

Fifth Session - Fortieth Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Legislative Affairs

Chairperson
Mr. Matt Wiebe
Constituency of Concordia

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MANITOBA LEGISLATIVE ASSEMBLY
Fortieth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS
Monday, December 14, 2015

TIME – 9 a.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. Matt Wiebe (Concordia)

VICE-CHAIRPERSON – Mr. Bidhu Jha (Radisson)

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

*Hon. Ms. Irvin-Ross, Hon. Mr. Kostyshyn,
 Hon. Ms. Marcelino, Hon. Mr. Saran*

*Messrs. Jha, Martin, Mrs. Mitchelson, Messrs.
 Pedersen, Swan, Wiebe, Wishart*

Substitutions:

Mr. Pedersen for Mrs. Driedger.

APPEARING:

*Hon. Jon Gerrard, MLA for River Heights
 Ms. Darlene MacDonald, Children's Advocate*

MATTERS UNDER CONSIDERATION:

*Annual Report of the Children's Advocate for the
 fiscal year ending March 31, 2014*

*Annual Report of the Children's Advocate for the
 fiscal year ending March 31, 2015*

* * *

Clerk Assistant (Mr. Andrea Signorelli): Would the Standing Committee on Legislative Affairs please come to order.

Before the committee can proceed with the business before it, it must elect a new Chairperson.

Are there any nominations for this position?

Mr. Andrew Swan (Minto): Yes, I nominate Mr. Wiebe.

Clerk Assistant: Mr. Wiebe has been nominated. Are there any other nominations?

Hearing no other nominations, Mr. Wiebe, will you please take the Chair.

Mr. Chairperson: Our next item of business is the election of a Vice-Chairperson.

Are there any nominations?

Mr. Swan: I nominate Mr. Jha.

Mr. Chairperson: Mr. Jha. Are there any other nominations?

Seeing none, Mr. Jha has been nominated—sorry, elected Vice-Chairperson.

This meeting has been called to consider the following reports: Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2014; Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2015.

Before we get started, are there any suggestions from the committee as to how long we should sit this morning?

Mr. Ian Wishart (Portage la Prairie): We'll try and be wrapped up by 10:30 at the latest.

Mr. Chairperson: Okay. Is that agreed, 10:30 at the latest? *[Agreed]*

Are there any suggestions as to the order in which we should consider the reports?

Mr. Wishart: Just in general.

Mr. Chairperson: Okay, global, in a global fashion. Is that agreed by the committee? *[Agreed]*

Does the honourable minister wish to make an opening statement, and would she please introduce the officials in attendance?

Hon. Kerri Irvin-Ross (Minister of Family Services): All right. I will.

Do you want me to introduce Darlene and her staff or—*[interjection]* Okay. Darlene will.

All right. So I am very pleased today to be joined by Darlene MacDonald, the Children's Advocate, as well as Corey La Berge, the Deputy Children's Advocate.

I'd like to express our gratitude for the work of the Children's Advocate in the last year. She has provided several excellent reports that will be used to improve our services around suicide prevention, youth with complex needs, permanency, water safety

and much more. I'd especially like to thank her for the many meetings and work around the legislation we introduced this session to create stand-alone legislation to expand the mandate and reporting powers of the Children's Advocate.

A strong advocate means a strong system that gives our children and youth the best possible supports to thrive. We are in the midst of a monumental change with this legislation, the elimination of hotel use, as well as our new customary-care legislation that will allow the option for indigenous children to be in the care of their communities, with strong ties to tradition and culture.

The years ahead will be brighter for our most vulnerable children, and I'd like to thank the advocate, indigenous leadership and the Department of Family Services and all of those who have worked to make this happen. And I'd like to also extend a great big thank you to all the staff at the Children's Advocate office for their dedication and support that they provide to you but also the information they share with all Manitobans about what we need to do to make a better system. Thank you.

Mr. Chairperson: We thank the honourable minister.

Does the critic for the official opposition have an opening statement?

Mr. Wishart: I do, thank you.

I, too, would like to thank Darlene MacDonald, the Children's Advocate, and Corey La Berge, Deputy Children's Advocate, for the great work that they have done and the leadership that they have shown, and extend that to all of the staff at the Children's Advocate office. I know it's often a trying job to try and deal with some of these problems.

I'd like to recognize, too, that this particular report is focusing on the younger children this time, one that I think is very appropriate because very often they have a very small voice. So this time it's nice that there's focus on them, and also for the special reports that you have done and the suggestions that have grown out of them, so thank you very much.

Mr. Chairperson: We thank the member. Does the Children's Advocate wish to make an opening statement?

Ms. Darlene MacDonald (Children's Advocate): With me today, as you mentioned, is Corey La Berge, the deputy, and behind me is Ainsley Krone,

who would be the manager, Communications, Research and Public Education—she's one person, big title—and also Patty Sansregret, who is the manager of special projects.

So, good morning.

My annual report for the past year highlighted the special care needs and unique vulnerabilities of young children from birth to age 10. These early years are a stage in life where a child progresses through significant development and the foundations are set forth for health and well-being. Therefore, the experiences of a young child has in their first 10 years will heavily influence many later outcomes.

As our youngest citizens are the most dependent on the adults who surround them, we all have a role and responsibility to actively identify the needs of this population. We must work diligently to ensure those needs are met. As decision-makers and legislators, the play—the—you play a key role in the process. The decisions you make as a collective government impacts the lives in the youngest and most vulnerable Manitobans.

Working from a child-centred mandate our primary goal is to ensure the voices of young people are heard in the decisions that are made about their lives. Our experiences speaking with children and youth often reveal that they feel they don't have any say in what happens to them. During the year the tabled report we received 2,418 requests for advocacy services. This is equal to a 12 per cent increase from our previous fiscal year.

In our advocacy service program, we include information in each annual report about the top concerns. This year, 75 per cent of the reported concerns related to case plan, quality of care for children who are in care as well as concerns about the rights of children.

Our advocacy for children, youth and their family also involves child death investigations. Under my current mandate, child deaths reviewable by my office are those where the following conditions are true: when a child dies, when a child dies and there's an open family service file with a child welfare agency in the province or when a child dies where there's an open service file that's been closed a year preceding the death of the child.

We also look for things that work well. We highlight the examples of good practice that reflect the system's demonstrated understanding and appropriate responses to the needs of young people and

their families. Of the 139 Manitoba child deaths that occurred during the year of this report, 49 of them met the criteria for review by my office, and six of those deaths were children in care.

To highlight the report's theme of experiences and special vulnerabilities of children age birth to 10 years, we included additional levels of statistical reporting. For example, we included a graph that explains Manitoba's death-child deaths by age, and you will note that 84 per cent of the deaths were related to children age 10 years and younger.

Increasingly, Manitobans recognize our office as a key source of knowledge on the child-welfare system and other youth-involved public services. As a result, our form-our public education efforts continue to be in high demand. From newsletters to position statements to special reports, systemic research projects, we dedicate considerable resources to helping the public understand the experiences of children and youth. And in each annual report, as you know, we select systemic themes. This year we looked at adverse childhood experience, water safety and ensuring the quality of care for children that are in care.

Each of these are issues that have an amplified impact on the young children because they relate to early trauma, physical safety and the ways in which decisions made impact on the youngest and most vulnerable.

On a positive note, we continue to see great numbers of youth approaching 18 who've been given extensions of care, allowing them to receive the financial, emotional and educational support they need to transition into adulthood.

* (09:10)

Although we provided service for many years to this group when they ask for our request, this is not the responsibility included in our current mandate. We are pleased to see Bill 16, The Children's Advocate Act, include services to young adults up to age 21. It's been nearly two years since Commissioner Hughes recommended a broad expansion of our office. This came after several years of similar recommendations we made to government. We are therefore pleased that the new bill has finally been introduced and we hope the start of those changes come in the new year when you begin sitting again.

When we look at the experiences of children, we also examine the role of adults, since many

experiences those children have are as a direct result of the choices made by adults. Children must be acknowledged as stakeholders in their decisions, and as adults we have a responsibility to seek out their opinions and ideas. This is true even when children are too young to speak for themselves or unable to fully express their thoughts. Recognizing the importance of listening to young voices is an essential piece in improving their health and future and their well-being.

So thank you very much for your attention, and I welcome any comments or questions you may have. And I just wanted to note you do have a package from me that includes some of our material, and I'm very proud of our little hen on children's rights, so thank you.

Mr. Chairperson: Thank you to Ms. MacDonald for your comments.

Committee Substitution

Mr. Chairperson: Now, before we move to questions, I would like to inform the committee that, under rule 85(2), the following membership substitution has been made for this committee effective immediately: Mr. Pedersen for Mrs. Driedger.

* * *

Mr. Chairperson: With that, the floor is now open for questions.

Mr. Wishart: I thank the Children's Advocate for her opening comments. We'll drill down into some of them a little bit later, but I wanted to start with a couple questions just for clarity here from the minister, hopefully.

I know that this is an unusual year in that we've had two bills regarding the Children's Advocate, one of which died on the Order Paper and the second one which was introduced very late in the session.

I wonder if the minister could share with us if she—they have a plan as to when that will be introduced in the next sitting—or when that will be put forward in the next sitting.

Ms. Irvin-Ross: So we had the privilege of tabling Bill 16 December the 3rd, December 3rd we tabled it, and we're really excited about the work that the Children's Advocate as well as all of our partners did, as well as the Department of Family Services, to ensure that it could address as many of the Hughes recommendations as we could.

Right now, with it in first reading, it is up now to the opposition to move it forward, so we welcome all opportunities as soon as we begin sitting again to have it move to second reading and on to the committee and third reading. So it's over to you.

Mr. Wishart: I thank the minister for her comments, but actually it's you who determines when the next session begins.

Ms. Irvin-Ross: Our House leaders have certainly negotiated that, and we are sitting in the end of February for, I think, approximately a three-week term, and that will be a really good opportunity for us to move it to committee, and I certainly welcome that, as well as we think we've heard the Children's Advocate speak very adamantly about the importance of having this bill move and get passed as soon as possible.

So I will take this as your consideration that you are going to be co-operating with this, and I thank you very much for that.

Mr. Wishart: Thank you again to both the Chairman and the minister. We are very interested in seeing this bill move forward. We'll be very clear on that. I think we were in our initial response to it.

There are still a few issues that we would like to discuss with you related to the bill, particularly how it relates to other departments, and being as that is new ground I think that's to be expected that there would be many questions in that area and whether all of the departments that should be included are being included in the mandate. But, I mean, we're certainly interested in getting this to committee.

The reason I've been curious about whether or not we would be seeing this promptly is there's certainly been some speculation on the part of some of the Premier's staff as to whether there would even be another sitting, so the minister's comments would then indicate that she believes that there will be a sitting in February.

Ms. Irvin-Ross: Unless you know something that I don't know, I know that our House leaders have come up with a plan, and a signed agreement was tabled with the Speaker. It was a all-party agreement. I think Jon Gerrard, the member from River Heights, was also a party of that, and I think that there's a—but there is a plan, and we're going to move forward, and thank you very much for you interest in this act. I think that that's really—it's really valuable that you want to move this forward, so thank you.

Mr. Chairperson: I'd like to take this opportunity—thanks to the Clerk for pointing out and reminding me that this is an opportunity for us to discuss the question about policy—sorry—*[interjection]* Exactly, questions about the report, not about policy, and certainly not about legislation that's coming forward before the House.

But, with that, I'll turn it back over to—for questions.

Mr. Wishart: And I appreciate the comments. I think that that speculation that has been out there may be nothing more than speculation, but I certainly appreciate the minister clarifying that, that she believes that we will be doing this in early in the new sitting and I would like, again, to assure her that we are interested in dealing with this in a very timely manner.

Leaving that, I would like to ask a few questions of the Children's Advocate, if I might. And you made comments in your opening statement about the water safety problem in particular, and the number in terms of drownings has always been of some concern. It seems as though we've had a few more recently.

Can you kind of indicate to us what steps the Children's Advocate office has taken and what, if any, further steps are planned?

Ms. MacDonald: Basically, in the package that I gave to you, there is a water safety pamphlet that we've put together. We have reached out to the departments of Health this year as well and the maternal child health with the Assembly of Manitoba Chiefs to put together more information. In talking to people about community education, as you know, that we do live in communities surrounded by water and talking about the education at the community level where it's important to have floatation devices, it's important to have life-saving swimming lessons to people, although they do say that that doesn't work for any child under the age of two and, in particular, the biggest thing we've come across is the lack of supervision for very young children and to realize how quickly drowning can happen when they're out of sight just for a moment as well.

Mr. Wishart: Well, I appreciate those comments. I certainly believe that education is the approach that needs to be done. Many years ago we had a similar situation in the farm community with a lot of drownings in some small communities, and we actually showed the initiative through one of the farm groups to have trainers come to those small

communities on a kind of community basis, and we were pleased to see that the results were a significant drop.

I wonder if something along that line is being considered, actually having someone come into the community to deliver the information and help with the education process.

Ms. MacDonald: Yes. That's been our reach out to the directors of Health and to the leadership in the community to talk about having campaigns in each and every community, yes.

Ms. Irvin-Ross: I just wanted to add that through Healthy Living that there has been funds that have been provided on water safety, and that in the North I think it's the Lifesaving Society does go out and provide free swimming lessons as well as we've also had the initiative where we loan the PDFs to families and to fishers and to try and do that prevention piece. So we, for a number of years, have worked on a, you know, prevention strategy, a water safety and drowning strategy. We've just renewed it with all of our partners. It will be from 2015 to 2020.

Mr. Wishart: And I certainly hope that that sees some success and some changes in the numbers because there's certainly cause for concern.

Also in the report there's a section on legislative changes, and we have referred already to the Bill 16 that was introduced earlier. I'm just wondering if you would care to express an opinion on whether what is contained in Bill 16 meets the recommendations that were put forward by the Honourable Ted Hughes.

* (09:20)

Ms. MacDonald: I don't believe they make—they meet all the recommendations put forward by Hughes. I would indicate that, in personal feelings, it was better than Bill 25 and certainly gives us an increase in our mandate to look at other areas such as justice, but it doesn't cover all publicly funded.

Mr. Wishart: And I noted, too, that there's—hope I stand corrected, perhaps, on this one, but the Department of Health seems to be not included in this, and I found that cause for concern, especially in light of the fact that actually Healthy Living is one of the departments that is helping deliver part of the program.

Do you feel that it would be necessary to have more co-operation from either Healthy Living or Health itself?

Ms. MacDonald: Yes, I do feel that that would be important.

Ms. Irvin-Ross: So, just to speak to the Hughes recommendations, there were a number that we met. One would be that they asked for stand-alone legislation. That is being addressed in Bill 16, as well as the expansion of the mandate. It does include justice, education and health, and in the health, it is specific to addictions as well as mental health.

Now, that is very similar to what the BC legislation is, and I just want to ensure all members of this committee that we've spent, and the drafters spent, a lot of time speaking with the children and youth representative—the representative for children and youth in BC and had conversations about their legislation, what is working, what's not working, and I think that with their advice we've been able to develop strong legislation that will make a difference and provide more—give the Children's Advocate the ability to work within—amongst other departments but also expands the advocacy role into many more departments. That's the two things, the two distinctions we have to be very aware of in this legislation: one is that if there's a serious injury or a death, the mandated, the legislated services, and then there's the advocacy services which are much broader, that families or children can approach the Children's Advocate and they can work together to resolve it.

So we're very pleased with this legislation, with the co-operation that we've received from the Children's Advocate, as well as the endorsement we've gotten and the co-operation from the multiple departments. This will be a new way of doing business, but there is an eagerness to do that and also a acknowledgement that it is an important direction to move into.

Mr. Wishart: Well, I thank the minister for that clarification.

So, within the Department of Health, if you could just maybe clarify for me and those of us that are here exactly what areas will be included in the mandate and which ones would not be, then.

Ms. Irvin-Ross: It is my understanding around investigations that it will be specific to mental health and addiction services provided to children and youth.

Mr. Wishart: So, just so that I understand this moving forward, is your intent in this bill that only those areas related to addictions and mental health

and none other that come up that are—even if they're critical incidents within the health system?

Ms. Irvin-Ross: This is based on the BC legislation, and this is what they defined as the important way to move forward. We are following Hughes's recommendations and doing that as well.

There are other resources that are provided within the Health Department if there is a critical incident. It would not prevent Health officials to reach out to the Children's Advocate and to have conversations and to share information, but specifically for this legislation, it will be based on mental health and addiction services.

Mr. Wishart: Thank you very much to the minister for that and the clarification. So any further work within the Department of Health would be on a voluntary basis at the request of Health, if there was critical incidents, just to be clear.

Ms. Irvin-Ross: There will—you have to be careful when you use the word voluntary. There will be specific actions that the Children's Advocate will be able to engage in with mental health and addiction services. There is another core support that happens within the regional health authorities that can advocate for families, but the Children's Advocate will be specifically having the mandate to mental health and addictions.

Mr. Wishart: Thank you very much to the minister and the Chairman.

I guess, moving along then, I would like to ask a few questions regarding the work that has been done on youth suicide within the province, and you've made a note in your report that there has been a bit of a shift in the nature of who is involved in youth suicide. And I just wondered if you care to put a few comments on the record regarding what is going on here in terms of the shift and whether you see driving causes that have made this change to move, really, from male to female and actually a little younger, I think, on the average, too.

Ms. MacDonald: Yes. We're quite interested in our study, and that's a three-phased approach. Actually, in the materials that I gave you, I provided the copy of our first release. And, yes, in that we had partnered with the University of Manitoba and looked at the factors and the research had indicated there were more males. And when we looked at Manitoba's population and also now looking across Canada, we see that more females are dying by suicide. And in this project we looked at 50 children

and 36 were females, 14 were males, and the most prevalent, too, was dying by hanging. And that is—well, everything is very concerning, but the fact it's such a final deed, whereas previously we saw people taking drugs and maybe having second thoughts or, you know, crying out to parents or caregivers to say, okay, I've taken—I've overdosed, but there is a chance to get them to the hospital in order to save them. With hanging, we find it very final.

In this report, as well, we cited that a number of the children, looking at their autopsies, did have alcohol or drugs in their system, so there are a number of those factors that we looked at as well. And usually what has happened is something has set this off, either as boyfriend/girlfriend breaking up, argument with parents—quite extreme. We're seeing a very much a loss and a devastation of these young people who have nothing in their lives and they're quite concerning.

Mr. Wishart: Well, I appreciate the comments and I understand the great concern that in this area, because it is, of course, very final and hanging, probably as you have indicated, doesn't allow for any second thoughts.

I was particularly interested in some of the risk factors that you had identified, things like: school attendance, which that one a little surprised me a little bit; previous hospitalization; involvement in the criminal justice system; a previous history of attempts; and also the high rate of placement instability as being a factor.

Now, some of those we have some control over, including things like the high rate of placement instability, and I think we've been hearing from a number of fronts that the frequency of movement in the child and family services system has certainly created a lot of instability.

How much of a factor was that? Is it a big factor or is this coincidental, perhaps?

Ms. MacDonald: I'm—we'd have to study it more in-depth, but definitely the number of moves that children have, their lack of connection to anybody significant in their lives is quite concerning to us.

Mr. Wishart: So you'd certainly be of the opinion that anything that could be done to reduce the frequency of changes and changes of staff would be to the advantage in this area?

Ms. MacDonald: I always feel that a child needs somebody to relate to, whether that's a coach in

school, whether that's a significant caregiver while the child is in care, definitely needs to have somebody positive in his life or her life.

* (09:30)

Ms. Irvin-Ross: There are a number of initiatives that we are and have been, for a number of years, implementing within the system to provide that consistency for children. One of those initiatives is our Kinship Care program where children are living with a known family member and getting the support that they require in their own community.

There's approximately, I think, 35 per cent of the children in care are in kinship care or with people known to them, but I think customary care is the next phase that's going to help us provide those long-term placements and support, ensuring that children and youth are staying within their communities in the known environment that they have with family and friends and community members that provide them with the support.

But the most significant part about customary care is that the parents maintain guardianship, that there will be a consistent, ongoing relationship. The parent will sit at the table and will help make the decisions about how we move forward and provide care for that child. So I think that that's very significant. We acknowledge the impact of moving on children and that is not what we want to do at all, but we also need to ensure that children are in the right placement, getting the care and support that they need.

Mr. Wishart: Well, thank you very much both to the Children's Advocate and the minister for comments related to that. I assume the minister, of course, is referring to Bill 16 that was introduced late in the session again when you talk about the kinship care proposal, right? Or is there something else that you're referring to?

Ms. Irvin-Ross: It is the customary—it was an amendment to The Child and Family Services Act for customary care. I'm sorry, it's not Bill 16. It—Bill 15, yes, it is Bill 15. Thank you.

Mr. Wishart: Okay, moving on from that, I noted in your—in the report that there was some attempt to keep track of how many recommendations have been made in the past and where we are at, and I believe that you're in the process of trying to put something together in a more comprehensive way to review where we are at in terms of moving on these recommendations, and I do know that the Manitoba

Ombudsman has done some of this in the past as well.

When—or what would the progress have—be in terms of following the recommendations that are—that have been made in the past? Would you care to make a few comments on the progress that's being made?

Ms. MacDonald: Are you speaking specifically about the recommendations that our office has made or the recommendations of Hughes?

Mr. Wishart: Recommendations from your office. *[interjection]*

Mr. Chairperson: Ms. MacDonald.

Ms. MacDonald: Sorry. As you're aware, the Ombudsman does track our recommendations and she's about to release a report in January to talk about the progress of those recommendations. So our office makes them but she is the one that actually tracks them and works with the agencies and authorities. So we are always looking for an update report, and, as I indicated, she did say she would have one out in the middle of January.

We work quite closely with the Ombudsman's office and internally we're also tracking our own recommendations because we want to make sure, if we're making a second or a third recommendation, we can refer back to the previous cases and speak to that recommendation.

Also, before we go any further, we do contact the Ombudsman's office to say, can you tell us about the progress of the recommendation we made last year and where that's standing, and then we will go back to the agency authority meeting and discuss that particular recommendation, and if we feel they have made significant progress on that or if we feel they don't, we will then again make a second recommendation.

Ms. Irvin-Ross: I was just going to mention for the record that we take all of the recommendations very seriously from the Children's Advocate's office. The recommendations can be specific to the Department of Family Services. It can be specific to authorities, agencies, and with the new mandate it can even go far beyond that to other departments, policies and programs.

So, in the Department of Family Services, we do track the recommendations that are provided to us. The other recommendations that are specific to authorities and agencies are their responsibilities to

track those and to ensure that they are implementing them. We are aware of the recommendations and continue to encourage all authorities and agencies to take them very seriously and to implement as soon as possible.

Mr. Wishart: I thank both the Children's Advocate and the minister for their comments. Certainly, we're very interested in the progress that has been made, and I look forward to the Ombudsman's report on progress. As you indicate, we'll be seeing that in the middle of January.

And a specific question I have—in the course of our job, we occasionally get calls from people about apprehensions and how they're done, and I had a couple of calls related to apprehensions at school. And I just wondered if the Children's Advocate office wanted to comment on how an appropriate apprehension should be done at school without traumatizing the child unduly.

Ms. MacDonald: My understanding was if there was an agreement that apprehensions wouldn't be done at school that, you know, sometime it is the only safe place that a child is, but there are arrangements that are made with the teachers either to meet off the school grounds or in other places, but we try not—or social workers try not to apprehend in the school setting.

Ms. Irvin-Ross: I think that we have to be very careful when we start analyzing what's happening on the front lines. In child welfare, there are workers that are trained that have knowledge and experience and are making decisions in the best interest of the child. They're not easy decisions. They are extremely complicated, filled with many twists and turns, and we need to remember that their responsibility is to ensure the safety of the child. And, as the Children's Advocate has stated, that really apprehensions at schools are traumatic not only for that child, for that classroom, for the entire organization, but sometimes that's the only option that's available to them. We cannot be second-guessing them. We need to respect the work that they do, give them the tools that they need in order to protect Manitoba's children.

Mr. Wishart: Certainly, there are still some that are occurring in schools, and I'm sure the minister has been aware of that for some time.

In terms of trying to keep those to a minimum, because they are traumatic not only to the children but I think frankly traumatic to their classmates as well, what—should we be putting in place some

formal policy in regards to that? I gather everything up until now has been co-operative?

Ms. Irvin-Ross: I—again, I suggest to the honourable member that we need to be very, very careful. We are talking about children who are at risk, who need protection—complex family situations and every situation is unique and different. I believe strongly that the front-line staff that are making those decisions are doing it in the best interest of the child, trying to make that decision that it is the least disruptive. Taking the child from a family home does not come easily. It comes after lengthy evaluation and analysis of the information presented, not to further traumatize that child but trying to protect them.

So what I would caution the member is we need to be very careful about creating one blanket policy that—based on any one particular situation because it can get very dangerous. We need to provide the tools to the front-line staff so they can use their information and make the decision.

But we will never apologize that the safety of children is our No. 1 priority, and that is how we must continue to function within the system. That does not mean that we also ensure that we are building a robust prevention services and developing customary care to provide better support for families. We know that children for—in most cases, are better served within their family unit, if they can be safe, and within their community.

Mr. Wishart: Well, I thank the minister for her comments on that, and I certainly don't expect her to back away from child safety in any way, but there should be something a little more clear here for the school boards because some of my inquiries actually were from school boards.

* (09:40)

What is the policy related, and when should they be allowing it, and when should they be expressing concern about what is going on in their schools? Because there is another set of people involved besides the Child and Family Services workers; there are also the teachers and the people in the education system who seem to have at the very least a lot of concern as to what's going on and a certain level of confusion as to what's going on, and when the right—when they have the right to do it and what has to be covered in that process.

So I'm thinking we're—we have a bit of a gap here that appears to need some addressing.

Ms. Irvin-Ross: I know that the Children's Advocate needs an opportunity to speak to it, but I just want to caution the member once again: this is a legislative responsibility. It will not be up to a school administrator or a school superintendent whether they will allow an apprehension or not, that it is based on assessment, it is based on the need of protection for children and that's what has to be our focus.

Mr. Chairperson: Mr. Wishart.

An Honourable Member: Darlene has a comment.

Ms. MacDonald: My understanding is that there are protocols in place with the school when this will happen and, you know, to be less disruptive for the child and for the school members as well and for the teachers, or for particularly the teachers and the principals to have to deal with parents after this, which would be, you know, quite horrendous. So my understanding is there is a collective way in which a social worker enters the school to make sure that the child is not traumatized as well as other children that are in this respect, so.

Mr. Wishart: And I thank you both for your comments.

So perhaps it's the education system that needs to be clearer about what would be an acceptable protocol within that school division. Is this the same in all school divisions to your knowledge?

Ms. MacDonald: That is my understanding, that there are protocols in place. And I was just talking to a teacher who's 27 years old, who just indicated to me she teaches at the inner-city school and she has, you know, a number of children in her classroom that are under apprehension or in the care of the agency and she certainly has led me to believe there are protocols in place to be working with that.

Mr. Wishart: Well, thank you very much for the comments. I suspect, then, that perhaps it's based on experience within the school division and I certainly encourage them to review their protocols so that they all understand the appropriate way to do it.

Certainly, there was a fair level of concern and it was a very traumatic event simply—maybe it was unavoidable, but perhaps there was—at least partially due to lack of experience as to what the appropriate protocols would have been. I'll leave that for now.

I wanted to follow up a bit on children and hotels, and you made a very small comment in the report on that, and I know that within the city of

Winnipeg now we certainly have achieved, to my knowledge anyway, that all children are out of hotels in the rural areas as of December the 1st. That was the goal, and do you have any mechanism in place to track whether hotels are still being used for children in care?

Ms. MacDonald: We connect with the Child Protection branch to keep updated on whether, in fact, children are in hotels. Our understanding was that that practice was alleviated with the exception of the situation in rural areas where the minister had given a date of December 1st. To our knowledge, as of December 1st there was no longer any usage for hotels.

Ms. Irvin-Ross: The member is correct. We were successful in eliminating hotel usage as of June 1st. We—actually, it was mid-May when the last child—since a child's been placed in a hotel in Winnipeg, and that speaks to the co-operation between all of the authorities and agencies as well as the branch of Family Services working together to create more resources. It was the development of emergency placement beds, the hiring of more staff and also very specific specialized homes for kids that are at high risk. We did meet the goal of December 1st in rural and the North. October 27th is the last time a child was placed in the rural and the North. We are now in number of negotiations and planning across the North for the development of new facilities and beds and supports in partnership with First Nations leadership and agencies in developing opportunities, looking at Dauphin and Thompson and The Pas as well.

Mr. Wishart: So there is a formal reporting mechanism that you regularly would get reports from that might indicate any additional use? This has been in place for some time?

Ms. MacDonald: I wouldn't say there's a protocol or anything in place. We tend to call periodically, and I—well, in—starting in January, I will have regular meetings again with the branch and I expect that they will update me or that would be one of the questions I would have for them.

Mr. Wishart: And I certainly hope that we are in a position to actually follow up on this, because, of course, as you're aware and I know the minister is aware, 2006 a commitment was made to take children out of hotels and over a period of time that slipped back 'til the point where usage of hotels was higher than it had been previously, and we certainly don't want to see that occur again, that I know this is

a different set of circumstances and further steps have been taken this time, but tracking it seems to be something that no one seems to be taking responsibility for.

I know that we get calls on occasion from concerned citizens that see who they believe to be Child and Family Services children placed in hotels. We never know whether there's truth to that—those comments or not. It's very hard to track, and certainly we're not in a position where confidential information related to a child's file would be shared with us.

But I would hope that somebody in the system has some ownership in tracking of this particular situation, and if it's going to be part of your mandate, I'm satisfied with that, particularly if there is a reporting mechanism to you.

Ms. Irvin-Ross: There is a very clear directive that has been sent to authorities and then to agencies that there are to be no hotels used in Manitoba, and I strongly believe in the professionalism of the people we're working with, as well as the hotel reduction team, the development of the resources to alleviate any of those pressures. It's easy to track hotels when there is no usage of hotels, and that is—we are going to continue to be extremely diligent on the creation of resources, hiring more staff, but also investing a lot of money and resources into prevention across the province. Customary care is another example of communities caring for their own children and not having to go out and to seek those resources.

I strongly suggest to the member, if he gets phone calls such as—alleging that there are children in hotels, tell them, if you don't want to pass on the information or they don't want you to, tell them to give us a call. We will certainly investigate it.

I strongly support what the agencies and the authorities have been able to do in eliminating hotels and I think that they should be congratulated. There is a commitment across the system. There is an acknowledgement that a hotel is a placement that nobody wanted a child to be in, and the accomplishments that we've been able to make in a very short time and in—yes, as the member has pointed out, that this is a commitment that has been previously stated; however, it also is—it's very different because of the co-operation amongst all the authorities and the agencies to alleviate it. Thank you.

Mr. Wishart: Certainly, if we get any more concerns, we'll share them with the minister and her office and with Child Protection branch, I think the appropriate authority to share the concern with.

I did want to ask a few questions related to—and you made comments about the nature of your—the advocacy that you do—in terms of where they would come from, whether they come from family members or whether they come from the child themselves. Have you seen any significant shift in who brings concerns forward over the years?

Ms. MacDonald: It basically has remained the same with the referrals themselves coming from children, and we've seen a great increase in that over the past couple of years, and also family members, but we describe family members as also foster parents, so they are bringing concerns to us on a regular basis.

* (09:50)

We also get concerns raised from therapists that are working individually with children and try and advocate for them by sitting with the child and having the child actually call our office, so that's been something a little bit different for us in the past couple of years. But, basically, it is the family members themselves and the children that are our largest number.

Mr. Wishart: Thank you very much, and I appreciate the comments. I know that there has been many more children speaking out for themselves and I think that's a good idea.

The therapists would be under the employ of Family Services, but are they contained within the health-care system already?

Ms. MacDonald: It would be very individual. Their therapists are not usually within Child and Family. They would be private therapists.

Mr. Wishart: I just wanted some clarity on that. So one would think, then, if therapists that are within the health-care system under the new act might also be in a position to carry forward those reports, we could see a further expansion in that area as well then.

Ms. MacDonald: That's correct.

Mr. Wishart: In terms of the number of children in care, number—well, numbers are always changing, but certainly we've been getting numbers through freedom of information and there's numbers in the report which are a yearly average. Do you see any

trend in terms of reduction or stability in the number of children in care?

Ms. MacDonald: It's, I guess, a number that changes on a regular basis because the same child that's in care today is not in care tomorrow, so it's always a transient number. Basically, I would defer to the minister. My understanding is that they are no longer counting children who have been on an extension of care.

Ms. Irvin-Ross: What I can tell you about the latest statistics that we received at the end of March was that there is a—I'm not sure; I'm not a statistical wizard, but there has been a stabilization of the numbers, that it's only—the numbers of kids that are coming into care has only increased very, very little, I think 0.02 per cent, and in some communities there has been a reduction by 6 per cent.

We also need to talk about the definition of a child in care. Every jurisdiction accounts for them differently. In Manitoba we have counted kinship care, which relates to approximately 35 per cent of children that are in care, as being children in care. In other jurisdictions they are considered not in care; they are with family members. I think also customary care is going to be one of those examples of communities providing that support, and because of that support that they're going to receive and the parents also maintaining guardianship will make a big difference.

We have invested and we'll continue to invest in working with agencies and authorities around robust opportunities for prevention through family enhancement, as well as working with many of the not-for-profit organizations to provide support.

You've heard recently in the media about the family group conferencing that has been happening at Ma Mawi Wi Chi Itata that is being expanded to other organizations as well as the Circle of Care, and looking at both of those as tools for reunification of families, and so there is—priority is the safety of the children, but looking at how do we keep that family together using—utilizing different prevention tools are important.

We acknowledge that we need to keep doing a better job, but we need to ask ourselves how did we end up in this situation, and I think we need to look at historical facts that have happened, such as colonization, residential schools, the '60s scoop, and acknowledge the healing that needs to happen across our province and across this country with the

indigenous population, and we heard it loud and clear with the truth and reconciliation committee and when Justice Sinclair tabled his report, and his—I think it's the top three, if not five, are all specific to child welfare. He is acknowledging, as many of the people that he interviewed, that we need to do a better job and that child welfare is a symptom of what's happened, the wrongs that have happened in the indigenous community, and healing has to be a part of that.

So I strongly stand beside the leaders of the indigenous community who spoke very highly of customary care and believe that it is the way of the future and the direction we need to be moving.

Mr. Wishart: Well, and I thank both the Children's Advocate and the minister for their responses related to that question. Certainly, we have seen, certainly, some authorities showing decreases: general authority, probably the one that seems to have the most results. Yet we still see some others increasing, and looking for any indication as to why we might have some success in some authority agencies and less success in others, what factors might be relevant to that. And the minister commented on a number of initiatives that are out there now and, clearly, some of the ones that are planned for the future. I'm looking to see if you had seen any successful initiatives that you thought had contributed in a positive way in terms of reducing the number of children in care.

Ms. MacDonald: There's a number of successful initiatives going on. Both the northern authority and the southern authority would have more kids in care just because of the large population. Also, you know, dealing with community issues, lack of water, lack of proper housing. Some of the concerns that we've seen is the lack of mental health intervention, the lack of resources where they have to depend on fly-in therapists, so there's no regular mental health resources going into some of the places.

Also, really feeling that community intervention and, you know, the community leaders are looking at communities one at a time, looking to see what resources that they can put in place. Some are better off than others. As we all know, I think Felix Walker has been touted as one of the people who have been able to look in community where they may be able to take children and keep children in their own homes and have the children removed—have the parents removed for some period of time. That is much

easier to do in community than it is in the city of Winnipeg.

But, technically, what we see is communities needing to build resources. Sagkeeng, for instance, we've noticed they are involved in a pilot project with regards to mediation and family conferencing. And so there are a number of good initiatives that are out there that are just—well, not just starting, have been—begun for some period of time. But we are seeing some positive outcomes for kids.

Mr. Wishart: And when you refer to the Sagkeeng one, that's the Circle of Care initiative?

Floor Comment: Yes, it is.

Mr. Chairperson: Sorry. Ms. MacDonald.

Ms. MacDonald: Yes, it is. Thank you.

Mr. Wishart: Thank you very much for that answer. In terms of your sheet that you've done here on top, CFS-related concerns, I was particularly concerned when you talk about case plans being the area that seems to have the most concerns about the lack of case plans. And we certainly heard that from individuals in the past and also the lack of planning for the family. And I wondered if you would like to talk a little bit more about the need to prioritize both of those areas as something that workers should focus a little bit more on.

Ms. MacDonald: Yes. It's been a top concern for the last number of years, and, basically, you know, we certainly feel that case planning has to be No. 1 in looking at the various issues that are involved when a child comes into care or prior to a child coming into care. Talking about what are the goals, what are the objectives, the need, what are the services that are required for a family, how do you put them in place, how do you monitor them, how do you work, how do you build relationships with the family. And also to get to the point of, hopefully, closure and follow-up with the family. We see a—very much a lack of attention to this in the early stages in a number of situations, and it's very key to how to resolve the issues.

* (10:00)

Mr. Wishart: I hear your concerns on that. I think it's important that a clear plan be put in place both for the child and for the family. And you made reference earlier—in your earlier comments—to the lack of mental health services, particularly, I assume, in remote and rural communities. And we see that not only for mental health services but addiction services

and even parenting services in some cases, in some communities are, in terms of training for—to make better parents, seem to be missing. And, yet, they end up—in some cases, they end up on the list of what parents need to achieve to get their kids back and, yet, they're not in the community. It's almost like giving them a list of the impossible to accomplish before you get your children back, and I think that that's not something that we should be trying to do.

Have you seen concerns in that area? You made reference to the mental health one, and I certainly have heard that, but other services that are lacking in the community?

Ms. MacDonald: Well, adequate housing as well as addiction services, the—sometimes the lack of perinatal services where women have to fly out of their communities to come into Winnipeg if they have, like, a high risk pregnancy or just to deliver their babies as well. So that is a concern. And it is also looking at if there is addiction services available, what are the waiting lists for that? And I think other things have to come into play rather than waiting a year for addiction services to have an opening. So if there are situations that are concerning, they need to be addressed right away.

I'm also a big believer in contracting with people so that they know exactly what is expected of them from the agency. And, to me, it's a two-way street. It's not what they need to do alone; it's also what the agency needs to provide for them in order to be able to have their children returned, or to safely continue having their children with them.

Ms. Irvin-Ross: I would like to just put on the record some of the initiatives we've done in order to provide better quality mental health and addiction services to children and adolescents in the North. And that is one; one of the issues we have is just the geography of this great province. But we have made a concerted effort to ensure that we are expanding mental health supports and consultations and using the benefit of Telehealth. And so we've been able to work in seven First Nations communities: Berens River, Pukatawagan, Cross Lake, God's Lake Narrows, Shamattawa, Lac Brochet and Norway House and we have intentions of—oh, also in St. Theresa Point—but also expanding that.

We also have WASAC North, which is a recreation and social development program which helps support young people, specifically in Shamattawa, Lac Brochet, Pine Creek, Camperville

and Duck Bay and Pauingassi. But we also have Klinik-Teen Talk, which is—has provided over 577 workshops to thousands of First Nations youth in northern Manitoba. And we're also training 115 youth to become the facilitators. So that is significant.

We also have the development of the emergency beds in Thompson that are under construction and will be completed in this upcoming year. And addiction services are available in Ste. Rose Du Lac—Ste. Rose, I think, and Thompson, where we're able to provide a continuum of support with detox and in-patient resources. So there are some resources that are being provided. I do not want it left on the record that there is no resources. There are some. We have a lot more work to do.

The Children's Advocate pointed out the importance of good running water and a sewage system and housing, and I am feeling very optimistic with the election of the new federal government that there will be attention drawn to those specific issues. And I feel very optimistic that we'll be able to make some progress in all First Nations communities across Manitoba.

Mr. Wishart: Thank you very much for those comments. Certainly, I am aware that there are some services, but I am also aware that there are significant waiting lists to get into some of those services, especially in some of the more remote communities.

Have you experienced, or had any reason to be concerned about co-operation across agencies in terms of—particularly addiction services seem to be hard to get into in some communities. Have you seen any problems in that area?

Ms. MacDonald: Because we are complaint driven and that's the calls that we do get, yes, we have had concerns about waiting lists for addictions and/or going through one program and then finding out that the agency did not feel that was an appropriate program, so people feeling frustrated and feeling like they've wasted their time, and they're still not understanding what they need to go through in order to be successful in having their children return to them.

Mr. Wishart: Thank you very much for those comments. I must admit, I had not heard about people going to the wrong services and taking them, being frustrated in regards to that, but I've certainly heard frustrations about the waiting list problem, and

the lack of any real plan in terms of getting—particularly to the families—the services that are required. There's no timeliness to the plan, an outline to them, which is causing them, I think, to be very frustrated in the process of trying to improve their family situation so they can get their children reunited with them.

I want to talk a little bit about transitional planning and when people age out of care. And you made reference to the fact that extensions to care are—while they are on the increase, is there a clear plan for kids when they—that are aging out of care? When they can approach that critical age, are they being offered a clear path forward, do you feel?

Ms. MacDonald: Children are supposed to plan—or social workers are supposed to plan with their children at age 16 so that they do have a transitional plan. Certainly, previous—in the past couple of years, we clearly saw that this was not happening. Certainly, the—there are protocols put in place now and new standards with regards to transitional planning for children.

It goes back to the authority; the authority has the responsibility for planning, and as I said, you know, for us it was a bit of a surprise, a good surprise, that we weren't getting as many requests. Because I can tell you when I first came into the office, it was constant that we were getting push back that there was no planning for children and they were turning 18 that day, and we would get involved to try and resolve the issue and also to make sure that there was an extension so that they could be supported.

So we are seeing an increase in agencies taking responsibility for planning for children. That is a good thing, but also a lot more needs to happen. You know, we are hopeful that with the new bill we will continue to service children up to 21. Certainly, recently I've been to places where kids are indicating that they would like to see it increased to 25. I know in BC that they have done that as well, looked at the increase until 25, and certainly children who have been in care and need the resources and the backing and the support of a 27-year-old who's still home with me, and she doesn't seem to have any intention of leaving soon, so I think we need to look at our children who have particularly been in care and some of the situations they've gone to, and we need to be able to support them.

Whether that's called an extension of care, I know there's new terminology now, but they

certainly need the resources. Whether it's money, whether it's housing, university, all those things have to be considered.

Ms. Irvin-Ross: I appreciate the advocate acknowledging that there has been some progress made within the system around planning.

You know, the planning has to start even—you know, 16 might be what the standard is, but much before that, the planning has to happen with many of these young adults. You know, there's a fraction of them that will transfer into the community living division of Family Services and need ongoing support of all different varieties for a lifetime, and we need to be able to start that planning and make sure that there's a smooth transition.

* (10:10)

We've been very fortunate with our partnerships with the post-secondary institutions within Manitoba with the tuition waiver, and I know that that has really provided a lot of opportunities for young adults as they're transitioning. And I've met with many of them, and hear their excitement about attending post-secondary and doing very well.

I've spoken about, you know, attending the birthday parties, and I know the advocate herself attends the 18-year birthday parties for these young people, and I'm always in awe. We often hear about the complications of the child-welfare system, but I can tell you, when you sit there and you listen to the successes of these young people and their future plans, it gives you promise.

But there's one other thing that I noticed at the last birthday party I was at: families sitting together, foster parents sitting with birth parents and sharing in the success of this child. And that really helps with that sense of belonging. So we've made some improvements; we have much more work to do, and I think that, again, customary care is going to be part of that solution when it comes to that transition planning and providing that sense of identity and belonging for a child throughout their lifetime.

Hon. Jon Gerrard (River Heights): Yes, just a couple of comments.

I confirm the minister's understanding, as a House leader, that we will be coming back February 24th; I think that's good.

The second, I think it's important that the minister is fully aware and others are fully aware that, you know, the bill that the minister is concerned about could even have gone to committee in this last session and that, you know, the opposition House leaders had agreed that the government would allow a bill to pass each day. And so, if the government prioritized it, it could have been put forward, and so it's really going to be important that the government prioritizes this bill in the February session.

The second thing I would comment on is the apprehensions in school settings, because I certainly have a number of people coming to me who've had children apprehended in school sessions, and I think this would be valuable for the Children's Advocate to have a look at to see the extent to which it is occurring at the moment or not, because, you know, all we get is a random sort of sample of children who come—or of parents who come forward.

Now, I've got some questions specifically for the Children's Advocate, and because I've got very little time, perhaps the minister could not interrupt, but allow me just to ask the questions and get some responses.

First of all, it—my understanding and my belief that every child who's in care should have a plan—what people call a comprehensive plan for that child—is that something which should be there for every child?

Ms. MacDonald: Yes, that's something I clearly believe in, and it should start as soon as the child comes into care. There should be a sense of permanency, whatever permanency looks like, whether that's a return to your parents, to relatives, a return to your community, but yes, there should be a permanent plan for all children coming into care.

Mr. Gerrard: Should that plan be a written plan?

Ms. MacDonald: Yes, I believe that plan should be a written plan.

Mr. Gerrard: Should that plan be shared with the parents—the biological parents?

Ms. MacDonald: Yes, I believe the—you know, there should be no denying that the plan should be shared not only with the parents, but also with the child themselves if the child is old enough to comprehend because I—as I said earlier, the situation we hear about from children is they feel like they have no

say, that it's being developed around them; they have no input into it, particularly older children, and they really do want to have a say in their plans.

And I think it's so very important for parents to understand and to have it clearly written out what the expectations are, then there can be, you know, no—well, at that point in time, then they actually know what the expectations are, and I think then the plans can be measurable.

Mr. Gerrard: Yes, now, you spoke already about the importance if timeliness of the plans. You know, after children comes into care, what's an appropriate time for a plan to be put in place?

Ms. MacDonald: I believe the plan needs to be put in place right in the beginning. As soon as the child comes into care, I think there has to be assessments coming in, you know, case planning as to what has to happen, the school program for a child. All of those indications have to come into being, and should be properly looked at right from the intake phase. And then looking at the resources and plugging in those resources, the monitoring of those resources, and looking at the child individually as well, what's in their best interests, the school program, you know, wraparound services for therapy if the child needs to be—their connection back to their community, their cultural roots, all of those things have to be considered and should be looked at as soon as the child comes into care.

Mr. Gerrard: Should those plans reflect what the court has ordered and said when this has gone to court?

Ms. MacDonald: Well, I think there's a variety of ways, as you know, that children enter care, whether they are apprehended or whether it's a voluntary placement agreement, so there's any number of indications. So I would look at it both ways. I mean, if a case proceeds to court, it's usually outlined what the requirements will be, whether the parents will be under supervision arrangement, but yet before the courts, very detailed plans have to be presented and should be presented before any decisions are made.

Mr. Gerrard: Sometimes the courts, after hearing both from the Child and Family Services lawyers and from the lawyers representing the parents, decide on—or recommend an approach which is not specifically different, necessarily, from what the—precisely the Child and Family Services lawyer had

recommended or what the parents had recommended. I mean, and this clearly would, if it's going to follow a court order, should have a plan which reflects the new direction that is set. I mean, is that what should happen?

Ms. MacDonald: Yes, I agree, that's what happens. I mean, we're looking at situations, like, for instance, our partners in Alberta, our partner office in Alberta, who actually have lawyers for the children, representing their viewpoints. I know the deputy is part of a bar association looking at how children should be represented when, you know—and also children over the age of 12 also should have a lawyer that speaks to their rights and consideration in a plan.

Mr. Gerrard: But, in what I'm hearing, you're avoiding answering specifically that the—if the court recommends and the judge says there should be a plan which is different from what was the Child and Family Services plan or different from the, you know, what the planning had been to that date, are you suggesting that there is the ability to change what the court has ordered? I mean, I'm concerned when I hear from, you know, that the CFS agency doesn't necessarily have to follow the court ruling in some instances. Is that correct?

Ms. Irvin-Ross: I'm not sure where you're going with this line of questioning. If there's a specific case you'd like to talk about after this committee meeting, I'd certainly welcome that opportunity.

I think it's very difficult in this child-welfare system to talk about hypotheticals. Each situation is unique. There is very specific legislation about what is the roles and responsibilities, the child protection workers within our system, what their expectations are in delivering services, what their relationship is with the courts.

We have worked very well with Chief Justice Champagne in the implementation of the Circle of Care in Sagkeeng, as well as working with the mediation project with the Metis authority, looking at how do we change the system more one of co-operation than adversarial. And I, again, you must be getting tired of me talking about customary care, but I strongly believe that that, too, will provide us with another tool to have a conversation about how we provide services and ensures that the parents are at the table making those decisions.

So thank you for affording me this opportunity to share some ideas and some insights.

* (10:20)

Mr. Gerrard: I must conclude from the comments of the Children's Advocate and the comments of the minister that there is considerable leeway in the actions of Child and Family Services to obey or not to obey what's a court order. Is that correct?

Ms. MacDonald: Perhaps I wasn't understanding your question correctly. I mean, the courts don't order case plans. I mean, the judges are there to either find the child is in need of protection or not in need of protection. So I would hesitate to say that an agency either obeys or doesn't obey the court order. My understanding is that they would be responsible to go back to the judge if they were deviating from a plan in either way.

Mr. Chairperson: Before we proceed, I just wanted to remind the committee that we had agreed to sit to 10:30, and as a reminder, there is a meeting in this room that unfortunately we can't move. So there is a hard deadline, and we do need to consider the reports. So we just have a few minutes left and just to advise the members of that.

Mr. Gerrard: I just have a few questions left, so, briefly, thank you. What I have experienced is courts saying that families should be reunified and no plan being put in place. So I just put that forward.

I would think that it might be important for the Children's Advocate to look at the extent to which children in care actually have plans and the extent to which those plans are, you know, timely, the extent to which those plans actually reflect what has been the outcome of court decisions. And I think that this is an area where the Children's Advocate could be quite helpful in having a look because the Children's Advocate is probably the only person who really has that ability to do so, right?

Case planning, now, can involve the extended family, can have child and family conferences. These are not particularly new things. Where there's a child who doesn't have a plan, is that something the Advocate can occasionally get involved in advocating for?

Ms. MacDonald: Yes. That's—constantly. I mean—as I said, you know, complaints are brought to our system. We are a complaint-based system, and there are a number of situations on individual cases where one of the things I think we do very well is bring a number of people to the table.

I can just think of a case where we had 25 service providers around the table concentrating on the needs of that child and a plan for that child, and it was through the courts, and we were able to move in the direction of a good plan and good outcome for the child. It's a constant that we are doing in each and every situation.

Mr. Gerrard: Now, the Children's Advocate has talked specifically about the importance of culture and language, and, you know, I personally think this is extraordinarily important. Is the children—is that something that the Children's Advocate will get involved in, advocating in a child in care to make sure that they have access to appropriate culture and language exposure?

Ms. MacDonald: Yes. And that is one of our categories that we look at, too, and particularly if we get a complaint from a child that talks about, you know, not having their language or wanting to be involved in cultural ceremonies and whatever. We advocate very strongly for that.

Mr. Wishart: I just had one other question, if I could. And I know you're very short on time. And it related to the definition of medically fragile. I wondered if you could help me out with that. What—definition of medically fragile.

Ms. MacDonald: Can you tell me which page you're referring to there?

Mr. Wishart: Reviewable deaths.

Ms. MacDonald: You're asking me for the definition, or? *[interjection]*

Mr. Chairperson: Mr. Wishart.

Mr. Wishart: Sorry, it's probably a medical definition, but the definition that you use in your terminology here.

Ms. MacDonald: It would be the Chief Medical Examiner that decides the definition of—and with medically fragile you're usually looking for children who were born prematurely, who may have anomalies and, unfortunately, were expected to die.

Mr. Wishart: Thank you for that. And I guess we're ready to let this go—

Mr. Chairperson: Seeing no further questions.

Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2014—pass.

Shall the Annual Report of the Children's Advocate for the fiscal year ending March 31st, 2015, pass?

Some Honourable Members: Pass.

An Honourable Member: No.

Mr. Chairperson: I hear a no. The report is not passed.

Now, this concludes the business we have before us. Before we rise, it'd be appreciated if members

would leave behind any unused copies of reports. They may be collected and reused at the next meeting.

The hour being 10:27 a.m., what is the will of committee?

An Honourable Member: Committee rise.

Mr. Chairperson: Committee rise.

COMMITTEE ROSE AT: 10:27 a.m.

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