually and in-person and are accessed with a request from a teacher or parent.</p> <p>This school year (2022-2023), 12 school communities can access mental health support services. These communities are: Gjoa Haven, Kugluktuk, Cambridge Bay, Kinngait, Pond Inlet, Igloolik, Clyde River, Sanirajak, Arviat, Whale Cove, Coral Harbour, and Naujaat.</p> <p>The Department of Education has secured funding to expand these mental health services in all schools in all communities in the 2023-2024 school year.”</p>	Substantial Progress

TABLE 24: Our Minds Matter Recommendations continued...

Recommendation Made	Recommendation Accepted	Status
<p>2. The Department of Education ensure that all school staff, including <i>Ilinniarvimmi Inuusilirijit</i>, guidance counsellors, teachers, support staff, and principals, receive basic mental health training on how to connect children and youth with appropriate mental health services and how to support them while this connection is being made.</p>	<p>Agree</p> <hr/> <p>Rationale: “A collaboration guide is being developed in partnership with the Department of Education [and the Department of Health] to ensure front-line staff across the territory are aware of the correct pathways/protocols to provide MHA [Mental Health and Addiction] services and supports in schools.”</p> <p>“Psychological First Aid training is now being delivered as an offering within Ikpigusuttiarniq Ilinniarnirmik (formerly Respect Education training) and facilitated by the Canadian Red Cross. During the 2022-2023 school year, 9 schools held Psychological First Aid training.</p> <p>Finding Hope Through Caring Workbooks were distributed to all schools and are available digitally on our Student Support Virtual Library. Psychological First Aid and Bullying Prevention Pocketbook Guides and Grief Toolkits were also sent to all schools at the beginning of the school year.”</p> <p>The MHA staff list is regularly distributed, monthly or as changes occur, to our Regional School Operations.</p> <p>"Safety planning tools and pre-recorded webinars in Inuktitut and English were developed and made available to school staff."</p> <p>"As part of our orientation program for newly hired educators and school leaders we offer the following:</p> <ul style="list-style-type: none"> • A session on <i>Inclusive Education</i> for both school leaders and educators. This session provides information on the Education Support Services Directive and the process for referring students to occupational therapy, physiotherapy, and speech pathology services. • A session on <i>School Safety for Educators</i> aimed at educators. This session provides information on how to request mental health education support services for students. • A session on <i>Keeping Students and Staff Safe</i> aimed at school leaders. This session provides information on how to request mental health education support services for students. Information is also provided on how to access support after a death in a community." <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p> 	Some Progress

Recommendation Made	Recommendation Accepted	Status
<p>3. The Department of Education enhance mental health literacy in schools.</p>	<p>Agree</p>	<p>Some Progress</p>
<p>Rationale: “The department has an online Student Support Virtual Library for school staff. Available presentations and prerecorded webinars include:</p>		
<ul style="list-style-type: none"> • Be Safe! Training • Clear Speech Strategies • Education Support Services Pretentions • GN Interagency Information Sharing Protocol • Introduction to the Functions of Behaviors • Introduction to the Principles of Learning • Inuglugijaittuq Virtual Symposium for Ilinniavimmi Inuusiliriji • Inuit Educators Conference 2023 • ISSP [Individual Student Support Plans] Development PPT [Powerpoint] • Learning about FASD [Fetal Alcohol Spectrum Disorders] together • Phonak Soundfield Training • Programming for Individuals with Development Delays • Promoting Independence – Effective Prompting • Psychological First Aid PPT [Powerpoint] • Red Cross Wellness Webinars • Sensory Pathway Kivalliq Short Video • Shanker Self-Reg • SSA [Student Support Assistant] Handbook • Supporting Emergent Literacy Beyond • Truth and Reconciliation Day, September 30 • Understanding Stress • Universal Designs for Learning • Who to Assess and Why – A presentation on psycho-educational assessments 		
<p>The department does not currently track school staff access to online and prerecorded webinars.”</p>		
<p>This year, the Canadian Red Cross ran several training sessions in various communities on topics including: self-care and caring for others, building health relationships with students, bullying prevention, mental health and wellness, and trauma informed care.</p>		

TABLE 24: Our Minds Matter Recommendations continued...

Recommendation Made	Recommendation Accepted	Status
<p>5. The Department of Health ensure that contracts that adequately meet service demands are established for out-of-territory mental health services for children and youth where these services are not currently available in Nunavut, and ensure that children and youth receive appropriate aftercare and follow-up upon return to their home communities.</p>	Agree	Some Progress
	<p>Rationale: There are currently eight facilities under Standing Offer Agreement (SOA) that provide services for youth. One additional facility was added in the 2022-2023 fiscal year.</p> <p>“The MHA division collaborates with the Office of the Public Guardian (OPG) on all decisions and plans related to the care and services our shared clients receive.” Community Mental Health nurses engage with our OOT [out-of-territory] clients to ensure they are receiving quality services. No concerns have arisen from reviews of the OOT youth-specific programs in the last FY [fiscal year].”</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p>	
<p>6. The Government of Nunavut establish an in-territory facility that offers residential mental health treatment for children and youth, including, but not limited to, psychiatric, psychological, behavioural, and counselling services. These services should incorporate family engagement and healing and be grounded in Inuit knowledge, culture, and parenting practices.</p>	Neither Agree nor Disagree	No Progress
	<p>Rationale: “The development of the Nunavut Recovery Centre is well underway. [...] The facility has been designed to allow for youth programming and the plans include a youth-specific lounge and youth-specific treatment spaces.”</p> <p>“The youth portion of the Mental Health and Addictions Strategy is still being developed. As part of its development, the Youth Mental Health Specialist has been travelling to communities across the territory to engage youth in consultations regarding their priorities for youth-specific mental health services. There have been 22 Youth Forums in 11 communities to date, with over 500 young Nunavummiut consulted.”</p> <p>As the facility is not open yet, the implementation status of this recommendation remains unchanged from last year.</p>	

Recommendation Made	Recommendation Accepted	Status
<p>7. The Department of Health implement recommendations iii(4) and iii(5) from the 2015 Coroner’s Inquest into Suicide, and apply these recommendations in cases of suicidal ideation in addition to suicide attempts. These recommendations state, in part, that the Government of Nunavut,</p> <p>Recommendation iii(4)</p> <p>Establish a formal follow-up protocol for individuals who have attempted suicide by April 2016.</p> <p>Recommendation iii(5)</p> <p>Change the <i>Mental Health Act</i> to allow for family to be contacted and immediately involved after a suicide attempt regardless of the age of the person who has attempted suicide. This should be systematic, and it requires also that Mental Health workers receive training and re-orientation to always develop safety plans and conduct counselling with the family present. This is a new recommendation that involves allotment of resources to re-training and a change in orientation to a more family and community intervention approach.</p> <p>To supplement recommendation iii(5), we further recommend adding the option of an alternative adult if a family member is deemed inappropriate.</p>	<p>Partially Agree</p> <hr/> <p>Rationale: “The new Act has created a position of tikkuqtaujuq (selected representative). The tikkuqtaujuq will have a number of roles including being consulted by health professionals during assessment and treatment and receiving notification at key points throughout the Act process (e.g., mandatory suicide attempt notification, involuntary certification, etc.)</p> <p>The tikkuqtaujuq has a dual role: to provide support and social connection, and to make decisions on behalf of the client. Exemption to involve a client’s tikkuqtaujuq is included in the Act (e.g. when doing so would be against the client’s best interests).</p> <p>Training will occur before the implementation of the new Act, for community members, health and justice professionals who will be involved in this work.”</p> <p>The new <i>Mental Health Act</i> received assent on June 8, 2021, but is not yet in force. The implementation status of this recommendation remains unchanged from last year.</p>	<p>Substantial Progress</p>

TABLE 24: Our Minds Matter Recommendations continued...

Recommendation Made	Recommendation Accepted	Status
<p>9. The Department of Health:</p> <p>a. finalize and deliver a comprehensive training program, that includes a substantial focus on delivering supports to children and youth, to mental health and addictions outreach workers.</p>	Partially Agree	Some Progress
	<p>Rationale: "In October 2022, a second iteration of the Trauma Symposium was held. The Symposium was developed by Health, in collaboration with the Arctic Children and Youth Foundation, and Radius Child and Youth Services. There were 300 attendees and 22 training events that occurred during the Pre-Symposium and Symposium. The aim of the Symposium was to continue to provide northern front-line workers with the tools and skills needed to engage in trauma work with community members, particularly youth and children, and to protect ourselves and our staff from the potential repercussions of engaging in trauma-related work. As a result of the Symposium, a Community of Practice (CoP) was established for all MHA Outreach workers, facilitated by Radius."</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p>	
<p>10. Nunavut Arctic College, in partnership with the Department of Health, offer professional education programs that build the capacity of the mental health workforce in Nunavut, and that these programs offer a focus or specialty related to child and youth mental health.</p>	Partially Agree	Limited progress
	<p>Rationale: "NAC can confirm that the Bachelor of Social Work Program (BSW) has continued at the Kitikmeot Campus and has seen its first graduating class this spring." The program has courses titled "Social Work in Interdisciplinary Mental Health and Health Services" and "Introduction to Mental Health" which both include information on child and youth mental health.</p> <p>"NAC's nursing curriculum contains two courses that build the capacity of professionals working in the mental health field, one with a specific focus on the needs of youth. One course is called 'Community and Mental Health' and the other is called 'Nursing Concepts for Children, Adolescents and Young Adults.'"</p> <p>"NAC continues to engage the Department of Health in exploring options for its personal care worker program, growing from its partnership in delivering a range of courses housed under the umbrella of 'home and continuing care'."</p> <p>"NAC is also working with the Department of Family Services to deliver a Family Resource Worker training program. Students in this program are given skills to work effectively with children, youth, families and communities to advocate and meet client needs."</p> <p>There are currently no programs available with a focus or specialty related to child and youth mental health.</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p>	

Recommendation Made	Recommendation Accepted	Status
<p>11. The Department of Health, or any other department hiring a mental health service provider:</p> <p>a. engage the services of Elders or cultural consultants to guide the delivery of mental health services; and</p>	Partially Agree	Some Progress
<p>b. offer an ongoing spectrum of cultural competency training and ensure that a minimum of one component is completed prior to the start of employment.</p>	Partially Agree	Limited Progress
<p>12. The Department of Health increase public and service provider awareness of existing mental health services available for children, youth, and their families.</p>	Agree	Some Progress

Rationale: Based on correspondence from the Department of Health, the RCYO noted that there was no progress in implementing this recommendation this year.

Rationale: No progress made this fiscal year.

“With respect to the Indigenous Cultural Competency (ICC) course, the course is not mandatory for Government of Nunavut staff. However, Health staff are strongly encouraged to take the course when it is offered.

Along with ICC, Health works to ensure programs and services reflect Inuit Societal Values [ISV] and are culturally safe through:

- The standardized mental health training that includes cultural competency.
- Ensuring Elders and Inuit organizations are involved in the design and program work associated with the Nunavut Recovery Centre.
- Encouraging staff and divisions to utilize their cultural days and have Inuit Qaujimagatuqangit events.
- Continuing to support Elders and community members as advisors and local counsellors for Inuit.
- Collaborating with Elders and Inuit organizations in the development of the Nunavut Suicide Prevention Strategy Action Plan.”

Rationale: “The Territorial Youth Mental Health Specialist has been travelling across the territory hosting Mental Health events (Youth Forums) to both learn about the priorities of young Nunavummiut (ages 12-30) when it comes to mental health supports and to increase awareness of existing services. In FY [fiscal year] 2022/23, they travelled to 11 different communities and met with over 500 youth.”

As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.

TABLE 24: *Our Minds Matter* Recommendations continued...

Recommendation Made	Recommendation Accepted	Status
13. The Department of Health develop a youth-informed public awareness campaign for children, youth, and their families to reduce mental health stigma.	Agree	Some Progress
	<p>Rationale: The Department of Health is collaborating with Embrace Life Council and has created and put into use four videos that aim to destigmatize suicide.</p> <p>The Department of Health in collaboration with Atiigo Media, created videos to promote the Makimautiksat Youth Program. “All 9 Makimautiksat videos have been completed and have been in use by the Youth Outreach team since October 2022.”</p> <p>As no proof was provided as requested, the implementation status of this recommendation remains unchanged from last year.</p>	
14. The Government of Nunavut, under the leadership of the Department of Executive and Intergovernmental Affairs, develop and implement an interdepartmental service coordination protocol for the delivery of child and youth-related services.	Agree	Substantial Progress
	<p>Rationale: The Department of Justice disseminated the protocol to the legal services board, corrections, community justice, and the public guardian. Although not referenced in the manuals for corrections and community justice, it is referenced in the procedures and processes documentation for public guardian.</p> <p>“The Protocol is being implemented and made available to all staff through Share Point. The protocol was also shared with education support service contractors used by the department [of Education].”</p> <p>The Interdepartmental Service Coordination Protocol is yet to be implemented by the Department of Family Services and the Department of Health.</p>	

Language: *Our Minds Matter* was submitted to the Legislative Assembly in Inuktitut and English. It is available on our website in all official languages.

IN PROGRESS SYSTEMIC ISSUES

TABLE 25: Systemic Issues In Progress and Steps Taken to Address the Issue

	Correspondence to lead department(s)	Departmental initiative in progress
Department of Education		
Daycare and District Education Authority (DEA) policies	●	●
Financial Assistance for Nunavut Students (FANS) travel policy	●	●
Lack of early learning and child care spots	●	●
Opportunities after graduation	●	●
School attendance	●	●
Student educator ratio and overcrowded classrooms	●	●
Teacher shortages	●	●
Violence in schools	●	●
Department of Family Services		
Child sexual abuse rates	●	
Inadequate staffing	●	
Safe houses for young people and their families	●	●
Young people placed in unsafe home	●	
Transition planning for young people in care	●	●
Department of Health		
Dental care services	●	●
Issues related to specialty services	●	●

TABLE 25: Systemic Issues In Progress and Steps Taken to Address the Issue continued...

	Correspondence to lead department(s)	Departmental initiative in progress
Department of Family Services and the Department of Health		
Lack of proper training for sexual abuse investigations	●	●
Department of Justice		
Child-friendly court		●
Children under care of parent(s) under guardianship order	●	●
Inappropriate use of guardianship order	●	●
Lack of community correction officers in communities	●	●
Transition planning for young people in custody	●	●
Legal Services Board		
Youth unaware of legal aid support		●

Language: Correspondence with departments was in English.

SYSTEMIC ISSUES AWAITING ACTION

TABLE 26: Systemic Issues Awaiting Action, by Lead Department

Department of Community and Government Services

Recreation for children and youth

Department of Education

Crisis Response Protocol in schools

Quality of the education system

Department of Family Services

CFSA offers less protection to youth than children

Concerns around custom adoption and safety

Food security

Including the voice of the child in decisions

Out-of-territory care

Parental support for families

Stability of foster home placements

Support for foster parents and their input

Nunavut Housing Corporation

Inadequate and overcrowded housing

ADVOCATE'S APPLAUSE

CAMBRIDGE BAY GIRLS GROUP

Department of Family Services staff in Cambridge Bay have been working with community partners for a Girls Group that occurs every Thursday afternoon from 1530 to 1730 hrs. The group focuses on young girls in the community from the ages of 12 to 17. This program was created due to unfortunate circumstances that occurred within our community and resulted in the loss of life for some young kids.

The program has been very successful and is well attended. The group will do different activities, from cooking to playing games, and will talk about self-esteem, grief and loss, and healthy relationships in a very relaxed and non-threatening environment.

Last year, the group held a birthday party for a member of their cohort who had lost her life in February. The party was very well intended, and adults and family members showed up. Our team had a bus attend, and the group all went out to the cemetery to visit the gravesite. It was a profound experience for all involved and shed light on the amount of trauma, grief, and loss these young girls were faced with.

It also provided a brief glimpse into the incredible resiliency and coping skills of the girls.

Recently, we are seeing these young women become empowered and able to use their voice and talk about their concerns and issues.

Another reason for the success of this group is that it has had continuity and continues regardless of holidays or other events affecting the community. It is important to keep these programs running despite other issues, as continuity is expected from these girls and is an activity that they look forward to.

ADVOCATE'S APPLAUSE

YOUTH AMBASSADOR PROGRAM

The **Department of Community and Government Services'** Sport and Recreation Division is responsible for advancing sport, physical activity, and recreation in ways that benefit health, well-being, and quality of life in Nunavut. The Team Nunavut – Youth Ambassador Program (YAP) provides an opportunity for young leaders aged 16-21 to represent their communities and territory by volunteering at major games, including the 2022 Canada Summer Games and 2023 Arctic Winter Games. Youth Ambassadors build confidence through experience, acquire leadership skills, and will be exposed to leadership training to help them become a leader in their community and territory.

This year there was a total of 17 Youth Ambassadors from 11 communities at either the 2022 Canada Summer Games or 2023 Arctic Winter Games. During the Games, Youth Ambassadors have the opportunity to participate in a variety of jobs that aligned with their interests to potentially further develop career skills. For example, those interested in public speaking can assist at the display booth by sharing information about their culture and territory with other Games participants and attendees and those interested in leadership may be able to attend meetings with political leaders.

To be a Youth Ambassador, youth are required to complete a certification from Recreation North and participate in an in-person youth summit that focuses on developing public speaking skills, program delivery, and leadership skills. When youth return to their home communities, they have the skills needed to deliver a community program of their choice. This year, Youth Ambassadors organized local street hockey tournaments for youth in their community, sewing and beading programs, and clothing drives.

The Nunavut Youth Ambassador Program began as a tri-territory initiative to help support the 2007 Canada Winter Games in Whitehorse, Yukon. Since then, more than \$500,000 has been invested into the program and existing partnerships include the Recreation and Parks Association of Nunavut (RPAN), the Embrace Life Council (ELC), the Northwest Territories Youth Ambassador Program (GNWTYAP), and most recently, Recreation North, Parks and Recreation Ontario (PRO), and Sport for Life.

COMMUNICATIONS AND PUBLIC AWARENESS

One of our responsibilities is to help educate all Nunavummiut about child rights, as well as the responsibilities that adults and governments have to support the rights of children.

Our communications and public awareness work takes many forms including giving presentations; developing child-rights resources and information materials; hosting a yearly child rights-based contest; and sharing important information about our work through the media, social media, and the Office's website, www.rcynu.ca.

While our office is located in Iqaluit, we work on behalf of all young Nunavummiut making our most comprehensive public awareness initiative our community engagement visits. It is important that we visit communities to hear directly from Nunavummiut, and see first-hand, the current challenges affecting young people and their families in each community.

All of these initiatives share the goal of building and strengthening relationships with our many stakeholders including children, youth, families, community members, departments, the Legislative Assembly, and the media.

Every year we strategically plan public awareness initiatives while continually looking for new opportunities to engage with our stakeholders as they arise and our human resources allow.

COMMUNICATION AND PUBLIC AWARENESS ACTIVITIES FOR 2022-2023

As mentioned in the Message from the Representative, on page 7, the Manager of Communications and Public Awareness took on the leadership role of the Office this year, while also filling in wherever capacity challenges required. As a great deal of information was learned about the other RCYO programs, these learnings were and will continue to be used to further advance the Office's public awareness work, as well as all RCYO program work.

The RCYO's P&P Manual is a constantly evolving document based on best practices. This year, no changes were made to the Communications and Public Awareness chapter.

CHILD RIGHTS RESOURCES

This year the RCYO initiated the creation of a comprehensive child rights teaching guide for kindergarten to grade four, in collaboration with Inhabit Education. This educational guide incorporates all of the RCYO's child rights resources created to date, including:

- ✿ three Tamatta Pijunnautiqagtugut Series book created by the RCYO and Inhabit Education, *Mosesie Speaks Up*, *Annie and Uqi Play Out*, and *The Red Slushie* (formerly titled *The Bully*);
- ✿ six child rights video segments created by the RCYO and Taqqut Productions Inc. which highlight a child's right to culture, the right to family, the right to safety, the right to education, the right to play, and the right to healthcare; as well as
- ✿ some of the child rights-based activities created by staff of the RCYO including *Sila is Cold* and a child rights dice game.

Language: Once completed, this curriculum will be available in Inuktitut, English, French, and Inuinnaqtun.

The Red Slushie

The Red Slushie was created in partnership with Inhabit Education for the Department of Education's Inuktitut Titiqqiriniq balance literacy program. This book is at a grade four reading level. The plot is based on common challenges that some young Nunavummiut face today, as per our advocacy work, such as bullying and mental wellness.

This book and extension activities were completed in the 2021-2022 fiscal year, but have not yet been printed or distributed to schools.

Language: Once completed, *The Red Slushie* and its corresponding extension activities will be available in Inuktitut, English, French, and Inuinnaqtun.

Annie and Uqi Play Out

Annie and Uqi Play Out is the RCYO's second child rights book created under the same partnership as *The Red Slushie*. This book is for a grade two reading level. The plot focuses on personal wellness, coping strategies, and being community-minded. This book and its corresponding extension activities should now be available in schools.

Language: At this time, *Annie and Uqi Play Out* and its corresponding extension activities are available in Inuktitut, English and French. Hard copies are available by contacting the RCYO and digital copies are available for download on the RCYO's website. Translation of these resources into Inuinnaqtun are still in progress.

Raise Your Voice: Self-Advocacy Workshop 2.0

In 2017-2018, the RCYO created the *Raise Your Voice: Self-Advocacy Workshop*. This year, RCYO staff collaborated to update the workshop based on staff's observations while presenting the workshop and concerns that are raised to the Office's attention today. The focus of this workshop remains the same, to support young Nunavummiut to self-advocate, but now offers some new activities.

The *Raise Your Voice: Self-Advocacy Workshop 2.0* was piloted during this year's community engagement visits. The feedback received from young people who participated in the workshop will continue to be incorporated.

Language: This year the workshop was available in English by RCYO staff and in Inuktitut, French, and Inuinnaqtun with interpretation support.

National Child Day

Every year on November 20, National Child Day is celebrated in recognition of Canada's agreement to the United Nations *Convention on the Rights of the Child*.

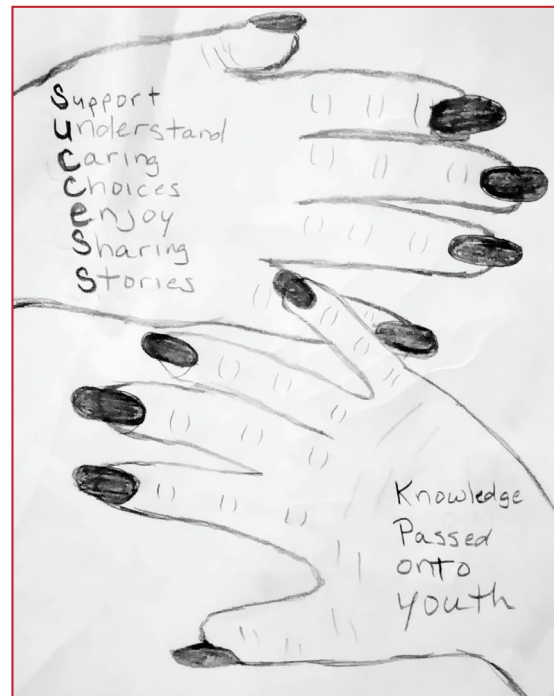
This year, the RCYO again worked with Northern News Services Ltd. (NNSL Media) to promote awareness of child rights through relevant content in the Nunavut News and the Kivalliq News during the month of November, as well as promotion of the RCYO's 8th annual child rights-based contest.

This year, the My Child Rights! contest requested logo designs featuring Article 19 of the United Nations *Convention on the Rights of the Child* which states, all young people have the right to be protected from being hurt, in body and mind. All people have a responsibility to not hurt others, in body and mind.

Five young Nunavummiut, from across the territory, submitted entries into our contest. RCYO staff voted on and selected the top three entries. These three young people received their choice of on-the-land gear from Arctic Survival valued up to \$500. McKenzie Akerolik, 9 years old from Rankin Inlet had the top winning entry and her logo design will be featured on the next RCYO t-shirt.

Language: The contest was promoted in Nunavut News, Kivalliq News, on the RCYO's Facebook page and website, in all official languages.

FIGURE 27: My Child Rights! Contest Winners



First place winner: McKenzie Akerolik, 9 years old from Rankin Inlet



Second place winner: Olivia Pellerin, 7 years old from Iqaluit



Third place winner: Hunter Pellerin, 7 years old from Iqaluit

COMMUNITY ENGAGEMENT

The best way to share information about our work is to meet with people face to face. To do this, RCYO staff travel to all of Nunavut’s communities. Community travel had been suspended in December 2021 due to COVID-19 travel restrictions and precautions. Our office resumed community engagement visits in September 2022.

We continue to pilot the revised community engagement visit procedure and will evaluate it once we have visited half of Nunavut’s communities using this procedure.

TABLE 28: Community Engagement Schedule

Community and Date Visited	Type of Visit
Cambridge Bay September 23-29, 2022	General Outreach
Pond Inlet October 17-21, 2022	General Outreach
Resolute Bay March 21-27, 2022	General Outreach

FACEBOOK

The RCYO has an active facebook presence. This communication channel allows us to share information about the work of the Office, child rights, as well as other important information available on our website.

The RCYO continues to prioritize sharing facebook posts relevant to all young Nunavummiut and their families.

The RCYO’s facebook channel is @NunavutRepresentativeforChildrenandYouth.

TABLE 29: RCYO Facebook Statistics

Total number of original posts	38
Followers, by the end of the fiscal year	293
Post Reach, the number of people who saw the post at least once	23,308
Post Engagement, the number of times people engaged with the post through reactions, comments, shares, views, and clicks	1,064

Language: All original Facebook posts were made in English, Inuktitut, French, and Inuinnaqtun using Microsoft Translator.

WEBSITE

This year we saw an increase of 125% in visitors to our website, www.rcynu.ca. The RCYO continues to use Matomo analytics software to monitor website traffic.

TABLE 30: Website Visits, by Language Accessed

Total website visits	5,992
English	83.0%
French	11.2%
Inuktitut	3.6%
Inuinnaqtun	2.2%

LETTERS AND STATEMENTS

RCYO Feedback to the Department of Family Services on the Draft Revised Child and Family Services Standards and Procedure Manual

On April 8, 2022, the Department of Family Services requested the RCYO provide feedback on a draft of the revised Child and Family Services Standards and Procedures Manual. Comprehensive feedback was provided on May 19, 2022.

The RCYO's review focused on determining if the Department of Family Services had incorporated any of the RCYO recommendations into the Child and Family Services Standards and Procedures Manual. Despite commitments to do so, zero RCYO recommendations have been incorporated.

Language: This correspondence was provided in English.

Notices of Adverse Report

The RCYO issued a notice of adverse report to nine departments regarding the RCYO's 2021-2022 annual report. All departments were provided the opportunity to comment on related content prior to its publication. One department provided feedback. This feedback was reviewed, considered, and incorporated where appropriate, prior to publication. The RCYO's 2021-2022 annual report was backdoor tabled on September 13, 2022.

Language: This correspondence was provided in English.

Advocate's Applause

In RCYO annual reports, the Office highlights departmental initiatives that were particularly successful in promoting and protecting the rights of children and youth that fiscal year. We call these best practices "Advocate's Applause".

On January 23, 2023, the RCYO reached out to all departments requesting best practice submissions. The RCYO accepted a maximum of one submission from each department. The submissions received by the end of the fiscal year can be found on pages 81 and 82.

Report to Commissioner in Executive Council

Pursuant to section 34(2) of the RCYA, when, in the Representative's opinion, adequate and/or appropriate action is not taken within a reasonable time by departments to respond to the Representative's recommendations, the Representative has the ability to make a report to the Commissioner in Executive Council.

On March 30, 2023, the Representative made a report to the Commissioner in Executive Council regarding the Office's findings from their review related to the Department of Family Services, Family Wellness Division. The Department's lack of progress to implement recommendations has made it an urgent situation and one that requires immediate and decisive action. See page 48 for more information.

Language: This correspondence was provided in English.

PARTNERSHIP AGREEMENTS

Number of Partnership Agreements: 6

Protocols between the Representative for Children and Youth's Office and the Government of Nunavut

Since 2018, partnership agreements, also known as protocols, have been in place between the RCYO and each of the four main child- and youth-serving departments: the Department of Education, the Department of Family Services, the Department of Health, and the Department of Justice. These protocols aim to guide the working relationships.

In February 2021, the RCYO reviewed each of the protocols and proposed revisions for the consideration of the departments. In April 2021, the departments proposed one protocol between the RCYO and the GN (specifically the Departments of Education, Family Services, Health, and Justice) (GN-RCYO Protocol). With the Department of Justice as the lead on this initiative, much work was completed to update and amalgamate the pre-existing protocols into one, while ensuring it is clear what departmental staff are obligated to under the RCYA.

The protocol was then submitted to the Executive Council of Nunavut (Cabinet). On January 3, 2023, the RCYO was notified that the GN-RCYO Protocol was approved by Cabinet for signatures. The GN-RCYO Protocol will be finalized next fiscal year.

Memorandum of Understanding with the Office of the Information and Privacy Commissioner of Nunavut

Last year, a Memorandum of Understanding (MOU) with the Office of the Information and Privacy Commissioner of Nunavut (OIPC) was initiated. This MOU will permit the sharing of relevant information between our offices and aims to ensure our work and the work of departments is in alignment with the Access to Information and Protection of Privacy Act (ATIPPA). This MOU has yet to be finalized.

Memorandum of Understanding with the Office of the Languages Commissioner

Since 2021-2022, the RCYO has had a MOU with the Office of the Languages Commissioner (OLC), which permits the sharing of relevant information when a child rights complaint brought to the RCYO's attention is also potentially in violation of language rights and vice versa.

Memorandum of Understanding with the Canadian Council of Child and Youth Advocates

The Office also has an MOU with the CCCYA. This MOU details the working relationship between all Canadian offices, particularly in connection to providing advocacy supports to mutual clients who may cross from one province or territory to another, to ensure seamless and timely access to services, and permits the sharing of relevant information. This MOU has been in place since 2015.

REVIEWS OF CRITICAL INJURIES AND DEATHS

This program is not operational as section 4(1)(b) of the RCYA is not yet in force.

In Nunavut, critical injuries of young people are not independently reviewed and deaths of young people are only reviewed by the Office of the Chief Coroner (Coroner) when the death has occurred in the territory, to determine the identity of the deceased, and how, when, where, and by what means they died.⁴⁹

Once this section of the RCYA is in force, our Reviews of Critical Injuries and Deaths program will conduct investigations into circumstances leading up to a critical injury or death of a young person, to determine if they received the services they were entitled to and if these services met their needs.

After completing a review, the RCYO may make recommendations to ensure accountability of the responsible department(s) and/or to make suggested improvements to legislation, policies, procedures, programs, and services with the intention of preventing similar injuries or deaths of young people from occurring in the future.

⁴⁹ According to section 9(1)(b) of the *Coroner's Act*, the Chief Coroner investigates deaths of young people "to determine cause of death and the circumstances surrounding death." The investigations are required when the death is reportable under section 8 of the Act: (a) occurs as a result of apparent violence, accident, suicide or other apparent cause other than disease, sickness or old age; (b) occurs as a result of apparent negligence, misconduct or malpractice; (c) occurs suddenly and unexpectedly when the deceased was in apparent good health; (d) occurs within 10 days after a medical procedure or while the deceased is under or recovering from anesthesia; (e) occurs during the course of employment; (f) is a stillbirth that occurs without the presence of a medical practitioner; (g) occurs while the deceased is detained or in custody involuntarily pursuant to law in a jail, lock-up, correctional facility, medical facility or other institution; or (h) occurs while the deceased is detained by or in the custody of a police officer.

REVIEWS OF CRITICAL INJURIES AND DEATHS UPDATE FOR 2022-2023

On May 25, 2022, the RCYO provided a written submission to the MSB outlining the proposed amendments to the RCYA. Among these amendments was a request to bring section 4(1)(b) into force. Section 4(1)(b) gives the Representative the power to review any matter related to the death or critical injury of any child or youth. This program will come into force on April 1, 2023. For more information see page 29.

The Reviews of Critical Injuries and Deaths chapter of the RCYO's P&P continued to be developed and revised. Program policies and procedures have been added to ensure that when the program is operational, reviews are ethical, equitable, and consistent. Updates and revisions made to this chapter of the RCYO's P&P this year include that:

- ✿ a policy, procedure, and workflow were created on the use of the database and the monitoring of recommendations following a review;
- ✿ a policy and procedure were created to guide the development of recommendations;
- ✿ a policy and procedure were created to support the RCYO to present the findings, analysis, and proposed recommendations to relevant departments prior to them being issued by the Representative; and
- ✿ the section was aligned with other sections of the RCYO's P&P.

This year, the RCYO continued to track critical injuries reported by the Director of Child and Family Services as required under sections 19, 20, and 21 of the RCYA. In the 2022-2023 fiscal year, the Director of Child and Family Services reported 301 critical injuries.

TABLE 31: Critical Injuries Reported by the Director of Child and Family Services, by Type

Total Critical Injuries	301
Emotional Harm	193
Physical Harm	39
Suicide Attempt, Suicidal Ideation	34
Sexualized Violence	18
Substance-related Harm	10
Physical Assault	7

The RCYO's review of individual advocacy cases completed in the 2021-2022 fiscal year, as part of the Office's review of the Department of Family Services', Family Wellness Division, determined that 144 critical injuries and one death that occurred between 2018 to 2021 have still not been reported as required. A list of these outstanding reports was compiled and provided to the Department of Family Services in the 2021-2022 fiscal year. The reply received from the Executive Director of the Department of Family Services committed that the department would review the list and provide the missing reports by the end of April 2022.

In May 2022, the department provided 22 of the missing reports. Based on correspondence received on May 2, 2022, the Department of Family Services is unable to complete 33 reports due to reason including a lack of available documentation and/or staff no longer working with the department. In March 2023, nine more missing reports were provided to the RCYO. As of March 31, 2023, there are 80 outstanding reports and one region still has not provided data.

TABLE 32: Reports missing as per Individual Advocacy case review

Total Deaths	144
Provided in May 2022	22
Unable to complete	33
Provided in March 2023	9
Outstanding reports	80

The Coroner determines the manner of each death. All deaths investigated by the Coroner are classified into one of five categories: Natural, Accidental, Suicide, Homicide, or Undetermined. In 2022-2023, the Coroner reported 12 deaths of young Nunavummiut.

For 11 of the deaths, the manner of death was undetermined and in seven of these deaths, the Coroner reported that they were still under investigation and a final determination had not been made. The Coroner did not clarify if the other four deaths were under review or if the final determination had been made.

TABLE 33: Deaths Reported by the Office of Chief Coroner, by Manner⁴⁹

Total Deaths	12
Undetermined	11
Awaiting Coroner's Report	7
Accidental	1
Homicide	0
Natural	0

For two years, the RCYO has continued to follow up with the Office of the Chief Coroner regarding outstanding manners of deaths for seven deaths in 2019-2020, 16 deaths in 2020-2021, and eight deaths in 2021-2022. As of March 31, 2023, the outstanding information was still not provided to the RCYO.

COMPLIANCE WITH SERVICE STANDARDS

The RCYO is committed to providing ethical, equitable, and consistent services. We aim to provide a measurable level of service that our clients can expect under normal circumstances.

Our service standards are integrity, inclusivity, accountability, and empowerment. Each of our service standards has quality assurance measures, detailed below, which help us evaluate our performance.

INTEGRITY

Demonstrating high standards of behaviour and conduct that are respectful and caring of people.

Quality assurance measures applicable to our integrity service standard and how we met them:

- ▶ **Review of individual advocacy problem began within two business days of it being raised to our attention.**

For 67/71 (94%) of our individual advocacy cases, review of the problem began within two business days.

- ▶ **Monitor and follow-up on department's responses regarding recommendation implementation to encourage timely and complete responses.**

TABLE 34: Departmental Responses Regarding Recommendation Implementation

	On Time	Late	Extended & On Time	Extended & Late	No Response	TOTAL
Department of Family Services	1	2	1	1	0	5
Department of Education	0	1	0	0	0	1
Department of Health	1	0	0	0	0	1
Department of Justice	1	0	0	0	0	1
NAC	0	1	0	0	0	1
TOTAL	3	4	1	1	0	9

INCLUSIVITY

Being open, welcoming, and inclusive of all young people, their families, and other stakeholders.

Quality assurance measures applicable to our inclusivity service standard and how we met them:

► **Maintained contact with young person throughout their individual advocacy case, when applicable.**

In 48/71 of our cases, the young person was not capable of being involved in the advocacy work. In 0/71 (0%) of our cases, the young person declined involvement in the advocacy work. Of the remaining 23 cases, our child advocates had contact with young people in 19 of those cases (82%).

► **Recommendations made support young people’s rights and are guided by the input, voices, lives, and/or feedback of young Nunavummiut, whenever possible.**

All 11 recommendations (100%) made by the RCYO in 2022-2023 support young people’s rights. Ten of the 11 recommendations (91%) made by the RCYO in 2022-2023 were guided by the voices of young Nunavummiut.

TABLE 35: Child Rights and the Voice of Young Nunavummiut in Recommendations

	Child Right(s) Supported	Guided by the lives of young Nunavummiut	Recommendation calls upon department to listen to young people
Recommendations to the Department of Family Services regarding Adherence to Standards (page 42 and 51)			
Recommendation #1	3, 4, 12, 19, 20, 34, 36, 39	●	●
Recommendation #2	3, 4	●	
Recommendation #3	3, 4		
Recommendation #4	3, 4	●	
Recommendation #5	3, 4	●	
Recommendation #6	3, 4	●	
Recommendation #7	3, 4	●	
Recommendations to the Department of Family Services regarding Children in Care and Transition Planning (page 52)			
Recommendation #1	3, 4, 10, 20, 21, 25, 27, 30, 36, 39	●	
Recommendation #2	3, 4, 20, 21, 25	●	
Recommendation #3	3, 4, 20, 21, 25	●	
Recommendation #4	3, 4, 20, 21, 25	●	

► Facilitate engagement opportunities with all stakeholder groups.

TABLE 36: Stakeholder Engagement Sessions, by Group/Type and Language

Stakeholder Group/Type of Engagement	Language(s)
Arctic Child and Youth Foundation RCYO staff attended the MOU re-signing ceremony between Umingmak Child Advocacy Centre and partner agencies	Inuktitut/English
Cambridge Bay: Community members via the Northern and Coop Department of Education staff and students at Kiilnik School and staff at Kullik Ilihakvik Elementary School Department of Family Services service providers Department of Health service providers Hamlet Kitikmeot Friendship Society RCMP Cambridge Bay Girls Group NAC Social Services Program Students and College Foundations Students Continuum North	English English English English English English English English English
Conway Baxter Wilson LLP	English
CCCYA Fall Meeting	English/French
Department of Family Services: Lunch 'n Learn, various staff	English
Department of Health: Kitikmeot Manager Mental Health and Addictions Mental Health and Addictions Orientation for Mental Health Nurses and Consultants Qikiqtani General Hospital Managers of Clinics, Emergency Room, Operating Room, and Inpatient Ward	English English English
Department of Justice: Staff at the Isumaqsunngittukkuvik Youth Center while touring the new youth facility	English
Inuuqatigiit Centre for Inuit Children, Youth and Families	English
Iqaluit: Department of Education staff at Joamie School, Professional Development Community members during the Santa Claus Parade	English English
Kitikmeot Friendship Society	English
Nunavut Tunngavik Inc.	English

TABLE 36: Stakeholder Engagement Sessions, by Group/Type and Language continued...

Stakeholder Group/Type of Engagement	Language(s)
Pond Inlet:	
Community members via the Co-op	Inuktitut/English
Department of Education staff and students at Nasivvik High School	Inuktitut/English
Department of Family Services service providers	Inuktitut/English
Department of Health service providers	English
Department of Justice Community Corrections	English
Hamlet and City Council	English
Member of the Legislative Assembly (MLA), Karen Nutarak	Inuktitut/English
RCMP	English
Resolute Bay:	
Community members via the Co-op and church	Inuktitut/English
Department of Health service providers	Inuktitut/English
Department of Education staff and students at Qarmartalik School	Inuktitut/English
RCMP	Inuktitut/English
Sanikiluaq:	
Effective Communication Virtual Presentation (via Connected North) to Grade 11 Physical Education class at Paatsaali High School	English
Wenson Support Services Management Team and onsite visits	English
Ya'ara Saks, Member of Parliament	English

► **All information is publically available in all official languages of Nunavut.**

- Inuktitut and English upon release
- Inuinnaqtun and French as translations completed

TABLE 37: Documents Published on the RCYO Website, by Language and Date

	Inuktitut	English	Inuinnaqtun	French
Welcome Letter to Premier Akeeagok	Previous fiscal year	Previous fiscal year	April 21, 2022	April 21, 2022
2022-2025 Business Plan	June 1, 2022	June 1, 2022	-	-
2020-2021 annual report	Previous fiscal year	Previous fiscal year	September 28, 2022	September 28, 2022
Cambridge Bay CEV Summary	October 14, 2022	October 14, 2022	October 14, 2022	October 14, 2022
My Child Rights! contest information	October 25, 2022	October 25, 2022	October 25, 2022	October 25, 2022
2021-2022 annual report	October 26, 2022	October 26, 2022	March 24, 2023	March 24, 2023
My Child Rights! contest winner	November 28, 2022	November 28, 2022	November 28, 2022	November 28, 2022
Pond Inlet CEV summary	November 28, 2022	November 28, 2022	November 28, 2022	November 28, 2022

ACCOUNTABILITY

Demonstrating responsible, informed decision making that is timely, relevant, and child- and youth- centered.

Quality assurance measures applicable to our accountability service standard and how we met them:

► **Ensure department’s accountability of individual advocacy problem.**

In order to resolve an individual advocacy problem, sometimes it must be brought to the attention of a supervisor, manager, director/executive director, and/or deputy head. This process is known as an escalation. The table below details the number of escalations required this year to resolve individual advocacy problems.

TABLE 38: Individual Advocacy Escalations, by Department and Reason

	Number of Escalations	Number of Young People Involved
Department of Family Services	73	112
Non-response from service provider	59	92
The matter required urgent attention due to the associated timelines or potential for harm	8	13
The advocacy matter required intervention from a higher level of decision-maker within a department	6	7
Response was inadequate and did not provide information requested	0	0
Nunavut Housing Corporation	1	1
Non-response from service provider	1	1
TOTAL	74	113

► **Timely guidance and/or recommendations provided to departments on systemic issues affecting young Nunavummiut.**

This year, the RCYO did not provide guidance or recommendations associated with external deadlines.

► Relevant information about the work of our office is shared with the public in a timely manner.

This year, the RCYO received 10 media requests and responded to four. The RCYO may deny a media request if the request falls outside of the Office’s mandate and/or there is someone better suited to fulfill the request, such as a department.

TABLE 39: Media Engagement, by Date

Date	Action	Outcome
October 26, 2022	An interview was provided to the Canadian Broadcasting Corporation (CBC) regarding the Department of Education’s new school violence tracking system.	The story was shared on cbc.ca/news/Canada/north and on CBC radio.
November 10, 2022	An interview was conducted with Nunatsiaq News regarding the RCYO’s 2021-2022 annual report and inconsistent delivery of services by the Department of Family Services.	Unknown at time of publication
March 28, 2023	An interview was facilitated with Global News Toronto regarding out of territory placements for children in the care of the Director of the Department of Family Services.	This story was released on March 23, 2023, on Global-News.ca.
March 20, 2023	Written answers to questions were provided to Radio-Canada CBC regarding young Nunavummiut who are placed in southern group homes.	This story was released on March 29, 2023, on cbc.ca and on April 3, 2023, on Radio-Canada.ca.

EMPOWERMENT

Creating opportunities for young Nunavummiut to develop skills through observation, mentoring, practice, and effort; supporting our staff to further develop their skills in order to best meet the evolving needs of our young people.

Quality assurance measures applicable to our empowerment service standard and how we met them:

▶ **Hire a summer student.**

The RCYO did not hire a summer student this year.

▶ **The young person involved in the individual advocacy case is supported to self-advocate.**

Of the 19 cases that we had contact with the young person, 6 (32%) of them self-advocated more as the case progressed.

▶ **Prioritize engagement opportunities with young Nunavummiut.**

This year, RCYO staff participated in seven in-person engagement events with young Nunavummiut.

TABLE 40: Engagement Events Held with Young Nunavummiut

Event	Number of participants	Language
Inuuqatigiit Centre for Inuit Children, Youth and Families	5	English
Cambridge Bay Girls Group	20	English
Kiiliniq School students	40	English
Iqaluit's Santa Claus Parade	100	English
Nasivvik High School students	30	Inuktitut/English
Qarmartalik School students	28	Inuktitut/English
Clients at Wenson	6	English
TOTAL	229	

► Empower staff through relevant training and professional development.

Our staff are encouraged and supported to take part in opportunities that further strengthen our internal capacity and expertise to best meet the evolving needs of young Nunavummiut.

TABLE 41: Staff Training and Professional Development Completed

Training/Professional Development	Date Completed	Number of Staff
Adoption Act Training This year, the RCYO entered an agreement with a new legal services provider, Conway Baxter Wilson LLP, who will provide legislation training and legal advice to RCYO staff.	January 2023	8
Advanced Policy Training	December 2022	1
Building Professional Confidence	June 2022	1
Case Management System	June and August 2022	2
CCCYA Fall Meeting	September 2022	1
Child and Family Services Act Training	June 2022	4
Conflict Management & Resolution	July 2022	1
Cultural Training, IQ (half day)	August 2022	6
First Aid Training	November 2022	1
Fundamentals of Project Management	February 2023	1
Human Resources Learning Series		
Human Resources Management	November 2022	1
Accounting and Financial Management	October 2022	1
Organizational Behaviour	January 2023	1
Industrial Relations	February 2023	1
Indigenous Cultural Competency	July 2022	2
Personal Leadership	August 2022	1
Policy Training	May - September 2022	1
Pre-Retirement Planning	September 2022	1
Problem Solving and Decision Making	July 2022	1
Project Manager Leadership Training	August 2022	1
RCYO Media Training- Part 1	May, September, and October 2022	4
RCYO Media Training- Part 2	September, and October 2022	3
RCYO Policy and Procedure Manual	June 2022	1
RCYO Presentation Training	October 2022	3
Responding to Underperforming Employees	December 2022	1
Search and Rescue	March 2023	1
Texting Platform	April 2022 and March 2023	7
Time Management Essentials	August 2022	1

BUDGET REPORT

Summary Statement of Budget and Expenditures

Fiscal year ended March 31, 2023

TABLE 42: Budget Report

	Budget \$	Expenditures \$	% of Budget Spent
Permanent Salaries	1,937,000	1,306,022	
Casual Wages	-	165,775	
Total Compensation & Benefits	1,937,000	1,471,797	
Travel & Transportation	155,000	35,633	
Materials & Supplies	60,000	139,945	
Purchased Services	100,000	38,130	
Contract Services	444,000	324,304	
Fees & Payments	10,000	7,200	
Tangible Assets	10,000	11,132	
Computer Hardware & Software	15,000	8,760	
Total Other Expenses	794,000	565,104	
Total	2,731,000	2,036,901	75%
Surplus		694,099	25%