



Third Session - Thirty-Sixth Legislature
of the
Legislative Assembly of Manitoba
Subcommittee of the Standing Committee
on
Privileges and Elections

Chairperson
Mr. Peter Dyck
Constituency of Pembina



MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Sixth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

THE SUBCOMMITTEE OF THE STANDING COMMITTEE ON PRIVILEGES AND ELECTIONS

Wednesday, May 21, 1997

TIME – 3 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. Peter Dyck (Pembina)

ATTENDANCE - 5

Members of the Committee present:

Messrs. Dyck, Helwer, Kowalski, Martindale,
Tweed

WITNESSES:

Mrs. Anne Ross, AGR Health Services Inc.
Ms. Sandy Funk, Ma Mawi Wi Chi Itata Centre
Inc.
Dr. Peter Markesteyn, Chief Medical Examiner,
Province of Manitoba
Ms. Jan Christianson-Wood, Office of the Chief
Medical Examiner
Dr. Sid Frankel, Manitoba Research Centre on
Family Violence and Violence Against Women
Ms. Anne McGillivray, Manitoba Research Centre
on Family Violence and Violence Against Women
Ms. Nancy Vadas, Sexual Abuse Treatment
Project, Knowles Centre

WRITTEN SUBMISSIONS:

The Social Planning Council of Winnipeg

MATTERS UNDER DISCUSSION:

The review of the Sections of The Child and Family
Services Act pertaining to the Office of the Children's
Advocate.

The Acting Chairperson (Mr. Mervin Tweed):
Good afternoon. Will the Subcommittee of the
Standing Committee on Privileges and Elections please
come to order.

This afternoon, the subcommittee will be resuming
consideration of the review of the sections of The Child
and Family Services Act pertaining to the Office of the
Children's Advocate. We have a number of persons
registered to speak, and I will read those names aloud:
Anne Ross, Sandy Funk, Dr. Peter Markesteyn and Jan
Christianson-Wood, Dr. Sid Frankel, Marianne
Strewbridge and Nancy Vadas.

I should indicate to the public that it has already been
agreed by the subcommittee that no additional
registrations will be accepted. In addition, I would like
to remind those presenters wishing to hand out written
copies of their briefs to the subcommittee that 15 copies
are required, and if assistance in making the required
number of copies is needed, please contact either the
Chamber Branch personnel located at the table at the
rear of the room or the Clerk Assistant, and the copies
will be made for you.

I should also point out that the subcommittee has
established a time limit on presentations and questions.
The time limit for presentation is 20 minutes with a
maximum of 10 minutes for questions to be addressed
to the presenter.

We shall now proceed with hearing the presentations.
I would like to ask Ms. Anne Ross to please come
forward and make your presentation to the
subcommittee. I will ask if you have written
presentations, which you do, and they are being passed
out now.

Mrs. Anne Ross (AGR Health Services Inc.): Do I
have to stand way out here or—

The Acting Chairperson (Mr. Tweed): That would
be fine. If you are comfortable there, that is good.

Mrs. Ross: Not really. I can hardly see you.

The Acting Chairperson (Mr. Tweed): Would you
prefer to sit at the table?

Mrs. Ross: I would if you do not mind.

The Acting Chairperson (Mr. Tweed): There would be no problem for this committee. We welcome you, Ms. Ross—

Mrs. Ross: It is Mrs. Ross.

The Acting Chairperson (Mr. Tweed): Mrs. Ross, when you are ready, please proceed.

Mrs. Ross: My name is, as you can see, Anne Ross. I am the executive director of AGR Health Services. It is a government-funded agency mainly to deal with seniors whom we would like to see live independently. This is just for general information, nothing to do with what we are about to say. I am also formerly the executive director of Mount Carmel Clinic. I am mentioning this because I have had a lifelong interest and concern for teenagers who have become mothers.

I do not know how relevant what I am about to say is to this committee. It is a teenage parenting project. It started four and a half years ago. I do not know whether Bonnie Mitchelson was—was she the minister at that time, four and a half years ago? Well, when she first became minister, four years ago, I met with her on this. She received me very well and seemed very interested. I went away feeling very, very hopeful. Here I am. This has gone through a great many civil servants. I have seen Mrs. Mitchelson again, and I have yet to find that my voice has been heard substantially.

* (1510)

Despite the availability of birth control methods, teenagers and preteens continue to get pregnant in ever-increasing numbers, go to full term and keep their babies. There is an ever-growing phenomenon of children becoming mothers as early as 10 years old, and I can tell you this exists, and the plight of these mothers and their offspring puts them assuredly at risk, to put it mildly.

As one who has been involved with young people as a health worker and counsellor for over 40 years, I view the situation as dangerous both for the child-mother and for the innocent baby. In the main, children who keep their babies do so willy-nilly without realistic planning

or thought of the future. Few have any concept of what is involved in parenting, hence they are usually lonely, alone, desolate and often desperate when faced with the reality of child rearing. The incidence of children bringing up children has more than doubled since 1968.

By the way, everything that I say here I have gotten as a source the Manitoba government. Outside of meagre financial assistance, these young parents are often left to shift for themselves, directionless and rudderless. There are literally millions out there struggling on a pittance to survive in a society indifferent to or ignorant of their plight. Yet nothing of any consequence is being done to stem the tide or deal with these young mothers who themselves have massive problems which remain unresolved.

In fact, these problems, exacerbated by having to care for a tiny bundle whose needs are constant and persistent, force a child-mother who is unable to cope to tragic acts of violence and abuse. For a mother to be with a child 24 hours a day without a break is difficult for a mature adult. It is infinitely more burdensome for a teenager who herself is still a child requiring guidance and discipline, especially since the majority of these teenagers come from dysfunctional families where there is often alcoholism, drugs, neglect, rejection and often abuse of children.

There are a multitude of facts and figures all leading to one glaring reality, children from 11 to 19 are getting pregnant and keeping their babies. The future of the child-mother and that of her baby looks bleak indeed. Both need care, guidance, concerned assistance to alleviate or stem the rising tide which threatens to engulf our precious young and those yet to be born.

Also, infants born to teenage parents are two to three times more likely to die in the first year. I can prove that; it is a known fact. Maternal deaths and risk of pregnancy and birth complications for the 15 to 19 age group is 13 percent higher than for mothers in their early teens. So those youngsters really take a big chance.

Manitoba has the highest rate of teenage pregnancy in Canada, with the exception of the Yukon and Northwest Territories. Currently, fully 95 percent or more of these teenagers chose to parent their children.

In March of '93 Manitoba Child and Family Services agencies had a total of 439 single adolescent parents in their caseloads. In those situations where the baby, the teenage mother or both had to be placed in care, the annual costs, depending on the severity of the individual child's needs, could range from the low of \$10,000 to \$50,000 each.

My concern for prevention and intervention in the plight of babies and their teenage mothers dates back to 1948, almost 50 years ago. Visiting homes during that period—I am a registered nurse, you know—and subsequently, I saw horror stories that impelled me to set up programs at the Mount Carmel Clinic which address the needs of neglected, rejected or abused children and their teenage mothers who were equally mistreated of other parents.

With that in mind, we set up a day hospital where children are tended to by day and attempts are made to work with parents by dealing with their problems, teaching them parenting skills, encouraging teenagers to go back to school. We tried to implant coping mechanisms for successful living, but our program was minuscule in comparison to their gargantuan problems which faced us. In those days, the emphasis was treatment in response to crisis. Unfortunately, by and large, that seems to be the situation to this day.

If a beginning is to be made to prevent children from becoming victims of an environment which continues to impact negatively on them, then a start has to be made where the need exists and can be rooted out early. Thus intervention will lead to prevention of untenable situations.

Teenage mothers abound. All of us are aware that teenagers in the main have not resolved their own problems and are hardly effective candidates to undertake the onerous task of parenting. So not only should we intervene in helping to give a good start early to the babies, but we must also assist their very young mothers.

We are living in very precarious times, and the phenomenon of child-mothers is a social problem. It will not go away. If anything, it will proliferate. It must be stressed that the vast majority of single parents are women. Since many single parent households are

teenagers, we are dealing with a large group of children who are in the main at risk.

It is patently obvious that unless we start early to intervene, circumvent and prevent the effects of poverty, ignorance, deprivation, the future of our children is dark indeed. It is costly in human suffering, leading to frustration and/or rebellion, criminal activities and ultimately to acts of destruction of life itself—we know that, we have read it in the press—ininitely more costly in human lives and the public purse.

Does society remain remote and indifferent and allow these youngsters to wallow in poverty, or do we seek methods which would assist the young mothers to be upgraded, learn skills toward attaining jobs and thus help them become self sufficient and better parents?

Immediate action is vital, otherwise they are facing a future fraught with danger to themselves and their innocent children. It is therefore imperative that positive steps must be taken to alleviate the situation, otherwise the child-mother, her offspring or offsprings will continue to stay on social assistance coping with abject poverty and ultimately losing hope or desire to change.

Is there an answer? My reply is a resounding yes, because at Mount Carmel Clinic way back in 1958 we developed a program of early intervention and prevention for maintaining health by establishing a day hospital for children of neglect, abuse and general indifference of their plight. Doctors, nurses and counsellors worked as a team to assist the child and at the same time work with the parent, the mother, to become more caring and responsible. This was followed by the setting up of the Anne Ross Day Nursery to treat children who, according to the School Division 1 who have stated numerous times, would never have continued attending primary school if it were not for our intervention. This team approach continues to function today.

* (1520)

The school board has seconded a highly qualified teacher with early child development to deal with children at risk and thus assist them to continue the

schooling and enable them to remain with the family. Parents were taught parenting skills and a variety of other skills to assist them to be better mothers.

Another project dealing with teenage mothers started about 15 years ago, one of my last projects, before I left, introduced at Mount Carmel Clinic named Moms and Babes. The aim of the program was to assist adolescent parents to return to high school, encouraging education, job training and ultimately to join the workforce and gain financial independence.

Basically, what I am saying is that there is an urgent need for early intervention to effect meaningful change in their young lives. What I propose stems from a belief and experience that given an opportunity, most young people can achieve success.

It is a matter of record that way back, I profoundly believed that troubled families should be helped to stay together in peace and harmony. The latest phrase, family values, can only be maintained if there is encouragement and assistance by relevant agencies and/or professionals involved with such families.

The program I propose to set up is simple and uncomplicated. It is important to find young mothers who quit school in junior high school and became mothers. Since it is generally known that these young people will not re-enter the school system, an alternate system needs to be set up to upgrade them and prepare them to enter high school. Some reject entering the school system, so it should be made available to them outside the school system. A program such as this should be set up by the school board and monitored by them. The ultimate aim should be to have mothers learn a trade and/or profession which enables them to enter employment.

What about the children? I am going to shorten this, and I am going to tell you this. This is what I am proposing. What I am saying is that we should get—my time running out?

The Acting Chairperson (Mr. Tweed): No, you have seven minutes.

Mrs. Ross: What I am proposing is, firstly, we are an incorporated body; AGR is. On behalf of AGR, I am speaking, so that we can undertake it. I am not looking

for a job. I have one, and the few years I have to live I do not need a job, so that anything I undertake, let me assure you, will be done for a dollar a year. I am not interested in jobs. As I said, I have one now.

I am suggesting that setting up this, we would want people who are knowledgeable to be our advisors, and I have that set up in the present project that I am running. We are setting up a special committee, down below on page 7, for firm guidelines and parameters to be set up as to the selection process. That is, we should not, in giving those youngsters a chance to enter a different type of school, set ourselves up for failure. So I did that with Moms and Babes.

There should be a willingness on behalf of the children and capability to learn, willingness to apply oneself, motivated to achieve and become independent.

A program such as this should be set up by the school board. I said this. This program should be in a house with two storeys or a large bungalow with a finished basement. See, I am going on the premise and the knowledge and the experience that these kids are lost to us. I have checked with the school board. I have checked with all sorts of agencies. They are out there, but they are not going back to school, and some of the ones that we had from Mount Carmel Clinic were able to sort of urge and get them to go. The mothers would be on the top floor or the floor below, it does not matter, where an informal classroom should be set up with the necessary accoutrements, very much like the rural schools. When I was a kid, that was what we attended. Okay. About 10 students should be involved, if possible more. It is sort of, you know, nothing is cast in stone.

Staffing. One nurse counsellor to teach parenting skills, one teacher, two workers trained in early child development, one person who would be a mother previously on social assistance who would make meals and keep the premises clean and assist with the children. The curriculum would be prepared by the school division. The mothers would be taught bonding and care of children, classes in cooking, nutrition, budgeting, care of children, health needs, physical exercise, interpersonal relationships including boyfriends, parents, friends, peer groups and counselling.

What can the outcome be or how successful can such a project be? Examples should abound that give the opportunity and guidance and success to be phenomenal. I talk about the Mount Carmel Clinic. I think I have been there, and this is where it is at. This is the kind of thing that I think would do it. Specific the program should include: Counselling regarding bonding and child care by nurse/counsellor, parenting skills, health practices for mother and child including nutrition, meal planning, health practices for self and child, classes in cooking and budgeting, physical exercise and activities, upgrading and school including further skills and training for jobs, interpersonal relations including boyfriends, parents and friends, peer counselling, group therapy, counselling regarding AIDS, birth control, sexually transmitted diseases and so on.

I look forward to having co-operation with other agencies.

Now I have got another page that I want to read to you. I have just finished my fifth book, I guess, and my third about teenagers. This is my first book, in 1978, "Pregnant and Alone," a present from me. If you want each one a present, I will make it available. This is called "Teenage Mothers/Teenage Fathers" and all from my absolutely near relationship, very dear relationship with these kids. I knew them and I know them, so this is going to be part of my book which is almost finished.

Everything in this book is based on unassailable facts gleaned from Manitoba and federal sources in Canada and many other irrefutable sources listed elsewhere. Added to that are my personal experiences—if I say 40 years, I think I would add another 10 years, 50 years. In 1948, I started at the clinic; in 1998 it will be 50 years. Okay.

My profound concern and abiding commitment is to do everything possible to break this vicious cycle of poverty and the child-motherhood phenomena. I want to appeal to those in power—and you are the ones—and their advisors, to once and for all act on behalf of the struggling, suffering, directionless children burdened with the onerous task of mothering an innocent, helpless being.

The Winnipeg flood taught us many things. Amongst them people came through for each other in crisis.

They opened up their hearts not just in talk but in deeds and of course their pockets, their purses to help those who were victims of nature's wrath.

Can we do less for the innocent, the helpless, who are struggling, lonely and alone by and large, which would daunt adults in similar circumstances?

The wake up call is now. Children bringing up children must be helped to help themselves to become responsible and responsive parents as well as breadwinners. They cannot do it alone. Our future is in grave risk without immediate intervention to stem this tide which will indeed engulf us and future generations. These children need our help now!

Now I might be in the wrong place, I do not know, but ask me any question you want.

The Acting Chairperson (Mr. Tweed): Thank you, Mrs. Ross, and the procedure that we do is anyone around the table, if they have a question, I will identify them for the record. Then they ask their question, and then I will identify you for your response. So I will start with Mr. Helwer.

* (1530)

Mr. Edward Helwer (Gimli): Mr. Chairman, I just want to thank Mrs. Ross for her presentation. I certainly appreciate the experience that she brings to this committee, and we certainly appreciate that.

Our position is to try to—the legislation was brought in about three years ago, and one of the things in the legislation was that we were to review this legislation, the Child Advocate legislation, and the minister appointed this committee to do that. So that is one of our jobs, is to look at how the child advocacy, how effective it was and was it working or not.

You talk about prevention and some of the roles a school should play, and I think this is just great. I certainly agree with everything you have in this report. I think it is great, but I was wondering how has the Child Advocate—have they been beneficial to some of the young mothers?

Mrs. Ross: Yes, I started this project in 1982, so we have been in existence for 15 years. I must say that the

only trouble we have had is lack of funding, which as a board member now I found unacceptable, and we raised money, and we now are being, by the way, supported by Child and Family Services, not the government, Keith Cooper.

As far as the efficacy, it has worked. Interesting, we interviewed 120 children at the very beginning. We chose 23. Every one of them was aboriginal. You see, we all have ideas about aboriginals; 23 out of 23 were aboriginal. The whole thing has been going on for 15 years, and as a board member, the reports I get is that we are doing very well, thank you.

The high schools helped. We made it possible for these youngsters to leave their children in our two child care programs, the day hospital and the Anne Ross Day Nursery, so we made it easy for them. We have counselling going on all the time. We make available anything they need for their medical care. So whether it is because it is a clinic that is doing it—but you see, I am saying in this that we should work with agencies that are relevant.

It is something that has to be looked at. Now, it has been looked at by a lot of people in the government, and now I think I am going to be seeing both the minister—I have been asked to see her—I did not seek it, I have been asked—the Minister of Education (Mrs. McIntosh) and the Minister of, again, for the third time, Child and Family Services. So hopefully something will come of it. I do not know.

I did say to somebody who said, well, I do not know, this does not sound so hot, I do not think we will consider it. This is the out-of-town adolescent, the five departments, and I said fine, if you refuse me that is up to you, but I am not going to give up seeking something for these children who remain mute and do not speak up for themselves.

The Acting Chairperson (Mr. Tweed): Any other questions of the presenter? All right, I would like to thank you, Ms. Ross, for your presentation, taking the time out today for us.

Mrs. Ross: If you want four more books, I think I can get the clinic—Mount Carmel has them—to spare them for you. Let me know.

The Acting Chairperson (Mr. Tweed): Thanks.

I would now like to call Sandy Funk to come forward and make your presentation. There are written copies to be handed out. If you prefer to sit, you can, or stand at the mike, whatever is comfortable for you. Whenever you are ready, Ms. Funk, I would ask you to start.

Ms. Sandy Funk (Ma Mawi Wi Chi Itata Centre Inc.): I am here on behalf of the Ma Mawi Wi Chi Itata Centre of which I am the co-chairperson, and I am just going to read, because this was a group effort, and I do not want to miss anything that we had written.

Thank you for the opportunity to present our concepts and recommendations with respect to one of our most important future resources, and that is our children of today. First, I will provide you with a brief overview of our centre. Secondly, I will provide you information leading up to the recommendations, and thirdly I will provide a basis to the recommendations which, as we believe, will improve the safety and services for our children and aboriginal families.

Established in 1984, the Ma Mawi Wi Chi Itata Centre was born out of a want and a need by Winnipeg aboriginal people, which includes Metis, non-Status, First Nations and Inuit, to govern the process and decisions made when dealing with our children and families. This was not only for the need to govern ourselves but primarily to include the importance of cultural, cognitive understanding and practices when providing child and family social services.

In the early years the Ma Mawi Wi Chi Itata Centre was playing more of an advocacy role when dealing with and for aboriginal people. It was at this level of development that a clear appreciation of the differences in assessing and dealing with problems was becoming apparent. The difference was not in taking the blaming approach towards the victim, and further to this, looking and reviewing the source of the original problem, and in many cases this meant a near complete change of the then existing procedures of dealing with aboriginal families and children from a social services perspective.

The next level of development saw the beginnings of a direct use of the culture and traditions and the healing

technologies of the aboriginal community. This cultural approach, using the very tools for a unique way of looking at life, provided the much needed approach for aboriginal families. This also established a significant difference in service approaches from most other agencies including other aboriginal agencies.

Although the centre was taking a so-called new approach, the success in dealing with situations facing aboriginal families and children could not be overlooked by surrounding agencies. Today many will say that the centre led the way to the rethinking of providing social services, and further to this, other agencies today utilize many of the cultural technologies we presently use to remedy the problems facing many aboriginal families and children.

Currently, the centre operates following an approach to service that recognizes the need for a range of technologies and practices. From this understanding, the centre provides conventional social work practice, traditional aboriginal practice and a blended approach. The realization of this is healthy families and a healthy community, based upon aboriginal traditional family practices.

The model and methodologies utilized by the centre promotes identity, and by doing this it provides a sense of stability and develops a stronger base for the needed self esteem which was diminished with the tools of the previous and unfortunately sometimes yet still-to-be-found existing practices.

We have reached the later noted recommendations through providing the following services to the Winnipeg aboriginal community. Family and individual support workers, this service is provided with cultural components and practices; Crisis counselling, this is provided to stabilize a family or individual in crisis; Suicide counselling, provided to individuals who experience ideation; Mediation services, stabilizing disruptions during family disputes; Telephone counselling, for families and individuals experiencing difficulty such as isolation; Grief and loss counselling, available to families and individuals; Sexual assault counselling offers support as well as legal and medical information to victims and survivors; Advocacy, this is offered on behalf of aboriginal families and individuals with other agencies or parties

in time of crisis; Domestic violence counselling, referrals to assist families and individuals encountering any forms of violence; Service referrals, after hours service provides culturally appropriate referrals to internal and external services.

In addition to the noted specialized services, we also provide an extensive family support program, a youth support program and a program we call—what do we call it?—“Ozosunon,” which means nest. These are our culturally appropriate foster homes.

* (1540)

Further to the specialized work done at our centre, it is fundamentally important to acknowledge the following underlying principles of operations at the centre. It is important to consider that aboriginal people have a diametrically opposed view of the world created through a psychosocial relationship to the natural world, and from this evolved social and political systems and an aboriginal ideology fundamentally different from western society. This different view of the world has created misunderstandings of the way things should be done with one another.

Further to this, because of the different pressures applied through organized modes of control onto the aboriginal people contributed greatly to the erosion of a way of looking at life which was greatly linked with the way the world and its natural laws operated, the value and respect of coexistence with nature and the respect for nature was lost through this control pressure.

More serious to this, the understanding and values of children and families also became victims of this erosion. The understanding and values speaks to the very core of aboriginal culture. Aboriginal practitioners and organizations that work side by side with aboriginal organizations need to peel away the layers of incremental assimilation if they are to understand and implement truly empowering and healing strategies. It is with this clearer focus of the real underlying issues that we put forth the recommendations to this forum. Please keep in mind that as we request to work more closely together, it is because we have part of the answers to working more effectively with and for aboriginal children and families.

I am sure you have come to understand that the points previously noted here are the main contributing factors as to why our aboriginal children are a major percentage of the clients and also victims on which present Child and Family Services operates. We can safely state that the point of identifiable success will be reached regarding our aboriginal children when they are no longer the major percentage of which a system is operating through providing services.

With the information shared about our centre and the proactive approach we are taking I will now lead to the concepts and recommendations of this presentation. Taking into consideration the statistics provided through the 1995-96 child advocacy report and that approximately two-thirds of the 5,336 children in care of Child and Family Services were aboriginal, we believe that certain considerations should be acknowledged and recognized in order to move towards stronger and more proactive solutions to help aboriginal children. Although one can safely say we are doing our best at the present time, we are not disputing this point. What we are saying is that now is the opportunity to make the needed changes in working more closely together for the benefit of families and, more importantly, children. This is when, and only then, we will be doing our best.

We are certainly faced with needed changes within our present working system, particularly when we focus on page 13, point 8, of this noted report whereby it states that 26 children have died while under the care of Child and Family Services. In our view, and I am sure with many hearing the statistic, we certainly need to address the present social service system for our children. Do we need to work more closely together? Do we need to listen and act on issues together? Yes, this is part of the answer.

Through extensive and lengthy discussion and research we have come to this forum in hopes of having our recommendations heard and acted on in order to help our children have a better and healthier life and hope for survival. We have 10 recommendations, and I would like to point out that these are not listed in any order of importance; rather they should be viewed as all being extremely important for the benefit of our children.

(1) Primary factors and goals for the Children's Advocate office always needs to be in the best interest of the children and not the caregivers.

(2) When representing aboriginal children, their cultural experiences and the community they live in have to be considered when advocating for them.

(3) When any semipermanent or permanent homes are being considered in the name of the child, all of the following factors must be considered: Heritage, cultural experience, inherent community they come from, language, relationship of the child and their extended family members.

(4) Assessments completed on children and families should include outside professionals apart from Winnipeg Child and Family Services and the Children's Advocate office.

(5) The Children's Advocate office needs to go beyond providing recommendations. They need a stronger and more binding mandate which child welfare agencies must adhere to.

(6) The Children's Advocate office needs authority to provide direction in cases where there has been alleged abuse in foster homes. We have found that the Children's Advocate office presently has little authority but to simply provide recommendations.

(7) Aboriginal workers working in the Children's Advocate office who would be ready to provide information and professional services sensitive to aboriginal people. We know that the Advocate right now is aboriginal, but I am not aware of any other aboriginals working within the office.

(8) The Children's Advocate office tends to minimize issues and concerns brought forward by parents, grandparents of those children placed with Child and Family Services foster homes.

(9) The Children's Advocate's office needs to be independent of the Winnipeg Child and Family Services offices. There is presently an appearance of being enmeshed.

(10) Need to consult with collateral agencies, especially aboriginal agencies who work with aboriginal children. In one case where two families were both part of the Child and Family Services reunification program, and were referred to the Children's Advocate office, the Children's Advocate investigation neglected to include important collaterals who worked with the family. The two families were meshed together and printed in the papers as one family.

In closing, on behalf of our staff and of our many clients, we trust that you will seriously consider the recommendations made today. We look forward to a closer working relationship and also further working developments for the benefit of a better life for our children. Let us not wait for more tragic statistical information. Thank you.

The Acting Chairperson (Mr. Tweed): Thank you, Ms. Funk. Now the process, I do not know if you were here before, but for the benefit, the members, I will identify them, they will ask a question and then I will identify you for a response for recording purposes.

Ms. Funk: Okay, I have got along with me the director of our centre. I am not in the direct service, but rather in the political end of the organization, so if there are questions that I am not aware of, Josie Hill will respond.

The Acting Chairperson (Mr. Tweed): Yes, she is more than welcome to join you at the front, and if there are questions, her name?

Ms. Funk: Josie Hill. She is executive director of the Ma Mawi Wi Chi Itata Centre. She gets the hard questions.

The Acting Chairperson (Mr. Tweed): If the question is to go to her, I will identify her for her response then. I would now ask Mr. Martindale.

* (1550)

Mr. Doug Martindale (Burrows): Thank you, Ms. Funk, for your presentation. I have questions on two or three of your recommendations.

Many presenters have commented on the fact that the Children's Advocate under the current legislation can make recommendations but cannot do anything to enforce them, and amongst the presenters there is a difference of opinion about whether the Advocate's role should be strengthened to allow for some sort of enforcement mechanism and not giving the Advocate more power.

If as you recommend that there needs to be a stronger, more binding mandate, how would we put that into the legislation? Should we say that the Advocate's recommendations are binding, or do you have any specific suggestions for us?

Ms. Funk: That has been a concern, I guess, since this office was established. Before it was established, I was part of the advocacy group that came around and asked for it. I guess at that point what we had envisioned was an office that was completely separate from Family Services, that had the ability to make binding decisions in cases where the Children's Advocate was asked to step in.

Mr. Martindale: You mentioned that the office should be completely separate from Child and Family Service agencies, and although some people do not see that separation, at least in theory it is supposed to be separate now, but many presenters have recommended that in order to make the Advocate's office more independent from government and Child and Family Services agencies, the Advocate report to the Legislative Assembly rather than to the minister.

Would you be in favour of the Advocate reporting to the Assembly or to a committee of the Assembly?

Ms. Funk: Yes, I would.

Mr. Gary Kowalski (The Maples): Thank you for your presentation, and having heard all the presentations up to now, it falls in the themes that we have heard from many others, especially the one we heard from the representatives from the AMC and Awasis agency. There were some familiar themes in them.

This follows up on Mr. Martindale's question. Awasis agency, when they made their presentation, they said when they went and started their agency a

number of years ago, instead of using a policing of the problems they were having in their agencies, they went and worked with families. They had a concern that if the Advocate had the power to make binding recommendations, it would be hard for those agencies to work with them as equals, that they would be seen as being the police instead of working in an effort together, in a partnership, in a proactive way, that the Advocate's office would become more the policing of the native social agencies. Would you have that concern?

Ms. Funk: I guess in our recommendation we had talked about the need to work together and the fact that—the need to consult with collateral agencies, that was our No. 10 recommendation. I guess one of the reasons that the Ma Mawi Wi Itata Centre was established was because we felt outside of the whole process, and the working relationship with other agencies that deal with our families has indeed been better over the last little while. Now the child advocacy office came in, like we lobbied for it because of a death of a young aboriginal child, and that is one of the reasons that we had advocated for it. We were looking for something that, I guess, had powers outside of the Child and Family Services, so I do not like the word “police.” I mean, this has been part of our reality for many years, but I still feel that this office needs to have the autonomy from the Child and Family Services.

Mr. Kowalski: In your Recommendation No. 1, it talks about the Advocate's office always needs to be the best interests of the child and not the caregivers. When Mr. Govereau was before us, he says as an advocate he would like to see a different standard. Rather than the best interest of the child, a true advocate gives voice to the child's desires whether or not sometimes that may be the best interest of the child. In other words, the analogy I put to him is the child always wants candy for supper. He felt it was his job as an advocate to give voice to that child's demands even though a diet of candy would not be good. Do you see the best interest of the child should be the measure that the Child Advocate uses in investigating every case and making recommendations, or should he be giving voice to the child's desires?

Ms. Funk: I think that it has to be in the child's best interests, and what is in the child's best interest is going to come about on a collaborative basis with the

aboriginal agencies, in this case with the extended and immediate family as to what is best for that child and also the legislation that is in place.

Mr. Martindale: I guess I think there are some alternatives to giving the Advocate what has been described as policing authority, and I would like to explore a couple of alternatives with you. One presenter suggested that children ages 12 to 18 be given a lawyer, that the Children's Advocate could act as a lawyer so that they would have their own spokesperson in court rather than an agency speaking for them, supposedly in the best interest of the child but still an agency.

Other presenters have suggested alternative dispute resolution mechanisms such as mediation, family group conferencing, healing circles. Would you be in favour of using those kinds of techniques, and if so, should we write it in the legislation or should we give the Advocate the power to say, look, there is a problem here, we have got agencies that are fighting with each other, which we have heard a lot about here, or we have got no problem where we think the child's best interests are not being followed so we are in dispute with an agency? Should the Advocate have the power to say, okay, this is going to go to mediation? It could be binding mediation. We are going to find, you know, a solution to this problem. What kind of alternatives to just giving the Advocate more power do you think might be suitable?

Ms. Funk: Certainly within our agency and within many of our organizations, the mediation, healing circles is all part of the way that we do business on a day-to-day basis. As for the Advocate being a lawyer for the children, I am not exactly sure what you mean in that case, but I think that through the process, again, of working with the agencies and the families and coming up with a joint recommendation, the best interests of the child will be met.

Mr. Martindale: So you would be in favour of mediation, right?

Ms. Funk: Yes.

Mr. Martindale: Do you think we should write that into the legislation and give the Children's Advocate the

authority in the act to, say, appoint a mediator? It could be Mediation Services, it could be somebody from another agency, somebody mutually agreeable, say, by both parties.

Ms. Funk: Well, certainly somebody mutually agreeable. I think that we have so much legislation as it is that I am never in favour of more legislation. But where it concerns children and families, if it is in their best interests, then, yes, I am for it.

The Acting Chairperson (Mr. Tweed): Seeing there are no further questions, I would like to thank you for your presentation, taking time out today to meet with the committee.

Ms. Funk: Yes, I just wanted to advise you that attached to this is the Manitoba Action Committee for Children and Youth. They were unable to get a spot, but it is one that our agency has looked at and agrees with. So we wanted to include it with our presentation.

The Acting Chairperson (Mr. Tweed): Is it agreed by the committee that we will read this into the record for reference, appear as printed? Great. Thank you.

I will now call on Dr. Peter Markesteyn and Jan Christianson-Wood to come forward, please, and if you have copies of your brief for distribution—they are being handed out now. I do not believe you were here when we started. We have a 20-minute presentation just so that you are aware. I have certainly got some flexibility, but to give you an idea, and I will ask you to proceed whenever you are ready.

* (1600)

Dr. Peter Markesteyn (Chief Medical Examiner, Province of Manitoba): Thank you for your invitation to comment on the section of The Child and Family Services Act pertaining to the Office of the Children's Advocate.

As the Chief Medical Examiner to the Province of Manitoba, I share with the Children's Advocate, Mr. Wayne Govereau, the duty to ensure that the children of Manitoba receive the services to which they are entitled under The Child and Family Services Act. My duties in this respect are laid out in Section 9 of The Fatality Inquiries Act and includes providing the Minister of

Family Services with a report concerning the quality or standards of care or service provided to a deceased child, or to the parent, guardian or sibling of that child when a mandated Child and Family Services agency in Manitoba has provided services at any point in the two years prior to the child's death.

My reports to the minister are confidential, although the minister remains committed to sharing with the people of Manitoba information concerning services provided to these children and their families, except where it would breach the confidentiality provisions of The Child and Family Services Act.

The Child Advocate's function is similar to mine in that he is also enjoined to advise the Minister of Family Services on matters relating to the welfare and interests of children who receive services under The Child and Family Services Act. The efforts of my office are directed towards assisting the government in ensuring that agencies are providing services that meet standards set for child welfare agencies.

At times, I also provide the minister with recommendations for changing impact in the community of those of us who work for the protection of children. Mr. Govereau has a wider responsibility to children in that he also reports to the child concerned, where this is possible, to the child's family and to the agencies providing services to that particular child or family. His job as Children's Advocate is to present the rights, interests and view points of children receiving services under the act.

My office has been in communication with the Office of the Child, Youth and Family Advocate of British Columbia to discuss the changes that have occurred since Mr. Justice Gove recommended that changes be made to the system of providing advocacy to families involved with that province's child welfare system. Justice Gove was clear that the Advocate's role should be to advocate on behalf of children and youth in British Columbia.

He stated that, and I quote: The Inquiry recognizes the need for administrative accountability to ensure that state intervention does in fact promote the safety and well-being of children and youth. One vehicle for effecting accountability is an independent advocate.

At the time Justice Gove was writing, British Columbia already had an independent Advocate for children and youth to ensure that the interests of government did not become entangled with those of children and youth receiving services from government.

Justice Gove went on to recommend that the British Columbia Child Advocate's duty be further refined to guarantee the primacy of the interests of children and youth in the advocacy process. In order to safeguard the Advocate's independence and to ensure public confidence in the office, the Child, Youth and Family Advocate is an officer of the Legislature of British Columbia.

My recommendation to the Subcommittee of the Standing Committee on Privileges and Elections of the Manitoba Legislative Assembly is that legislation be enacted to make the Manitoba Children's Advocate an officer of the Legislature with the primary duty to advocate on behalf of any child in Manitoba who receives services under The Child and Family Services Act. This would, I believe, enable the Children's Advocate to advise the Legislature of the situation of children who, because of their vulnerability and powerlessness, may be unable to advocate on their own behalf.

The Advocate should be given the ability to submit reports to the Legislature concerning his or her efforts on behalf of children and should also be able to comment publicly on his or her duties or particular cases. British Columbia grants its Advocate the discretion to comment publicly on individual cases or emerging system issues affecting children and youth. I believe that we in Manitoba who are often at the forefront of child welfare innovation can do no less for our most vulnerable children.

I would like to thank the subcommittee for this opportunity to offer my recommendations concerning the Office of the Children's Advocate in Manitoba.

Thank you.

The Acting Chairperson (Mr. Tweed): Thank you, Dr. Markesteyn, and as previously mentioned we have a question-and-answer period. I will identify the questioner and then identify you for the records for the answer.

Mr. Martindale: Thank you, Dr. Markesteyn, for your presentation.

A number of people, probably the majority of presenters to this committee, have recommended that the Children's Advocate legislation be amended so that the Advocate would report to the Legislative Assembly rather than to the minister, and most people have used the argument that that would guarantee independence from the government.

I am wondering if you would consider going one step further. One of the books that I read on children's rights suggested that not only would the Advocate report to the Legislature, but the committee considering the report would have the right to ask the minister, or any civil servant, to appear before the committee.

Currently, there is a great deal of frustration, particularly on the part of the Children's Advocate, because his authority is limited to making investigations and recommendations, and he has issued two annual reports with very strong recommendations and has pointed out his frustration that in many cases those recommendations have not been followed up on, and other people would agree with him.

So part of the problem, I guess, is enforcement mechanism, which you did not comment on, but I am wondering if you think that, because the Advocate should report to the Legislature, not only would that person have more independence, but there could be increased accountability. One way to get that accountability would be if, when the report was at the committee, the minister could be asked to defend her government's policies, her department's policies, or civil servants, whether it is in Family Support or Child and Family Services agencies, do you think that that would increase the accountability of the government regarding the recommendations of the Advocate?

Dr. Markesteyn: Yes, I think it would. My recommendations started with one step at a time, but I have no objection to going two steps.

Mr. Kowalski: One of the recommendations that have been advanced here is that the Child Advocate office review all legislation coming before the Manitoba Legislature and comment to the Legislature on how it

would impact on children, and that be enshrined in the legislation. So that, if it was a bill, whether it be on the budget or if it is a bill on youth justice, the Child Advocate would review all legislation, and before that legislation was passed, comment to the Legislature. Would you support that?

Dr. Markesteyn: Well, I might support that. It sounds reasonable, if the Child Advocate has the resources and the experience to be in judgment of that. I think there is a limit to what one person can do.

Mr. Kowalski: In your recommendation, you limit it to the services received under The Child and Family Services Act. Can you see it being expanded? Because we have seen that the different departments are enmeshed so many ways when dealing with children, whether it is Education, Justice, Family Services, that the Child Advocate jurisdiction should be expanded to any child receiving services from government, not just from the Child and Family Services?

* (1610)

Dr. Markesteyn: If I may ask Jan Christianson-Wood to answer that question, if that is okay with you?

Floor Comment: Sure.

Ms. Jan Christianson-Wood (Office of the Chief Medical Examiner): I would continue. Dr. Markesteyn had referred earlier to, he had proposed a first step, and the committee had suggested a second. This is probably a third. In our conversations with British Columbia, they have made it clear that they are looking to expand the ambit of the Advocate to include all legislation that impacts on children. Certainly, with the issue of child poverty, social assistance legislation does impact greatly on children, particularly aboriginal children and children in the core areas of Winnipeg. So it is a logical step in terms of expanding the services of the Child Advocate at some point.

The Acting Chairperson (Mr. Tweed): Excuse me, Mr. Helwer, could I ask you to pull your mike a little bit closer.

Mr. Helwer: Sure. Thank you, Mr. Chairman. I notice in your brief you talk about B.C. and their

legislation there. Have you compared our legislation to theirs and to any other provinces in Canada?

Ms. Christianson-Wood: Most of our conversations have been with British Columbia because they have been trying to develop a system similar to ours for investigating child deaths, so we have provided consultation to them. In return, they have been very open with us around what is happening in their child advocate system and the problems and the promise of their system. So we have not done comparisons across the country, nor have we compared legislation item by item. We have had general discussions around how the legislation works and what changes they are looking forward to and what changes we would hope to see in Manitoba.

Mr. Martindale: The previous brief quoted from the Children's Advocate's annual report, and I am sorry I do not have it in front of me. But the quote says, 26 children have died while under the care of Child and Family Services. I am sorry, I do not know the number of years that that covers.

We do not get to question you in a public forum very often, so I would like to take advantage of this opportunity and ask you how do you think the Children's Advocate office could be helpful in cutting down on the appalling number of child deaths in Manitoba, and what could we do to change the legislation to have an effect on that statistic?

Dr. Markesteyn: Again, the Advocate at this particular time, the only forum he has is to really address things in his annual report. I have another forum. I have two. Number 1 is I can make a recommendation to the minister about matters that concern us, but if need be, I can call an inquest. In fact, I do so on occasion, in spite of the fact that I have already made a recommendation to the minister. So I think for the Advocate to merely have to deal with media in order to get his point across is not a proper way of doing things. I think he should be able to speak out in a public forum, like I have the opportunity but I use a judge to do the work for me.

The Acting Chairperson (Mr. Tweed): No other questions? I would thank you for your presentation,

very enlightening, and I appreciate your taking your time today to come and see us.

Dr. Markesteyn: Thank you very much.

The Acting Chairperson (Mr. Tweed): Okay. The next presenter is not with us yet, Dr. Sid Frankel, so I would suggest that we take a brief recess to approximately twenty after four. Agreed? [agreed]

The subcommittee recessed at 4:14 p.m.

After Recess

The subcommittee resumed at 4:31 p.m.

Mr. Chairperson: Would the committee please come to order. I would like to call on our next presenter, Dr. Sid Frankel, please. Dr. Sid Frankel, please, if you would take the podium. I want to welcome you here. Again, the approach we are going to be taking is that you will give your presentation, and after that we will open it up for questions. I will recognize both you and the person asking the questions at that time.

Dr. Sid Frankel (Manitoba Research Centre on Family Violence and Violence Against Women): With me is Professor Anne McGillivray, a researcher and member with our research centre. Professor McGillivray is from the Faculty of Law at the University of Manitoba.

Mr. Chairperson: Okay. Welcome. Good to have you here. Okay, please proceed.

Dr. Frankel: Okay. For your information, the Manitoba Research Centre on Family Violence and Violence Against Women is a collaborative applied research centre. It is sponsored by the three Manitoba universities and a range of public sector and voluntary sector organizations working in the areas of family violence and violence against women. Our main purpose is to improve policy and practice through conducting research and making the findings available to policymakers and practitioners, so we are pleased to be here this afternoon.

To establish some of the context, child and family service systems deal with large and increasing volumes of cases, often involving critical situations and always requiring the enlightened and informed exercise of discretion. Information required for timely decision making often is unavailable or not verified. Options for resolution or management of case situations are often limited by the availability of resources. Persistent high rates of poverty and marginalization continue to play a major role in the production of high volumes of child maltreatment. Therefore, these service systems operate under a great deal of pressure even at the best of times, and these have not been the best of times. Corrective information is crucial to providing high-quality family service and sufficient protection of children.

The body which provides this corrective information must meet four criteria in our view in order to be effective.

First, it must be independent and seen to be independent. This is necessary in order to ensure that the information provided is reflective of the need for systems improvement, rather than the promotion of particular political or professional interests. It is also necessary to ensure that the information is seen as credible by all parties.

Second, this body must have the power and responsibility to collectively assess the operation of the entire system, as well as to investigate particular cases and respond to complaints. This is necessary for the implementation of broad system-wide improvement.

Third, this body must have clear power to compel the production of reports and documents from all parties to ensure that the information is complete. Otherwise, recommendations will not be based on the best available data.

Fourth, this body must have access to a full range of remedies in resolving both individual case and system-wide issues. Otherwise, the effects of the information provided by this body on system improvement will be limited and blunted.

The current situation in which the Children's Advocate reports to the Minister of Family Services is clearly not satisfactory on the grounds of independence.

Two alternate models might be considered in improving the structure of accountability. One is the model of the Ombudsperson, who acts under the authority of and reports to the Legislature as a whole. The other is the tribunal model of the Human Rights Commission, which is structured as an independent body outside of political and bureaucratic influence. Either of these approaches would be far superior to the current situation of the Children's Advocate.

Sufficient and representative information for the assessment, maintenance and improvement of the overall quality of child and family services intervention will not result from the review of particular cases alone. Therefore, the person vested with the responsibility for advocacy on behalf of children in the system should be charged with the production of an annual empirical evaluation of the functioning of the child and family service system. The responsible body should have the power to define the information which the system will maintain and make available, hopefully utilizing high-quality automated information systems. The evaluation should focus upon a description of the interventions provided and evidence of their effectiveness. The report of the evaluation should be made available to the public, and the director of Child and Family Services should be required to issue a public response to the report. This kind of approach is required, in our view, to ensure that decisions related to the policies which guide the system are based, not upon particular preferences or political factors, but upon solid empirical information. This is the only way in which the best interests of children will be served.

The Children's Advocate currently can exercise quite broad investigative powers but, the penalties for failure to comply with the Advocate's solicitation of information are trivial. At maximum, they are only a fine of \$500 or imprisonment for a term of not exceeding three months, or both. For those who are attempting to avoid civil or criminal actions related to their activities within the Child and Family Services system, these penalties are insufficient. Furthermore, they symbolically trivialize the importance of the Office of the Children's Advocate.

Currently, the only function which the Children's Advocate can perform in individual case situations is to provide information. In our view, this constitutes

insufficient power to significantly affect the circumstances of children who may be placed at risk by the malfunctioning of the Child and Family Services system. Therefore, in our view, the Children's Advocate must either have access to a tribunal which can compel the implementation of a broad range of remedies, or the Advocate's office must be organized to constitute such a tribunal.

The first might be accomplished by providing the Children's Advocate with the responsibility and standing to seek redress on behalf of a particular child in a timely way in a court of competent jurisdiction. The second might involve granting the Office of the Children's Advocate the power and remedies available to a human rights commission.

On the basis of the above, the Manitoba Research Centre on Family Violence and Violence Against Women would like to make four recommendations. First, that separate legislation be developed to meet the criterion of independence of action of the Children's Advocate. This might follow either an ombudsperson model in which the Advocate is responsible to the Legislature as a whole, or a human rights commission model in which the Advocate is an independent investigator and tribunal.

Second, that the responsible body under this legislation be charged with conducting an annual, empirical evaluation of the processes and outcomes of the Child and Family Services system. The legislation should require that the responsible body have the power to define the information to be collected and provided by Child and Family Services organizations, that the responsible body be provided with sufficient staff and resources to conduct a rigorous empirical evaluation, that the report be made public on an annual basis, and that the director of Child and Family Services file a timely public response.

Thirdly, that the penalties for noncompliance with the Advocate's request for information be increased. These should reflect the Criminal Code penalties for summary conviction offences.

Fourthly, that the legislation be amended to provide the Children's Advocate with access to remedies on behalf of individual children who are being poorly

served by the Child and Family Services system. This might be done, either by constituting the Children's Advocate's office as a tribunal, similar to a human rights commission, or by providing the Children's Advocate with standing and access to a court of competent jurisdiction which can order such remedies as may be necessary.

Mr. Chairperson: Thank you, Dr. Frankel, for your report, a very comprehensive one. I am going to open it up for questions now. Mr. Martindale is going to be posing the first question, please.

* (1640)

Mr. Martindale: Yes, thank you, Mr. Chairperson, and thank you to the presenters for a very well-thought-out and comprehensive brief.

You have suggested some new things here, and I am only sorry that you were not one of the first presenters, so that we could try out your ideas on some of the other delegations that appeared. I like, in particular, your examples of either the ombudsperson model or the Human Rights Commission. Since I am not very familiar with part of the function of the Human Rights Commission, I would like to start with a question about that.

My understanding is that, first of all, the Human Rights Commission is independent from government, that they have the power to investigate, and then they issue rulings. But I am not clear about the compliance part. Is it the case that under The Human Rights Act when a ruling is issued, that whomever the ruling affects must comply with that ruling?

Ms. Anne McGillivray (Manitoba Research Centre on Family Violence and Violence Against Women): It would have to be the case, although I have to admit that I would have liked to have done a lot more research on the models behind these proposals. But this is the Quebec model, and Quebec has just, as of about two weeks ago, amalgamated its children's rights tribunal with its human rights tribunal. So clearly, they feel that model has sufficient clout to compel what is necessary for child protection.

Mr. Martindale: I guess what I need to know, since I do not have The Human Rights Act in front of me, is

what is the effect of an order from the Human Rights Commission? Do people have to comply with that order and are there penalties if they do not?

Ms. McGillivray: They have to comply by law. To not comply would be a form of contempt. I am not sure what the remedies are for that, whether it returns to an ordinary court of law or whether the act itself contains the penalties.

Mr. Martindale: Probably the most difficult issue that this committee is going to have to struggle with when we write our report is around compliance, and we have had many briefs saying that we need to strengthen the powers of the Children's Advocate, or in your case, you have suggested a tribunal model, because right now, particularly the Advocate has a lot of frustration, and many people share that, in that he can investigate and issue recommendations, but according to him, in most cases nothing happens to his recommendations even though some of them are quite strong. So, certainly, there are some people who think that there needs to be some sort of enforcement or compliance mechanism.

Now, we did have some very strong briefs from aboriginal organizations saying do not expand the power of the Children's Advocate. I am wondering what your view on that is. I am sorry, I do not have time really to give you the details on why they felt that way, but is there some way that either we can accommodate both interests, or do you think that a human rights model or a tribunal model would, I do not know, be suitable or would meet with the approval of people who have concerns about giving the Advocate more power?

Is there some advantage to having a tribunal or a human rights model that would make it easier to sell to people who are reluctant to give the Advocate more power?

Ms. McGillivray: Again, it could be structured in ways that would achieve the best balancing of interests, but certainly a tribunal is more than one person, and that is a beginning for some of the aboriginal communities' concerns. The make-up of the tribunal could very well reflect the make-up of the Manitoba population.

Secondly, if it is a question of actual law-breaking, then, of course, a tribunal is not going to be settling it; it is going to be taking it to a court of law. If someone is behaving in a criminal manner toward a child, prosecution will follow. Now, there is a lot of concern and conflict between criminal justice and family preservation and assistance, and I do not think we are ever going to be totally rid of that disjunction. So one of the fears and one of the concerns is that people who are behaving criminally toward children are sort of seen as not being able to help themselves, which Criminal Justice does not listen to very much as an excuse, whereas Child and Family Services is vested with helping people to be able to help themselves control such things.

So this may be in part a disjunction between two systems, and it is not one that the advocacy office will ever fully resolve.

Dr. Frankel: Just another issue here from the point of view of the aboriginal organizations, the Children's Advocate as currently constituted is an agent of the Minister of Family Services, the minister responsible for ensuring the protection of children but also responsible for funding at least the off-reserve services of those aboriginal agencies. I think that clouds the situation for the aboriginal agencies which are only reluctantly under the jurisdiction of a provincial child welfare law. Their view historically has been that as wards of the federal government, the federal government should be establishing child welfare law.

So I suspect part of the concern of the aboriginal agencies is that the current Advocate is housed within the Department of Family Services, a department that acts as their funder and that acts as the main sanction for their services, and I think part of their concern probably has to do with the multiple roles involved here.

Mr. Tweed: Thank you for your presentation. In the presentations that we have seen on this task force or this committee, we have heard about Alberta, we have heard about B.C., now Quebec. Have you made a comparison at all of any of the other jurisdictions, or have you accepted the Quebec model? Can you give me some background if you have done any more than just Quebec?

Ms. McGillivray: I wish I could, and it is something that I want to do. I understand that the present model is based on Alberta and that there are similar concerns about that model in Alberta. Quebec has a very admirable and coherent child protection, child advocacy system which we do not quite have yet in terms of the way that it is pulled together and the centrality of children and children's interests. So I would, just on that basis of seeing their act and knowing their reputation, be attracted to something like that.

The ombuds model is in place in a number of European countries now, the child's ombudsperson, and there has been a lot of research done on that. It continues to be a very popular model in the European context, and I have not seen anything that would compare it yet or tell me how it would work here, but I do not see why it would not.

Mr. Tweed: Just one other brief question, in the Quebec model, can you tell me who the Child Advocate reports to?

Ms. McGillivray: It was actually a tribunal, like a children's rights tribunal, so it would have reported, as any commission does, to government, to the Legislature.

Mr. Kowalski: Again, thank you for your submission here. As I said earlier, I wish we would have received it earlier. We could have run these by some other people for their ideas. Especially, I am interested in No. 2, about the annual empirical evaluation.

Not at these committee hearings but at some informal discussions, it was mentioned that if we had this type of study, you could possibly have automatic referrals after a child had been in foster care a certain number of times. That would be an automatic referral to the Child Advocate.

One of the concerns expressed that was advanced was that do we have the databases, do we have the records that would allow this type of study? Being researchers, do we have the systems in place now that we could do this type of study?

Dr. Frankel: I think the answer is clearly no. In fact, as I understand it at this moment in time, if we asked

the director of Child and Family Services how many children were in care in the province, he could not tell us with any specificity. This is simply a matter of the inadequacy of the computerized information systems, the technical difficulties with them, and the lack of timeliness in entering cases. Now, there is no reason that these systems could not be more adequate. For example, the Manitoba Health Services Commission database is used in exactly this way, as you know, I am sure the Medical Review Committee being triggered into action by certain patterns of care provided by physicians. That system is much more timely even though it probably does not have to be. It is much more up to date and much more comprehensive.

* (1650)

Now, we have seen a long history, longer than the tenure of this government of the Child and Family Services system not being able to competently put into place information systems. I think that is a major concern both from the point of view of triggering an investigation of a particular case, but also from the point of view of understanding how well the system is functioning as a whole.

Mr. Kowalski: To just go on to one other area. You brought in this Quebec model which was very interesting. Being lawyers you could tell which would be easier. If we gave the Child Advocate the power to refer matters to our Human Rights Commission and change the mandate of our Human Rights Commission somehow to look after these cases, would that be easier than creating another tribunal?

Ms. McGillivray: My concern would be that children would get lost in the shuffle, that there would be simply too much possibility. In a way I am attracted to the ombud's model with a lawyer in the office and a whole lot of investigative powers, powers of review, and lots of help to do a really good job, because it is easier to watch one person in some ways. A tribunal is a weighty thing to set up. I am not sure that a halfway sort of house would quite work. For Quebec to merge their commissions, I think it was possible because of the centrality of childhood and children's rights in Quebec thinking and legislation.

Mr. Martindale: I have been working in the inner city with tenants and low-income people for almost 17 years

now. Frequently, I have run across complaints of discrimination, particularly in housing. Whenever I and other people in the inner city have encouraged people to file a complaint to the Human Rights Commission, they say, well, there is no point because it will take them months to investigate and issue a ruling, and I need housing today or tomorrow or the first of the month. What assurance is there that if a complaint was launched by a child at a human rights tribunal involving a Child and Family Services agency that there would be a speedy investigation and decision?

Ms. McGillivray: I think that the concern in a nutshell is that the relative unwieldiness of the tribunal. With embarrassment and not having looked closely enough at the model, I cannot totally confirm that. But it is my suspicion that it might be so.

Mr. Martindale: Regarding your fourth recommendation, you suggested an alternative would be to provide the Children's Advocate with standing and access to a court of competent jurisdiction. Do you think that those people who do not want to give the Children's Advocate more power would see this as—well, first of all, more power and kind of a policing function? It certainly is an enforcement mechanism, but would people see that as fair or more fair because it is a judge rather than the Children's Advocate? What do you think are the advantages and disadvantages of allowing the Advocate to go to court, I guess?

Ms. McGillivray: I think we have to imagine a lot of different kinds of scenarios in the life of this advocacy body or person. Court would be only for cases that should go to court anyway in that particular sense, as I say, of the need to confirm an alternate disposition for the child or the need to criminally prosecute someone who has injured the child, and so on.

So I would see the court as being used in much the same way that it is used now but tied to the ability or the powers of the Office of the Advocate to do these things very quickly, to find them out quickly and to, if need be, institute legal action, get an injunction whatever, temporary remedies, permanent remedies. I do not know if it is really in any sense except a procedural one terribly different from the situation now. We all have the legal responsibility to report a child in need of protection; so does the Advocate. What the

Advocate, though, has is the power to be Johnny-on-the-spot very quickly. What the Advocate does not have is the ability to do something about it, and there would be a number of different routes that would be taken depending on the situation. Court would be only one of them. So I do not think it should be sort of overstressed if that sort of an ombud's model is adopted that the court is a major route for settling all disputes and difficulties, but it is part of what is done anyway. We want to improve it.

Mr. Martindale: So, in other words, going to court might be a last resort for the Advocate.

Dr. Frankel: In many ways I think it could function that way. The fact that the Advocate would have such standing I think would provide, let us say, moral suasion on behalf of the Advocate to try to resolve cases without the need to actually go to court.

Mr. Martindale: Would you be in favour of alternative dispute resolution mechanism such as mediation? Should we put in the act the power for the Advocate to, say, appoint a mediator or choose a mediator or to have both parties, like a child and a Child and Family Service agency, mutually agree to a mediator, and, if so, should the mediator's findings or recommendations be binding? Would that be the final arbiter, I guess, of a dispute?

Ms. McGillivray: I would be very comfortable with ADR and alternate methods including, certainly, aboriginal healing circles and related methodologies. I have looked quite a bit at those, but because it involved a child there is automatically an imbalance of power. A child in such a situation would have to be independently represented, and I would assume by a legal professional, and by a legal professional, further, who is trained in both ADR and working with children and children's law. Then I think it would be a fair sort of process. Whether or not it is binding and final would have to depend on the kind of case, and I would not want to see an across-the-board sort of ruling that these be binding and final and not appealable.

Mr. Kowalski: As you were giving your answer, intuitively, it struck a nerve that the Child Advocate as an advocate is the mediator for the child, but as an investigator it is supposed to be an impartial

investigator, and the Advocate was concerned about this dual role. We heard from some presenters that he should not be concerned. Lore Mirwaldt and Kaye Dunlop said, well, an advocate does not understand his position. Do you see a dichotomy or conflict in the Advocate as being a mediator and then as an investigator that there are conflicts in his roles there in this legislation?

Dr. Frankel: I think in some sense the Advocate does find himself in a potentially conflictual situation. Yes, he is an investigator, but he is an investigator charged with protecting the rights of children and serving the best interests of children. With that kind of inherent bias in the position, and I think many of us see that as a positive bias in the position, the Advocate technically is not in a good position to be a mediator. The Advocate comes to the situation with the interests of one of the parties, the child, central to his point of view, and by definition that makes it very difficult for the Advocate to be a mediator. We would rather see a situation where the Advocate or some similar body can represent the child and can seek remedies in a formal way, if necessary, but can represent the child at an informal kind of process if possible.

Mr. Martindale: On page 2 of your brief, No. 3, you recommended that the body, whoever that ends up being, have clear power to compel the production of reports and documents. Currently under Section 8.3(c) the advocate can examine and obtain a copy of any record, paper or thing. Do you feel that in spite of the current wording that the Advocate needs to be given more authority to compel production of documents?

* (1700)

Dr. Frankel: Not necessarily more authority, but we are concerned about the sanctions involved, and those sanctions seem to be quite trivial, especially recognizing situations where individuals working within the system may be civilly liable, may have not acted in good faith or may be criminally liable. These are not penalties which will encourage them to make the information available. That is our concern. We are also concerned, frankly, about the way it looks, that these seem to be very small penalties for impeding the operation of such an important office.

Ms. McGillivray: Also the wording is quite weak compared to the way compulsion of evidence sort of legislation is usually worded. It usually is a lot stronger, and I will say that the person may compel the actual testimony of anyone, as well as, the production of any document and so on, and very, very wide and backed by, as Dr. Frankel pointed out, something more than a very small fine.

Mr. Chairperson: Okay, on behalf of the subcommittee, Dr. McGillivray and Dr. Frankel, I want to thank you for your presentation. As you can tell from the questions that were asked, you certainly stimulated an interest within our own minds. So thank you very much for your presentation.

I would suggest to the committee at this time that we take a short recess. Our next presenter is not here at this moment. I am not sure exactly what the suggestion would be. [interjection] Let us take a short recess of 10 minutes.

The subcommittee recessed at 5:02 p.m.

After Recess

The subcommittee resumed at 5:16 p.m.

Mr. Chairperson: I would like to call the subcommittee back to order again. I see that our next presenter has arrived. At this time I would like to call on Nancy Vadas, please, if you would come to the podium here. As you are coming towards the podium, I am just going to introduce our members here to you.

Sitting at my left here is Mr. Helwer, the MLA for Gimli. Right across from him is Mr. Kowalski, the MLA for The Maples; Mr. Martindale, the MLA for Burrows. I am Peter George Dyck, and I am the MLA for Pembina.

The process we will use in procedure is we will ask you to give your report, then I am going to open it up to questions. I will identify the person asking the question, then I will identify you as you give the answer. Okay?

Ms. Nancy Vadas (Sexual Abuse Treatment Project, Knowles Centre): Okay.

Mr. Chairperson: Please proceed.

Ms. Vadas: Good afternoon. Can everyone hear me?

My name is Nancy Vadas. I am the therapist in the Sexual Abuse Treatment project at Knowles Centre here in Winnipeg. I attained my master of arts in counselling from the University of North Dakota in 1990 and have counselled abused children and their families since that time, both in Ontario and Manitoba. As a result of this particular combination of education and experience, I am knowledgeable about both the needs of abused children and the environments which are necessary to promote their healing from abuse.

Many of the children whom I counsel or have counselled have had to testify in court against their abusers. This process of testifying has been damaging and even revictimizing to these children due to the way in which this process has occurred.

In this presentation, I will attempt to, No. 1, describe the problem of our legal system as it relates to children testifying in criminal court; No. 2, discuss alternatives that have been described in the literature or used in other jurisdictions; and No. 3, discuss the role that the Office of the Children's Advocate needs to take in order to rectify the problem.

In this presentation I will be speaking specifically about these issues as they pertain to the needs of sexually abused children, although they can apply to any child witness testifying against their abuser.

So I would like to begin by talking about the problem. It takes a great deal of courage for sexually abused children to disclose their abuse. Generally, the abuser is a family member or a person in a position of trust with the child. Therefore, children are, No. 1, afraid that they will not be believed due to the fact that this adult is close to and trusted by their family; No. 2, afraid that they will be punished as they are made to feel responsible for the abuse in some way. The abuser usually reinforces the message that the abuse is the child's fault in order to maintain the secret and continue the abuse. Number 3, children are afraid for their or

their family's safety as the abuser often threatens to harm the child or their families if the child discloses; and No. 4, children are afraid of losing their relationship with the abuser. This is due to the fact that children are often confused by feelings of love for the abuser and rage at the abuse.

* (1720)

It is imperative that children have several factors in their environment in order to heal. Sexually abused children need to be, No. 1, believed that the abuse did occur; No. 2, come to believe that the abuse was not their fault in any way; and No. 3, be safe from the abuser. Often sexually abused children who are witnesses in criminal court are facing these issues. I would like you to keep these needs in mind as I describe the experience of sexually abused children testifying in court.

First of all, for young children, verbal means of communication is difficult. Play is the language of the child, and therapists use play or art in children's therapy as a result of this fact. In the courtroom, verbal communication is exclusively used with child witnesses and often for long periods of time. It is not uncommon for child witnesses to testify for two or three hours in duration. Children find both the means of communication and the length of testimony very taxing.

Number 2, children must testify facing the accused. Children are afraid of the abuser and often have conflicting feelings of love and rage toward this person.

Number 3, usually the child's main support people, such as their parents, have not been allowed to sit with the child in the courtroom during their testimony as they have not yet testified. Children's parents are a crucial part of their sense of safety, and their absence results in heightened fear for many child witnesses.

4. Lawyers' questioning of child witnesses is often both far too lengthy and too confrontational. Children find it difficult not to think that they are somehow at fault when the defence attorney questions them for long periods of time and attempts to undermine their credibility.

5. Court processes, such as the preliminary hearing and the trial, often extend over at least one year before

a decision is made. Children may have to testify twice and attend court for several adjournments during this time. Because most children feel very unsafe and afraid during these court processes, their emotional healing from their abuse is largely suspended until court is completed. Often their family's resources to support them is limited by their own anger during this time.

I will illustrate these points by describing the experiences of several children who I counsel, or have counselled, while they have been child witnesses.

In one case, a seven-year-old child was made to watch the videotape of her disclosure to police in the courtroom. She found this to be very embarrassing, particularly as the offender was in the courtroom, as well as many people who she did not know. In this same case, the child retracted her disclosure at the end of her testimony. She was afraid and alone, and the defence attorney's cross-examination of her had lasted two hours at that point. She was seven-years-old and felt ashamed and exhausted at the end of this court experience. A trial occurred in which this girl had to return to court but did not have to testify. The court process lasted over a year, and the accused was sentenced to jail for 10 months. The parents have felt very angry at the length of these proceedings, the effect that this process has had on their family and their child and the short sentence.

Another child testified against her abuser, again, in the same courtroom as him and facing him. Her parents were not with her in the courtroom either, as they had not testified. She also felt alone and afraid and found it embarrassing that a large number of strangers were in the courtroom during her testimony. Despite her and her sister's testimony, witnesses and medical evidence, the abuser was found not guilty. This court process lasted over a year, as well, and involved both a pretrial and a trial in which both sisters had to testify. The parents of these girls have been active since that time to advocate for the rights of children in the criminal court system in Ontario.

A third case that I will use as an example of the problem was an eight-year-old girl who had testified again her father. She faced him in court, again, without the support of her mother in the courtroom. In this

case, the father had threatened the safety of this girl and her family on several occasions. As part of the initial questioning of this girl, the attorney asked her where she lived and went to school. Luckily, the girl in this case was assertive enough to say that she could not answer that question for safety reasons. Questions such as these should never be asked in child sexual abuse cases as often the family is in hiding from the accused.

It is very difficult for children to heal from sexual abuse when they are concerned for their safety and bereft of their support people. It is unnecessary for children to testify in the same courtroom as the accused. It is likewise unnecessary for the children's support people to be absent. They could testify first to facilitate supporting their children in the courtroom. As for both the length and nature of the questions asked child witnesses, as well as the length of the court process itself, clearly changes need to occur to enable children and their families to heal from the abuse as fully and quickly as possible.

Therapists, social workers and many lawyers agree that changes are necessary. One famous Toronto lawyer advised close family friends not to proceed to court in their son's sexual abuse proceedings. He was aware of the damaging effects that this testifying process would have on their son and advised against it. The parents proceeded with the court process, and their son continues to struggle with the effects of this process, for example, nightmares, he has nervous tics. He continues to be in therapy and his therapist contributes many of his symptoms to revictimization from this court process. His parents are now advocates for children's rights in Ontario.

Now I would like speak about alternatives. Suggestions have been made, in the literature and in other jurisdictions, to meet the needs of child witnesses in criminal court. I will briefly mention several here, but this is in no way intended to be an exhaustive description.

Videotaped evidence such as the child's disclosure of the abuse is admitted at times. This evidence can reduce the amount of time that children need to testify.

In some jurisdictions a screen has been recommended and used, which is placed in front of the child witnesses

to prevent them from seeing the accused. For most children, this screen creates more anxiety, however, because they cannot see where the accused is located during the proceedings.

A closed courtroom can be ordered wherein only certain people are admitted. This order, made by the judge, limits the number of people present.

In some cases, children have testified in the judge's chambers. This alternative is both more informal for children and limits the number of people who can be present. In some cases, children have testified in the judges' chambers. This alternative is both more informal for children and limits the number of people who can be present. However, the accused is still present in the same room as the child witness in this arrangement.

A final suggestion that has been made in the literature involves arrangements wherein child witnesses testify in a separate room from the accused. The child's testimony is transmitted by video camera to the courtroom in response to questions asked by the Crown attorney and the defence attorney. This arrangement allows the truth to be accessed by the child's testimony but in such a way as the child witness is not revictimized by being in the same courtroom as the accused.

According to the law, the accused has the right to see the individual making allegations toward him or her. This law could be modified if doing so would assist the children needing to testify. Other laws such as those in what is now known as the Young Offenders Act have been modified to meet the needs of youth. Laws around child testimony could be likewise modified.

I would like to speak about the role of the Children's Advocate office.

The Children's Advocate office needs to both, No. 1, research the flaws and potential solutions in the present criminal justice system as they relate to child witnesses, and, No. 2, advocate for these changes to occur in the legal system.

Several resources that have been suggested by my colleagues have included Victim Witness Assistance

programs in Winnipeg as well as other jurisdictions in Canada and the United States, other Children's Advocate offices and various resources on the Internet.

It is my hope that changes will occur that will protect child victims of sexual abuse from further victimization in the court system. The courts are designed to protect the innocent and provide them a voice for the truth to be heard. As more knowledge about the effects of testifying in the present structure become available, the system needs to change to accommodate this new information. In so doing, faith in this area of the criminal justice system can be renewed, and children and their families can move forth with confidence that their children will be protected and treated with respect.

Mr. Chairperson: Thank you very much, Ms. Vadas, for sharing your thoughts with us. I will go to questions at this time. Mr. Martindale first, please.

Mr. Martindale: Thank you, Mr. Chairperson, and, thank you, Ms. Vadas, for your brief. Obviously you have a lot of compassion and concern for the trauma that children experience in the court process. This committee has a problem with part of your brief but also an opportunity. The problem is that currently the Children's Advocate section of The Child and Family Services Act only allows for the Children's Advocate to investigate and make recommendations regarding Child and Family Services agencies.

Now some people have recommended that that role be expanded so that the Advocate could investigate and make recommendations regarding any government department or agency that had a effect on children. That is true in other provinces. For example, in Quebec, the Youth Protection Commission recommends to the Health and Social Services minister, the Education minister, the Justice minister. In Saskatchewan, the Children's Advocate can receive, review, investigate any matter concerning children receiving services from a department or agency of government.

In order for your recommendations to be acted upon, would you like to see the Advocate's role expanded and authority expanded so that he or she could investigate, make recommendations on children's concerns in the

justice system or in any government department for that matter?

Ms. Vadas: I cannot really speak to the other departments but, because of my views on this particular area, I would certainly like to see the role expanded to include the justice system to allow for this process to occur of taking a look at the role of children testifying in the justice system and what alternatives could be available to make that process easier for children. So, yes, I would be in favour of expanding it to the justice system.

Mr. Martindale: We have not even started writing our report yet, so I do not know what we will be recommending to the Minister of Family Services (Mrs. Mitchelson), and I do not know what amendments the government will bring in, but I will pass on your brief to the NDP Justice critic, Gord Mackintosh, so that, even if we cannot make changes in the Children's Advocate legislation, we could still recommend changes in the justice system by asking the Minister of Justice (Mr. Toews) to make the kinds of changes that you think should be made. So I will pass on this brief to our Justice critic.

Ms. Vadas: I was just wondering if the decision rested with Mr. Mackintosh, is that right, to determine the role?

Mr. Martindale: No. Mr. Mackintosh is the NDP Justice critic, so it would be a matter of our urging the government to make changes.

Mr. Chairperson: Are there any further questions of Ms. Vadas? If not, then on behalf of the subcommittee, I wish to thank you for giving us your presentation, for taking the time to come here and present it to us. Thank you very much.

The time is now 5:30. What is the will of the subcommittee?

An Honourable Member: Committee rise.

Mr. Chairperson: Committee rise.

I would just like to, for the sake of the record, indicate that Marianne Strewbridge who was going to

be making a presentation at five o'clock was unable to attend; however, she is going to be sending in her presentation in writing. So we will be receiving that later on.

Now, committee rise.

Mr. Helwer: Mr. Chairman.

Mr. Chairperson: Do you want this on the record?

Mr. Helwer: Yes. Mr. Chairman, is this the end of our hearings now? Are these the last people that we have registered to hear at this particular time?

Mr. Chairperson: Yes, that is correct. These are the last of our presenters, and from here on in now we will be receiving some of the late submissions from those who were unable to come and have promised to send us a written presentation. We will be taking those, incorporating those into our presentations as well and looking to those for recommendations, but, yes, these are the last of the presenters.

Mr. Helwer: And what is the process from here then? How does that work?

Mr. Chairperson: Well, I think this is something that, with the agreement of the committee, I would like to discuss off the record as to the process that we want to take from here on in, if that is by agreement of the committee. [agreed]

COMMITTEE ROSE AT: 5:36 p.m.

WRITTEN SUBMISSIONS PRESENTED BUT NOT READ

Re: Office of the Children's Advocate

Introduction: A number of Manitobans attended a national conference, Canada's Children, Canada's Future, in Ottawa in November 1996. We took the opportunity to develop a National Action Plan for children which the 1,100 participants endorsed. As well, while there, many of the Manitoba participants met with several members of Parliament to share with them these important messages.

With a focus on Manitoba, several individuals representing the sectors of child care, education, training, health, social services, essentially from nongovernment organizations, and no government funding, agreed to form the Manitoba Action Committee for Children and Youth. We have developed a draft Action Plan which we believe is worthy of consideration and support.

Prior to taking this forward to our public representatives, we know the importance of the role of all sectors of our society in addressing this issue. To that end, we submit this draft for comment and refinement and request support and participation in carrying this plan forward.

Strini Reddy, Executive Director, Manitoba Association of School Superintendents

Pat Wege, Acting Executive Director, Manitoba Child Care Association

Dr. Sid Frankel, Faculty of Social Work, University of Manitoba

Dr. Jack Armstrong, Pediatrician

David Northcott, Executive Director, Winnipeg Harvest

Joan Kunderman, Chair, Community Services, Red River Community College

Wayne Helgason, Executive Director, Social Planning Council of Winnipeg

Jerry MacNeil, Executive Director, Manitoba Association of School Trustees

Misty-Ann Prettie, Youth Representative

Sonya Watson, Winnipeg Child and Family Services

Ellen Kruger, Chair, Poverty Committee, Social Planning Council of Winnipeg

Preamble: Families have the primary responsibility for care, nurturance and guidance of their children. Communities have an obligation to support parents in their role and to create healthy and hospitable environments for children and families.

The province has a distinct responsibility to articulate and protect the legal rights of children and youth and to support families in their responsibilities. The government of Manitoba should ensure the provision of and access to essential services, health, education, income security, food security, adequate shelter, recreation and community supports to children and families.

Principles: We believe that:

Healthy families are a requirement for the optimal development of children;
Every child/youth has his/her own inherent dignity and worth;
Equal opportunity needs to be ensured for both genders, all racial and ethnic groups;
Childhood and adolescence are stages in life to be valued in their own right;
Children/youth deserve to live in safe families and communities;
Children/youth deserve universal access to health, education and social services;
Children deserve to live in conditions free of the debilitating effects of poverty;
Investing in children/youth as a priority is a key to the creation of a strong economy and healthy society;
Reducing the social deficit is a key ingredient in reducing the fiscal deficit;
A strong economy with equitable distribution of market income is the foundation of effective social and economic policies;
Strong government leadership and partnerships in income redistribution and social supports are essential;
Strong government partnerships are necessary to ensure universal standards and access to health, education and social services;
Responsible provincial/federal negotiations are essential to supporting national standards;
Public services to children and youth must be delivered in an integrated, inclusive manner, be adequately funded and be managed/governed as close to community and consumer as possible;
The voices of children and youth should be heard in all decision making that affects them;
Access for all children and their families regardless of region of Manitoba, income, ability or disability, special needs or labour force participation.

What We Need: Policy Formation: The well-being of children and youth must be a key focus of provincial legislative and policy decision making.

We call upon all levels of government, national, provincial, territorial, treaty/aboriginal and local, to set aside their jurisdictional differences to develop and implement action plans that promote healthy

development of children and youth and address structural obstacles to their development into successful, contributing members of society. These action plans would include: Child impact assessments of all programs, legislative and policy initiatives; establishment of benchmarks on key determinants of child/youth well-being; establishment of targets with time lines; measurements of results; regular reporting.

The civic, labour and business sectors must become key partners with governments in policy formation and implementation. There should be integrated and adequately resourced policies and programs within departments of the provincial government and across departments to maximize benefits and access to children and their families.

Business, labour and community leaders should work with young citizens to consider and support solutions to the issues affecting them.

Public policy: Investing in children, youth and families makes good economic, social and business sense. It is essential to economic prosperity and social stability.

A strategy for investing in children must be built upon three pillars, employment, income support, a broad range of formal and informal social supports. All sectors of society need to be knowledgeable, committed and involved.

Economic: A provincial deficit and consumer debt reduction strategy incorporating: moderate inflation and wage growth; a fairer and more progressive tax system; correction of tax inequities for modest and middle-income families with children; a more adequate level of income security; increased public intervention in job creation; substantial commitment to physical and social infrastructure projects for job creation; environmental consideration and economic initiatives.

Note: The first foundation of income for Manitoban families with children is market or employment income. The best social policy is a strong economy with high employment rates. However, despite declining interest rates, unemployment rates have remained high. Eroding income supports have combined with this to

put increasing numbers of children into poverty during the past decade.

Governments in Canada have, up to now, focused on expenditure reductions in their attempts to reduce deficits. This has resulted in significant compromises to social, health and education programs and has had a direct negative impact on families and children. We contend that governments must pay more attention to the revenue side of the balance sheet.

We recognize the need for a fairer and more progressive tax system, one which would impose a 1 percent surtax on those earning more than \$70,000 per annum. This modest increase would affect only the highest 2 percent of income earners. Corporate tax exemptions/expenditures for businesses which do not create new jobs could be removed, and corporate taxes based on a percentage of profits could be increased. The provincial government could also reduce the tax burden on families earning less than \$30,000 per year through a provincial child tax credit and increase the Child Related Income Support Program (CRISP).

Finally, government incentives for private sector job creation and direct government intervention in infrastructure development are essential. We need to develop public policies to promote long-term job creation and by making employer subsidies contingent on new job creation. The provincial government could also provide tax credits for unpaid voluntary work for those earning up to \$30,000 per year. We believe that it is now time for the government of Manitoba to turn their attention to rebuilding the social infrastructure and social capital.

Employment: Development and implementation of a provincial action plan to deal with youth employment within the context of the global economy, the changing nature of the labour market structure, the future of work, technology and the need for lifelong learning; legislating benefits for part-time work by encouraging employers to use flex time arrangements to accommodate families with children, by legislating a reasonable minimum wage to bring salaries closer to the poverty line; youth access and entry to the job market optimized through: expansion for training, apprenticeship, mentoring and co-operative placement programs; creation of a Provincial Youth Employment

Initiative with equitable remuneration and environmental, community service, emergency measures, cultural exchange and other dimensions.

Income Support: Co-operation in a national child benefit program inflation-indexed for both benefit and eligibility with enhanced funding. There should be no provincial clawback to a federal benefit to social assistance recipients. The objective should be to substantially narrow the gap between current incomes of poor families with children and the Statistics Canada defined low-income cutoffs; examination of the potential value of a Manitoba social investment fund for families with children to protect them from further cutbacks as well as cyclical fluctuations in government revenue; effective interprovincial collection of spousal child support payments; income support provisions for 16- and 17-year-olds who, through no fault of their own, are unable to live at home.

Housing: Development and implementation of a provincial action plan to ensure adequate and affordable housing options for families with children and youth. The provincial government should review the housing needs of low-income Manitobans and work with the community to develop new, creative strategies to address these needs.

Health and Social Support: Income-based measures designed to alleviate poverty will not in and of themselves solve all the problems of children. Even poverty-line incomes will not ensure healthy starts for children, access to early childhood education, adequate child care and recreation. Nor will it eradicate mental illness, developmental disabilities, addiction or criminal behaviour. Well co-ordinated community-based services are also essential.

Investing in children early has been demonstrated to provide significant returns on investment through savings in future social, health, educational and justice costs.

Establishment of provincial goal to have the lowest rate in Canada of child abuse and neglect, infant mortality, low-birth weight, fetal alcohol and drug-exposed babies, child accident rates, teen suicide rates, youth-crime rates and substance abuse (alcohol, drugs and tobacco);

Establishment of a five-year target for increasing resource capacity for early identification of children at risk of social, health and learning disorders;

A national/provincial commitment to annually fund prevention, AIDS awareness and other harm-prevention programs, early childhood education, pre/postnatal and other early intervention programs for children at risk and their families. We propose funding at a level equal to an additional 0.5 percent of combined federal/provincial government expenditures annually to be phased in over five years;

A provincial strategy for research on indicators of health and social adjustment for children, best practices to ensure healthy outcomes and evaluation of existing and new programs;

The level of funding for children's services such as child welfare, children's mental health and child care, previously supported by the Canada Assistance Plan, must be maintained at previous levels.

Aboriginal: Within the spirit and intent of the November 1996 Royal Commission on Aboriginal People:

Employment and business development strategies specifically designed with and for aboriginal peoples, particularly for off-reserve, Metis and urban aboriginal people;

Aboriginal self-determination and control over the holistic needs of children and youth for health, housing, social, educational, recreational and other services to children and youth;

Equitable access to and funding for all such services.

Child Care/Early Childhood Education: A child care plan for Manitoba which: recognizes the primary role of parents in the care of their children; recognizes the shared responsibility of government, communities and parents in the provision of child care; recognizes the unique role of child care in supporting families; promotes the healthy development, safety and well-being of all children; helps families balance work and family responsibilities; supports families as they participate in employment, education and training;

provides support and resources that enhance effective parenting; ensures that children with special needs have equitable opportunities that support their development; is co-ordinated with other essential children's services; is complemented by public policies that support flexible work arrangements of their parents, parental leave provisions and a variety of child-care options.

Education: Commitment to the growth of early childhood education programs; support of special needs and economically disadvantaged students through the provision of clinical services, food programs, school nurses and other support programs; establishment of a provincial goal of high school completion or appropriate alternative education and training options for all youth; expansion and promotion of learning, apprenticeship and work-training alternatives for those unable to succeed in traditional educational settings and provide social incentives for participation; a shift to a progressive tax system for funding of schools, as opposed to downloading to property taxes. The latter further disadvantages those on fixed incomes, such as the elderly and low-income families; parental-skills training both generally accessible and targeted to high-risk parents through continuing education; expanded availability of parental skills courses in high schools, compulsory for teen parents; co-operation with and participation in the Aboriginal Head Start Program in Manitoba; curriculum and programming which are sensitive to and appreciate cultural diversity.

Child Welfare: Adequate resources to: advocate for and deliver, where necessary, recognized programs or services to enhance good parenting skills; promote public policy to advance and support good parenting and family life; strengthen community partnerships with individuals and organizations working with or on behalf of at-risk children and families; strengthen training and public education to encourage early identification of child abuse and neglect; ensure a consistent risk estimation process in child protection situations to help practitioners appropriately assess the risk that a child may be abused; ensure a mandatory competency-based training system for child welfare workers, child and youth care workers; establish a comprehensive service feedback mechanism that is both internal and external to Child and Family Services in scope; provide service to children that respects cultural, linguistic, spiritual and racial heritages;

provide financial support to ensure equivalent services for aboriginal people on and off reserve; advocate to legally define child prostitution as child abuse in the Criminal Code; legislation and practice that recognizes a child's need for a permanent family connection as early as possible, whether that be the child's own home, the home of an extended-family member or through adoption.

Youth offenders: Advocate for amendments to the Young Offenders Act and funding policies which will promote and strengthen: greater conflict resolution outside of the formal criminal justice system; increased emphasis on reparative/restoration approaches outside of and within the formal justice system; increased involvement of and supports for (extended) families at all stages of the process; alternatives to pretrial detention and custody wherever possible; sound rehabilitative programming for all young offenders, including those who require custody.

Conclusion: Governments at all levels are preoccupied with debt and deficit reduction, and Manitoba's social safety net is collapsing. Responsibility for Manitobans' social welfare is being downloaded from the provincial government to municipalities and local voluntary agencies. These shifts are happening in the absence of new provincial standards or principles for social security or the support services necessary for children's well-being. With the introduction of the Canada Health and Social Transfer and the demise of the Canada Assistance Plan, federal transfer payments to the provinces have been reduced, and social assistance and services such as child care

and child protection have been compromised. As a result, we have increasing social deficit within the province and a growing number of young people who fear for their future.

If our children fear for their future so must our society at large. We must replace that fear with hope. The 20th Century must begin with promise not despair.

The government of Manitoba must provide strong leadership, appropriate public policy and adequate resources to implement a provincial action plan for Manitoba's children and youth. All new policy and legislative initiatives should include an analysis of their impacts on children and youth. A provincial children's agenda must be addressed with comprehensive solutions within a strong social and economic policy framework and not through continued reliance on quick fixes and single-focus programs. The eradication of child and family poverty is a top priority that must be attacked on all fronts including labour market strategies, income support and social services.

The challenge falls to each of us, old and young, men and women, working or unemployed in government, business, labour, community organizations, professional associations, public institutions or other endeavours across this province. Somehow and soon we must build a provincial consensus and agenda that will safeguard the future for all Manitoban children and youth.

Submitted by: The Social Planning Council of Winnipeg.