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**2026** REPORT OF THE AUDITOR GENERAL OF CANADA TO THE NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY

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# Child and Family Services in the Northwest Territories



Office of the  
Auditor General  
of Canada

Bureau du  
vérificateur général  
du Canada

**INDEPENDENT  
AUDITOR'S REPORT**

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# At a Glance



## Overall message

Overall, the Department of Health and Social Services and the 3 health and social services authorities in the Northwest Territories did not do enough to protect and support the well-being of at-risk children and their families. We found serious shortcomings in key child protection services, from slow responses to reports of suspected maltreatment to failing to meet most minimum contact requirements with children and their families.

When there are allegations that a child is being maltreated, the health and social services authorities are required to assess the situation within 24 hours to determine risks to the child and whether action is needed, such as further investigation. The health and social services authorities failed to complete this screening assessment within the required timeline in 33% of the reports we reviewed. In addition, when an allegation was flagged as needing further investigation, the health and social services authorities did not complete the investigation within the required 30 days in 71% of the reports examined.

For children receiving protection services, the health and social services authorities did not consistently contact them at least once a month, as required. There were also shortcomings in the screening and oversight of foster homes. For example, criminal record checks were either not completed or not updated for all adults and caregivers in 12% of the foster homes we examined.

We found that the health and social services authorities did not consistently meet the standards in place to support the delivery of culturally safe services for Indigenous children. For example, most children did not have a cultural support plan that identified opportunities to strengthen and maintain their connection to their cultural background. This finding is important because almost all children receiving protection services in the territory identified as Indigenous.

We found that average vacancy rates for front-line child and family services workers ranged from 14% to 34% across the 3 health and social services authorities. Caseloads were also high, and training was delayed. In addition, the department did not complete a comprehensive assessment of the financial and human resources needed to deliver child and family services in the territory.

Some of our findings remain unresolved from audits conducted in 2014 and 2018. It is critical that the Northwest Territories' Department of Health and Social Services and the 3 health and social services authorities act urgently to strengthen child and family services and support the well-being of at-risk children and their families.

## Key facts and findings



- The health and social services authorities received about 1,500 reports of suspected maltreatment in each of the past 3 years, according to Child and Family Services annual reports.
- According to the department's 2024–2025 Annual Report of the Director of Child and Family Services, 98% of the children receiving child and family services in the Northwest Territories identified as Indigenous, despite representing 58% of the overall child population in the territory.
- A lack of standards for reimbursing foster care costs led to inconsistencies across regions and health and social services authorities, creating a potential for real or perceived unfairness and favouritism.
- While the department set a goal of 11 active cases per child protection worker, on average 75% of all child protection workers had more than 11 active cases.

See [Recommendations and Responses](#) at the end of this report.

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# Introduction

## Background

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### Child and family services in the Northwest Territories

1. Children have a right to be protected from physical and emotional harm and to have their needs met for shelter, food, and education. A complex range of issues—such as family violence, poverty, lack of affordable housing, substance misuse, and intergenerational trauma associated with the lasting impacts of colonialism—can place some children in the Northwest Territories at risk and in need of child-protection and family services. When parents are unable to meet their children’s needs, the Government of the Northwest Territories is responsible, under the Child and Family Services Act, for protecting these children and supporting their well-being and development.

2. The estimated population of the Northwest Territories in 2025 was about 46,000, of which almost 10,000 were under 17 years of age. About 1,200 of these children received prevention or protection services or both, according to the 2024–2025 Annual Report of the Director of Child and Family Services. It also indicated that 98% of the children receiving these services in the Northwest Territories identified as Indigenous (First Nations, 73%; Inuit, 20%; and Métis, 5%), despite representing 58% of the overall child population in the territory.

3. In 2014 and 2018, we reported the results of audits of the Northwest Territories’ child and family services. Both audits found serious long-standing deficiencies in services provided to children and families that put children’s safety at risk. Since then, there has been a reported reduction in the number of children in permanent care, and the responsible Government of Northwest Territories’ entities have committed to improving services. For example, the territory’s Child, Youth and Family Services Strategic Direction and Action Plan 2023–2028 outlines commitments aimed at providing culturally safe child and family services.

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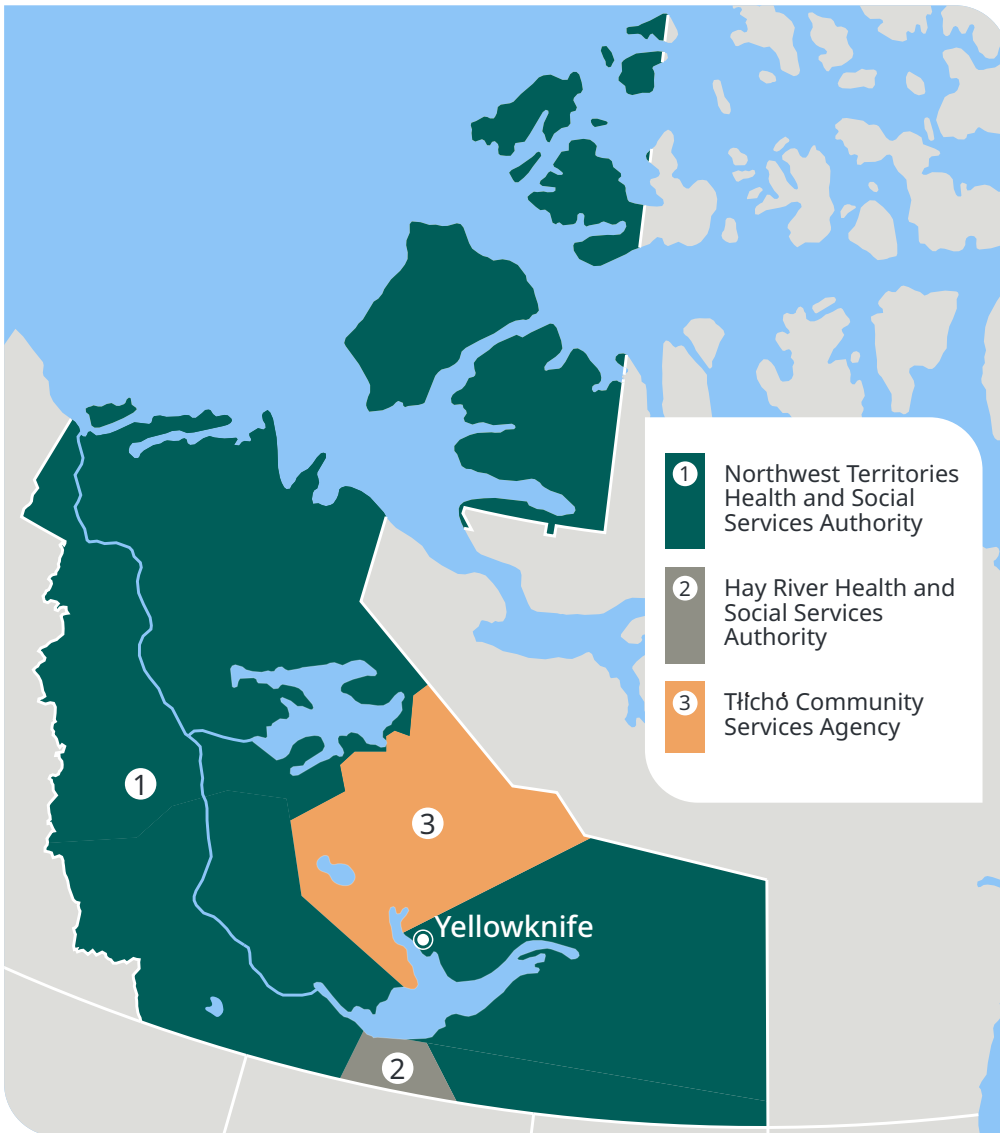
## Roles and responsibilities

4. **Department of Health and Social Services.** The department, under the Child and Family Services Act, is responsible for the overall management of the child and family services system and for ensuring that children are protected from abuse, harm, and neglect. It also has many of the rights and responsibilities of a parent for the children in its custody and care. The department sets out minimum standards that it and the health and social authorities must meet to fulfill their obligations under the act.

5. **Health and social services authorities.** The territory's 3 health and social services authorities are responsible for delivering child and family services in accordance with the Child and Family Services Act and the related standards. This responsibility is delegated by the Minister of Health and Social Services. Child protection workers, all of whom are employees of the health and social services authorities, deliver services such as investigating reported child protection concerns, arranging care for children who cannot safely live at home, and administering foster care. These authorities, which are also responsible for managing their own financial, human, and other resources, are located across the Northwest Territories ([Exhibit 1](#)):

- The Northwest Territories Health and Social Services Authority, which provides services in 5 regions
- The Tłıchq Community Services Agency
- The Hay River Health and Social Services Authority

**Exhibit 1—Communities served by the 3 health and social services authorities**



Source: Based on documentation from the Northwest Territories Health and Social Services Authority

 [Read the Exhibit 1 text description](#)

## Focus of the audit

6. This audit focused on whether the Department of Health and Social Services and the 3 health and social services authorities provided adequate services to protect and support the well-being of children and their families in accordance with legislation, policy, and program requirements.

7. This audit is important because children receiving child protection services are among the most vulnerable people in society. They rely on the government to meet its statutory responsibilities to protect their safety and well-being. If those responsibilities are not met, the impacts on children can be profound and long-lasting, affecting their safety, stability, cultural connections, and well-being across generations.

8. More details about the audit objective, scope, approach, and criteria are in [About the Audit](#) at the end of this report.

## Findings and Recommendations

### Health and social services authorities did not meet key requirements to protect and support children and their families

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#### Why this finding matters

9. When children require urgent help, their well-being and safety could be compromised if the required steps to protect them are not completed in a timely manner. Furthermore, it is important to monitor the children to confirm their continued safety.

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#### Context

10. The Department of Health and Social Services sets out in its Child and Family Services Standards and Procedures Manual the minimum standards that it and the health and social services authorities must meet to fulfill their obligations under the Child and Family Services Act to protect children. These standards include procedures and timelines related to responding to child protection concerns and how to conduct investigations into these matters.

11. The manual also sets out the standards related to foster homes. Foster homes need to be approved by the health and social services authorities. The standards define what actions must be completed prior to approving a foster home, such as completing home studies and criminal record checks for adults living in the home.

12. The standards also define the requirements for maintaining contact and monitoring children receiving protection services, including children placed outside of the territory. Children may require out-of-territory services when their needs cannot be met with the available resources in the territory.

## Most investigations of suspected maltreatment were not completed within required time frames

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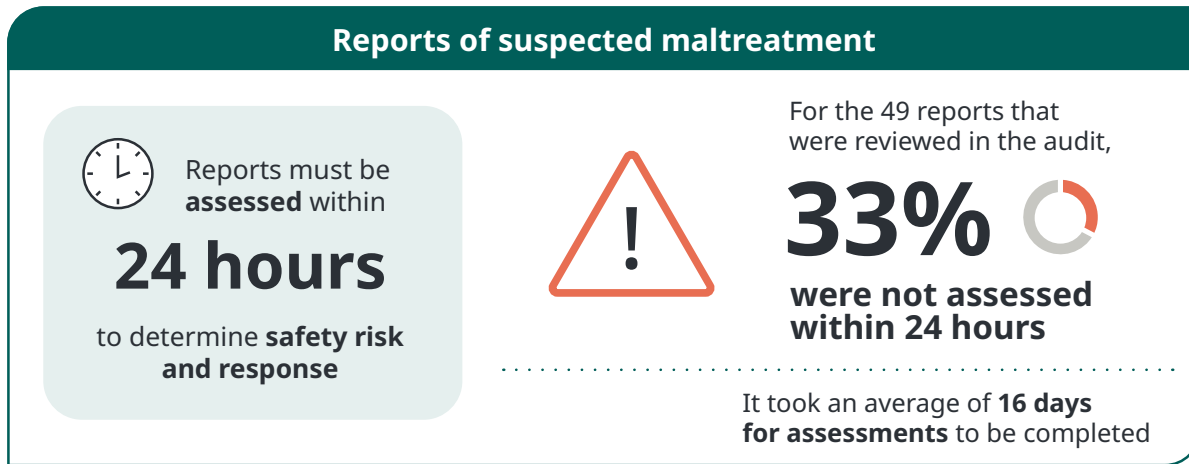
### Findings

13. We found deficiencies in how the health and social services authorities responded to reports of suspected child maltreatment. A report can come from a variety of sources such as community members, teachers, and law enforcement officials, and may involve more than 1 child. When a health and social services authority receives a report of suspected maltreatment—physical abuse, sexual abuse, emotional abuse, exposure to family violence or neglect—it must assess the report to determine whether there are any child protection risks and, within 24 hours, determine the course of action to be taken. These actions can include starting an investigation. According to the last 3 Child and Family Services annual reports, the health and social services authorities received about 1,500 reports of suspected maltreatment in each of those 3 years.

14. We used representative sampling to review 49 reports of suspected child maltreatment during our audit period. We found that the health and social services authorities had not assessed 33% of those reports within the required 24 hours ([Exhibit 2](#)). For the 33% that were not assessed on time, it took on average 16 days for the assessments to be completed. These findings are concerning given that any delay in assessing a report of suspected child maltreatment could leave a child at risk for longer than necessary. For example, in 1 report we reviewed, a second report of suspected maltreatment was received before the initial report was assigned to a child protection worker.

15. For reports of suspected child maltreatment that are assessed as requiring action, child protection workers must respond within 24 hours for urgent situations or within 5 days for all other situations. We found that when a response was required within 24 hours (11 files), the health and social services authorities always met this requirement. However, when a response was required within 5 days, the authorities did not meet this timeline 30% of the time. When the authorities did not respond within 5 days, the average number of days to respond was 21 days (from 6 to 37 days).

**Exhibit 2**—The health and social services authorities often did not assess reports of suspected maltreatment or complete investigations within the required time frames



**Based on the initial assessment:**



<sup>1</sup> Responses to reports where no abuse or neglect is present, but support services may be offered to the family.

Source: Based on the Northwest Territories Child and Family Services Standards and Procedures Manual and data from the health and social services authorities' files

 [Read the Exhibit 2 text description](#)

16. Depending on the nature of the report received, an investigation may be required. The purpose of an investigation is to determine whether a child needs protection. Of the 37 reports of suspected child maltreatment that were screened in for further action, the health and social services authorities determined that 31 of these reports required an investigation.

17. As part of an investigation, a safety assessment of whether the child is safe within their home environment must be completed by the end of the business day following the first face-to-face contact with the child. This safety assessment is critical as it determines immediate safety risks and whether removal from the home is required. While we found that the safety assessments were completed in all of the 31 investigations we examined, they were not completed within the required time frame in 71% of the investigations (taking on average 45 days to be completed and approved by a supervisor).

18. Further, we found that 71% of the investigations in our sample were not completed within the required time frame of 30 days ([Exhibit 2](#)). For the investigations that exceeded 30 days, the average number of days to complete the investigation was 158, with the longest investigation taking 512 days. Failure to complete the investigations of suspected maltreatment on time means that vulnerable children may remain at risk and that the supports that families can obtain such as parenting, mental health, or addiction services are delayed. As part of our review of investigations, we noted that an investigation was delayed because of the lack of an available child protection worker.

## Lack of monitoring and most minimum contact requirements not met

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### Findings

19. Following investigations of reports of suspected maltreatment, the health and social services authorities have various options to help respond to confirmed maltreatment concerns related to the safety or well-being of children. These options include:

- **Plan-of-care agreements with the parents of the child.** These are frequently used to keep a child safe within the family home or in foster care within or outside the territory. A plan-of-care agreement is an alternative to a health and social services authority seeking a child protection order from the court (such as a temporary or permanent custody order).
- **Temporary or permanent custody orders.** These orders transfer the custody of a child temporarily or permanently to the care of the Department of Health and Social Services, and the children are placed in care within or outside the territory.

20. We used representative sampling to review 47 files of children with plan-of-care agreements and 39 files of children with custody orders (temporary or permanent). We found that the health and social services authorities did not complete the required monitoring throughout the duration of the audit period. Specifically:

- For children with a plan-of-care agreement, 91% of the files did not have the case review completed every 3 months, as required.
- For children in temporary or permanent care, none of the files had a case review completed every 3 months, as required.

The case reviews ensure that progress is being monitored, and any identified problems are addressed quickly.

21. We also found that the health and social services authorities did not meet most of the monthly minimum contact requirements. For all children receiving child protection services, there are minimum contact standards that the child protection workers must respect to keep in touch with the child, the parents or caregivers, and the foster parents, if applicable. Although we saw that efforts were made by child protection workers to meet the monthly minimum requirements, in most of the files we reviewed, the frequency of contact did not meet the requirements in the standards ([Exhibit 3](#)). Monthly contact allows the child protection worker to assess whether the support and services being provided are contributing to the safety and well-being of the child and assists the worker in making informed decisions or plans about the child's care.

**Exhibit 3**—The health and social services authorities did not maintain monthly contact with children in the territory most of the time as required by their own minimum contact standards

Child protection workers are required to have at least 1 contact <sup>1</sup> every month with the:	Average frequency of contact in files reviewed	Percentage of files reviewed that did not meet contact requirements
Child	Every 2 months	91%
Parents or caregivers	Every 1.3 months	78%
Foster parents	Every 1.8 months	91%

<sup>1</sup> Contact can be by telephone, by electronic message, or in person.

Source: Based on information from the 3 health and social services authorities

22. We also found that most of the minimum contact standards were not met when children were placed out of the territory. Children can be sent out of the territory to be placed either in foster care or in specialized facilities or treatment programs. Of the 86 child files we examined, 13 were related to placements out of the territory. In all but 1 of these files, the child protection worker did not contact the child every month as required. On average, contact was every 3.76 months. In all 12 of the files where a courtesy supervision worker was needed, one was assigned; however, the child protection worker did not contact the child's courtesy supervision worker every month as required. A courtesy supervision worker is a child protection worker from the province or territory where the child has been placed and is expected to check in on them regularly.

23. From our samples above ([paragraph 20](#)), we reviewed the files of 41 foster homes where the children who had either a plan-of-care agreement or a custody order had been placed. We found deficiencies in the screening and oversight of foster care by the health and social services authorities.

24. We found that for 5 of the 41 (12%) foster homes that we examined, the health and social services authorities either did not complete the required criminal record checks of foster parents and caregivers (3 homes) or did not update the checks every 2 years (2 homes) as required. Further, 31 of the 41 foster homes had been operating for over a year and were required to have an annual review completed. We found that 6 of the 31 foster homes (19%) did not have an annual review completed. These reviews are a way to evaluate the safety and well-being of the children in care and to make sure that the foster home meets established standards. Failure to complete the criminal record checks of adults living in foster homes and the required annual reviews poses a risk to the children in care.

25. We also found that there were delays in the completion of the home studies that are required before a foster home can be approved for children to be placed there. This is concerning given that the home study assesses the foster parent's motivation for fostering, the household's strengths and weaknesses, the ability of the foster parents to meet the needs of the children, and the safety of the home. For provisional or extended family foster homes, where the child knows or is a relative of the foster parent, a home study must be completed within 14 days. For regular foster homes,

where the child does not know the foster parent, home studies must be completed within 45 days. We found that for the 12 foster homes approved during our audit period:

- Four of 6 provisional or extended family foster homes did not have a foster home study completed within 14 days. For these 4 homes, 2 home studies were not completed at all, 1 home study was missing information so we could not determine the timeliness, and 1 home study took 210 days, during which time the child was placed in the foster home before the home study was completed.
- Four of 6 regular foster homes did not have a study completed within 45 days. Our analysis found that these were completed between 101 and 407 days. In 2 of these files, the children were placed in the foster home prior to the home study being completed.

Officials from the health and social services authorities explained to us that delays in completing some of their responsibilities were due to staff shortages and high workloads.

## **Lack of standards for reimbursing foster care costs and managing group homes**

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### Findings

26. Foster parents are paid a daily rate to care for the children placed in their homes. In addition to the daily rate, foster parents can get financial reimbursement for items such as clothing and recreational activities. We found that the Department of Health and Social Services and the health and social services authorities had not implemented standards or procedures to guide the distribution of this additional financial support to foster care parents across the territory. As a result, this financial support for foster parents and the mechanisms foster parents must use to obtain it were inconsistent between regions and authorities. For example, annual reimbursement amounts per child for recreational activities ranged from \$400 to \$1,300 between regions and authorities. Inconsistency in financial reimbursement for foster parents was also identified in our 2014 and 2018 audits. Without established standards in place, there is a potential for real or perceived unfairness and favouritism.

27. Although entity officials told us that there were no active group homes during our audit period, we found that one health and social services authority had entered into an arrangement where children were living in a group setting. This was done through a contract with a care provider who committed to providing foster

care to 6 children in a building owned by the Government of the Northwest Territories. We found that this arrangement did not align with the definition of a foster home under the Child and Family Services Act, as this home was not a private home. Further, the costs covered by the authority were well above those available to foster parents. For example, the authority was responsible for paying for all utilities and maintenance of the home, while this was not provided for foster care parents.

28. Additionally, the annual review for foster homes was not completed. According to the records of the health and social services authority, a total of 15 children resided in this home at various times during our audit period, although not simultaneously.

29. We also found that there were no standards or procedures established to govern the operation and oversight of group homes in the territory. For example, there were no standards or procedures related to safety procedures or staff-to-child ratios. Group homes can be a last resort when regular foster homes are not available or children have special needs. It is important to establish standards and procedures for group homes that caregivers and the health and social services authorities are to follow to protect the health and well-being of the children living under their care.

## Many requirements and commitments to provide culturally safe services for children were not met

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### Why this finding matters

30. Almost all children receiving protection services are Indigenous. The Department of Health and Social Services and the health and social services authorities have committed to addressing this overrepresentation through actions including the promotion of cultural safety. Culturally safe approaches help ensure services are respectful and responsive to Indigenous children and families. Without such approaches, barriers to trust and engagement may arise, and services may be less effective in assessing and responding to the needs of Indigenous children and families.

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### Context

31. The Child and Family Services Act promotes the best interests and well-being of children with a recognition that differing cultural values and practices must be respected.

32. According to the Department of Health and Social Services, cultural safety is an outcome where Indigenous peoples feel safe and respected and free of racism and discrimination when accessing health and social services. The department established standards in the Child and Family Services Standards and Procedures Manual that must be followed to support a child's connection to their culture and community when they are living outside the home. This includes the creation of cultural support plans, long-term plans, and genograms.

- A cultural support plan is required for each child in out-of-home care to help identify their specific cultural needs, facilitate participation in cultural and community activities, and identify supportive individuals and groups.
- A long-term plan identifies the child's long-term placement plan, future needs and goals, and supportive tasks or steps to achieve them.
- A genogram maps out the child's family structures for at least 3 generations.

33. The health and social services authorities also have standards related to prioritizing the placement of children with a parent, with extended family, and within their community. For Indigenous children, placement priority includes members of their own Indigenous community or another Indigenous group, community, or people before placing them with non-Indigenous families. This is in line with federal legislation, An Act Respecting First Nations, Inuit and Métis Children, Youth and Families.

34. In the Child, Youth and Family Services Strategic Direction and Action Plan 2023–2028, the Department of Health and Social Services acknowledged that because of the overrepresentation of Indigenous children in the child and family services system, the system needs to change how it delivers services.

## **Protection services to support children's cultural and family connections were not consistently delivered**

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### Findings

35. Of the 47 files of children with a plan-of-care agreement and 39 files of children with a custody order that we sampled, there were 57 children placed outside their home. For these 57 children, we found that most significant requirements to support their connection with culture and family had not been met ([Exhibit 4](#)). Officials from the health and social services authorities explained to us that while efforts were made to maintain children's


connections to family, community, and culture, the efforts were not consistently documented because of competing operational pressures, workload, and staffing vacancies.

**Exhibit 4—Many requirements to support a child’s cultural and family connections were not met**



<sup>1</sup> A long-term plan is required only for a child with a permanent custody order.

Source: Based on information from the 3 health and social services authorities

 [Read the Exhibit 4 text description](#)

36. We also found that for the children with permanent custody orders who had long-term plans completed, 95% of the plans were not reviewed or updated every 6 months as required. This is unacceptable, as these plans are intended to identify the long-term placement plan for the child and to promote the child’s attachment and emotional ties to family, community, and culture when they are separated from their parents or caregivers. Without periodic review, it is difficult to assess progress and determine whether adequate supports are being provided.

37. Of the 57 children ([paragraph 35](#)) that had been placed outside their homes, this placement had occurred for 20 children during the audit period. We found that the health and social services authorities tried to place 16 of the 20 children with extended family or members of their own Indigenous community as the standards require prior to placing them with others. For the other 4 children, there was no evidence that the health and social services authorities had tried to place them with extended family or their Indigenous community prior to placement in a regular foster home.

38. We also found that the health and social services authorities did not meet their obligations to inform a child’s Indigenous governing body of planned apprehensions and placements out of the home, as required by standards. This requirement gives an Indigenous governing body, when one is in place, the opportunity

to have its views considered before significant steps are taken. We found that this was not done in 4 of the 5 files where it should have been completed.

## **Actions were delayed on some commitments to support the provision of culturally safe services**

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### Findings

39. The Government of the Northwest Territories committed to actions aimed at providing culturally safe child and family services in its Child, Youth and Family Services Strategic Direction and Action Plan 2023–2028. We found that the Department of Health and Social Services and the health and social services authorities made progress on implementing some of these actions and were on track to complete actions related to:

- working collaboratively with Indigenous governments and organizations
- providing care rooted in Indigenous practices

For example, the department was participating in various groups to collaborate with Indigenous governments. This included the Indigenous Advisory Body, which was established to provide guidance and advice to the Northwest Territories health and social services system on how to incorporate Indigenous traditions, culture, and healing practices into programs and services.

40. However, we found that some of the commitments made in the strategic action plan were delayed. For example, the action plan included various training activities related to the provision of culturally safe services. We found that commitments to provide cultural safety training to foster caregivers were not yet met.

41. In addition to the commitments in the action plan, the department and 2 of the health and social services authorities committed to increasing its percentage of Indigenous staff. We found that although overall Indigenous employment targets were met by 2 of the entities and very close to being met by the third, only 19% of child and family service front-line workers (social workers, supervisors, and managers working in child and family services) identified as Indigenous. This means that although the majority of the children receiving child and family services are Indigenous, they are not often being supported by Indigenous front-line staff.

42. The department and health and social services authorities also committed to increasing the number of Indigenous foster caregivers in the territory. We found that although the entity did not have a specific strategy to recruit Indigenous foster caregivers as recommended by the Northwest Territories Legislative Assembly in 2022, the total number of Indigenous foster caregivers increased from 88 in 2022–23 to 102 in 2024–25.

## The department and the health and social services authorities faced ongoing human and financial resource challenges

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### Why this finding matters

43. The Department of Health and Social Services and the health and social services authorities need sufficient human and financial resources to fulfill their responsibilities to protect children and support families as required under the Child and Family Services Act.

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### Context

44. Child protection workers for the 3 health and social services authorities are frequently called to make quick and difficult decisions about a child's best interests, often in stressful situations. They also need to travel to remote communities regularly, which requires additional time and resources. A shortage of qualified and trained workers may affect the ability of health and social services authorities to protect children from abuse and harm.

45. In our 2014 and 2018 audits of child and family services in the Northwest Territories, we found that the department had not determined the financial and human resources needed to deliver child and family services. We also found that insufficient staffing for child and family services was a concern in 2018, including vacancies. We made recommendations in both audits to the department related to the need to assess the human and financial resources to deliver child and family services. We recommended that this should be done in conjunction with the health and social services authorities. In 2021, the department planned to conduct ongoing assessments of the financial and human resources needed to deliver child and family services. The assessments were to consider caseloads and other factors affecting workloads and also the related financial resources needed.

## High vacancy rates, heavy caseloads, and training delays limited the ability of health and social services workers to fulfill their duties

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### Findings

46. We found that the health and social services authorities had been experiencing high vacancy rates between August 31, 2022, and August 31, 2025, and that the rates were even higher for front-line workers in all but one authority. While the average vacancy rates for the 3 individual health and social services authorities were between 19% and 29%, the average vacancy rates for their respective front-line child and family services employees were between 14% and 34%. High vacancy rates impact the caseloads of others, as the work still needs to be completed to protect children.

47. During the 2018–19 fiscal year, the Department of Health and Social Services set a goal of having a caseload of 11 active cases per child protection worker. We found that during the period from April 1, 2024, to August 31, 2025, on average, 75% of all child protection workers had more than 11 active cases, 49% of all child protection workers had caseloads that were at least double that number, and 23% of all child protection workers had caseloads that were at least triple that number.

48. When they are hired, social workers must complete mandatory training prior to receiving their statutory appointments as child protection workers. Timely training is important because when social workers receive their appointments, only then can they perform the full scope of their duties. Workers who were hired and trained from April 1, 2024, to August 31, 2025, waited an average of 147 days from their hiring date to their appointment date. As a result, there were months when these social workers could not deliver their full duties, which meant that others had to conduct the necessary work. For example, in some of the files we examined, supervisors had to complete some of the duties of others.

## Lack of timely and comprehensive assessment of human and financial resource needs

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### Findings

49. Following our 2018 audit, the Department of Health and Social Services and health and social services authorities obtained additional funding to staff 56 full-time employees for the 2019–20 to the 2021–22 fiscal years. We found that at the time of our audit, the department and the health and social services authorities had not conducted a comprehensive assessment to

determine whether, with these additional resources, they had sufficient human and related financial resources to deliver child and family services going forward. Although the department and the health and social services authorities captured data on vacancy rates, turnover, overtime, and caseload, there was no overall comprehensive assessment created from this data.

50. We found that the department and the health and social services authorities had assessed the human and financial resources needed to implement proposed legislative amendments to the Child and Family Services Act. While it is important to estimate and plan for possible future resource needs, this assessment did not determine what resources were needed to deliver child and family services in the current context.

51. We found that funding requests for child and family services were for operating deficits in the health and social services authorities, legal services, and an increase in foster care rates. We found that for each of the fiscal years from 2021–22 to 2024–25, 2 of the authorities operated their child and family services delivery program in a deficit position. The department has stated publicly that the Government of the Northwest Territories is currently undergoing a fiscal sustainability exercise, which limits opportunities for new investments.

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## Recommendation

52. Many of our findings in this audit are interrelated. We observed unmet requirements and significant human resource challenges. Furthermore, some of these issues align with findings and recommendations from our 2014 and 2018 audits of child and family services in the Northwest Territories.

53. The Department of Health and Social Services and the health and social services authorities should:

- track and analyze compliance with key requirements of the Child and Family Services Act, its standards, and procedures and use this analysis to make improvements, including implementing targeted training for staff to address non-compliance
- implement clear standards or procedures to ensure equitable distribution of financial support to foster care parents across the territory
- establish standards and procedures for the care of children living in a group setting and review existing arrangements to ensure compliance
- regularly assess the financial and human resources required to deliver services under the Child and Family Services Act, its standards, and procedures. This assessment should include

ongoing workload analysis to accurately identify the resources needed to deliver culturally safe child and family services, considering recruitment, retention, and attrition trends

**The department's and the health and social services authorities' response.** Agreed.

See [Recommendations and Responses](#) at the end of this report for detailed responses.

## Conclusion

54. We concluded that the Department of Health and Social Services and the 3 health and social services authorities did not provide adequate services to protect and support the well-being of children and youth and their families in accordance with legislation, policy, and program requirements.

## About the Audit

This independent assurance report was prepared by the Office of the Auditor General of Canada on child and family services in the Northwest Territories. Our responsibility was to provide objective information, advice, and assurance to assist the Northwest Territories Legislative Assembly in its scrutiny of the government's management of resources and programs and to conclude on whether the Department of Health and Social Services' and the 3 health and social services authorities' delivery of child and family services complied in all significant respects with the applicable criteria.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001—Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook—Assurance.

The Office of the Auditor General of Canada applies the Canadian Standard on Quality Management 1—Quality Management for Firms That Perform Audits or Reviews of Financial Statements, or Other Assurance or Related Services Engagements. This standard requires our office to design, implement, and operate a system of quality management, including policies or procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we complied with the independence and other ethical requirements of the relevant rules of professional conduct applicable to the practice of public accounting in Canada, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from entity management:

- confirmation of management's responsibility for the subject under audit
- acknowledgement of the suitability of the criteria used in the audit
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided
- confirmation that the audit report is factually accurate

### Audit objective

The objective of this audit was to determine whether the Department of Health and Social Services and the 3 health and social services authorities provided adequate\* services to protect and support the well-being of children and youth and their families in accordance with legislation, policy, and program requirements.

\* By "adequate," we mean that the services were delivered in accordance with our audit criteria.

## Scope and approach

The audit included an examination of the following areas:

- Delivery of child and family protection services (whether the entities followed key requirements, including those for culturally safe services)
- Supports for the delivery of child and family protection services (human resources, funding, including considerations for supporting culturally safe services)

We grouped “children” and “youth” under the term “children,” representing anyone under the age of 19.

The Department of Health and Social Services, the Northwest Territories Health and Social Services Authority, the Tłıchǫ Community Services Agency, and the Hay River Health and Social Services Authority were within the scope of our audit.

The audit work included reviewing and analyzing key documents. We also had interviews with employees of the Department of Health and Social Services, the 3 health and social services authorities, and representatives of organizations not under audit such as Indigenous groups.

The audit work also included testing samples of various child and family services files. We used representative sampling to review a sample of the following populations (files that had no attributes of audit relevance were substituted by random replacements):

- Reports of suspected maltreatment. The representative sample of 49 reports was stratified by health and social services authorities to verify whether key requirements were followed.
- Children or youth files with an open or active plan of care, including in-home or out-of-home placement. The representative sample of 47 plan-of-care agreements was stratified by health and social services authorities to verify whether key requirements were followed.
- Children or youth who were in temporary or permanent care, including children or youth placed in foster care or out-of-territory care. The representative sample of 39 files was stratified by health and social services authorities to verify whether key requirements were followed. Of those files, 30 were permanent custody orders and 9 were temporary custody orders.
- Foster homes. The representative sample of 41 foster homes was associated with the children or youth files we sampled.

Where representative sampling was used, samples were sufficient in size to conclude on the sampled population with a confidence level of no less than 90% and a margin of error of no greater than plus 10%.

Our human resources analysis covered the period from August 31, 2022, to August 31, 2025, which was a longer period than the period under audit. For the analysis on the number of Indigenous foster caregivers, we examined the last 3 fiscal years. This allowed us to review if there were trends.

Areas that were not part of the scope of the audit:

- Prevention services
- Adoptions
- Youth justice
- Issues related to the evacuation of residents due to the 2023 forest fires
- Professional practices of social workers

## Criteria

We used the following criteria to conclude against our audit objective:

Criteria	Sources
The Department of Health and Social Services and the health and social services authorities deliver protection services in compliance with key requirements of the Child and Family Services Act and the Child and Family Services Standards and Procedures Manual.	<ul style="list-style-type: none"> <li>• Child and Family Services Act</li> <li>• Child and Family Services Standards and Procedures Manual</li> <li>• Hospital Insurance and Health and Social Services Administration Act</li> <li>• Health and Social Services Establishment Policy, Government of the Northwest Territories, 2016</li> <li>• Northwest Territories Health and Social Services Authority Establishment Order</li> <li>• Hay River Health and Social Services Authority Order</li> <li>• Tłıchq Community Services Agency Act</li> </ul>
The Department of Health and Social Services and the health and social services authorities deliver foster care services in compliance with key requirements of the Child and Family Services Act and the Child and Family Services Standards and Procedures Manual.	<ul style="list-style-type: none"> <li>• Child and Family Services Act</li> <li>• Child and Family Services Standards and Procedures Manual</li> <li>• Hospital Insurance and Health and Social Services Administration Act</li> <li>• Health and Social Services Establishment Policy, Government of the Northwest Territories, 2016</li> <li>• Northwest Territories Health and Social Services Authority Establishment Order</li> <li>• Hay River Health and Social Services Authority Order</li> <li>• Tłıchq Community Services Agency Act</li> </ul>

Criteria	Sources
<p>The Department of Health and Social Services and the health and social services authorities deliver protection services and foster care services in compliance with key requirements related to the provision of culturally safe services.</p>	<ul style="list-style-type: none"> <li>• Child and Family Services Act</li> <li>• Child and Family Services Standards and Procedures Manual</li> <li>• An Act Respecting First Nations, Inuit and Métis Children, Youth and Families</li> <li>• Hospital Insurance and Health and Social Services Administration Act</li> <li>• Health and Social Services Establishment Policy, Government of the Northwest Territories, 2016</li> <li>• Northwest Territories Health and Social Services Authority Establishment Order</li> <li>• Hay River Health and Social Services Authority Order</li> <li>• Tłıchq Community Services Agency Act</li> <li>• United Nations Declaration on the Rights of Indigenous Peoples</li> <li>• Child, Youth and Family Services Strategic Direction and Action Plan 2023–2028, Government of the Northwest Territories</li> <li>• Responding to the Truth and Reconciliation Commission of Canada’s Calls to Action: An Update on the Government of the Northwest Territories Responses, 2019</li> <li>• Changing the Relationship: Action Plan in Response to the Calls for Justice on Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ People, Government of the Northwest Territories, 2022</li> </ul>

Criteria	Sources
<p>The Department of Health and Social Services and the health and social services authorities identify and implement the financial and human resources needed to meet their responsibilities under the Child and Family Services Act.</p>	<ul style="list-style-type: none"> <li>• Child and Family Services Act</li> <li>• Hospital Insurance and Health and Social Services Administration Act</li> <li>• Health and Social Services Establishment Policy, Government of the Northwest Territories, 2016</li> <li>• Northwest Territories Health and Social Services Authority Establishment Order</li> <li>• Hay River Health and Social Services Authority Order</li> <li>• Tłıchq Community Services Agency Act</li> <li>• Financial Administration Act, Government of the Northwest Territories</li> <li>• Financial Administration Manual Government of the Northwest Territories</li> <li>• Report of the Auditor General of Canada to the Northwest Territories Legislative Assembly—2018: Child and Family Services—Department of Health and Social Services and Health and Social Services Authorities</li> <li>• Restoring Balance: A Fiscal Sustainability Strategy for the 20th Legislative Assembly, Government of the Northwest Territories, 2024</li> <li>• Healthcare System Sustainability, Executive and Indigenous Affairs, Government of the Northwest Territories</li> <li>• Northwest Territories Health and Social Services System: Human Resources Plan 2021–2024, Government of the Northwest Territories</li> </ul>

Criteria	Sources
<p>The Department of Health and Social Services and the health and social services authorities deliver on key commitments related to culturally safe services.</p>	<ul style="list-style-type: none"> <li>• Child and Family Services Act</li> <li>• Child and Family Services Standards and Procedures Manual</li> <li>• An Act Respecting First Nations, Inuit and Métis Children, Youth and Families</li> <li>• Hospital Insurance and Health and Social Services Administration Act</li> <li>• Health and Social Services Establishment Policy, Government of the Northwest Territories, 2016</li> <li>• Northwest Territories Health and Social Services Authority Establishment Order</li> <li>• Hay River Health and Social Services Authority Order</li> <li>• Tłıchq Community Services Agency Act</li> <li>• United Nations Declaration on the Rights of Indigenous Peoples</li> <li>• Child, Youth and Family Services Strategic Direction and Action Plan 2023–2028, Government of the Northwest Territories</li> <li>• Indigenous Recruitment and Retention Action Plan, Government of the Northwest Territories</li> <li>• Responding to the Truth and Reconciliation Commission of Canada’s Calls to Action: An Update on the Government of the Northwest Territories Responses, 2019</li> <li>• Changing the Relationship: Action Plan in Response to the Calls for Justice on Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ People, Government of the Northwest Territories, 2022</li> </ul>

## **Period covered by the audit**

The audit covered the period from April 1, 2024, to August 31, 2025. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters that preceded the start date of this period.

## **Date of the report**

We obtained sufficient and appropriate audit evidence on which to base our conclusion on May 7, 2026, in Ottawa, Canada.

## **Audit team**

This audit was completed by a multidisciplinary team from across the Office of the Auditor General of Canada led by Jo Ann Schwartz, Principal. The principal has overall responsibility for audit quality, including conducting the audit in accordance with professional standards, applicable legal and regulatory requirements, and the office's policies and system of quality management.

# Recommendations and Responses

Responses appear as they were received by the Office of the Auditor General of Canada.

In the following table, the paragraph number preceding the recommendation indicates the location of the recommendation in the report.

Recommendation	Response
<p><b>53.</b> The Department of Health and Social Services and the health and social services authorities should:</p> <ul style="list-style-type: none"> <li>• track and analyze compliance with key requirements of the Child and Family Services Act, its standards, and procedures and use this analysis to make improvements, including implementing targeted training for staff to address non-compliance</li> <li>• implement clear standards or procedures to ensure equitable distribution of financial support to foster care parents across the territory</li> <li>• establish standards and procedures for the care of children living in a group setting and review existing arrangements to ensure compliance</li> <li>• regularly assess the financial and human resources required to deliver services under the Child and Family Services Act, its standards, and procedures. This assessment should include ongoing workload analysis to accurately identify the resources needed to deliver culturally safe child and family services, considering recruitment, retention, and attrition trends</li> </ul>	<p><b>The department’s and the health and social services authorities’ response.</b> Agreed.</p> <ul style="list-style-type: none"> <li>• The Department will strengthen its oversight mechanisms for tracking and analyzing compliance, with a particular focus on areas of non-compliance identified by the Office of the Auditor General of Canada. This will be achieved through consistent monitoring, trend analysis, and timely identification of compliance gaps to support improvements.</li> </ul> <p>Work is underway through the development of the Department’s Guide to Quality Assurance and Continuous Improvement, to be finalized in June 2026. The Guide includes a dedicated section on auditing processes to establish and implement clear oversight mechanisms for measuring compliance with legislative and practice standards.</p> <p>The Department will lead system audits every two years, and complete focused quality reviews on alternating years. Based on audit results, the Authorities will address findings within their scope of authority, including refresher training, clinical supervision, and policy or procedural revisions. In addition, the Department will address systemic issues through improvements within DHSS’s scope, such as updates to standards and enhancements to the electronic case management system, to reduce recurring non-compliance and strengthen consistency across the system.</p> <ul style="list-style-type: none"> <li>• The Department and Authorities acknowledge the need to improve equity and consistency in foster care financial support across the NWT.</li> </ul> <p>To advance this work, the Department will implement a foster care support standard by September 2026. The standard will require Authorities to establish clear reimbursement processes and define allowable foster</p>

Recommendation	Response
	<p>care expenses. To meet the established standard within their existing budgets, the Authorities are developing or updating foster care financial support guidelines by September 2026. These guidelines will promote consistency and clarity in reimbursement and allowance practices for caregivers, support the equitable application of financial support, and recognize unique regional and operational realities.</p> <ul style="list-style-type: none"> <li>• The Department is taking steps to address the lack of clarity regarding what constitutes a group home and the expectations associated with these settings. Standards are being developed to outline requirements for in-territory specialized placements for children and youth, which will include a clear definition of group placements and establish appropriate requirements for these settings. Establishing these standards requires input from policy, legal, and other relevant departments. Subject to this input, the standards are anticipated to be completed by March 2027.</li> </ul> <p>Once implemented, the requirements will provide a more consistent practice framework for Authorities, contractors, and non-governmental organizations. This will support improved oversight, clearer roles and expectations, and strengthened accountability, ultimately contributing to higher-quality and more consistent care for children and youth residing in group homes and similar residential settings.</p> <ul style="list-style-type: none"> <li>• The Department and Authorities remain committed to strengthening its respective resource assessment processes to support sustainable and accountable system, while operating within current fiscal constraints and GNWT sustainability measures. Through the GNWT business planning process, the Department and Authorities will continue to identify and communicate funding pressures affecting CFS.</li> </ul> <p>To improve the accuracy of caseload analysis, Authorities will enhance how they work with CFS staff to ensure files are consistently updated and closed in the electronic case management system. This will support more reliable data, clearer workload distribution, and improved workforce planning. To further</p>

Recommendation	Response
	<p>improve oversight, the Department has developed dashboards tracking turnover rates (annually), vacancy rates (semi-annually), and caseloads (quarterly), enabling informed decision-making by Authority senior leadership.</p> <p>By October 2026, the Department will complete a jurisdictional scan to inform its approach to caseload and workload measurement. In addition, the Department and Authorities will reintroduce a staff survey in December 2026 to better understand internal and external factors influencing workload and retention. Collectively, the initiatives will support evidence-based decisions by Authority-level senior leadership to strengthen workforce stability and retention strategies.</p>

## Appendix—Text Descriptions of Exhibits

Here are the text descriptions of the exhibits.

### Exhibit 1—Communities served by the 3 health and social services authorities—Text description

This map shows the areas in the Northwest Territories served by the 3 health and social services authorities: the Northwest Territories Health and Social Services Authority, the Hay River Health and Social Services Authority, and the Tłıcho Community Services Agency.

The Northwest Territories Health and Social Services Authority serves most of the territory, except for 2 areas to the northwest and to the south of Yellowknife.

The Hay River Health and Social Services Authority serves the area south of Yellowknife along the border between the Northwest Territories and Alberta. This health and social services authority serves the smallest area of the territory.

The Tłıcho Community Services Agency serves an area in the central part of the territory roughly from northwest of Yellowknife to the border with Nunavut.

Source: Based on documentation from the Northwest Territories Health and Social Services Authority

 [Back to Exhibit 1](#)

### Exhibit 2—The health and social services authorities often did not assess reports of suspected maltreatment or complete investigations within the required time frames—Text description

This illustration shows the process for 49 reports of suspected maltreatment and compares the time frame requirements with the results of the audit. In short, the time frame requirements for assessments and for investigations were not met.

Reports of suspected maltreatment must be assessed within 24 hours to determine safety risk and response. For the 49 reports that were reviewed in the audit, 33% were not assessed within 24 hours. It took an average of 16 days for assessments to be completed.

Based on the initial assessment,

- 12 reports were screened out
- 6 reports were screened in for non-investigatory responses. These are responses to reports where no abuse or neglect is present, but support services may be offered to the family.
- 31 reports were screened in for investigation

Investigations must be completed within 30 days. Of the 31 reports that were screened in for investigation, 71% of the investigations were not completed in 30 days.

Source: Based on the Northwest Territories Child and Family Services Standards and Procedures Manual and data from the health and social services authorities' files

 [Back to Exhibit 2](#)

**Exhibit 4—Many requirements to support a child’s cultural and family connections were not met—Text description**

This bar chart shows the percentage of files that did not meet each of the 3 requirements for supporting a child’s cultural and family connections: genograms, cultural support plans, and long-term plans.

- A genogram maps out the child’s family structures for at least 3 generations.
- A cultural support plan details the child’s cultural background and identifies opportunities to strengthen and maintain their connection to it.
- A long-term plan identifies the child’s long-term placement plan. A long-term plan is required only for a child with a permanent custody order.

For genograms, 84% of the files examined did not meet the requirement.

For cultural support plans, 65% of the files examined did not meet the requirement.

For long-term plans, 33% of the files examined did not meet the requirement.

Source: Based on information from the 3 health and social services authorities





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