

NUNAVIK

**Follow-up report on the recommendations of
the investigation into youth protection services
in Ungava Bay and Hudson Bay**

JUNE 2010

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1 Review of the conclusion and recommendations

§ In 2002, the Commission des droits de la personne et des droits de la jeunesse (Commission) authorized a systemic investigation into the youth protection services that are provided for children in Nunavik.

The investigation was authorized after the Commission received numerous complaints from multiple sources.

These complaints described major problems in the delivery of the social services that are provided to the children of Nunavik at every stage of the process of applying the Youth Protection Act (YPA). Through these complaints, the Commission was informed that situations involving many children had been reported on multiple occasions, but the services required in order to correct their situations had not been provided.

The applicants also indicated that the employees of the Director of Youth Protection (DYP) were poorly trained, and lacked the tools and support required to perform their duties properly, which resulted in a disturbingly high turnover rate among case workers.

The investigation was completed in 2006. The Commission concluded that the rights of children to receive protection pursuant to the YPA and to receive proper social services were not being respected. The deficiencies that were identified by the investigation existed at many levels: inadequate knowledge of the Act, shortcomings in the organization of front-line and youth protection services, inability to maintain adequate staffing levels, and lack of supervision, training, and working tools. Problems that were observed at the regional level included a lack of local involvement and organization for young people and a housing shortage, among others.

Upon completion of the investigation, the Commission invited the Nunavik stakeholders involved to comment on the findings that are contained in the factual report, and published its conclusions in June 2007. The investigation led to the adoption of 21 recommendations addressed to a number of agencies.

Since the publication of the investigation report, the Commission has intervened on several occasions after being informed of continuing crisis situations that have prevented the delivery of proper social services to children, in accordance with their rights as recognized by the YPA.

This report will allow the Commission to provide a status report on each of the 21 recommendations that it had formulated.

2 ACTIONS TAKEN

2.1 Documents received in connection with the follow-up to the investigation

1. Follow-up report: Investigation and report issued by the Commission des droits de la personne et des droits de la jeunesse... 18 months later
Nunavik Regional Board of Health and Social Services: December 2008

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- | | |
|---|---|
| 2. Responses to the questions raised by the Commission des droits de la personne et des droits de la jeunesse in connection with the report issued by the Regional Board of Health and Social Services. | Nunavik Regional Board of Health and Social Services: June 2009 |
| 3. Supplementary questions to the CDPDJ report. | Nunavik Regional Board of Health and Social Services: December 18, 2009 |
| 4. Report on youth protection services in Nunavik issued by the Makivik Corporation to the Commission des droits de la personne et des droits de la jeunesse. | Makivik Corporation: February 2009 |
| 5. "Working table on the recommendations of the Nunavik Report of the Commission des droits de la personne et des droits de la jeunesse", dated April 2007. | Minnie Grey, Makivik Corporation: January 14, 2008 |
| 6. Follow-up letter to the report: investigation and recommendations issued by the Commission des droits de la personne et des droits de la jeunesse. | Jacques Cotton, Deputy Minister, ministère de la Santé et des Services sociaux: February 2010 |

2.2 Other documents consulted

- | | |
|---|--|
| 1. 2007-2008 Annual Report.
2008-2009 Annual Report. | Nunavik Regional Board of Health and Social Services |
| 2. "Quality service and Complaints Commissioner's annual report 2008-2009". | Pierre-Antoine Guinard: June 2009 |
| 3. Websites. | Makivik Corporation
Nunavik Regional Board of Health and Social Services
Kativik Regional Government
Kativik School Board |
| 4. Decisions rendered by the Youth Division in 2008-2009. | |
| 5. News releases – Katimajjit Conference and follow-up. | August 2007 and March 2008 |

2.3 Interviews and meetings

- | | |
|---|-----------|
| 1. Meeting with the executive of the Kativik School Board | July 2009 |
|---|-----------|

2. Regular contacts with youth protection case workers. June 2007 to January 2010

We will begin by presenting the statistical trend in reporting.

This will be followed by looking at interesting local and regional initiatives that reflect the Commission's recommendations (the regional response of the various organizations to the Commission report).

All of the recommendations and the conclusion will be presented at the end of the document.

PART ONE



Nunavik, a territory situated in the North of Québec, has 11,000 inhabitants scattered among 14 villages, 7 of which are located on Ungava Bay, while the other 7 are located on Hudson Bay. More than half of the population is under the age of 18.

The Commission notes that the children whose cases it studied experience very serious health and social problems, and that the suffering that was observed during the investigation continues unabated.

The situation involving these children is part of the reality experienced by the people of Nunavik, who have been buffeted by rapid and major changes, and are currently dealing with glaring social problems, to the point of generalized distress. In 2007, we reported that these problems included poverty, suicide, a high rate of teen pregnancy, neglect and physical and sexual abuse of children, behavioural problems, family violence (often linked to alcohol abuse), drug or alcohol abuse, and mental health problems. The construction of housing and the establishment of services have not kept pace with the increasing population, which has resulted in overcrowding and difficulty obtaining support services.

These problems have continued to the present time. In certain villages, the social fabric has even deteriorated (the suicide rate is still the highest in Québec, and the crime rate continues to rise). In light of this situation, institutions, regional organizations, and government departments must act continuously and with vigilance, especially in terms of prevention.

1 STATISTICAL TRENDS IN YOUTH PROTECTION

Thirty percent (30%) of children in Nunavik are the subject of a report to the DYPs, which is six times higher than the provincial average of 5%.

Half of the children whose situation is taken in charge by the two DYPs are under the age of five.

In Hudson Bay, more than half of the reports and emergency interventions by the DYP take place during evenings and on weekends and involve substance abuse.

In this part of Nunavik, reports increased by 110% over three years (2006 to 2009). The increase in Ungava Bay was 57%. The Commission questions this claim. In fact, it is important to remember that, before the investigation, many of the requests submitted to the DYP were not recorded and treated as reports. It is possible that the increase is partly due to better organization and compliance with the YPA. However, regardless of the reason, these results are extremely worrisome.

The number of reports received in the Nunavik region increased from 777 in 2006-2007 to 1,817 in 2009-2010, which is 2.4 times as many. The increase was even greater in Hudson Bay.

	UNGAVA BAY			HUDSON BAY		
	2007-2008	2008-2009	2009-2010	2007-2008	2008-2009	2009-2010
Reports received	434	443	600	787	867	1,217
Reports accepted	332*	315	437	600	653	904
Acceptance rate (%)	77	72	76	76	74	74
Post-evaluation endangerment rate (%)	68 *	48			46	
Number of taken in charge days	453	347				
Percentage of placements (%)					62% ** (189 children)	

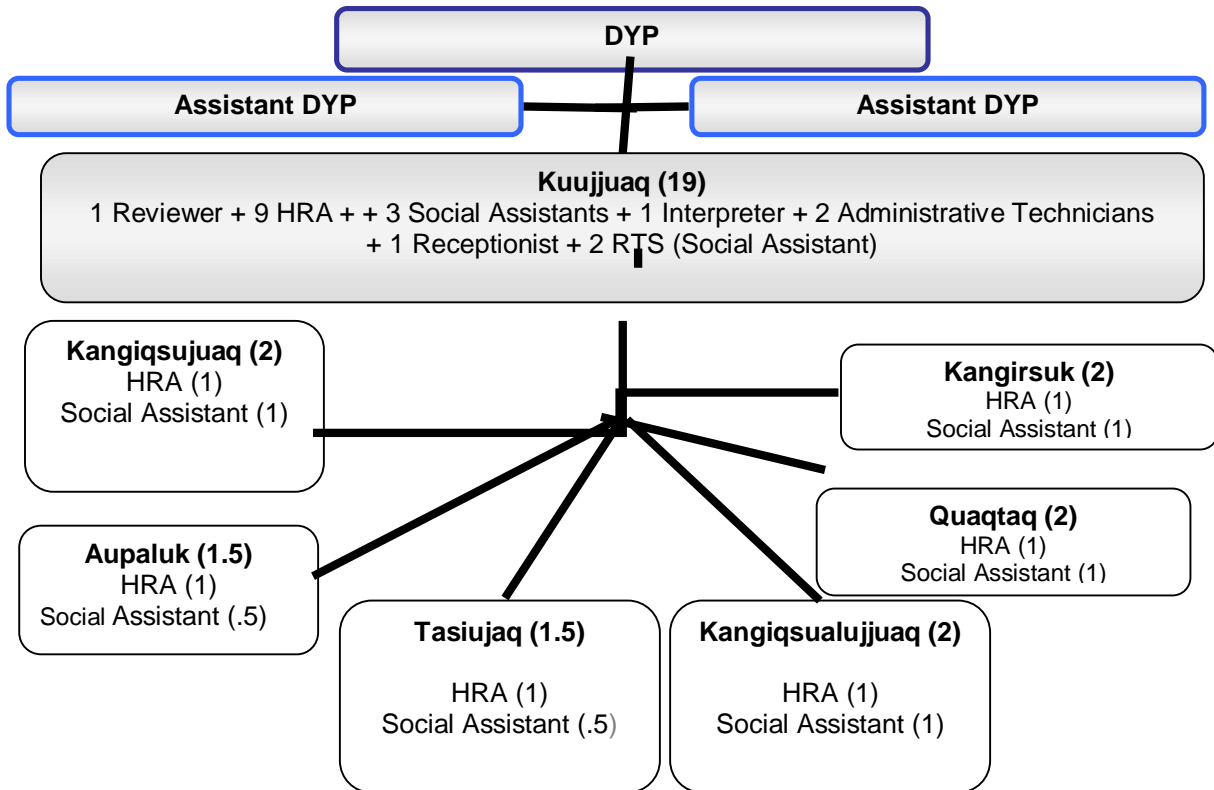
* It can be seen that 225 of the 332 reports that were retained for evaluation resulted in the delivery of services, because the security or development of the children was deemed to be compromised after evaluation of the situation.

** At the beginning of January 2010, there were 530 active cases at various stages in the process of applying the Act. Three hundred and three (303) of these were at the application-of-measures stage, or in other words, the security or development of the children had been declared to be compromised, and they were receiving various forms of support. One of the support measures that was provided for 189 of these children was foster care outside the home.

Of the 303 children whose situation was taken in charge by the DYP, 200 are the subject of a court order, while the other 103 fall under a voluntary measures agreement.

2 ORGANIZATION OF YOUTH PROTECTION SERVICES

UNGAVA ORGANIZATION CHART (33)

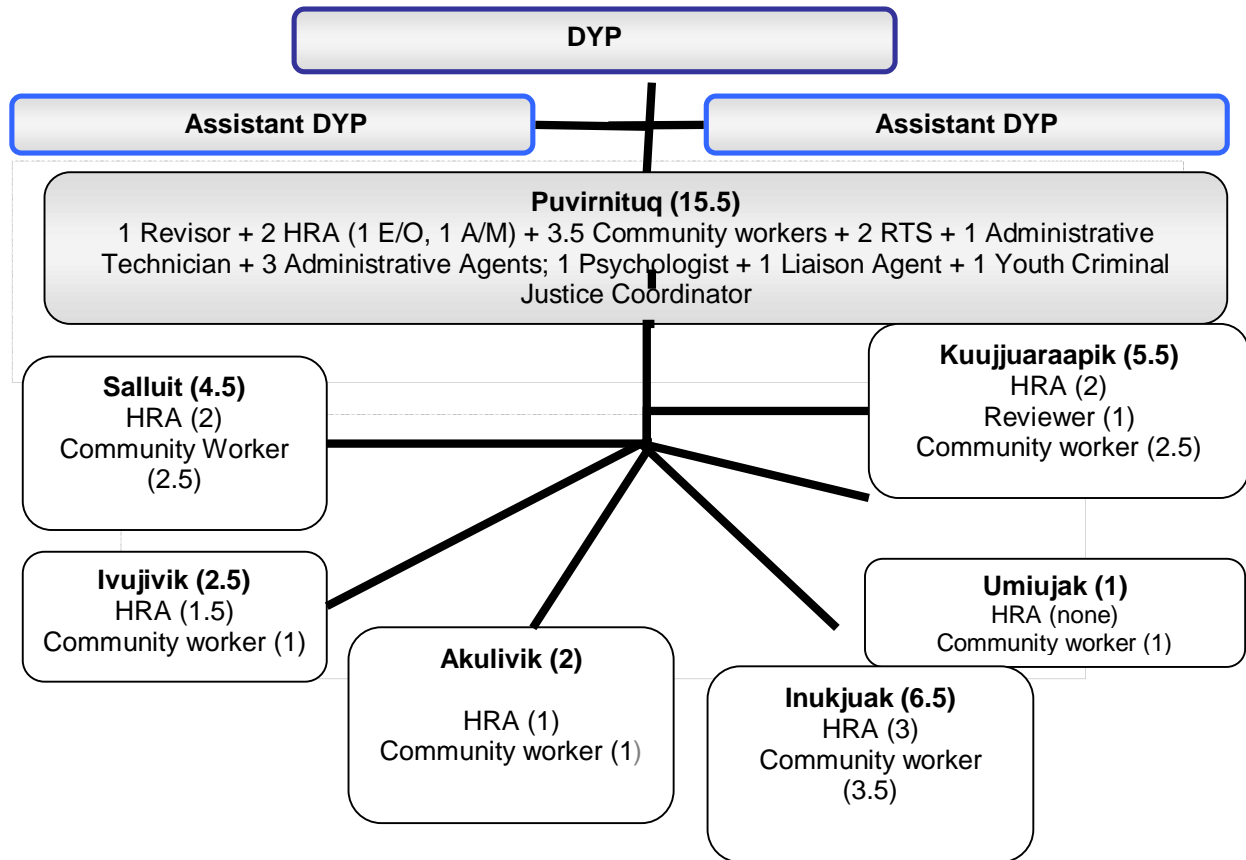


Note: This organization chart was provided by the Régie régionale on July 23, 2010.

Abbreviations

HRA: Human Relations Agent
DYP: Director of Youth Protection
RTS: Acceptance of reports

HUDSON ORGANIZATION CHART (40)



Note: This organization chart was provided by the Régie régionale on July 23, 2010.

Abbreviations

- HRA: Human Relations Agents
- AM: Workers applying measures (HRAs)
- DYP: Director of Youth Protection
- RTS: Acceptance of reports

On January 19, 2010, the Ungava DYP had 34 positions while there were 39 in Hudson Bay. There are many vacant positions at both locations, and the situation changes from week to week. At the beginning of January, there were nine vacant positions in Hudson Bay, leaving the Hudson Bay DYP with four fewer staff members than that of the DYP at Ungava Bay, dealing with twice as many files. According to information received by the Complaints Commissioner, only 18 of the 39 positions in Hudson Bay were filled at the end of February.

The situation is precarious.

On the other hand, the number of files received and handled in Hudson Bay is almost twice as high as the number handled on the other bay, with only five more youth protection workers. To put this into perspective, the DYP indicated that she had to place 124 children in 73 different foster families within a 13-day period between June 21 and July 4, 2009.¹

Neither of the two DYPs (Hudson and Ungava) has a call-back list.²

In short, the work must be carried out in an extremely difficult context. In this respect, the Commission notes that the whole range of follow-up and intensive supervision activities that are set out in the YPA are in no way optimized.

The situation in Ungava Bay seems to be better, because there are fewer files to handle. However, the DYP also lacks a call-back list, and is unable to fill the openings resulting from Northern breaks and vacation leaves. Similarly, the long-term absence of even one case worker weakens the entire structure.³

However, a job-sharing pilot project is underway that could facilitate retention of professional staff, in particular through the creation of support teams alternating between North and South.⁴

¹ Responses to the questions raised by the Commission des droits de la personne et des droits de la jeunesse (CDPDJ) in connection with the report issued by the Nunavik Regional Board of Health and Social Services, June 2009, pages 11, 20, 23.

² *Idem*, page 32.

³ Responses to the questions raised by the CDPDJ in connection with the report issued by the Regional Board, June 2009, page 11.

⁴ Letter from Jacques Cotton, February 8, 2010.

As part of the pilot project, it is planned that a professional who has solid experience in Nunavik and whose responsibilities currently include recruitment of specialized staff will take part in various job fairs and symposia.⁵

3. Some decisions of interest and interventions by the Commission

At the time of the Commission's investigation there were a very large number of court decisions that mentioned shortcomings in the delivery of services in Nunavik. However, since the release of its report, there appears to be only three rulings calling into question the services provided by the DYPs and illustrating the difficulties they face. The Commission is also investigating one other case.

Ungava Bay (640-41-001195-095 and 093-091-099) June 30, 2009

The court declared that the rights of these four children had been infringed upon. In fact, these children had to be placed with a foster family on numerous occasions due to parental neglect resulting from cocaine consumption. Over the space of three years, the parents signed four voluntary measures agreements, in which they promised to go into therapy, but they never followed through, nor did they change their lifestyle.

The court was of the opinion that the DYP had been negligent by improperly leaving the children with their parents, and by failing to inform the court of the matter, given the obvious non-cooperation and the failure of the parents to honour their commitments.

Hudson Bay (600-41-001137) June 15, 2009

This file demonstrates the difficulties that the DYP faces in protecting certain children effectively.

The father served a prison sentence for having physically and sexually assaulted all of his children. Despite an abundance of evidence, he always denied these facts, shows no remorse, does not question his own behaviour, refuses to allow the DYP to be involved, and says that he will decide for himself how to raise his children. The mother would like for him to return to the home, and refuses any kind of service, and the DYP is under pressure from everyone to reunite this family. The father submitted a petition to the court asking to be allowed to return to the home to live with his wife and children. The petition is signed by two members of the community's Health Committee and two members of the Municipal Council.

⁵ Response to the questions raised by the CDPDJ in connection with the report of the Regional Board, June 2009, page 19.

This situation illustrates the challenges involved in reconciling the protection of children with pressures exerted by the community. In light of this, it is essential that the stakeholders at the community level avoid doing anything that compromises the best interests of the children, and that they mobilize to protect them.

Hudson Bay (600-41-001072-088)

June 25, 2009

The court reports the case of a young child who was removed on an emergency basis and who was the victim of abuse and neglect while in foster care, which once again calls into question the evaluation and follow-up services provided for the foster families and for the child.

Hudson Bay

The Commission received information regarding a 16-year-old. Placed at the Rehabilitation Centre in Salluit, he is allowed to see his mother only under supervision. He is hospitalized in Montréal. He is accompanied by a part-time Youth Protection case worker who is also his aunt. Despite the court order, she invites his mother to accompany her. When the teenager is released from hospital, neither his mother nor his aunt can be found, having gone “drinking”. This situation illustrates some of the difficulties faced by DYPs in the North. On the one hand, the Inuit case workers often have personal problems, and, on the other hand, family relationships between the case workers and the families make it difficult to comply with court orders prohibiting contact or requiring that contact be supervised.

Ungava Bay

In the process of analyzing files that it requested and received from the coroner, the Commission uncovered the situation of a 13-year-old boy who was being monitored by the DYP, and who committed suicide while being transported from Kuujuaq to Quaqtaq (for an appointment with a psychiatrist in Kuujuaq) unescorted, even though he had been known to have suicidal tendencies since the age of 7, and had attempted suicide one month earlier.

The Commission notes that the coroner made no recommendation upon completion of his investigation into the death of this child. In addition, the Commission is of the opinion that the case shows that the youth protection system failed this child. It not only reveals that the issue of suicide continues to be strongly present, but also that the DYP seems to have minimized the risk of suicide. Under these circumstances, the Director should have access to tools that would allow for better assessment and better effectiveness in fighting the risks of suicide.

PART TWO

Regional response to the Commission's report from the various organizations

As we will see below, the Commission notes that the various organizations have mobilized to a certain degree, and some promising initiatives have been introduced. However, the situation involving Nunavik's children continues to be quite alarming, because the level of social distress appears to be increasing. Nine hundred and sixty-eight (968) reports were accepted in 2008-2009, which corresponds to 16% of the child population of Nunavik. One thousand and three hundred forty-one (1,341) reports were accepted in 2010, which corresponds to more than 23% of the under-18 population. The children had been assaulted in 34% of these cases, and were victims of neglect in 40%.

More than half (52%) of the population of Nunavik is under the age of 18, which is double the percentage for the rest of Québec. Thirty per cent (30%) of the children are the subject of a report, as compared to a rate of 5% elsewhere in Québec. Almost 75% of the reports that were received were accepted, which is 35% higher than the provincial average.

In its final report in 2007, the Commission called on the authorities in Nunavik to take a leadership role:

“The Commission des droits de la personne et des droits de la jeunesse asks the Makivik Corporation and all of the authorities concerned to take the lead in bringing about conditions favourable to the protection of children, based on their best interests and the realities of life in Nunavik.”

In this respect, and in response to this call to leadership, it is important to note the various local and regional initiatives, many of which are worthy of mention and carry the promise of a better future, complementing the various activities of the Health Centres, the Regional Board, and the Makivik Corporation.

First, it is appropriate to mention certain significant positive events that occurred during the course of the Commission's review. We will then note the positive activities associated with each organization.

- a) Public acknowledgement by the local elected officials of the two organizations (the Makivik Corporation and the Kativik Regional Government) of the difficult situation faced by children in Nunavik.
- b) The desire of the organizations to work in partnership and to focus on youth and comprehensive health was brought to the fore through the following initiatives:

-
- § The creation of the Regional Partnership Committee;
 - § The Ungaluk (Safer Communities) Program, a collaboration of the Kativik Regional Government, the Regional Board, the Makivik Corporation, the ministère de la Sécurité publique, and the ministère de la Justice;⁶
 - § Adoption of a strategy to combat alcohol and drug abuse at the request of the mayors (Kativik Regional Government, the Makivik Corporation, local and regional organizations, Nunalituquait Ikajuqatigiitut);
 - § In some municipalities, the mayors open their weekly meeting with a discussion of social issues. This has given rise to some new interesting initiatives, including a men's group in Inukjuak and Salluit, in which the older men help the younger ones to reconnect with tradition by teaching them how to build igloos, run dogsleds, and repair hunting equipment. In addition, women held a march against violence, and elders participated in a retreat to discuss the situation of children;
 - § The establishment of local partnership committees (or wellness committees), in operation in three communities;
 - § Upgrading of the cultural and sports facilities and enhancement of the sports programs open to students with good attendance records (the Makivik Corporation, Kativik Regional Administration and the School Board);
 - § Involvement of the Kativik Municipal Housing Bureau through an agreement with the Directors of Youth Protection and the hiring of a social worker at the Bureau;
 - § Collaboration between the Kativik School Board and the Regional Board with respect to training for employees and the public.

The desire to work in partnership for the protection of children has been reaffirmed by the various levels of government since the Commission tabled its report.

The government of Québec has invested close to \$137 million in Nunavik since the Commission tabled its report on the findings of its investigation in 2006.

⁶ This program is financed by a fund that was initially intended for construction of a detention centre, but was instead set aside for crime prevention (the "Paix des Braves" Agreement).

There have also been numerous initiatives, particularly the Katimajit Socio-Economic Summit, which served as a platform for local elected officials to recognize the needs of their communities.

In addition, the meetings that were held to follow up on this summit provided an occasion for government of Québec ministers to travel to Nunavik, and they in turn recognized the needs of the communities and the necessity of remaining involved.

The ministerial delegation and the Premier took advantage of the opportunity to recall that young people are a priority, that they represent the future, and that the government will continue to work with the Inuit communities.⁷

Moreover, each of the organizations instituted programs and major initiatives that can only help children and their families over the long term. Here are some examples:

Initiatives by the Kativik Regional Government⁸

1. Cost-of-living reduction program:

After the Katimajit Summit, a cost-of-living reduction program financed by the provincial government was introduced. This program will run until March 31, 2011. Residents of Nunavik receive rebates on some of their expenses in order to reduce the cost of living. These rebates correspond to the following discounts: 30% on gasoline; 29% on groceries (consumer goods essential to health, such as milk, fresh fruits and vegetables, and diapers); 6% on air travel. In addition, elders receive a lump sum of \$500 at the end of the year.

2. Anti-drug and anti-alcohol strategy:

At the November 2009 assembly of the Kativik Regional Government, and at the request of a number of mayors who were struggling to come to grips with problems of drug and alcohol consumption and trafficking in their communities, an action strategy was adopted in cooperation with the Kativik Regional Police Force (KRPF). It can be described as follows:

⁷ Speeches given during the follow-up to the Katimajit Socio-Economic Summit.

⁸ 2007-2008 Annual Report of the Kativik Regional Government and 2008-2009 Quarterly Updates.

- 1) Stricter enforcement of the Act and the Regulations respecting criminal infractions related to alcohol and drug consumption, as well as those related to assaults.
- 2) Identification of approaches to be used in the fight against drugs and alcohol (collaboration among mayors, informants, collaboration with the South for searches directly in Dorval when there is supporting evidence). In the summer of 2009, a joint unit of the Kativik Regional Police Force and the Sûreté du Québec was set up in Kuujuaq, with a specific mandate to combat sex offences and aggravated assaults, especially against children, and to fight alcohol smuggling and drug trafficking.
- 3) Prevention: under this heading, the regional organizations (KRPF, the Kativik Regional Government, the Regional Board, the School Board, the Nunalituquait Ikajuqatigiitut (NI), the Isuarvik Healing Centre, and the Makivik Corporation) meet in order to coordinate their prevention activities. For example, the KRPF has a mascot (Nanuk). Pursuant to an agreement with the School Board, the mascot makes the rounds of the schools and sports and community organizations, accompanied by a police officer and representatives of the NI, to educate young people about drugs and alcohol and their consequences. These activities include a program that deals with substance abuse and information concerning gun control and road safety.
- 4) The Pivaliutiit program: administered by the Kativik Regional Government, this program aims to provide support for sports and recreational facilities and community infrastructures in order to increase the number of sports and cultural activities. An arena was built in Tasiujaq, while those in Kangiqsujuaq, Kangirsuk, Puvirnituaq, and Inukjuak were renovated.
- 5) Creation of a Carrefour jeunesse-emploi early in 2010.
- 6) All of the municipalities in Nunavik set up child care services between the fall of 2007 and the end of the 2008 fiscal year. In addition, funding was provided to reduce the student-teacher ratio and to combat iron deficiencies by adding traditional foods to the menu, including caribou, seal, whale, goose, mussels, and berries.

In the area of child care services, an agreement was reached that allows workers to complete their college studies on a part-time basis in order to obtain their diploma. This is a 1,400-hour program of studies that was being offered in four communities as of March 31, 2008.

- 7) An action plan in cooperation with the School Board to increase the graduation rate, expand the selection of occupational training courses, and improve school attendance. In this respect, the Kativik Regional Government provides support for school projects that further these objectives (the results are presented in the School Board section).
- 8) In cooperation with the School Board, implementation of a youth hockey development program since 2007.⁹ Young people who participate in the program and their parents must sign a commitment to attend school regularly and maintain satisfactory marks and good behaviour. Schools must notify the coach of the students' behaviour and attendance every week.
- 9) In addition, in cooperation with the School Board, establishment of a light-duty vehicle repair training program (which also serves the general population) and funding of a science camp.
- 10) Inuit Community Reintegration Officers Program:
This program is aimed at steering adults who are released from prison toward resources in their municipality that can help them (natural helpers/public services). These are Inuit reintegration officers who are involved in their community (this program became necessary because there are few probation officers, and they are hard to recruit and retain).

In the same vein, a regional community reintegration centre was accredited in Kangirsuk and has been in operation since October 2008.

- 11) In 2008, the Kativik Regional Government Recreation Department filled three Recreation Technical Assistance and Development Advisor positions. They have already established agreements and programs with Kino-Québec: hockey, the Arctic Winter Games, day and summer camps, and the Cirque du Soleil (workshops). They must also assist municipalities and local organizers in establishing structured sports and recreational activities and expanding the hockey-based development program (9 of 14 villages are participating).

Participation in the Arctic Games requires the cooperation of the school and the community. To be eligible, a youth must not only be proficient in one of the Arctic

⁹ "The Real Winners", with hockey player Joé Juneau.

Games sports, but also demonstrate good behaviour and recognized leadership qualities.

One of the existing problems in terms of keeping structured recreational activities going in the communities is the difficulty of maintaining a stable local staff.

- 12) Through the Ungaluk program (the previously mentioned safer communities program)¹⁰, the Kativik Regional Government hired three officers in the fall of 2009. Their mandate is to work with the municipalities to develop action plans with objectives, priorities, and a timetable, in order to bring about social change. The Ungaluk program is funded by the government of Québec in the amount of \$10 million per year until 2013 (the program benefited from funding of \$9 million in its first year). This money is paid out in lieu of construction of a prison, and is aimed at crime prevention. The action plan in each municipality must be established by a committee consisting of the Ungaluk officer, the wellness committee, and representatives of the elders and the school. This committee submits requests for funding of its projects to the regional committee responsible for the program, which comprises representatives of the Kativik Regional Government, the Makivik Corporation, and the ministère de la Justice.

A sum of \$4 million in funding was authorized during the first year, when \$9 million was available. Projects must contribute to reducing criminality and must promote sustainable social change.

The project is entering its second year.

Initiatives of the Kativik School Board¹¹

1. Introduction of a survival training course and a parenting skills course. These courses, which were developed by the School Board in cooperation with the Regional Board, are delivered by a mostly Inuit staff. The course content is similar to that of the parenting skills courses given at the Local Community Service Centres (CLSCs).
2. More hours of instruction in Inuktitut at the elementary school level.

¹⁰ See note 6.

¹¹ 2008-2009 Annual Report of the Kativik School Board and 2009 Quarterly Updates.

3. Feasibility study for a CEGEP in Nunavik. This study will be completed in the spring of 2010. The possibility of setting up an agreement with a CEGEP in the South was also studied, pursuant to which Nunavik students who are registered in a course of study that leads to the Attestation of College Studies would be able to take their exams orally, eliminating language-related difficulties.
4. As part of a working committee that brings together representatives of the Regional Board, the ministère de l'Éducation, du Loisir et du Sport, and the School Board, there is an agreement to develop a school a program for special needs youths.

In addition, a five-year plan to harmonize the mathematics and science program with the rest of Québec was adopted so that secondary school students can take the ministère exams.

5. In Puvirnituk, the School Board and the school set up a week-long leadership training program that was organized by a team made up of a teacher and a social worker. The youths who participate in it must have a good school attendance record.

A social work through dance program has also been established in Puvirnituk, focusing on self-esteem and the development of leadership qualities. Forty (40) secondary school students took part in this program during the 2008-2009 school year.

In Inukjuak, there was a science camp project for all students, and they had the opportunity to contact the space station by radio. These young people then reported on their experience to students at other schools.

In Kangiqsualujjuaq, 20 housing units and a student residence have been authorized.

6. In 2005, the School Board set up a regional partnership committee after organizing a symposium entitled "Leading the way for our children". In order to avoid any duplication, this committee was merged with the Coordination Committee that was proposed in the first recommendation from the Commission. The School Board participates in this committee.
7. The School Board was considering hiring a behavioural technician for each school, and two for the larger schools. In addition, each school was to have a guidance counsellor, and the schools in Puvirnituk and Kuujuaq were to have a social worker.

Recent appearances in the media by teachers exposing violence in the schools and complaining about the lack of professional resources and support highlight the urgent need to put the planned resources in place as soon as possible.

The Makivik Corporation must collaborate in recruiting this Inuit staff with a view to reducing turnover and involving the communities.

8. Development of a sex education program, in cooperation with the Regional Board.
9. Working with the regional youth organizations, establishment of a committee on suicide in an attempt to find a holistic approach.
10. The “Breakfast Club”: breakfast is offered in schools.
11. Creation of an extracurricular music program in certain schools.
12. Development of a program to prevent unmotivated youths who are lacking in scholastic aptitude from dropping out of school. This would be an alternative school program known as “Land Survival”.

In addition, the School Board is running a promotional campaign concerning adult education aimed at reintegrating dropouts and getting them to complete vocational studies and earn a diploma.

The Commission notes that there are still numerous obstacles to be overcome at the social level and in the areas of education, culture, and sports, and that most of the problems that were identified during the investigation have not been rectified.

However, the Commission recognizes that the organizations are now doing a better job of working in partnership, and that the situation has been taken in hand to a certain extent. In this context, the spirit of the Commission’s recommendations is being respected. However, coordination and cooperation among the various bodies must be strengthened and optimized, because the success of all of the individual efforts depends on it.

PART THREE

Detailed follow-up on recommendations

RECOMMENDATION 1

“That the Nunavik Regional Board of Health and Social Services make children and families a key priority and set up mechanisms for regional coordination and partnerships focusing, in particular, on:

- § the protection and stability needed to allow children to develop;
- § the prevention of situations of neglect, physical and sexual abuse, and behavioural difficulties;
- § mental health problems and suicide prevention;
- § the prevention and treatment of drug abuse;
- § the improvement of parenting skills.”

Follow-up

- A) Creation of a Child, Youth and Family Services department at the Regional Board, in the two Health Centres, and in CLSCs.¹² The mandate of this department is to develop a common vision of the roles and mandates of the DYPs and the CLSCs, and to offer a range of services.¹³
- B) Creation of a Regional Youth Services Committee composed of representatives of the Regional Board, the two DYPs, and representatives of the child care services, the youth centres, the Rehabilitation Centre, and the two group homes. This committee reports to

¹² Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, Regional Board of Health and Social Services, December 2008, page 13.

¹³ *Idem*, page 14.

the Child, Youth and Family Services department of the Regional Board¹⁴, and meets every six weeks.¹⁵

C) Interorganizational meetings in order to sign protocols (underway):

DYP-LCSC cooperation protocol;¹⁶

DYP-KRPF cooperation protocol;¹⁷

DYP-School Board cooperation protocol.¹⁸

D) Creation of a regional suicide prevention committee, bringing together community and public agencies.¹⁹

E) In March 2008, hosting of a regional symposium on physical and sexual abuse, followed by an action plan and the creation of designated centres²⁰ and a committee for the implementation of multisectoral agreements.²¹

F) A dependency action plan involving the creation of front-line and second-level teams, key intervention personnel, and the creation of a regional rehabilitation department.²²

In July 2007, this department presented a three-year action plan to update the front-line and second-level services for troubled youth and their families. However, there were frequent interruptions of service during the course of the exercise, because recruiting is difficult. The

¹⁴ *Idem*, pages 9, 18.

¹⁵ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 3.

¹⁶ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, pages 18, 29, 35.

¹⁷ *Idem*, pages 13, 30.

¹⁸ *Idem*, page 35.

¹⁹ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, December 13, 2008, page 14.

²⁰ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 16.

²¹ 2007-2008 Annual Report, Regional Board, page 35.

²² Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, 13 December 2008, page 34.

hiring of temporary and contract employees forced the DYP to postpone the start of its action and reorganization plan.²³

Recruitment and retention problems continue to be a serious issue. The integration of Inuit employees into the social services agencies remains a major challenge.

The Commission notes that the Regional Board has taken on the role of coordinator, and that it is supported in this by the ministère de la Santé et des Services sociaux.²⁴

RECOMMENDATION 2

“That the Makivik Corporation oversee the creation of a coordination committee bringing together representatives of the Regional Board and of medical, educational, municipal, social and justice organizations, to ensure concerted interventions in the best interest of the children concerned, and to mobilize the general population around the objective of youth protection.”

Follow-up

1. The Makivik Corporation created the Regional Coordination Committee in accordance with the Commission’s recommendation. The Committee submitted an action plan to the Commission that dealt with each recommendation.²⁵ Minnie Grey was charged with organizing the Committee. The first year was difficult. The Committee comprised eighteen representatives of the various organizations. Most of the individuals who sat on the Committee were also members of the Regional Partnership Committee, which was set up by the School Board as a result of the 2005 symposium, with the theme “Leading the way for our children”.

The initial goal of this Committee was to assist the mayors of the municipalities in setting priorities, and to identify the resources to be funded with the support and contribution of all of the agencies in the region. Three municipalities stated that they were ready to make

²³ 2007-2008 Annual Report, Regional Board, page 33.

²⁴ Letter from the Deputy Minister of the ministère de Santé et des Services sociaux to Sylvie Godin, February 8, 2010 in which Mr. Cotton stated that his department will continue to follow up on the recommendations and to work closely with the Board.

²⁵ Working table on the recommendations of the Commission des droits de la personne et des droits de la jeunesse, dated April 2007, Minnie Grey, Makivik Corporation, January 14, 2008.

children their priority. Two individuals have been in place to assist them since 2008.²⁶ Until December 2009, when Ms. Grey resumed leadership of this Committee, there was little communication between the DYPs and the Committee.

The Makivik Corporation then gave the Committee the mandate of implementing the recommendations of the Commission, and particularly the action plan respecting mobilization of the community in order to make the well-being of children a permanent priority. That was in February 2009.²⁷

Despite the obstacles, the Kativik Regional Government, the School Board, and the Regional Board accomplished a great deal.²⁸

The Regional Partnership Committee's original mandate was revised to respond to the recommendation of the Commission. Local partnership committees are already in place in three municipalities, namely Kuujuaq, Salluit, and Inukjuak. These three local committees are made up of the same stakeholders as the Regional Committee. A coordinator has been hired for each of these committees to coordinate youth-related actions in the municipality in all areas, namely education, mental health, recreation, and prevention. The local partnership committee in each of these municipalities also has the mandate to partner with the Wellness Committee, which mandate is to identify health needs and find ways to meet them. This committee also acts as a link between the Municipal Council and the Health Centre.²⁹

The Regional Board provides funding to the municipality for the Wellness Committee, and the CLSCs appoint a liaison officer, who works under the supervision of the municipality as well as with two coordinators working with the Health Centres (one per coast). The Regional Partnership Committee has requested the assistance of the Red Cross in setting up a modified violence prevention model. This project will begin with these three municipalities, working through the wellness committees. Nunaliutuquait Ikajugatiituk (NI) and the Red Cross form the local wellness committee so that the activities can continue when they move on to other communities. This committee also organizes workshops dealing with suicide and the role of parents. In addition, these committees are responsible, on behalf of their community, for

²⁶ Meeting with the Kativik S.B., July 2009 and KSB Quarterly Updates CSK and Report of the Makivik Corporation, page 18.

²⁷ Report of the Makivik Corporation, February 2009, pages iii and 14.

²⁸ Respective annual reports.

²⁹ Report of the Makivik Corporation, page 12, and School Board meeting, July 2009.

presenting crime-prevention projects within the framework of the Ungaluk program. The mayors and the secretary-treasurers are very involved in these three communities, which hold regular meetings in order to understand the causes of the traumas and how to resolve them. They then recommend measures aimed at achieving a result, and carry out an analysis at the next meeting.³⁰

The Makivik Corporation has also taken on a leadership role to a certain extent in order to fulfil its own mandate of ensuring the health and well-being of the Inuit. In fact, it financed the construction of gymnasiums, arenas, and swimming pools in order to provide recreation facilities for young people. It provides financial support to the Saputiit Youth Association of Nunavik and the Inuit Women's Association of Nunavik (Saturviit). In this endeavour, it works together with the Kativik Regional Government and the Safer Communities Program (Ungaluk program), which seeks to finance local and regional crime-prevention projects.

Although the consultation process remains fragile, the main organizations meet regularly, keep each other informed about their respective activities, and consult together. This regional example has already been followed by three municipalities at the local level. This Regional Partnership Committee focuses on children and the family.

The Commission finds that the Makivik Corporation has taken action on its recommendation by supporting the Regional Partnership Committee. It must now continue this support by ensuring that the initiatives taken by this Committee are followed up on, particularly by ensuring that all of the municipalities set up a local partnership committee, following the lead of the three municipalities that have already done so.

RECOMMENDATION 3

“That the Minister of Health and Social Services ensure that the children of Nunavik receive the protection services to which they are entitled.”

Follow-up³¹

1. The ministère de la Santé et des Services sociaux was involved in the search for solutions in connection with the delivery of protection services in Nunavik. As soon as the factual

³⁰ *Idem.*

³¹ Letter of Jacques Cotton, February 2010, and 2007-2008 Annual Report of the Regional Board, page 33.

report of the Commission was released in 2005, the ministère cooperated with the Regional Board by appointing coaches to review the organization of youth protection services. This mandate was updated in Hudson Bay, and the reorganization of youth protection is still underway. It has been completed in Ungava Bay. With the involvement of other departments, and within the framework of the August 2007 Katimajit conference and its March 2008 follow-up meeting, the Regional Board obtained the necessary backing and financial support from ministère officials (in terms of staff housing, development of front-line services, and community mobilization with respect to problems of dependency and violence). The ministère de la Santé et des Services sociaux became involved in 2009, and made an official commitment to ensure follow-up.

In the summer of 2009, the ministère got involved in working with the Regional Board in order to find solutions to the shortage of rehabilitation spaces. Two temporary rehabilitation units have been open in Boscoville since 2010 (a girls unit and a boys unit).

The ministère, in cooperation with the Regional Board, undertook the analysis that was required for the 2009-2016 strategic planning exercise. Special attention was paid to front-line services for children and youth protection services.

A pilot project to facilitate recruiting was approved by the ministère de la Santé et des Services sociaux. An employee working out of Montreal was given a mandate to recruit staff for the North from colleges, universities, and institutions. He must set up two training support teams to work in the North and the South on an alternating basis, and ensure mentorship and the integration of the Inuit into the youth protection services. In addition, he must visit the municipalities of Nunavik in order to encourage the Inuit to work in youth protection. This project was launched in January 2010. It is still too soon to evaluate the results.

The ministère remains involved at the present time.

Youth protection services in Nunavik are still extremely fragile. Although they are better organized and there is better training, the delivery of services continues to be dependent on recruitment and retention of the existing staff. However, the future of these services will depend on the ability of the organization and the institutions to encourage the Inuit to work in youth protection.³²

³² 2008-2009 Annual Report of the Regional Board, page 20.

Youth protection situation in January 2010:³³

In January 2010, the Health Centres were still awaiting responses to requests submitted to the ministère de la Santé et des Services sociaux relating to certain measures aimed at facilitating recruitment and retention of employees, including:

- § retention bonuses;
- § tax-free status for annual travel allowances under a collective agreement;
- § a supplementary allowance for unsupervised employees;
- § inclusion of Northern breaks in collective agreements.

Ungava Bay

The organization of the services of the DYP is patterned on that of the other DYPs in Québec. Therefore, there is a centralized system for receiving and processing reports, a social emergency department, an evaluation-orientation department, and an implementation of measures department. A review department is also in place.

This structure is functional when all positions are filled. In the summer of 2009, 16 of the 35 positions were vacant, forcing the organization to hire contract workers. At that time, the consultant hired by the Regional Board, the union, and the Commission urged the ministère to intervene in order to prevent an interruption of services.

Since the end of the fall of 2009, all positions are filled. However, there is still no call-back list. The organization is fragile.³⁴

Hudson Bay³⁵

The structure is similar to that of the other DYPs. The DYP has only one deputy, because she has not been able to recruit a candidate for the second deputy position. Reception and processing of reports are only centralized for organizations and institutions. The general public continues to make reports to the village community worker. Experience has shown that the majority of reports in the villages are received at night and on weekends. In

³³ Supplementary questions for the CDPDJ report. January 18, 2010, Johanne Paquette of the Regional Board.

³⁴ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 14.

³⁵ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, pages 21 to 24.

addition, it has proven impossible to separate the evaluation-orientation functions from the implementation of measures functions, because there is too much staff turnover.

Therefore, the community workers in the villages do everything.

In the fall of 2009, five of the seven Human Relations Agents on staff in the office of the the DYP had no experience in this field, and the other two had only two years of experience.

Contrary to what was planned, none of the positions are matched with Inuit holding similar jobs, because many do not wish to work in youth protection.

The number of reports at this location has doubled over the last three years.³⁶ The court has allocated more court time, and there are more flights to Val-d'Or, which requires ground transportation between Val-d'Or and Amos, where the Youth Division sits. It is not unusual for the Hudson Bay community workers to monopolize the hearings list of the Youth Division for an entire week. The other side of the coin is that these workers are away from their posts for long periods when they are in Val-d'Or and Amos. In addition, this arrangement results in very high costs from the point of view of transportation, accommodations, and tying up human resources.

Employees work an average of more than 15 hours of overtime per week. In the case of managers, this increases to close to 30 hours of overtime per week. This situation leads to burnout problems, and is at least partly due to the non-stop staff turnover. It is even difficult to find interpreters. The fewer Inuit there are on staff, the greater the need for interpreters.

Since the end of the fall of 2009, the consultant who was hired by the Regional Board to reorganize youth protection services in Ungava Bay has been sent to Hudson Bay, where he must work with the staff there to reorganize youth protection services. His contract has recently been extended by a year.

However, one-third (nine positions) of the 35½ youth protection case worker positions are vacant at the present time, and two are on loan from other youth centres.

In Ungava Bay, there are 35 youth protection positions, compared to 35½ in Hudson Bay for dealing with twice as many situations.

³⁶ Cf. statistics on page 31.

The foster family social assistant position is vacant, which means that, in addition to their regular duties, social assistants must single-handedly find foster care placements, evaluate them, and provide support and oversight, as was the case at the time of the Commission's investigation.

Despite the ongoing involvement of the ministère de la Santé et des Services sociaux since 2005, the government will have to maintain and even actively continue its support of the search for permanent solutions adapted to conditions in Nunavik.

RECOMMENDATION 4

“Designate experienced members of the staff to assist case workers at each stage and:

- § organize weekly case discussions for all case workers;
- § ensure that the appropriate working tools are used, in particular the *Manuel de référence* [Youth Protection Reference Manual].”

Follow-up

Ungava Bay

- § The “clinical” supervision and continuous training process have been in place since June 2008.
- § All of the files contain an intervention plan that facilitates supervision.
- § The *Manuel de référence sur la protection de la jeunesse* is used, but not systematically.

Hudson Bay

- § There are weekly discussions and group supervision activities.
- § A liaison agent, the DYP, and a consultant supervise the staff and the case discussions, and ensure that files are properly prepared for the court.
- § The *Manuel de référence sur la protection de la jeunesse* is used systematically.

The organization charts are set up in such a way as to ensure proper supervision of the staff and to provide them with training on the available tools. The problem mainly arises from the fact that retention is very fragile for all positions. This leads to situations where the staff is overextended and crises often recur. The Commission notes some improvement in terms of application of and compliance with the YPA.

RECOMMENDATION 5

“That the Regional Board and the two Directors of Youth Protection provide ongoing training regarding:

- § the need for stability and attachment disorders;
- § assessments of family environments and parenting skills;
- § the follow-up to be provided to children, families, foster families;
- § the drafting of intervention plans and individualized service plans;
- § record-keeping.”

Follow-up

1. In 2008, an attempt was made to offer the Programme national de formation [National Training Program]. It turned out that modifications were required for the North, and this initiative was discontinued. However, training courses on the *Manuel de référence sur la protection de la jeunesse* (March and June 2009) were provided to all employees who were then on staff. Training courses on the YPA have been given regularly since the fall of 2007. However, staff turnover is so high that it is impossible to keep up. As a result, the DYPs, the assistants, and the reviewers are constantly kept busy training staff.³⁷

However, some basic progress has been achieved in terms of intervention plans and record-keeping. In Hudson Bay, the DYP and her assistant have placed a clear emphasis on permanence, stability, and child protection. The time limits that are set out in the YPA are respected, and there have been numerous orders to foster care until the age of majority, many of them in non-Inuit families. In the latter cases, the children remain with these families if they move to the South.³⁸

³⁷ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, pages 15 and 33.

³⁸ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 13, and supplementary questions raised by the CDPDJ, January 2010.

The need for stability is also recognized in Ungava Bay, but only began to be enforced more recently. The maximum wait times for placement that are set out in the YPA are not yet being respected. However, there are more and more requests for orders for placement until the age of majority and for subsidized guardianships. A certain number of non-Inuit families foster Inuit children for as long as they do not move away. There is also a permanent life plans committee.³⁹

Practices within the two DYPs are standardized as much as possible. The presence of reviewers or liaison agents and assistants to the DYPs helps to achieve this.⁴⁰

Through the creation of its Child, Youth and Family Services department, the Regional Board keeps the youth sector a priority, and allocates a training budget.⁴¹

In light of this, it is clear that the existing structures continue to be fragile. Ongoing training is currently being provided, if only because of staff turnover.

The systematic application of the *Manuel de référence sur la protection de la jeunesse* as well as the presence of the DYPs, and the reviewers would suggest that family environments and parenting skills are properly evaluated, as required by the YPA. In addition, Ungava Bay has case workers who specialize in taking situations in charge, which facilitates follow-up involving the families and children. In Hudson Bay, the evaluation and taking in charge functions are not separate. However, the number of files that are subject to judicial control and the number of decisions rendered lead us to believe that the evaluations are carried out in accordance with the terms of the YPA.

With respect to follow-up involving families, there are three family services centres ["maisons de la famille"] in Hudson Bay, which improves the quality of follow-up services that can be provided to young families. In addition, two of the three villages⁴² that agreed to establish local partnership committees, bringing together all of the organizations and institutions in the municipality that prioritize the youth, are in Hudson Bay. The family

³⁹ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 13, and supplementary questions raised by the CDPDJ, January 2010.

⁴⁰ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, December 15, 2008, pages 8, 9.

⁴¹ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 69.

⁴² Kuujuaq, Salluit, and Inukjuak.

services centres come under the responsibility of the CLSCs, and families participate on a voluntary basis. Nothing prevents the DYP from steering families in that direction when she has taken the situation of the children in charge as part of an individualized services plan.

The Commission considers that this recommendation has been properly understood by both the Regional Board and the two DYPs, and that they are working to implement it within the limits of the available resources.

RECOMMENDATION 6

“That the Regional Board of Health and Social Services and the Directors of Youth Protection create local committees working in the youth sector with the mandate of helping to apply youth protection measures.”

Follow-up

In a letter sent to the Regional Board,⁴³ the Commission clarified that the purpose of this recommendation was, in particular, to alleviate the problem of having multiple case workers.

The Commission believes that the three municipalities that have local partnership committees present the necessary conditions for meeting this recommendation. This particularly applies to the villages of Salluit and Inukjuak, which also have a family services centre, and have set up the necessary programs.

The Makivik Corporation has made a commitment that the other municipalities will create their respective local partnership committees,⁴⁴ and therefore, the elements required to implement this recommendation will be partly in place.

To this end, the DYP could present a description of the services generally required for children and families to the Local partnership committee, and request that each organization present an offer of services and make a commitment to participate in the proposed service plans:

§ Community assistance and support resources for men;

⁴³ *Idem*, note 28.

⁴⁴ *Idem*, note 28.

- § Women's shelter;
- § Family services centre;
- § Recreation for children/parents; children's recreation;
- § Homework help service;
- § Training (parenting skills workshop, self-esteem workshop, and workshops dealing with the harmful effects of drugs and alcohol);
- § Anger management at school, in the home, etc.;
- § Breakfast program.

We believe that it is important that the Regional Partnership's Committee's commitment to set up local committees within municipalities quickly becomes reality, in order to meet the objective of making children a priority, and to ensure that the various authorized bodies respond to their needs.

RECOMMENDATION 7

“Recommend to the Regional Board that the CLSCs establish detection and prevention programs for the neglect of children aged 0 to 5, and that the CLSCs offer social services to children and their families.”

Follow-up

The CSLCs were reorganized.

Ungava Bay

- § Creation of a Child, Youth and Family Services program.
- § This program includes an evaluation/orientation worker to handle all requests for services, a permanent social case worker in the educational community, and a CLSC case worker in each village.⁴⁵
- § A respite program was put in place for families with children with disabilities, in order to prevent reports and placements.⁴⁶

⁴⁵ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, page 13.

⁴⁶ *Idem.*

§ However, recruitment is difficult, and the position of CLSC Human Relations Agent was vacant in a number of communities until the fall of 2009. The program is currently in organizational development.

Therefore, the existing reception/evaluation case worker for psychosocial services must target troubled youth. The program is currently in organizational development. À DYP – CLSC agreement is at the drafting stage, and meetings are planned for an agreement between the CLSC and the School Board.

Hudson Bay

§ A Community Services Directorate has been created within the Health Centre. A community worker has been assigned to the CLSC Child, Youth and Family Services program and to the family services centres project, with a view to providing support for young parents. Each family services centre has a social worker, a community worker, and a nurse. The objective is to prevent neglect. The family services centre case workers deal with vaccinations, conduct home and school visits, provide support for the monitoring of children, and are involved in a homework help program, cooking courses, and school-based activities.⁴⁷

§ When the CLSCs organized their structure, they planned to have case workers who specialize in community issues and youth services, along with case workers for the other client categories. The problems in recruitment and retention did not allow for such specialization, with the result that certain positions are designated for youth matters and serve several communities, while others have a multifunctional role and deal with all types of clients.

In fact, in December 2009, there were four CLSC case workers working exclusively in Child, Youth and Family Services (prevention and promotion) and two dealing with all services, but with a clear mandate to prioritize Child, Youth and Family Services.

There were also three community workers in the family services centres.⁴⁸

⁴⁷ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, page 14.

⁴⁸ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, pages 19 to 22.

There has been an ongoing agreement between the CLSCs and the DYP since January 2009. There is no agreement among the CLSCs and the School Board, because collaboration with a number of school principals is proving to be difficult. However, discussions are underway with the management of the School Board, and they appear to be more promising. The CLSCs have proposed that their Human Relations Agents be present in the schools one half-day per week, participate in the multidisciplinary teams and in the intervention plan meetings, and provide the services that are deemed necessary to the youths and their families as identified by the school.⁴⁹

The organization of front-line services in Hudson Bay is noteworthy, and is in keeping with the 2007-2012 offer of services from the ministère de la Santé et des Services sociaux. Unfortunately, the recruitment and retention problem weakens the delivery of services. The fact that many positions are vacant suggests that the case workers who are assigned to youth services may be called upon to provide other services, and may end up being overextended considering the issues involved.

In short, the Commission believes that structures sufficient for delivering front-line services have been put in place in Ungava Bay and Hudson Bay. However, it appears that the problems of recruitment and retention interfere with the normal operations, and in particular, with cooperation among the schools and the CLSCs. The majority of reports relate to children under the age of five, and therefore, the Commission once again stresses the importance of ensuring that the detection and prevention programs become a reality.

In Hudson Bay, the concept of family services centres is facilitating matters in this respect, because they provide services that are designed especially for young families, and as a result, they prevent neglect while utilizing fewer staff resources. However, only a few villages on this bay have developed this approach.

RECOMMENDATION 8

“That the School Board, the Regional Board of Health and Social Services, and the Makivik Corporation introduce social services into the school system.”

⁴⁹ *Idem*, page 35.

Follow-up

Ungava Bay

At the time of the 2008-2009 reorganization, the CLSCs had a permanent social assistant position in the school system.⁵⁰ An agreement is currently being negotiated with the School Board so that CLSC services can be delivered in the schools.⁵¹

Hudson Bay

The work of the CLSCs in the schools is carried out through the family service centres, and a proposal has been submitted to the School Board (see Recommendation 7).

The School Board plans to hire one behavioural technician for each school.⁵²

In addition, a number of schools established projects during the 2008-2009 school year aimed at reducing the dropout rate and building self-esteem. A one-week leadership training course was held for secondary school students in Purvinituq, with the participation of elders, a social assistant, and a teacher.⁵³

A social work through dance project, aimed at improving self-esteem and developing leadership qualities, also reached 40 secondary-school students. This project was carried out in cooperation with social case workers, local case workers, and school case workers.

The School Board has developed a program that deals with bullying as part of the curriculum.⁵⁴

A sex education program is being developed, but is not yet available.⁵⁵

⁵⁰ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, page 13.

⁵¹ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 18.

⁵² Meeting between the CDPDJ and the Kativik School Board, July 2009.

⁵³ Quarterly Updates of the Kativik School Board, June 2009, and 2008-2009 Annual Review of the Kativik School Board.

⁵⁴ *Idem.*

⁵⁵ *Idem.*

In addition, CLSC case workers go into the schools, but language barriers do not always allow them to provide the best services.

The Commission considers that the School Board, the Regional Board, and the Makivik Corporation must continue to work on the projects that have been launched and strengthen cooperation with the various agencies in order to ensure the development of social services in the schools.

RECOMMENDATION 9

“That the Regional Board ensure that specialized treatment programs be available in the region for:

- § physical and sexual abuse;
- § mental health.”

Follow-up

The Regional Board established a planning and programming branch. Two professional positions and a coordinator position were created within this branch for the Child, Youth and Family Services sector.

1. Sexual and physical abuse⁵⁶

The two health centres have been formally designated as centres for the victims of abuse (following the symposium held in March 2008).⁵⁷

One CSLC position in each region is directly assigned to the program, and provides support to victims of physical and sexual abuse.

The multisectoral agreement has been revised.

⁵⁶ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, pages 27 to 29, and 2008-2009 Annual Report of the Regional Board, pages 27 to 29.

⁵⁷ Investigation and report of the CDPDJ... 18 months later, Nunavik Regional Board of Health and Social Services, page 16.

There are plans for the creation of a new home for abused women in Inukjuak. It was originally going to replace the one in Kuujjuarapik, but the Regional Board is taking steps to keep that one, because it also covers Umiujaq.

The two Health Centres, with the assistance of the Regional Board, have a team that specializes in abuse (social assistant or community worker – physician – nurse).

2. Mental health⁵⁸

Major efforts have been made to resolve mental health problems, especially substance use and suicide.

Funds obtained as a result of Katimajit made it possible to organize the mental health project. Front-line and second-level mental health teams were created in 2009:

§ Consultation with organizations and the public.

§ Census of existing front-line, second-level, and post-treatment activities and programs.

A mental health team has been set up for each bay. In Hudson Bay, this team consists of a nurse, a community worker, and an Inuit community worker, along with a key outreach worker who serves as a link to the mental health team at the hospital. The hospital team consists of a physician, a human relations agent, a nurse, and a child psychologist. The front-line team receives clients, carries out the evaluations, determines the appropriate treatment, and makes a referral to the hospital team if necessary.

In Ungava Bay, the front-line mental health team is made up of the key outreach worker, a nurse, a psychologist, and an Inuit social assistant. The hospital team is similar to the one in Hudson Bay.

In addition to carrying out evaluations, the front-line mental health team has a mandate to train and certify Inuit suicide prevention trainers and to give suicide prevention workshops.

⁵⁸ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, pages 27 to 29, and 2008-2009 Annual Report of the Regional Board, pages 5 to 8, and Annual Report of the Regional Board, pages 25 to 27, and Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, page 15.

It works in cooperation with the Regional Suicide Prevention Committee (School Board, organizations, network partners) using the Living Works and UPS Justice programs.

With respect to substance use, the two key outreach workers report to the Regional Rehabilitation Department. They are also tasked with providing training in the area of detection to the school and community case workers. To this end, they train case workers in the use of the DEP-ADO tool,⁵⁹ a standardized tool for evaluating young people who are at risk of developing substance abuse problems. The same case workers are trained in carrying out in-depth evaluations and establishing service plans. They are working on setting up a “network” service plan.

The Regional Board is currently carrying out negotiations in order to obtain a rehabilitation centre that specializes in the treatment of substance use among young people. At the present time, young people who struggle with substance use requiring residential treatment are sent to a specialized institution in another region (Aboriginal drug and alcohol centre in Ontario, or Portage Centre).⁶⁰

In terms of mental health, the two teams that have been set up must develop a continuum of care intervention model.

Suicide continues to be a major concern that requires sustained attention. A regional committee on suicide was established, and developed a prevention strategy. To this end, protocols were established and a team of instructors was set up.

The Commission reiterates the importance of rigorous application of the suicide prevention strategy in light of the extent of this problem in Nunavik.

RECOMMENDATION 10

“That the Directors of Youth Protection ensure that the family problems and specific difficulties of a child are evaluated before the child is placed, and that they seek stable living environments and sustainable solutions for children to promote bonding.”

⁵⁹ Grid for the detection of alcohol and drug problems in adolescents on psychoactive substances—Québec (RISQ).

⁶⁰ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 8.

Follow-up

1. Evaluations

The intervention of the coaches from the ministère de la Santé et des Services sociaux since 2007 and the subsequent intervention by consultants resulted in a review of the practices that were in use at the various stages of application of the YPA, and in the use of standardized tools adapted to conditions in the region. In short, when a child is the subject of a report, the situation is evaluated appropriately, as set out in the *Manuel de référence sur la protection de la jeunesse*.⁶¹

In fact, judges have congratulated case workers on their evaluations in a number of rulings. In Ungava Bay, there is a policy respecting removal from the family environment, and placements are authorized by the DYP or her assistant.⁶² In Hudson Bay, a manager is available 24 hours a day, seven days a week, to handle emergencies and approve placements and interventions. He uses the *Manuel de référence sur la protection de la jeunesse* as a guide. However, frequent emergency placements continue to occur, ranging from a few hours to 24 or 48 hours, corresponding with the alcohol consumption patterns in certain communities.

The search for stability is taken into account during the evaluations that are carried out following these placements. The factors that are analyzed include the number of emergency placements carried out, the recurrent nature of the family problems, admission by the parents of the existence of the problems, their willingness and efforts to correct them, and the impact on the child. With certain exceptions, the court orders that have come to the attention of the Commission, attest that case workers are aware of the need to avoid repeated placements.

The DYP in Hudson Bay reports that current efforts to provide stability for children very often involve foster care in non-Inuit families.⁶³

⁶¹ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, pages 8, 9.

⁶² Supplementary questions of the CDPDJ, Johanne Paquette, January 18, 2010.

⁶³ *Idem*, note 60.

Both DYPs indicate that they have subsidized guardianships and placements until the age of majority – two measures that help to ensure stability and attachment, as well as permanent life plans committees.⁶⁴

Therefore, the DYPs have become aware of these issues, and have embraced the notion of searching for stable life conditions – a concept that lies at the heart of the amendments to the YPA.

However, they are still confronted with a sociocultural reality that affects the parenting skills of Inuit families, and consequently, with the challenge of ensuring that the children have the opportunity to maintain their connection to their culture.

RECOMMENDATION 11

“That the Directors of Youth Protection in Nunavik assess foster families and use the relevant tools to ensure that all the needs of the children concerned are met.”

Follow-up

Hudson Bay

In the fall of 2009, the DYP, in cooperation with the Regional Board, was working to revise, simplify, and adapt the evaluation grid for foster families and the intervention plans to be applied to foster families.

Two communities have a resource case worker. Not only have foster families in these two communities been assessed, but they also receive support in order to ensure that children who present serious difficulties who are placed with them do not have to be moved.

However, the work of assessing and supporting foster families in the other five communities is carried out by the case workers who are in charge of evaluation or taking in charge, despite the

⁶⁴ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 13 for Hudson Bay and page 31 for Ungava Bay.

fact that they already have an excessive workload. As a result, recruitment is difficult, evaluations are performed in a cursory manner, and the follow-up process is chaotic.⁶⁵

There is no training program for foster families, and the Inuit foster families are not very stable. As a result, the children often have to be moved.

Ungava Bay

The foster family program is being redeveloped. A trainer who was hired in the spring of 2009 resigned. An intern from McGill University was working to set up a training and recruitment program and to establish evaluation criteria.

This intern developed a foster family evaluation form and a simplified model contract, and both of these documents were approved by the Regional Board of Health and Social Services in June 2009⁶⁶, and transmitted to the Commission in January 2010.⁶⁷

The Commission notes that the recruitment, assessment, and monitoring of foster families remain problematic throughout Nunavik. We reiterate that the assessment of foster families is essential to the well-being and stability of children, and that this deficiency must be corrected quickly.

RECOMMENDATION 12

“That the Tulattavik Health Centre and the Inuulitsivik Health Centre, as part of their responsibilities as child and youth protection, provide foster families with the tools and support they require to meet the needs of the children placed with them, in particular ongoing training and regular follow-up.

That the Tulattavik Health Centre and the Inuulitsivik Health Centre recruit foster families for children aged 6 to 12 with serious behavioural difficulties, and that these foster families be offered training and follow-up by specialized staff members, who could be recruited from current staff members at the Group Home or the Rehabilitation Centre.”

⁶⁵ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 32.

⁶⁶ *Family Type Resource Evaluation*, June 26, 2009, provided by Daniel Michaud.

⁶⁷ Supplementary questions raised by the CDPDJ, Johanne Paquette, January 18, 2010.

Follow-up

With respect to follow-up with foster families, and as stated in connection with the previous recommendation, two Hudson Bay communities have staff capable of providing support and follow-up to foster families.

The resource positions in Ungava Bay and in the other Hudson Bay communities are vacant. As a result, follow-up is provided by the regular case workers, in conjunction with their other functions. Therefore, follow-up and support are minimal, and there is no ongoing training program.⁶⁸

With respect to part two of the recommendation pertaining to children aged 6 to 12 with behavioural difficulties, the region faces a shortage of foster families, and the Inuit families have little interest in taking in these children.

The Regional Board instead asked the ministère de la Santé et des Services sociaux to fund a specialized group home for children aged 6 to 12.⁶⁹ On August 12, 2009, three children under the age of 12 were being housed in the group home in Puvirnituq, and a 12 year-old was being housed at the Rehabilitation Centre.⁷⁰

The Commission agrees with the proposal to establish a group home, but it notes that the specialized services for children aged 6 to 12 with serious behavioural problems are still not available.

RECOMMENDATION 13

“That the Tulattavik Health Centre and the director of the Ungava Bay CLSC together review the entire restricted program to ensure that the measures applied to young people at the Rehabilitation Centre are consistent with their rights.”

⁶⁸ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 15.

⁶⁹ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, December 15, 2008, page 12.

⁷⁰ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 17.

Follow-up

1. The Regional Board established a regional rehabilitation department. The policy respecting isolation was reviewed. Isolation can only be applied when a young person's behaviour indicates a risk that he may inflict physical harm on himself or others. Therefore, the use of isolation is limited to the following situations:

§ Physical abuse, self-injury, imminent risk that a young person will run away, or a young person with a history of endangering himself when he runs away, suicide attempt.

Isolation must be authorized by a supervisor. There is a form for the purpose. A case worker must remain with the young person, and supervise him or her at all times. Less intensive measures must have been attempted first. Isolation is terminated once the young person has calmed down and understands what is expected of him or her upon his or her return to the unit.⁷¹

2. The graduated restricted program has been abolished, and a new program has been established. The young people who are housed at the Centre are divided into two groups. Each group has classes, either in the morning or the afternoon. During the other half of the day, the group participates in workshops with a worker who specializes in recreational, work, and "on the land" activities. The educational workers and the security officers hold various workshops: the elders' cooking program; working at the airport, the water truck, at the arena. The ratio of case workers to young people has been increased.

Activities involving hunting and fishing, working at the Rehabilitation Centre camp, and gathering mussels are organized on a regular basis. The arena is used every week for group activities. A circus workshop organized by the Cirque du Soleil was available.

Two education workers were hired to develop a program that dealt with substance abuse and safe sexual practices, with an emphasis on prevention of abuses.

In addition, these educational workers organized workshops on anger management and peaceful conflict resolution.⁷²

⁷¹ Isolation policy, Lynn Hanley, January 19, 2010.

⁷² Lynn Hanley, Rehabilitation Centre Coordinator, January 19, 2010.

The Commission finds that the isolation programs and the policy as submitted to us are consistent with the rights to which children are entitled under the YPA and the Act respecting health services and social services.

RECOMMENDATION 14

“That the coordinator of the Puvirnituk Group Home use isolation only in the situations strictly authorized by law, in a manner that respects the dignity of the young people concerned, and that appropriate support be provided.”

Follow-up

Since October 2008, there has been a regional rehabilitation department to coordinate the various rehabilitation services and introduce uniform methods. One of the objectives is to bring the Puvirnituk Group Home⁷³ back under its control, putting it under the same isolation policy as the Rehabilitation Centre.

In May 2009, the Group Home Coordinator reported to us that isolation is used only as a last resort, and for as short a time as possible, generally for a youth who is unruly to the point of injuring others, is armed, or is out of control. He is released from isolation as soon as he calms down. Isolation lasts for between five minutes and a few hours, and in a few exceptional cases, between 12 and 18 hours for a young person in total disarray who bangs on the door and the walls and screams. The young people are under constant supervision and accompaniment.

If there is more than one young person in crisis, the isolation room at the hospital is used, or exceptionally, a cell at the police station (only once, according to the Coordinator).

In terms of programs, each young person has two case workers assigned to him. One of them, of Inuit origin, is responsible for facilitating parent-child relationships, working out arrangements for visits or reintegration, or finding a respite family when the child cannot return to or visit his family environment. The other one is responsible for helping the young person to achieve the objectives contained in his intervention plan. There are workshops on social skills, self-esteem, conflict resolution, and “how to present oneself in public”. The young people attend the village school.

⁷³ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, page 12.

Isolation is authorized by the Coordinator (if the group home is brought back under the control of the regional rehabilitation department, the Director will authorize isolation actions).

There are weekly meetings for training and case discussions.

The Commission notes that the procedures governing the use of isolation have been improved, and that the young people in isolation are accompanied.

RECOMMENDATION 15

“That the Nunavik Regional Board of Health and Social Services, in cooperation with the provincial directors for Ungava Bay and Hudson Bay, provide training on the application of the *Youth Criminal Justice Act* for their staff, especially youth workers.”

Follow-up

Ungava Bay

An Inuit case worker is specifically assigned to files to be dealt with under the Youth Criminal Justice Act in Kuujjuaq.

In addition, a Human Relations Agent is assigned to apply the Youth Criminal Justice Act on a half-time basis.

However, the position of Inuit social assistant to apply the Youth Criminal Justice Act was vacant in August 2009.⁷⁴

The case worker (Human Relations Agent) was trained by an experienced case worker from the *Centre jeunesse de l’Outaouais*.⁷⁵

Hudson Bay

Although the Regional Board indicated on December 15, 2008 that there had been an improvement in the follow-up for Youth Criminal Justice Act files, and that case workers had

⁷⁴ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 11.

⁷⁵ *Idem*, page 2.

been put in place with a mandate to track these files,⁷⁶ the staff turnover rate prevented this organization from being maintained.

In practice, the community workers or social assistants in each village deal with the Youth Criminal Justice Act files, just as they deal with the youth protection files. The Assistant DYP is responsible for supervising them and assisting them in drafting pre-sentence reports. However, the position of Assistant DYP is vacant.⁷⁷

In August 2009, the DYP hired a contract employee to take responsibility for the application of the Youth Criminal Justice Act in order to provide support to the Human Relations Agents and the community workers or social assistants in all of the communities, especially in terms of training, supervision, and establishing agreements respecting extrajudicial sanctions. He was also mandated to supervise a part-time case worker who was assigned to apply the Youth Criminal Justice Act. However, this latter position depends on the director's budget for vacant positions.⁷⁸

No training pertaining to the Youth Criminal Justice Act has been provided since March 2007. Nevertheless, the person who was hired must train the community workers or social assistants with respect to the evaluation process, the applicability or non-applicability of extrajudicial sanctions, and referrals to the Crown attorney.⁷⁹ In the meantime, this training is provided by the DYP, as required.

Given the high staff turnover rate, the Commission must reiterate the importance of training. It regrets the lack of training in Hudson Bay since 2007, but notes that the DYP provides it as required.

⁷⁶ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, page 10.

⁷⁷ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 25.

⁷⁸ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 28.

⁷⁹ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 33.

RECOMMENDATION 16

“That the Nunavik Regional Board of Health and Social Services, in cooperation with the Provincial Directors for Ungava Bay and Hudson Bay, take steps to ensure that young people subject to the *Youth Criminal Justice Act* benefit from the extrajudicial sanctions programs under the Act, which could be harmonized with community values.”

Follow-up

Ungava Bay

An informal agreement was reached with the management of the senior citizens home (Kuujuuaq) and the municipalities with respect to the application of the extrajudicial sanctions program.⁸⁰

Hudson Bay

Many adolescents never have to face justice in connection with their crimes, because the police take too long to transmit their files to the Crown attorney.⁸¹

There is neither an agreement nor an extrajudicial sanctions program. The community workers find community service situations on a case-by-case basis.⁸²

The Commission regrets the lack of progress with respect to extrajudicial sanctions programs since it made its recommendation.

⁸⁰ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, version of August 12, 2009, page 15.

⁸¹ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 33.

⁸² Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, page 28.

RECOMMENDATION 17

“That the Tulattivik and Innulitsivik Health Centres set up an employee assistance program.”

Follow-up

In the fall of 2008, the Regional Board submitted a request to the ministère for a human resources position in order to assess the design and feasibility of an employee assistance program that would take into account cultural factors and the communication difficulties in English and French.⁸³

In 2008-2009, the Nunavik Regional Board of Health and Social Services received a non-recurrent budget allocation of \$125,000 for the purpose of creating an employee assistance program for youth services employees.⁸⁴

The Commission notes the absence of an employee assistance program, and strongly encourages the Regional Board to establish one.

RECOMMENDATION 18

“That the Minister of Health and Social Services and the Minister of Justice ensure that any “traditional” adoption be assessed as a permanent lifetime decision and that a psycho-social assessment of the child and of the prospective parents be carried out prior to the adoption.”

Follow-up

The ministère de la Santé et des Services sociaux financed the creation of a committee on Inuit values, under the oversight of the Makivik Corporation, that is mandated to study traditional adoption among the Inuit. The Regional Board is a participant.⁸⁵

⁸³ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, December 2008, page 17.

⁸⁴ 2008-2009 Annual Report, Nunavik Regional Board of Health and Social Services, June 2009, page 69.

⁸⁵ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, Regional Board of Health and Social Services, December 15, 2008, page 17.

It is important to remember that the government tabled draft legislation to amend the Civil Code and other provisions relating to adoption and parental authority in the fall of 2009. This draft legislation did not propose any amendment specifically pertaining to traditional adoption. Instead, the government had given a mandate to document the various adoption practices and to evaluate the effects of an eventual recognition of aboriginal or Inuit adoption customs to a working group headed by the ministère de la Justice and comprising specialists in customary or traditional adoption and aboriginal representatives.⁸⁶

In light of the recommendation that was issued by the Commission with respect to traditional adoption among the Inuit, the Commission will follow the results of the working group's efforts with great interest in order to ensure that any changes that are eventually proposed respect the rights of children.

At the present time, the Commission considers it deplorable that adoption applicants and the children to be adopted still do not undergo a formal assessment.

RECOMMENDATION 19

“That the Minister for Native Affairs and the Makivik Corporation, in cooperation with the Federal government, propose immediate and adapted solutions to the housing problem, based on the right of children to receive protection.”

Follow-up

The five-year agreement between the governments of Québec and Canada, the Makivik Corporation, and the Kativik Regional Government was to be renewed by March 31, 2010. The draft agreement provides for 250 housing units over a five-year period. However, the actual requirement is for 1,000 housing units, and this does not include the additional demand that will build up over the next five years, as the population continues its steady increase.

The meetings that have been held in connection with renewal of this agreement have been postponed several times over the last year.

⁸⁶ Reports of the Makivik Corporation to the CDPDJ on youth protection services in Nunavik, Makivik Corporation, February 2009, page 8.

The Makivik Corporation recently reaffirmed the need for more housing and sounded the alarm at the National Assembly, with a reminder of the consequences and social problems associated with overcrowded housing.

In the same vein, on March 9, 2010, the chairperson of the Kativik Regional Government issued a reminder of the importance of signing an agreement as soon as possible, adding that this agreement must meet the real needs of the population.

The housing problem is a major issue in terms of improving the living conditions for families in Nunavik, and it is also a factor in attracting qualified professional staff, who are able to provide social services to the population. All of the organizations agree that the housing question is crucial.

In December 2008, the Regional Board explained that many programs were behind schedule in their implementation because the housing shortage interfered with the recruitment of staff to fill funded positions. In addition, the departments were sometimes forced to hire unmarried applicants ahead of other potential qualified applicants, because some of the housing units for workers had to be shared,⁸⁷ despite the fact that the ministère de la Santé et des Services sociaux had authorized construction of 134 apartments since 2007.

The Regional Board indicated that it had made an effort to find temporary solutions to the short-term need for housing units and work space, and that it had identified the future needs, pointing out at the same time that more permanent solutions were required in order to expand programs and provide the required services.⁸⁸

In February 2009, the Makivik Corporation enumerated all of the efforts that had been made to mobilize and coordinate the various organizations in order to provide youth services. At the same time, it also pointed out that certain problems of a more systemic nature, and particularly the housing issue, were still undermining the living conditions of children and their families, and that this matter called for the federal, provincial, and regional governments to come up with both immediate and medium-term plans.⁸⁹

⁸⁷ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, December 15, 2008, page 19.

⁸⁸ *Idem.*

⁸⁹ Report of the Makivik Corporation to the CDPDJ ..., Makivik Corporation, February 2009, page 20.

For its part, in June 2009, the Kativik Regional Government indicated that, although housing units had been built every year for a number of years, the number of social housing units is still not enough to meet the need. As a temporary solution, the suggestion has been made to move some renters out of overcrowded housing units into smaller housing units in their community in order to free up a few apartments with more bedrooms for larger families.

The Kativik Municipal Housing Bureau estimated that 1,000 housing units were required at the beginning of 2008.⁹⁰

In its 2008 annual report, the Kativik Regional Government, through its chairperson, indicated that all of the efforts made to improve the living environment will have been in vain if the overcrowded housing problem is not resolved.⁹¹

The Commission finds that housing continues to be a major issue and a challenging problem. It repeats its earlier finding from its investigation that overcrowded housing has many repercussions on the security of children, and limits the ability to protect them and provide them with a stable and safe environment.

In this respect, the Commission must once again join with the Makivik Corporation and the Kativik Regional Government in pressing the governments to reach a new agreement that reflects both current needs and projected needs over the next five years.

RECOMMENDATION 20

“That the Kativik Municipal Housing Bureau, in cooperation with the Directors of Youth Protection, take into consideration the best interests of the children and their right to protection when assigning housing.”

Follow-up

The Bureau is studying a project under which families willing to provide foster care could have their housing unit enlarged or their rent lowered.⁹² In addition, it has plans to hire a social worker to assist renters with serious problems.

⁹⁰ Quarterly Update, Kativik Regional Government, June 2009, page 2.

⁹¹ 2008 Annual Report, Kativik Regional Government, Message from the Chairperson, page 9.

⁹² Report of the Makivik Corporation to the CDPDJ, Makivik Corporation, February 2009, page 11.

The DYP in Hudson Bay meets with the Local Housing Committee of the Kativik Municipal Housing Bureau on an informal basis. On several occasions, she presented requests for accommodations for certain persons who were interested in becoming foster families, and the Local Committee cooperated. However, in a number of cases, it turned out that the families who had obtained a larger housing unit subsequently withdrew their offer to become a foster family.⁹³

The Commission is aware of the efforts made by the Kativik Municipal Housing Bureau in assigning housing units, taking into consideration the best interests of the children.

RECOMMENDATION 21

“That the Minister of Justice:

- § take steps to limit trips by children, in particular by using videoconferencing;
- § increase the number of hearing days of the Itinerant Court;
- § assess the possibility of assigning a resident judge to Nunavik.”

Follow-up

Videoconferencing is used for emergency order situations (Section 79), and only in Hudson Bay.⁹⁴

There has also been an increase in the number of court days in the territory of Hudson Bay.⁹⁵ This increase became necessary due to the increase in the number of files. However, the need is still not being met, and case workers continue to have to make frequent trips to Val-d’Or by air, and then to Amos by car.

“More and more court time has had to be added; the number of chartered flights to Val-d’Or has also increased. Youth protection monopolizes the court for entire weeks. This situation creates logistical problems, while at the same

⁹³ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, version of August 12, 2009, page 30.

⁹⁴ Investigation and report of the CDPDJ ... 18 months later, Nunavik Regional Board of Health and Social Services, December 15, 2008, page 10.

⁹⁵ Idem, page 9.

time forcing Youth Protection case workers to be away from their communities for up to a full week.”

In Ungava Bay, some files involving adolescents who are not eligible for extrajudicial sanctions are processed so late that they are almost forgotten, either because the court visits some communities only once a year or because weather forces cancellation of scheduled hearing periods.⁹⁶ This results in a perception among leaders that the DYPs are not doing their work and it risks bringing the administration of justice into disrepute.

The Commission recalls the findings that were delivered upon the conclusion of its investigation and the considerations that gave rise to its recommendation, which are still present:

- § Applications to the courts under the YPA in emergency situations require the children concerned to make long trips, as much as three days long, while they are already experiencing traumatic situations;
- § The trips generate major transportation and accommodation costs, and unduly monopolize case worker time in a system where resources are scarce;
- § For Hudson Bay alone, the number of protection files has doubled in recent years, without any increase in the number of court sessions;
- § Restricted access to the court system prevents the DYP from taking cases to court within the time limits and subject to the conditions set out in the YPA;
- § The current organization of the Itinerant Court leads to delays and postponements.

In this respect, the Commission reiterates to the ministère de la Justice its recommendation for more extensive use of videoconferencing, and for an increase in the number of hearing days for the Itinerant Court in all of the villages.

⁹⁶ Responses to the questions raised by the CDPDJ in connection with the report issued by the Nunavik Regional Board of Health and Social Services, version of August 12, 2009, page 23.

CONCLUSION

At the end of its investigation in 2007, the Commission concluded that the Inuit people are experiencing a major identity crisis after losing the points of reference provided by their traditional lifestyle, which has created a wide gap between the generations, among other problems:

“This crisis is reflected in the scope of the social problems that have emerged in recent decades in Nunavik: over-consumption of alcohol, substance abuse, and suicide have become problems of alarming proportions in all age groups. Poverty adds to the difficulty of the situation, and children are often the first victims. Many children live in conditions that are quite simply unsuited to their need for protection and security. A large number of children are physically, psychologically, and even sexually mistreated. Despite their young age, some children are addicted to alcohol, drugs, or other substances that cause serious physical or mental disorders. The school absence and dropout rate is extremely high, which raises questions about the future of these children. The situation is so bad that, unfortunately, some children resort to suicide as a way to end their suffering.”

Three years later, the social problems are still present, and the distress continues to have serious consequences for the children, with one in five children under the age of five being reported for neglect. The number of suicides has not declined, and crime is on the increase. In addition, drug and alcohol consumption continues to be one of the main causes of emergency placement of children, as we observed in Hudson Bay last summer. Household overcrowding is a major problem that exacerbates the social problems.

In response to the recommendations issued by the Commission, the designated authorities recognized the importance of the role of the regional organizations and their ultimate responsibility for improving the living conditions of their citizens. They subsequently demonstrated a willingness to work together in order to ensure a better future for the children.

Therefore, as recommended by the Commission, the Makivik Corporation, the Kativik Regional Government, the Regional Board, the DYPs, the Health Centres, the Kativik School Board, the Kativik Municipal Housing Bureau, the Kativik Regional Police Force, and the government have all initiated changes, identified initiatives, and focused on a more integrated approach as being the key to success.

While acknowledging the magnitude of the efforts and the organizational changes that have been observed in the last few years, the Commission must emphasize the fragility and the precarious results.

The Commission cannot overemphasize the need for organizations to focus their mobilization efforts on children, and it recommends that they do not lose sight of child protection in favour of institutional interests.

To this end, the organizations in Nunavik must band together under strong and inspirational leadership and make decisions that contribute to seeking consensus around common objectives related to the well-being of children, strengthen partnerships, commit to the objectives, and follow through on them.

In this context, the Commission reminds local elected officials of the importance of maintaining a sense of emergency, so that sustainable solutions that truly enhance the well-being of Nunavik's children can be found.

The Commission applauds those few communities which got more deeply involved in the local partnership committee model in this respect, and strongly invites the other municipalities to follow suit.

Consequently, this collective mobilization must result in a resolute commitment to curb the problems of drug and alcohol consumption, violence, and school absenteeism, in order to provide stable homes for children.

Social services, including prevention services, will target the needs of mothers and parents, who bear the primary responsibility for children and play a determining role in implementing solutions.

The Commission has concluded its systemic investigation of youth protection services in Ungava Bay and Hudson Bay, but it has no intention of abandoning its general mandate of ensuring that the rights of children are respected. To this end, the Commission may invoke its power under the YPA and intervene of its own initiative, if this proves to be necessary.

