



The Department respects the independence and statutory mandate of the Representative. Where our respective interpretations or conclusions differ, however, it is equally important that the Department's position be clearly reflected in the permanent public record. We therefore respectfully submit the following for consideration by this honourable committee.

1. Adoption Services and Regional Inuit Association Participation

During the hearing, Member Qammaniq asked detailed questions arising from the Annual Report of the Director of Child and Family Services, including the extent to which Regional Inuit Associations participate in the adoption process.

The Deputy Minister advised that the detailed information was not available at the hearing and committed to provide it to the Committee in writing.

Departmental Response

For the 2024–2025 fiscal year, the Department opened eight departmental adoption files and completed two. Twelve private adoption files were opened; 54 files carried forward from previous years remained active or pending receipt of adoption orders, and 19 were closed following receipt of adoption orders. During the same period, 129 custom adoptions were registered.

For the 2025–2026 fiscal year, the Department opened six departmental adoption files and completed five. Six private adoption files were opened; 57 files carried forward from previous years remained active or pending receipt of adoption orders, and eight were closed following receipt of adoption orders. During the same period, 72 custom adoptions were registered.

For departmental and private adoptions, the Director of Adoptions is responsible for ensuring that the requirements of the Adoption Act and Regulations are followed. Written approval is required before a child is placed for the purpose of adoption. The Director reviews adoption applications and pre-placement reports, approves proposed placements, and, following the probationary period and completion of the Family Union Report, reviews the completed adoption application and provides final approval before the adoption is finalized.

Where a child is in the permanent care and custody of the Department, the Statutory Director remains the child's legal guardian until the adoption is finalized. The Statutory Director's consent is therefore required for matters falling within that guardianship authority, including specified travel and medical decisions, and for finalization of the adoption.

Community Social Services Workers and Foster Care Coordinators support the process where adoption has been identified as the permanency plan for a child. Their role includes referring the matter to the Adoption Program, providing required records and placement information,

The Department advised the Committee that the Policy Intentions Paper remained under development and that further consultation would be required to ensure that future legislation appropriately reflects Inuit approaches, Inuit societal values, Inuit Qaujimajatuqangit and the views of Nunavummiut. The Deputy Minister committed to provide the Committee with a more detailed timeline in writing rather than provide an unreliable estimate during the hearing.

Current Status and Anticipated Timeline

The Department can now provide the following anticipated sequence of work:

November 2026 — Policy Intentions Paper:

Complete the current drafting and internal departmental review of the Policy Intentions Paper.

Winter 2027 — Article 32 / NTI Engagement:

Advance the Policy Intentions Paper through the appropriate Article 32 Katujjiqatigiinnirmut process and continue substantive engagement with Nunavut Tunngavik Incorporated.

Spring 2027 — Broader Engagement and Consultation:

Undertake engagement with affected Inuit organizations, adoption stakeholders, Nunavummiut and other partners whose perspectives should inform the proposed legislative framework.

Summer 2027 — Finalization of Policy Direction and Legislative Development:

Incorporate the results of consultation and policy review, finalize policy direction, develop drafting instructions, and proceed through the Government of Nunavut's legislative-development and approval processes.

2027-2028 — Proposed Legislation:

Subject to the outcomes of consultation, policy approvals and the Government's legislative priorities, the Department anticipates bringing forward proposed legislation for introduction between fall 2027 and spring 2028.

These dates should be understood as planning targets rather than predetermined outcomes. Meaningful engagement may identify issues requiring further policy development, and the Department does not wish to prejudge that work simply to meet an artificial legislative deadline.

NTI Engagement

NTI has been an important partner in the policy-development work to date. As indicated during the hearing, the Department has worked with NTI in developing the Policy Intentions Paper and anticipates further consideration through the Article 32 Katujjigatigiinniq framework.

The purpose of that engagement is early consultation to inform the Policy Intentions Paper and the broader modernization of Nunavut's adoption legislation. The Department views this

engagement as an important component of ensuring that proposed modernization reflects Inuit perspectives and the realities of adoption and family relationships in Nunavut.

The Department also recognizes that engagement with NTI does not replace broader engagement with Regional Inuit Associations, communities, families, adoption practitioners and Nunavummiut. The modernization process will therefore provide further opportunities for those perspectives to inform the proposed legislative framework.

The Department emphasizes that meaningful engagement is particularly important in this work. The objective is not simply to amend dated legislation, but to ensure that the legislative framework better reflects Nunavut's social and cultural context and Inuit approaches to family, kinship and adoption.

4. Child Sexual Abuse Action Plan

The Committee asked about the status of the Child Sexual Abuse Action Plan.

The Department advised that Cabinet confirmed the revised Child Abuse and Neglect Response Agreement in June 2026 and that the associated committee was being reactivated to continue work on the Action Plan. The Deputy Minister advised that an early draft was under review and indicated that, while he did not wish to commit the multi-party committee to a specific timeline, the Department anticipated that something could potentially be brought forward by the spring sitting.

For clarity, this was an anticipated timeframe and not a commitment to table a completed Action Plan by a particular date.

Current departmental material confirms that the Action Plan is intended to establish a territorial framework for prevention, response, healing supports and system-level coordination. The immediate work includes partner review and amendments through the Surusinitut Ikajuqtigiit Committee, community consultation and development of a joint business case for implementation funding.

The Department will continue this work with Health, Justice, Education, the RCMP, the Umingmak Centre, Inuit organizations and other partners.

5. Client Relations



Client Relations was established on March 13, 2025. Since that time, approximately 125 comments, questions or concerns have been received. The most common themes are reports of child-protection concerns, concerns regarding the management of individual files, and requests for resources or external supports. Most submissions are received through yourvoicematters@gov.nu.ca or by telephone at 1-867-975-5243, with some matters also referred through the Minister's Office.

To improve public access to the process, the Department developed the Your Voice Matters pamphlet. It explains how a person may raise a concern about Family Services, what they can expect from the review process, and the options available to have concerns about services, decisions or actions considered in a fair, transparent and culturally responsive manner.

The Department is also strengthening the Client Relations reporting system. Standard 114 came into effect on September 9, 2025, and a dedicated database completed. Existing information is being prepared for transfer into the updated system, while associated reporting procedures and implementation tools continue to be refined.

The Department previously contemplated more frequent formal progress reports. Experience has shown that preparing and tabling those reports requires significant staff time that is also needed to advance the underlying improvement work. The Department therefore intends to provide ongoing updates as required and to consolidate formal reporting through the Director's Annual Report. This approach is intended to preserve accountability while allowing operational capacity to remain focused on service improvement and implementation.

6. Response to the Representative for Children and Youth's September 25 Remarks

At the beginning of the second day of hearings, the Representative offered additional comments concerning the Department's relationship with her Office, Standards 702 and 117, participation in case-management processes, departmental documentation and critical-incident reporting.

The Department appreciates the opportunity to clarify its position.

6.1 Standards 702 and 117

The Representative stated that Standard 702 was provided to her Office after it had been finalized and implemented, that the RCYO had not been consulted in its development, and that

The Department recognizes—and stated openly during the hearings—that there remain significant shortcomings in consistency of practice, documentation, staffing stability, case management and service capacity. The Department has not sought to minimize those concerns.



Indeed, the Department's own territory-wide Quality Assurance File Audit examined 1,438 child-protection files and identified significant gaps requiring improvement. The Department has deliberately established stronger quality-assurance, supervision, training and compliance mechanisms precisely because improvement remains necessary.

However, evidence of shortcomings within a system is not equivalent to evidence that the system as a whole is deliberately closed, institutionally controlled or structured to exclude children and families.

The Department's standards and reform work increasingly emphasize child-centred, family-focused and culturally responsive practice. The Department agrees with the Representative that children, youth and families should be meaningfully involved in decisions affecting them.

Where practice falls short of that expectation, it should be identified and corrected.

The Department respectfully submits, however, that broad institutional characterizations should be distinguished from findings concerning particular cases or documented patterns of non-compliance.

6.4 Documentation and RCYO Information Requests

The Representative also addressed delays associated with RCYO information requests.

She stated that the information sought by her Office should generally already exist because case documentation is required to be completed within established timelines. She further stated that her Office has observed cases in which case notes, agreements or investigation reports were completed after the Department was notified of an RCYO review or received a request for particular documents.

The Department agrees with the fundamental principle that required case documentation should be completed contemporaneously and within established standards.

Where documentation is incomplete or completed outside established timelines, that represents a practice and compliance issue that must be addressed.

However, the Department respectfully distinguishes between deficiencies in underlying case documentation and the administrative work required to respond to an external information request.

Responding to an RCYO request may require locating records across systems or regions, confirming that the responsive material has been identified, reviewing records for accuracy and completeness, addressing privacy or third-party considerations where applicable, and coordinating a departmental response. The existence of a documentation standard does not eliminate those responsibilities.

The Department's previous explanation of factors affecting response times was therefore not intended to suggest that workers should create records retrospectively in response to RCYO requests.

To the contrary, strengthening contemporaneous documentation is a central component of the Department's current quality-assurance work.

Where records have been created or materially completed after an RCYO request, the Department agrees that the circumstances should be capable of review and that the timing of document creation should remain transparent.

6.5 Critical-Injury Reporting and Quality Assurance

The Department wishes to provide further clarification concerning the evidence before the Committee regarding critical-injury reporting.

On September 24, the Committee asked the Department to respond to the difference between the 395 critical incident reports (CIRs) recorded by the RCYO as submitted by the Department in 2024–2025 and the 134 that the RCYO subsequently determined met the applicable critical-injury reporting threshold. The Department acknowledged concerns regarding data reliability. The Assistant Deputy Minister further advised that the Department had reviewed the applicable standard, identified issues concerning how critical incidents were being understood and categorized in practice, begun updating its reporting standard, and undertaken additional training to improve consistency and reduce the discrepancy between departmental and RCYO reporting.

In her opening remarks the following morning, the Representative returned specifically to that evidence. She characterized the Assistant Deputy Minister's evidence as attributing the discrepancy to a difference in classification and stated that this explanation was incorrect. The Representative advised that Standard 506 required only Level 4 incidents to be reported to her Office and stated that the Department's quality-assurance process had forwarded reports

Reports were therefore not, as a general practice, sent directly from regional offices to the RCYO; they were routed through headquarters. Under this process, regional supervisors or managers were responsible for reviewing and approving reports before submission to headquarters. Headquarters primarily coordinated the tracking and distribution of reports and did not undertake a separate, standardized quality-assurance review of their content and reporting classifications. This additional review was introduced in March 2025, when CIRs moved into Matrix with a workflow requiring Quality Assurance to review and approve each report. The Department recognizes that the previous process did not include a consistent, centralized mechanism to validate reporting classifications and identify potential discrepancies

The 2024–2025 tracking sheet records basic information and the incident classification for each report. It did not record the level (1 to 4) assigned to each report or the reasons a report was or was not forwarded to the RCYO, and the reports themselves are held as PDFs on individual case files. Consequently, the historical tracking system does not provide sufficient information to independently validate every reporting decision without further review of the individual case records. The Department’s review of the tracking sheet does show, however, that a number of

reports of absences without leave of less than 48 hours were forwarded to the RCYO, although these incidents have been identified as falling outside the RCYO's reporting criteria.

The Department's further review indicates that two related factors contributed to the reporting discrepancies: limitations in the previous centralized quality-assurance process and inconsistencies between the Department's internal incident classification framework and the RCYO's reporting requirements. The Department recognizes the importance of addressing both issues to ensure that critical incidents are appropriately documented, classified and reported.

The Department remains committed to working collaboratively with the RCYO to clarify reporting requirements, reconcile historical information and strengthen reporting practices. These efforts are intended to provide the Committee with a complete understanding of the factors contributing to the discrepancy and the corrective measures being implemented.

The Department has begun reconciling its records with the RCYO's figures. Its preliminary count shows approximately 375 CIRs documented on PDF forms in 2024–2025, of which approximately 139 were recorded as forwarded to the RCYO by email, and a further 30 CIRs opened in Matrix after March 2025, of which 10 were sent to the RCYO through Matrix. These preliminary departmental figures have not yet been reconciled with the 395 reports recorded by the RCYO. The Department is reviewing differences in reporting records, classifications and counting methodologies to determine the reasons for the discrepancy. At this stage, it would be premature to draw conclusions about the nature or cause of these differences. The Department will work with the RCYO to reconcile the two sets of figures.

Since the reporting period, the Department has taken the following corrective steps.

Since March 2025, CIRs have been submitted through Matrix, and the Matrix workflow requires Quality Assurance to review and approve each report before it is sent to the Director or the RCYO. This introduced an additional level of centralized oversight to complement the regional supervisory process. Quality Assurance now also initiates reassessments where needed and keeps additional tracking for each report, including who completed it, its Matrix case form identifier, its classification level (1 to 4), whether a reassessment was required, and whether the reassessment was completed and approved. Where a report has been sent outside this process, as in an instance the RCYO brought to the Department's attention in August 2025, the Department has directed that it be resubmitted through Quality Assurance.

In September 2026, in response to the concerns raised by the RCYO, the Family Wellness Division began revising Standard 506, Tool 506a and the CIR form. The most significant

inconsistency identified concerns absences without leave. These are generally classified as Level 4, which under Tool 506a requires notification of both the Director and the RCYO, yet absences of less than 48 hours have been identified as falling outside the RCYO's reporting mandate.

The revised documents will more clearly distinguish between the Department's internal Level 1 to 4 classification framework and the reporting requirements applicable to the RCYO. This will help staff consistently determine which incidents require notification to the Director, which require notification to the RCYO, and which must be documented for internal case management and oversight.

The Department has met with the Representative to discuss reports that fall outside her Office's mandate. A revised draft is expected by early November 2026, after which the Department will meet with the Representative again to review the proposed changes and confirm alignment with the RCYO's reporting requirements. The objective is to ensure that incidents requiring notification are consistently identified and reported, while avoiding the unnecessary submission of incidents outside the RCYO's mandate.

As part of its ongoing quality-assurance activities, the Department will also strengthen its review and validation of critical-incident reporting data to identify coding discrepancies, verify reporting classifications and improve the accuracy of information provided to the RCYO. These improvements will support more consistent reporting practices, strengthen accountability and provide greater assurance regarding the reliability of critical incident information used for departmental oversight and decision-making.

6.6 Completeness of the Updated Standards and Procedures Manual

The Department respectfully wishes to correct the suggestion that the updated Standards and Procedures Manual referred to by the Minister in the Legislative Assembly in May 2026 was incomplete because standards concerning children in care and foster care were absent. The updated Manual was approved by the Director of Child and Family Services in March 2026 and included standards governing both areas.

Children and youth in care are addressed principally in Section 500, Case Management, which contains 11 updated standards governing services to children and youth in the care of the Director. These include Standard 502, Minimum Contact; Standard 503, Access Planning; Standard 506, Critical Incident/Serious Occurrence Reporting (which now includes the AWOL and suicide protocols); Standard 509, Travel Guidelines and Authorization; and Standard 511,

Medical and Dental Care for Children and Youth in Care. Section 100 also includes Standard 119, Rights of Children and Youth in Care, which was not contained in the previous Manual.

Foster care and placement are addressed principally in Section 600, Placement and Permanency Planning, which contains 13 standards, including eight new standards. These include Standard 603, Approval of Regular Foster Homes; Standard 604, Approval of Tuqłuraqtuq/Kinship Placements; Standard 605, New Placements and Changes in Placement; Standard 611, Annual Foster Home Review; Standard 614, Quality of Care Review; and Standard 615, Foster Home Closure. The section is supported by related forms and tools, including the foster caregiver application, home study, foster home agreement and annual review forms.

The restructuring of the Manual changed a number of section titles and standard numbers. Some content that appeared as stand-alone standards in the previous Manual were incorporated into updated standards, deferred pending related processes, or retired where the underlying process had been discontinued. A comparison based only on former section titles or numbering may therefore give the appearance that content is absent when it has in fact been reorganized.

Accordingly, the Department's position is that the Minister's May 2026 statement that the updated Manual had been completed was accurate. This does not mean that standards development has ended; the Department will continue to revise individual standards and supporting tools as practice, legislation and quality-assurance findings evolve.

7. Broader Relationship with the RCYO

The Department wishes to conclude its response to the Representative's remarks by emphasizing an area of agreement.

Independent advocacy and oversight are important components of a functioning child and family services system. The RCYO must be able to raise concerns, challenge departmental practice and make recommendations without interference from the Department.

Correspondingly, the Department has an obligation to assess findings and recommendations against legislation, evidence, professional responsibilities and the facts of individual matters. There will therefore be occasions when the Department and the Representative reach different conclusions.

Such disagreement should not itself be interpreted as resistance to oversight.



Jonathan Ellsworth, Deputy Minister.